

Medicare Recommendations for Knee Injection

Purpose: To establish uniform criteria for billing knee injections, viscosupplementation injections of the knee and ultrasound guidance.

Applies To: CPT© Procedure Codes 20610 Arthrocentesis, aspiration and/or injections; major joint or bursa **76942** Ultrasonic guidance for needle placement, imaging supervision and interpretation, and applicable HCPCS Codes; J7321 (Hyalgan or Supratz), J7323 (Euflexxa), J7324 (Orthovisc), J7325 (Synvisc or Synvisc-One) and J7326 (Gel-One)

Policy: Knee injections with corticosteroids may be performed as deemed medically necessary by the physician.

Knee injections for viscosupplementation will be performed at the physician's discretion in accordance with medical necessity standards supporting osteoarthritis of the affected joint under the following conditions:

- *There is radiological evidence to support the diagnosis of osteoarthritis; and*
- *There is adequate documentation that simple pharmacologic therapy (e.g. aspirin), or exercise and physical therapy have been tried and the patient failed to respond satisfactorily*

Additional repeat viscosupplementation treatments are considered medically necessary and can be billed for patients being treated for osteoarthritis of the knee, who meet **both** of the following criteria:

- *Significant improvement in knee pain and known improvement in functional capacity resulted from previous series of injections which has been documented in the record; and*
- *At least six (6) months have lapsed since the prior series of injections.*

Ultrasound guidance for knee injections should not be a routine policy and can only be billed when at least one of the following medical necessity requirements has been met and thoroughly documented:

- *History of severe trauma which would derange the normal architecture of the joint*
- *Erosive systemic arthritis (rheumatoid disease) or other systemic disease (lupus, gout, etc.).*
- *Failure of the initial attempt of a knee joint injection*
- *Size of the knee due to morbid obesity (BMI ≥ 40) or other disease process*
- *Aspiration of a Baker's cyst*

Billing points:

- *If aspiration and injection performed in same session, bill only one unit 20610.*
- *Append appropriate site modifier to code 20610 (RT/LT) unilateral or modifier (50) bilateral.*
- *Drug codes must be reported on separate line for each site being injected with a modifier (RT or LT).*
- *Evaluation and management codes will not be routinely billed with joint injections. When a separately identifiable service has been provided and thoroughly documented, they may be billed with modifier 25*

Reference: Article for Hyaluronans (e.g. Hyalgan®, Supratz®, Euflexxa™, Synvisc®, Synvisc-One™, Orthovisc®, Gel-One®), Intra-articular Injections of – Related to LCD L25820 (A46100). Please refer to www.NGSMedicare.com for full publication. While these are Medicare guidelines, they will be applied across all payers in the absence of a more specific policy.