Osteochondral Autografting (OCG)

DESCRIPTION

Osteochondral autografting (OCG) is a surgical procedure used to repair full-thickness chondral defects involving a joint. Mosaicplasty and osteochondral autograft transfer system (OATS) are systems used to perform this procedure.

Mosaicplasty involves the harvesting of multiple individual osteochondral cores from the donor site, typically from a peripheral non-weight-bearing area of the femoral condyle. The grafts are pressed into the lesion in a mosaic-like fashion. The resultant surface consists of transplanted hyaline cartilage and fibrocartilage arising from the abrasion arthroplasty. The fibrocartilage is thought to act as a grout between the individual autografts. Mosaicplasty is performed as an open procedure or arthroscopically.

The OATS procedure focuses on chondral defects associated with chronic tears of the anterior cruciate ligament (ACL). The procedure is performed arthroscopically.

Autologous minced cartilage is also being evaluated as a treatment of articular cartilage lesions. Currently, minced cartilage techniques are either not approved in the United States and/or in the early stages of development and testing.

POLICY

- Osteochondral autografting is considered medically necessary if the medical appropriateness criteria are met. (See Medical Appropriateness below.)

- Osteochondral autografting for all other indications is considered investigational.

- Osteochondral autografting for the treatment of focal articular cartilage lesions using autologous minced cartilage is considered investigational.

- Any device utilized for this procedure must have FDA approval specific to the indication, otherwise it will be considered investigational.

Policies with similar titles:

- Allograft Anterior Cruciate Ligament (ACL) Reconstruction
- Autologous Chondrocyte Implantation (ACI)
- Meniscal Allografts and Synthetic Meniscus Implants
- Osteochondral Allografting

MEDICAL APPROPRIATENESS

- Osteochondral autografting is considered medically appropriate if ALL of the following criteria are met:
  - Indicated for ONE of the following:
    - Cartilage defects of the knee if ALL the following are met:
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- Focal, full thickness (grade III or IV) unipolar lesions on the weight bearing surface of the femoral condyles, trochlea, or patella that are 1 - 2.5 cm² in size
- Symptomatic full-thickness cartilage defects caused by acute or repetitive trauma
- Inadequate response to a prior surgical procedure (such as micro-grafting, autologous chondrocyte implantation)
- There is evidence of growth plate closure in adolescents
- There is a clinical determination that the individual is not yet a candidate for joint replacement
- Documented minimal to absent degenerative changes in the surrounding articular cartilage (Outerbridge grade II or less)
- Normal appearing hyaline cartilage surrounding the border of the defect
- Normal knee biomechanics, or alignment and stability achieved concurrently with osteochondral autografting
- Osteochondral lesions of the talus if ALL of the following are met:
  - Treatment is indicated for ONE of the following:
    - Lesion greater than 1.5 cm²
    - Cystic lesion with volume greater than 3.0 cm³
    - Revision surgery after failed marrow stimulation procedure

IMPORTANT REMINDERS

- Any specific products referenced in this policy are just examples and are intended for illustrative purposes only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available. These examples are contained in the parenthetical e.g. statement.

- We develop Medical Policies to provide guidance to Members and Providers. This Medical Policy relates only to the services or supplies described in it. The existence of a Medical Policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the Medical Policy. For a determination of the benefits that a Member is entitled to receive under his or her health plan, the Member's health plan must be reviewed. If there is a conflict between the Medical Policy and a health plan, the express terms of the health plan will govern.

SOURCES


**EFFECTIVE DATE** 12/20/2017

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