

Clinical Criteria Worksheet: Viscosupplementation Therapy with Hyaluronan or Derivative

Enrollee Information

Enrollee Last Name:

Enrollee First Name:

Date of Birth (MM/DD/YYYY):

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Enrollee Medicaid ID (2 letters, 5 numbers, 1 letter):

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Address:

City, Town or Post Office:

State:

ZIP Code:

Prescriber Information

Prescriber Last Name:

Prescriber First Name:

National Provider Identifier (NPI) Number: _____

Preferred Contact (Telephone Number): _____

Coverage Conditions

- Reimbursement will not be provided for a diagnosis of osteoarthritis of the knee. Please see the article titled "Viscosupplementation of the Knee: Non-coverage Decision" in the March 2014 issue of the *Medicaid Update* for additional information. Coverage will continue to be provided for compendia-supported uses.
- For billing guidance and a list of covered products, providers may refer to the billing guidelines and fee schedules located on the eMedNY Physician Manual web page.

Clinical Criteria – Product Information

Product Administration:

Provide the date of product administration (MM/DD/YYYY):

		/			/				
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Provide the expiration date of the product if the invoice date is greater than 6 months from the date of product administration (MM/DD/YYYY):

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Enrollee Last Name:

Enrollee First Name:

Product Name and Healthcare Common Procedure Coding System (HCPCS) Code:

EUFLEXXA® – J7323

Gel-One® – J7326

HYALGAN® – J7321

SUPARTZ® – J7321

VISCO-3™ – J7321

Other: _____

Strength: _____ **Directions:** _____

Quantity: _____

New Treatment: Yes No

If **No**, date therapy initiated: _____

Clinical Criteria – Diagnosis

Arthropathy – disorder of shoulder

Subacromial impingement, syndrome of the shoulder

Attestation

I attest that this is medically necessary for this patient and that all of the information on this form is accurate to the best of my knowledge. I attest that documentation of the above diagnosis and medical necessity is available for review if requested by the New York State Medicaid Program.

Prescriber Signature (Required)

Date (MM/DD/YYYY)