# HYALGAN® REIMBURSEMENT IN THE PHYSICIAN OFFICE SETTING

## **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-10-CM diagnosis codes must be reported in Box 21.

| 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 physician office, 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 NHRIC (Catalog) 89122-0724-20 |

On a CMS-1500 claim form, Box 24D should be used for reporting the HYALGAN® 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:

| СРТ   | 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.



# HYALGAN® CMS-1500 SAMPLE CLAIM FORM

|   | 1. MEDICARE  |  |   | м соммі                  | II IEE (NI   | 000) 02/12   |   |   |   |   |                       |  |  |  |   |  |  |                     | Р  | ICA 🔲            |
|---|--|--|---|--------------------------|--|--|---|---|---|---|-----------------------|--|--|--|---|--|--|---------------------|--|------------------|
| ı   |  | MEDICAID   |   | RICARE                   |  | CHAMPV   | HE  | OUP<br>ALTH PL  | AN .                                      | FECA<br>BLK LUNG  |                       | R 1a. INS  | SURED'S I  | I.D. NUN   | /BER  |  | (1   | For Pro             | gram in It   |                  |
| ŀ   | (Medicare#)  | (Medicaidii)   |   | O#/DoD#)                 | Initial)   | (Member II.  | )#) [ID   | #)  |   | (ID#)   | (ID#)                 | 4. INS   | URED'S N   | AMF (I:  | ast Name  | . First N  | lame. Mid  | idle Initi          | ial)   |                  |
| 2, PATIENT'S NAME (Last Name, First Name, Middle Initial) |  |  |   |                          | 3. PATIENT'S BIRTH DATE SEX  MM DD W F  6. PATIENT RELATIONSHIP TO INSURED   |  |   |   |   | INSURED'S NAME (Last Name, First Name, Middle Initial)      INSURED'S ADDRESS (No., Street) |                       |  |  |  |   |  |  |                     |  |                  |
|   | 5, PATIENT'S ADD   | RESS (No., Str   | eet)  |                          |  |  | 6. PATIEN   | T RELAT   |   |   | Other Other           | 7, INS   | URED'S A   | DDRES  | S (No., S   | street)  |  |                     |  |                  |
| ł   | CITY   |  |   |                          |  | STATE  | 8. RESER  |   |   | USE   |                       | CITY   |  |  |   |  |  |                     | STA  | ATE              |
| ŀ   | ZIP CODE   |  | TELEPHO   | ONE (Inclu               | ude Area   | Code)  |   |   |   |   |                       | ZIP CO   | ODE  |  |   | TELEP  | HONE (In   | nc <b>l</b> ude /   | Area Cod   | e)               |
|   |  |  | (   | )                        |  |  |   |   |   |   |                       |  |  |  |   | (  | )  |                     |  |                  |
|   | 9. OTHER INSURE  | D'S NAME (La:  | st Name, i  | First Name               | e, Middle I  | Initial)   | 10. <b>I</b> S PAT  | TENT'S C  | CONDITIC                                  | ON RELAT  | ED TO:                | 11. INS  | SURED'S I  | POLICY   | GROUP   | OR FE  | CA NUMB  | BER                 |  |                  |
| ľ   | a. OTHER INSURE  | D'S POLICY O   | R GROUP   | NUMBER                   | R  |  | a. EMPLO  |   |   |   | s)                    | a, INS   | URED'S D   | ATE OF   | BIRTH   |  |  | Si                  | EX<br>F  |                  |
| -   | b. RESERVED FOR  | R NUCC USE   |   |                          |  |  | b. AUTO A   |   | ES<br>IT?                                 | NO<br>PL  | ACE (State)           | b. OTI   | HER CLAIN  | и ID (De   | esignated   | by NUC   | M CC)  |                     | ۴  |                  |
| -   | - DECEDIES FOR   | NILIOO LIGE  |   |                          |  |  | - 07:15-  |   | ES  | NO  | ,===,                 |  | UDANOS S   | DI 40101   | o-  | DDCC-  |  | -                   |  |                  |
