

LCD for Intra-articular Injections of Hyaluronan (L30149)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

00951, 00952, 00953, 00954, 52280, 05101, 05201, 05301, 05401, 05102, 05202, 05302, 05402

Contractor Type

Carrier – MAC – FI

LCD Information

LCD ID Number

L30149

LCD Title

Intra-articular Injections of Hyaluronan

Contractor's Determination Number

INJ-033

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CMS National Coverage Policy

Title XVIII of the Social Security Act section 1862(a)(1)(A). This section excludes coverage and payment for items and services that are not considered reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the function of a malformed body member.

Publications 100-04 Medicare Claims Processing Manual Chapter 14, 17 90.2 - Drugs, Biologicals, and Radiopharmaceuticals

JSM 09414, 08-13-09

Oversight Region

Region V

Original Determination Effective Date

For services performed on or after 10/16/2009

Original Determination Ending Date**Revision Effective Date**

For services performed on or after 01/01/2010

Revision Ending Date**Indications and Limitations of Coverage and/or Medical Necessity**

1. The FDA has approved Visco supplementation as a device. Medicare is allowing this nonpharmacologic therapy.

2. This treatment will only be covered for the treatment of pain in osteoarthritis of the knee . It is covered in patients who have failed to respond adequately to conservative nonpharmacologic therapy and simple analgesics, eg., acetaminophen. All other uses will be denied as investigational.

3. There must be radiological evidence to support the diagnosis of osteoarthritis.

4. The following products are covered for injections in the knee:

a. J7321 -Hyaluronan Or Derivative, Hyalgan Or Supartz, For Intra-Articular Injection, Per Dose.

- Hyalgan® - (20mg/2 ml) received FDA approval on 05/28/97. The intra-articular injections are given once a week (one week apart) for a total of five injections.

- Supartz® - (25mg/2.5 ml) received FDA approval on 01/24/01. The intra-articular injections are given once a week for 5 weeks.

b. J7325 - Hyaluronan Or Derivative, Synvisc or Synvisc-One, For Intra-Articular Injection, 1mg

Synvisc® - (16mg/2ml) received FDA approval on 08/08/97. The intra-articular injections are given once a week (i.e., at seven-day intervals) for a total of three injections.

Synvisc-One™. It is a single dose injection (48mg/6ml). FDA approved 02/26/09.

c. J7323 - Hyaluronan Or Derivative, Euflexxa, For Intra-Articular Injection, Per Dose

Euflexxa® (20mg/2ml) received FDA approval on 10/27/05. The intra-articular injections are given once a week for 3 weeks.

d. J7324- Hyaluronan Or Derivative, Orthovisc, For Intra-Articular Injection, Per Dose

Orthovisc® (30mg/2ml) received FDA approval on 02/05/04. The intra-articular injections are administered weekly for 3-4 weeks.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

13x	Hospital-outpatient (HHA-A also) (under OPPTS 13X must be used for ASC claims submitted for OPPTS payment -- eff. 7/00)
22x	SNF-inpatient or home health visits (Part B only)
74x	Clinic-ORF only (eff 4/97); ORF and CMHC (10/91 - 3/97)
85x	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

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0250	Pharmacy-general classification
0360	Operating room services-general classification
0490	Ambulatory surgical care-general classification
051X	Clinic-general classification
052X	Free-standing clinic-general classification
0636	Drugs requiring specific identification-detailed coding (eff 3/92)
076X	Specialty Services - General Classification (effective 08/10/09)

CPT/HCPCS Codes

20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT, SUBACROMIAL BURSA)
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, 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
J7325	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG

ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.

715.16	OSTEOARTHRISIS LOCALIZED PRIMARY INVOLVING LOWER LEG
715.26	OSTEOARTHRISIS LOCALIZED SECONDARY INVOLVING LOWER LEG
715.36	OSTEOARTHRISIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG
715.96	OSTEOARTHRISIS UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED INVOLVING LOWER LEG

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

General Information

Documentation Requirements

Documentation Requirements

Documentation in the patient's medical record must show the patient failed to respond adequately to conservative nonpharmacological therapy (exercise or physical therapy, weight loss if appropriate) and a past history of treatment with analgesics and a radiological exam to support the diagnosis of osteoarthritis.

If subsequent courses of treatment are given, the medical records must support the effectiveness of the prior treatment and must clearly establish reduction of patient symptomatology and medication usage. This documentation must be submitted upon request. Claims submitted without requested supporting evidence in the medical record will be denied as being not medically necessary.

Appendices

Utilization Guidelines

Repeat treatments are considered medically necessary for patients being treated for osteoarthritis of the knee, who meet both of the following criteria:

- Significant improvement in knee pain and known improvement in functional capacity resulted from the previous series of injections which has been documented in the record; and
- At least six (6) months have elapsed since the prior series of injections.

*- An asterisk indicates a revision to that section of the policy.

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the MAC contractor this policy was developed in cooperation with advisory groups which include representatives from various specialties, and adapted for the purpose of converting to MAC jurisdiction.

Sources of Information and Basis for Decision

FDA Approval letters and manufacturer's inserts,
Mark E. Adams Osteoarthritis and Cartilage (1995)

Other Medicare Carrier policies

Jon G. Divine, MD, FACSM*.; Bohdanna T. Zazulak, et al; Viscosupplementation for Knee Osteoarthritis-A Systematic Review; Clinical Orthopaedics and Related Research, Number 455, pp. 113–122 © 2006 Lippincott Williams & Wilkins

M. P. J. van den Bekerom • B. Rys • M. Mulier; Viscosupplementation in the hip: evaluation of hyaluronic acid formulations, Arch Orthop Trauma Surg (2008) 128:275–280

Advisory Committee Meeting Notes

Meeting Date:

Wisconsin 05/15/2009

Illinois 05/13/2009
Michigan 05/06/2009
Minnesota 05/21/2009
J5 MAC 06/04/2009

Start Date of Comment Period

06/04/2009

End Date of Comment Period

07/20/2009

Start Date of Notice Period

10/01/2009

Revision History Number

1

Revision History Explanation

01/01/10- Annual code updates-Added J7325, Deleted J7322; Updated Utilization Guidelines & Documentation section with repeat treatment information.

10/01/09- Coding changed for Synvisc –one. This product should be billed using J7322 with 3 units of service. NOC codes J3490/ C9399 were removed.

08/14/2009 Revised and released to final effective 10/16/2009

The contractor number 05392 will no longer be valid as of 8/1/2009 as it will be joining with the W MO number.

04/03/2009 Approved

04/03/2009 Entered as draft

8/10/2009 - The description for Revenue code 0760 was changed

8/10/2009 - The description for Revenue code 0761 was changed

8/10/2009 - The description for Revenue code 0762 was changed

8/10/2009 - The description for Revenue code 0769 was changed

11/15/2009 - CPT/HCPCS code J7322 was deleted from group 1

Reason for Change

Last Reviewed On Date

08/01/2009

Related Documents

This LCD has no Related Documents.

LCD Attachments

[Coding and Billing Guidelines 02/01/2010 \(PDF - 23,141 bytes\)](#)

All Versions

Updated on 01/20/2010 with effective dates 01/01/2010 - N/A

Updated on 12/18/2009 with effective dates 01/01/2010 - N/A

Updated on 10/16/2009 with effective dates 10/16/2009 - 12/31/2009

Updated on 08/13/2009 with effective dates 10/16/2009 - N/A