Policy Name: Juvenile Cartilage Allograft Tissue Implantation for Articular Cartilage Repair
Effective Date: 11/18/2019

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for 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 and Minnesota Health Care Programs, this policy will apply unless those 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 about this Medica coverage policy 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.

Coverage Policy
Juvenile cartilage allograft tissue implantation for articular cartilage repair is investigative and therefore NOT COVERED.

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.

Juvenile cartilage allograft tissue implantation 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. In contrast to adult cartilage, juvenile cartilage cells can migrate, proliferate, and form new hyaline-like cartilage, thereby resulting in greater regenerative capacity.

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 juvenile donor cartilage is then implanted into the defect and fixed in place with fibrin glue.

DeNovo® NT Natural Tissue Graft (Zimmer, Inc.) is an off the shelf (i.e., not custom prepared) human tissue allograft, consisting of juvenile hyaline cartilage pieces with viable chondrocyte cells, intended for the repair of articular cartilage defects.
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 or RevaFlex.

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).

Original Effective Date: 12/1/2013
Re-Review Date(s): 9/1/2016 9/18/2019

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