

EFFECTIVE DATE: 01|01|2016

POLICY LAST UPDATED: 02|01|2016

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:

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:

- 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
- J7327 Hyaluronan or derivative, Monovisc, 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

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 not medically necessary for BlueCHiP for Medicare when used with one of the HCPCS codes listed above:

20610
20611

Commercial Products

The following HCPCS codes are not medically necessary when billed with one of the ICD-10 codes listed below:

- 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
- J7327 Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose
- J7328 Hyaluronan or derivative, Gel-syn, for intra-articular injection, 0.1 mg
- Q998 Hyaluronan or derivative, Genvisc 850, for intra-articular injection, 1 mg

ICD-10 Commercial Products:

M17.0-M17.9

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

20610
20611

RELATED POLICIES

None

PUBLISHED

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
2. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Special Report: intra-articular hyaluronan for osteoarthritis of the knee. TEC Assessments. 2004;Volume 19, Tab 17. PMID
3. Bellamy N, Campbell J, Robinson V, et al. Viscosupplementation for the treatment of osteoarthritis of the knee. *Cochrane Database Syst Rev.* 2005(2):CD005321. PMID 15846754
4. Bellamy N, Campbell J, Robinson V, et al. Viscosupplementation for the treatment of osteoarthritis of the knee. *Cochrane Database Syst Rev.* 2006(2):CD005321. PMID 16625635
5. Samson DJ, Grant MD, Ratko TA, et al. Treatment of primary and secondary osteoarthritis of the knee. AHRQ Publication No. 07-E012. September 2007; <http://www.ncbi.nlm.nih.gov/books/NBK38385/>. Accessed June, 2014.
6. Rutjes AW, Juni P, da Costa BR, et al. Viscosupplementation for osteoarthritis of the knee: a systematic review and meta-analysis. *Ann Intern Med.* Aug 7 2012;157(3):180-191. PMID 22868835
7. American Academy of Orthopaedic Surgeons. Treatment of osteoarthritis of the knee. 2013; <http://www.aaos.org/research/guidelines/TreatmentofOsteoarthritisoftheKneeGuideline.pdf>. Accessed June, 2014
8. Bannuru RR, Natov NS, Dasi UR, et al. Therapeutic trajectory following intra-articular hyaluronic acid injection in knee osteoarthritis--meta-analysis. *Osteoarthritis Cartilage.* Jun 2011;19(6):611-619. PMID 21443958
9. Colen S, van den Bekerom MP, Mulier M, et al. Hyaluronic acid in the treatment of knee osteoarthritis: a systematic review and meta-analysis with emphasis on the efficacy of different products. *BioDrugs.* Aug 1 2012;26(4):257-268. PMID 22734561
10. Miller LE, Block JE. US-Approved Intra-Articular Hyaluronic Acid Injections are Safe and Effective in Patients with Knee Osteoarthritis: Systematic Review and Meta-Analysis of Randomized, Saline-Controlled Trials. *Clin Med Insights Arthritis Musculoskelet Disord.* 2013;6:57-63. PMID 24027421
11. Colen S, Haverkamp D, Mulier M, et al. Hyaluronic acid for the treatment of osteoarthritis in all joints except the knee: what is the current evidence? *BioDrugs.* Apr 1 2012;26(2):101-112. PMID 22385405
12. Migliore A, Giovannangeli F, Bizzi E, et al. Viscosupplementation in the management of ankle osteoarthritis: a review. *Arch Orthop Trauma Surg.* Jan 2011;131(1):139-147. PMID 20697901
13. Degroot H, Uzunishvili S, Weir R, et al. Intra-articular injection of hyaluronic Acid is not superior to saline solution injection for ankle arthritis: a randomized, double-blind, placebo-controlled study. *J Bone Joint Surg Am.* Jan 4 2012;94(1):2-8. PMID 22218376
14. Munteanu SE, Zammit GV, Menz HB, et al. Effectiveness of intra-articular hyaluronan (Synvisc, hylan G-F 20) for the treatment of first metatarsophalangeal joint osteoarthritis: a randomised placebo-controlled trial. *Ann Rheum Dis.* Oct 2011;70(10):1838-1841. PMID 21791454
15. Stahl S, Karsh-Zafir I, Ratzon N, et al. Comparison of intraarticular injection of depot corticosteroid and hyaluronic acid for treatment of degenerative trapeziometacarpal joints. *J Clin Rheumatol.* Dec 2005;11(6):299-302. PMID 16371798
16. Fuchs S, Monikes R, Wohlmeiner A, et al. Intra-articular hyaluronic acid compared with corticoid injections for the treatment of rhizarthrosis. *Osteoarthritis Cartilage.* Jan 2006;14(1):82-88. PMID 16242353

