Reference number(s)
3832-A

Jurisdiction Specific Medicare Part B Hyaluronans

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	**Generic Name**
Hyalgan, Supartz, Visco-3, Euflexxa, Gelsyn-3, Genvisc 850, Trivisc, Synojoynt, Triluron	sodium hyaluronate
Synvisc, Synvisc-One	hylan G-F 20
Gel-One	cross-linked hyaluronate
Durolane	hyaluronic acid
Monovisc, Orthovisc	high molecular weight hyaluronan
Hymovis	high molecular weight viscoelastic hyaluronan

Covered Uses

The indications below are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

The FDA-Labeled Indications and Recognized Compendia (off-label) Uses are Below

- Osteoarthritis of the knee
- Osteoarthritis of the shoulder
- Impingement syndrome of the shoulder

© 2026 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

Compendial Uses – ICD-10 Codes Supported by the Medicare Administrative Contractor

The list of covered ICD-10 codes is prohibitively long to include within this policy. A complete list can be found at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx.

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

Coverage Criteria

Osteoarthritis of the Knee[1-3]

Authorization of 6 months may be granted for treatment of pain associated with osteoarthritis of the knee for the first treatment course in members who have failed to respond adequately to conservative nonpharmacologic therapy and simple analgesics.

Authorization of 6 months may be granted for subsequent treatment courses of osteoarthritis of the knee when all of the following criteria are met:

- The medical record indicates the member experienced objective improvement in pain and functional capacity from the prior series of injections (i.e., reduction of symptomatology and medication usage).
- The last injection (in a prior course) was given at least six months ago.

Osteoarthritis of the Shoulder[1-3]

Authorization of 6 months may be granted for osteoarthritis of the shoulder for the first treatment course in members who have failed to respond adequately to conservative nonpharmacologic therapy and simple analgesics.

Authorization of 6 months may be granted for subsequent treatment of osteoarthritis of the shoulder when all of the following criteria are met:

- The medical record indicates the member experienced objective improvement in pain and functional capacity from the prior series of injections (i.e., reduction of symptomatology and medication usage).
- The last injection (in a prior course) was given at least six months ago.
- The member has received only one previous course of treatment. Repeat injections for shoulder arthritis are limited to a single repeat course.

Impingement Syndrome of the Shoulder[2,4]

Authorization of 3 months may be granted for treatment of subacromial impingement syndrome of the shoulder.

 © 2026 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

All Other Indications[1,2]

Authorization of 6 months may be granted for treatment of all other approvable indications listed in LCA A52420.

Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

References

1. Drugs and Biologicals LCD (L33394) Version R17. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed November 6, 2025.
2. Billing and Coding: Hyaluronans (A52420) Version R18. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed November 6, 2025.
3. Billing and Coding: Drugs and Biologicals (A52855) Version R9. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed November 6, 2025.
4. Micromedex Solutions [database online]. Ann Arbor, MI: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed November 6, 2025.

 © 2026 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.