



JRF ORTHO

Fresh Osteochondral Allograft Reimbursement Reference Document

This information is provided as a coding guide based on the experiences of clinicians with whom we have worked with over the years, and is not intended to increase or maximize the reimbursement by any payer. It is always the provider's responsibility to determine the appropriate codes and modifiers to be submitted. We encourage all providers to consult with their payer organizations to obtain current coverage and reimbursement policies.

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Overview of Insurance Coding

As of October 1st, 2015, only ICD-10 codes indicating procedure and diagnosis will be accepted for insurance authorization. Any claim submitted with ICD-9 codes will be rejected due to non-compliance. ICD-10 codes are much more specific than past coding systems. It is the hope that these changes will allow for more detail in patient care to be captured so analysis of health data can be more accurate. Due to this increased specificity, it is even more important to ensure that the correct code is being submitted to help ensure insurance authorization.

According to the Centers for Medicare & Medicaid Services (CMS), "There will be no impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes. These codes should continue to be used for physician, outpatient, and ambulatory services. Physician claims for services provided to inpatient patients will continue to report CPT and HCPCS codes. Only ICD-10-CM, not ICD-10-PCS, will affect physicians. ICD-10-PCS will only be implemented for facility inpatient reporting of procedures— it will not be used for physician reporting."

Below are descriptions of coding systems commonly utilized in claims:

- ICD-10 – International Classification of Diseases*
 - Used to describe diagnoses; symptoms, injuries and diseases
 - Often used in conjunction with CPT codes
- CPT – Current Procedural Terminology
 - Billing codes
 - Codes describe every service a healthcare provider may provide to a patient
- HCPCS – Healthcare Common Procedure Coding System
 - Codes used by Medicare
 - Based on CPT codes

*ICD-10 codes can further be broken down to ICD-10 CM and ICD-10 PCS codes.

- ICD-10 CM codes are used on all claims to report the diagnosis and establish medical necessity
- ICD-10 PCS, or procedural codes, are used on hospital inpatient procedures **ONLY**

Helpful Codes Used with Fresh Osteochondral Allograft Procedures

The codes provided here come from medical policy and utilization management guidelines from health plans as well as from surgeons who are experienced with the procedures. It is always the provider's responsibility to determine the appropriate codes and modifiers to be submitted as not all payers will authorize all codes.

ICD-10 codes are much more specific than previous coding systems. A range of codes indicates there are several options available. For example, there is a separate code for a right, a left or a bilateral procedure. It is important to verify the correct code is being used to help ensure insurance authorization.

Codes for Osteochondral Allograft Procedures in the Knee

ICD-10 CM and Procedure Codes

Description	ICD-10 CM		ICD-10 Procedure Code			
	Diagnosis		Open		Endoscopic	
			Right	Left	Right	Left
Traumatic arthropathy	M12.561-M12.569		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Osteoarthritis of knee, degenerative joint disease	M17.0-M17.9		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Unspecified disorder of patella	M22.90-M22.93		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Chronic instability, flail joints	M23.50-M25.369		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Internal derangement of knee	M2390-M23.92		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Other internal derangements of knee	M23.8X1-M23.8X2		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Pain in Knee	M25.561		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Disorder of bone density and structure, unspec.	M85.9		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Idiopathic aseptic necrosis of femur	M87.051-M87.059		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Osteonecrosis due to drugs, femur	M87.151-M87.159		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Osteonecrosis due to previous trauma, femur	M87.251-M87.256		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Other secondary osteonecrosis, femur	M87.351-M87.353		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Other osteonecrosis, femur	M87.851-M87.859		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Disorder of bone, unspecified	M89.9		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Osteochondritis dissecans knee	M93.261-M93.269		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Juvenile osteochondrosis of tibia and fibula	M92.50-M92.52		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Other specified osteochondropathies lower leg	M93.861-M93.869		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Chondromalacia	M94.261-M94.262		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Other specified disorders of cartilage lower leg	M94.8X6		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Disorder of cartilage, unspecified	M94.9		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Other spec. acquired deformities of MS system	M95.8		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Other biomechanical lesions of lower extremity	M99.86		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Other specified injuries of lower leg	S89.80xA-S89.82xS		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ
Unspecified injuries of the lower leg	S89.90XA-S89.92XS		0SUC0KZ	0SUD0KZ	0SUC4KZ	0SUD4KZ

