



American Academy of Ophthalmic Executives®

Fact Sheet: Coding Botox for Treatment of Blepharospasm, Hemifacial Spasm

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CPT Code

64612 Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)

Global Period

10-day The exam performed the same day as the injection must be significantly, separately identifiable to meet the criteria for modifier -25.

Modifiers

- 25 Significantly, separately identifiable E/M or Eye visit code the same day as the injection(s)
- 50 Both sides of the face are treated. Note: Medicare requires a 1 in the unit field. Correct payment is 150 percent of the allowable.
- JW When reporting wastage
- RT Only the right side of the face is treated
- LT Only the left side of the face is treated

Documentation Checklist

General rule: Before considering if coverage may be made, you should establish that the patient has been unresponsive to conventional methods of treatments such as artificial tears or other medications, physical therapy and other appropriate methods used to control the spasms.

Exception to the general rule: For certain treatments including hemifacial spasm or blepharospasm, botulinum toxin can be an initial mode of therapy. In these circumstances, it is not necessary to show that other methods of treatment have been tried and proven unsuccessful.

Use this checklist to document compliance:

- Patient functional complaint (eg, how symptoms affect activities of daily living unique to the patient)
- Relevant medical history
- The ophthalmologist's exam/assessment to include documentation of the medical necessity for this treatment
- Results of pertinent tests which may not be applicable
- Description of the effectiveness of this treatment.
 - If previously treated, what was the effect? Such as helped control symptoms for two months, then eye closure returned and could not read.
 - Documentation of unsuccessful, inadequate response, or not a candidate for conventional methods of treatment, and/or other appropriate methods used to control condition as applicable
- Document risks, benefits and alternatives discussed with the patient

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- Documentation that the patient wishes to proceed with injections
- Informed consent signed
- Signed and dated office visit.
- Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]).

Important: The documentation must include the legible signature of the physician or non-physician practitioner (nurse practitioner or physician assistant) responsible for and providing care to the patient.

Operative Notes

Notes include:

- Diagram of injection sites and dosage
- Type and strength of botulinum toxin used
- Complications
- Planned follow-up

Drug

Documentation includes:

- Lot number
- NDC number*
 - 100u 00023-1145-01
 - 200u 00023-3921-02
- Units used
- Units wasted
- Inventory log recording vials used, patient names, dosage injected/wasted, and dates of service are readily available in the event of an external audit

*Botox and Botox Cosmetic vials

BOTOX and BOTOX Cosmetic contain the same active ingredient in the same formulation, but with different labeled Indications and Usage. The NDC for medical and cosmetic use varies.

HCPCS Codes

Note: The unit dose of one form must not be equated with the unit dose of any of the others, ie, one unit of Botox does not equal one unit of Dysport, Xeomin or Myobloc.

C9399	Unclassified drugs or biologicals (facility)
J0585	ONABOTULINUMTOXINA, 1 unit Botox Example 100u vial, 25 units injected, 75 units wasted J0585 25 units J0585 -JW 75 units Total 100 units billed (1 unit x 100 = 100u vial)
J0586	ABOBOTULINUMTOXINA, 5 UNITS Dysport Example 300u vial, 75 units injected, 225 units wasted J0586 15 units J0586 -JW 45 units Total 60 units billed (5 units x 60 = 300u vial)

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J0587	RIMABOTULINUMTOXINB, 100 UNITS Myobloc Example 5000u vial, 4000 units injected, 1000 units wasted J0587 40 units J0587 -JW 10 units Total 50 units billed (100 units x 50 = 5000u vial)
J0588	INCOBOTULINUMTOXIN A, 1 UNIT Xeomin Example 100u vial, 25 units injected, 75 units wasted J0588 25 units J0588 -JW 75 units Total 100 units billed (1 unit x 100 = 100u vial)
J3590	UNCLASSIFIED BIOLOGICS

ICD-10 Code Options

Note: Codes vary by payer (including MACs), verify for each procedure.

