



Hyaluronic Acid Injection for Knee Osteoarthritis Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Hyaluronic Acid Injection for Knee Osteoarthritis		
MNG #: 058	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MA Medicare Premier <input checked="" type="checkbox"/> MA Medicare Value <input checked="" type="checkbox"/> RI Medicare Preferred <input checked="" type="checkbox"/> RI Medicare Value <input checked="" type="checkbox"/> RI Medicare Maximum	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input checked="" type="checkbox"/>	Informational: <input type="checkbox"/>
Benefit Type: <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	Approval Date: 2/4/2021	Effective Date: 05/22/2021
Last Revised Date: 5/11/2022; 5/23/2022; 8/10/2023;	Next Annual Review Date: 02/04/2022; 5/22/2023; 8/10/2024;	Retire Date:

OVERVIEW: Osteoarthritis (OA) is a complex pathophysiologic process that involves subchondral bone, synovium, and periarticular structures. OA-related joint pain is a common condition that can limit activity, while also having an affect on mental health and sleep (1). Viscosupplementation using hyaluronic acid (HA) knee injections is a treatment that has been approved by the FDA for the treatment of pain associated with knee OA in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics.

HA drugs are a class that has CCA preferred alternatives. CCA preferred HA derivatives include: Durolane, Euflexxa, Gelysn-3, and Supartz. For non-preferred medical benefit HA derivatives, additional step therapy requirements apply and can be found at [MNG 040 Medicare Part B Step Therapy](#).

DECISION GUIDELINES:

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

1. CCA uses InterQual® Smartsheets™ for determining the medical necessity of all HA knee injection requests.
2. Each authorization is limited to one treatment course with number of injections specified below based on a specific drug’s FDA indication:



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	Hyaluronic Acid Product	Course of Treatment
Preferred	Durolane	1 injection
	Euflexxa	3 injections
	Gelsyn-3	3 injections
	Supartz	3-5 injections
Non-Preferred	Gel One	1 injection
	GenVisc 850	3-5 injections
	Hyalgan	5 injections
	Hymovis	2 injections
	Monovisc	1 injection
	Orthovisc	3-4 injections
	Synjoynt	3 injections
	Synvisc	3 injections
	Synvisc One	1 injection
	Triluron	3 injections
	Trivisc	3 injections
VISCO-3	3 injections	

CCA may approve an additional series of HA knee injections when all of the following criteria are met:

1. The medical necessity criteria requirements for approval by InterQual® continue to be met; and
2. Significant reduction in pain and improvement in functional capacity from the prior series of injections is documented in the medical record; and
3. At least six (6) months have lapsed since the completion of the prior HA derivative treatment course.

Note: Each reauthorization is limited to one (1) additional treatment course as outlined in the above Table.

LIMITATIONS/EXCLUSIONS:

1. HA derivatives are only approved for knee OA and not for other joints. Requests for HA injections to other joints are considered experimental and are not covered by CCA per criteria outlined in CCA [MNG 010 Experimental and Investigational Services](#).
2. HA derivatives are not covered for isolated patella femoral arthritis or patella femoral syndrome as this is considered experimental per criteria outlined in CCA [MNG 010 Experimental and Investigational Services](#).
3. Ultrasound guidance, fluoroscopic guidance, and knee arthrography for knee injections, including for HA derivative administration, are considered experimental and are therefore not covered by CCA per criteria outlined in [CCA MNG 010 Experimental and Investigational Services](#).



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4. Requests for CCA non-preferred HA derivatives must meet criteria for medical necessity as outlined in this MNG and are also subject to step therapy requirements as outlined in [MNG 040 Medicare Part B Step Therapy](#).
5. Requests for reauthorization of any HA derivative after the initial 12-month course must include clinical documentation indicating sustained effectiveness

KEY PLANNING CONSIDERATIONS:

N/A

AUTHORIZATION

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

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- Local Coverage Article (A52420), Billing and Coding: Hyaluronans Intra-articular Injections of

Disclaimer

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.



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RELATED REFERENCES:

1. Neogi T. The epidemiology and impact of pain in osteoarthritis. *Osteoarthritis Cartilage*. 2013;21(9):1145-53
2. Newberry SJ, Fitzgerald JD, Maglione MA et al. Systematic Review for Effectiveness of Hyaluronic Acid in the Treatment of Severe Degenerative Joint Disease (DJD) of the Knee. AHRQ Technology Assessment Program. Released 7/23/2015.
3. Local Coverage Article: Billing and Coding: Hyaluronans Intra-articular Injections (A52420). <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52420&ver=58&lcdid=33394&keyword=drugs+and+biologicals&keywordType=starts&areald=s41&docType=NCA%2cCAL%2cNCD%2cMEDCAC%2cTA%2cMCD%2c6%2c3%2c5%2c1%2cF%2cP&contractOption=all&sortBy=relevance&KeyWordLookUp=Doc&KeyWordSearchType=Exact&bc=AAAAAAQAIAAAAAA&=> Accessed 6/17/2022.

REVISION LOG:

REVISION DATE	DESCRIPTION
12/31/23	Utilization Management Committee approval
8/10/23	Medical Policy Committee
6/17/2022	Updated the clinical coverage guidelines and regulatory notes. LCA (A52420) link updated in references.
6/6/2022	Updated to InterQual smartsheet. Template update.

APPROVALS:

David Mello

Senior Medical Director, Utilization Review
and Medical Policy

CCA Senior Clinical Lead [Print]

Title [Print]

12/31/23

Signature

Date

CCA Senior Operational Lead [Print]

Title [Print]

Signature

Date



**Hyaluronic Acid Injection for Knee Osteoarthritis
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Nazlim Hagmann

Chief Medical Officer

CCA CMO or Designee [Print]

Title [Print]

Nazlim Hagmann

8/10/2023

Signature

Date