GenVisc®850 & TriVisc® Billing & Coding Guide

GenVisc®850
5 injection hyaluronic acid regimen

TriVisc®
3 injection hyaluronic acid regimen

GenVisc 850

Description & Indication

GenVisc 850 is a sterile, viscoelastic non-pyrogenic solution of purified, high molecular weight sodium hyaluronate. Each 2.5mL of GenVisc 850 contains 10mg/mL of sodium hyaluronate derived from bacterial fermentation dissolved in physiological saline.

GenVisc 850 is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics (e.g., acetaminophen).[1]

Directions for Use

GenVisc 850 is administered by intra-articular injection. A treatment cycle consists of five injections given at weekly intervals. Injection of subcutaneous lidocaine or similar local anesthetic may be recommended prior to injection of GenVisc 850.

Important Safety Information

GenVisc 850 is contraindicated in patients with known hypersensitivity to hyaluronate preparations. Intra-articular injections are contraindicated in cases of present infections or skin diseases in the area of the injection site to reduce the potential for developing septic arthritis.

TriVisc

Description & Indication

TriVisc is a sterile, viscoelastic non-pyrogenic solution of purified, high molecular weight sodium hyaluronate. Each 2.5mL of TriVisc contains 10mg/mL of sodium hyaluronate derived from bacterial fermentation dissolved in physiological saline.

TriVisc is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics (e.g., acetaminophen).[2]

Directions for Use

TriVisc is administered by intra-articular injection. A treatment cycle consists of three injections given at weekly intervals. Injection of subcutaneous lidocaine or similar local anesthetic may be recommended prior to injection of TriVisc.

Important Safety Information

TriVisc is contraindicated in patients with known hypersensitivity to hyaluronate preparations. wIntra-articular injections are contraindicated in cases of present infections or skin diseases in the area of the injection site to reduce the potential for developing septic arthritis.

1. Premarket Approval (PMA) P1400005
https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?id=P140005

2. Premarket Approval (PMA) P160057
https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?id=P160057

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CPY-00010

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HCPCS Reporting Codes

GenVisc 850

HCPCS Code[3]	Description
J7320	Hyaluronan or derivative, GenVisc 850 for intra-articular injection, 1mg

TriVisc

HCPCS Code	Description
J7320	Hyaluronan or derivative, TriVisc for intra-articular injection, 1mg

CPT Codes

The following CPT codes may be appropriate options when GenVisc 850 or TriVisc is administered in the physician office setting:

CPT[4]	Description
20610	Arthrocentesis, aspiration, and/or injection; major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa); without ultrasound guidance
20611	Arthrocentesis, aspiration, and/or injection; major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa); with ultrasound guidance, with permanent recording and reporting

Providers are responsible for the selection of appropriate codes depending on clinical diagnosis. Information in the above table provides a framework for understanding possible coding alternatives. It should not be a substitute for a healthcare professional's own judgement.

Code Modifiers

Code[5]	Description
EJ	Informational only and used to indicate subsequent injections in a series
JW	Drug amount discarded/not administered to patient
JZ	Drugs and biologicals from single-dose containers or single-use packages when there are no discarded amounts
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

3. 2026 HCPCS Level II, www.cms.gov

5. www.cms.gov

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CMS Discarded Drug Policy Modifiers

Effective January 1, 2017, **providers and suppliers are required to report the JW modifier on all claims** that bill for drugs and biologicals separately payable under Medicare Part B with unused and discarded amounts from single-dose containers or single-use packages.

Effective January 1, 2023, **providers and suppliers are required to report the JZ modifier on all claims** that bill for drugs and biologicals from single-dose containers or single-use packages that are separately payable under Medicare Part B when there are no discarded amounts.

The JW modifier is reported on a separate claim line appended to the HCPCS code and identifies the number of units discarded.

The JZ modifier is reported on the same claim line appended to the HCPCS code to indicate no product was discarded.

CMS encourages physicians, hospitals and other providers and suppliers to care for and administer drugs and biologicals to patients in such a way that they can be used most efficiently, in a clinically appropriate manner. For more information about the JW and JZ modifiers, please review the Q&A from CMS.
Click Here

Code Modifiers

In certain instances, payers may require modifier "-RT" (right side) or "-LT" (left side) or "-50" (bilateral procedure) to be documented after the above CPT Codes.

The "EJ" modifier is informational only and used to indicate subsequent injections in a series. Do not use this modifier for the first injection of each series of injections. A series is defined as the set of injections for each joint and each treatment. Injection of the left knee is a separate series from injection of the right knee.

ICD-10-CM[6]

The ICD-10-CM diagnosis codes provided below are options that may be appropriate examples for patients with OA of the knee but is not an all-inclusive list.

Providers are always responsible for assigning ICD-10-CM codes when reporting use of GenVisc 850 or TriVisc:

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ICD-10-CD	
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 knee osteoarthritis
M17.30	Unilateral post-traumatic knee osteoarthritis, unspecified knee
M17.31	Unilateral post-traumatic knee osteoarthritis, right knee
M17.32	Unilateral post-traumatic knee 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

6. 2024 ICD-10-CM, www.cms.gov

Disclaimer: Information provided is derived from a variety of public sources as of January 2025 and is intended for general purposes only. It does not constitute reimbursement or legal advice. It is not intended to increase or maximize reimbursement by payers. Channel-Markers Medical encourages providers to submit accurate and appropriate claims for payment. It is always the providers' responsibility to determine medical necessity for the procedure, the proper delivery of any services and to submit appropriate codes, charges and modifiers for services rendered. Channel-Markers Medical recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters. Payer policies vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements.

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