

CODING FOR TRILURON™ (sodium hyaluronate) AND ASSOCIATED SERVICES

Coding for TRILURON™

Most payers recognize Healthcare Common Procedure Coding System (HCPCS) Level II national codes to identify and report products (drugs and medical devices), supplies, and services not included in the Current Procedural Terminology (CPT) code.

For TRILURON™, payers accept the following HCPCS code:

HCPCS Code	Description	Billing Units	Site of Service	Claim Form (Location)	Payer Type
J7332	Hyaluronan or derivative, TRILURON™ or intra-articular injection 1 mg	20 (1 mg = 1 billing unit Each syringe = 20 billing units)	Physician Office	CMS-1500 (Box 24D)	All
			Hospital outpatient	CMS-1450 (Field 44)	
			Ambulatory surgical center	CMS-1450 (Field 44)	

TRILURON™ is supplied in a single-use syringe containing 2 mL of TRILURON™

- Each mL has 10 mg of sodium hyaluronate
- 2 mL has 20 mg of sodium hyaluronate
- TRILURON™ administration does not vary by patient
 - Uniform administration for all patients

Medicare reimburses TRILURON™ at WAC+6%

Source: Medicare Claims Processing Manual Chapter 17 (Rev. 3932, 12-08-17) Transmittal 20.1.3 <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c17.pdf>. Contact private payers or consult contracts for their reimbursement amounts.

Catalog Number (also known as the NHRIC)

For devices such as TRILURON™, the manufacturer adopts a unique, 3-segment catalogue number sometimes referred to as the national-related items code (NHRIC). Proper billing, especially to Medicare, Medicaid, or via electronic data interchange, requires the catalogue number to be submitted in the 11-digit numeric 5-4-2 format (e.g. 89122-0879-01). Do not use hyphens when entering the actual data on your claim. For example:

TRILURON™ 11-digit Example	Reporting on CMS Claim Forms
89122-0879-01	89122087901

Coding for Administration Services

CPT codes are used to identify professional services (eg, administration procedure) provided in the physician office.

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

Modifier	Modifier Description
RT	Right side (used to identify procedures performed on the right side of the body)
LT	Left side (used to identify procedures performed on the left side of the body)
50	Bilateral procedure
EJ	Indicates subsequent injections of a series. Do not use for first injection of each series.

ICD-10-CM Diagnosis Codes

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis codes are used to report diseases and conditions. ICD-10-CM diagnosis codes identify why a patient needs treatment by documenting the medical necessity for prescribing TRILURON™. Coding to the highest level of specificity may expedite the claims adjudication process. The following ICD-10-CM diagnosis codes may be appropriate to describe patients with OA of the knee.

ICD-10-CM	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

Coding for TRILURON™ may vary by payer type and plan type (ie, Medicare, private payer, Medicaid). Upon request, the TRILURON™ Support Hotline will conduct benefit verifications that provide coverage and coding information that is specific to your patient's health insurance coverage. The Hotline program is available Monday through Friday from 9:00 AM to 8:00 PM ET at 1-866-749-2542, Option 2.

MEDICARE NATIONAL AVERAGE REIMBURSEMENT RATE INFORMATION*

Site of Service	CPT Code	Website for Look-up
Physician Office	20610	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup/index.html
	20611	
Hospital Outpatient	20610	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html
	20611	
Ambulatory Surgical Center	20610	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html
	20611	

*Reimbursement rates for CPT codes vary by geography; consult the CMS website for regional rates applicable to the practice or contact the local Medicare Administrative Contractor for regional rates.