

Medical Policy



An Independent Licensee of the
Blue Cross and Blue Shield Association

Title: **Intra-articular Hyaluronan Injections for Osteoarthritis of the Knee**

Professional

Original Effective Date: January 2001
Revision Date(s): April 11, 2001;
May 1, 2002; June 12, 2002; April 7, 2006;
May 19, 2006; January 9, 2007; April 19, 2007;
July 1, 2007; December 31, 2007;
January 1, 2008
Current Effective Date: December 24, 2008

Institutional

Original Effective Date: July 1, 2007
Revision Date(s): December 31, 2007;
January 1, 2008

Current Effective Date: December 24, 2008

DESCRIPTION

The scope of this policy encompasses the use of hyaluronan or hylan G-F 20 for the replacement or supplementation of naturally occurring intra-articular lubricants in patients with osteoarthritis of the knee.

POLICY

The use of hyaluronan injections may be considered **medically necessary** when all of the following are met:

1. Diagnosis of Osteoarthritis (degenerative arthritis) for knee only.
2. Failed conservative treatment, i.e., anti-inflammatory agents, physical therapy, weight loss, activity modification, knee brace, and occasional corticosteroid injection. Reconstructive surgery where a knee is unstable and surgery is indicated.
3. The series of injections (one course) can be repeated every six months.

DOCUMENTATION

Medical record must indicate medications used and which knee was injected.

UTILIZATION

Injections are given 1 week apart:

- Synvisc® is a 3-dose course of treatment
- Hyalgan® and Supartz® are 5-dose course of treatments

CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose
J7322	Hyaluronan or derivative, Synvisc, 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

DIAGNOSIS

715.16	Osteoarthrosis, localized, primary, lower leg
715.26	Osteoarthrosis, localized, secondary, lower leg
715.36	Osteoarthrosis, localized, not specified whether primary or secondary, lower leg
715.96	Osteoarthrosis, unspecified whether generalized or localized, lower leg
716.16	Arthropathy, unspecified, lower leg
719.46	Pain in joint, lower leg

REVISIONS

01-01-2007	Added HCPCS Codes: Q4083, Q4084, Q4085, Q4086
03-31-2007	Deleted HCPCS Code: J7319
12-31-2007	Deleted HCPCS Codes: Q4083, Q4084, Q4085, Q4086
01-01-2008	Added HCPCS Codes: J7321, J7322, J7323, J7324.
12-24-2008	<p>In Description:</p> <ul style="list-style-type: none"> ▪ Revised wording from "...intra-articular lubricants in patients with any musculoskeletal condition, including osteoarthritis." To "...intra-articular lubricants in patients with osteoarthritis of the knee." <p>In Policy section:</p> <ul style="list-style-type: none"> ▪ Added "The use of hyaluronan injections may be considered medically necessary when all of the following are met:" ahead of the three criteria.

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