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## **Injections: Drugs H Policy**

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This section outlines policy related to billing for injection services, listed in alphabetical order by generic drug name or drug type. For general billing policy information regarding injections services, refer to the *Injections: An Overview* section in this manual. Additional policy information for injection services can be found in the following sections of this manual:

- *Immunizations*
- *Injections: Drugs A Policy*
- *Injections: Drugs B Policy*
- *Injections: Drugs C Policy*
- *Injections: Drugs D Policy*
- *Injections: Drugs E Policy*
- *Injections: Drugs F Policy*
- *Injections: Drugs G Policy*
- *Injections: Drugs I Policy*
- *Injections: Drugs J-L Policy*
- *Injections: Drugs M Policy*
- *Injections: Drugs N-O Policy*
- *Injections: Drugs P-Q Policy*
- *Injections: Drugs R Policy*
- *Injections: Drugs S Policy*
- *Injections: Drugs T Policy*
- *Injections: Drugs U-Z Policy*
- *Injections: Hydration*

## **Hemin**

Hemin, 1 mg, (HCPCS code J1640) is reimbursable for females 10 years of age or older. It may be reimbursed up to a maximum of 602 mg.

## **Heparin**

Heparin interacts with the naturally occurring plasma protein, Antithrombin III, to induce a conformation change, which markedly enhances the serine protease activity of Antithrombin III, thereby inhibiting the activated coagulation factors involved in the clotting sequence, particularly Xa and IIa. Small amount of the Factor Xa and larger amounts inhibit thrombin (Factor IIa). Heparin also prevents the formation of stable fibrin clot by inhibiting the activation to the fibrin stabilizing factor. Heparin does not have fibrinol activity, therefore, it will not lyse existing clots.

## **Indications**

All FDA-approved indications.

## **Dosage**

FDA-approved dosages.

## **TAR Requirement**

No *Treatment Authorization Request* (TAR) is required for reimbursement.

## **Billing**

HCPCS code J1643 (injection, heparin sodium [pfizer], not therapeutically equivalent to J1644, per 1000 units).

HCPCS code J1644 (injection, heparin sodium, per 1000 units).

## **Histrelin Acetate**

Histrelin acetate, 10 mcg, (HCPCS injection code J1675) is reimbursable with authorization, for patients with precocious puberty. Claims must be billed "By Report" and shall include an invoice for the kit.

## **Histrelin Acetate Implant**

For information regarding HCPCS code J9226 (histrelin acetate implant [Supprelin® LA] 50 mg) and HCPCS code J9225 (histrelin implant [Vantas®] 50 mg), see the *Non-Injectable Drugs* section in the appropriate Part 2 manual.

## **Human Fibrinogen Concentrate**

Human fibrinogen concentrate is used in treatment of acute bleeding episodes in patients with congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia.

### **Dosage**

The usual maximum dosage is 7,000 mg (quantity of 70) per day. Claims billed for greater quantities require documentation that patient's weight exceeds 100 kg.

### **Required Diagnosis Code**

Restricted to ICD-10-CM diagnosis code D68.2.

### **Billing**

HCPCS code J7178 (injection, human fibrinogen concentrate, not otherwise specified, 1 mg).

One unit equals 1 mg.

## **Hyaluronan**

Hyaluronan for intra-articular injection is reimbursable for the treatment of osteoarthritis of the knees.

### **Authorization**

An approved *Treatment Authorization Request* (TAR) is required for reimbursement. Documentation must include all of the following:

- Painful osteoarthritis of one or both knees.
- Inadequate response to conservative nonpharmacologic therapy.
- Inadequate response to analgesics (for example, acetaminophen) and non-steroidal anti-inflammatory drugs.

### **Billing**

HCPCS code J7324 (hyaluronan or derivative, Orthovisc<sup>®</sup>, for intra-articular injection per dose).

HCPCS code J7326 (hyaluronan or derivative, GelOne<sup>®</sup>, for intra-articular injection, per dose).

HCPCS code J7327 (hyaluronan or derivative, Monovisc<sup>®</sup>, for intra-articular injection, per dose).

