AMERICAN ACADEMY OF OPHTHALMOLOGY®

American Academy of Ophthalmic Executives®

Fact Sheet: Botulinum Toxin Injections for Correction of Strabismus

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CPT Code

67345 Chemodenervation of extraocular muscle

Global Period

10 days The exam performed the same day as the injection must be significant and 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	At least one muscle in each orbit is treated. Note: Medicare requires a 1 in the unit field. Correct professional payment is 150 percent of the allowable.
-RT	A muscle in the right orbit is treated
-LT	A muscle in the left orbit is treated
-JW	When reporting drug wastage

Billing Guidelines

Payment for the injection code varies by payer.

Medicare Part B: Payment is for the right and left sides of the body.

Commercial plans: Payment varies; it may be per injection site or one payment no matter how many injections are given.

Warning: It is illegal to list a portion of the drug as wastage and then use it for cosmetic indications.

Documentation Checklist

As a general rule: botulinum toxin treatment is usually not indicated for patients:

- With chronic paralytic strabismus, except to reduce antagonist contractor in conjunction with surgical repair
- With angles of more than 50 prism diopters
- With restrictive strabismus
- With Duane's syndrome or with lateral rectus weakness

Use this checklist to document compliance:

- Patient functional complaint (e.g., how symptoms affect activities of daily living unique to the patient)
- Relevant medical history
- The ophthalmologist's exam/assessment needs to include documentation of the medical necessity for this treatment
- Results of pertinent tests/procedures

- 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/operative report.
- Documentation that supports the clinical effectiveness of the injections for this patient
- 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

Documentation includes:

- Document injection sites and dosage per muscle
- Type and strength of botulinum toxin used
- Complications
- Planned follow-up including frequency of the injections

Drug

Documentation includes:

- Lot number
- Medical Botox NDC numbers*
  - 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.

- Cosmetic NDC
  - 50u 0023-3919-51
  - 100u 0023-9232-01

Do not use cosmetic botulinum toxin for treatment of strabismus. The package insert clearly states it should not be used on functional patients.

The cost of syringes, electrodes and needles is not separately payable. They are considered part of the surgical package.

Always verify with your payer what their requirements are for billing botulinum. Some may require the patient pick up and bring the drug to your office; others may send the drug directly to your office.

If instructed to bill for wastage, modifier -JW Wastage should be included on the line item listing the number of units unused.

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HCPCS Codes

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)

Note: Palmetto MAC notes usage of additional Botox HCPCS, see specific MAC details below.

ICD-10 Linkage

H50.011, H50.012	Monocular esotropia
H50.021, H50.022	Monocular esotropia with A pattern
H50.031, H50.032	Monocular esotropia with V pattern
H50.041, H50.042	Monocular esotropia with other noncomitancies,
H50.05	Alternating esotropia
H50.06	Alternating esotropia with A pattern
H50.07	Alternating esotropia with V pattern
H50.08	Alternating esotropia with other noncomitancies
H50.111, H50.112	Monocular exotropia
H50.121, H50.122	Monocular exotropia with A pattern
H50.131, H50.132	Monocular exotropia with V pattern
H50.141, H50.142	Monocular exotropia with other noncomitancies
H50.15	Alternating exotropia
H50.16	Alternating exotropia with A pattern
H50.17	Alternating exotropia with V pattern
H50.18	Alternating exotropia with other noncomitancies
H50.311, H50.312	Intermittent esotropia, monocular
H50.32	Intermittent esotropia, alternating
H50.331, H50.332	Intermittent exotropia, monocular
H50.34	Intermittent exotropia, alternating
H50.21, H50.22	Hypertropia
H50.21, H50.22	Hypotropia
H50.21, H50.22	Vertical strabismus
H50.411, H50.412	Cyclotropia
H50.42	Monofixation syndrome (microtropia)
H50.011, H50.012	Monocular esotropia
H50.021, H50.022	Monocular esotropia with A pattern
H50.031, H50.032	Monocular esotropia with V pattern
H50.041, H50.042	Monocular esotropia with other noncomitancies
H50.05	Alternating esotropia
H50.06	Alternating esotropia with A pattern
H50.43	Accommodative component in esotropia
H50.51	Esophoria
H50.42	Exophoria
H50.53	Vertical heterophoria
H50.54	Cyclophoria
H50.55	Alternating hyperphoria
H50.69	Mechanical strabismus from other musculofacial disorders
H50.69	Limited duction associated with other conditions
H50.811, H50.812	Duane's syndrome
H51.0	Palsy of conjugate gaze
H51.0	Spasm of conjugate gaze
H51.11	Convergence insufficiency or palsy
H51.12	Convergence excess or spasm
H51.8	Anomalies of divergence
H51.8	Other dissociated deviation of eye movements (skew deviation)

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Sample Commercial Payer Policy and Billing Guideline

Note: Confirm all unique payer policies. Some commercial payers consider strabismus repair as a cosmetic procedure in adults with uncorrected congenital strabismus with no binocular fusion.

