

**Table of Contents**

1.0 Description of the Procedure, Product, or Service ..... 1

2.0 Eligible Recipients ..... 1

    2.1 General Provisions ..... 1

3.0 When the Procedure, Product, or Service Is Covered ..... 1

    3.1 General Criteria ..... 1

    3.2 Specific Criteria ..... 2

4.0 When the Procedure, Product, or Service Is Not Covered ..... 2

    4.1 General Criteria ..... 2

    4.2 Specific Criteria ..... 2

5.0 Requirements for and Limitations on Coverage ..... 2

    5.1 Prior Approval ..... 2

6.0 Providers Eligible to Bill for the Procedure, Product, or Service ..... 3

7.0 Additional Requirements ..... 3

    7.1 Compliance ..... 3

8.0 Policy Implementation/Revision Information ..... 3

Attachment A: Claims-Related Information ..... 4

    A. Claim Type ..... 4

    B. Diagnosis Codes ..... 4

    C. Procedure Code(s) ..... 4

    D. Modifiers ..... 4

    E. Billing Units ..... 4

    F. Place of Service ..... 4

    G. Co-payments ..... 4

    H. Reimbursement ..... 4

## 1.0 Description of the Procedure, Product, or Service

Osteoarthritis is a chronic non-inflammatory disorder of movable joints characterized by degenerative loss of articular cartilage, subchondral bony sclerosis and cartilage, bone proliferation at the joint margins with subsequent osteophyte formation and changes in the synovial membrane. Recipients with osteoarthritis are usually over the age of 40, have pain in and around the joint that is typically worse with weight-bearing and improves with rest, as well as morning stiffness and gelling of the affected joints following periods of inactivity. There is no known cure for osteoarthritis and treatment goals are focused on reducing pain, maintaining and/or improving joint mobility, and limiting functional impairment.

Synovial fluid is a thick, stringy fluid found in the cavities of synovial joints. It reduces friction between the articular cartilage and other tissues in joint to lubricate and cushion them during movement. The inner membrane of synovial joints is called the synovial membrane. It secretes synovial fluid into the joint cavity which forms a thin layer at the surface of cartilage and fills all empty space. Synovial fluid contains hyaluronan.

Hyaluronan (also known as hyaluronate or hyaluronic acid) is a naturally occurring macromolecule that is a major component of synovial fluid and is thought to contribute to its viscoelastic properties. Its mechanism of action is poorly understood, but its effects may be due to regulation of cartilage synthesis, inhibition of inflammatory cytokines and nociception and stimulation of natural hyaluronan synthesis. Intra-articular injection of hyaluronan has been proposed as a means of restoring the normal viscoelasticity of the synovial fluid in recipient with osteoarthritis. This treatment has been called viscosupplementation.

## 2.0 Eligible Recipients

### 2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

## 3.0 When the Procedure, Product, or Service Is Covered

### 3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

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### **3.2 Specific Criteria**

Evidence-Based Guidelines for intra articular hyaluronan injections:

- a. Intra articular hyaluronan injections may be appropriate for the treatment of pain in osteoarthritis of the knee when conservative treatment has failed.
- b. The medical record should document conservative therapy as follows:
  1. Diagnosis of osteoarthritis substantiated by x-ray or other imaging or arthroscopic findings, and
  2. Complaints of persistent pain while using simple analgesics and non-steroidal anti-inflammatory drugs, and
  3. Aspiration of the joint resulting in clear viscous aspirate, when effusion is present, followed by injection of steroid that result in unsatisfactory relief of pain or relief of pain that lasts less than three months.
- c. Repeated courses of intra-articular hyaluronan injections may be appropriate when significant pain relief was achieved with the prior course of injections and at least six months have passed since the prior course of treatment.

## **4.0 When the Procedure, Product, or Service Is Not Covered**

### **4.1 General Criteria**

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

### **4.2 Specific Criteria**

Medical evidence regarding intra-articular hyaluronan injections indicates it is not recommended for any indication other than osteoarthritis or for treatment of osteoarthritis in any joint but the knee.

## **5.0 Requirements for and Limitations on Coverage**

### **5.1 Prior Approval**

Prior approval is not required for intra articular hyaluronan injections for osteoarthritis of the knee.

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**6.0 Providers Eligible to Bill for the Procedure, Product, or Service**

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

**7.0 Additional Requirements**

**7.1 Compliance**

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

**8.0 Policy Implementation/Revision Information**

**Original Effective Date:** July 1, 2010

**Revision Information:**

<b>Date</b>	<b>Section Revised</b>	<b>Change</b>
<b>July 1, 2010</b>		Policy Conversion: Implementation of Session Law 2009-451, <b>Section 10.32</b> “ <b>NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.</b> ”
<b>September 30, 2011</b>	<b>Throughout</b>	<b>Policy Date of Termination</b>

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**Attachment A: Claims-Related Information**

Reimbursement requires compliance with all NCHC guidelines.

**A. Claim Type**

Professional (CMS-1500/837P transaction)

**B. Diagnosis Codes**

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

**C. Procedure Code(s)**

CPT Code(s)	
J7321	
J7323	
J7324	
J7325	

**D. Modifiers**

Providers are required to follow applicable modifier guidelines.

**E. Billing Units**

The appropriate procedure code(s) used determines the billing unit(s).

**F. Place of Service**

Office

**G. Co-payments**

Co-payment(s) may apply to covered prescription drugs and services.

**H. Reimbursement**

Providers must bill their usual and customary charges.