1. Purpose

The purpose of this policy is to establish criteria for the medical necessity of intra-articular hyaluronic acid viscosupplementation injections.

2. Definitions

2.1. Viscosupplementation is an intra-articular injection or series of injections of a preparation of hyaluronic acid into a joint (knee). Hyaluronic acid is a naturally occurring substance found in the synovial (joint) fluid and currently comes in several different forms. The exact mechanism of action is unclear, although increasing the viscoelasticity of the synovial fluid appears to play a role in decreasing the symptoms associated with osteoarthritis.

2.2. Hyaluronic acid, also known as hyaluronate or hyaluronan, is a naturally occurring glycosaminoglycan that is a major component of synovial fluid and is thought to contribute to its viscoelastic properties. Chemical cross-linking of hyaluronan increases its molecular weight; cross-linked hyaluronic acids are referred to as hylans.

2.3. Non-surgical care is defined as any non-surgical treatment which has been demonstrated in the scientific literature as efficacious and/or is considered a standard of care in the treatment of knee pain. The types of treatment involved can include, but are not limited to: ice, relative rest/activity modification, acupuncture, manual therapy, physiotherapy modalities, supervised therapeutic exercise, oral medications, bracing, and/or injections (steroid and/or viscosupplementation).

3. Statement of Policy

3.1. The determination of medical necessity for the use of intra-articular hyaluronic acid viscosupplementation injections is always made on a case-by-case basis.

3.2. Intra-articular hyaluronic acid viscosupplementation injections, using an FDA-approved preparation and schedule, may be considered medically necessary for the treatment of symptomatic osteoarthritis of the knee when the following criteria have been met:

- Patient has severe, disabling pain and a loss of knee function to the extent which interferes with their ability to carry out their age appropriate activities of daily living and/or demands of employment; and
• Patient demonstrates osteoarthritis on radiographs, arthroscopy and/or MR imaging and the pain cannot be attributed to other forms of joint disease or injury; and
• Patient is not necessarily a candidate for a knee arthroplasty or who have failed previous knee surgery for their osteoarthritis; and
• Patient is a candidate for a knee arthroplasty however would like to investigate if the viscosupplementation injection could possibly delay the procedure; and
• Patient has failed to adequately respond to aspiration and injection of intra-articular steroids; and
• Patient has undergone a reasonable course of non-surgical care for at least three (3) months in duration; and
• Patient must be capable and willing to participate in a post-injection physical rehabilitation program, which should include a home exercise program; and
• There are no contraindications to the injections (e.g., active joint infection, bleeding disorder); and
• Viscosupplementation injections can be given in a single knee joint or performed bilaterally.

3.3. Repeat intra-articular hyaluronic acid viscosupplementation injections may be considered medically necessary in patients when the following criteria have been met:
• There is documented evidence of both functional and symptomatic improvement for at least three (3) months following a previous injection or series of injections; and
• The medical record demonstrates a reduction in the dose of NSAID’s (or other analgesics or anti-inflammatory medication) during the three (3) month period following the previous series of injections; and
• At least three (3) months must have elapsed since the previous injection or series of injections; and
• It is reasonably expected that a repeat of the injection(s) will delay the need for any further surgical interventions/procedures for at least three (3) months.

3.4. Triad Healthcare, Inc. considers intra-articular hyaluronic acid viscosupplementation injections not medically necessary for all other indications such as chondromalacia patellae, facet joint arthropathy, or patellofemoral syndrome (patellar knee pain), or for
use in joints other than the knee (e.g., temporomandibular joint, ankle, elbow, shoulder, and hip) because the scientific literature has failed to demonstrate its clinical efficacy.

4. References

4.1. Scientific:

The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding viscosupplementation and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


• Witteveen A, Giannini S, Guido G, Jet al. A prospective multi-centre, open study of
the safety and efficacy of hylan G-F 20 (Synvisc) in patients with symptomatic

4.2. Related Triad Medical Policies:

• *TMMP 18 – Medical Necessity*

**CPT Codes**

This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20610</td>
<td>Arthrocentesis, aspiration and/or injection; major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa)</td>
</tr>
<tr>
<td>J7321</td>
<td>Hyaluronan or derivative Hyalgan or Supartz for intra-articular injection, per dose</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

**Table of Revisions**

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/07/2015</td>
<td>Level 1, 2, 3</td>
<td>§3.1. “The determination of medical necessity for the use of intra-articular hyaluronic acid viscosupplementation injections is always made on a case-by-case basis,” was added. CPT Code 20610 spelling of “arthrocentesis” revised.</td>
</tr>
<tr>
<td>10/27/2014</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.1. and §3.2. revised references to number of months to align with Corporate Document Controls standards.</td>
</tr>
<tr>
<td>10/11/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. CPT Code description for J7321 revised.</td>
</tr>
<tr>
<td>11/16/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>07/21/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Removed §5, Attachments and §5.1 Provider Manual as the provider manual has been re-written administratively. Added CPT Code table.</td>
</tr>
<tr>
<td>08/16/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>09/24/2009</td>
<td>Level 1, 2, 3</td>
<td>New policy.</td>
</tr>
</tbody>
</table>

追寻者’s Medical Policies are not recommendations for treatment and providers are expected to
exercise their clinical judgment in providing the most appropriate care. Health care providers and
patients should not rely on these Medical Policies in making health care decisions. These
Medical Policies are guidelines and do not constitute an authorization, certification, explanation of
benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the
enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.