HCPCS code J7328 (hyaluronan or derivative, Gel-Syn<sup>®</sup>, for intra-articular injection, 0.1 mg), must be billed "By Report."

## **Hyaluronan or Derivative Injections (Durolane, Hyalgan, Supartz, Visco-3, Euflexxa, Synojoynt and Triluron)**

Hyaluronan or derivatives are injected directly into a patient's knee for relief of pain associated with osteoarthritis. They are used for the replacement or supplementation of naturally occurring intra-articular lubricants in individuals with musculoskeletal conditions. They may work by acting as a lubricant and shock absorber in the joint, helping the knee to move smoothly, thereby lessening pain.

### **Indications**

All FDA-approved indications.

### **Dosage**

FDA-approved dosages.

### **TAR Requirement**

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

### **TAR Criteria**

A hyaluronan derivative intra-articular injection is considered medically necessary when all of the following criteria are met:

- Prescribed for FDA-approved indications and dosing regimens.
- Patient must be 18 years of age or older (Triluron, Hyalgan, Supartz, Euflexxa) and 22 years of age or older (Synojoynt and Durolane and Visco-3).
- Must have documented clinical diagnosis of osteoarthritis of the knee.
- Must have documented failure, inadequate response, or intolerance to at least two of the following pharmacologic therapies:
  - Two oral or topical [e.g., oral non-steroidal anti-inflammatory drugs (NSAIDs), COX-2 inhibitors, or topical NSAIDS (e.g., diclofenac 1 percent gel)]
  - Acetaminophen
  - One or more trials in the last 12 months of intra-articular steroid injections unless intolerant or contraindicated

- At least one course of physical therapy for knee osteoarthritis.
- No contraindications to the injections (active joint infection, bleeding disorder).
- Patient must be treated with the less expensive but clinically appropriate hyaluronan derivatives first.

**For treatment continuation, the following criteria must be met:**

- Patient has successfully used hyaluronic acid derivatives in the same knee (there must be at least a six-month interval before approval of a repeat course).

**Age Limit**

Synojynt, Durolane and Visco-3: Must be 22 years of age or older.

Triluron, Hyalgan, Supartz and Euflexxa: Must be 18 years of age or older.

**Billing**

Durolane: HCPCS code J7318 (hyaluronan or derivative, durolane, for intra-articular injection, 1 mg)

Hyalgan/Supartz/Visco-3: HCPCS code J7321 (Hyaluronan or derivative, hyalgan, supartz, or visco-3 for intra-articular injection, per dose)

Euflexxa: HCPCS code J7323 (hyaluronan or derivative, euflexxa, for intra-articular injection, per dose)

Synojynt: HCPCS code J7331 (hyaluronan or derivative, synojynt, for intra-articular injection, 1 mg)

Triluron: HCPCS code J7332 (hyaluronan or derivative, triluron, for intra-articular injection, 1 mg)

Must use modifiers RT, LT for applicable knee(s).

### Prescribing Restrictions

| <b>Product</b> | <b>Package Size</b> | <b>Dosage and Administration (per knee per 180 days)</b>  | <b>Maximum billing units (per knee per 180 days)</b> |
|----------------|---------------------|---|--|
| Durolane       | 60 mg/ml            | 60 mg intra-articularly x 1 administration                | 60 units   |
| Euflexxa       | 20 mg/2 ml          | 20 mg intra-articularly once weekly x 3 administrations   | 3 units  |
| Hyalgan        | 20 mg/2 ml          | 20 mg intra-articularly once weekly x 3-5 administrations | 5 units  |
| Supartz        | 25 mg/ 2.5 ml       | 25 mg intra-articularly once weekly x 3-5 administrations | 5 units  |
| Synojoynt      | 20 mg/2 ml          | 20 mg intra-articularly once weekly x 3 administrations   | 60 units   |
| Triluron       | 20 mg/2 ml          | 20 mg intra-articularly once weekly x 3 administrations   | 60 units   |
| Visco-3        | 25 mg/2.5 ml        | 25 mg intra-articularly once weekly for 3 administrations | 3 units  |

## **«Hydromorphone (DILAUDID)**

Hydromorphone is a full opioid agonist and is relatively selective for the mu-opioid receptor, although it can bind to other opioid receptors at higher doses. The precise mechanism of the analgesic action is unknown. However, specific CNS opioid receptors for endogenous compounds with opioid-like activity have been identified throughout the brain and spinal cord and are thought to play a role in the analgesic effects of this drug.

