

**Subject:** Meniscal Allograft Transplant**Medical Policy #:** 13.3**Status:** Reviewed**Original Effective Date:** 07/23/2008**Last Review Date:** 07/26/2023

## Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

## Description

Meniscal allograft transplantation is a surgical procedure to preserve or restore meniscal functions. It is for patients who have irreparable tears of the meniscus or who have undergone previous meniscectomy **and involves grafting a donor meniscus into the knee of the patient**. Removal of the meniscus without replacement can lead to joint instability, loss of knee function, and early degenerative osteoarthritis.

## Coverage Determination

**Prior Authorization is required. Logon to Pres Online to submit a request:** <https://ds.phs.org/preslogin/index.jsp>

**Covered for Commercial, Centennial and Medicare.**

PHP considers Meniscal Allograft Transplantation medically necessary in patients who have previous meniscectomy when **ALL** of the following are met.

- Age less than 55 years.
- Absence or minimal articular changes, (Outerbridge grade II or less).
- Prior to surgery, knee joint must be stable or be surgically corrected at the time of the allograft.
- Refractory to treatment: Disabling pain with activity that is refractory to at least 6 weeks of conservative treatment (e.g. Medication, Physical therapy).
- Documented Radiology: Pre-operative studies either MRI or previous arthroscopy reveal absence or near absence of the meniscus.
- Alignment of knee must be normal, or knee alignment will be surgically corrected.

### **Background**

Partial or complete removal of a meniscus following traumatic injury to the knee is associated with increased joint pressures, mechanical changes and, ultimately, degeneration of the articular cartilage. Although repair of an injured meniscus is attempted whenever possible, in some cases the tear is irreparable and some or all of the meniscus must be removed. Meniscal allograft transplantation was introduced as a way to prevent or reverse the joint deterioration that occurs when the meniscus has been destroyed or removed; this joint deterioration often leads to early degenerative osteoarthritis. Many meniscal allograft candidates need to undergo additional procedures, such as anterior cruciate ligament repair, performed in conjunction with the allografting to correct knee instability.

Articular and meniscal cartilage are relatively acellular, and the cellular and major antigenic components of cartilage are protected by the extracellular matrix. These factors may protect transplanted cartilage against an immune response, a theory supported by the fact that there is little evidence that hosts mount a systemic immune response or reject allograft cartilage.

### **Exclusion**

The Plan does **not** provide coverage for collagen meniscus implant for Medicare, Medicaid and commercial, it is considered experimental, investigational or unproven.

## Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT code	Description
29868	Arthroscopy, knee, surgical; meniscal transplantation, medial or lateral

CPT code	Non-covered
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)

## Reviewed by / Approval Signatures

**Clinical Quality & Utilization Mgmt. Committee:** Gray Clarke MD

**Senior Medical Director:** David Yu MD

**Medical Directory:** Ana Maria Rael MD

**Date Approved:** 07/26/2023

## References

1. MCG Health Ambulatory Care 27<sup>th</sup> Edition, Meniscal Allograft Transplant, AGC: A-0216 (AG), last update: 2/01/2023. [Cited 06/14/2023]
2. Hayes, Inc. Medical Technology Directory, Meniscal Allograft Transplantation. Published December 28, 2011. ARCHIVED: Jan 28, 2017. [Accessed 06/29/2023].
3. Humana, Allograft Transplantation of the Knee, Policy Number:, Review date: 02/02/2023. [Cited 06/14/2023]
4. Cigna, 2020 eviCore healthcare, Medical Coverage Policies, Musculoskeletal Knee Surgery; Arthroscopic and Open Procedure, Meniscal Allograft Transplantation, (see Meniscal Allograft Transplantation 8), [Cited 06/07/2022]
5. UnitedHealthcare Commercial, Meniscus Implant and Allograft, Policy #: 2023T0543P, Effective Date: April 01. 2023 [Cited 06/14/2023]
6. CMS, National Coverage Determination (NCD) for Collagen Meniscus Implant, ([150.12](#)), Effective date: 05-25-2010, Version 1. (only addresses the Collagen meniscus implant and not the meniscus transplant from a cadaver donor) [Cited 06/14/2023]
7. Hayes, Health Technology Assessment, Collagen Meniscus Implant, (CMI) (Menaflex; Ivy Sports Medicine LLC) For Meniscal Repair, Annual review 01-09-2019, ARCHIVED Mar 15, 2020. [Cited 06/29/2023]
8. Aetna, Menaflex (known as collagen meniscal implant), Number: 0786, Last Review: 10/21/2021, Next Review: 11/09/2022 [Cited 06/14/2023]
9. Aetna, Allograft Transplants of the Extremities, Number [0364](#), (see Meniscus section), Last reviewed 06/05/2023, next review 04/11/2024. [Cited 06/14/2023]

## Publication History

- 07-23-08: Original effective date
- 09-23-09: Annual review
- 10-27-10: Annual Review
- 01-18-12: Annual Review
- 02-27-13: Annual Review
- 01-29-14: Presbyterian Policy Retired
- 01-29-14: Presbyterian now uses MCG Criteria A-0216
- 03-25-15: Annual Review. MCG accessed no change.
- 07-27-16: Annual Review. MCG accessed 7-18-16. Criteria A-0216 last reviewed 1-28-16. No changes.
- 01-25-17: Annual Review. MCG accessed. Criteria for A-0216 last reviewed 1/28/16. No changes.
- 07-22-20: Annual review. Reviewed by PHP Medical Policy committee on 06/03/20. Agreed to remove MCG #A-0216 since it remains uncertain and to create policy to expand coverage to Commercial and Medicaid to be aligned with other carriers. Not to include Medicare since MAT candidate are for age under 55 years old. CPT 29868 will remain with Prior Auth.
- 10-06-20: Language update only to include "Absence or minimal articular changes" to criteria.
- 07-28-21: Annual review. Reviewed by PHP Medical Policy Committee on 07/14/2021. No change to criteria, continue to provide coverage for MAT to Commercial and Medicaid only. CPT code 29868 will continue PA.
- 07-27-22: Annual review. Reviewed by PHP Medical Policy Committee on 06-08-2022. No longer just for commercial and Medicaid. Coverage will now include Medicare. No change to criteria. Continue PA requirement for 29868. For all LOB, continue non-coverage for collagen meniscus implant (code G0428), since it is determined it does not improve health outcome, per NCD 150.12. Code G0428 will be configured to not pay for all LOB.
- 07-26-23: Annual review. Reviewed by PHP Medical Policy Committee on 06-16-2023. Continue coverage for Meniscal Allograft Transplantation (code 29868) for age under 55 years old. Continue PA requirement for 29868. Continue non-coverage for collagen meniscus implant (code G0428), for ALOB. Continue CY 2022 config of G0428 for ALOB.

*This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.*

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]

*For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)*

**Web links:**

*At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.*

*When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.*