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 (IAHA) into osteoarthritic joints is thought to replace endogenous hyaluronan, 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
Intra-articular hyaluronan injections of the knee or shoulder joint are considered medically necessary when billed with one of the ICD-10 codes listed below.

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.

Individual Consideration
All of our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual’s unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Individual Consideration Unit of Basic Claims
Administration Blue Cross & Blue Shield of Rhode Island
500 Exchange Street
Providence, RI 02903-2699

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. Hyaluronan (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 HA 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 OA of the knee. Individual trials show inconsistent results in pain and functional outcomes for 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**

The following HCPCS codes are medically necessary when billed with one of the ICD-10 codes listed below:
- J7320  Hyaluronan or derivative, Genvisc 850, for intra-articular injection, 1 mg (effective 1/1/2017)
- J7321  Hyaluronan or derivative, Hylagan or Supartz, for intra-articular injection, per dose
- J7322  Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg (effective 1/1/2017)
- 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
- J7327  Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose
- J7328  Hyaluronan or derivative, Gel-syn, for intra-articular injection, 0.1 mg

**ICD-10 BlueCHiP for Medicare:**

M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5, M17.9, M19.011, M19.012, M19.111, M19.211, M19.212

The following CPT codes are medically necessary for BlueCHiP for Medicare when used with one of the HCPCS codes listed above:
- 20610  Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa)
- 20611  Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa); with ultrasonic guidance, with permanent recording and reporting

**Commercial Products**

The following HCPCS codes are not medically necessary
- J7320  Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg; (code effective date 1/1/2017)
- J7321  Hyaluronan or derivative, Hylagan or Supartz, for intra-articular injection, per dose
- J7322  Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg; (code effective date 1/1/2017)
- 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
- J7327  Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose
- J7328  Hyaluronan or derivative, Gel-syn, for intra-articular injection, 0.1 mg
The following CPT codes are not medically necessary when used with one of the HCPCS codes listed above:

20610 Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa)

20611 Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting

RELATED POLICIES
None

PUBLISHED
Provider Update, July 2017
Provider Update, March 2016
Provider Update, November 2015

REFERENCES
1. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Intra-Articular Hyaluronan Injections for Treatment of Osteoarthritis of the Knee. TEC Assessments 1998;Volume 13, Tab 17. PMID


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