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** Please note: Alignment's policy is to make decisions on coverage based on the Centers for Medicare and Medicaid Services (CMS) regulations and guidance, benefit plan documents and contracts, and the member's medical history and condition. If CMS does not have a position addressing a service, Alignment makes coverage decisions based on Alignment's or the delegator's policy. Benefits may vary based on contract, and individual member benefits must be verified. Alignment determines medical necessity if the benefit exists, and no contract exclusions are applicable. Although Alignment's policy is consistent with CMS's regulations and guidance, their payment methodology may differ from Medicare. AHC reserves the right to reimburse the most cost effective durable medical equipment item that is appropriate to the member's medical needs and condition. The decision is based on the member's current medical condition.*

AHC Viscosupplements

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[Link to Codes](#)

- Clinical Indications for Procedure
- Alternatives to Procedure
- Evidence Summary
 - Background
- Committee Approval
- Application
- Policy Revision History
- References
- Codes

Clinical Indications for Procedure

Viscosupplementation therapy is part of the therapy used in the treatment of osteoarthritis of the knee. Osteoarthritis results from articular cartilage failure due to the complex interplay of genetic, metabolic, biochemical, and biomechanical factors with a secondary component of inflammation. In most patients the initiating mechanism is damage to the articular cartilage either as a single large injury or a series of repeated smaller injuries. The primary symptom of osteoarthritis of the knee is pain, however, because cartilage is aneural, significant radiographic findings are often noted in asymptomatic individuals imaged for other reasons.

- Viscosupplementation may be covered if **ALL** of the following are met:
 - The member has documented symptomatic osteoarthritis of the knee
 - Patient has failed at least 3 months of conservative therapy, as indicated by **ALL** of the following:
 - Nonpharmacologic therapy (such as but not limited to home exercise program, education, weight loss, physical therapy if indicated)
 - Simple analgesics and non-steroidal anti-inflammatory drugs (NSAIDs), if not contraindicated
 - If the request is for re-treatment, then at least 6 months have elapsed, and the previous treatment was effective in reducing pain and increasing knee function.
- Viscosupplementation therapy is **NOT COVERED** for **ANY** of the following:
 - Dose and treatment regimen exceeds those approved under FDA label.
 - Viscosupplementation of joints other than knee(s)
 - When the diagnosis is anything other than osteoarthritis
 - As initial treatment of osteoarthritis of knee
 - When failure of/ or contraindication to conservative therapy and/ or corticosteroid injections are not documented in medical record.
 - When repeat series of injections is initiated prior to 6 months after completion of previous course of treatment
 - When repeat series of injections is administered when there was no symptomatic/functional improvement evidenced from previous series of injections
 - Topical application of hyaluronate preparations

Alternatives to Procedure

- Alternatives include(1)(2)(3):
 - Cognitive behavioral therapy
 - For osteoarthritis:
 - Brace. See Knee Braces for further information.
 - Osteoarthritis rehabilitation. See Osteoarthritis Rehabilitation for further information.
 - Pharmacotherapy (eg, acetaminophen, anti-inflammatory medications)
 - Patient education in self-management and exercise
 - Physical therapy

Evidence Summary

Background

Hyaluronic acid is a viscous solution hypothesized to restore rheologic properties of the synovial fluid of an osteoarthritic joint, with the goal of improving the ability of the joint to absorb shock, dissipate energy, and move more freely.(4)(5)(6)(7)(8)(9)(10)(11)(12)(13)(14)(15)(16)(17)(18)(19)

The American Academy of Orthopaedic Surgeons has developed evidence based guidelines for the step-wise approach to treatment of patients with osteoarthritis (OA). According to these guidelines, physical therapy and exercise programs are standard therapies that should be prescribed for all patients diagnosed with OA either before or in conjunction with pharmacologic therapies. Physical therapy includes general conditioning, muscle strengthening, and range of motion exercises. In addition, durable medical equipment such as devices for ambulation assistance, appropriate footwear, and bracing should be considered, if appropriate.

Symptomatic relief should be addressed first with simple analgesics, including acetaminophen or NSAIDS, either selective or nonselective, depending on patient-specific factors. Patients should be reassessed in 1-4 weeks. For patients that have failed therapy, imaging tests should be performed, and further patient education and physical therapy options should be sought out.

In cases where simple analgesics have been deemed ineffective, intra-articular injections may provide benefit. Intra-articular glucocorticoid injections are approved for short-term therapy only, as long term therapy may cause further damage to the joint. Controlled studies show that intra-articular injections of hyaluronate improve joint symptoms and may be effective in patients with mild to moderate degenerative joint disease of the knee.

