Original Effective Date: 04/16/2026
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Last P&T Approval/Version: N/A
Next Review Due By: 03/2027
Policy Number: C30544-A

Hyaluronic Acid Injections NC Nebraska Medicaid

PRODUCTS AFFECTED

Durolane (sodium hyaluronate injection), Euflexxa (sodium hyaluronate injection), Gel-One (cross-linked hyaluronate), Gelsyn-3 (sodium hyaluronate injection), GenVisc 850 (sodium hyaluronate injection), Hyalgan (sodium hyaluronate injection), Hymovis (high molecular weight viscoelastic hyaluronan injection), Monovisc (high molecular weight hyaluronan injection), Orthovisc (high molecular weight hyaluronan injection), Sodium Hyaluronate, Supartz FX (sodium hyaluronate), SynoJoynt (sodium hyaluronate injection), Synvisc (hylan G-F 20 sodium hyaluronate injection), Synvisc-One (hylan G-F 20 sodium hyaluronate injection), Triluron (sodium hyaluronate injection), TriVisc (sodium hyaluronate injection), Visco-3 (sodium hyaluronate injection)

COVERAGE POLICY

Coverage for services, procedures, medical devices, and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Osteoarthritis (OA) of the Knee

REQUIRED MEDICAL INFORMATION:
There is a lack of robust evidence demonstrating clinically relevant benefit and these products are considered not medically necessary. Hyaluronan intra-articular injections for the treatment of symptomatic knee osteoarthritis are NOT COVERED by Nebraska Medicaid in the pharmacy or medical benefit, effective for dates of service on or after January 1, 2026.

CONTINUATION OF THERAPY:

NA

DURATION OF APPROVAL:
NA

PRESCRIBER REQUIREMENTS:
NA

AGE RESTRICTIONS:

NA

QUANTITY:
NA

PLACE OF ADMINISTRATION:
NA

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Intra-articular injection directly into the knee joint

DRUG CLASS:
Antirheumatic Miscellaneous

FDA-APPROVED USES:
Indicated for the treatment of pain in osteoarthritis of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy and simple analgesics

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:

Exclusions**:**

Pursuant to the Nebraska Department of Health and Human Services (DHHS) Medicaid Provider Bulletin 25-23, (Version date: September 12, 2025), hyaluronan intra-articular injections for the treatment of symptomatic knee osteoarthritis are NOT COVERED as a benefit, **effective for dates of service on or after January 1, 2026.**

There is a lack of robust evidence demonstrating clinically relevant benefit and these products are considered not medically necessary. Products that will not be covered by Nebraska Medicaid in the pharmacy or medical benefit include, but are not limited to, the following Healthcare Common Procedure Coding System (HCPCS) codes:

HCPCS code	Product Name
J7318	Durolane
J7320	Genvisc 850

J7321	Hyalgan/Visco3/Supartz FX
J7322	Hymovis
J7323	Euflexxa
J7324	Orthovisc
J7325	Synvisc & Synvisc-one
J7326	Gel-One
J7327	Monovisc
J7328	Gelsyn-3
J7329	TriVisc
J7331	Synojoynt
J7332	Triluron

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:

Clinical studies of sodium hyaluronate and hylan G-F-20 have demonstrated that injection of these agents into the joint space of osteoarthritic knees is sometimes marginally more effective than placebo procedures in reduction of pain and improvement in functional capacity in some patients. These marginal beneficial results are more pronounced with the larger molecular weight compound hylan G-F20.

There is no data indicating that these agents reverse or delay the osteoarthritic process in the injected joints. The long-term effects of repeated injections are unknown.

Clinical Practice Guidelines

- The majority of guidelines did not find sufficient evidence to make a recommendation for or against the use of HA for knee OA. Refer to 'Supplemental Information' section for additional references and links for comparisons of guidelines.
- There is inconsistent evidence and limited effectiveness data that viscosupplementation, or HA products, produces clinically relevant improvements in pain and functioning for OA of the knee and no evidence to suggest it delays the progression of OA nor the progression to knee replacement.
- Several major practice guidelines have been unable to recommend intraarticular HA, with others recommending against its use with several other major organizations.

