

# Allograft Transplantation of the Knee



INDEPENDENT CARE HEALTH PLAN

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**Line of Business:** Medicare

## Medicare Advantage Medical Coverage Policy

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#### Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

## Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

## Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

There are no NCDs and/or LCDs for allograft transplantation of the knee.

## Description

This policy focuses on reconstruction of the meniscus and ligament structures of the knee.

Allografts may be used as an alternative to autografts for ligament reconstruction or meniscal transplantation of the knee. Allograft tissue is procured from genetically unrelated cadaver donors and processed, stored and utilized according to US Food & Drug Administration (FDA) and the American Association of Tissue Banks (AATB) standards. The advantages of allografts include no donor site morbidity, shorter surgical time, smaller incisions and greater availability.<sup>7</sup> Allograft transplants are not rejected by the body as with other organ transplants.

### **Knee Ligaments**

**Reconstruction with allograft tendons** may be performed for the anterior cruciate ligament (ACL), posterior cruciate ligament (PCL), medial or lateral collateral ligaments (MCL, LCL). These ligaments are strong fibrous bands of tissue that attach to the femur, fibula patella and tibia bones providing strength and stability to the joint. Allografts are commonly used for ACL reconstruction.

**Resorbable implant for ACL repair** is a resorbable implant made of degradable material (bovine collagen) that allows healing of a torn ACL biomechanically stabilized by traditional suturing procedures at the torn ends of the tendon. Purportedly, the implant acts like a bridge scaffold. After suture stabilization, the individual's blood is injected into the implant to form a protective clot to stimulate tissue healing to eventually replace the device. The device is intended to protect the biological healing process from the surrounding intraarticular environment and not intended to replace biomechanical fixation via suturing. As the ACL heals, the implant is absorbed by the body, within approximately 8 weeks. An example of an FDA-approved ACL resorbable implant is the BEAR (Bridge-Enhanced ACL Repair).

### **Meniscus**

**Meniscal allograft transplantation (MAT)** is a surgical technique for restoring knee function for an individual with a destroyed or absent menisci. The meniscus (or menisci) refers to the lateral and medial crescent shaped cartilaginous tissues that are located at the junction of the tibia and femur which provide structural integrity to the knee and absorbs shock. Allograft tissue is matched by size to the individual, inserted into the knee joint and anchored to supporting structures by hardware, soft tissue or bony tissue fixation. The procedure may be performed using an arthroscopic approach or by open incision and may be done alone or in tandem with other reconstructive knee procedures.

**Collagen meniscus implants (CMI)**, also known as collagen scaffolds or Menaflex, are implantable porous meniscus scaffolds composed of collagen fibers, enriched with glycosaminoglycan, used as a template and support for generation of new tissue to replace the lost menisci. An example of an FDA-approved CMI is the Collagen Meniscus Implant XL.

### **Coverage Determination**

*iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.*

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:

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The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

**Coverage Limitations**

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

**Coding Information**

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	
27599	Unlisted procedure, femur or knee	
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		

HCPCS Code(s)	Description	Comments
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	

**Change Summary**

- 01/01/2024 New Policy.