

**Medical Coverage Policy | Intra-Articular
Hyaluronan injections for Osteoarthritis Policy effective
date 1/1/2016**



EFFECTIVE DATE: 01|01|2016
POLICY LAST UPDATED: 08|07|2015

OVERVIEW

Knee osteoarthritis (OA) is common, costly, and a cause of substantial disability. Among U.S. adults, the most common causes of disability are arthritis and rheumatic disorders. Currently, no curative therapy is available for OA, and thus the overall goals of management are to reduce pain, disability, and the need for knee replacement surgery. Intra-articular injection of hyaluronan (HA) into osteoarthritic joints is thought to replace endogenous HA, restore the viscoelastic properties of the synovial fluid, and improve pain and function.

MEDICAL CRITERIA

BlueCHiP for Medicare and Commercial Products

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Intra-articular hyaluronan injections of the knee and all other joints are considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable limitations of benefits/coverage when services are not medically necessary.

BACKGROUND

Knee OA is common, costly, and a cause of substantial disability. Among U.S. adults, the most common causes of disability are arthritis and rheumatic disorders. Currently, no curative therapy is available for OA, and thus the overall goals of management are to reduce pain, disability, and the need for surgery. IAHA has been proposed as a means of restoring the normal viscoelasticity of the synovial fluid in patients with OA and improving pain and function. This treatment may also be called viscosupplementation. HA is a naturally occurring macromolecule that is a major component of synovial fluid and is thought to contribute to its viscoelastic properties. Chemical crosslinking of hyaluronan increases its molecular weight; cross-linked hyaluronans are referred to as hylans. In OA, the overall length of HA chains present in cartilage and the HA concentration in the synovial fluid are decreased.

Intra-articular injection of hyaluronan into osteoarthritic joints is thought to replace hyaluronan, restore the viscoelastic properties of the synovial fluid, and improve pain and function. The largest amount of evidence is on treatment of osteoarthritis (OA) of the knee. Individual trials show inconsistent results in pain and functional outcomes for intra-articular injection of hyaluronan (IAHA) compared with placebo or active control. Meta-analyses of randomized controlled trials (RCTs) show improvements in pain and function that

are statistically significant, but have not been demonstrated to be clinically significant in an appreciable number of patients

CODING

BlueCHiP for Medicare and Commercial Products

The following HCPCS codes are not medically necessary:

- J7321 Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose
- J7323 Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
- J7324 Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
- J7325 Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg
- J7326 Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose
- J7328: Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg
- Q9980: Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg

The following CPT code is not medically necessary when used with one of the HCPCS codes listed above:
20610

ICD10

M17.0-M17.9

RELATED POLICIES

None

PUBLISHED

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