

Children's Hospital and Health System Chorus Community Health Plans (CCHP) Policy and Procedure

This policy applies to the following entity(s):

- | | |
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| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: HYALURONIC ACID INTRA-ARTICULAR INJECTIONS FOR OSTEOARTHRITIC KNEE PAIN

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

Marketplace

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for the medically necessary use of intra-articular hyaluronic acid (HA) injections for treatment of osteoarthritic (OA) knee pain. HA is a component of synovial fluid, which lubricates the joint and absorbs shock. HA production is generally reduced and may be of poor quality in patients with OA, which leads to pain and decreased movement of the joint. Intra-articular HA injections aim to replace depleted or poor-quality HA in the joint, thereby reducing pain symptoms and allowing the joint to move more freely. HA is indicated for treatment of OA knee pain that has failed to adequately respond to conservative therapy. The current literature that examines the efficacy of HA is conflicting and inconsistent. HA should not be considered a first line treatment; however, CCHP recognizes that there are situations where HA injections may provide some benefit, as outlined in this policy.

Effective: 1/22

Last reviewed: 10/23

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Developed by: CCHP Medical Directors

POLICY:

This CCHP policy will replace the current MCG Careweb guideline for Hyaluronic Acid Intra-articular Injections (ACG: A-0306) to determine medically necessary use of HA injections:

Initial Authorization

HA injections are considered medically necessary when ALL of the following criteria are met:

1. Diagnosis of knee osteoarthritis supported by imaging (e.g., X-ray, MRI); and
2. Prescribed by, or in consultation with, an orthopedic surgeon, pain management specialist, physical medicine and rehabilitation specialist, rheumatologist, or sports medicine specialist; and
3. The member has not responded adequately to conservative therapies, which must include **both** conservative therapies listed below, or the member is unable to tolerate conservative therapies because of adverse side effects; and
 - a. Physical therapy
 - b. Injection of intra-articular steroids and such therapy has not resulted in functional improvement after at least 3 months
4. The member reports pain that interferes with functional activities (e.g., ambulation, prolonged standing, etc.); and
5. The pain cannot be attributed to other forms of arthritis; and
6. There are no contraindications to the injections (e.g., active joint infection, bleeding disorder, known hypersensitivity to hyaluronan preparations); and
7. Member is 18 years or older; and
8. Authorization is for one treatment cycle (3 injections) per knee for a duration of 6 months

Reauthorization

Repeated courses of HA injections may be considered medically necessary when ALL of the following criteria are met:

1. Diagnosis of knee osteoarthritis supported by imaging (e.g. X-ray, MRI); and
2. Prescribed by, or in consultation with, a board-certified orthopedic surgeon, pain management specialist, physical medicine and rehabilitation specialist, rheumatologist, or sports medicine specialist; and
3. Documentation of positive clinical response to a prior course of injections (e.g., significant pain relief, improved functional capacity, improvement in ambulation or range of motion, improvement in stiffness, significant reduction in analgesic medication use, etc.); and
4. Pain has recurred; and
5. At least 6 months have passed since the prior course of treatment for the respective joint; and
6. There are no contraindications to the injections (e.g., active joint infection, bleeding disorder, known hypersensitivity to hyaluronan preparations); and
7. Member is 18 years or older; and
8. Continuing authorization is for one treatment cycle (3 injections) per knee for a duration of 6 months

Note: Multiple brands of viscosupplementation are commercially available; however, there is no current evidence that any specific product or brand is more effective than other brands for medically necessary indications. CCHP considers all forms of viscosupplementation equally effective. Failure of one brand will not justify the medically necessary use of another brand.

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Developed by: CCHP Medical Directors

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