

# CODING AND BILLING GUIDE FOR ZILRETTA

Please see [Important Safety Information](#) throughout and accompanying full [Prescribing Information](#) for ZILRETTA.

 **Zilretta**<sup>®</sup>  
triamcinolone acetonide extended release  
injectable suspension 32 mg

## CODING INFORMATION

At Pacira, we understand that coding and billing can be confusing and time-consuming. That's why with ZILRETTA® (triamcinolone acetonide extended-release injectable suspension), we're providing the simplicity of a medical benefit product with broad coverage and a permanent, product-specific J-code. We also offer you expertise and support services to help your practice through the process.

The following codes may be appropriate when billing for ZILRETTA and related services.

### ICD-10-CM Codes<sup>1</sup>

M17.0	Bilateral primary osteoarthritis of knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.2	Bilateral post-traumatic osteoarthritis of 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

ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification.

### Permanent, Product-specific HCPCS Code<sup>2,3</sup>

	Description	Sites of Care	Billable Units
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Physician office or hospital outpatient	Bill 32 units per injection (1 unit per mg)*

HCPCS=Healthcare Common Procedure Coding System.

\*One ZILRETTA kit contains 32 mg of ZILRETTA, which should be billed as 32 units when using the permanent, product-specific J-code.

The information in this guide is general in nature and for informational purposes only. **In no way should this information be considered a guarantee of coverage or reimbursement for any product or service.** Coding and coverage policies change periodically, often without warning. The responsibility to determine coverage and reimbursement parameters and appropriate coding for a particular patient or procedure is always the responsibility of the provider.

### CPT Code<sup>4</sup>

CPT Code <sup>4</sup>		
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	Used to report knee injections 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	Used to report knee joint injections with ultrasound guidance

CPT=Current Procedural Terminology.

### Modifiers<sup>4</sup>

Modifiers <sup>4</sup>		
RT	Right side (used to identify procedures performed on the right side of the body)	Used to report injection in the right knee only
LT	Left side (used to identify procedures performed on the left side of the body)	Used to report injection in the left knee only
50	Bilateral procedure	Used to report injection in both knees

### Hospital Revenue Codes (for hospital use only)<sup>5</sup>

Hospital Revenue Codes (for hospital use only) <sup>5</sup>	
0636	Drugs requiring detailed coding
0510	Clinic visit (general)

### Product Information for ZILRETTA

Product Information for ZILRETTA	
11-digit NDC <sup>†*</sup> (effective 10/10/2022)	65250-0003-01
Current 11-Digit NDC <sup>†</sup>	70801-0003-01
Drug strength and dose	32 mg triamcinolone acetonide ER

ER=extended-release; NDC=National Drug Code.

<sup>†</sup>A new NDC has been issued to reflect the updated labeler code for ZILRETTA.

<sup>†</sup>11-digit NDC is derived from the 10-digit code for the ZILRETTA kit (65250-003-01, 70801-003-01). Keep in mind that many health plans require use of the 11-digit code.

## INDICATION AND SELECT IMPORTANT SAFETY INFORMATION

### Indication

ZILRETTA is indicated as an intra-articular injection for the management of osteoarthritis pain of the knee.

Limitation of Use: The efficacy and safety of repeat administration of ZILRETTA have not been demonstrated.

### Contraindication

ZILRETTA is contraindicated in patients who are hypersensitive to triamcinolone acetonide, corticosteroids, or any components of the product.

Please see additional Important Safety Information throughout and accompanying full [Prescribing Information for ZILRETTA](#).



# SAMPLE CMS-1500 CLAIM FORM: PHYSICIAN OFFICE

Practices that administer ZILRETTA® (triamcinolone acetonide extended-release injectable suspension) to patients should submit claims on the CMS-1500 claim form or its electronic equivalent. Be sure to include the following information when filling out a CMS-1500 claim form.

