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Coverage Policy Number IP0322

Intraarticular Hyaluronic Acid Derivatives

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Related Coverage Resources

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The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy supports medical necessity review for the following Intraarticular Hyaluronic Acid products:

- **Durolane**® (hyaluronic acid)
- **Euflexxa**® (1% sodium hyaluronate)
- **Gel-One**® (cross-linked hyaluronate)
- **Gelsyn-3**™ (high molecular weight hyaluronan)
- **GenVisc 850**® (high molecular weight hyaluronan)
- **Hyalgan**® (sodium hyaluronate)
- **Hymovis**® (high molecular weight hyaluronan)
- **Monovisc**™ (high molecular weight hyaluronan)
- **Orthovisc**® (high molecular weight hyaluronan)
- **sodium hyaluronate 1% injection**
- **Supartz FX**™ (sodium hyaluronate)
- **Synojoynt** (sodium hyaluronate)
- **Synvisc**® (hylan G-F 20)

- **Synvisc-One®** (hylan G-F 20)
- **Triluron™** (sodium hyaluronate)
- **Trivisc** (sodium hyaluronate)
- **Visco-3™** (sodium hyaluronate)

Additional criteria that support the review for medical necessity exceptions of non-covered products are located in the Non-Covered Product Table by the respective plan type and drug list where applicable.

Medical Necessity Criteria

Intraarticular Hyaluronic Acid products (Durolane, Euflexxa, Gel-One, Gelsyn-3, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, sodium hyaluronate 1% injection, Supartz FX, Synojoynt, Synvisc, Synvisc-One, Triluron, Trivisc, Visco-3) are considered medically necessary when the following are met:

Osteoarthritis of the Knee. Individual meets **ALL** of the following criteria:

A. Diagnosis of the knee to be treated is documented by radiologic evidence of osteoarthritis of the knee (for example, joint space narrowing, subchondral sclerosis, osteophytes, sub-chondral cysts)
B. Documentation of **ONE** of the following:
    i. Failure of **TWO** of the following modalities of therapy for osteoarthritis:
        1. At least six weeks of provider-directed conservative management program consisting of physical therapy or home exercises.
        2. At least **TWO** of the following pharmacologic therapies:
            a. Oral or topical nonsteroidal anti-inflammatory drug(s) [NSAID(s)]
            b. Acetaminophen
            c. Tramadol
            d. Duloxetine
        3. At least **ONE** injection of intraarticular corticosteroids to the affected knee
    ii. Documented contraindication or intolerance to **ALL** of the following modalities of therapy for osteoarthritis:
        1. Provider-directed conservative management program consisting of physical therapy or home exercises
        2. Pharmacologic therapies for knee osteoarthritis
        3. Intraarticular corticosteroids
C. Non-Covered Product Criteria is met, refer to below table(s)

Dosing. ONE of the following dosing regimens:[1-16, 43]
Note: Dose listed is for one knee. If two knees are being treated, then each knee requires a syringe or vial of product.

1. Durolane, Gel-One, Monovisc, Synvisc-One: One injection.
2. Hymovis: Up to two injections given 1 week apart.
3. Euflexxa, Gelsyn-3, sodium hyaluronate 1% injection, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3: Up to three injections given 1 week apart.
4. Orthovisc: Up to 4 injections given 1 week apart.
5. GenVisc 850, Hyalgan, Supartz FX: Up to 5 injections given 1 week apart.

Employer Group and Individual and Family Plan Non-Covered Products and Criteria:

Non-Covered Product	Criteria
Gel-One (cross-linked hyaluronate)	There is documentation of **ONE** of the following: 1. Failure, contraindication, or intolerance to **BOTH** of the following: A. Euflexxa (1% sodium hyaluronate) [may require prior authorization]

