



## **Cohere Medical Policy - Viscosupplementation**

*Clinical Policy for Medical Necessity Review*

**Version: 2**

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Next Annual Review: July 24, 2026

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## Policy Information:

**Specialty Area:** Musculoskeletal Care

**Policy Name:** Cohere Medical Policy - Viscosupplementation

**Type:**  Adult (18+ yo) |  Pediatric (0-17 yo)

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# Medical Necessity Criteria

## ***Service: Viscosupplementation***

Cohere Health takes an evidence-based approach to reviewing imaging and procedure requests, meaning that sufficient clinical information must be provided at the time of submission to determine medical necessity. Documentation must include a recent and detailed history, physical examination related to the onset or change in symptoms, relevant lab results, prior imaging, and details of previous treatments. Advanced imaging or procedures should be requested after a clinical evaluation by the treating provider, which may include referral to a specialist.

- When a specific clinical indication is not explicitly addressed in the Cohere Health medical policy, medical necessity will be determined based on established clinical best practices, as supported by evidence-based literature, peer-reviewed sources, professional society guidelines, and state or national recommendations, unless otherwise directed by the health plan.
- Requests submitted without clinical documentation, or those that do not align with the provided clinical information—such as mismatched procedure, laterality, body part, or CPT code—may be denied for lack of medical necessity due to insufficient or inconsistent clinical information.

### **Description**

Viscosupplementation refers to the injection of hyaluronic acid into a knee joint to manage the pain, swelling, and immobility associated with osteoarthritis.<sup>1,2</sup> Prior to the administration of hyaluronic acid, a naturally occurring substance produced in the synovial membrane, the provider may inject a local anesthetic into the affected joint. Hyaluronic acid has antioxidative, anti-inflammatory, and pain-relieving properties, and is injected during viscosupplementation to minimize friction between articular cartilage.<sup>3-5</sup>

## Medical Necessity Criteria

### Indications

**Viscosupplementation** is considered appropriate if **ANY** of the following is **TRUE**<sup>3,6</sup>:

- Initial injection(s) are considered appropriate when **ALL** of the following are **TRUE**:
  - The site of the injection is the knee joint; **AND**
  - The patient is 18 years of age or older; **AND**
  - **ANY** of the following osteoarthritis symptoms<sup>3</sup>:
    - Painful range of motion or pain with activity attributable to osteoarthritis; **OR**
    - Functional impairment attributable to osteoarthritis; **OR**
    - Crepitus with range of motion; **OR**
    - Presence of popliteal cyst (Baker cyst)<sup>7</sup>; **AND**
  - Mild to moderate osteoarthritis diagnosis has been confirmed by radiography; **OR**
- Failure of conservative management for greater than 3 months, including **ALL** of the following:
  - Anti-inflammatory medications, non-opioid analgesics, or prescription medications (e.g., oral steroids, neuropathic pain medications) if not contraindicated; **AND**
  - Physical therapy or a physician-directed home exercise program; **AND**
  - **ANY** of the following:
    - Corticosteroid injection if medically appropriate; **OR**
    - Documentation that corticosteroid injection is contraindicated; **OR**
- Repeat injection(s) are considered appropriate when **ALL** of the following are **TRUE**<sup>3,8</sup>:
  - Initial injection criteria are met; **AND**
  - The patient's symptoms have recurred; **AND**
  - The patient experienced improvement in **ANY** of the following the previous injection(s):
    - Pain; **OR**
    - Functional improvement; **AND**
  - At least six months have passed since the prior injection.<sup>3</sup>

## Non-Indications

**Viscosupplementation** is not considered appropriate if **ANY** of the following is **TRUE**<sup>3,5</sup>:

- The site of injection is not the knee joint; **OR**
- The patient has known hypersensitivity to hyaluronate preparations; **OR**
- The patient has an active, infection or skin disease near the injection site or involving the knee joint.

## Level of Care Criteria

Outpatient

## Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
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
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, 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, 0.1 mg
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

## Medical Evidence

A systematic review and meta-analysis of viscosupplementation for knee osteoarthritis, conducted by Pereira et al. (2022), found that the treatment resulted in small reductions in knee pain when compared with a placebo. The authors of the review concluded that, compared to placebo, viscosupplementation was associated with a statistically significant increased risk of serious adverse events, including major disability, life-threatening events, and death.<sup>9</sup>

Bączkiewicz et al. (2021) recruited 35 patients with knee arthritis and 50 without knee arthritis to evaluate the impact of viscosupplementation on the movement of the knee joint. While the research team found viscosupplementation to be effective, the arthrokinematic improvements patients gained from the treatment tended to be short-lived: Four weeks after the injection, vibroarthrographic signals collected during knee flexion and extension—which were found to have decreased considerably after two weeks—had returned to pre-injection levels.<sup>10</sup>

Peck et al. (2021) performed a systematic review of the literature related to viscosupplementation in osteoarthritis of the knee. A 2006 Cochrane review of 76 randomized controlled trials supported the use of viscosupplementation in knee osteoarthritis. Despite such robust conclusions, current recommendations are conflicting. The American Academy of Orthopedic Surgeons did not recommend viscosupplementation for osteoarthritis of the knee in their 2013 clinical practice guidelines. The Osteoarthritis Research Society International offered an “uncertain” recommendation in 2014, and the American College of Rheumatology did not recommend this treatment either.<sup>3</sup>

Legré-Boyer reviewed viscosupplementation techniques, indications, and results in 2014. They found moderate but significant efficacy (20%) in 60–70% of patients surveyed with knee osteoarthritis. The efficacy onset was found to be 1–4 weeks later than with corticosteroids with longer symptom relief and functional improvement, from six to up to 12 months. It was stated that some

meta-analyses created debate with discordant findings. Regarding technique, it was found that 10–30% of injections performed by senior physicians were known to be defective.<sup>7</sup>

# References

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# Policy Revision History/Information

Original Date: March 29, 2024		
Review History		
Version 2	07/24/2025	<p>Annual review</p> <p>Added description of viscosupplementation (Page 4)</p> <p>Updated conservative management language in indications (Page 4)</p> <p>Added indication: "The patient is 18 years of age or older"</p> <p>Changed the contraindication "Intra-articular injections are contraindicated for current or past infections or skin diseases at the injection site" to "The patient has an active infection or skin disease at the injection site"—which aligns more closely with recent studies.</p> <p>Medical Evidence section updated (Pereira et al., 2022; Bączkiewicz et al., 2021).</p> <p>New references added: Conrozier et al. 2021; Pinto et al., 2024; Migliore et al., 2021; Abate et al., 2021; Altman et al., 2018; Pereira et al., 2022; Bączkiewicz et al., 2021)</p>