Typical CPT Codes

- 27415 – Osteochondral allograft, knee, open
- 27599 – Unlisted procedure, femur or knee
- 27899 – Unlisted procedure, leg or ankle
- 29867 – Arthroscopy, knee, surgical; osteochondral allograft (ex: mosaicplasty)

Typical HCPCS Codes

- C1762 – Billing code for allograft

Typical Revenue Codes (for form UB-04)

- 278 – Other implants

CPT Modifiers

Physicians may bill modifiers to indicate that a procedure performed has been altered by some specific circumstances, but not changed in its definition or code.

- 22 – Providers use Modifier 22 to indicate an unusual procedure was provided greater than that usually required. Additional reimbursement beyond the usual may be made if the payer agrees the procedure involved exceptional circumstances. This modifier may be used for patients with multiple defects, and will trigger manual review of the claim.
- RT – Right
- LT – Left

Note: These lists of codes may not be all-inclusive.

Codes Used for Osteochondral Allograft Procedures in the Talus and Ankle

ICD-10 CM and Procedure Codes

Description	ICD-10 CM Diagnosis	ICD-10 Procedure Code			
		Open		Endoscopic	
		Right	Left	Right	Left
Other articular cartilage disorders, ankle	M24.171-M24.173	0SUF0KZ	0SUG0KZ	0SUF4KZ	0SUG4KZ
Joint derangement, ankle	M24.871-M24.873	0SUF0KZ	0SUG0KZ	0SUF4KZ	0SUG4KZ
Idiopathic aseptic necrosis of ankle and foot	M87.071-M87.076	0SUF0KZ	0SUG0KZ	0SUF4KZ	0SUG4KZ
Osteonecrosis due to drugs, ankle and foot	M87.171-M87.176	0SUF0KZ	0SUG0KZ	0SUF4KZ	0SUG4KZ
Osteonecrosis due to previous trauma, ankle/foot	M87.271-M87.276	0SUF0KZ	0SUG0KZ	0SUF4KZ	0SUG4KZ
Other secondary osteonecrosis, ankle and foot	M87.371-M87.376	0SUF0KZ	0SUG0KZ	0SUF4KZ	0SUG4KZ
Other osteonecrosis, ankle and foot	M87.871-M87.876	0SUF0KZ	0SUG0KZ	0SUF4KZ	0SUG4KZ
Osteoarthritis of ankle	M93.20	0SUF0KZ	0SUG0KZ	0SUF4KZ	0SUG4KZ
Osteochondritis dissecans, ankle and foot joints	M93.271-M93.279	0SUF0KZ	0SUG0KZ	0SUF4KZ	0SUG4KZ
Other specified osteochondropathies, ankle	M93.871-M93.879	0SUF0KZ	0SUG0KZ	0SUF4KZ	0SUG4KZ
Other spec. disorders of cartilage, ankle and foot	M94.8X7	0SUF0KZ	0SUG0KZ	0SUF4KZ	0SUG4KZ

Typical CPT Codes

- 27700 – Revision of ankle joint
- 27702 – Reconstruction of ankle joint
- 27899 – Unlisted procedure, leg or ankle joint
- 28103 – Excision of bone cyst or benign tumor, talus or calcaneus; with allograft
- 28107 – Excision of bone cyst or benign tumor, tarsal or metatarsal
- 28730-28735 – Tarso-metatarsal arthrodesis
- 28899 – Unlisted procedure, foot or toes
- 29892 – Arthroscopically aided repair of large OCD lesions, talar dome fracture or tibial plafond fracture, with or without internal fixation
- 29999 – Unlisted procedure, arthroscopy

Typical HCPCS Codes

- C1762 – Billing code for allograft

Typical Revenue Codes (for form UB-04)

- 278 – Other implants

CPT Modifiers

- 22 – Indicates an unusual procedure where additional reimbursement may be made if the payer agrees the procedure involved exceptional circumstances. May be used for patients with multiple defects, and will trigger manual review of the claim.
- RT – Right
- LT – Left

Note: These lists of codes may not be all inclusive.

