

<b>Policy Name:</b>	<b>Intra-articular Hyaluronan Therapy (Viscosupplementation)</b>
<b>Effective Date:</b>	<b>1/1/2021</b>

## Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member's plan document for specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid and MinnesotaCare members, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

## Coverage Policy

Intra-articular hyaluronan therapy for osteoarthritis of the knee is COVERED.

Coverage is limited to the following products: Synvisc®, Synvisc-One® and Euflexxa®.

Intra-articular hyaluronan therapy for temporomandibular joint (TMJ), osteoarthritis of the other joints, including but not limited to hip, shoulder, spine, ankle or hand/thumb is investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

Medica does not allow coverage for the other hyaluronan products including, but not limited to, Durolane®, Gel-One®, GelSyn-3®, GenVisc 850®, Hyalgan®, Hymovis®, Monovisc®, Orthovisc®, sodium hyaluronate, Supartz FX®, Synjoynt®, Trivisc® and Visco-3®.

**Note: Claims received for non-covered intra-articular hyaluronan products will be denied as provider liability while claims received for any indications that are not covered will be denied as member liability.**

## Description

Intra-articular injection of hyaluronan (also known as viscosupplementation) is a non-pharmacological therapeutic modality for the treatment of osteoarthritis based on the physiological importance of hyaluronan in synovial joints. The therapeutic goal is to restore the visco-elasticity of synovial hyaluronan, thereby decreasing pain, improving mobility and restoring the natural protective functions of hyaluronan in the joint. The short-term mode of action of viscosupplementation is believed to be based on the pain relieving effect of the elastoviscous fluid in the affect joint. The injections are done in the doctor's office.

## FDA Approval

Hyaluronic acid preparations are regulated as devices, not drugs, in the U.S. They are categorized as Class III (high-risk) devices and are regulated by the FDA's Center for Devices and Radiologic Health. All are approved for

the treatment of pain in osteoarthritis of the knee which has failed to respond adequately to conservative non-pharmacologic therapy, and to simple analgesics, e.g. acetaminophen. All vary by molecular weight.

### **Prior Authorization**

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

### **Coding Considerations**

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

### **HCPCS Codes:**

J7323 - Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose

J7325 - Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, per dose

### **ICD-10 codes:**

M17.0 - Bilateral primary osteoarthritis of knee

M17.10 - Unilateral primary osteoarthritis, unspecified knee

M17.11 - Unilateral primary osteoarthritis, right knee

M17.12 - Unilateral primary osteoarthritis, left knee

M17.2 - Bilateral post-traumatic osteoarthritis of knee

M17.30 - Unilateral post-traumatic osteoarthritis, unspecified knee

M17.31 - Unilateral post-traumatic osteoarthritis, right knee

M17.32 - Unilateral post-traumatic osteoarthritis, left knee

M17.4 - Other bilateral secondary osteoarthritis of knee

M17.5 - Other unilateral secondary osteoarthritis of knee

M17.9 - Osteoarthritis of knee, unspecified

Original Effective Date: 9/1/2007

Re-Review Date(s): 5/20/2009, 11/1/2010, 11/7/2013, 4/28/2016, 9/27/2016, 8/25/2020