HEALTH INSURANCE CLAIM FORM									
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12									
PICA <input type="checkbox"/>					PICA <input type="checkbox"/>				
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>					1a. INSURED'S I.D. NUMBER (For Program in Item 1)				
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					4. INSURED'S NAME (Last Name, First Name, Middle Initial)				
3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>					7. INSURED'S ADDRESS (No., Street)				
5. PATIENT'S ADDRESS (No., Street)					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				
CITY STATE					CITY STATE				
ZIP CODE TELEPHONE (Include Area Code)					ZIP CODE TELEPHONE (Include Area Code)				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:				
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO				
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input type="checkbox"/> NO				
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. CLAIM CODES (Designated by NUCC)				
11. INSURED'S POLICY GROUP OR FECA NUMBER					11. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>				
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.					13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.				
SIGNED DATE					SIGNED				
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.					15. OTHER DATE MM DD YY QUAL.				
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)					20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.					22. RESUBMISSION CODE ORIGINAL REF. NO.				
A. M17.11 B. C. D. E. F. G. H. I. J. K. L.					23. PRIOR AUTHORIZATION NUMBER				
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY SERVICE EMG					D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				
E. DIAGNOSIS POINTER					G. DAYS OR UNITS				
N465250000301 UN1					J. RENDERING PROVIDER ID. #				
J3304					A				
20610 RT					A				
2					32				
3					1				
4									
5									
6									
25. FEDERAL TAX I.D. NUMBER SSN EIN					28. TOTAL CHARGE \$				
26. PATIENT'S ACCOUNT NO.					29. AMOUNT PAID \$				
27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					30. Rsvd for NUCC Use				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)					33. BILLING PROVIDER INFO & PH # ( )				
SIGNED DATE					a. NPI b.				

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

**Use J3304 and bill 32 units of ZILRETTA per injection**

**Box 21:** Enter the appropriate ICD-10-CM diagnosis code corresponding to the patient's diagnosis, such as M17.11 (unilateral primary osteoarthritis, right knee)

**Box 23:** If required, report the Prior Authorization number here

**Shaded area below box 24A:** Include the modifier N4, the 11-digit NDC (65250000301), one space of separation, and the number of NDC units (ie, UN1)

**Box 24D:** Enter the permanent, product-specific J-code (J3304) to report the use of ZILRETTA. Also include the CPT code representing procedures performed (eg, 20610), as well as the appropriate modifier (ie, RT, LT, or 50)

**Box 24E:** Specify the diagnosis letter from Box 21 relating to each CPT/HCPCS code listed in Box 24D

**Box 24G:** Enter the number of HCPCS units administered (bill 32 units of ZILRETTA **per injection**)

**This information is for reference only; please contact your patient's health plan or work with FlexForward® to confirm coding for a specific plan**

## SELECT IMPORTANT SAFETY INFORMATION

### Warnings and Precautions

- **Intra-articular Use Only:** ZILRETTA has not been evaluated and should not be administered by epidural, intrathecal, intravenous, intraocular, intramuscular, intradermal, or subcutaneous routes. Serious events have been reported with epidural and intrathecal administration of corticosteroids and none are approved for this use. ZILRETTA should not be considered safe for epidural or intrathecal administration.
- **Hypersensitivity Reactions:** Rare instances of anaphylaxis, including serious cases, have occurred in patients with hypersensitivity to corticosteroids.

**Please see additional Important Safety Information throughout and accompanying full [Prescribing Information](#) for ZILRETTA.**



# SAMPLE CMS-1450 CLAIM FORM: HOSPITAL OUTPATIENT

Providers administering ZILRETTA® (triamcinolone acetonide extended-release injectable suspension) in an institutional setting, such as a hospital outpatient department, should use the CMS-1450 claim form (also known as UB-04) when coding and billing. Be sure to include the following information when filling out a CMS-1450 claim form.