National and Specialty Organizations

American Academy of Orthopedic Surgeons (AAOS) In the second edition of the evidence-based guidelines on treatment of OA of the knee, the AAOS issued a "Strong" recommendation against the use of HA for knee OA due to lack of efficacy (AAOS, 2013). The third edition of this guideline (2021) echoes this with a moderate recommendation against its use. Downgrade was due to statistically significant improvements associated with the high molecular cross-linked hyaluronic acid products, but this significance is not maintained for other products.

National Institute for Health and Care Excellence (NICE 2022) recommended against HA for knee OA

American College of Rheumatology (ACR 2019) clinical practice guidelines on osteoarthritis indicate conditional recommendation against the use of IAHA in the knee. Recommendations for the use of pharmacologic therapies in knee OA include acetaminophen, oral and topical NSAIDs, tramadol and intra-articular corticosteroid injections. The conditional recommendation against is consistent with the use of hyaluronic acid injections, in the context of shared decision-making that recognizes the limited evidence of benefit of this treatment, when other alternatives have been exhausted or failed to provide satisfactory benefit.

American Medical Society for Sports Medicine (AMSSM) Based on findings from their systematic review with network meta-analysis, the AMSSM recommended IA-HA for appropriate patients with knee OA. Criteria for appropriate patients were not reported. (Trojian et al., 2016)

Osteoarthritis Research Society International (OARSI) 2014 guideline update provided an "uncertain" recommendation for IAHA, indicating an overall small effect size on pain, inconsistent results among the available meta-analyses, and one meta-analysis signaling potential for serious safety concerns, influenced their recommendation.

ECRI Institute. Viscosupplementation for Treating Osteoarthritic Knee Pain A 2019 ECRI report on viscosupplementation summarized evidence from 8 systematic reviews and 6 RCTs (total patients = 12,775) to be inconclusive for treating knee pain due to OA. While IA HA injections may provide relief in some patients, uncertainty remains about the most effective formulations, which populations benefit most, and whether HA should be combined with other agents to increase efficacy. (ECRI; 2019)

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of sodium hyaluronate are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to sodium hyaluronate include:

1. Hypersensitivity to hyaluronate or hyaluronan preparations
2. Present infections or skin diseases in the area of the injection site to reduce the potential for developing septic arthritis
3. Use in joint other than the knee
4. Hymovis, Monovisc and Orthovisc only: known hypersensitivity to gram positive bacterial proteins
   Informational note: HA is derived from bacterial cells for certain products (Euflexxa, Gelsyn-3, Hymovis, Monovisc, Orthovisc)
5. Allergy to avian or avian-derived products (including eggs, feathers, or poultry) NOTE: Review individual product source
   Informational Note: HA is derived from chicken combs for certain products (Gel-One, Hyalgan, Supartz FX, Synvisc, Synvisc-One, Visco-3)
6. Monovisc only: known systemic bleeding disorders
7. Active inflammatory joint disease or synovitis affecting the knee, such as crystal induced synovitis, rheumatoid arthritis

COSMETIC USE IS NOT A COVERED BENEFIT

The FDA has approved several products containing a transparent HA gel to improve the contours of the skin. These products are used to treat acne, scars and wrinkles on the skin by temporarily adding volume to facial tissue and restoring a smoother appearance to the face (may not be an all-inclusive list):

- Restylane injectable gel
- Perlane injectable gel
- Hylaform
- Juvéderm 24HV, Juvéderm 30 & Juvéderm 30HV Gel Implants

OTHER SPECIAL CONSIDERATIONS:

NA

CODING/BILLING INFORMATION

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.*

HCPCS	Description
N/A	

AVAILABLE DOSAGE FORMS:
Several HA agents are available, with varying molecular weights and injections per course of treatment (single injection HAs and those requiring 3 to 5 injections per course of treatment).

REFERENCES

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3. Hyalgan (hyaluronic acid derivative) [prescribing information]. Parsippany, NJ: Fidia Pharma; August 2017.
4. Hymovis (hyaluronic acid derivative) [prescribing information]. Parsippany, NJ: Fidia Pharma; June 2021.
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SUMMARY OF REVIEW/REVISIONS	DATE
NEW CRITERIA CREATION	Q1 2026