Codes Used for Osteochondral Allograft Procedures in the Shoulder

ICD-10 CM and Procedure Codes

Description	ICD-10 CM Diagnosis	ICD-10 Procedure Code			
		Open		Endoscopic	
		Right	Left	Right	Left
Other articular cartilage disorders, shoulder	M24.111-M24.119	0RUJ0KZ	0RUK0KZ	0RUJ4KZ	0RUK4KZ
Internal derangement, shoulder	M24.811-M24.819	0RUJ0KZ	0RUK0KZ	0RUJ4KZ	0RUK4KZ
Osteolysis, unspecified shoulder	M89.511-M89.519	0RUJ0KZ	0RUK0KZ	0RUJ4KZ	0RUK4KZ
Osteochondritis dissecans, shoulder	M92.211-M92.219	0RUJ0KZ	0RUK0KZ	0RUJ4KZ	0RUK4KZ
Other specified osteochondropathies, shoulder	M93.811-M93.819	0RUJ0KZ	0RUK0KZ	0RUJ4KZ	0RUK4KZ
Other specified disorders of cartilage, shoulder	M94.8X1	0RUJ0KZ	0RUK0KZ	0RUJ4KZ	0RUK4KZ

Typical CPT Codes

- 23470 – Arthroplasty, glenohumeral joint; hemiarthroplasty
- 23472 – Arthroplasty, glenohumeral joint; total shoulder
- 23929 – Unlisted procedure, shoulder
- 29999 – Unlisted procedure, arthroscopy

Typical HCPCS Codes

- C1762 – Billing code for allograft

Typical Revenue Codes (for form UB-04)

- 278 – Other implants

CPT Modifiers

- RT – Right
- LT – Left

Note: These lists of codes may not be all inclusive.

Codes Used for Osteochondral Allograft Procedures in the Elbow

ICD-10 CM and Procedure Codes

Description	ICD-10 CM Diagnosis	ICD-10 Procedure Code			
		Open		Endoscopic	
		Right	Left	Right	Left
Other articular cartilage disorders, elbow	M24.121-M24.129	0RUL0KZ	0RUM0KZ	0RUL4KZ	0RUM4KZ
Joint derangement, elbow	M24.821-822, 829	0RUL0KZ	0RUM0KZ	0RUL4KZ	0RUM4KZ
Osteochondritis dissecans, elbow	M93.221-M93.229	0RUL0KZ	0RUM0KZ	0RUL4KZ	0RUM4KZ
Other specified disorders of cartilage, other site	M94.8X8	0RUL0KZ	0RUM0KZ	0RUL4KZ	0RUM4KZ

Typical CPT Codes

- 24999 – Unlisted procedure, humerus or elbow
- 29999 – Unlisted procedure, arthroscopy

Typical HCPCS Codes

- **C1762** – Billing code for allograft

Typical Revenue Codes (for form UB-04)

- 278 – Other implants

CPT Modifiers

- RT – Right
- LT – Left

Note: These lists of codes may not be all inclusive.

