I. Description

Osteoarthritis is the most common form of arthritis. Pathologically, in the knee, osteoarthritis is characterized by deterioration and loss of articular cartilage, subchondral sclerosis and osteophyte formation. Since there are no curative therapies for osteoarthritis at this time, the overall goals of existing therapies are to reduce pain, prevent disability, and postpone the need for total knee replacement surgery.

Conservative methods of therapy for osteoarthritis may include the use of simple analgesics, (e.g., acetaminophen), nonsteroidal anti-inflammatory drugs (NSAIDs) and intra-articular corticosteroid injections. For patients who fail to respond to these conservative therapies, there is yet another form of treatment for the osteoarthritic knee called intra-articular injections of hyaluronan. Brand name examples of hyaluronan are Supartz, Monovisc, Hyalgan, Synvisc, Synvisc-One, Euflexxa, Orthovisc, and Gel-One. The FDA has not approved intra-articular hyaluronan for joints other than the knee.

Based on a comprehensive review of the available literature, the American Academy of Orthopedic Surgeons released a strong recommendation in 2013 against the use of intra-articular injections of hyaluronan for any joint, due to the lack of evidence that it improves health outcomes. The 2014 Osteoarthritis Research Society International (OARSI) guidelines, developed by consensus after review of existing guidelines and systematic reviews, gave an “uncertain” recommendation for the use of intra-articular injection of HA for knee OA and a recommendation of “not appropriate” for multiple-joint OA. The National Institute for Health and Clinical Excellence (NICE) 2014 Guidelines state that intra-articular hyaluronan injections for osteoarthritis should not be offered.

However, other societies continue to suggest intra-articular hyaluronan Injections as an alternative to total knee replacement when other conservative measures have failed. Therefore this procedure remains, at this time, a part of the professional standards of care for selected patients with osteoarthritis of the knee.
II. Criteria/Guidelines

A. Intra-articular hyaluronan injections covered (subject to Limitations and Administrative Guidelines) for the treatment of osteoarthritis of the knee when all of the following are met:

1. The patient has documented osteoarthritis of the knee based on imaging and clinical findings, and pain interferes with functional activities e.g., ambulation and prolonged standing.
2. Patient has failed to respond adequately to six months of conservative therapy, including all of the following:
   a. Nonsteroidal anti-inflammatory drug (NSAID)
   b. Topical NSAID (if oral NSAID is contraindicated)
   c. Intra-articular corticosteroid injection
   d. Exercise program and strength training and/or physical therapy
   e. Counseling regarding weight management, if applicable

B. Any further injections over and above the specified frequency requirements, see Appendix, are covered (subject to Limitations and Administrative Guidelines) for patients who had a positive response to the initial treatment meeting all of the following:

1. At least six months must have elapsed since the previous injection (Gel-One, Synvisc-One and Monovisc) or completion of the prior series of injections (Supartz, Hyalgan, Synvisc, Euflexxa, or Orthovisc).
2. The medical record must objectively document significant improvement in pain and functional capacity of the knee joint.

III. Limitations

Intra-articular hyaluronan injections are not covered for all other indications including, but not limited to, any joint other than the knee.

IV. Administrative Guidelines

A. Precertification is required for the initial treatment. Complete HMSA’s Precertification Request and mail or fax the form as indicated. Include the following information:

1. Imaging reports and clinical notes confirming the diagnosis of osteoarthritis of the knee.
2. Other interventions that were tried and failed.

B. Precertification is required for repeat treatments. Include the clinical notes that document the patient’s positive response to the prior course and improvement of activities of daily living.

C. The procedure may be billed using a combination of CPT codes to describe the procedure and J codes to describe the hyaluronic acid product.
### CPT Codes

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20610</td>
<td>Arthrocentesis, aspiration or injection; major joint or bursa</td>
</tr>
</tbody>
</table>

### HCPCS Codes

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J7321</td>
<td>Hyaluronan or derivative, Hylan or Supartz, for intra-articular injection, per dose</td>
</tr>
<tr>
<td>J7323</td>
<td>Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose</td>
</tr>
<tr>
<td>J7324</td>
<td>Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose</td>
</tr>
<tr>
<td>J7325</td>
<td>Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg</td>
</tr>
<tr>
<td>J7326</td>
<td>Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose</td>
</tr>
<tr>
<td>J7327</td>
<td>Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose</td>
</tr>
</tbody>
</table>

### Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii’s Patients’ Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA’s determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

### References


VII. Appendix:

The Following are the frequency requirements for Supartz, Hyalgon, Synvisc-one, Synvisc, Euflexxa, Orthovisc, Gel-One and Monovisc:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Maximum Number of Injections</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supartz</td>
<td>5</td>
<td>One injection per week for five weeks</td>
</tr>
<tr>
<td>Hyalgon</td>
<td>5</td>
<td>One injection per week for three or five weeks</td>
</tr>
<tr>
<td>Synvisc-One</td>
<td>1</td>
<td>A single intra-articular injection</td>
</tr>
<tr>
<td>Synvisc</td>
<td>3</td>
<td>One injection per week for three weeks</td>
</tr>
<tr>
<td>Euflexxa</td>
<td>3</td>
<td>One injection per week for three weeks</td>
</tr>
<tr>
<td>Orthovisc</td>
<td>3-4</td>
<td>One injection per week for three to four weeks.</td>
</tr>
<tr>
<td>Gel-One</td>
<td>1</td>
<td>A single intra-articular injection</td>
</tr>
<tr>
<td>Monovisc</td>
<td>1</td>
<td>A single intra-articular injection</td>
</tr>
</tbody>
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