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.

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

Viscosupplementation using Synvisc or Synvisc-One (J7325) for osteoarthritis of the knee does not require prior authorization for all product lines.

Viscosupplementation (C9471, J7321-J7324, J7326-J7328, & Q9980) for osteoarthritis of the knee are non-covered for all product lines.

Viscosupplementation in locations other than the knee is non-covered.

HMO, PPO, Individual Marketplace, Advantage, Elite
An initial course of viscosupplementation (J7325) is considered medically necessary for the treatment of pain due to osteoarthritis of the knee when ALL of the following criteria are met:

1. There is documentation of a diagnosis of osteoarthritis and there is no evidence of inflammatory arthritis (for example, rheumatoid arthritis).
2. There is documentation that the pain interferes with functional activities (for example, ambulation, prolonged standing).
3. There is documentation of failure to respond adequately to at least 3 months of conservative therapy which includes activity modification, home exercise, protective weight bearing, and analgesics (for example, acetaminophen or non-steroidal anti-inflammatory drugs [NSAIDs]) or the individual is unable to tolerate conservative therapy because of adverse side effects.
4. There are no contraindications to the injections (for example, active joint infection, bleeding disorder).

A repeat course of viscosupplementation (J7325) is considered medically necessary for the treatment of pain due to osteoarthritis of the knee for individuals who meet ALL of the following criteria:

1. The individual met all of the criteria for an initial course of treatment.
2. Six (6) months, or more, have elapsed since the conclusion of the prior treatment cycle.
3. There is documentation that the prior course of treatment resulted in pain relief and improvement in functional status.

Paramount does not cover viscosupplementation for the treatment of osteoarthritis in locations other than the knee because it is considered experimental, investigational or unproven.
Viscosupplementation (J7325) for osteoarthritis of the knee should be reported with injection procedure code 20610. Procedures J7325 will be denied when reported with procedures 20600, 20604, 20605, 20606, for locations other than the knee (e.g. temporomandibular, acromioclavicular, wrist, elbow, or ankle, olecranon bursa).

Preferred and Medically Necessary Brand of Viscosupplement:
There are several brands of viscosupplement on the market. There is a lack of reliable evidence that any one brand of viscosupplement is superior to other brands for medically necessary indications.

Consequently, because other brands of viscosupplement are at least as likely to produce equivalent therapeutic results, no other brands of viscosupplement (C9471, J7321-J7324, J7326-J7328, & Q9980) will be considered medically necessary unless the member has a documented contraindication or intolerance to Paramount’s preferred brand of viscosupplement: Synvisc or Synvisc-One (J7325).

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.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
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</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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C9471</td>
<td>Hyaluronan or derivative, Hyalovis, for intra-articular injection, 1 mg</td>
</tr>
<tr>
<td>J7321</td>
<td>Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose</td>
</tr>
<tr>
<td>J7323</td>
<td>Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose</td>
</tr>
<tr>
<td>J7324</td>
<td>Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose</td>
</tr>
<tr>
<td>J7325</td>
<td>Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg</td>
</tr>
<tr>
<td>J7326</td>
<td>Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose</td>
</tr>
<tr>
<td>J7327</td>
<td>Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose</td>
</tr>
<tr>
<td>J7328</td>
<td>Hyaluronan or derivative, for intra-articular injection, 0.1 mg (Gel-Syn)</td>
</tr>
<tr>
<td>Q9980</td>
<td>Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1mg</td>
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</tbody>
</table>

REVISION HISTORY EXPLANATION
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.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
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.