Codes Used for Osteochondral Allograft Procedures in the Hip

ICD-10 CM and Procedure Codes

Description	ICD-10 CM Diagnosis	ICD-10 Procedure Code			
		Open		Endoscopic	
		Right	Left	Right	Left
Other articular cartilage disorders, hip	M24.151-M24.159	0SU00KZ	0SUB0KZ	0SU94KZ	0SUB4KZ
Joint derangement, hip	M24.851-M24.859	0SU90KZ	0SUB0KZ	0SU94KZ	0SUB4KZ
Disorder of bone, unspecified, chondral lesion, hip	M89.9	0SU90KZ	0SUB0KZ	0SU94KZ	0SUB4KZ
Osteochondritis dissecans, hip and pelvis	M93.251-M93.259	0SU90KZ	0SUB0KZ	0SU94KZ	0SUB4KZ
Chondrolysis, hip	M94.351-M94.359	0SU90KZ	0SUB0KZ	0SU94KZ	0SUB4KZ
Disorder of cartilage, unspecified, lesion, hip	M94.9	0SU90KZ	0SUB0KZ	0SU94KZ	0SUB4KZ
Other spec. acquired deformities of MS system	M95.8	0SU90KZ	0SUB0KZ	0SU94KZ	0SUB4KZ

Typical CPT Codes

- 27299 – Unlisted procedure, pelvis or hip joint
- 2999 – Unlisted procedure, arthroscopy

Typical HCPCS Codes

- C1762 – Billing code for allograft

Typical Revenue Codes (for form UB-04)

- 278 – Other implants

CPT Modifiers

- RT – Right
- LT – Left

Note: These lists of codes may not be all inclusive.

Guidelines for Submitting Osteochondral Allografts for Reimbursement

Step 1. Prior-Authorization

Obtaining prior-authorization means that an insurance company has given approval for a patient to receive treatment before it has actually happened. To do so, a representative of the Physician's office calls the payer requesting prior-authorization using the ICD 10 and CPT codes deemed appropriate for the case and to verify their process because requirements vary amongst different private payers. Some may require the submission of their own prior-authorization request form. If they do, submit their specific documentation as well as all supporting documentation. If not, it is helpful to send a Letter of Medical Necessity. Including this letter provides the best explanation as to the need for the procedure and often ultimately leads to approval. See sections on "Helpful Codes" and "Sample Letter of Medical Necessity" for additional guidance.

In addition to the Letter of Medical Necessity, send payer the patient's clinical chart consisting of both the current and referring physician's notes. All information/medical records pertaining to current diagnoses, duration and degree of injury/illness, summary of past failed treatments as well as imaging and operative reports should also be included. This information will be reviewed by the payer and either approved or denied. Often the case is approved at this stage. If denied, proceed to the first level appeal process below.

Unlike private payers, Medicare does not provide prior-authorization.

TIP: When submitting a claim, it can be requested that the payer's Orthopaedic Medical Director review the claim. This helps assure that someone who is knowledgeable about the procedure and published literature is involved with decision-making.

TIP: You do not need to specify the allograft being used for surgery. Simply stating that an osteochondral allograft will be used will suffice.

TIP: Authorization can take anywhere from 2-6 weeks after claim submittal. Since osteochondral allografts have a short window before expiration and because patient graft matching does not usually occur until after prior-authorization, it is often not possible to provide a correct surgery date on the claim. It is considered appropriate to provide a "dummy date" on the authorization submittal as long as the insurance payer is updated as to the correct surgery date once it has been decided upon.

TIP: Often insurance authorization will not be granted for osteochondral allografts as an inpatient procedure. Special circumstances, such as use of a nerve block, intravenous pain medicine or surgery taking place late in the evening due to allograft and scheduling logistics, will be allowed as an inpatient procedure. As an outpatient procedure, authorization to keep the patient for 23 hours of observation can be approved when inpatient will not.

TIP: Creating a quick document with pertinent details is helpful to establish patient meets medical criteria. An example can be seen under “Osteochondral Allograft Medical Review Sheet” but make sure these criteria match the criteria of the specific payer.

Step 2. First Level Appeal

An appeal is a request for review of a denied claim. Depending on the payer, this may also be termed a reconsideration, redetermination or grievance. Claims may be denied for many reasons (see “Common Reasons for Insurance Denials”). The reason can be found in the denial letter or the explanation of benefits. Contact the payer directly to verify their appeal requirements as some may have specific forms while others may allow you to send a Letter of Appeal.

The surgeon should write a Letter of Appeal tailored to the reason for the denial. It should also address any incorrect claim, product or patient information that was previously submitted as well as any necessary documentation to establish the procedure as medically necessary given the patient’s specific medical condition (See “Sample Letter of Appeal”).

