

**Policy: MP200**

**Section: Medical Benefit Policy**

**Subject: Osteochondral Autograft Transplant**

### **I. Policy:** Osteochondral Autograft Transplant

### **II. Purpose/Objective:**

To provide a policy of coverage regarding Osteochondral Autograft Transplant

### **III. Responsibility:**

- A. Medical Directors
- B. Medical Management

### **IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

### **V. Additional Definitions**

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

### **Medicaid Business Segment**

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

**DESCRIPTION:** Osteochondral autograft transplant involves the placement of viable hyaline cartilage grafts into a cartilage defect. The grafts are harvested from peripheral non-weight bearing region of the joint and transplanted into a cartilage defect to restore the articular surface of the bone. Osteocartilaginous Transplant System (OATS) refers to the use of a single plug, while Mosaicplasty refers the use of multiple plugs. In both techniques, harvesting and transplantation are performed during the same procedure.

*Geisinger Health Plan requires prior authorization through HealthHelp for Musculoskeletal services for members enrolled in its Commercial HMO and PPO, Medicare Advantage, GHP Family Medicaid and CHIP products. To direct the application of these services for Geisinger Health Plan members, HealthHelp utilizes its proprietary clinical criteria, Utilization Management decision-support tools, and evidence-based medical treatment guidelines. For more information about the services that require prior authorization, refer to [www.healthhelp.com/Geisinger](http://www.healthhelp.com/Geisinger)*

**CODING ASSOCIATED WITH:** Osteochondral Autograft Transplantation

*The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements*

Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	27416
Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	29885

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**LINE OF BUSINESS:**

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.**

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 4/06

**Revised:** 7/10, 8/13 (added indication); 12/20 (Transition to Health Help)

**Reviewed:** 8/11, 8/12, 8/14, 8/15, 7/16, 7/17, 6/18, 7/19, 7/20

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.