

PA Criteria	Criteria Details						
<b>Covered Uses (FDA approved indication)</b>	Hyaluronic acid injections are indicated to treat osteoarthritis pain of the knee when conservative nonpharmacologic therapy and non-steroidal anti-inflammatory drugs (NSAIDs) or simple analgesics, such as acetaminophen, have failed.						
<b>Exclusion Criteria</b>	None.						
<b>Required Medical Information</b>	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.						
<b>Other Criteria</b>	Must follow LCD L39529 (Intraarticular Knee Injections of Hyaluronan). <a href="https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39529">https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39529</a>						
<b>Age Restriction</b>	None.						
<b>Prescriber Restrictions</b>	None.						
<b>Coverage Duration</b>	One treatment series every six months. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.						
<b>Other Criteria/Information</b>	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 1026 1513 1171"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J7324</td> <td>Orthovisc (hyaluronan/ hyaluronic acid) for intra-articular injection</td> <td><b>Billing unit: per dose</b> 30 mg/2 mL SD syringe</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J7324	Orthovisc (hyaluronan/ hyaluronic acid) for intra-articular injection	<b>Billing unit: per dose</b> 30 mg/2 mL SD syringe
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025