|   | c. RESERVED FOR  | INUCC USE  |   |                          |  |  | c. OTHER  |   | NT?<br>'ES                                | NO  |                       | c. INS   | URANCE F   | LAN N  | AME OR  | PHOGR  | SAM NAM  | E                   |  |                  |
| ŀ   | d. INSURANCE PL  | AN NAME OR I   | PROGRAM   | M NAME                   |  |  | 10d, CLA  | M CODES   | S (Design                                 | ated by NI  | JCC)                  | d, IS T  | HERE AN  |  |   |  |  |                     |  |                  |
| -   |  | READ E   | BACK OF   | FORM BE                  | FORE C   | OMPLETING  | & SIGNING   | G THIS F  | ORM.                                      |   |                       |  | YES<br>SURED'S   | OR AUT   | HORIZE  | D PERS   |  | SNATUR              | RE I autho   | orize            |
|   | <ol> <li>PATIENT'S OR<br/>to process this of<br/>below.</li> </ol>         |  |   |                          |  |  |   |   |   |   |                       | pay  | yment of m<br>rvices desc  | nedica <b>l</b> b<br>cribed be   | enefits to<br>e <b>l</b> ow.  | the und  | dersigned  | physici             | ian or sup   | plier for        |
| _   |  |  |   |                          |  |  |   | DATE  |   |   |                       | s  | SIGNED_  |  |   |  |  |                     |  |                  |
|   | L: Diagnosis Copropriate ICD-1   |  | osis  | or PREG                  | NANCY (  | (LMP) 15.  | OTHER DAT   | TE .  | мм т                                      | DD I  | YY                    | 16. DA   | TES PATI   | ENŢŲN  | IABLE T   | ) WORK   | ( IN CUR   | RENT C              | OCCUPA   | TION             |
|   |  |  |   |                          |  |  |   |   |   |   |                       |  |  | םם ו   |   |  |  | IIVI !              | 55   |                  |
|   | ۵۰   |  |   | OTHER S                  | SOURCE   |  |   |   |   |   |                       | FR   | OM   |  |   |  | то   |                     | -  | ES<br>YY         |
|   | e:<br>Bilateral primar   | y osteoarthi   | ritis   |                          |  | 17a  |   |   |   |   |                       | 18. HO   | OM<br>OSPITALIZ<br>MM<br>ROM   | ATION I  |   |  | TO TO CUP<br>M<br>TO   | RRENT               | -  | ES<br>YY         |
|   | Bilateral primar   |  |   | signated                 | by NUCC  | 17a<br>17b   | . NPI   |   |   |   |                       | 18. HO<br>FR<br>20. OL   | OM DSPITALIZ MM ROM JTSIDE LA YES  | ATION I<br>DD I<br>B?  |   |  | TO CUP   | RRENT               | -  | ES<br>YY         |
|   | Bilateral primar   | NATURE OF  | ILLNESS   | signated                 | by NUCC  | 17a<br>17b   | . NPI   |   | 1001                                      |   |                       | 18. HO<br>FR<br>20. OL   | OM<br>OSPITALIZ<br>MM<br>OM<br>JTSIDE LA   | ATION I<br>DD I<br>B?  | DATES F   | RELATED  | TO TO CUP<br>M<br>TO   | RRENT               | -  | ES<br>YY         |
|   | Bilateral primar   | NATURE OF  |   | signated                 | by NUCC  | 17a 17b 17b  e A-L to serv  Box 2c  Enter H  | ce line below   | CS Co   | YALGAN                                    | N J7321-  |                       | 18. HO<br>FR<br>20. OL<br>22. RE   | OM DSPITALIZ MM ROM JTSIDE LA YES  | ATION I<br>DD I<br>B?  | DATES F   | ORIGIN   | TO TO CUP<br>TO TO SCHAP   | RRENT               | -  | ≡S <sub>YY</sub> |
| ee  | 21. DIAGNOSING M17.0   | NATURE OF  | ILLNESS  B. L   | signated                 | by NUCC  | Box 2: Enter Hyalurd   | NPI ce line belo  | CS Co<br>de for H'<br>erivativ  | YALGAN<br>re, HYAL                        | N J7321–<br>LGAN®, fo   |                       | 18. HO<br>FR<br>20. OL<br>22. RE   | OSPITALIZ. MM  ROM  JTSIDE LA  YES  SUBMISS  | ATION I<br>DD I<br>B?  | NO TION NU  | ORIGIN   | TO TO CUP<br>TO TO SCHAP   | RRENT               | SERVICI  |                  |