Prior approval may be required, verify duration of approval period.

OnabotulinumtoxinA (Botox®)

For the treatment of strabismus in patients 12 years or older	Dose based on prism diopter correction or previous response to Botox treatment Initial doses range from 1.25 to 5 units per muscle, subsequent doses at a max dose of 25 units per muscle Adults: Maximum cumulative dose not to exceed 400 units in a 3-month interval in patients treated for one or more indication Pediatrics: Maximum cumulative dose not to exceed the lower of 10 units/kg or 340 units in a 3-month interval in one or more indication	J0585	4 visits/year

MACs, LCDs and Billing Guidelines

Note: Confirm all unique payer policies.

Cigna Government Services Kentucky Ohio	Policy posted on aao.org/lcds: • A56472 **Billing guidelines:** • 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. • It is generally not considered medically necessary to give botulinum toxin injections for spastic or excess muscular contraction conditions more frequently than every 90 days.

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First Coast Florida Puerto Rico Virgin Islands	Policies posted on aao.org/lcds: • A57715 • L33274 **Billing guidelines:** • FDA indications for onabotulinumtoxinA (Botox®) as noted on the FDA website • 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.
National Government Services JK- Connecticut, Maine, Massachusetts, NewHampshire, New York, Rhode Island and Vermont J6- Illinois, Minnesota andWisconsin	Policies posted on aao.org/lcds: • A52848 • L33646 **Billing guidelines:** • Electromyography used to guide injections for chemodenervation for strabismus may be reported with CPT code **92265**. • 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. • Treatment of wrinkles using botulinum toxins is considered to be cosmetic and is not covered under Medicare.
Noridian JE- California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands JF- Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	Policies posted on aao.org/lcds: • A57185, A57186 • L35170, L35172 **Billing guidelines:** • 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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Novitas JL- Pennsylvania, New Jersey, Maryland, Delawareand the District of Columbia JH- Texas, Oklahoma, Colorado, New Mexico, Arkansas,Louisiana, Mississippi	Policy posted on aao.org/lcds: • A58423 • L38809 **Billing guidelines:** • FDA indications for onabotulinumtoxinA (Botox®) as noted on the FDA website • 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.
Palmetto GBA JJ- Alabama, Georgia, Tennessee JM- North Carolina, South Carolina, Virginia and West Virginia	Policies posted on aao.org/lcds: • A56646 • L33458 **Billing guidelines:** • ICD-10-CM codes that support medical necessity list "CPT **67345** with HCPCS codes **J0585**, **J0586**, **J0587**, and **J0588.**" The only FDA-approved drug is onabotulinumtoxinA (Botox®) J0585
Wisconsin Physician Services J5- Iowa, Kansas, Missouri, and Nebraska J8- Indiana and Michigan	Policies posted on aao.org/lcds: • A57474 • L34635 **Billing guidelines:** • Payment will not be made for any spastic condition not listed under Codes That Support Medical Necessity such as: Use of botulinum toxin for patients with chronic paralytic strabismus, except to reduce antagonistic contractor in conjunction with surgical repair. • To bill medically necessary electromyography guidance, report the appropriate following CPT code: **92265** Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with Interpretation and report. • Medicare provides payment for the discarded drug/biological remaining in a single use drug product after administering what is reasonable and necessary for a patient's condition.

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 haveunique 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
Cigna Government Services	Botox (J0585) vial is split between 3 patients: Patient 1: J0585, 25 units Patient 2: J0585, 25 units Patient 3: J0585, 25 units, J0585 –JW, 25 units	Total 100 units billed, 100u vial Inventory log matches documentation: Vial lot number DOS Patient 1: 25u Patient 2: 25u Patient 3: 25u and 25u wasted
Noridian	Botox (J0585) vial split between 2 patients Patient 1: J0585, 30 units Patient 2: J0585, 60 units Wastage split between patients	Total 100 units billed, 100u vial 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. Pro rata calculations for wastage billed with –JW would be: • 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] Inventory log matches documentation Vial lot number DOS Patient 1: 30u and 3u wasted Patient 2: 60u and 7u wasted If additional vials are needed to address the needs of a set of patients, pro rata wastage should be calculated over the total vial volume for that session. Furthermore, it is expected that a provider will use the most economical combination of vials that will meet the needs of a set of patients should multiple sizes be available.

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