
Health Technology Clinical Committee**Findings & Decision****Topic: Osteochondral Allograft/Autograft Transplantation (OAT)****Meeting Date: November 18, 2011****Final Adoption: March 16, 2012****Number and Coverage Topic**

20111118B – Osteochondral Allograft/Autograft Transplantation (OAT)

HTCC Coverage DeterminationOsteochondral Allograft/Autograft Transplantation (OAT) is a **covered benefit with conditions**Osteochondral Allograft/Autograft Transplantation (OAT) for joints other than the knee is **not a covered benefit****HTCC Reimbursement Determination**❖ **Limitations of Coverage**

Osteochondral Allograft/Autograft Transplantation for the knee is a covered benefit when the following conditions are met:

- Age <50, older at the discretion of the agency;
- Excluding malignancy, degenerative and inflammatory arthritis in the joint; and
- Single focal full-thickness articular cartilage defect

❖ **Non-Covered Indicators**

Osteochondral Allograft/Autograft Transplantation for joints other than the knee are not covered.

❖ **Agency Contact Information**

Agency	Contact Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-762-6004
Health and Recovery Services Administration	1-800-562-3022

HTCC COVERAGE VOTE AND FORMAL ACTION

November 18th, 2011 Meeting Transcript can be found here: <http://www.hta.hca.wa.gov/schedule.html>

Committee Decision

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and agency and state utilization information. The committee concluded that the current evidence on Osteochondral Allograft/Autograft Transplantation (OAT) for the knee demonstrates that there is sufficient evidence to cover with conditions. The committee concluded that the current evidence on Osteochondral Allograft/Autograft Transplantation (OAT) for joints other than the knee demonstrates that there is insufficient evidence to cover. The committee considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable. Based on these findings, the committee voted to not cover Osteochondral Allograft/Autograft Transplantation (OAT) for joints other than the knee. Based on these findings, the committee voted to cover with conditions Osteochondral Allograft/Autograft Transplantation (OAT) for the knee.

Osteochondral Allograft/Autograft Transplantation (OAT) Coverage Vote

Osteochondral Allograft/Autograft Transplantation Vote: Based on the evidence provided and the information and comments presented, the committee moved to a vote on coverage.

HTCC COMMITTEE COVERAGE DETERMINATION VOTE			
	Not covered	Covered Unconditionally	Covered Under Certain Conditions
Osteochondral Allograft/Autograft Transplantation (OAT) for the Knee	0	0	10
Osteochondral Allograft/Autograft Transplantation (OAT) for Joints other than the Knee	7	0	3

- ✓ *Discussion:* The Chair called for discussion on conditions related to OAT due to the majority voting for coverage. The following conditions were discussed and approved by a majority:
- ✓ *Limitations of Coverage:* Osteochondral Allograft/Autograft Transplantation for the knee is a covered benefit when the following conditions are met:
 - Age <50, older at the discretion of the agency;
 - Excluding malignancy, degenerative and inflammatory arthritis in the joint; and
 - Single focal full-thickness articular cartilage defect
- *Action:* The committee chair directed HTA staff to prepare a Findings and Coverage document on OATS reflective of the majority vote.

The committee reviewed the clinical guidelines and Medicare decision. The Centers for Medicare and Medicaid Services have no published national coverage determinations (NCD) for Osteochondral Allograft/Allograft Transplantation (OAT).

Health Technology Clinical Committee Authority

Washington State's legislature believes it is important to use a scientific based, clinician centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority, through its Health Technology Assessment program to engage in a process for evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and takes public input at all stages. Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State Health Technology Clinical Committee (HTCC) determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases their decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.