| ee  | 21. DIAGNOSING M17.0   | R NATURE OF  | ILLNESS  B. L.  F. L.  J. L.  io                                    | OR INJUF                 | BY Relate  | Box 2: Enter Hyalurd   | ce line below  4D: HCP  CPCS coo  conan or de                                     | CS Co<br>de for H<br>erivativ<br>jection,   | YALGAN<br>re, HYAL                        | N J7321–<br>LGAN®, fo   |                       | FR 18. HO FR 20. OU [ 22. RE CC 23. PR S   | SOM DESPITALIZA  ROM JUTSIDE LA  JUTSIDE LA  VES ESUBMISS RIOR AUTH  | ATION I DD I   | DATES F   | ORIGIN  MBER  H.  BPSOIT   | TO TO CUP  | RRENT<br>IM<br>RGES | -  | ING              |
| ee  | 21. DIAGNOSI OF A. M17.0 E, L. L. 24. A. DATE(S                            | NATURE OF  | ILLNESS  B. L.  F. L.  J. L.  io                                    | OR INJUF                 | BY Relate  | e A-L to servi<br>Box 2<br>Enter H<br>Hyalurv<br>intra-a   | NPI  Ce line belor  4D: HCP  CPCS coconan or dirticular in                        | CS Co<br>de for H<br>erivativ<br>jection,   | YALGAN<br>re, HYAL<br>, per do            | N J7321–<br>LGAN®, fo   | -<br>pr<br>E.<br>Nosk | FR 18. HO FR 20. OU [ 22. RE CC 23. PR S   | OSPITALIZ.  DISPITALIZ.  ROM  JTSIDE LA  YES  SUBMISS  TRIOR AUTH  | ATION I DD I   | NO TION NU  | ORIGIN MBER H. EPSOT Family C  | TO TO CUP TO \$ CHAP   | RRENT<br>IM<br>RGES | SERVICI<br>DD  | ING              |
| ee  | 21. DIAGNOSI OF A. M17.0 E, L. L. 24. A. DATE(S                            | NATURE OF  | ILLNESS  B. L.  F. L.  J. L.  io                                    | OR INJUF                 | BY Relate  | Box 2:<br>Enter H Hyaluru<br>intra-au  | NPI   | de for H'<br>erivativ<br>jection,   | YALGAN<br>re, HYAL<br>, per do            | N J7321–<br>LGAN®, fo   | -<br>pr<br>E.<br>Nosk | FR 18. HO FR 20. OU [ 22. RE CC 23. PR S   | OSPITALIZ.  DISPITALIZ.  ROM  JTSIDE LA  YES  SUBMISS  TRIOR AUTH  | ATION I DD I   | TION NU   | ORIGIN MBER H. EPSOT Family C  | TO TO CUP M TO S CHAF  | RRENT<br>IM<br>RGES | SERVICI<br>DD  | ING              |
| ee  | 21. DIAGNOSI OF A. M17.0 E, L. L. 24. A. DATE(S                            | NATURE OF  | ILLNESS  B. L.  F. L.  J. L.  io                                    | OR INJUF                 | BY Relate  | Box 2 Enter H Hyalure intra-a  | NPI   | CS Co<br>de for H<br>erivativ<br>jection,   | YALGAN<br>re, HYAL<br>, per do            | N J7321–<br>LGAN®, fo   | -<br>pr<br>E.<br>Nosk | FR 18. HO FR 20. OU [ 22. RE CC 23. PR S   | OSPITALIZ.  DISPITALIZ.  ROM  JTSIDE LA  YES  SUBMISS  TRIOR AUTH  | ATION I DD I   | DATES FOR THE PROPERTY OF THE | ORIGIN MBER H. EPSOT Family Plan C   | TO TO CUP M TO S CHAF  | RRENT MM RGES NO.   | J. RENDER ROVIDER  | ING              |
| ee  | 21. DIAGNOSI OF A. M17.0 E, L. L. 24. A. DATE(S                            | NATURE OF  | ILLNESS  B. L.  F. L.  J. L.  io                                    | OR INJUF                 | BY Relate  | Box 2: Enter Hyaluri intra-ai  | NPI   | PCS Co<br>de for H'<br>erivativ<br>jection,   | YALGAN<br>re, HYAL<br>, per do            | N J7321–<br>LGAN®, fo   | -<br>pr<br>E.<br>Nosk | FR 18. HO FR 20. OU [ 22. RE CC 23. PR S   | OSPITALIZ.  DISPITALIZ.  ROM  JTSIDE LA  YES  SUBMISS  TRIOR AUTH  | ATION I DD I   | G, DAYS ON UNITS  | ORIGIN  H. PSOT Family Run C   | TO TO CUP M TO S CHAF  | RRENT MM RGES NO.   | J. RENDER ROVIDER  | ING              |