Non-Covered Product	Criteria
	B. Durolane (hyaluronic acid) **OR** Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] 2. Both of the following: A. The request is for product that requires more than one injection to complete a course (for example, GenVisc 850, Hyalgan, Hymovis, Supartz FX, Sodium hyaluronate injection, Triluron, TriVisc, Visco-3) B. A course of injections has already been started with one of these agents In these cases, the individual can continue with the same product to complete the entire course. After completing this course, if further therapy is required with a hyaluronic acid derivative, then a Preferred Product (Durolane, Euflexxa or Gelsyn-3) must be tried.
GenVisc 850 (high molecular weight hyaluronan)	There is documentation of **ONE** of the following: 1. Failure, contraindication, or intolerance to **BOTH** of the following: A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] B. Durolane (hyaluronic acid) **OR** Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] 2. Both of the following: A. The request is for product that requires more than one injection to complete a course (for example, GenVisc 850, Hyalgan, Hymovis, Supartz FX, Sodium hyaluronate injection, Triluron, TriVisc, Visco-3) B. A course of injections has already been started with one of these agents In these cases, the individual can continue with the same product to complete the entire course. After completing this course, if further therapy is required with a hyaluronic acid derivative, then a Preferred Product (Durolane, Euflexxa or Gelsyn-3) must be tried.
Hyalgan (sodium hyaluronate)	There is documentation of **ONE** of the following: 1. Failure, contraindication, or intolerance to **BOTH** of the following: A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] B. Durolane (hyaluronic acid) **OR** Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] 2. Both of the following: A. The request is for product that requires more than one injection to complete a course (for example, GenVisc 850, Hyalgan, Hymovis, Supartz FX, Sodium hyaluronate injection, Triluron, TriVisc, Visco-3) B. A course of injections has already been started with one of these agents

Non-Covered Product	Criteria
	In these cases, the individual can continue with the same product to complete the entire course. After completing this course, if further therapy is required with a hyaluronic acid derivative, then a Preferred Product (Durolane, Euflexxa or Gelsyn-3) must be tried.
Hymovis (high molecular weight hyaluronan)	There is documentation of **ONE** of the following: 1. Failure, contraindication, or intolerance to **BOTH** of the following: A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] B. Durolane (hyaluronic acid) **OR** Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] 2. Both of the following: A. The request is for product that requires more than one injection to complete a course (for example, GenVisc 850, Hyalgan, Hymovis, Supartz FX, Sodium hyaluronate injection, Triluron, TriVisc, Visco-3) B. A course of injections has already been started with one of these agents In these cases, the individual can continue with the same product to complete the entire course. After completing this course, if further therapy is required with a hyaluronic acid derivative, then a Preferred Product (Durolane, Euflexxa or Gelsyn-3) must be tried.
Monovisc (high molecular weight hyaluronan)	There is documentation of **ONE** of the following: 1. Failure, contraindication, or intolerance to **BOTH** of the following: A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] B. Durolane (hyaluronic acid) **OR** Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] 2. Both of the following: A. The request is for product that requires more than one injection to complete a course (for example, GenVisc 850, Hyalgan, Hymovis, Supartz FX, Sodium hyaluronate injection, Triluron, TriVisc, Visco-3) B. A course of injections has already been started with one of these agents In these cases, the individual can continue with the same product to complete the entire course. After completing this course, if further therapy is required with a hyaluronic acid derivative, then a Preferred Product (Durolane, Euflexxa or Gelsyn-3) must be tried.
Orthovisc	There is documentation of **ONE** of the following: 1. Failure, contraindication, or intolerance to **BOTH** of the following:

Non-Covered Product	Criteria
(high molecular weight hyaluronan)	A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] B. Durolane (hyaluronic acid) **OR** Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] 2. Both of the following: A. The request is for product that requires more than one injection to complete a course (for example, GenVisc 850, Hyalgan, Hymovis, Supartz FX, Sodium hyaluronate injection, Triluron, TriVisc, Visco-3) B. A course of injections has already been started with one of these agents In these cases, the individual can continue with the same product to complete the entire course. After completing this course, if further therapy is required with a hyaluronic acid derivative, then a Preferred Product (Durolane, Euflexxa or Gelsyn-3) must be tried.
Supartz FX (sodium hyaluronate)	There is documentation of **ONE** of the following: 1. Failure, contraindication, or intolerance to **BOTH** of the following: A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] B. Durolane (hyaluronic acid) **OR** Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] 2. Both of the following: A. The request is for product that requires more than one injection to complete a course (for example, GenVisc 850, Hyalgan, Hymovis, Supartz FX, Sodium hyaluronate injection, Triluron, TriVisc, Visco-3) B. A course of injections has already been started with one of these agents In these cases, the individual can continue with the same product to complete the entire course. After completing this course, if further therapy is required with a hyaluronic acid derivative, then a Preferred Product (Durolane, Euflexxa or Gelsyn-3) must be tried.
Synojoynt (sodium hyaluronate)	There is documentation of **ONE** of the following: 1. Failure, contraindication, or intolerance to **BOTH** of the following: A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] B. Durolane (hyaluronic acid) **OR** Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] 2. Both of the following: A. The request is for product that requires more than one injection to complete a course (for example, GenVisc 850, Hyalgan, Hymovis, Supartz FX, Sodium hyaluronate injection, Triluron, TriVisc, Visco-3)

