

Medical and Behavioral Health Policy

Section: Medicine

Policy Number: II-29

Effective Date: 06/16/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

INTRA-ARTICULAR HYALURONAN INJECTIONS FOR OSTEOARTHRITIS

Description: Intra-articular injection of hyaluronan (viscosupplementation) has been proposed as a means of restoring the normal viscoelasticity of the synovial fluid in patients with osteoarthritis. Hyaluronan, also known as hyaluronate or hyaluronic acid, is a naturally occurring macromolecule that is a major component of synovial fluid and is thought to contribute to its viscoelastic properties.

Several preparations of intra-articular hyaluronan have been approved by the U.S. Food and Drug Administration (FDA) for the treatment of pain in osteoarthritis of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy and to simple analgesics (e.g., acetaminophen). The FDA has not approved intra-articular hyaluronan for joints other than the knee. Commercially available products include Euflexxa[®], Hyalgan[®], Gel-One[®], Monovisc[™], Orthovisc[®], Supartz[®], Synvisc One[®], and Synvisc[®]. All products are manufactured from rooster combs except Euflexxa[®] and Monovisc[™] which are extracted from bacterial cells.

Policy:

- I. Intra-articular hyaluronan injections may be considered **MEDICALLY NECESSARY** for the treatment of painful osteoarthritis of the knee in patients who meet **all** of the following criteria:
 - A. There is documentation of a diagnosis of osteoarthritis of the knee supported by radiologic evidence including **one or more** of the following:
 - 1. Joint space narrowing,
 - 2. Subchondral sclerosis,
 - 3. Osteophytes and sub-chondral cysts;
 - AND**
 - B. There is documentation that pain due to osteoarthritis of the knee interferes with functional activities (e.g., walking, prolonged standing);

AND

- C. Pain has persisted despite use of **BOTH** of the following within the previous 6 months:

1. Medical management with acetaminophen, nonsteroidal anti-inflammatory agents (NSAIDs) or other analgesic medications for a minimum of 3 months unless there is a contraindication to use;

AND

2. Physical therapy, 4 week course;

AND

- D. There is no evidence of other joint disease (e.g., rheumatoid or psoriatic arthritis).

- II. A repeat-course of intra-articular hyaluronan may be considered **MEDICALLY NECESSARY** when **all** of the following criteria have been met:

A. The individual met all of the criteria for an initial course of treatment;

AND

B. At least 6 months have passed since the conclusion of the prior treatment course;

AND

C. Significant pain relief was achieved with the prior course of injections.

- III. Use of ultrasound guidance for intra-articular hyaluronan injection is considered **INVESTIGATIVE**.

- IV. Injection of corticosteroids concomitantly with hyaluronan is considered **INVESTIGATIVE**.

- V. The use of intra-articular hyaluronan injections for the following indications is considered **INVESTIGATIVE**:

A. Injection into joints other than the knee including but not limited to the foot, ankle, hip, shoulder, elbow and hand.

B. Injection for chondromalacia patella (patellofemoral syndrome) or osteochondritis dissecans.

Coverage:

Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding:

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT:

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

76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

HCPCS:

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

Policy History:

Developed March 12, 2008

Most recent history:

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Revised April 9, 2014

Cross Reference:

Knee Arthroplasty (Knee Replacement), IV-122

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