Reference number(s)
5674-A

Jurisdiction Specific Medicare Part B Hyaluronic Acid Injections for Knee Osteoarthritis

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
Durolane	hyaluronic acid
Euflexxa	1% sodium hyaluronate
Gel-One	cross-linked hyaluronate
Gelsyn-3	sodium hyaluronate 0.84%
Genvisc 850	sodium hyaluronate
Hyalgan	sodium hyaluronate
Hymovis	high molecular weight viscoelastic hyaluronan
Monovisc	high molecular weight hyaluronan
Orthovisc	high molecular weight hyaluronan
Supartz FX	sodium hyaluronate
Synojoynt	1% sodium hyaluronate
Synvisc	hylan G-F 20
Synvisc One	hylan G-F 20
Triluron	sodium hyaluronate
Trivisc	sodium hyaluronate
Visco-3	sodium hyaluronate

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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.

Osteoarthritis of the knee

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

Exclusions

Coverage will not be provided for members with any of the following exclusions:

- It is contraindicated with infections or skin disease in the area of the injection site or joint and considered not reasonable and necessary and not covered by Medicare.
- It is contraindicated to administer these products if you are allergic to hyaluronate products.
- Imaging procedures for the purpose of needle guidance that may be considered reasonable and necessary are ultrasound and fluoroscopy. The documentation must support why imaging is needed for needle guidance and insertion. Other imaging modalities (e.g., computed tomography [CT] scan, magnetic resonance imaging [MRI], arthrography) for the purpose of needle guidance and insertion will be considered not reasonable and necessary and not covered by Medicare.

Coverage Criteria

Osteoarthritis of the Knee[1]

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

- The member has symptomatic osteoarthritis of the knee with pain that interferes with functional activities (such as, ambulation and prolonged standing).
- The diagnosis is supported by radiographic evidence of osteoarthritis of the knee (e.g., joint space narrowing, subchondral sclerosis, osteophytes, and subchondral cysts).
- It is considered not “reasonable and necessary” to use hyaluronic acid injections as the initial treatment of osteoarthritis of the knee. The member must have tried and failed at least three months of therapy or has a contraindication to both of the following conservative treatments:
    - Non-pharmacologic therapy (e.g., physical therapy, exercise, weight management, self-management programs, knee brace, cane).
    - Pharmacologic therapy (e.g., acetaminophen, oral or topical nonsteroidal anti-

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inflammatory drugs [NSAIDs], topical capsaicin).
- The member has failed treatment with or has a contraindication to intra-articular glucocorticoid injections.

Continuation of Therapy

Osteoarthritis of the Knee[1]

Authorization of 6 months may be granted for a repeat series for treatment of osteoarthritis of the knee when all of the following criteria is met:

- The member has symptomatic osteoarthritis of the knee with pain that interferes with functional activities (such as, ambulation and prolonged standing).
- The diagnosis is supported by radiographic evidence of osteoarthritis of the knee (e.g., joint space narrowing, subchondral sclerosis, osteophytes, and subchondral cysts).
- It is considered not "reasonable and necessary" to use hyaluronic acid injections as initial treatment of osteoarthritis of the knee. The member must have tried and failed at least three months of therapy or has a contraindication to both of the following conservative treatments:
    - Non-pharmacologic therapy (e.g., physical therapy, exercise, weight management, self-management programs, knee brace, cane).
    - Pharmacologic therapy (e.g., acetaminophen, oral or topical nonsteroidal anti-inflammatory drugs [NSAIDs], topical capsaicin).
- The member has failed treatment with or has a contraindication to intra-articular glucocorticoid injections.
- The symptoms of osteoarthritis have recurred after the previous hyaluronic acid treatment.
- The member experienced improvement in pain and functional capacity following the previous series of injections. When there was no improvement in knee pain and functional improvement from a previous series of injections, a repeat series of injections will be considered not reasonable and necessary and will not be covered.
- At least six months have elapsed since the prior series of injections. Initiation of a repeat series of injections when at least six months have not elapsed since the prior series of injections is considered not reasonable and necessary and is not covered.

Dosage and Administration

The dose and frequency of administration should be consistent with the FDA-approved labeling. Doses and frequencies that exceed the FDA-recommended dosage/frequency as per the prescribing information, are considered not reasonable and necessary and not covered by Medicare.

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References

1. Hyaluronic Acid Injections for Knee Osteoarthritis LCD (L39260) Original Version. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed November 6, 2025.
2. Billing and Coding: Hyaluronic Acid Injections for Knee Osteoarthritis (A59030) R2. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed November 6, 2025.

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