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

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 "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.

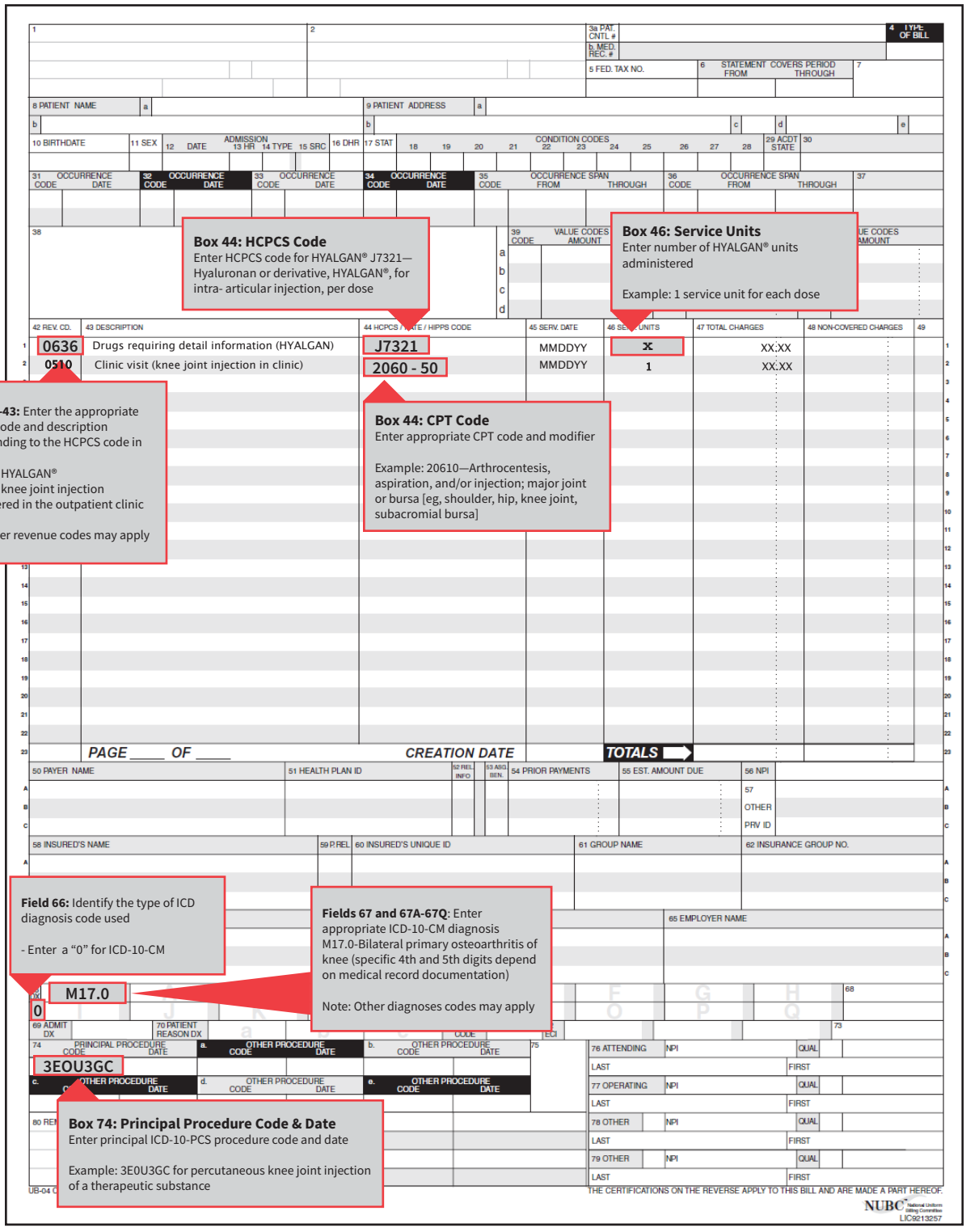
Revenue Codes

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



DISCLAIMER: HYALGAN® 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 January 2020.

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® in 2018 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 change.

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.