G24.5	Blepharospasm
G24.8	Other dystonia
G51.31	Clonic hemifacial spasm, right
G51.32	Clonic hemifacial spasm, left
G51.33	Clonic hemifacial spasm, bilateral
G51.4	Facial myokymia
G51.8	Other disorders of facial nerve
G51.9	Disorder of facial nerve, unspecified

MACs, LCDs and Billing Guidelines

Note: Confirm other payer policies.

Cigna Government Services Kentucky Ohio	Policy posted on aao.org/lcds: • A56472 Billing Guideline Due to the short life span of the drug once it is reconstituted, Medicare will reimburse the unused portions of botulinum toxins. However, the documentation in the medical records must show the precise amount of the drug administered and the amount discarded.
First Coast Florida Puerto Rico Virgin Islands	Policies posted on aao.org/lcds: • A57715 • L33274 Billing Guidelines • Cosmetic procedures are not a covered benefit under Medicare. Treatment of wrinkles, also referred to as glabellar lines, smoker's lines, crow's feet, laugh lines and aging neck, using botulinum toxins is considered to be a cosmetic procedure, and is not covered under Medicare.

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	<ul style="list-style-type: none"> • Blepharospasm: Studies show Botox and Xeomin may be comparable for the treatment of blepharospasm following dose modification. Studies signify Botox and Dysport may be equivalent for the treatment of blepharospasm. Dysport has backing in the IBM Micromedex compendium DrugDex for off-label treatment of blepharospasm in adults.¹³ Accordingly, off-label coverage has been extended for Dysport for the treatment of blepharospasm in adults. • Hemifacial spasm: The literature indicates botulinum neurotoxin may be considered as a treatment for hemifacial spasm with minimal side effects. Studies show Botox and Dysport, after dosage modification, may be equal in effectiveness. Botox and Dysport have additional support in the IBM Micromedex compendium DrugDex for off-label treatment of hemifacial spasm in adults.¹³ Subsequently, off-label coverage has been extended for Botox[®] and Dysport as a treatment of hemifacial spasm in adults.
<p>National Government Services</p> <p>JK- Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island and Vermont</p> <p>J6- Illinois, Minnesota and Wisconsin</p>	<p>Policies posted on aao.org/lcnds:</p> <ul style="list-style-type: none"> • A52848 • L33646 <p>Billing Guidelines</p> <ul style="list-style-type: none"> • Blepharospasm: Botulinum toxin injection therapy is accepted first line treatment for patients with blepharospasm and/or hemifacial spasm. If the upper and lower lid of the same eye and/or adjacent facial muscles, or brow are injected at the same surgery, the procedure is considered to be unilateral. Bilateral procedures will only be considered when both eyes or both sides of the face are injected. • Due to the short life span of the drug once it is reconstituted, Medicare will reimburse the unused portions of Botulinum toxins. When modifier - JW is used to report that a portion of the drug is discarded, the medical record must clearly show the amount administered and the amount discarded.
<p>Noridian</p> <p>JE- California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands</p> <p>JF- Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming</p>	<p>Policies posted on aao.org/lcnds:</p> <ul style="list-style-type: none"> • A57185 • L35170 <p>Billing guidelines:</p> <ul style="list-style-type: none"> • Coverage of treatments provided may be continued unless any two treatments in a row, utilizing an appropriate or maximum dose of a botulinum toxin, fail to produce a satisfactory clinical response. In such situations it may be appropriate to use an alternative botulinum toxin once in order to determine if a more satisfactory response can be obtained. Providers must also document the results of and response to these injections. • Due to the short life of botulinum toxin, Medicare will reimburse the unused portion of these drugs. Therefore, scheduling of more than one patient, when possible, is allowed to prevent wastage. • In all cases, the documentation must show the exact dosage of the drug given to the patient, the reason for unavoidable wastage, and the amount of the discarded portion of the drug. • Bill Medicare patients for wastage using the -JW modifier on a separate line and the appropriate number of units, rounded to the nearest unit such that the total billed does not exceed the contents of the vial. • Treatment of skin wrinkles using botulinum toxin is cosmetic and is not covered by Medicare.

