



American Academy of Ophthalmic Executives®

Fact Sheet: Coding Botox A for Treatment of Migraine

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CPT Code

- 64612** Chemodenerivation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)
64615 Chemodenerivation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)

Global Period

10-day If an exam is performed the same day as the injection, there must be a significantly, separately identifiable problem 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)
-JW When reporting wastage
-RT Only the right side of the face is treated
-LT Only the left side of the face is treated

Billing Guidelines

Report 64615 only once per session

Standard payment adjustment rules for multiple procedures apply. Payment is based on the lower of the billed amount, or:

- 100% of the fee schedule amount for the highest valued procedure
- 50% of the fee schedule amount for the second through the fifth highest valued procedures

Do not report 64615 in conjunction with 64612, 64616, 64617, 64642, 64643, 64644, 64645, 64646, or 64647.

Level of supervision does not apply, procedure to be done by physician.

Prior authorization (PA): Effective July 1, 2020, PA is required for hospital outpatient departments (HOPD).

General rule. Coverage will only be allowed for those patients with headache disorders occurring greater than 15 days a month—in many cases daily with a duration of four or more hours—for at least three months who have a significant disability due to the headaches and have been refractory to standard and usual conventional therapy. The etiology of the chronic daily headache may be a chronic tension-type headache or chronic migraine (CM). CM is characterized by headaches occurring at greater than or equal to 15 days per month, of which at least eight headache days per month meet the criteria for migraine without aura or response to migraine-specific treatment. For continuing botulinum toxin therapy, the patient must demonstrate a significant decrease in the number and frequency of headaches and an improvement in function upon receiving botulinum toxin.

Clinical vignette. A 46-year-old female presents with 19 headache days per month of which 15 or more meet the criteria for migraine (headache lasting 4 hours per day or longer). The decision is made to chemodenerivate muscles innervated by the facial, trigeminal, cervical spinal and accessory nerves.

Exception to the general rule. Effective July 1, 2020, prior authorization (PA) is required for hospital outpatient departments (HOPD).

Documentation Checklist

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.
 - 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
- 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 (eg, 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

Botulinum Toxin Injection Prior Authorization Requirement Checklist for Hospital Outpatient Department

The following items are required to process a prior authorization and receive a response.

- Unique cover sheet request forms are provided by each Medicare Administrative Contractor (MAC)
- Beneficiary's name
- Medicare Beneficiary Identifier (MBI)
- Date of birth
- Facility information, including
 - Name
 - Address
 - NPI
 - PTAN/CCN
- Physician information, including
 - Name
 - Address
 - NPI
 - PTAN
- Requester's information, including
 - Name
 - Telephone number
 - Address
- Anticipated date of service
- CPT/HCPCS surgical/drug codes
- ICD-10 codes appropriate for the procedure, including laterality
- Type of bill
- Units of service
- Type of request
- Indication whether this is an initial or resubmission review
- Indication if review is to be expedited and reason
- Medical necessity documentation supporting anticipated procedure
- Follow guidelines put forth by LCD policies and articles, if in place.

Operative Notes

- Diagram of injection sites and dosage
- Type of botulinum toxin used, strength of toxin
- 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 Code and Example

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.

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)

Examples of ICD-10 Code Options

(These vary by payor. Verify with all carriers including MACs.)

Cigna Government Services (CGS)

G43.011	Migraine without aura, intractable, with status migrainosus
G43.019	Migraine without aura, intractable, without status migrainosus
G43.101	Migraine with aura, not intractable, with status migrainosus
G43.111	Migraine with aura, intractable, with status migrainosus
G43.119	Migraine with aura, intractable, without status migrainosus
G43.411	Hemiplegic migraine, intractable, with status migrainosus
G43.419	Hemiplegic migraine, intractable, without status migrainosus
G43.511	Persistent migraine aura without cerebral infarction, intractable, with status migrainosus
G43.519	Persistent migraine aura without cerebral infarction, intractable, without status migrainosus
G43.611	Persistent migraine aura with cerebral infarction, intractable, with status migrainosus
G43.619	Persistent migraine aura with cerebral infarction, intractable, without status migrainosus
G43.711	Chronic migraine without aura, intractable, with status migrainosus
G43.719	Chronic migraine without aura, intractable, without status migrainosus
G43.811	Other migraine, intractable, with status migrainosus
G43.819	Other migraine, intractable, without status migrainosus
G43.831	Menstrual migraine, intractable, with status migrainosus
G43.839	Menstrual migraine, intractable, without status migrainosus