| ee  | 21. DIAGNOSI OF A. M17.0 E, L. L. 24. A. DATE(S                            | NATURE OF  | ILLNESS  B. L.  F. L.  J. L.  io                                    | OR INJUF                 | BY Relate  | Box 2: Enter Hyaluru intra-au  | AD: HCP<br>CPCS coconan or detricular in  | PCS Code for H'erivativ jection,  | YALGAN<br>re, HYAL<br>, per do            | N J7321–<br>GAN®, fc  | POINTER               | FR 18. HO FR 20. OU [ 22. RE CC 23. PR S   | OSPITALIZ.  DISPITALIZ.  ROM  JTSIDE LA  YES  SUBMISS  PRIOR AUTH  | ATION I DD I   | GG, DAYS NO UNITS X   | ORIGIN MBER  H. BESON Renny Re | TO TO CUP M TO S CHAF  | NO.                 | SERVICE<br>DD J<br>RENDER<br>ROVIDER   | ING              |
| 1<br>2<br>3   | 21. DIAGNOSI OF A. M17.0 E, L. L. 24. A. DATE(S                            | NATURE OF  | ILLNESS  B. L.  F. L.  J. L.  io                                    | OR INJUF                 | BY Relate  | Box 2 Enter a Examp  | ce ine below 4D: HCP CPCS coconan or disticular in CS 1 0 5 4D: CPT ppropriat le: | CS Co de for H' erivativ jection, MC  Code  | YALGAN<br>re, HYAL<br>, per do<br>ODIFIER | N J7321–<br>GAN®, fo  | POINTER               | FR 18. HO FR 20. OU [ 22. RE CC 23. PR S   | OSPITALIZ.  DISPITALIZ.  ROM  JTSIDE LA  YES  SUBMISS  PRIOR AUTH  | ATION I DD I   | GG, DAYS NO UNITS X   | ORIGIN MBER  H. PSTI Fank C. Tr number  244G: r number   | TO TO CUM TO S CHAFF.  I. ID. LO | NO.                 | SERVICE<br>DD J<br>RENDER<br>ROVIDER   | ING              |
| 1<br>2<br>3<br>4  | 21. DIAGNOSI OF A. M17.0 E, L. L. 24. A. DATE(S                            | NATURE OF  | ILLNESS  B. L.  F. L.  J. L.  io                                    | OR INJUF                 | BY Relate  | Box 2: Enter Hyalurr intra-ai  J732  Box 2: Enter Byalurr intra-ai  LCP  Box 2: Enter Byalurr intra-ai  Examp  20610- injectic | AD: CPT ppropriat le: -Arthroce n; major,   | Code ce CPT contests, joint or  | code an                                   | N J7321–<br>GAN®, fc  | - Nosi<br>Pointer     | FR 18. HO FR 20. OU [ 22. RE CC 23. PR S   | OSPITALIZ.  DISPITALIZ.  ROM  JTSIDE LA  YES  SUBMISS  PRIOR AUTH  | ATION I DD I   | GG, DAYS NO UNITS X   | ORIGIN MBER  H. PSTI Fank C. Tr number  244G: r number   | TO TO CUPM TO S CHAF  NAL REF.  I. ID. DUAL.  NPI  Days (  per of H) | NO.                 | SERVICE<br>DD J<br>RENDER<br>ROVIDER   | ING              |
| 1<br>2<br>3<br>4<br>5                                     | 21. DIAGNOSI OF A. M17.C E. L.         | NATURE OF OF SERVICE TO DE COMMISSION DE COM | B. L. J.                        | B. B. P.UCE OIL          | S P P P P P P P P P P P P P P P P P P P  | Box 2  Box 2  Box 2  Enter Hyalur  Intra-a  J732   | 4D: CPT ppropriat le: -Arthroce on; major o, knee joi                             | CCS Co de for H' erivativ jection,  MC  Code te CPT co entesis, joint or int, subsi | code an aspirati                          | N J7321–<br>GAN®, fc  | er /or                | FR 18. HOLD FR 20. OLD 22. REG 23. PR  | DOMESTICAL STATE OF THE STATE O | ATION IN   | DATES FOR THE PROPERTY OF THE | ORIGIN HE PROPERTY OF THE PROP | TO TO CUMP TO TO MALE REF.  I. I | RRENT MM NO.        | SERVICE DD A SERVI | ING<br>HD.#      |
| 1<br>2<br>3<br>4<br>5                                     | 21. DIAGNOSI OF A. M17.0 E, L. L. 24. A. DATE(S                            | NATURE OF OF SERVICE TO DE COMMISSION DE COM | B. L. J.                        | OR INJUF                 | S P P P P P P P P P P P P P P P P P P P  | Box 2: Enter Hyalurr intra-ai  J732  Box 2: Enter Byalurr intra-ai  LCP  Box 2: Enter Byalurr intra-ai  Examp  20610- injectic | 4D: CPT ppropriat le: -Arthroce on; major o, knee joi                             | CCS Co de for H' erivativ jection,  MC  Code te CPT co entesis, joint or int, subsi | code an aspirati                          | d modifi  | - Nosi<br>Pointer     | FR 18. HOLD FR 20. OLD 22. REG 23. PR  | OSPITALIZ.  DISPITALIZ.  ROM  JTSIDE LA  YES  SUBMISS  PRIOR AUTH  | ATION IN   | DATES FOR THE PROPERTY OF THE | ORIGIN MBER  H. FSOT Fank C C C C C C C C C C C C C C C C C C C  | TO TO CUMP TO TO MALE REF.  I. I | RRENT MM NO.        | SERVICE DD A SERVI | ING              |
