

Superseded by determination #20230721A
Hyaluronic acid (HA)/Platelet-rich plasma (PRP)

Health Technology Clinical Committee

Final Findings and Decision

Topic: Hyaluronic Acid/Viscosupplementation

Meeting Date: November 15, 2013

Final Adoption: March 21, 2014

Meeting materials and transcript are available on the HTA website at:

<http://www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx>

Number and Coverage Topic:

20131114A – Hyaluronic Acid/ Viscosupplementation

HTCC Coverage Determination:

Hyaluronic Acid/ Viscosupplementation is a **covered benefit with conditions** consistent with the criteria identified in the reimbursement determination.

HTCC Reimbursement Determination:

Limitations of Coverage

Hyaluronic Acid/Viscosupplementation is a **covered benefit for the treatment of pain associated with osteoarthritis of the knee (OA), when all of the following conditions are met:**

- Restricted to patients who have a documented medical contraindication to other forms of non-surgical care including all of the following: NSAIDs, corticosteroid injections, and physical therapy/exercise;
- Is limited to two courses per year with at least four months between courses; and
- Documented evidence of clinical benefit in terms of pain and function from the prior course of treatment is required for subsequent treatment courses.

Non-Covered Indicators

Agency Contact Information:

Agency	Phone Number
Labor and Industries	1-800-547-8367
Final	

Public Employees Health Plan 1-800-200-1004

Washington State Medicaid 1-800-562-3022

HTCC Coverage Vote and Formal Action

Committee Decision

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and agency and state utilization information. The committee concluded that the current evidence on Hyaluronic Acid/ Viscosupplementation demonstrates that there is sufficient evidence to cover with conditions. The committee considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable. Based on these findings, the committee voted to cover with conditions Hyaluronic Acid/ Viscosupplementation.

Hyaluronic Acid/ Viscosupplementation

HTCC Committee Coverage Determination Vote			
	Not Covered	Covered Unconditionally	Covered Under Certain Conditions
Hyaluronic Acid/ Viscosupplementation	3	0	8

Discussion

The Chair called for discussion of conditions of coverage for Hyaluronic Acid/ Viscosupplementation following the majority voting for coverage under certain conditions. The following conditions were discussed and approved by a majority of the clinical committee:

Limitations of Coverage

Hyaluronic Acid/Viscosupplementation is a **covered benefit for the treatment of pain associated with osteoarthritis of the knee (OA), when all of the following conditions are met:**

- Restricted to patients who have a medical contraindication to other forms of non-surgical care;
- Is limited to two courses per year with at least four months between courses; and
- Documented evidence of clinical benefit in terms of pain and function from the prior course of treatment is required for subsequent treatment courses.

Non-Covered Indicators

Action

The committee checked for availability of a Medicare coverage decision. CMS does not have a national coverage determination (NCD) for Hyaluronic Acid/Viscosupplementation. The committee also reviewed practice guidelines from The American Academy of Orthopaedic Surgeons, American

College of Rheumatology; National Institute for Health and Care Excellence; and Osteoarthritis Research Society International. The Committee directed

Health Technology Clinical Committee Authority:

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.