Coding Botox A for Treatment of Migraine *Continued*

- G43.901 Migraine, unspecified, not intractable, with status migrainosus
- G43.909 Migraine, unspecified, not intractable, without status migrainosus
- G43.911 Migraine, unspecified, intractable, with status migrainosus
- G43.919 Migraine, unspecified, intractable, without status migrainosus
- G44.021 Chronic cluster headache, intractable
- G44.029 Chronic cluster headache, not intractable
- G44.209 Tension-type headache, unspecified, not intractable
- G44.221 Chronic tension-type headache, intractable
- G44.229 Chronic tension-type headache, not intractable

First Coast

- G43.701 Chronic migraine without aura, not intractable, with status migrainosus
- G43.709 Chronic migraine without aura, not intractable, without status migrainosus
- G43.711 Chronic migraine without aura, intractable, with status migrainosus
- G43.719 Chronic migraine without aura, intractable, without status migrainosus

Noridian

- G43.011 Migraine without aura, intractable, with status migrainosus
- G43.019 Migraine without aura, intractable, without status migrainosus
- G43.109 Migraine with aura, not intractable, without status migrainosus
- G43.111 Migraine with aura, intractable, with status migrainosus
- G43.119 Migraine with aura, intractable, without status migrainosus
- G43.701 Chronic migraine without aura, not intractable, with status migrainosus
- G43.709 Chronic migraine without aura, not intractable, without status migrainosus
- G43.711 Chronic migraine without aura, intractable, with status migrainosus
- G43.719 Chronic migraine without aura, intractable, without status migrainosus
- G44.221 Chronic tension-type headache, intractable
- G44.229 Chronic tension-type headache, not intractable

Articles and Local Coverage Determinations

Note: Confirm other payer policies. Links to Medicare policies at aao.org/lclds.

<p>Cigna Government Services</p> <p>Kentucky</p> <p>Ohio</p>	<p>Policy posted on aao.org/lclds:</p> <ul style="list-style-type: none"> • A56472 • L33949 <p>Billing guidelines:</p> <ul style="list-style-type: none"> • Coverage will only be allowed for those patient’s chronic daily headaches (headache disorders occurring greater than 15 days a month - in many cases daily with a duration of four or more hours - for a period of at least 3 months) who have significant disability due to the headaches and have been refractory to standard and usual conventional therapy. The etiology of the chronic daily headache may be chronic tension-type headache or chronic migraine (CM). CM is characterized by headache on > 15 days per month, of which at least 8 headache days per month meet criteria for migraine without aura or respond to migraine-specific treatment. For continuing Botulism toxin therapy, the patients must demonstrate a significant decrease in the number and frequency of headaches and an improvement in function upon receiving Botulinum toxin. • 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.
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Coding Botox A for Treatment of Migraine *Continued*

<p>First Coast</p> <p>Florida Puerto Rico Virgin Islands</p>	<p>Policies posted on aao.org/lcds:</p> <ul style="list-style-type: none"> • A57715 • L33274 <p>Billing guidelines:</p> <ul style="list-style-type: none"> • Follows FDA guidelines for Botox: to prevent headaches in adults with chronic migraine who have 15 or more days each month with headache lasting 4 or more hours each day. • 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.
<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/lcds:</p> <ul style="list-style-type: none"> • A52848 • L33646 <p>Billing guidelines:</p> <ul style="list-style-type: none"> • Coverage will only be allowed for those patients with chronic daily headaches (headache disorders occurring greater than 15 days a month - in many cases daily with a duration of four or more hours - for a period of at least 3 months) who have significant disability due to the headaches and have been refractory to standard and usual conventional therapy. The etiology of the chronic daily headache may be chronic tension-type headache or chronic migraine (CM). CM is characterized by headache on >15 days per month, of which at least 8 headache days per month meet criteria for migraine without aura or respond to migraine-specific treatment. For continuing Botulinum toxin therapy, the patients must demonstrate a significant decrease in the number and frequency of headaches and an improvement in function upon receiving Botulinum toxin. • 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/lcds:</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. • Botulinum Toxin is covered for prophylaxis of headaches in adult patients with chronic migraine (≥15 days per month with headache lasting 4 hours a day or longer). • 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.

