

# New Hampshire Provider Communications

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## 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.

<b>Preferred devices</b>	<b>Nonpreferred devices</b>
Euflexxa® (J7323)	Gel-One® (J7326)
Hyalgan®/Supartz®/Visco-3® (J7321)	Gelsyn-3® (J7328)
Durolane® (J7318)	Genvisc 850® (J7320)
	Hymovis® (J7322)
	Monovisc™ (J7327)
	Orthovisc® (J7324)
	Synvisc® or Synvisc-One® (J7325)
	Trivisc™ (J7329)

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<https://providernews.anthem.com/new-hampshire/article/new-specialty-medicare-part-b-device-preferred-product-program-4>

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