17. Abate M, Pelotti P, De Amicis D, et al. Viscosupplementation with hyaluronic acid in hip osteoarthritis (a review). *Ups J Med Sci*. 2008;113(3):261-277. PMID 18991239
18. Qvistgaard E, Christensen R, Torp-Pedersen S, et al. Intra-articular treatment of hip osteoarthritis: a randomized trial of hyaluronic acid, corticosteroid, and isotonic saline. *Osteoarthritis Cartilage*. Feb 2006;14(2):163-170. PMID 16290043
19. Richette P, Ravaud P, Conrozier T, et al. Effect of hyaluronic acid in symptomatic hip osteoarthritis: a multicenter, randomized, placebo-controlled trial. *Arthritis Rheum*. Mar 2009;60(3):824-830. PMID 19248105
20. Atchia I, Kane D, Reed MR, et al. Efficacy of a single ultrasound-guided injection for the treatment of hip osteoarthritis. *Ann Rheum Dis*. Jan 2011;70(1):110-116. PMID 21068096
21. Migliore A, Massafra U, Bizzi E, et al. Comparative, double-blind, controlled study of intra-articular hyaluronic acid (Hyalubrix) injections versus local anesthetic in osteoarthritis of the hip. *Arthritis Res Ther*. 2009;11(6):R183. PMID 20003205
22. Saito S, Furuya T, Kotake S. Therapeutic effects of hyaluronate injections in patients with chronic painful shoulder: a meta-analysis of randomized controlled trials. *Arthritis Care Res (Hoboken)*. Jul 2010;62(7):1009- 1018. PMID 20235211
23. Blaine T, Moskowitz R, Udell J, et al. Treatment of persistent shoulder pain with sodium hyaluronate: a randomized, controlled trial. A multicenter study. *J Bone Joint Surg Am*. May 2008;90(5):970-977 PMID 18451387
24. Kwon YW, Eisenberg G, Zuckerman JD. Sodium hyaluronate for the treatment of chronic shoulder pain associated with glenohumeral osteoarthritis: a multicenter, randomized, double-blind, placebo-controlled trial. *J Shoulder Elbow Surg*. Jan 16 2013;22(5):584-594. PMID 23333168
25. American Academy of Orthopaedic Surgeons. The treatment of glenohumeral joint osteoarthritis: guideline and evidence report. 2009; <http://www.aaos.org/research/guidelines/gloguideline.pdf>. Accessed June, 2014.
26. Silverstein E, Leger R, Shea KP. The use of intra-articular hylan G-F 20 in the treatment of symptomatic osteoarthritis of the shoulder: a preliminary study. *Am J Sports Med*. Jun 2007;35(6):979-985. PMID 17395958
27. Hochberg MC, Altman RD, April KT, et al. American College of Rheumatology 2012 recommendations for the use of nonpharmacologic and pharmacologic therapies in osteoarthritis of the hand, hip, and knee. *Arthritis Care Res (Hoboken)*. Apr 2012;64(4):465-474. PMID 22563589
28. McAlindon TE, Bannuru RR, Sullivan MC, et al. OARSI guidelines for the non-surgical management of knee osteoarthritis. *Osteoarthritis Cartilage*. Mar 2014;22(3):363-388. PMID 24462672
29. National Institute for Health and Clinical Excellence (NICE). CG177 Osteoarthritis: Care and management in adults. 2008; nt. Accessed June, 2014.

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