<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"> • Follows FDA guidelines for Botox: to prevent headaches in adults with chronic migraine who have 15 or more days each month with headaches lasting 4 or more hours each day. • 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.
<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 guidelines:</p> <ul style="list-style-type: none"> • Chemodenervation for the treatment of headaches is limited to patients who experience headaches that may result in permanent cerebral dysfunction, or are intractable because the patient cannot tolerate or does not benefit from standard therapies. Candidates for this treatment are patients with: <ol style="list-style-type: none"> 1. Intractable migraines (with or without aura) 2. Intractable chronic tension-type headache with moderate to severe pain 3. Chronic daily headaches are defined as patients experiencing more than 15 days of headache per month (either migraine or tension-type features) 4. Chronic migraine (≥ 15 days per month with headache lasting 4 hours a day or longer) (for the prophylaxis of headaches - in adult patients only) • Note: Intractable headache is defined as a patient meeting 1 of the following criteria for treatment (applies only to disease states 1-3, listed above): <ol style="list-style-type: none"> 1. Failed trials of at least 3 preventive pharmacologic migraine therapies (e.g., beta-blockers, anticonvulsants, antidepressants) with or without concomitant behavioral and physical therapies, after titration, to maximally tolerated doses or have medical contraindications to common therapies or who cannot tolerate common preventative therapies; or 2. Experience chronic daily headaches or recurrent headaches at least twice per month causing disability lasting 3 or more days per month; or 3. Standard abortive medication is required more than twice per week or is contraindicated, ineffective, or not tolerated. • Chemodenervation treatment has a variable lasting beneficial effect from 12 to 16 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. • Services performed for excessive frequency are not medically necessary. Frequency is considered excessive when services are performed more frequently than generally accepted by peers, and the reason for additional services is not justified by documentation.

<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> <p>Chronic migraine is defined as a “headache occurring on 15 or more days a month for more than three months, which, on at least eight days/month has the features of migraine headache.”. Treatment of chronic migraines will be covered when they meet the following diagnostic criteria: for migraine with aura and /or criteria for migraine without aura. Treatment with botulinum toxin may be given every 12 weeks as multiple injections around the head and neck.</p> <p>A. Migraine with aura²:</p> <ol style="list-style-type: none"> 1. At least two attacks fulfilling the following criteria a and b: <ol style="list-style-type: none"> a. One or more of the following fully reversible aura symptoms <ol style="list-style-type: none"> i. Visual (aura, changes in vision) ii. Sensory (e.g., tingling in hands or face, pins and needles, numbness) iii. Speech and/or language difficulties iv. Motor (eg, weakness) v. Brainstem (eg, vertigo, tinnitus, loss of hearing, diplopia, ataxia not attributable to sensory deficit, and decreased level of consciousness) vi. retinal (visual disturbance, flash of light, blind spot) b. At least three of the following six characteristics: <ol style="list-style-type: none"> i. At least one aura symptom spreads gradually over > 5 minutes ii. Two or more aura symptoms occur in succession iii. Each individual aura symptoms last 5-60 minutes iv. At least one aura symptom is unilateral v. At least one aura symptom is positive vi. The arura is accompanied, or followed within 60 minutes, by headache <p>B. Migraine without aura²:</p> <ol style="list-style-type: none"> 1. At least five attacks fulfilling the following criteria: <ol style="list-style-type: none"> a. Headache attacks lasting 4-72 hours (when untreated or unsuccessfully treated) b. Headache has at least two of the following: <ol style="list-style-type: none"> i. Unilateral location ii. Pulsating quality iii. Moderate or severe pain intensity iv. Aggravation by or causing avoidance of routine physical activity (eg, walking or climbing stairs) c. During headache at least one of the following: <ol style="list-style-type: none"> i. Nausea and/or vomiting ii. Photophobia and phonophobia <ul style="list-style-type: none"> • Coverage of treatments provided may be continued unless any twotreatments in a row, utilizing an appropriate or maximum dose of botulinum toxin failed to produce satisfactory clinical response.
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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.

MAC	Split vial scenario	Total units billed and documentation
<p>Noridian</p>	<p>Botox (J0585) vial split between 2 patients:</p> <p>Patient 1: J0585, 30 units</p> <p>Patient 2: J0585, 60 units</p> <p>Wastage 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>