

Eli's Rehab Report

Reader Question: Anesthetic Injections

Question: We are having trouble getting paid for Marcaine when used as an injected local anesthetic for pain management. We use [HCPCS J3490](#) (unclassified drugs), and the insurer either denies the claim or ignores the code completely. Is there a more specific code we should be using?

North Carolina Subscriber

Answer: Injectable supplies such as Marcaine or Lidocaine, when used as local anesthetics, are normally considered incidental to the global allowance for the injection procedure, and are not separately payable. However, therapeutic injectable supplies, such as cortico-steroids, are usually reimbursable using their J codes.

You can still bill for the injection procedure. The most common codes for injections in PM&R offices are 90782 (therapeutic, prophylactic or diagnostic injection; subcutaneous or intramuscular), 20550 (trigger point injection), 20605 (arthrocentesis, aspiration and/or injection; intermediate joint, bursa or ganglion cyst) and 20610 (arthrocentesis, aspiration and/or injection; major joint or bursa).

There are other injection codes in CPT 2001 listed under the spine and spinal cord section of the Surgery/ Nervous System heading.