

Policy is terminated because Medicaid does not cover these codes, and the codes are not utilized.

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1.0 Description of the Procedure, Product, or Service

Menisci are an integral structural component of the human knee, functioning to absorb shocks, provide joint stability, congruity, and nutrition. The meniscus is a "c" shaped piece of cartilage. There are two in each knee; one on the inner and one on the outer side of the joint. They reduce the amount of friction between the thigh bone (femur) and the shin bone (tibia) and also help with weight distribution within the knee joint. The integrity of the menisci are particularly important in knees in which the anterior cruciate ligament (ACL) has been damaged. In this situation, the menisci act as secondary stabilizers of anteroposterior and varus-valgus translation.

Meniscal allograft transplantation is a procedure which attempts to re-establish the function of an absent or badly deteriorating meniscus by transplanting a meniscus cartilage from a donor. The allografts are transplanted by arthroscopic insertion or via open techniques using an arthrotomy approach.

The following different types of allografts have been investigated:

- a. Fresh implants. Harvested under sterile conditions, fresh implants are typically not a practical option. The grafts must be used within a couple of days to maintain viability.
- b. Fresh Frozen. After harvesting, menisci can be stored until thawed for use. The freezing process may destroy donor cells and decrease the size of the graft.
- c. Freeze Dried (Lyophilized). The tissue may be dehydrated, permitting storage at room temperature. Before transplantation, the graft is thawed and rehydrated. Lyophilized grafts have been shown to be prone to reduced tensile strength, graft shrinkage, poor rehydration, post-transplantation joint effusion, and synovitis, and are no longer used in the clinical setting.
- d. Cryopreserved. Cryopreservation freezes the graft in glycerol, preserving the cell membrane integrity and donor fibrochondrocyte viability.

1.1 Medical Term Definitions

- a. Allograft: transfer of human organ and/or tissue from one person to another.
- b. Arthroscopic: a means of examining the interior of a joint through an arthroscope and for carrying out diagnostic and therapeutic procedures within the joint.
- c. Arthrotomy: surgical incision of a joint.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Meniscal allograft transplantation may be covered under the NCHC Program for recipients who have had a prior meniscectomy and have symptoms related to the affected side, when all of the following criteria are met:

- a. The recipient is skeletally mature and not considered an appropriate candidate for total knee arthroplasty or other reconstructive knee surgery (e.g., age greater than 15 and less than 55).
- b. Disabling knee pain with activity that is refractory to conservative treatment.
- c. Absence or near absence (more than 50%) of the meniscus, established by imaging or prior surgery.
- d. Documented minimal to absent degenerative changes in the surrounding articular cartilage (Outerbridge Grade II or less).
- e. Normal knee biomechanics, or alignment and stability achieved concurrently with meniscal transplantation.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Meniscal allograft transplantation is considered investigational when performed in combination, either concurrently or sequentially, with autologous chondrocyte implantation or osteochondral allografting.

4.3 Policy Guidelines

Recipients should exhibit symptoms of persistent disabling knee pain lasting at least 6 months that has not shown an adequate response to physical therapy and analgesic medications.

Uncorrected misalignment and instability of the joint are contraindications. Additional procedures, such as repair of ligaments or tendons or creation of an osteotomy for realignment of the joint may be performed at the same time.

Severe obesity (body mass index greater than 35 kg/m²), may affect outcomes due to the increased stress on weight bearing surfaces of the joint. Meniscal allograft transplantation is typically recommended for young active recipients who are too young for total knee arthroplasty.

Meniscal allograft transplantation performed in combination with other surgical interventions, appears to improve symptoms in some recipients with a prior meniscectomy who are considered too young to undergo total knee replacement. Evidence consisting primarily of retrospective case series indicates that this procedure may produce short to intermediate-term pain relief in selected recipients. The literature does not permit conclusions concerning the effect of meniscal transplantation on the progression of degenerative changes and joint space narrowing.

Meniscal allograft transplantation is associated with a high number of complications, including tears of the transplanted meniscus, displacement, or arthrofibrosis, and careful selection of recipients and surgical technique appear to be critical for success of this procedure.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is required for meniscal allograft transplantation.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 2010

Revision Information:

| Date | Section Revised | Change |
|-------------------|------------------------|--|
| July 2010 | Throughout | Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.” |
| February 29, 2012 | Throughout | Policy Termination |
| | | |

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

| CPT Code(s) |
|-------------|
| 29868 |

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Inpatient Hospital

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.