

## HYALGAN REIMBURSEMENT

### CODING

The codes relevant to HYALGAN and its administration in the physician office setting are described in the following section. For more information on reporting various codes in the physician office site of care, please refer to the sample CMS-1500 claim form for HYALGAN therapy on page 11.

Note: While the general codes relevant to HYALGAN therapy in the physician office setting are noted in this section, other codes beyond those listed here may also be considered appropriate. As coverage for codes may vary by payer, please call **The HYALGAN Support Hotline** at **1.866.7.HYALGAN (1.866.749.2542)**, Monday to Friday, from 9:00 am to 8:00 pm EST for assistance to verify specific or unique payer coding requirements.

On a CMS-1500 claim form, applicable ICD-9-CM diagnosis codes must be reported in Box 21.

As of October 1, 2015 Medicare will require claims to use ICD-10 replacing ICD-9. Many private payers and Medicare are testing the use of ICD-10s.

ICD-10	Description
M17.0	Bilateral primary osteoarthritis of knee
M17.1	Unilateral primary osteoarthritis of knee
M17.10	Unilateral primary osteoarthritis, unspecified knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.3	Unilateral post-traumatic osteoarthritis of knee
M17.30	Unilateral post-traumatic osteoarthritis, unspecified knee
M17.31	Unilateral post-traumatic osteoarthritis, right knee
M17.32	Unilateral post-traumatic osteoarthritis, left knee
M17.4	Other bilateral secondary osteoarthritis of knee
M17.5	Other unilateral secondary osteoarthritis of knee

# HYALGAN REIMBURSEMENT IN THE PHYSICIAN OFFICE SETTING

## HCPCS

To report HYALGAN administration in the physician office, use of HYALGAN's permanent HCPCS code is appropriate, as noted below:

HCPCS Code	Description
J7321	Hyaluronan or derivative, HYALGAN® or SUPARTZ®, for intra-articular injection, per dose NHRIC 89122-0724-20

On a CMS-1500 claim form, Box 24D should be used for reporting HYALGAN's permanent HCPCS code. Medicaid and some payers require an NHRIC code on the CMS-1500 claim form, in the shaded area 24A. Some payers require the NHRIC code to be preceded by "N4" to indicate and NHRIC code is following.

## CPT

To report the physician administration of HYALGAN, the following CPT code may be appropriate when HYALGAN is administered in the physician office setting:

CPT	Description
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa), without ultrasound guidance
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting

CPT codes should be reported in Box 24D of the CMS-1500 claim form as well. In certain instances, payers may require modifier "-RT" (right side) or "-LT" (left side) to be documented after CPT code 20610, to specify the knee in which HYALGAN was administered. For bilateral administration of HYALGAN, some payers may require modifier "-50" (bilateral procedure) to be documented after CPT code 20610. In addition payers may require EJ modifier, usually following the first injection, to indicate subsequent injections in a series of injections. A series of injections for each joint and each treatment, left knee is a separate series from the right knee.