MEDICAL POLICY	Osteochondral Allografts and Autografts for Cartilaginous Defects (Medicare Only)
Effective Date: 1/1/2023	Medical Policy Number: 357
 1/1/2023	Medical Policy Committee Approved Date: 10/2022
Medical Officer Date	

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies").

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
Osteochondral Allografts and Autografts for Cartilaginous Defects	Company medical policy for Osteochondral Allografts and Autografts for Cartilaginous Defects (All Lines of Business Except Medicare) I. These services may be considered **medically necessary** for Medicare when the Company medical policy criteria are met. II. These services are considered **not medically necessary** for Medicare Plan members either when the Company medical policy criteria are **not** met ***or*** when a service is deemed "investigational" by the Company policy. *Services deemed "investigational" are considered not medically necessary for Medicare Plan members.* See *Policy Guidelines below.*

POLICY GUIDELINES

Medicare and Medical Necessity

The Company policy for *PHA Medicare Medical Policy Development and Application* (MP50) provides details regarding Medicare's definition of medical necessity and the hierarchy of Medicare references and resources during the development of medical policies, as well as the Plan's use of evidence-based processes for policy development. In the absence of Medicare coverage policies (e.g., manual, national coverage determination [NCD], local coverage determination [LCD], article [LCA], etc.) which addresses the medical necessity of a given medical service, Medicare regulatory guidelines do allow Medicare Advantage Organizations (MAOs) to make their own coverage determinations, as long as the MAO applies an objective, evidence-based process, based on authoritative evidence. *(Medicare Managed Care Manual, Ch. 4, §90.5)*

Following an evidence-based assessment of current peer-reviewed medical literature, the Company may consider certain medical services or technologies to be "investigational." The term "investigational" is not limited to devices or technologies which have not received the appropriate governmental regulatory approval (e.g., U.S. Food and Drug Administration [FDA]), but rather may also mean the procedure, device, or technology does not meet all of the Company's technology assessment criteria, as detailed within the Company policy for *Definition: Experimental/Investigational* (MP5).

Only medically reasonable and necessary services or items which treat illness or injury are eligible for Medicare coverage, as outlined in *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. Thus, services which lack scientific evidence regarding safety and efficacy because they are investigational are "not medically reasonable or necessary" for Medicare Plan members. *(Medicare Claims Processing Manual, Ch. 23, §30 A)*

BILLING GUIDELINES

General

Many of the codes in this policy are not specific to osteochondral autografting or allografting and may be used for other restorative procedures for the knee, which may be addressed in other medical policies. For example: 27415, 27416, 29866 and/or 29867 may also be requested for autologous chondrocyte implantation (ACI) and CPT code 29892 is also used for other procedures of the ankle. Please see the Medical Policy Cross References section below for applicable medical policies. See Table 1 below for additional information regarding appropriate reporting of OATS procedures.

Table 1. Coding Guidelines for OATS

JOINT	GRAFT TYPE	CPT CODING		NOTES
		OPEN	ARTHROSCOPIC	
Knee	***Autograft***	27416	29866	• CPT instructions state that CPT code 27416 should not be reported with:
	Allograft	27415	29867	

				○ CPTs 27415, 29870, 29871, 29875, 29884 when performed at the same session and/or ○ CPTs 29874, 29877, 29879, 29885-29887 when performed in the same compartment. • CPT instructions also state codes for obtaining grafts or other tissues through separate incisions can only be reported when obtaining the graft is not already included as part of the basic procedure. CPT codes 27416 and 29866 both include harvesting of the graft. Thus, separate reporting for this would not be appropriate. • Arthroscopy code 29879 *(Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture)* is not appropriate for OATS or osteochondral allografting. • Since specific Category I codes are available for both open and arthroscopic approaches, the use of unlisted code 27599 *(Unlisted procedure, femur or knee)* should not be used for OATS of the knee.
Ankle	***Autograft***	28446	29892	The use of CPT 29892 for arthroscopic osteochondral talus graft is per CPT instruction and is regardless of whether using an allograft or autograft; however, CPT codes 27899 or 28899 may also be seen.
	Allograft	28899		
Elbow	***Autograft***	24999	29999	For osteochondral graft of the elbow, the same unlisted code may be used regardless of if using an allograft or autograft.
	Allograft			

CPT/HCPCS CODES

Medicare Only

Prior Authorization Required

Note: CPT code 29892 only requires prior authorization when billed for an osteochondral autograft or allograft procedure.

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

29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
Not Covered	
28446	Open osteochondral autograft, talus (includes obtaining graft[s])
Unlisted Codes All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then **prior-authorization is required.**	
24999	Unlisted procedure, humerus or elbow
27599	Unlisted procedure, femur or knee
27899	Unlisted procedure, leg or ankle
28899	Unlisted procedure, foot or toes
29999	Unlisted procedure, arthroscopy

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

MEDICAL POLICY CROSS REFERENCES

- Knee: Ablative Procedures of Peripheral Nerves to Treat Knee Pain (Medicare Only), MP354

- Knee: Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects (Medicare Only), MP355
- Knee: Meniscal Allograft Transplantation and Other Meniscal Implants (Medicare Only), MP356