Non-Covered Product	Criteria
	B. A course of injections has already been started with one of these agents In these cases, the individual can continue with the same product to complete the entire course. After completing this course, if further therapy is required with a hyaluronic acid derivative, then a Preferred Product (Durolane, Euflexxa or Gelsyn-3) must be tried.
Synvisc (hylan G-F 20)	There is documentation of **ONE** of the following: 1. Failure, contraindication, or intolerance to **BOTH** of the following: A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] B. Durolane (hyaluronic acid) **OR** Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] 2. Both of the following: A. The request is for product that requires more than one injection to complete a course (for example, GenVisc 850, Hyalgan, Hymovis, Supartz FX, Sodium hyaluronate injection, Triluron, TriVisc, Visco-3) B. A course of injections has already been started with one of these agents In these cases, the individual can continue with the same product to complete the entire course. After completing this course, if further therapy is required with a hyaluronic acid derivative, then a Preferred Product (Durolane, Euflexxa or Gelsyn-3) must be tried.
Synvisc-One (hylan G-F 20)	There is documentation of **ONE** of the following: 1. Failure, contraindication, or intolerance to **BOTH** of the following A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] B. Durolane (hyaluronic acid) **OR** Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] 2. Both of the following: A. The request is for product that requires more than one injection to complete a course (for example, GenVisc 850, Hyalgan, Hymovis, Supartz FX, Sodium hyaluronate injection, Triluron, TriVisc, Visco-3) B. A course of injections has already been started with one of these agents In these cases, the individual can continue with the same product to complete the entire course. After completing this course, if further therapy is required with a hyaluronic acid derivative, then a Preferred Product (Durolane, Euflexxa or Gelsyn-3) must be tried.
Triluron	There is documentation of **ONE** of the following:

Non-Covered Product	Criteria
(sodium hyaluronate)	1. Failure, contraindication, or intolerance to **BOTH** of the following: A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] B. Durolane (hyaluronic acid) **OR** Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] 2. Both of the following: A. The request is for product that requires more than one injection to complete a course (for example, GenVisc 850, Hyalgan, Hymovis, Supartz FX, Sodium hyaluronate injection, Triluron, TriVisc, Visco-3) B. A course of injections has already been started with one of these agents In these cases, the individual can continue with the same product to complete the entire course. After completing this course, if further therapy is required with a hyaluronic acid derivative, then a Preferred Product (Durolane, Euflexxa or Gelsyn-3) must be tried.
Trivisc (sodium hyaluronate)	There is documentation of **ONE** of the following: 1. Failure, contraindication, or intolerance to **BOTH** of the following: A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] B. Durolane (hyaluronic acid) **OR** Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] 2. Both of the following: A. The request is for product that requires more than one injection to complete a course (for example, GenVisc 850, Hyalgan, Hymovis, Supartz FX, Sodium hyaluronate injection, Triluron, TriVisc, Visco-3) B. A course of injections has already been started with one of these agents In these cases, the individual can continue with the same product to complete the entire course. After completing this course, if further therapy is required with a hyaluronic acid derivative, then a Preferred Product (Durolane, Euflexxa or Gelsyn-3) must be tried.
Visco-3 (sodium hyaluronate)	There is documentation of **ONE** of the following: 1. Failure, contraindication, or intolerance to **BOTH** of the following: A. Euflexxa (1% sodium hyaluronate) [may require prior authorization] B. Durolane (hyaluronic acid) **OR** Gelsyn-3 (high molecular weight hyaluronan) [may require prior authorization] 2. Both of the following: A. The request is for product that requires more than one injection to complete a course (for example, GenVisc

