



NY Payment Policy Change Notice – Discontinuation of Reimbursement for Hyaluronic Acid for Treatment of Osteoarthritis of the Knee Effective Jan. 1, 2017:

UnitedHealthcare Community Plan of NY has revised our payment policies for UnitedHealthcare Community Plan for Families (Medicaid), UnitedHealthcare Community Plan Wellness 4 Me (HARP) and UnitedHealthcare Community Plan Essential Plan (EP) Products to align with New York State Department of Health Guidelines. These guidelines are provided here for your reference.

From the New York State Medicaid Update - March 2014 Volume 30 - Number 3:

DESCRIPTION OF PROCEDURE OR SERVICE: Viscosupplementation of the knee is a procedure in which a gel-like fluid called hyaluronic acid is injected into the knee joint. Hyaluronic acid is a naturally occurring substance found in the synovial (joint) fluid. Individuals with osteoarthritis ("wear-and-tear" arthritis) of the knee have a lower-than-normal concentration of hyaluronic acid in their joints.

BACKGROUND: Based on the current available evidence, NYS Medicaid will no longer cover viscosupplementation of the knee to an enrollee with a diagnosis of osteoarthritis of the knee. This coverage decision was based on research presented, which included the potential harms attached to viscosupplementation (including joint infection, hematoma and inflammation) and the fact that viscosupplementation is only marginally effective in practice.

The following CPT codes are associated with the non-coverage decision and will no longer be reimbursed¹:

- 20610- Arthrocentesis, aspiration and/or injection: Major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa)
- 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

The following ICD-10 diagnoses codes are associated with the non-coverage decision¹:

M15.0 M15.3 M15.4 M15.8 M15.9 M17.0 M17.10 M17.11 M17.12 M17.2
M17.30 M17.31 M17.32 M17.4 M17.5 M17.9 M19.90 M19.91 M19.92 M19.93

¹The codes also include updates after 2014

There will be no reimbursement provided by NYS Medicaid when the following medication codes are reported with CPT 20610 and/or CPT 20611 and the ICD-10 diagnoses codes listed on the previous page¹:

HCPC	NDC	Drug Name
J7318	89130202001	Durolane 60 MG/3ML PRSY
J7320	50653000601	GenVisc 850 25 MG/2.5ML SOSY
J7321	89122072420	Hyalgan 20 MG/2ML SOSY
J7321	89130444401	Supartz FX 25 MG/2.5ML SOSY
J7321	54569554300	Hyalgan 20 MG/2ML SOSY
J7321	89122072412	Hyalgan 20 MG/2ML SOLN
J7321	87541030131	Visco-3 25 MG/2.5ML SOSY
J7322	89122049663	Hymovis 24 MG/3ML SOSY
J7323	55566410001	Euflexxa 20 MG/2ML SOSY
J7324	35356003501	OrthoVisc 30 MG/2ML SOSY
J7324	59676036001	OrthoVisc 30 MG/2ML SOSY
J7325	58468009003	Synvisc One 48 MG/6ML SOSY
J7325	35356003401	Synvisc 16 MG/2ML SOSY
J7325	58468009001	Synvisc 16 MG/2ML SOSY
J7325	66267092103	Synvisc 16 MG/2ML SOSY
J7326	87541030091	Gel-One 30 MG/3ML PRSY
J7327	59676082001	Monovisc 88 MG/4ML SOSY
J7328	89130311101	Gelsyn-3 16.8 MG/2ML SOSY
J7329	50653000604	TriVisc 25 MG/2.5ML SOSY
J7320	50653000601	GenVisc 850 25 MG/2.5ML SOSY
J7331	N/A	Synjoynt, for intra-articular injection, 1 MG
J7332	89122087901	Triluron, for intra-articular injection, 1 MG

Questions

If you have questions about these policy changes, please call your Network Representative directly or call Provider Services for UnitedHealthcare Community Plan at **888-362-3368**. Thank you.

¹The codes also include updates after 2014