



Policy Title:	Hyaluronic acid Intra-articular Injection Policy: Hyalgan, Euflexxa, Monovisc, Orthovisc, Supartz, Synvisc, Synvisc-One, Genvisc, Visco-3, Hymovis, Gel-one, Gelysn		
Policy Number:	000667	Department:	PHA
Effective Date:	07/01/2019		
Review Date:	04/19/2019		
Revision Date:	04/19/2019		

Purpose: To support safe, effective and appropriate use of Hyaluronic acid Intra-articular Injections.

Scope: Medicaid, Exchange, Integrity

Policy Statement:

Hyaluronic acid Intra-articular Injections are covered under the Medical Benefit when used within the following guidelines. Use outside of these guidelines may result in non-payment unless approved under an exception process. Euflexxa is the preferred Hyaluronic acid Intra-articular Injection.

Procedure:

Coverage of Hyaluronic acid Intra-articular Injections will be reviewed prospectively via the prior authorization process based on criteria below.

Initial Criteria Coverage for Medicaid and Exchange:

- Documented symptomatic osteoarthritis of the knee; AND
- Trial and failure of conservative therapy (including physical therapy, pharmacotherapy [e.g., non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen (up to 1 g 4 times/day) and/or topical capsaicin cream]) has been attempted and has not resulted in functional improvement after at least 3 months; AND
- The patient has failed to adequately respond to aspiration and injection of intra-articular steroids; AND
- The patient reports pain which interferes with functional activities (e.g., ambulation, prolonged standing); AND



- There are no contraindications to the injections (e.g., active joint infection, bleeding disorder); AND
- Requests for non-Euflexxa Hyaluronic acid intra-articular injections require that a patient must have a documented failure, intolerance or contraindication to Euflexxa.

Initial Criteria Coverage for Integrity ONLY:

- Documented symptomatic osteoarthritis of the knee; AND
- Trial and failure of conservative therapy (including physical therapy, pharmacotherapy [e.g., non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen (up to 1 g 4 times/day) and/or topical capsaicin cream]) has been attempted and has not resulted in functional improvement after at least 3 months; AND
- The patient has failed to adequately respond to aspiration and injection of intra-articular steroids; AND
- The patient reports pain which interferes with functional activities (e.g., ambulation, prolonged standing); AND
- There are no contraindications to the injections (e.g., active joint infection, bleeding disorder).

Renewal Criteria for Medicaid and Exchange:

- Meets all initial criteria, including trial with Euflexxa; AND
- The medical record demonstrates a reduction in the dose of NSAIDS (or other analgesics or anti-inflammatory medication) during the 6-month period following the previous series of injections; AND
- The medical record objectively documents significant improvement in pain and functional capacity as the result of the previous injections; AND
- Absence of unacceptable toxicity from the previous injections. Examples of unacceptable toxicity include: severe joint swelling and pain, severe infections, anaphylactic or anaphylactoid reactions, etc.

Renewal Criteria for Integrity ONLY:

- The medical record demonstrates a reduction in the dose of NSAIDS (or other analgesics or anti-inflammatory medication) during the 6-month period following the previous series of injections; AND
- The medical record objectively documents significant improvement in pain and functional capacity as the result of the previous injections; AND
- Absence of unacceptable toxicity from the previous injections. Examples of unacceptable toxicity include: severe joint swelling and pain, severe infections, anaphylactic or anaphylactoid reactions, etc.



