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Appendix E-1: ICD-9, CPT-4, and HCPCS Codes and Drug Information Used in Identification of Knee Osteoarthritis-Related Health Care

	Code(s)
Corticosteroid injections	
Betamethasone acetate and betamethasone sodium phosphate	J0702
Methylprednisolone acetate	
20 mg	J1020
40 mg	J1030
80 mg	J1040
Injection, dexamethasone sodium phosphate	J1100
Triamcinolone acetonide	
Per 10 mg	J3301
Per 5 mg	J3302
Triamcinolone hexacetonide, per 5 mg	J3303
Methylprednisolone drug	NDC information + 20610*
Triamcinolone acetonide drug	NDC information + 20610*
Triamcinolone hexacetonide drug	NDC information + 20610*
Hyaluronic acid injections	
Sodium hyaluronate, per 20-25 mg dose]7317
Hylan G-F 20, 16 mg, for intra-articular	17320
Hyaluronan or derivative	
Hyalgan (Fidia) or Supartz (Smith & Nephew)	J7321, Q4083
Synvisc or Synvisc-One (Genzyme)	J7322, J7325, Q4084
Euflexxa (Ferring)	J7323, Q4085
Orthovisc (DePuy Synthes)	[7324
Hyaluronic acid drug	NDC information + 20610*
Medications	
Narcotic analgesics	
Codeine phosphate	
Codeine phosphate/phenylephrine hydrochloride	
Codeine sulfate	
Hydrocodone bitartrate/ibuprofen	
Hydrocodone bitartrate/potassium guaiacolsulfonate	
Hydrocodone tannate/pseudoephedrine tannate	
Hydromorphone hydrochloride	
Meperidine HCl/promethazine HCl	
Meperidine hydrochloride	
Morphine sulfate	
Morphine sulfate/naltrexone hydrochloride	
Oxycodone hydrochloride	
Tramadol	
Non-narcotic analgesics	
Celecoxib	
Diclofenac potassium	
Diclofenac sodium	
Etodolac	
Fenoprofen calcium	
Flurbiprofen	
Ibuprofen	
Indomethacin	
Ketoprofen	
Meloxicam	
Naproxen	

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Naproxen sodium	
Piroxicam	
Rofecoxib	
Valdecoxib	
Imaging	
MRI	
Lower extremity, joint (hip, knee, ankle)	
Without contrast	73721
With contrast	73722
Without and with contrast	73723
Radiograph	73723
Knee	
	725(0
1 or 2 views	73560
3 views	73562
Complete, ≥4 views	73564
Bilateral, standing	73565
Contrast radiograph of knee joint	73580
Non-TKA knee-related procedures	
Arthroscopy	
Diagnostic knee arthroscopy	29870
Arthroscopy, knee, surgical	
With meniscectomy (medial and lateral, including any meniscal shaving) including	29880, 29881
debridement/shaving of articular cartilage (chondroplasty), same or separate	
compartment(s), when performed	
With meniscus repair (medial or lateral)	29882, 29883
Abrasion arthroplasty (including chondroplasty where necessary) or multiple drilling	29879
or microfracture	
Unicondylar knee arthroplasty	
Arthroplasty, knee, condyle and plateau; medial or lateral compartment	27446
Durable medical equipment	
Cane	
Of any material, adjustable or fixed, with tip	E0100
Quad or 3-prong, of any material, adjustable or fixed, with tips	E0105
Crutches, underarm, aluminum	E0114
Crutch, underarm, aluminum	E0116
Standard wheelchair	E1130
Walker	11150
Rigid (pick-up), adjustable or fixed height	E0130
Folding, adjustable or fixed height	E0135
With trunk support, adjustable or fixed height, any type	
	E0140
Rigid, wheeled, adjustable or fixed height	E0141
Folding, wheeled, adjustable or fixed height	E0143
Walker, wheeled, with seat	E0146
Heavy-duty, wheeled, rigid for folding, any type	E0149
Neoprene knee support sleeve with or without patellar cutout	A4466
Knee orthosis	
Without knee joint, rigid, custom-fabricated	L1834
Derotation, medial-lateral, anterior cruciate ligament, custom-fabricated	L1840
Single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or	L1844
polycentric), medial-lateral and rotation control, with or without varus/valgus	
adjustment; custom fabricated	
Double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or	L1846
polycentric), medial-lateral and rotation control, with or without varus/valgus	
adjustment, custom-fabricated	
adjustment, eastonn labricated	

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Elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	L1820
Single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or	L1843
polycentric), medial-lateral and rotation control, with or without varus/valgus	
adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or	
otherwise customized to fit a specific patient by an individual with expertise	
Double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or	L1845
polycentric), medial-lateral and rotation control, with or without varus/valgus	
adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or	
otherwise customized to fit a specific patient by an individual with expertise	
Adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support,	L1832
prefabricated item that has been trimmed, bent, molded, assembled, or otherwise	
customized to fit a specific patient by an individual with expertise	
Cold therapy	
Water circulating cold pad with pump	E0218
Pump for water circulating pad	E0236
Continuous passive motion exercise device for use on knee only	E0935
Outpatient evaluation ⁺	
Osteoarthritis	
Primary localized, lower leg	715.16
Secondary localized, lower leg	715.26
Localized, not specified whether primary or secondary, lower leg	715.36
Generalized or localized, lower leg	715.96
Evaluation	
New patient	99201-99205
Established patient	99211-99215
Physical therapy	
Evaluation	97001
Re-evaluation	97002
Occupational therapy	
Evaluation	97003
Re-evaluation	97004

*NDC information = information related to search of drug name in MarketScan database. †All outpatient evaluation codes must be accompanied by an osteoarthritis diagnosis code.