

Medical Coverage Policy



Intra-Articular Hyaluronan Injections for Osteoarthritis

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	5/20/2008	Policy Last Updated:	2/5/2013
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Viscosupplementation is a therapeutic modality for the treatment of osteoarthritis based on the physiologic importance of hyaluronan in synovial joints. Hyaluronan, also known as hyaluronate or hyaluronic acid, is a naturally occurring macromolecule that is a major component of synovial fluid. The therapeutic goal is to restore the viscoelasticity of synovial hyaluronan, thereby decreasing pain, improving mobility and restoring the natural protective functions of hyaluronan in the joint.

The hyaluronan viscosupplements Hyalgan, Synvisc or Synvisc One, Euflexxa, Supartz, and Orthovisc are classified by the FDA as "devices" used to treat the pain associated with osteoarthritis of the knee in patients who have failed to respond to conservative non-pharmacologic therapy and simple analgesics.

Intra-articular hyaluronan injections continue to be investigated for off-label uses in other joints.

Medical criteria:

Hyaluronan viscosupplementation injections of the knee are covered.

The use of intra-articular hyaluronan injections in joints other than the knee is considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the service is effective.

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Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage document or Subscriber Agreement for the applicable physician administered injected medication and surgery benefits/coverage.

Coding:

The following codes apply to the physician-administered medications benefit:

- 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
- J7326** Hyaluronan or derivative, gel-one, for intra-articular injection, per dose

The following code applies to the surgical benefit for the administration of the viscosupplementation:

20610

Also Known As:

Euflexxa
Hyalgan
Hyaluronan Injections
Orthovisc
Supartz
Synvisc
Viscosupplementation

Related topics:

Not applicable.

Published:

Provider Update, April 2013
Provider Update, May 2012
Provider Update, May 2011
Provider Update, June 2010
Provider Update, May 2009
Provider Update, June 2008
Policy Update, July 2006
Policy Update, September 2004

References:

Blue Cross and Blue Shield Association Medical Policy Reference Manual. #2.01.31 Intra-articular Hyaluronan Injections for Osteoarthritis. Accessed 01/24/2013.

Policy History:

2/5/2013: Annual review of the policy.

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