



**MedStar Family
Choice**

ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	2000	
Subject:	Viscosupplementation for Knee Osteoarthritis	
Section:	Medical Pharmacy	
Initial Effective Date:	5/01/2026	
Revision Effective Date(s):		
Review Effective Date(s):		
Responsible Parties:	Medical Director, Health Plan Pharmacist	
Responsible Department(s):	Clinical Operations	
Regulatory References:		
Approved:	AVP of Clinical Operations	Chief Medical Officer

Purpose: To establish medical necessity criteria for the use of viscosupplementation injections for the treatment of symptomatic osteoarthritis (OA) of the knee. This policy ensures appropriate utilization of hyaluronic acid injections based on evidence-based guidelines while promoting cost effective therapy for members.

Scope: This policy applies to all members enrolled in MedStar Family Choice Maryland HealthChoice receiving intra-articular hyaluronic acid injections for knee osteoarthritis.

Policy: Viscosupplementation injections are considered medically necessary for the treatment of knee osteoarthritis when clinical criteria are met. Coverage is limited to the following preferred products:

- Durolane
- Gel-One
- Euflexxa

All other viscosupplementation products are non-preferred and not covered unless medical necessity is demonstrated and prior authorization is approved.

Procedure:

Criteria for Initial Approval

Must meet all the following criteria

1. The member is at least 18 years old AND
2. The member has a diagnosis of osteoarthritis of the knee confirmed by radiographic findings. AND
 - a. Joint space narrowing, subchondral sclerosis, osteophytes and subchondral cysts
 - b. or the member had at least 5 of the following signs and symptoms.
 - i. Bony enlargement
 - ii. Bony tenderness
 - iii. Crepitus on active motion
 - iv. Erythrocyte sedimentation rate (ESR) less than 40 mm/hr
 - v. Less than 30 minutes of morning stiffness
 - vi. No palpable warmth of synovium
 - vii. Over 50 years of age
 - viii. Rheumatoid factor is less than 1:40 titer (agglutination method)
 - ix. Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³)
3. The knee pain interferes with activities of daily living. AND
4. The member has not received adequate relief with non-pharmacological treatment options. (physical therapy, brace, weight loss, regular exercise) AND
5. The member experiences inadequate responses or intolerance or has a contraindication to a trial of analgesics (e.g. nonsteroidal anti-inflammatory drugs, acetaminophen up to 3-4 grams/day) for at least 3 months AND
6. The member has experienced inadequate responses, intolerance or contraindication to a trial of intraarticular steroid injections for at least 3 months. AND
7. The member is not scheduled to have a total knee replacement within 6 months of starting treatment.

Reauthorization

1. Member meets all initial medical necessity criteria
2. Chart notes must document significant clinical improvement of signs and symptoms with previous injection (e.g. improved pain score, reduced use of analgesic) AND
3. Symptoms recurred and at least 6 months have elapsed from previous treatment, AND
4. The member has NOT had total knee replacement and is not expected to receive a replacement in 6 months.

Dosage and Frequency

Durolane- dose 60 mg/3 ml intra-articular injection; single injection into knee joint; Frequency no more often than every 6 months per knee

Gel-one – dose 30 mg/3ml injection; single injection into knee joint; Frequency no more often than every 6 months per knee

Euflexxa- dose 20 mg/ 2 ml intra-articular injection; one injection into affected knee once weekly for 3 weeks; Total of 3 injections per knee. Frequency no more often than every 6 months per treatment course per knee.

Viscosupplement	CPT Code
Durolane	J7318
Gel-One	J7326
Euflexxa	J7323
Administration	20610

Viscosupplementation for all other indications is considered experimental and investigational or has unproven because the effectiveness of these approaches has not been established in improving health outcomes.

References:

- 1.Bannuru RR, Osani MC, et.al, OARSI guidelines for the non-surgical management of knee, hip, and polyarticular osteoarthritis. Osteoarthritis Cartilage. 2019;27(11):1578. Epub 2019 Jul 3.
2. Jevsevar D, Donnelly P, Brown GA, Cummins DS, Viscosupplementation for Osteoarthritis of the Knee: A Systematic Review of the Evidence. J Bone Joint Surg Am. 2015;97(24):2047.
3. Kolasinski SL, Neogi T, Hochberg MC, et.al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee., Arthritis Rheumatol. 2020;72(2):220. Epub 2020 Jan
4. Migliorini F, Maffulli N, Simeone F, Intra-articular Hyaluronic Acid Injections May Be Beneficial in Patients with Less Advanced Knee Osteoarthritis: A Systematic Review of Randomised Controlled Trials. Sports Med. 2025;55(8):1953. Epub 2025 Jul 2.
5. Rutjes AW, Jüni P, et. al., Viscosupplementation for osteoarthritis of the knee: a systematic review and meta-analysis. Ann Intern Med. 2012 Aug;157(3):180-91.

Summary of Changes:	5/01/2026: New Policy
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