



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Viscosupplementation for Osteoarthritis of the Knee

Policy Number: PG0204

Last Review: 09/19/2019

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

Professional

Facility

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. Various non-pharmacologic (e.g., weight loss, physical therapy) and pharmacologic (e.g., acetaminophen, non-steroidal anti-inflammatory [NSAIDs], intra-articular injections of corticosteroids, intra-articular hyaluronates) treatment modalities are utilized.

Viscosupplements contain hyaluronate. Hyaluronates are also referred to as hyaluronic acid or hyaluronan. Clinical studies of sodium hyaluronate and hylan G-F-20 have demonstrated that injection of these agents into the joint space of osteoarthritic knees is sometimes marginally more effective than placebo procedures in reduction of pain and improvement in functional capacity in some patients. These marginal beneficial results are more pronounced with the larger molecular weight compound hylan G-F20. There is no data indicating that these agents reverse or retard the osteoarthritic process in the injected joints. The long-term effects of repeated injections are unknown.

POLICY

HMO, PPO, Individual Marketplace

Effective 5/25/18 viscosupplementation (C9465, J7318-J7329) for all indications including osteoarthritis of the knee is non-covered.

Advantage and Elite/ProMedica Medicare Plan

Medical Policy updated to refer Product Lines Elite/ProMedica Medicare Plan and Advantage to the Magellan MRx Prescription Drug Benefits/Prior Authorizations. The Viscosupplementations will continue to be billed to the medical benefit. Refer to Prescription Drug Benefits/Prior Authorizations <https://www.paramounthealthcare.com/services/providers/prior-authorization-criteria/magellan-mrx>

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace

The use of viscosupplementation (C9465, (C9465, J7318-J7329)) is considered not medically necessary for osteoarthritis of the knee and for all other indications.

Note:

Ultrasound guidance, fluoroscopic guidance and knee arthrography for viscosupplement injections is considered experimental and investigational because it has not been established that this approach will improve health outcomes.

Advantage, Elite/ProMedica Medicare Plan

Elite/ProMedica Medicare Plan and Advantage is now prior authorized under the Pharmacy Benefits coverage.

<https://www.paramounthealthcare.com/services/providers/prescription-drug-benefits/>

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODE	
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g. shoulder, hip, knee joint, subacromial bursa)
HCPCS CODES	
C9465	Hyaluronan or derivative, Durolane, for intra-articular injection, per dose
J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg
J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg
J7321	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg
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, GELSYN-3, for intra-articular injection, 0.1 mg
J7329	Hyaluronan or derivative, Trivisc, for intrt-arecticular injection, 1 mg
ICD-10 CODES that Support Medical Necessity	
M17.0	Bilateral primary osteoarthritis of knee
M17.10	Unilateral primary osteoarthritis, unspecified knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.30	Unilateral post-traumatic osteoarthritis, unspecified knee
M17.31	Unilateral post-traumatic osteoarthritis, right knee
M17.32	Unilateral post-traumatic osteoarthritis, left knee
M17.4	Other bilateral secondary osteoarthritis of knee
M17.5	Other unilateral secondary osteoarthritis of knee
M17.9	Osteoarthritis of knee, unspecified

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 02/01/2009

01/01/10: Added code J7325

01/01/12: Added code J7326

06/22/12: Added new code

11/11/14: J7326 is non-covered for Advantage per OAC rule 5160-4-12. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

01/12/16: Removed deleted code J7322. Added effective 1/1/15 new code J7327. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

05/19/16 J7326 is covered effective 4/1/16 for Advantage per OAC rule 5160-4-12.

08/09/16: Added new codes C9471, J7328 & Q9980. Paramount's preferred brand of viscosupplement: Synvisc or Synvisc-One (J7325) is now required for all product lines. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

03/13/18: Effective 01/01/18 revised codes J7321 & J7328. Removed effective 12/31/16 deleted codes C9471 and Q9980. Added codes J7320 & J7322. Viscosupplementation (J7320-J7328) for all indications including osteoarthritis

of the knee is non-covered for HMO, PPO, & Individual Marketplace. Viscosupplementation using Synvisc or Synvisc-One (J7325) for osteoarthritis of the knee will continue to be covered without prior authorization for Advantage and Elite. Viscosupplementation using other brands (J7320-J7324, J7326-J7328) for osteoarthritis of the knee is non-covered for Advantage and Elite. Added ICD-10 diagnosis codes per CMS guidelines. Ultrasound guidance, fluoroscopic guidance and knee arthrography for viscosupplement injections is non-covered. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

04/10/18: Added effective date 5/25/18 for Viscosupplementation (J7320-J7328) for all indications including osteoarthritis of the knee is non-covered for HMO, PPO, & Individual Marketplace. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

08/14/18: Added new code effective 4/1/18 C9465 as non-covered for all product lines. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

09/19/19: Medical Policy updated to refer Product Lines Elite and Advantage to the Pharmacy Benefits coverage.

<https://www.paramounthealthcare.com/services/providers/prescription-drug-benefits/>

Commercial product lines will continue to follow the Medical Policy Benefit noncoverage.

Added the new 2019 HCPCS codes J7318 and J7329.

10/21/2019: Clarification: Medical Policy PG0204 Viscosupplementation for Osteoarthritis of the Knee has been updated to refer Product Lines Elite and Advantage to the Magellan MRx Prescription Drug Benefits/Prior Authorizations. The Viscosupplementations will continue to be billed to the medical benefit. Please refer to Prescription Drug Benefits/Prior Authorizations <https://www.paramounthealthcare.com/services/providers/prior-authorization-criteria/magellan-mrx>

Commercial product lines will continue to follow the Medical Policy Benefit non-coverage

12/16/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.