



Subject: Hyaluronan Injections (Viscosupplementation)*

Effective Date: October 1, 1998

Department(s): Utilization Management

Policy: Hyaluronan injections for viscosupplementation in osteoarthritis of the knee are reimbursable under Plans administered by QualCare, Inc.

Objective: To provide proper and consistent reimbursement and to limit reimbursement for a specific mode of therapy to treatment of conditions for which a product is FDA-approved.

Procedure:

1. Physician provides patient's medical information documenting the diagnosis of osteoarthritis of the knee(s), to include clinical findings, results of imaging studies and (if done) arthroscopy.
2. Extent of limitation of function due to osteoarthritis and the results of prior conservative treatment must be documented.
3. Results of prior more conservative measures(which can include exercise, weight loss, physical therapy, simple analgesics such as acetaminophen, oral or topical NSAIDs, or intra-articular corticosteroid injections) used for at least three months to manage the knee osteoarthritis must be included in the request.

4. ICD-9 codes covered by this policy are: 715.16, 715.26, 715.36, 715.86, and 715.96; ICD-10 codes M17.0-M17.9.
5. Viscosupplementation is reimbursable only for osteoarthritis of the knee. Viscosupplementation for osteoarthritis of other joints or for conditions other than osteoarthritis (degenerative joint disease) is not reimbursable.
6. Products to which this policy applies are: Hyalgan® (sodium hyaluronate), Supartz®, Synvisc® (hylan G-F 20) Euflexxa® (1% sodium hyaluronate) and Orthovisc® (high molecular weight hylauronic acid), Monovisc® (high molecular weight hyaluronan), Gel-One® (cross-linked hyaluronate), Gelsyn-3™ (high molecular weight hyaluronan), GenVisc 850® (high molecular weight hyaluronan) and Hymovis® (high molecular weight hyaluronan).
7. A course of therapy with Hyalgan, Supartz or Genvisc 850® is 5 injections at weekly intervals; a course of therapy with Synvisc, Euflexxa, Orthovisc, or Gelsyn 3™ is 3 injections at weekly intervals; a course of Hymovis® is 2 injections a week apart; a course of Gel-One® or Monovisc® is a single injection.
8. Second or further courses of therapy in the same knee will be authorized only if BOTH of the following have occurred:
 - a. A favorable response to the initial course of injections as reported by the physician
 - b. At least six months have elapsed since the end of the last course of viscosupplementation.
9. **CPT and HCPCS Codes** for viscosupplementation are as follows:
 - **20610** - arthrocentesis, aspiration/injection; major joint or bursa and appropriate modifier for right or left knee and modifier –50 for bilateral knees.

- **J7321** (Hyalgan or Supartz);; **J7323** (Euflexxa); **J7324** (Orthovisc);
J7325 (Synvisc or Synvisc-One); **J7326** (Gel-One);
J7327 (Monovisc)
J7328 (Gelsyn-3™), J7320 (GenVisc 850®), J7322 (Hymovis®)

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.