TIP: The more complete and detailed an appeal is, the more successful it is likely to be.

TIP: The patient may also send a letter to the insurance company explaining their situation and frustration with their current medical status (See “ Sample Patient’s Letter to Payer”).

Step 3. Second Level Appeal

Most health plans have two levels of internal appeal. If the first appeal upholds the original denial, the determination will usually provide the procedure for the second level of appeal. These procedures should be followed before pursuing the final level of appeal.

During this stage, it is often helpful to have the patient and their parents (if applicable) write a letter to the payer. This letter should detail the problems they have experienced as a result of their cartilage injury/illness. It should also include how it has affected their ability to work and play or perform daily activities (See “Sample Patient’s Letter to Payer”).

Step 4. Final Appeal - External Appeal (to the State Insurance Commissioner)

This level of appeal takes place with the state insurance commissioner in many states. Typically, an orthopedic surgeon is called in to review the case. Experience has been that the approval rate at this stage is quite high, especially in referral centers that have a relatively high volume of these cases.

NOTE: For large self-insured employer groups, the employer has the final decision on coverage determinations. In such cases, patients may appeal to their employer for approval.

Sample Letter of Medical Necessity

I am writing this letter on behalf of **(patient name)** to document the medical necessity of performing an osteochondral allograft reconstruction. This letter provides information about the patient's medical history, prognosis and treatment rationale.

Review of Patient's Current Symptoms and Diagnosis

Include:

- Details of patient's medical history
- Current diagnosis
- Duration/degree of symptoms
- Summary of past failed treatments
- Patient's current condition/ability to work and participate in activities of daily living

Example: **(Patient Name)** is a 35-year old female who first presented to my care in **Month and Year**. She described progressive, unrelenting and debilitating pain in her right knee that prevented her from working, playing sports or engaging in play with her small children.

On **(date)**, I performed a diagnostic arthroscopy to evaluate the status of her knee. A large lesion was found on her right lateral condyle with an estimated size of 4 cm². She suffers from osteochondritis dissecans with associated avascular necrosis of the right knee.

Treatment Recommendations and Rationale

Include:

- Reason for treatment (may include diagnosis and treatment codes)
- Published studies
- Physician dictations
- Results of diagnostic tests

Example: Considering the patient's young age, I intend to perform joint resurfacing with an osteochondral allograft. As you are aware, the cost associated with a young patient undergoing total knee arthroplasty is substantial because a young patient will need multiple revisions of the TKA. By undertaking the osteochondral allograft procedure, the need for additional can be eliminated and ultimately spare **(patient)** repeated trips to the operating room.

Review of **(patient's)** records will demonstrate that she meets the medical necessity criteria. In light of this clinical information and her condition, the osteochondral allograft reconstruction warrants coverage. Please contact me if you require any additional information at **(insert email/phone number)**.

Sincerely,

Physician's Name

Osteochondral Allograft Medical Review Sheet

Member (Patient) Name: _____

Requesting Physician: _____

Subscriber No: _____

Office Telephone No: _____

1. Member Age: _____ (must be 15-50)
2. Date of arthroscopic knee examination: _____
3. Size of cartilage defect: _____
4. Is the lesion full thickness, grade III or IV, discrete, single and unipolar?
Yes _____ No _____
5. Is there normal joint alignment documented on x-rays?
Yes _____ No _____
6. Is osteoarthritis present in the knee?
Yes _____ No _____
7. Is the member willing to comply with post-operative weight bearing restrictions and rehabilitation?
Yes _____ No _____
8. Confirm the absence of the following:
_____ Kissing Lesions
_____ Total meniscectomy or abnormal meniscus in affected knee
_____ Infection in the knee
_____ Inflammatory or osteoarthritis of the knee

Common Reasons for Insurance Denials

Procedure is not “medically necessary”

- Payer could not determine medical necessity based on records submitted
- A detailed letter of medical necessity from the physician often leads to a favorable determination from the payer
- Make sure patient records are included and they demonstrate all required criteria

