Clinical Practice Guideline: **J Codes - Podiatry**

Date of Implementation: **November 19, 2015**

Product: **Specialty**

GUIDELINES

A. Injections, as listed in the table below, will be approved provided they are reasonable, medically necessary, and related to the diagnosis and treatment of an illness or injury or are for purposes of immunization for which medical necessity is established. If the procedure has established frequency of injections within its guideline, billing of appropriate and related J code will follow this guideline as well.

When excessive injections appear, representing a departure from accepted standards of medical practice, the entire charge for injection given in excess of these standards will be excluded. If an injection is determined to fall outside of what is medically reasonable or necessary, the entire charge (i.e., for both the drug and its administration) will be excluded from payment.

HCPCS CODES AND DESCRIPTIONS

HCPCS Code	Description	
J0120	Injection, tetracycline, up to 250 mg	Antibiotic
J0171	Injection, adrenalin, epinephrine, 0.1 mg	Alpha- and Beta-adrenergic Agonists (sympathomimetic agents)
J0290	Injection, ampicillin sodium, 500 mg	Antibiotic
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g	Antibiotic
J0456	Injection, azithromycin, 500 mg	Antibiotic
J0461	Injection, atropine sulfate, 0.01 mg	Anticholinergic
J0475	Injection, baclofen, 10 mg	Muscle relaxant and antispastic
J0558	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units	Antibiotic
J0561	Injection, penicillin G benzathine, 100,000 units	Antibiotic

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J Codes - Podiatry
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J0670	Injection, mepivacaine HCl, per 10 ml	Anesthetic
J0690	Injection, cefazolin sodium, 500 mg	Antibiotic
J0696	Injection, ceftriaxone sodium, per 250 mg	Antibiotic
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	Corticosteroid
J1020	Injection, methylprednisolone acetate, 20 mg	Corticosteroid
J1030	Injection, methylprednisolone acetate, 40 mg	Corticosteroid
J1040	Injection, methylprednisolone acetate, 80 mg	Corticosteroid
J1094	Injection, dexamethasone acetate, 1 mg	Corticosteroid
J1100	Injection, dexamethasone sodium phosphate, 1 mg	Corticosteroid
J1170	Injection, hydromorphone, up to 4 mg	Narcotic (Opioid) Analgesic
J1885	Injection, ketorolac tromethamine, per 15 mg	NSAID
J1940	Injection, furosemide, up to 20 mg	Diuretic
J2001	Injection, lidocaine HCl for intravenous infusion, 10 mg	Anesthetic
J2250	Injection, midazolam HCl, per 1 mg	Anesthetic
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	Corticosteroid
J3010	Injection, fentanyl citrate, 0.1 mg	Narcotic (Opioid) Analgesic
J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	Corticosteroid
J3302	Injection, triamcinolone diacetate, per 5 mg	Corticosteroid
J3303	Injection, triamcinolone hexacetonide, per 5 mg	Corticosteroid
J9040	Injection, bleomycin sulfate, 15 units	Antitumor Antibiotic and Antiviral
S0020	Injection, bupivicaine HCl, 30 ml	Anesthetic

S0077	Injection, clindamycin phosphate, 300 mg	Antibiotic

B. Dexamethasone, as listed in the table below, will be approved provided it is reasonable, medically necessary, and related to the diagnosis and treatment of an illness or injury for which medical necessity is established.

HCPCS Code	Description	
J8540	Dexamethasone, oral, 0.25 mg	Corticosteroid

BACKGROUND

Antibiotics

Skin, soft tissue and bone infections present in varying ways with regards to presentation, etiology, and severity. These infections range from mild, such as pyoderma, to more severe infections that are life threatening (i.e., necrotizing fasciitis). The affected area will present with erythema, edema, warmth, pain and/or tenderness. Mild infections can impair function if in areas such as the feet. Comorbidities can also impact the severity of infections and impact the plan of care. Oral antibiotics are typically the treatment of choice in mild cases, while injections of antibiotics are considered for more severe cases. Selection of type of antibiotic is determined by the type of microbe present. Risk factors may influence the etiology, course of disease and response to treatment. Patient-related risk factors include critical illness, elderly age, compromised immune system, liver and kidney disease and vascular insufficiency. Other risk factors include mechanism of injury and exposure (Ki and Rotstein, 2008).

