

Medical Policy Updates

For criteria related to a medical decision, call Care Management at 877-342-5258, option 3. Medical policies are available at premera.com/wa/provider under Quick Links.

Policy changes are effective for dates of service April 1, 2014, and later:

2.01.31 Intra-articular Hyaluronan Injections for Osteoarthritis

Policy change. Beginning April 1, 2014, intra-articular hyaluronan injections to treat osteoarthritis of the knee will be considered not medically necessary. The use of this medication in other joints remains not medically necessary. Pre-service review is strongly recommended for all uses of hyaluronic acid.

In May 2013, the American Academy of Orthopaedic Surgeons (AAOS) issued new guidance based on results

of a meta-analysis of treatments for osteoarthritis of the knee. It included 14 moderate- to high-strength studies of intra-articular hyaluronan for knee osteoarthritis. This meta-analysis concluded that outcomes using intra-articular hyaluronan injections for knee arthritis were statistically but not clinically significant. The May 18, 2013, AAOS document, Treatment of Osteoarthritis of the Knee: Evidence-Based Guideline, 2nd Edition, states, "We cannot recommend using hyaluronic acid for patients with symptomatic osteoarthritis of the knee." This is a "strong" recommendation, indicating the quality of the evidence is high. Based on this data, policy 2.01.31, Intra-articular Hyaluronan Injections for Osteoarthritis, will change to reflect non-coverage based on medical necessity.

Note: Please see Medical Policy Updates postcard correction for Knee Arthroplasty, Adults 7.01.550 online. Trial of Intra-articular steroid injection not required.

premera.com/wa/provider

To view previous medical policy updates, visit premera.com/wa/provider and click on Communications, then Medical Policy Updates.

Premera medical policies are guidelines used to evaluate the medical necessity of a particular service or treatment. We adopt policies after careful review of published, peer-reviewed scientific literature, national guidelines, and local standards of practice. Since medical technology is constantly changing, we reserve the right to review and update our policies as appropriate.

When there are differences between the member's contract and medical policy, the member's contract prevails. The existence of a medical policy regarding a specific service or treatment does not guarantee that the member's contract covers that service.



BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

Premera Blue Cross
P.O. Box 327
Seattle, WA 98111

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE
PAID
SEATTLE, WA
PERMIT NO. 2944

026567 (12-2013)