1		2		3a PAT. CNTL. # 3b REG. REC. #		4 TYPE OF BILL																																			
5 FED. TAX NO.				6 STATEMENT COVERS PERIOD FROM				7 THROUGH																																	
8 PATIENT NAME			9 PATIENT ADDRESS																																						
10 BIRTHDATE		11 SEX		ADMISSION DATE		13 HR		14 TYPE		15 SRC		16 DMRI		17 STAT		18		19		20		21		22		23		24		25		26		27		28		29 ACCT STATE		30	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM		37 THROUGH		38 OCCURRENCE SPAN FROM		39 THROUGH		40		41		42		43		44		45		46		47		48		49					
39 CODE		40 CODE		41 CODE		42 CODE		43 CODE		44 CODE		45 CODE		46 CODE		47 CODE		48 CODE		49 CODE		50 CODE		51 CODE		52 CODE		53 CODE		54 CODE		55 CODE		56 CODE		57 CODE					
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		50		51		52		53		54		55		56		57		58		59		60					
0636		Drugs requiring detailed coding		J3304				32																																	
0510		Clinic visit (general)		20610 - RT				1																																	
PAGE		OF		CREATION DATE		TOTALS																																			
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 BEN. INFO		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID		58		59		60		61		62		63		64		65		66		67							
58 INSURED'S NAME		59 PREL		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.		63		64		65		66		67		68		69		70		71		72		73		74		75							
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80							
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73		74		75		76		77		78		79		80		81		82		83		84		85		86							
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE		78 OTHER PROCEDURE CODE		79 OTHER PROCEDURE CODE		80 OTHER PROCEDURE CODE		81 OTHER PROCEDURE CODE		82 OTHER PROCEDURE CODE		83 OTHER PROCEDURE CODE		84 OTHER PROCEDURE CODE		85 OTHER PROCEDURE CODE		86 OTHER PROCEDURE CODE		87 OTHER PROCEDURE CODE		88 OTHER PROCEDURE CODE		89 OTHER PROCEDURE CODE		90 OTHER PROCEDURE CODE		91 OTHER PROCEDURE CODE							
80 REMARKS		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97							

Use J3304 and bill 32 units of ZILRETTA per injection

## Boxes

**42-43:** Enter the appropriate revenue code and description corresponding to the HCPCS code in Field 44

**Box 44:** Enter the permanent, product-specific J-code (J3304) to report the use of ZILRETTA. Also include the CPT code representing procedures performed (eg, 20610), as well as the appropriate modifier (ie, RT, LT, or 50)

**Box 46:** Enter the number of HCPCS units administered (bill 32 units of ZILRETTA **per injection**)

**Box 63:** If required, report the Prior Authorization number here

**Box 66:** Enter the appropriate ICD-10-CM diagnosis code corresponding to the patient's diagnosis, such as M17.11 (unilateral primary osteoarthritis, right knee)

**This information is for reference only; please contact your patient's health plan or work with FlexForward® to confirm coding for a specific plan**

## SELECT IMPORTANT SAFETY INFORMATION

### Warnings and Precautions

- **Joint Infection and Damage:** A marked increase in pain accompanied by local swelling, restriction of joint motion, fever, and malaise are suggestive of septic arthritis. Examine joint fluid to exclude a septic process. If diagnosis is confirmed, institute appropriate antimicrobial therapy. Avoid injecting corticosteroids into a previously infected or unstable joint. Intra-articular administration may result in damage to joint tissues.
- **Increased Risk of Infections:** Infection with any pathogen in any location of the body may be associated with corticosteroid use. Corticosteroids may increase the susceptibility to new infection and decrease resistance and the ability to localize infection.

**Please see additional Important Safety Information throughout and accompanying full [Prescribing Information](#) for ZILRETTA.**



# TIPS AND REMINDERS FOR SUBMITTING A CLAIM

## Submitting claim forms

- Ensure all patient information (name, address, insurance ID) is accurate
- Verify the name of the health care provider and National Provider Identifier (NPI)
- Use the most appropriate ICD-10-CM diagnosis and CPT procedure codes associated with each patient's diagnosis and care
- Be sure to use the permanent, product-specific J-code (J3304) and bill 32 units of ZILRETTA **per injection**
- Complete all fields accurately and provide information upon request
- Contact provider services at the health plan to determine the reimbursement rate for ZILRETTA<sup>®</sup> (triamcinolone acetonide extended-release injectable suspension) prior to billing and make sure your system is updated to bill appropriately

## Additional documentation

- Ensure patient medical records contain documentation that supports the diagnosis and procedure codes submitted on the claim
- Keep in mind your practice may need to pull supporting documentation, such as patient history from the EMR
- Visit [ZilrettaPro.com/getting-zilretta/tools-and-resources/](https://www.zilretta.com/getting-zilretta/tools-and-resources/) for additional support with letters of medical necessity and appeals