Procedure is excluded from benefits due to “transplant” language

- Some payers have specific language that must be incorporated into a claim in order for approval
- Often using the descriptive terms “osteochondral allograft reconstruction” or “osteochondral resurfacing procedure” are acceptable
- Check payer’s website to determine their preferred language

Procedure is considered experimental or investigational

- Often payers exclude procedures that are considered new technologies
- Including current scientific literature or demonstrating that other payer’s across the country are accepting a particular treatment method can affect coverage decisions
- Request the payer’s Medical Director review the claim to ensure appropriate evaluation

Omission of clinical data

- Reviewer finds incorrect or incomplete information in claim
- Could include misspelled names, incorrect DOB, wrong diagnosis code, etc.
- Might also include clinical information such as size of lesion or BMI

Exclusion criteria verbiage is used in case notes

- Physician/Nurse notes contain terms excluding the patient from treatment
- Laboratory/Imaging reports have exclusion criteria terms
 - Ex: Radiology report uses term “osteoarthritis lesion in the patella” and osteoarthritis is a rule out for an osteochondral allograft procedure
- Very important that case notes submitted are complete, accurate and use appropriate terminology

Sample Letter of Appeal

I am writing this letter to express the need for cartilage resurfacing using an osteochondral allograft for (patient name). This letter serves to clarify information about the patient's medical history, prognosis and treatment rationale.

Appeal to Denial

Include:

- Correct inaccuracies in patient or claim information, coding or health plan coverage from initial submission
- Reasons why the denial is incorrect
- Any new or relevant information that was not previously submitted

Example: A denial of (patient's) claim was received stating that the procedure did not meet the criteria for medical necessity. Please review the attached patient records and physician dictations in conjunction with my summary below to determine that all established criteria have been met.

Review of Patient's Current Symptoms and Diagnosis

Include:

- Current diagnosis
- Duration/ degree of symptoms
- Patient's current condition/activities of daily living/resulting limitations
- Summary of previous treatments

Example: (Patient) is a 32-year-old young male referred to me after treatment by another orthopedic surgeon. He has a known history of osteochondritis dissecans of the medial femoral condyle and a documented full-thickness chondral lesion of the femoral trochlea in his left knee.

He has had symptoms for many years, with significant pain and marked limitation of recreational and activities of daily living. He has tried all forms of nonsurgical management including medication and physical therapy. He has also had three separate surgeries including microfracture and chondral debridement.

Treatment Recommendations and Rationale

Include:

- Reason for treatment (may include diagnosis/treatment codes)
- Published studies
- Physician dictations
- Results of diagnostic tests

Example: His clinical evaluation shows normal joint spaces, a well-aligned knee and an intact meniscus. His MRI, performed on (date), confirmed a cartilage defect in the medial femoral condyle as well as in the femoral trochlea. It is clear that (patient) requires further treatment of his articular cartilage lesions.

He meets the criteria for articular cartilage restoration. He is too young for consideration of arthroplasty, and except for these two areas of cartilage loss, he has an otherwise intact knee, I have selected an osteochondral allograft due to its success in treating both femoral trochlea and femoral condyle lesions. Due to his previous treatment failures, no further conservative intervention would be of any benefit. All diagnostic studies have been performed, and he should be treated with this surgery as soon as possible.

Sincerely,
Physician's Name
Reference to any enclosures

Sample Patient's Letter to Payer

To Whom It May Concern,

I received notice that my doctor's request for osteochondral allograft has denied on the basis of (insert reason for denial).

My physician, Dr. (Physician's Name), continues to believe that a resurfacing procedure using a fresh osteochondral allograft is the appropriate procedure for treating my condition.

