Medica Coverage Policy

Policy Name:	**Minced Cartilage (Allograft) Repair for Articular Cartilage Defects**
Effective Date:	**11/21/2022**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

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Allogeneic minced cartilage (e.g., DeNovo® NT Natural Tissue Graft, BioCartilage®) for repair of articular cartilage defects is investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

Note: See also related Medica utilization management policy, *Autologous Chondrocyte Implantation in the Knee.*

Description

Articular cartilage is a thin layer of specialized connective tissue (hyaline cartilage) that allows for smooth movement, shock absorption, and distribution of load-bearing force in joints. Because it has limited healing capacity, cartilage is susceptible to damage from acute injuries or inflammatory conditions. Cartilage defect symptoms include pain, swelling, and functional disability in the affected joint. Minced cartilage repair is a single-staged minimally invasive procedure. This procedure uses minced pieces of cartilage seeded over a scaffold that allows for even distribution of chondrocytes to expand within the defect.

DeNovo® NT Natural Tissue Graft is an off the shelf allograft consisting of juvenile cartilage. It is a proposed treatment for articular cartilage defects in the knee, hip, ankle, elbow, metatarsophalangeal joint and shoulder. The cartilage is obtained from the femoral condyles of juvenile donors, up to 13 years of age, and minced into small particles. The single-stage surgery is performed by making a small incision in the patient's joint and removing the degenerated cartilage from the defect site. The minced particles are then implanted into the defect and fixed in place with fibrin glue. Purportedly, in contrast to adult cartilage, the juvenile cartilage cells can migrate, multiply and form new cartilage that combines with the host tissue.

BioCartilage® is an off the shelf allograft developed from dehydrated micronized human articular cartilage. It is purported to augment the traditional microfracture procedure to stimulate cartilage growth. It is a proposed treatment for articular cartilage defects in the knee, hip, ankle, elbow, foot and shoulder. In this single-stage surgery, the surgeon debrides the articular cartilage defect, performs the microfracture technique, places the BioCartilage mixture (biopaste) into the defect and then fixes it in place with fibrin glue.

FDA Approval
Minimally manipulated allograft tissue is not subject to U.S. Food and Drug Administration (FDA) premarket approval processes. The FDA requires that the manufacturers of human allograft products be registered. Currently DeNovo NT is registered on the FDA's Human Cell and Tissue-Based Products (HCT/P) list. No listing could be found for DeNovo ET, RevaFlex or BioCartilage (which purportedly contains no living cells).

Prior Authorization
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:
- **27415** – Osteochondral allograft, knee, open
- **29867** – Arthroscopy, knee, surgical; osteochondral allograft (eg, mosiacplasty)

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Re-Review Date(s): 9/1/2016
9/18/2019
2/17/2020 – administrative update; format
1/21/2021
11/21/2022

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