



KAISER PERMANENTE[®]
Mid-Atlantic States

Visco-Supplementation (Hyaluronic Acid Intra-Articular Injection)

Medical Coverage Policy

Utilization *ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
- For Medicare members, please refer to CMS guidelines through Medicare Coverage Database requirements.
- Note: After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guidelines

I. Procedure: **Visco supplementation (Hyaluronic Acid Intra-Articular Injection)**

II. Specialty: Orthopedic surgery, Sports Medicine

III. Definition

Visco supplementation or Visco-supplementation is a procedure where a substance called hyaluronan is injected into the joint.

Hyaluronan (also called hyaluronate or hyaluronic acid) is a gel-like substance, used in Visco supplementation with the objective to improve the lubricating properties of the synovial fluid, provide comfort and pain-relief from osteoarthritis, and improve activity and mobility.

IV. Clinical Indication and Exclusion

A. Clinical Indications

1. Have mild to moderate knee osteoarthritis; and
2. Have allergies or contraindications to standard treatment options (such as analgesics, non-steroidal anti-inflammatory drug (NSAID's), or cortisone; or
3. Failed to improve with NSAIDS; or
4. Failed at least 2 corticosteroid injections (CSI); and
5. There has been no orthopedic knee surgery in the prior 6 months and no plans for surgery in the next 6 months; and
6. No viscosupplementation within the past 6 months; and
7. At least 8 weeks have passed since the most recent CSI; and



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8. Hyaluronic acid intra-articular injection is *not* medically necessary for any other indications except for the conditions listed in section IV, A-1-7

B. Exclusion

Visco supplementation is considered experimental and investigational as evidence of its' efficacy is inconclusive and not established for the following conditions. The list is not exhaustive.

1. Rheumatoid arthritis of the knee;
2. Osteoarthritis of the knee other than above;
3. Osteoarthritis of the hip;
4. Osteoarthritis of the first metatarsophalangeal joint;
5. Osteoarthritis of the shoulder
6. Osteoarthritis of the ankle;
7. Acute sprain of the ankle;
8. Adhesive capsulitis of the shoulder;
9. Temporomandibular joint disorders
10. Tendinopathy of the lateral epicondyle; and
11. Trigger finger

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KAISER PERMANENTE[®]
Mid-Atlantic States

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Medical Coverage Policy

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KAISER PERMANENTE[®]
Mid-Atlantic States

**Visco-Supplementation
(Hyaluronic Acid Intra-Articular Injection)**

Medical Coverage Policy

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 KAISER PERMANENTE [®] Mid-Atlantic States	Visco-Supplementation (Hyaluronic Acid Intra-Articular Injection) Medical Coverage Policy
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Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill HB 798 – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
12/16/2020	12/16/2020
12/15/2021	12/15/2021
12/28/2022	12/28/2022
12/21/2023	12/21/2023
12/23/2024	12/23/2024

*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.