

HYALGAN® REIMBURSEMENT IN THE HOSPITAL OUTPATIENT SETTING

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-10-CM diagnosis codes must be reported in Box 66.

ICD-10	Description
M17.0	Bilateral 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
M17.30	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
M17.9	Osteoarthritis of knee, unspecified

HCPCS

To report HYALGAN® administration in the hospital outpatient setting, use of the HYALGAN® permanent HCPCS code is appropriate, as noted below:

HCPCS Code	Description
J7321	Hyaluronan or derivative, HYALGAN®, for intra-articular injection, per dose Catalog Number (Also known as the NHRIC) 89122-0724-20

On a CMS-1450/UB-04 claim form, Box 44 and Box 46 should be used for reporting the HYALGAN® 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 an “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.

HYALGAN® CMS-1450/UB-04 SAMPLE CLAIM FORM

1		2		3a PAY CNTL # b. MED. REC. #		4 TYPE OF BILL 131	
8 PATIENT NAME Doe, John				9 PATIENT ADDRESS 12345 Green Street, City Town, XX, 10101			
10 BIRTHDATE 01/01/1945		11 SEX M		12 DATE		13 HR 14 TYPE 15 SRC 16 DHR 17 STAT	
18 19 20 21		22 23 24 25 26 27 28		29 ACCT 30 STATE			
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37 CODE		38	
39 VALUE CODES		40 AMOUNT		41		42	
43 DESCRIPTION		44 HCPCS / ICD-10 / NPPS CODE		45 SERV. DATE		46 SERV. UNITS	
0636 Drugs requiring detailed coding		J7321		MM/DD/YY		X	
0510 Clinic, general		2060 - 50		MM/DD/YY		X	
47 TOTAL CHARGES		48 NON-COVERED CHARGES		49			
XXX XX		XXX XX					
PAGE		OF		CREATION DATE		TOTALS	
50 PAYER NAME		51 HEALTH PLAN ID		52 PFL SFD		53 PRIOR PAYMENTS	
54 EST. AMOUNT DUE		55 NPI		56		57 OTHER PRV ID	
58 INSURED'S NAME		59 PFL 60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
63		64		65 EMPLOYER NAME		66	
67		68		69		70	
71		72		73		74	
75		76 ATTENDING NPI		77 QUAL		78	
79		80		81		82	
83		84		85		86	
87		88		89		90	
91		92		93		94	
95		96		97		98	
99		100		101		102	

Box 44: HCPCS Code
Enter HCPCS code for HYALGAN® J7321—Hyaluronan or derivative, HYALGAN®, for intra-articular injection, per dose

Box 46: Service Units
Enter number of HYALGAN® units administered
Example: 1 service unit for each dose

Fields 42-43: Enter the appropriate revenue code and description corresponding to the HCPCS code in Field 44
- 0636 for HYALGAN®
- 0510 for knee joint injection administered in the outpatient clinic
Note: Other revenue codes may apply

Box 44: CPT Code
Enter appropriate CPT code and modifier
Example: 20610—Arthrocentesis, aspiration, and/or injection; major joint or bursa [eg, shoulder, hip, knee joint, subacromial bursa]

Field 66: Identify the type of ICD diagnosis code used
- Enter a "0" for ICD-10-CM

Fields 67 and 67A-67Q: Enter appropriate ICD-10-CM diagnosis M17.0-Bilateral primary osteoarthritis of knee (specific 4th and 5th digits depend on medical record documentation)
Note: Other diagnoses codes may apply

Box 74: Principal Procedure Code & Date
Enter principal ICD-10-PCS procedure code and date
Example: 3E0U3GC for percutaneous knee joint injection of a therapeutic substance

DISCLAIMER: This HYALGAN® CMS-1450/UB-04 Sample Claim Form CMS-1450/UB-04 is intended solely for use as a resource tool to assist physician office and hospital outpatient billing staff regarding reimbursement issues. Any determination about if and how to seek reimbursement should be made only by the appropriate members of the physician office or hospital outpatient staff in consultation with the physician and in consideration of the procedure performed or therapy provided to a specific patient. FIDIA FARMACEUTICI S.p.A./FIDIA PHARMA USA INC. do not recommend or endorse the use of any particular diagnosis or procedure code(s) and makes no determination if or how reimbursement may be available. Of important note, reimbursement codes and payment, as well as health policy/legislation are subject to continual change; information contained in this version of the HYALGAN® Reimbursement Guide is current as of March 2021.

PAYMENT

The following section describes public (Medicare/Medicaid) and private payer payment information relevant to HYALGAN® and its administration in the hospital outpatient setting.

Note: Because of variability in payment across Medicaid and private payer plans, it is particularly important to conduct patient-specific insurance benefit verifications for HYALGAN® therapy for patients with these types of healthcare insurance. To contact a reimbursement specialist for conducting patient-specific insurance benefit verifications, 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.

Medicare

When HYALGAN® is injected in the hospital outpatient setting, Medicare may reimburse both the product and services associated with its administration. The payment methodology for HYALGAN® is based on its ASP plus 6%.^{*} Please note that Medicare's drug and product payment rates change on a quarterly basis. In addition, services that are associated with HYALGAN® administration would be reimbursed based on the Hospital Outpatient Prospective Payment System (HOPPS) or Ambulatory Payment Classification (APC) system. Specifically, under the APC system, each APC is associated with a fixed reimbursement amount that the hospital receives, regardless of the actual cost incurred.

Physician reimbursement 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

In general, Medicare pays 80% of the allowed amount of the drug/product and service. Medicare beneficiaries are responsible for 20% of the allowed amount of the drug/product and service once a deductible has been met. If a Medicare beneficiary has a source of secondary coverage, that insurance may be used toward this cost-sharing requirement

^{*}This allowed payment is subject to quarterly changes.

Private Payers

Private payers typically negotiate payment rates for HYALGAN® when administered in the hospital outpatient setting that may be based on a fee schedule, a percentage of billed or allowable charges, or a percentage of WAC or ASP. For each patient, cost-sharing requirements, such as coinsurance and annual deductible amounts, will vary by individual insurance plan.

Medicaid

State Medicaid programs have different payment rates for HYALGAN® when administered in the hospital outpatient setting. Specifically, payment for HYALGAN® and its associated administration services may be based on state-specific fee-for-service schedules, preset rates, or a percentage of charges. In the hospital outpatient setting, HYALGAN® may be reimbursed based on other methodologies such as a percentage of WAC or invoice price. Certain state Medicaid programs may require nominal cost-sharing by Medicaid beneficiaries for drugs/products and services.