

## Viscosupplementation Injectable Products Coverage Guidelines

<i>Euflexxa</i>	<i>Hyalgan</i>	<i>Supartz</i>
<i>Gel-One</i>	<i>Hymovis</i>	<i>Synvisc</i>
<i>Gel-syn</i>	<i>Monovsic</i>	<i>Synvisc One</i>
<i>GenVisc</i>	<i>Orthovisc</i>	

**Policy Effective Date:** January 1, 2016

**Revised:** April 1, 2016

### Approval Criteria:

An initial course of intra-articular injections of hyaluronan or hylan G-F 20 is considered medically necessary for the treatment of pain due to osteoarthritis of the knee when all of the following criteria are met:

- There is documentation of a diagnosis of osteoarthritis and there is no evidence of inflammatory arthritis (for example, rheumatoid arthritis); and
- There is documentation that the pain interferes with functional activities (for example, ambulation, prolonged standing); and
- There is documentation of failure to respond adequately to at least 3 months of conservative therapy which includes activity modification, home exercise, protective weight bearing, and analgesics (for example, acetaminophen or non-steroidal anti-inflammatory drugs [NSAIDs]) or the individual is unable to tolerate conservative therapy because of adverse side effects; and
- There are no contraindications to the injections (for example, active joint infection, bleeding disorder).

A repeat course of intra-articular injections of hyaluronan or hylan G-F 20 is considered medically necessary for the treatment of pain due to osteoarthritis of the knee for individuals who meet all of the following criteria:

- The individual met all of the criteria for an initial course of treatment; and
- Six (6) months, or more, have elapsed since the conclusion of the prior treatment cycle; and
- There is documentation that the prior course of treatment resulted in pain relief and improvement in functional status.



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**Not Medically Necessary:**

The use of intra-articular injections of hyaluronan or hylan G-F 20 is considered not medically necessary for the treatment of pain due to osteoarthritis of the knee when the above criteria are not met and for all other knee conditions.

**Policy Guidelines:**

Euflexxa, Orthovisc and Monovisc are preferred products for viscosupplementation

All other viscosupplementation products are covered after try and failure of preferred products.

**FDA Labeling:**

Euflexxa	3 injections
Gel-One	1 injection
Gel-syn	3 injections
GenVisc	3 to 5 injections
Hyalgan	5 injections
Hymovis	2 injections
Monovisc	1 injection
Orthovisc	3 to 4 injections
Supartz	3 to 5 injections
Synvisc	3 injections
Synvisc One	1 injection

**Billing Code:**

HCPC	HCPC DESCRIPTION
C9471	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg (Hospital outpatient use ONLY)
J3490	Unclassified drugs (for Hymovis ONLY)
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
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose
J7328	Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg



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Q9980	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg
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### Covered Diagnosis Codes

ICD10	DESCRIPTION
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.0	Bilateral primary osteoarthritis of knee
M17.10 – M17.12	Unilateral primary osteoarthritis, unspecified knee; unspecified, right knee or left knee
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.30 – M17.32	Unilateral post-traumatic osteoarthritis of knee; unspecified, right knee, or left knee
M17.4	Other bilateral secondary osteoarthritis of knee
M17.5	Other unilateral secondary osteoarthritis of knee
M17.9	Osteoarthritis of knee, unspecified

### Administration Codes

Code	Code Description
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting

### References

1. Euflexxa [package insert]. Parsippany, NJ; Ferring Pharmaceuticals Inc.; June 2016. Accessed April 2016.
2. Gel-One [package insert]. Warsaw, IN; Zimmer; May 2011. Accessed April 2016.



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3. GelSyn3 [package insert]. Durham, NC; Bioventus LLC. February 2016. Accessed April 2016.
4. GenVisc 850 [package insert]. Doylestown, PA; OrthogenRx Inc. Accessed April 2016.
5. Hyalgan [package insert]. Parsippany, NJ; Fidia Pharma USA Inc.; March 2014. Accessed April 2016.
6. Hymovis [package insert]. Parsippany, NJ; Fidia Pharma USA Inc.; October 2015. Accessed April 2016.
7. Monovisc [package insert]. Woburn, MA; Anika Therapeutics, Inc.; Accessed April 2016.
8. Orthovisc [package insert]. Woburn, MA; Anika Therapeutics, Inc.; Accessed April 2016.
9. Supartz [package insert]. Durham, NC; Bioventus LLC.; April 2015. Accessed April 2016.
10. Synvisc, Synvisc-One [package insert]. Ridgefield, NJ; Genzyme Biosurgery. Accessed April 2016.