


MEDICAL POLICY	Viscosupplementation (Medicare Only)
Effective Date: 08/1/2021  8/1/2021	Medical Policy Number: 207 Medical Policy Committee Approved Date: 4/16; 12/16; 10/17; 3/18; 5/19; 9/19; 06/2020; 7/2021
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Intraarticular Knee Injections of Hyaluronan</i>	Local Coverage Article: Intraarticular Knee Injections of Hyaluronan Billing Guidelines (A56157) ¹

*Per the [Medicare Policy Manual](#) commercial medical policies may be applied to Medicare coverage determinations in the absence of an appropriate NCD, LCD, LCA, or CMS Coverage Manual. Therefore, the commercial medical policy, **Viscosupplementation (All Lines of Business Except Medicare)**, applies for viscosupplementation services other than intraarticular knee injection of hyaluronan.*

BILLING GUIDELINES

Codes J7318-J7333 are medically necessary and covered when billed with the following diagnosis codes:

- M17.0
- M17.11

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| <ul style="list-style-type: none"> • M17.12 • M17.2 • M17.31 | <ul style="list-style-type: none"> • M17.32 • M17.4 • M17.5 |
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See the linked LCA, [A56157](#), for all billing requirements.

CPT/HCPCS CODES

Medicare Only	
No Prior Authorization Required	
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
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 or supartz, 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, 0.1mg
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg
J7333	Hyaluronan or derivative, visco-3, for intra-articular injection, per dose
Unlisted Codes	
All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then it will be denied as Not Covered .	
J3490	Unclassified drugs

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to

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determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Article: Intraarticular Knee Injections of Hyaluronan Billing Guidelines (A56157). Effective 7/30/2020.
<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=56157>. Accessed 6/22/2021.