

# Sodium Hyaluronate (for Ohio Only)

**Policy Number:** CSOH2024D0081.A  
**Effective Date:** January 1, 2024

[Instructions for Use](#)

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Related Policies
None

## Application

This Medical Benefit Drug Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

## Coverage Rationale

This policy refers to FDA-approved sodium hyaluronate products including but not limited to the following (list not all inclusive):

- Durolane®
- Euflexxa®
- Gel-One®
- Gelsyn-3™
- GenVisc 850®
- Hymovis®
- Monovisc®
- Orthovisc®
- Supartz™
- Synjoynt®
- Synvisc®
- Triluron®
- TriVisc®
- Visco-3™

**Intra-articular injections of sodium hyaluronate are proven and medically necessary for the treatment of certain conditions outlined within the InterQual® criteria.** For medical necessity clinical coverage criteria, refer to the current release of the InterQual® guideline for:

- **Durolane:** CP: Specialty Rx Non-Oncology, Durolane (sodium hyaluronate)
- **Euflexxa:** CP: Specialty Rx Non-Oncology, Euflexxa (1% sodium hyaluronate)
- **Gel-One:** CP: Specialty Rx Non-Oncology, Gel-One (cross-linked hyaluronate)
- **Gelsyn-3:** CP: Specialty Rx Non-Oncology, GelSyn-3 (sodium hyaluronate)
- **GenVisc 850:** CP: Specialty Rx Non-Oncology, GenVisc 850 (sodium hyaluronate)
- **Hymovis:** CP: Specialty Rx Non-Oncology, Hymovis (high molecular weight viscoelastic hyaluronan)
- **Monovisc:** CP: Specialty Rx Non-Oncology, Monovisc (high-molecular-weight hyaluronan)
- **Orthovisc:** CP: Specialty Rx Non-Oncology, Orthovisc (high-molecular-weight hyaluronan)
- **Supartz:** CP: Specialty Rx Non-Oncology, Supartz (sodium hyaluronate)
- **Synjoynt:** CP: Specialty Rx Non-Oncology, Synjoynt (1% sodium hyaluronate)
- **Synvisc:** CP: Specialty Rx Non-Oncology, Synvisc (Hylan G-F 20)
- **Triluron:** CP: Specialty Rx Non-Oncology, Triluron (sodium hyaluronate)
- **TriVisc:** CP: Specialty Rx Non-Oncology, TriVisc (sodium hyaluronate)
- **Visco-3:** CP: Specialty Rx Non-Oncology, Visco-3 (sodium hyaluronate)

Click [here](#) to view the InterQual® criteria.

## Applicable Codes

The following list(s) of procedure codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance; with permanent recording and reporting
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa); without ultrasound guidance
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting

*CPT® is a registered trademark of the American Medical Association*

HCPCS Code	Description
J3490	Unclassified drugs
J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg
J7320	Hyaluronan or derivative, GenVisc 850, 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, Synjoynt, for intra-articular injection, 1 mg
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg

## Policy History/Revision Information

Date	Summary of Changes
01/01/2024	<p><b>Template Update</b></p> <ul style="list-style-type: none"> <li>Created state-specific policy version</li> </ul> <p><b>Application</b></p> <ul style="list-style-type: none"> <li>Modified language to indicate this Medical Benefit Drug Policy only applies to the state of Ohio; any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using <i>Ohio Administrative Code 5160-1-01</i></li> </ul> <p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>Revised language to indicate:</li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>○ This policy refers to FDA-approved sodium hyaluronate products including, but not limited to, the following (list not all inclusive): <ul style="list-style-type: none"> <li>▪ Durolane<sup>®</sup></li> <li>▪ Euflexxa<sup>®</sup></li> <li>▪ Gel-One<sup>®</sup></li> <li>▪ Gelsyn-3<sup>™</sup></li> <li>▪ GenVisc 850<sup>®</sup></li> <li>▪ Hymovis<sup>®</sup></li> <li>▪ Monovisc<sup>®</sup></li> <li>▪ Orthovisc<sup>®</sup></li> <li>▪ Supartz<sup>™</sup></li> <li>▪ Synjoynt<sup>®</sup></li> <li>▪ Synvisc<sup>®</sup></li> <li>▪ Triluron<sup>®</sup></li> <li>▪ TriVisc<sup>®</sup></li> <li>▪ Visco-3<sup>™</sup></li> </ul> </li> <li>○ Intra-articular injections of sodium hyaluronate are proven and medically necessary for the treatment of certain conditions outlined within the InterQual<sup>®</sup> criteria; for medical necessity clinical coverage criteria, refer to the current release of the InterQual<sup>®</sup> CP: Specialty Rx Non-Oncology: <ul style="list-style-type: none"> <li>▪ Durolane (sodium hyaluronate)</li> <li>▪ Euflexxa (1% sodium hyaluronate)</li> <li>▪ Gel-One (cross-linked hyaluronate)</li> <li>▪ GelSyn-3 (sodium hyaluronate)</li> <li>▪ GenVisc 850 (sodium hyaluronate)</li> <li>▪ Hymovis (high molecular weight viscoelastic hyaluronan)</li> <li>▪ Monovisc (high-molecular-weight hyaluronan)</li> <li>▪ Orthovisc (high-molecular-weight hyaluronan)</li> <li>▪ Supartz (sodium hyaluronate)</li> <li>▪ Synjoynt (1% sodium hyaluronate)</li> <li>▪ Synvisc (Hylan G-F 20)</li> <li>▪ Triluron (sodium hyaluronate)</li> <li>▪ TriVisc (sodium hyaluronate)</li> <li>▪ Visco-3 (sodium hyaluronate)</li> </ul> </li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>● Removed list of applicable ICD-10 diagnosis codes</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Removed <i>Background</i>, <i>Clinical Evidence</i>, <i>FDA</i>, and <i>References</i> sections</li> <li>● Archived previous policy version CS2022D0081J</li> </ul>

## Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state [Ohio Administrative Code (OAC)], or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC), or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC), or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state (OAC), or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Benefit Drug Policies are intended to be used in connection with the

independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.