**For questions regarding coding and billing for ZILRETTA, contact your Pacira representative or call a FlexForward<sup>®</sup> Case Manager at 1-844-353-9466, Monday - Friday, 8 AM - 8 PM ET**



## SELECT IMPORTANT SAFETY INFORMATION

### Warnings and Precautions

- **Alterations in Endocrine Function:** Corticosteroids can produce reversible hypothalamic-pituitary-adrenal axis suppression, with potential for adrenal insufficiency after withdrawal of treatment, which may persist for months. In situations of stress during that period, institute corticosteroid replacement therapy.
- **Cardiovascular and Renal Effects:** Corticosteroids can cause blood pressure elevation, salt and water retention, and increased potassium excretion. Monitor patients with congestive heart failure, hypertension, and renal insufficiency for edema, weight gain, and electrolyte imbalance. Dietary salt restriction and potassium supplementation may be needed.
- **Increased Intraocular Pressure:** Corticosteroid use may be associated with increased intraocular pressure. Monitor patients with elevated intraocular pressure for potential treatment adjustment.
- **Gastrointestinal Perforation:** Corticosteroid administration may increase the risk of gastrointestinal perforation in patients with certain GI disorders and fresh intestinal anastomoses. Avoid corticosteroids in these patients.
- **Alterations in Bone Density:** Corticosteroids decrease bone formation and increase bone resorption. Special consideration should be given to patients with or at increased risk of osteoporosis prior to treatment.
- **Behavior and Mood Disturbances:** Corticosteroids may cause adverse psychiatric reactions. Prior to treatment, special consideration should be given to patients with previous or current emotional instability or psychiatric illness. Advise patients to immediately report any behavior or mood disturbances.

### Adverse Reactions

The most commonly reported adverse reactions (incidence  $\geq 1\%$ ) in clinical studies included sinusitis, cough, and contusions.

**Please see additional Important Safety Information throughout and accompanying full [Prescribing Information](#).**

**References:** 1. ICD-10-CM tabular list of diseases and injuries. Centers for Medicare & Medicaid Services website. <https://www.cms.gov/medicare/icd-10/2022-icd-10-cm>. Updated February 1, 2022. Accessed September 20, 2022. 2. Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) application summaries for drugs, biologicals and radiopharmaceuticals. Centers for Medicare & Medicaid Services website. <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/2018-05-14-HCPCS-Application-Summary.pdf>. Published May 14, 2018. Accessed September 20, 2022. 3. April 2022 HCPCS table of drugs. Centers for Medicare & Medicaid Services website. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>. Updated March 25, 2022. Accessed September 20, 2022. 4. CPT code 20610 - 20605, 20600, 20611 - ICD - billing guide. Radiology Billing website. <http://www.radiologybillingcoding.com/2016/08/cpt-code-20610-billing-guide.html>. Updated August 30, 2016. Accessed September 20, 2022. 5. Revenue codes. Noridian Healthcare Solutions website. <https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes>. Updated June 28, 2022. Accessed September 20, 2022.



# COMPREHENSIVE SUPPORT WITH CODING AND BILLING

## FlexForward<sup>®</sup>

• • • • • Comprehensive Access Support

Our dedicated team of FlexForward representatives can provide your practice with national, regional, and local expertise to help address your coding and billing needs, including:

- Tips on submitting a complete and accurate claim
- Information, training, and support to help navigate billing issues as they arise

This guide provides you with helpful information to assist you when coding and billing for ZILRETTA. The information in this guide is for reference only. Please contact your patient's health plan or work with FlexForward to confirm coding for a specific plan.

To enroll your commercial and Medicare Advantage patients in FlexForward, simply complete a FlexForward Enrollment Form available at [ZilrettaPro.com/enrollment](https://ZilrettaPro.com/enrollment) and fax it to **1-866-558-7939**

or

Contact a FlexForward Case Manager at **1-844-353-9466**, Monday - Friday, 8 AM - 8 PM ET