

VISCO-3™ Sodium Hyaluronate Coding Reference Guide



VISCO-3™ Sodium Hyaluronate is a sterile, viscoelastic non-pyrogenic solution of purified, high molecular weight sodium hyaluronate (hyaluronan). One mL of VISCO-3 contains 10 mg of sodium hyaluronate (hyaluronan) dissolved in a physiological saline (1.0% solution), and each injection contains 2.5mL of volume. Each treatment course consists of three injections given in a weekly cadence, with each injection containing 25mg of sodium hyaluronate.

HCPCS (Healthcare Common Procedure Coding System)

Code	Description
J7321	Hyaluronan or derivative, Hyalgan, Supartz or VISCO-3, for intra-articular injection, per dose

CPT® (Current Procedural Terminology) Codes

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, with permanent recording and reporting

CPT and HCPCS Modifiers

Modifier	Description
EJ	Subsequent claims for a defined course of therapy, e.g., EPO, sodium hyaluronate, infliximab (Report modifier EJ for subsequent injections of the product)
JW	Drug amount discarded/not administered to any patient
JZ	Zero drug amount discarded/not administered to any patient
LT	Left side (used to identify procedures performed on the left side of the body)
RT	Right side (used to identify procedures performed on the right side of the body)
50	Bilateral Procedure
59	Distinct Procedural Service (indicates that a procedure or service was distinct or independent from other non-E/M services performed on the same day)

Sample ICD-10-CM Diagnosis Codes

Code	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 the knee, unspecified

UPC/NDC (Universal Product Code/National Drug Code)

Code	Description
50016-0957-21	VISCO-3 Sodium Hyaluronate (Effective 8/1/2020)

Coding and Billing for VISCO-3

- Prior authorization/pre-determination is suggested prior to administration of VISCO-3 Sodium Hyaluronate. The payer will want to review the product specifically, dosage, route of administration and medical necessity.
- It is recommended providers bill for VISCO-3 Sodium Hyaluronate showing both the J7321 HCPCS code and the NDC as reflected on the sample CMS-1500 claim form below.
- The following qualifiers are to be used when entering supplemental information for the billing of VISCO-3 Sodium Hyaluronate.

N4 National Drug Codes (NDC)
ML Milliliter

To enter supplemental information, begin at 24A on the CMS-1500 claim form by entering the qualifier and then the information. Do not enter a space between the qualifier and the number/code/information. Do not enter hyphens or spaces within the number/code. Add the supplemental information in the following order: qualifier, NDC code, one space, unit/basis of measurement qualifier, quantity. The number of digits for the quantity is limited to eight digits before the decimal and three digits after the decimal. If entering a whole number, do not use a decimal. Do not use commas.

Sample CMS-1500 Claim Form

24. A. DATE(S) OF SERVICE											24. B. PLACE OF SERVICE			24. C. PROCEDURES, SERVICES, OR SUPPLIES				24. D. DIAGNOSIS		24. E. CHARGES		24. F. DAYS OR UNITS		24. G. HCPCS CODE		24. H. RENDERING PROVIDER ID, #	
MM	DD	YY	MM	DD	YY	CLIN	EMG	OPT/HCPCS	MODIFIER	ICD-10-CM	ICD-10-PCS	ICD-10-PCS	ICD-10-PCS	ICD-10-PCS	\$ CHARGES	CHARGE	UNIT	UNIT	UNIT	UNIT	UNIT						
XX	XX	XX	XX	XX	XX	11		20610	LT	A					XXX	XX	1		NPI	XXXXXXXXXX							
N450016095721 ML2.5																											
XX	XX	XX	XX	XX	XX	11		J7321	LT	A					XXX	XX	1		NPI	XXXXXXXXXX							
																			NPI								

- Field 21: Enter the ICD-10-CM diagnosis code(s)
 Field 23: Enter the payer prior authorization number received during the benefit investigation
 Field 24A: Enter the product supplemental information (qualifier, NDC, measurement qualifier, quantity) along with the date of service
 Field 24D: Enter the CPT/HCPCS code(s) for the services/products provided and any appropriate modifiers
 Field 24E: Enter the diagnosis code reference letter (pointer) from field 21 to relate the date of service and the procedures performed to the primary diagnosis.
 Field 24F: Enter the charge amount for each listed service.
 Field 24G: Enter the number of days or units.

Medicare Guidance for Injection Services

Where the sole purpose of an office visit was for the patient to receive an injection, payment may be made only for the injection service (if it is covered). Conversely, injection services included in the Medicare Physician Fee Schedule (MPFS) are not paid for separately if the physician is paid for any other physician fee schedule service furnished at the same time. Payment may be made for those injection services only if no other physician fee schedule service is being paid. All injection claims must include the specific name of the drug and dosage. Identification of the drug enables payment for the services.

Source: Medicare Claims Processing Manual, 20.5.7 – Injection Services

Hospital Outpatient and Ambulatory Surgical Center (ASC)

CPT® Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	T	5441	P3
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	T	5441	P3
J7321	Hyaluronan or derivative, Hyalgan, Supartz or VISCO-3, for intra-articular injection, per dose	N	N/A	N1

OPPS - Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgical Center

Status Indicator: N - Payment is packaged into payment for other services; no separate APC payment. T – Multiple procedure reduction applies.

APC: 5441 - Level 1 Nerve injections; N/A - Not applicable

Payment Indicator: N1 - Packaged service/item; no separate payment. P3 – Payment based on Medicare’s Physician Fee Schedule (MPFS) non-facility Practice Expense (PE) Relative Value Units (RVUs)

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com, or visit our reimbursement web site at zimmerbiomet.com/reimbursement.

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