Non-Covered Product	Criteria
	850, Hyalgan, Hymovis, Supartz FX, Sodium hyaluronate injection, Triluron, TriVisc, Visco-3) B. A course of injections has already been started with one of these agents In these cases, the individual can continue with the same product to complete the entire course. After completing this course, if further therapy is required with a hyaluronic acid derivative, then a Preferred Product (Durolane, Euflexxa or Gelsyn-3) must be tried.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Reauthorization Criteria

Continuation of Intraarticular Hyaluronic Acid products is considered medically necessary for Osteoarthritis of the Knee when **ALL** of the following are met:

1. The above medical necessity criteria have been met prior to the start of Intraarticular Hyaluronic Acid therapy
2. There is documentation of beneficial response since initiating Intraarticular Hyaluronic Acid therapy
3. At least 6 months have lapsed since the completion of the prior treatment course

Authorization Duration

Initial approval duration is up to 6 months.
Reauthorization approval duration is up to 6 months.

Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Acute Ankle Sprain.** A randomized, controlled, prospective trial was conducted which assessed the use of intraarticular hyaluronic acid in acute ankle sprains.[20-21] Patients treated with intraarticular hyaluronic acid (n = 79) within 48 hours of injury and again on Day 4 reported a time to pain-free and disability-free return to sport of 11 days (± 8 days) compared with 17 days (± 8 days) for placebo ($P < 0.05$).[18] All patients were also treated with standard of care (rest, ice, compression, and elevation). At 24 months, the placebo group experienced an increase in repeat sprains when compared with those treated with an intraarticular hyaluronic acid product (21 recurrent ankle sprains in the placebo group compared with 7 recurrent ankle sprains in the intraarticular hyaluronic acid treatment group [$P < 0.001$]) as well as a significant difference in missed days from participation in sport activity (49 days vs. 12 days for the placebo and hyaluronic acid groups, respectively; $P < 0.001$).[21] More data are needed to determine the role of intraarticular hyaluronic acid products in the treatment of acute ankle sprains.

2. **Osteoarthritis and Other Pathologic Conditions Involving Joints Other than the Knee** (e.g., hand, hip, ankle, shoulder osteoarthritis, temporomandibular joint [TMJ], adhesive capsulitis of the shoulder, subacromial impingement). The prescribing information for these agents state in the precautions section

that the safety and effectiveness of hyaluronic acid derivatives injections into joints other than the knee have not been established.[1-16] Due to the absence of evidence to support use of intraarticular hyaluronic acid and potential for harm, the guidelines for the management of hand, hip, and knee osteoarthritis by American College of Rheumatology (2019) do not recommend use of intraarticular hyaluronic acid in patients with hand or hip osteoarthritis.[17] Small trials have also investigated intraarticular hyaluronic acid in other joints, including ankle osteoarthritis and hip osteoarthritis.[23-38] More data are needed to determine if there is a role for intraarticular hyaluronic acid for the treatment of osteoarthritis involving other joints. A small trial (n = 70) found that intraarticular hyaluronic acid did not result in increased benefit for adhesive capsulitis of the shoulder (also known as frozen shoulder) in patients who were already receiving physical therapy.[39] Another small study (n = 159) did not show benefit of intraarticular hyaluronic acid over corticosteroid or placebo injections in patients with subacromial impingement.[40]

3. **Pathologic Conditions of the Knee Other than Osteoarthritis** (e.g., chondromalacia patellae, osteochondritis dissecans, patellofemoral syndrome, post-anterior cruciate ligament [ACL] reconstruction). Intraarticular hyaluronic acid derivatives are indicated in knee osteoarthritis.[1-16] Adequate, well-designed trials have not clearly established the use of these products in other conditions of the knee.[41-42]

4. **The combination of any other product, (for example, platelet rich plasma (PRP), stem cell products, amniotic products, corticosteroids) with a viscosupplement injection.** There is insufficient evidence in the peer-reviewed published scientific literature to support safety and efficacy of the injection of platelet rich plasma (PRP) and/or corticosteroid into the same joint on the same date of service as a viscosupplement.[43]

