

## Evidence Based Guideline

# Bone Allograft

**File Name:** bone\_allograft  
**Guideline Number:** EBG.SUR6090  
**Origination:** 3/1989  
**Last Review:** 8/2002

**Active guideline, no longer scheduled for routine literature review.**

### Description of Procedure or Service

---

Bone allograft refers to using bone grafts from a donor to treat severe deficiencies in joints and long bones. The bone grafts may be fresh bone harvests or they may have been preserved in a process of deep freezing or freeze drying of bone. When [allografting](#) is used in joints such as the hip, knee, spine, shoulder or elbow, it is referred to as osteoarticular implants (in the bones of articulating joints). When [allografting](#) is used to reinforce a shaft of long bone (the bones of the arm or leg), they are referred to as intercalary site implants.

### Evidence Based Guideline for Bone Allograft

---

Bone allograft may be appropriate for bone grafts where [autologous](#) bone (taken from another site in the patient) is unavailable.

Examples of usage of allograft include:

- vertebral fusion
- salvage of hip joints
- salvage of extremities in bone cancers

### Medical Evidence regarding Bone Allograft indicates it is not recommended in the following situations:

---

Bone allograft is not recommended when [autologous](#) donation can be performed (taken from another site in the patient).

### Benefits Application

---

Please refer to certificate for availability of benefit. This guideline 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.

## Policy: Bone Allograft

### 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](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: 20930, 20931, 20955, 20962*

### Medical Term Definitions

---

#### **Allograft**

transfer of human organ and/or tissue from one person to another.

#### **Autologous**

derived from the same organism, i.e., self donation.

### Scientific Background and Reference Sources

---

BCBSA Medical Policy Reference Manual - 3/96

Medical Policy Advisory Group Review - 3/99

Specialty Matched Consultant Advisory Panel - 9/2000

Medical Policy Advisory Group - 10/2000

Specialty Matched Consultant Advisory Panel - 8/2002

BCBSA Medical Policy Reference Manual [Electronic Version]. 7.01.38, 7/17/03

### Policy Implementation/Update Information

---

- |         |   |
|---------|---|
| 3/89    | Evaluated: Eligible for coverage  |
| 7/96    | Reaffirmed: National Association reviewed 3/96. No changes.   |
| 3/99    | Reviewed by MPAG. Reaffirm  |
| 5/99    | Reformatted. Description of Procedure or Service changed. Medical Term Definitions added.   |
| 10/00   | Specialty Matched Consultant Advisory Panel. No change recommended to criteria. System coding changes. Medical Policy Advisory Group review. No change to criteria. Approve.                          |
| 8/02    | Specialty Matched Consultant Advisory Panel. No changes. Typo corrected.  |
| 6/03    | Policy status changed to: "Active policy, no longer scheduled for routine literature review".   |
| 1/04    | Benefits Application and Billing/Coding sections updated for consistency.   |
| 8/28/06 | Medical Policy changed to Evidence Based Guideline. Added CPT codes 20955 and 90962. Deleted CPT codes: 23146, 24116, 25126, 25136, 27130, 27132, 27134, 27137, 27138, 27486, 27536, 27638 and 28103. |

## **Policy: Bone Allograft**

---

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.