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NEW YORK Provider Communications

New specialty Medicare Part B device preferred product program

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Effective for dates of service beginning **January 1, 2019**, the following Medicare Part B devices will be preferred to support cost-effective benefits. During precertification initiation or renewal, providers requesting a nonpreferred device will be encouraged to switch to a preferred product. The preferred and nonpreferred products are listed below.

Preferred Devices

- Euflexxa® (J7323)
- Hyalgan® /Supartz® (J7321)
- Duralone® (J7318)

Non-preferred Devices

- Gel-One® (J7326)
- Gelsyn-3® (J7328)
- Genvisc 850® (J7320)
- Hymovis® (J7322)
- Monovisc™ (J7327)
- Orthovisc® (J7324)
- Synvisc® or Synvisc-One® (J7325)
- Trivusc™ (J7329)

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