### **Indications**

All FDA-approved indications.

### **Dosage**

FDA-approved dosages.

### **TAR Requirement**

No *Treatment Authorization Request* (TAR) is required for reimbursement.

### **Billing**

HCPCS code J1171 (injection, hydromorphone, 0.1 mg).»

## **Hydroxocobalamin for Injection**

Hydroxocobalamin is a form of vitamin B-12.

### **Indications**

All FDA-approved indications.



## Dosage

FDA-approved dosages.

## TAR Requirement

No *Treatment Authorization Request* (TAR) is required for reimbursement.

## Billing

HCPCS codes:

- J3424, (injection, hydroxocobalamin, intravenous 25mg).
- J3425 (injection, hydroxocobalamin, intramuscular, 10 mcg).

## Hylan G-F 20

Hylan G-F 20 for intra-articular injection is reimbursable for treatment of the knees. Authorization is required and documentation must be submitted with the *Treatment Authorization Request* (TAR) that satisfies all of the following conditions:

- Painful osteoarthritis of one or both knees.
- Inadequate response to conservative nonpharmacologic therapy.
- Inadequate response to analgesics (for example, acetaminophen) and non-steroidal anti-inflammatory drugs.

The TAR should state which form of Hylan G-F 20 the patient will receive, either Synvisc® or Synvisc-One®.

## Dosage

Hylan G-F 20 (Synvisc): The usual dose is 16 mg into the affected knee at weekly intervals for three weeks for a total of three injections per affected knee.

Hylan G-F 20 (Synvisc-One): The usual dose is 48 mg into the affected knee. Synvisc-One combines three doses of Synvisc into a single syringe.

Providers may administer more than 48 units of Hylan G-F 20 (Synvisc-One) per day if bilateral knee injections are needed on the same day.

## Billing

HCPCS code J7325 (hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg).

When billing for Synvisc or Synvisc-One, one billing unit is equivalent to 1 mg.

«Must use modifiers RT and/or LT for applicable knee(s).»

## Hymovis®

Hymovis is a sterile, non-pyrogenic, viscoelastic hydrogel contained in a single-use syringe. Hymovis is based on an ultra-pure hyaluronan, engineered using a proprietary process to increase viscosity, elasticity and residence time without chemical crosslinking. This results in a natural hyaluronan similar to the hyaluronan found in the synovial fluid present in the human joint.

## Indication

Hymovis is indicated for the treatment of pain in osteoarthritis of the knee in patients who have failed to respond adequately to conservative, non-pharmacologic therapy and simple analgesics, such as acetaminophen.

## Dosage

Hymovis is administered by intra-articular injection. A treatment cycle consists of two injections given a week apart. Strict aseptic administration technique must be followed. Inject the full 3 ml in one knee only. Do not overfill the joint. If treatment is bilateral, a separate syringe should be used for each knee.

## Required Codes

CD-10-CM diagnosis codes:

|        |        |       |
|--------|--------|-------|
| M17.0  | M17.2  | M17.4 |
| M17.10 | M17.30 | M17.5 |
| M17.11 | M17.31 | M17.9 |
| M17.12 | M17.32 |       |

## Billing

HCPCS code J7322 (hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg).

## **Legend**

Symbols used in the document above are explained in the following table.

| <b>Symbol</b> | <b>Description</b>  |
|---------------|---|
| «             | This is a change mark symbol. It is used to indicate where on the page the most recent change begins. |
| »             | This is a change mark symbol. It is used to indicate where on the page the most recent change ends.   |