Anti-inflammatories (NSAID and corticosteroid)

The ankle and foot are sites for many types of injuries and inflammatory conditions that respond well to diagnostic and therapeutic injections. Examples of areas include plantar fascia, ankle joint, tarsal tunnel, interdigital space, and the first MTP joint. Separate clinical policy guidelines address medical necessity of procedures for conditions affecting these areas. Any restrictions on number of injections will also apply to the NSAID or corticosteroid J codes listed in the above table. Common complaints for inflammatory conditions of the foot and ankle include pain and disability with limitation of motion, tenderness, warmth, swelling, crepitus and/or deformity. Gait dysfunction is often a result of these symptoms as well (Tallia and Cardone, 2003).

Anesthetics

Injections of local anesthetics are used for diagnostic purposes and surgical procedures. Local or regional anesthetics render part of the body insensitive to pain without affecting a person's wakefulness. They are also reversible and will wear off at some point in time post procedurally, with the time depending upon the type and administration of anesthetic.

When used locally or regionally, an injection or series of injections occur at the toe, ankle or knee. Local anesthetics are less risky for the patient than general anesthesia. Practitioners must ensure that patients receiving these injections are medically fit to undergo the procedure, have home settings that allow them to return to home the same day, and be physically able and willing to comply with the post-procedure regimen. Examples of anesthetic injections include lidocaine injection with a corticosteroid injection or a peripheral nerve block (hallux or ankle) for treatment of an ingrown toenail or for midfoot surgery. Popliteal blocks may also be used for foot and ankle surgeries.

Miscellaneous

Epinephrine injection is used along with emergency medical treatment to treat life-threatening allergic reactions, including anaphylaxis, caused by insect bites or stings, foods, medications, latex, and other causes. Epinephrine is in a class of medications called alpha- and beta-adrenergic agonists (sympathomimetic agents). It works by relaxing the muscles in the airways and constricting the blood vessels.

Gablofen (baclofen injection) is a muscle relaxant and antispastic (gamma-aminobutyric acid (GABA) ergic agonist). It is indicated in the management of severe spasticity of cerebral or spinal origin in adult and pediatric patients age 4 years and above. Baclofen injection is used by patients who do not respond to or who cannot tolerate the side effects of baclofen taken by mouth. Patients should first respond to a screening dose of intrathecal baclofen prior to consideration for long term infusion via an implantable pump. If spasticity is due to traumatic brain injury, consideration of Gablofen should be delayed for at least one year. Gablofen should not be used for intravenous, intramuscular, subcutaneous or epidural administration.

Atropine is an anticholinergic. It works by blocking the effects of a chemical in the body (acetylcholine) that acts in the nervous system, stomach, intestines, certain glands (e.g., salivary gland), urinary tract, and other tissues. It is used to decrease the production of saliva and secretions of the airway prior to surgery. It is also used to treat spasms in the stomach, intestines, and other organs. It may also be used to counteract the effects of certain other medicines or for other conditions as determined by a doctor.

Hydromorphone and fentanyl citrate injections are used to relieve severe pain. They both are in a class of medications called narcotic analgesics. These medications work by changing the way the brain and nervous system respond to pain. They can be injected into muscle or veins. These medications may be used for in-office procedures that are invasive in nature and given their mechanism and potency; should be monitored closely by physicians.

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education, training and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine where they have the knowledge and skills necessary to perform such services and whether the services are within their scope of practice.

It is best practice for the practitioner to appropriately render services to a member only if they are trained, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and training, it would be best practice to refer the member to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020).

Depending on the practitioner's scope of practice, training, and experience, a member's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases it is prudent for the practitioner to refer the member for appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact 911 as appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* clinical practice guideline for information.

References

American College of Foot and Ankle Surgeons (ACFAS) Cosmetic Surgery Position Statement (2020). Retrieved on March 8, 2023 from: https://www.acfas.org/policy-advocacy/policy-position-statements/acfas-position-statement-on-cosmetic-surgery

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Tallia, A. F., & Cardone, D. A. (2003). Diagnostic and Therapeutic Injection of the Ankle and Foot. *American Family Physician, 68*(7), 1356-1363.