| 1<br>2<br>3<br>4<br>5<br>6                                | 21. DIAGNOSI OF A. M17.C E. L I. 24. A. DATE(S FROM DD YY  25. FEDERAL TAX | NATURE OF OF SERVICES MM DI  | B   | B. B. PLACE OF SERVICE   | Part Property Propert | Box 2  Box 2  Box 2  Enter Hyalur  Intra-a  J732   | AD: CPT ppropriatie: -Arthroce in major, o, knee joi                              | CS Co de for H M M M M M M M M M M M M M M M M M M                                  | code an aspirati                          | d modification, and, leg, shot all bursal   | er GMMENT?            | 20. OLD   22. PFF   23. PF | DOMESTICAL STATE OF THE STATE O | ATION IN THE PROPERTY OF THE P | Box Enter Example 1 ser   | ORIGIN MBER  24G: r numb nple: AMOUN   | TO TO CUMP TO TO MALE REF.  I. I | RRENT MM NO.        | SERVICE DD A SERVI | ING<br>HD.#      |
| 1<br>2<br>3<br>4<br>5                                     | 21. DIAGNOSINOF A. M17.C I. L 24. A. DATE(S MM DD YY                       | INATURE OF  OF SERVICE  MM DI  I,D, NUMBER  F PHYSICIAN (GREES OR C)   | ILLNESS B. L. F. L. J. J. L. S. | B. B. PLACE OIL SERVICES | Part Property Propert | Box 2. Enter Hyalurr intra-ai  J732  Box 2. Enter Byalurr intra-ai  J732  Box 2. Enter a  Examp 20610— injectic der, hip   | AD: CPT ppropriatie: -Arthroce in major, o, knee joi                              | CS Co de for H M M M M M M M M M M M M M M M M M M                                  | code an aspirati                          | d modification, and, leg, shot all bursal   | er GMMENT?            | 20. OLD   22. PFF   23. PF | DOM DOSPITALIZATION DISPITALIZATION DISPITALIZ | ATION IN THE PROPERTY OF THE P | Box Enter Example 1 ser   | ORIGIN MBER  24G: r numb nple: AMOUN   | TO TO CUMP TO TO MALE REF.  I. I | RRENT MM NO.        | SERVICE DD A SERVI | ING<br>HD.#      |

DISCLAIMER: HYALGAN® Sample Claim Form CMS-1500 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.



# REIMBURSEMENT

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

Note: Because of variability in coverage and reimbursement across Medicaid and private payer plans, it is particularly important to conduct patient-specific insurance verifications for HYALGAN® therapy for patients with these types of healthcare insurance. To contact a reimbursement specialist for conducting patient-specific coverage and reimbursement, 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 provided in the physician office setting, both the product and the services associated with its administration may be reimbursed by Medicare. The payment methodology for HYALGAN® is expected to be based on its Average Sales Price (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 Medicare Physician Fee Schedule (MPFS).

| HCPCS Code | Description   |
|------------|---|
| J7321      | Hyaluronan or derivative, HYALGAN®, for intra-articular injection, per dose |

| СРТ   | 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 physician office setting, that may be based on a fee schedule, a percentage of billed or allowable charges, or a percentage of Wholesale Acquisition Cost (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 physician office setting. Medicaid payment for HYALGAN® and its associated administration services may be based on state-specific or MCO fee schedules. In the physician office setting, HYALGAN® may be reimbursed based on 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.