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<p>Novitas</p> <p>JL- Pennsylvania, New Jersey, Maryland, Delaware and the District of Columbia</p> <p>JH- Texas, Oklahoma, Colorado, New Mexico, Arkansas, Louisiana, Mississippi</p>	<p>Policy posted on aao.org/lcds:</p> <ul style="list-style-type: none"> • A58423 • L38809 <p>Billing guidelines:</p> <ul style="list-style-type: none"> • Blepharospasm: Studies show Botox and Xeomin may be comparable for the treatment of blepharospasm following dose modification. Studies signify Botox and Dysport may be equivalent for the treatment of blepharospasm. Dysport has backing in the IBM Micromedex compendium DrugDex for off-label treatment of blepharospasm in adults.¹³ Accordingly, off-label coverage has been extended for Dysport for the treatment of blepharospasm in adults. • Hemifacial spasm: The literature indicates botulinum neurotoxin may be considered as a treatment for hemifacial spasm with minimal side effects. Studies show Botox and Dysport, after dosage modification, may be equal in effectiveness. Botox and Dysport have additional support in the IBM Micromedex compendium DrugDex for off-label treatment of hemifacial spasm in adults.¹³ Subsequently, off-label coverage has been extended for Botox and Dysport as a treatment of hemifacial spasm in adults.
<p>Palmetto GBA</p> <p>JJ- Alabama, Georgia, Tennessee</p> <p>JM- North Carolina, South Carolina, Virginia and West Virginia</p>	<p>Policies posted on aao.org/lcds:</p> <ul style="list-style-type: none"> • A56646 • L33458 <p>Billing guideline:</p> <p>Chemodenervation treatment has a variable lasting beneficial effect from twelve to sixteen weeks, following which the procedure may need to be repeated. It is appropriate to inject the lowest clinically effective dose at the greatest feasible interval that results in the desired clinical result.</p>
<p>Wisconsin Physician Services</p> <p>J5- Iowa, Kansas, Missouri, and Nebraska</p> <p>J8- Indiana and Michigan</p>	<p>Policies posted on aao.org/lcds:</p> <ul style="list-style-type: none"> • A57474 • L34635 <p>Billing guidelines:</p> <ul style="list-style-type: none"> • It is usually considered not medically necessary to give botulinum toxin injections for spastic conditions more frequently than every 90 days. There may be slight variation based on FDA indications for a particular product. • Coverage of treatments provided may be continued unless any two treatments in a row, utilizing an appropriate or maximum dose of botulinum toxin failed to produce satisfactory clinical response.

Split vials

Medicare payer policies vary regarding the use of split vials. Confirm your payer policy and follow the documentation and coding guidelines. Commercial, Medicare Advantage and Medicaid payers may have unique policies that vary.

If there is no published payer policy regarding split vials, then report one single-use vial per patient and billing appropriate wastage with -JW modifier.

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MAC	Split vial scenario	Total units billed and documentation
<p>Noridian</p>	<p>Botox (J0585) vial split between 2 patients:</p> <ul style="list-style-type: none"> • Patient 1: J0585, 30 units • Patient 2: J0585, 60 units <p>Wastage is split between patients.</p>	<p>Total 100 units billed, 100u vial</p> <p>Per Noridian article A57185, if a single dose vial is split between multiple patients, Medicare will allow payment only for the portion used for the beneficiary plus a pro rata amount for wastage. Note that if non-Medicare patients are treated with a portion of the same vial, it would be expected that those non-Medicare patients be billed for their pro rata share of wastage.</p> <p>Pro rata calculations for wastage billed with -JW would be:</p> <ul style="list-style-type: none"> • Patient 1: 3 units [(30 units used for the patient/90 total units used) * 10 units of wastage = 3.33 rounded to 3] • Patient 2: 7 units [(60 units used for the patient/90 total units used) * 10 units of wastage = 6.66 rounded to 7] <p>Inventory log matches documentation Vial lot number DOS</p>