Include:

- Specific points in the denial letter that do not seem consistent with either the payer's medical policy
- Specific points that are not consistent with the medical opinion of your treating physician
- Your clinical history and any surgical and non-surgical treatments that have been tried in the past to address the condition
- Describe the limitations that your current condition place on your lifestyle. These limitations may include
 - Functionality (ability to walk, exercise, carryout activities of daily living)
 - Are you able to exercise to maintain good health?
 - Work-related (are your work activities limited or compromised?)
 - Pain and discomfort
 - Emotional
 - Independence – (are you less able to care for yourself)
- Summarize what your surgeon has told you about the procedure and why he/she believes it is your best opportunity to return to a more normal lifestyle.
- Close with a personal appeal to the decision makers for your specific situation.

Example: I am 6'1" and weigh 221 pounds. I am 32 years old and I feel I am way too young to not have the chance to live life to the fullest. Dr. (Physician's Name) stated very clearly when I asked him what would happen if I did not get this procedure that "your knee will only continue to get worse." That thought frightens me most of all because I already feel as if I am missing out on so much. How much more will I have to miss out on? My inability to follow an exercise program has seriously hampered my ability to control my weight which is critical to controlling my cholesterol, blood pressure, blood sugar and stress.

I urge you to listen carefully to what Dr. (Physician's Name) and his staff have to say. I feel that I am an IDEAL candidate for this surgery. Please reconsider your denial(s) and allow this surgery to go forward. Thank you for your reconsideration.

Sincerely,

Patient Signature

WellPoint

- Covers distal femur and trochlea “region”

Osteochondral allograft transplantation to treat cartilaginous defects of the knee is considered medically necessary when all of the following criteria are met:

1. Arthroscopic or magnetic resonance imaging (MRI) examination results which detail the size, location and type of osteochondral defect;
2. Size of the cartilage defect is greater than or equal to 2 square cm (i.e. length x width)* in total area;
3. Condition involves a focal, full thickness, (grade III or IV) isolated defect of the weight bearing surface of the medial or lateral femoral condyles or trochlear region caused by acute or repetitive trauma;
4. Skeletally mature adolescent with documented closure of growth plates or adult;
5. Persistent symptoms of disabling localized knee pain for at least 6 months, which have failed to respond to conservative treatment;
6. The lesion must be discrete, single and unipolar (involving only one side of the joint. "Kissing lesions" are an exclusion);
7. The lesion is largely contained with near normal surrounding articular cartilage and articulating cartilage, (grades 0, 1, 2);
8. A normal joint space is present;
9. No active infection is present;
10. No inflammation or osteoarthritis is present in the joint;
11. The knee is stable, with functionally intact menisci and ligaments and normal alignment. Corrective procedures, e.g. ligament or tendon repair, osteotomy for realignment, meniscal allograft transplant or repair may be performed in combination with or prior to transplantation;
12. Individual is willing and able to comply with post-operative weight-bearing restrictions and rehabilitation;
13. No history of cancer in the bones, cartilage, fat or muscle of the affected limb;
14. Body Mass Index (BMI) less than or equal to 35.

Cigna

- Covers distal femur

CIGNA covers Osteochondral Allograft procedures as medically necessary for the repair of a single, focal, full-thickness articular cartilage defect involving the weight-bearing surface of the distal femur:

When ALL of the following criteria are met:

1. Disabling localized knee pain unresponsive to conservative treatment (e.g., medication, physical therapy) and/or prior arthroscopic or other surgical repair
2. Magnetic resonance imaging (MRI) or arthroscopy demonstrating chondral defect on the weight-bearing portion of the lateral or medial femoral condyle, or trochlear region of the knee
3. Normal knee alignment
4. Knee is stable with functionally intact menisci and ligaments
5. No evidence of arthritis on the corresponding tibial surface
6. Normal appearing hyaline cartilage surrounding the borders of the defect
7. The individual is not currently a candidate for total or partial (i.e., medial or lateral unicompartmental) knee replacement.

Cigna does not cover osteochondral autograft or allograft transplant for the treatment of articular cartilage defects on other bony surfaces, including the patella, because it is considered experimental, investigational or unproven.

Summary

There is also sufficient evidence to support the use of osteochondral allograft of the knee in patients who are physically active, have failed standard medical and surgical treatments, and are considered too young for total knee arthroplasty. Evidence in the medical literature is insufficient to support efficacy for osteochondral allograft of other joints, including but not limited to the ankle and patella.

