

**AUTOLOGOUS CHONDROCYTE IMPLANT/MENISCAL  
ALLOGRAFT/OSTEOCHONDRAL REPLACEMENT**

Effective Date: June 19, 2017

Review Dates: 8/01, 12/01, 2/02, 1/03, 1/04, 4/04,  
3/05, 2/06, 12/06, 7/07, 2/08, 6/08, 6/09, 6/10, 6/11,  
6/12, 6/13, 8/14, 8/15, 8/16, 8/17, 8/18

Date Of Origin: August 22, 2001

Status: Current

**I. POLICY/CRITERIA**

The following procedures are covered according to eviCore guidelines:

- A. Autologous Chondrocyte Implant for the Knee
- B. Meniscal Allograft for the Knee
- C. Osteochondral Replacement-Autografts and Allografts

The following are considered experimental, investigational and unproven and are not covered:

- A. Autologous chondrocyte implants for joints other than the knee
- B. Meniscal allografts for joints other than the knee
- C. Tissue-engineered meniscal implants (e.g. Collagen Meniscal Implant, Menaflex). There is lack of evidence to support improved health outcomes and the device is not FDA cleared.
- D. Osteochondral autograft transplantation to repair chondral defects of the elbow, shoulder, hip, or other joints
- E. The hybrid autologous chondrocyte implantation/OATS technique
- F. Osteochondral allografts for all other joints, including the ankle.

**II. MEDICAL NECESSITY REVIEW**

Required                       Not Required                       Not Applicable

**III. APPLICATION TO PRODUCTS**

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*

- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

#### **IV. DESCRIPTION**

Autologous Chondrocyte Implantation (ACI) and Meniscal Allografts of the Knee are a covered benefit when eviCore criteria are met. Prior authorization is required.

#### **V. CODING INFORMATION**

**ICD-10 Codes** that may apply:

M22.90 – M22.92	Unspecified disorder of patella
M23.90 – M23.92	Unspecified internal derangement of knee
M25.561 - M25.569	Pain in knee
M85.9	Disorder of bone density and structure, unspecified
M89.9	Disorder of bone, unspecified
M93.261 – M93.269	Osteochondritis dissecans knee
M93.961 – M93.969	Osteochondropathy, unspecified lower leg
M94.9	Disorder of cartilage, unspecified
M95.8	Other specified acquired deformities of musculoskeletal system
M99.86	Other biomechanical lesions of lower extremity
S89.80xA – S89.82XS	Other specified injuries of unspecified lower leg
S89.90xA – S89.92xS	Unspecified injury of unspecified lower leg

**CPT/HCPCS Codes**

\* Managed by eviCore

Autologous Chondrocyte Implantation

\*27412 Autologous chondrocyte implantation, knee

Osteochondral Replacement

- \*27416 Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])
- \*29866 Arthroscopy, knee, surgical; osteochondral autograft(s) (e.g., mosaicplasty) (includes harvesting of the autograft)
- \*27415 Osteochondral allograft, knee, open
- \*29867 Arthroscopy, knee, surgical; osteochondral allograft (e.g., mosaicplasty)

Meniscal Allografts

- \*29868 Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral

NOT COVERED:

- G0428 Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex
- 28446 Open osteochondral autograft, talus (includes obtaining graft[s])

**VI. REFERENCES:**

- “Allograft Transplants of the Extremities”, Aetna Clinical Policy Bulletin, Number 0364. @ <http://www.aetna.com/cpb/data/CPBA0364.html> (Retrieved April 6, 2007, May 18, 2009, May 24, 2011 - May 11, 2012, May 23, 2013, June 12, 2014, July 1, 2015 , February 9, 2016 & June 29, 2017) [http://www.aetna.com/cpb/medical/data/300\\_399/0364.html](http://www.aetna.com/cpb/medical/data/300_399/0364.html) (July 13, 2018).
- ”Autologous Chondrocyte Implantation”, Aetna Clinical Policy bulletin, Number: 0247. Available on the World Wide Web at <http://www.aetna.com/cpb/data/CPBA0247.html> (April 6, 2007 , May 18, 2009, , May 24, 2011 May 11, 2012 , May 23, 2013, June 12, 2014 , July 1, 2015 & June 10, 2016) [http://www.aetna.com/cpb/medical/data/200\\_299/0247.html](http://www.aetna.com/cpb/medical/data/200_299/0247.html) (July 13, 2018).
- “Osteochondral Autografts”, Aetna Clinical Policy Bulletin, 0637, 12/01/06. Available on the World Wide Web @ [http://www.aetna.com/cpb/medical/data/600\\_699/0637.html](http://www.aetna.com/cpb/medical/data/600_699/0637.html) (Retrieved April 6, 2007, May 18, 2009, May 24, 2011 May 11, 2012 , May 23, 2013, June 12, 2014 , July 1, 2015, June 10, 2016 & July 13, 2018)
- Osteochondral Grafts for Articular Cartilage Repair (Autografts, Allografts, and Synthetic Grafts) , Cigna Medical Coverage Policy @ <http://www.cigna.com/cgi-bin/search/search.cgi?search=chondrocyte&col=Provider06> (Retrieved May 24, 2011 May 11, 2012 , May 23, 2013, June 12, 2014 & July 1, 2015)
- Kellgren Lawrence grading scale @ <http://www.google.com/search?q=kellgren+lawrence+grading+scale+knee&hl=en&tbo=u&source=univ&sa=X&ei=FFqeUaeCBImuyQGullCwBw&ved=0CEEQsAQ&biw=782&bih=459>

Hayes, Inc. Collagen Meniscus Implant (CMI, Menaflex; Ivy Sports Medicine LLC) for Treatment of Meniscal Tears, December 9, 2014 & annual update Allograft Transplantation of the Knee, Cigna Medical Coverage Policy @ [https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm\\_0071\\_coveragepositioncriteria\\_allograft\\_ofthe\\_knee.pdf](https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0071_coveragepositioncriteria_allograft_ofthe_knee.pdf) (Retrieved July 1, 2015)

Chondrocyte Implantation of the Knee, Cigna Medical Coverage Policy @ [https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm\\_0105\\_coveragepositioncriteria\\_autologous\\_chondrocyte\\_transplantation.pdf](https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0105_coveragepositioncriteria_autologous_chondrocyte_transplantation.pdf) (Retrieved July 1, 2015)

Hayes, Inc. Osteochondral Autograft Transplantation (OAT) or Mosaicplasty for Lesions of the Talus (Ankle) July 2012 and annual updates.

Hayes, Inc. Meniscal Allograft Transplantation, December 2011 and annual updates.

Miscellaneous Musculoskeletal Procedures , Cigna Medical Coverage Policy @ <https://cignaforhcp.cigna.com/web/> (Retrieved June 10, 2016 & June 29, 2017)

Hayes, Inc. Collagen Meniscus Implant (CMI) (Menaflex; Ivy Sports Medicine LLC) for Meniscal Repair, February 16, 2017.

**AMA CPT Copyright Statement:**

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

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