Coverage durations: one series per knee for 6 months

Billable Units (per dose and over time):

<i>DRUG</i>	<i>HCPCS</i>	<i>1 Billable Unit (BU)</i>	<i>BU per administration</i>	<i>Number of Administrations per knee per 180 days</i>
Euflexxa	J7323	1 dose	1	3
Gel-One	J7326	1 dose	1	1
GelSyn-3	J7328	0.1 mg	168	3
Gen-Visc 850	J7320	1 mg	25	5
Hyalgan; Supartz; Supartz FX	J7321	1 dose	1	5
Hymovis	J7322	1 mg	24	2
Monovisc	J7327	1 dose	1	1
Orthovisc	J7324	1 dose	1	4
Synvisc	J7325	1 mg	16	3
Synvisc-One	J7325	1 mg	48	1
Visco-3	J7321	1 dose	1	3

Investigational Use: All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug Information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

Applicable Codes:

Below is a list of billing codes applicable for covered treatment options. The below tables are provided for reference purposes and may not be all-inclusive. Requests received with codes from



tables below do not guarantee coverage. Requests must meet all criteria provided in the procedure section.

The following HCPCS/CPT codes are:

HCPCS/CPT Code	Description
J7320	Genvisc
J7321	Hyalgan or Supartz or Visco-3
J7322	Hymovis
J7323	Euflexxa
J7324	Orthovisc
J7325	Synvisc/Synvisc-One
J7326	Gel-One
J7327	Monovisc
J7328	Gel-Syn

References:

1. Euflexxa [package insert]. Parsippany, NJ; Ferring Pharmaceuticals; July 2016. Accessed April 2018.
2. Gel-One [package insert]. Warsaw, IN; Zimmer; May 2011. Accessed April 2018.
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4. McAlindon TE, Bannuru RR, Sullivan MC, et al. OARSI guidelines for the non-surgical management of knee osteoarthritis. *Osteoarthritis Cartilage*. 2014 Mar;22(3):363-88. doi: 10.1016/j.joca.2014.01.003. Epub 2014 Jan 24.
5. Brown GA. AAOS clinical practice guideline: treatment of osteoarthritis of the knee: evidence-based guideline, 2nd edition. *J Am Acad Orthop Surg*. 2013 Sep;21(9):577-9. doi: 10.5435/JAAOS-21-09-577.
6. Cooper C, Rannou F, Richette P, et al. Use of intra-articular hyaluronic acid in the management of knee osteoarthritis in clinical practice. *Arthritis Care Res (Hoboken)*. 2017 Jan 24.
7. Bhadra AK, Altman R, Dasa V, et al. Appropriate use criteria for hyaluronic acid in the treatment of knee osteoarthritis in the United States. *Cartilage*. 2016 Aug 10.
8. National Institute for Health and Care Excellence. NICE 2014. Osteoarthritis-Care and management in adults. Published Feb 2014. Clinical guideline CG177.



<https://www.nice.org.uk/guidance/cg177/evidence/full-guideline-pdf-191761309>. Accessed November 2017.

9. Wisconsin Physicians Service Insurance Corporation. Local Coverage Determination (LCD): Intra-articular Injections of Hyaluronan (L34525). Centers for Medicare & Medicaid Services, Inc. Updated on 3/20/2018 with effective date 04/01/2018. Accessed June 2018.
10. Novitas Solutions, Inc. Local Coverage Determination (LCD): Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L35427). Centers for Medicare & Medicaid Services, Inc. Updated on 01/19/2018 with effective date 1/1/2018. Accessed June 2018.
11. Palmetto GBA. Local Coverage Determination (LCD): Hyaluronate Polymers (L33432). Centers for Medicare & Medicaid Services, Inc. Updated on 04/03/2018 with effective date 04/12/2018. Accessed June 2018.
12. First Coast Service Options, Inc. Local Coverage Determination (LCD): Viscosupplementation Therapy for Knee (L33767). Centers for Medicare & Medicaid Services, Inc. Updated on 02/02/2018 with effective date 02/08/2018. Accessed June 2018.
13. National Government Services, Inc. Local Coverage Article: Hyaluronans (e.g. Hyalgan®, Supartz®, Euflexxa™, Synvisc®, Synvisc-One™, Orthovisc®, Gel-One®), Intra-articular Injections of - Related to LCD L33394 (A52420). Centers for Medicare & Medicaid Services, Inc. Updated on 5/4/2018 with effective date 4/1/2018. Accessed June 2018