 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Viscosupplementation
	PRODUCT LINE:	All
	POLICY NUMBER:	UM95
	ORIGINAL POLICY EFFECTIVE DATE:	11/10/2017
	LAST REVISED DATE:	N/A
	LAST REVIEWED:	03/07/2024

SCOPE: To ensure Group Health Cooperative of Eau Claire (the Cooperative) consistently and correctly administers viscosupplementation benefits to all members according to their policy benefits.

POLICY: It is the policy of the Cooperative to review requests for viscosupplementation according to member policy and evidence-based medical criteria through the prior authorization process.

PROCEDURE: Prior Authorization Required: YES

Coverage Criteria for initial series of injections: Viscosupplementation is considered medically necessary when the following criteria are met:

1. Member has osteoarthritis of the tibiofemoral articulation of the knee, **AND**
2. Radiologic evidence of osteoarthritis of the knee such as joint space narrowing, subchondral sclerosis, osteophytes and sub-chondral cysts, **AND**
3. Failure of 3 months of conservative treatment including pharmacotherapy, activity modification, weight loss if overweight, and physical therapy, **AND**
4. Failure of intraarticular steroid injection, **AND**
5. Knee pain interferes with completing ADLs, **AND**
6. Member is not scheduled to undergo knee replacement within the next 6 months, **AND**
7. No contraindications to the injections such as active joint infection, use of Coumadin or other blood thinners, bleeding disorder, or skin infection at the injection site

If the member meets coverage criteria listed above, approve Gel One or Synvisc I (these are a one time injection rather than a series of three).

Ultrasound guidance, fluoroscopic guidance and knee arthrography for viscosupplementation injections is considered experimental and investigational because it has not been established that this approach will improve health outcomes.


Coverage Criteria for additional series of injections: Viscosupplementation for members who have responded to previous series are considered medically necessary under the following circumstances:

1. At least 6 months have elapsed since the prior series of injections, **AND**
2. Previous injections have resulted in significant improvement in pain and functional capacity

Denial language:

The denial language will vary depending on the clinical situation.

Your knee injections do not meet medical necessity criteria because you have not failed 3 months of conservative measures including activity modification, oral or topical pain relievers, steroid injections, and weight loss.

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Dakota Rau

APPROVED: _____ DATE: 03/07/2024

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
02/18/2019	Michele Bauer, MD, CMO	Reviewed, no changes.
03/22/2020	Michele Bauer, MD, CMO	Reviewed, no changes.
03/17/2021	Michele Bauer, MD, CMO	Reviewed, no changes.
03/12/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
03/02/2023	Michele Bauer, MD, CMO	Reviewed. No changes.
03/07/2024	Dakota Rau, PharmD	Reviewed. No changes.