

HYALGAN REIMBURSEMENT

CODING

Codes relevant to HYALGAN and its administration in the hospital outpatient setting are described in the following section. For more information on reporting various codes in the hospital outpatient site of care, please refer to the sample CMS-1450/UB-04 claim form for HYALGAN therapy on page 16.

Note: While the general codes relevant to HYALGAN therapy in the hospital outpatient 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-1450/UB-04 claim form, applicable ICD-9-CM diagnosis codes must be reported in Box 66.

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 HOSPITAL OUTPATIENT SETTING

HCPCS

To report HYALGAN administration in the hospital outpatient setting, 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

On a CMS-1450/UB-04 claim form, Box 44 and Box 46 should be used for reporting HYALGAN's permanent HCPCS code and the number of units administered, respectively.

CPT

To report the physician administration of HYALGAN, the following CPT code may be appropriate when HYALGAN is administered in the hospital outpatient 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 44 of the CMS-1450/UB-04 claim form as well.

MODIFIERS: In certain instances, payers may require modifier "-RT" (right side) or "-LT" (left side) to be documented after CPT code 20610/20611, to specify which knee HYALGAN was administered to. For bilateral administration of HYALGAN, some payers may require modifier "-50" (bilateral procedure) to be documented after CPT code 20610/20611.

Use "EJ" modifier on drug codes to indicate subsequent injections of a series. Do not use this modifier for the first injection of each series of injections. A series is defined as the set of injections for each joint and each treatment. Injection of the left knee is a separate series from injection of the right knee.

Revenue Codes

When prescribing HYALGAN therapy within the hospital outpatient setting, revenue codes may also be used to report services and supplies that are utilized during treatment.

Revenue Code	Description
0636	Drugs requiring detailed coding
0510	Clinic, general

On the CMS-1450/UB-04 claim form, revenue codes should be documented in Box 42. Revenue code 0636, however, must be listed as the same reporting line as J7321 (HYALGAN), since it describes detailed coding for drugs/products.