Committee Approval

- 01/09/2024, 02/20/2025: Committee approval

Application

- This policy applies to the following states: Arizona, California, Florida, Nevada, and Texas.
- This policy does not apply to the states listed below; refer to the state-specific policy/guideline, if noted:
 - North Carolina -- please refer to this Local Coverage Determination L39260
- Please refer to the CMS website for the most current applicable National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/CMS Online Manual System/Transmittals.

Policy Revision History

- 05/26/2022: Creation date
- 05/24/2023, 11/1/2023, 12/04/2023: Revision
- 11/12/2024: Annual review, Applicable states updated, Florida removed

References

1. Kolasinski SL, et al. 2019 American College of Rheumatology/Arthritis Foundation guideline for the management of osteoarthritis of the hand, hip, and knee. *Arthritis Care & Research* 2020;72(2):149-162. DOI: 10.1002/acr.24131. (Reaffirmed 2021 Jun) [Context Link 1]
2. Bannuru RR, et al. OARSJ guidelines for the non-surgical management of knee, hip, and polyarticular osteoarthritis. *Osteoarthritis and Cartilage* 2019;27(11):1578-1589. DOI: 10.1016/j.joca.2019.06.011. (Reaffirmed 2021 Jul) [Context Link 1]
3. American Academy of Orthopaedic Surgeons. Management of Osteoarthritis of the Knee (Non-Arthroplasty). Evidence-Based Guideline 3rd Ed [Internet] American Academy of Orthopaedic Surgeons. 2021 Aug Accessed at: <https://www.aaos.org/>. [accessed 2021 Oct 07] [Context Link 1]
4. Hyalgan (sodium hyaluronate). Physician Prescribing Information [Internet] Fidia Pharma USA Inc. 2014 May Accessed at: <http://www.hyalgan.com/>. [accessed 2021 Nov 17] [Context Link 1]

5. Synvisc One hylan g-f 20. Physician Prescribing Information [Internet] Genzyme Corporation. 2014 Sep Accessed at: <https://www.synviscone.com/>. [Context Link 1]
 6. Supartz (sodium hyaluronate). Physician Prescribing Information [Internet] Seikagaku Corporation. 2015 Apr Accessed at: https://www.oakneepainrelief.com/supartz_fx/. [accessed 2021 Nov 17] [Context Link 1]
 7. TriVisc. Medical Devices [Internet] U.S. Food and Drug Administration. Accessed at: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?id=P160057>. [accessed 2021 Apr 26] [Context Link 1]
 8. Durolane (sodium hyaluronate) [prescribing information]. Durham, NC: Bioventus; Revised September 2019. [Context Link 1]
 9. Gel-One (cross-linked hyaluronate) [prescribing information]. Tokyo, Japan: Seikagaku Corporation; Revised May 2011. [Context Link 1]
 10. Monovisc (hyaluronan) [prescribing information]. Bedford, MA: Anika Therapeutics Inc; Revised July 2020. [Context Link 1]
 11. Euflexxa (sodium hyaluronate) [prescribing information]. Parsippany, NJ: Ferring Pharmaceuticals Inc; Revised July 2016. [Context Link 1]
 12. Gelsyn-3 (sodium hyaluronate) [prescribing information]. Durham, NC: Bioventus; Revised September 2019. [Context Link 1]
 13. GenVisc 850 (sodium hyaluronate) [prescribing information]. Doylestown, PA: OrthogenRx Inc; Revised November 2019. [Context Link 1]
 14. Hymovis (hyaluronic acid derivative) [prescribing information]. Parsippany, NJ: Fidia Pharma; Revised October 2015 [Context Link 1]
 15. Orthovisc (hyaluronan) [prescribing information]. Bedford, MA: Anika Therapeutics Inc; Revised September 2016 [Context Link 1]
 16. Synvisc (Hylan G-F 20) [prescribing Information]. Ridgefield, NJ: Genzyme Biosurgery a division of Genzyme Corporation; Revised September 2014. [Context Link 1]
 17. Triluron (sodium hyaluronate) [prescribing information]. Florham Park, NJ: Fidia Pharma USA Inc; Revised July 2019. [Context Link 1]
 18. Visco-3 (sodium hyaluronate) [prescribing information]. Warsaw, IN: Zimmer; Revised April 2017. [Context Link 1]
 19. Sodium hyaluronate [prescribing information]. North Wales, PA: Teva Pharmaceuticals USA Inc; Revised March 2019. [Context Link 1]
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Codes

HCPCS: J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329, J7331, J7332