MedStar Family Choice

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Provider Bulletin: Update to Maryland Medical Benefit Coverage for Viscosupplementation Products

Purpose

MedStar Family Choice (MFC) is updating its Maryland Viscosupplementation Policy to align with the Maryland Medicaid fee schedule and support appropriate reimbursement for covered services.

Effective Date

The prior authorization requirement and policy updates described in this bulletin will become effective on **November 1, 2026**

What's Changing?

Maryland Only

- Supartz (HCPCS J7321) will become the preferred viscosupplementation product under the medical benefit, replacing Durolane. Gel-One (HCPCS J7326) and Euflexxa (HCPCS J7323) will remain preferred products.

- Durolane (HCPCS J7318) will no longer be the preferred viscosupplementation product for Maryland.

This change is being made because Durolane (HCPCS J7318) is not currently included on the Maryland Medicaid fee schedule, which may affect reimbursement of approved claims.

Submission Instruction: Provider Action Required

For Maryland members, providers should submit requests and administer Supartz (J7321) when viscosupplementation therapy is clinically appropriate and meets MFC coverage criteria.

Please include all required supporting clinical documentation with the request. Incomplete submissions may delay review and determination.

This requirement applies to the following Places of Service (POS): Office (POS 11), Home (POS 12), Inpatient Hospital (POS 21), On-Campus Outpatient Hospital (POS 22), Public Health Clinic (POS 71)

Providers should also verify member eligibility and benefits prior to rendering services.

Thank you,

MedStar Family Choice
Utilization Management Department
410-933-2200, option 2, then option 1