Aetna

- Covers the knee

Aetna considers allograft transplant of osteochondral allografts in the knee medically necessary when selection criteria are met.

1. Avascular necrosis lesions of the femoral condyle; *or*
2. Non-repairable stage 3 or 4 osteochondritis dissecans; *or*
3. Otherwise healthy, active, non-elderly members who have either failed earlier arthroscopic procedures or are not candidates for such procedures because of the size, shape, or location of the lesion; *or*
4. Treatment of an isolated, traumatic injury that is full-thickness depth (grade 4, down to and/or including the bone) lesion, preferably surrounded by normal, healthy (non-arthritic) cartilage. The opposing articular surface should be generally free of disease or injury.

Aetna considers allograft transplant of osteochondral allografts experimental and investigational as follows:

1. Aetna considers allograft transplant of the knee experimental and investigational for all other indications because its effectiveness for indications other than the ones listed above has not been established.
2. Aetna considers osteochondral allograft of the talus experimental and investigational because there are unanswered questions regarding the clinical outcomes of this approach when compared with ankle arthrodesis, especially in terms of pain, disability, functionality and durability.
3. Aetna considers the use of vascularized bone graft for the treatment of avascular necrosis of the talus experimental and investigational because its effectiveness has not been established.
4. Aetna considers osteochondral allograft experimental and investigational for iliotibial band repair, shoulder instability, tarsometatarsal arthrodesis, repairing chondral defects/lesions of the elbow, patella, patellofemoral ligament, and shoulder (e.g., Hill Sachs lesions) because its effectiveness has not been established.
5. Aetna considers the use of TruFit Plug (a synthetic resorbable biphasic implant) for osteochondral allografts of the knee experimental and investigational because its effectiveness has not been established.
6. Aetna considers the Fast-Fix meniscal repair system experimental and investigational for repair of meniscal tears and other indications.
7. Aetna considers the use of DeNovo ET engineered tissue graft and DeNovo NT tissue graft for repair of articular cartilage lesions experimental and investigational because its effectiveness has not been established.

Humana

- Covers distal femur

Humana members may be eligible under the Plan for an osteochondral allograft OR autograft transplant of the knee when ALL of the following criteria are met:

1. Disabling localized knee pain that is unresponsive to conservative treatment (e.g., medication, physical therapy); AND
2. Focal, full thickness (grade III or IV)* articular cartilage defects; AND
3. Normal appearing hyaline cartilage surrounds the borders of the defect; AND
4. Magnetic resonance imaging (MRI) or arthroscopy demonstrate a chondral defect on the weight bearing portion of the lateral or medial femoral condyle, or trochlear region of the knee that is between 1-2.5 cm in diameter or less than 2.5 cm total for autograft transplants, or greater than 2 cm total for allograft transplants; AND
5. No evidence of arthritis on the corresponding tibial surface; AND
6. Normal knee alignment

*The Outerbridge classification offers an objective description of chondral damage in the knee. Classifications are from a grade 0 to grade IV.

1. Grade 0: normal cartilage
2. Grade I: cartilage swelling and softening
3. Grade II: less than 50% loss of cartilage thickness
4. Grade III: loss of more than 50% of cartilage thickness, but without exposure of subchondral bone
5. Grade IV: complete loss of cartilage with subchondral bone exposure

Humana members may NOT be eligible under the Plan for osteochondral allograft OR autograft transplant for any indications other than those listed above, including but not limited to, the following joints:

1. Ankle
2. Elbow
3. Hip
4. Shoulder
5. Patella

Appendix A

Unabridged Medical Policies

The medical policies reprinted here were current in May 2010. However health plans continually review and revise medical policy and utilization management protocols to reflect new evidence and changing standards of care.

The following links are provided to help you navigate to the current medical policy portion of the website for the listed health plans where the most current medical policy will be posted.

- [WellPoint](#)
- [Cigna](#)
- [Aetna](#)
- [Humana](#)