



Corporate Medical Policy

Anterior Cruciate Ligament Allograft

File Name: anterior_cruciate_ligament_allograft
Policy Number: SUR6030
Origination: 6/1996
Last Review: 7/2006

Active policy, no longer scheduled for routine literature review.

Description of Procedure or Service

A ligament is a tough, fibrous band of tissue that links two bones together at a joint. Ligaments help stabilize a joint by limiting mobility. There are four ligaments that are critical to the stability of the knee joint. The anterior cruciate ligament (ACL) runs down the middle of the knee and attaches the femur (the thigh bone) to the tibia (shin bone). The ACL is the most commonly injured ligament in the knee. A tear in this ligament can occur following a sudden impact, and is generally caused by a sudden twisting motion, as in the feet being planted in one direction with the knees turned in the opposite direction. Once torn, the knee becomes noticeably unstable. Because the ACL has a relatively poor vascular supply, it usually will not heal without medical intervention. The poor healing of the ACL has prompted orthopedic surgeons to perform ACL reconstruction rather than repairs.

The current standard of care for ACL injury requiring reconstruction is autograft replacement. The material used to reconstruct the ligament is called a graft. With an autograft, the replacement material comes from the patient's own body, such as the tendon of the knee cap. An allograft is tissue from another person's body that is harvested at the time of death. The advantage of using an allograft is that the surgeon does not have to disturb or remove any normal tissue from the knee for the purpose of creating a graft.

Surgery may be performed by using either an open or arthroscopic approach. During arthroscopic ACL reconstruction, the surgical instruments and a camera are inserted through several small incisions around the knee. After drilling holes into the upper and lower leg bones, the graft is anchored into place.

Policy

Active policy, no longer scheduled for routine literature review.

BCBSNC will provide coverage for Anterior Cruciate Ligament (ACL) Allograft reconstruction when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy. See Professional Services, Outpatient hospital services, Surgery.

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When Anterior Cruciate Ligament Allograft is covered

Allograft reconstruction of the anterior cruciate ligament is considered medically necessary for the following indications:

- ◆ Young, growing patients in whom the bone plates have not yet closed,
- ◆ Prior failed reconstruction of the anterior cruciate ligament,
- ◆ Multiple ligament repairs, e.g., ACL/PCL (anterior cruciate ligament/posterior cruciate ligament) reconstruction, ACL/PCL/LCL (anterior cruciate ligament/posterior cruciate ligament/lateral collateral ligament) reconstruction,
- ◆ the patient is not a candidate for autogenous transplantation:
 - the patient's own tissues have been compromised by previous surgery or injury
 - the patient has any other contra-indication to using their own tissue such as collagen disease or generalized ligamentous laxity.

When Anterior Cruciate Ligament Allograft is not covered

- ◆ when medical guidelines above are not met.

Policy Guidelines

While there are few long-term published studies comparing the use of allograft to autograft procedures and outcome measures differ widely across studies, short-term improvements in pain and activity have been reported. Many patients appear to have done well clinically. There is sufficient evidence in published peer-reviewed, scientific literature to support the use of ACL allograft transplantation as an alternative to autograft use.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable code:

There is no specific code for this procedure. Codes 27407 or 29888 may be used.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Policy Key Words

Key Words: SUR6030, Anterior cruciate ligament, ACL, Allograft, Reconstruction, Knee

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Medical Term Definitions

Not applicable.

Scientific Background and Reference Sources

Consultant review - 6/96

Noyes FR, Barber-Westin SD. Arthroscopic-assisted allograft anterior cruciate ligament reconstruction in patients with symptomatic arthrosis

Arthroscopy. 1997; 13 (1): 24-32.

Medical Policy Advisory Group review 3/99

Consultant review 4/20/99

Specialty Matched Consultant Advisory Panel - 9/2000

Medical Policy Advisory Group - 10/2000

Specialty Matched Consultant Advisory Panel - 8/2002

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Nyland J, Caborn DN, Rothbauer J, Kocabay Y, Couch J. (July 2003). Two-year outcomes following ACL reconstruction with allograft tibialis anterior tendons: a retrospective study. *Knee Surg Sports Traumatol Arthrosc*, 11(4), 212-8. Retrieved on May 24, 2004 from http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12827225.

Gorin S, Paul DD, Wilkinson EJ. (December 2003). An anterior cruciate ligament and medial collateral ligament tear in a skeletally immature patient: a new technique to augment primary repair of the medial collateral ligament and an allograft reconstruction of the anterior cruciate ligament. *Arthroscopy*, 19(10), E21-6. Retrieved on May 24, 2004 from http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14673466.

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Specialty Matched Consultant Advisory Panel - 7/2004

American Academy of Orthopaedic Surgeons Annual Meeting, March 2004. All About Allografts. Retrieved 4/18/06 from <http://www.medscape.com/viewarticle/491618>

Policy Implementation/Update Information

6/96 Original policy issued.

5/99 Reaffirmed based on MPAG review and consultant review of 4/20/99.

10/00 Specialty Matched Consultant Advisory Panel. Added "Multiple ligament repairs, e.g., ACL/PCL reconstruction, ACL/PCL/LCL reconstruction." to list of covered indications. System coding changes. Medical Policy Advisory Group review. No changes to criteria. Approve.

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- 04/01 Changes in formatting.
- 11/01 Coding Format Change.
- 8/02 Specialty Matched Consultant Advisory Panel meeting 8/14/2002. Revised under when it is covered section to clarify LCL.
- 12/03 Benefits Application and Billing/Coding sections updated for consistency.
- 8/12/04 Specialty Matched Consultant Advisory Panel 07/15/2004 with no changes to policy criteria. References added.
- 8/21/06 Revised description of procedure for clarity. Statement added to When ACL Allograft is Covered section that indicates ACL Allografts are allowed in patients who are not candidates for autogenous transplantation. Added rationale to Policy Guidelines section. Added policy number to key words. Specialty Matched Consultant Advisory Panel review 7/24/06. Policy status changed to "Active policy, no longer scheduled for routine literature review.

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.