Coding Information

Note: 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg
J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg
J7321	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg
J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg
J7331	Hyaluronan or derivative, Synojoynt, for intra-articular injection, 1 mg
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg

Background

OVERVIEW

Hyaluronic acid derivatives are indicated for the treatment of **pain related to knee osteoarthritis** in patients who have failed to respond adequately to conservative nonpharmacologic therapy and to simple analgesics (e.g., acetaminophen).[1-16,43]

The use of intraarticular injections are to restore the normal properties (viscosity and elasticity) of the synovial fluid. Gel-One, Hyalgan, Supartz FX, Synvisc/Synvisc-One, Triluron, and Visco-3 are derived from rooster or chicken combs. The remaining products are derived from non-avian sources and may be useful for patients with allergies to eggs or poultry products. GenVisc 850 has data to support similarity to Supartz FX.[9] Although retreatment data are limited, all of these products have data concerning efficacy and/or safety of repeat courses. In many cases, at least 6 months was required or a minimum of 6 months had elapsed prior to injection of a repeat course.

Table 1. Number of Injections per Course of Therapy for Intraarticular Hyaluronic Acid Derivatives.[1-16,43*]

Product	Number of injections per course
Durolane, Gel-One, Monovisc, Synvisc-One	One injection given one time
Hymovis	Two injections given 1 week apart
Euflexxa, Gelsyn-3, Sodium Hyaluronate, SynoJoynt, Synvisc, Triluron, TriVisc, Visco-3	Three injections given 1 week apart
Orthovisc	Three or four injections given 1 week apart
GenVisc 850, Hyalgan, Supartz FX	Five injections given 1 week apart

* Dose is for one knee. If two knees are being treated, then each knee requires a syringe or vial of product.

Guidelines

Guidelines for the management of osteoarthritis of the hand, hip, and knee are available from the **American College of Rheumatology** (2019).[17] Pharmacologic therapy for knee osteoarthritis consists of acetaminophen, oral and topical non-steroidal anti-inflammatory drugs (NSAIDs), tramadol, intraarticular corticosteroid injections, duloxetine, and topical capsaicin. There is limited evidence establishing a benefit of hyaluronic acid intraarticular injections, which contributes to the conditional recommendation against use in knee osteoarthritis. However, when other alternatives have been exhausted or have failed to provide satisfactory benefit, use of intraarticular hyaluronic acid injections may be viewed more favorably than offering no intervention. In the guidelines, no distinction is made between the available intraarticular hyaluronic acid products or between products with various molecular weights.

The **Osteoarthritis Research Society International** also has guidelines for knee osteoarthritis (2019).[19] These guidelines note that use of intraarticular hyaluronic acid injections are conditionally recommended for patients with knee osteoarthritis. The guidelines comment on the long-term treatment effect with intraarticular hyaluronic acid injections which is associated with symptom improvement beyond 12 weeks and a more favorable safety profile than intraarticular corticosteroid injections.

References

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3. Gel-One® intraarticular injection [prescribing information]. Warsaw, IN: Zimmer; May 2011.
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5. GenVisc® 850 intraarticular injection [prescribing information]. Doylestown, PA: OrthogenRx; not dated.
6. Hyalgan® intraarticular injection [prescribing information]. Parsippany, NJ: Fidia Pharma; May 2014.
7. Hymovis® intraarticular injection [prescribing information]. Parsippany, NJ: Fidia Pharma; October 2015.
8. Monovisc® intraarticular injection [prescribing information]. Bedford, MA: Anika; not dated.
9. Orthovisc® intraarticular injection [prescribing information]. Bedford, MA: Anika; September 2014.
10. Sodium hyaluronate 1% intraarticular injection [prescribing information]. North Wales, PA: Teva; March 2019.
11. Supartz® FX™ intraarticular injection [prescribing information]. Durham, NC: Bioventus; April 2015.
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43. SynoJoynt™ injection [prescribing information]. Naples, FL: Arthrex; 2022.

Revision Details

Type of Revision	Summary of Changes	Date
Selected Revision	No criteria changes **Updated** HCPCS Coding: **Added** HCPCS J7318, J7323, J7328, J7329	12/15/2024

The policy effective date is in force until updated or retired.