

Coding Guide for HYALGAN® (sodium hyaluronate)

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.

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

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 an NHRIC code follows.

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

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

