

Eli's Rehab Report

CCI 8.1 News Brief: Do Not Bill Lidocaine for Local Anesthetic Injections

Although many PM&R coders have known it for years, the new Correct Coding Initiative (CCI), version 8.1, makes it official: J2000 (Injection, lidocaine HCl, 50 cc) will not be reimbursed separately for local pain relief injections. The new CCI version, which is effective from April 1 through June 30, lists J2000 as a component of injection codes 20526-20610. This includes the trigger point and the joint/bursa injection codes, among others.

Most PM&R practices have already determined that they cannot bill for lidocaine because their claims for it are denied, and most local medical review policies (LMRPs) for injections already list in writing that lidocaine is not separately reimbursable in addition to pain management injections. This is because J2000 refers to 50 cc of lidocaine, and Medicare will not accept claims for this drug when billed with any ICD-9 code other than those related to cardiac arrhythmias and emergencies. For example, Georgia Medicare's policy for lidocaine states, "The dosage indicated by the code description is specific to the treatment of cardiac arrhythmias and emergencies only. The billing of J2000 is not appropriate for the 1-2 cc usually required for a local anesthetic." The policy goes on to state, "When used as a local anesthetic, lidocaine will be considered part of the materials included in the procedure and will not be separately reimbursable."

Of course, some LMRPs state that claims for injection procedure codes (such as [CPT 20550](#)) that do not include the name of the drug injected will be denied, which confuses some coders who believe that a nonreimbursable drug should not be listed on the claim form. However, it is correct coding to add the name and HCPCS code of the drug injected even if reimbursement is not expected, so be sure to list J2000 on your injection claims, but expect Medicare to deny additional reimbursement for the drug by bundling the cost of the lidocaine into the injection payment.

Other changes to the CCI that affect PM&R practices include the bundling of 97002 (Physical therapy reevaluation) into 97601 (Removal of devitalized tissue from wound[s]; selective debridement, without anesthesia [e.g., high pressure water jet, sharp selective debridement with scissors, scalpel and tweezers], including topical application[s], wound assessment, and instruction[s] for ongoing care, per session) due to the "standards of medical/surgical practice" edit.