Functional Botox Treatments—Quick Tips for Documentation and Coding

Clostridium botulinum was widely dismissed as a deadly toxin until the 1970s, when Alan B. Scott, MD, started using it for strabismus. Today, ophthalmologists also commonly use the toxin, now marketed as Botox, to treat blepharospasm, hemifacial spasm, and migraine. If you provide such treatments, make sure you take the steps outlined below, and use the AAOE coding fact sheets for those services (see "More Online").

Document Sites and Units

Anatomical site(s) of injection. Your documentation should include a diagram that shows the sites of injection on each side of the face. This is required by many payers and will help to audit-proof your documentation. (Tip: For functional treatments, don't use a diagram that is labeled cosmetic.)

Units injected and discarded. Document how many units were injected and, since Botox comes in single-use vials, the number of units discarded—even if zero.

Correct Coding in 3 Steps

Step 1: Choose the CPT code. Select a code for the injection procedure:

- 64612 *Chemodenervation of muscle(s) innervated by facial nerve (e.g., for blepharospasm, hemifacial spasm)*
- 64615 *Chemodenervation of muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (e.g., for chronic migraine)*
- 67345 *Chemodenervation of extraocular muscle*

Step 2: Identify the HCPCS code. Select a code for the medication:

- J0585 *onabotulinumtoxinA, 1 unit* [comes in 100 unit–vials]
- J0586 *abobotulinumtoxinA, 5 units* [comes in 300 unit–vials]
- J0587 *rimabotulinumtoxinB, 100 units* [comes in 5,000 unit–vials]
- J0588 *incobotulinumtoxinA, 1 unit* [comes in 100 unit–vials]

Step 3: Select the modifier(s). Modifiers may be needed for the anatomical injection site (–RT, –LT, or –50) and to flag whether (–JW) or not (–JZ) any drug was wasted.

Anatomical site. For CPT codes 64612 and 67345, use –RT (right side of face), –LT (left side), or –50 (bilateral). If using –50, do so per the payer's policies (e.g., Medicare requires that you put a 1 in the unit field and bill on one line). However, CPT code 64615 is inherently bilateral (see its description, above), so you should not append an anatomical modifier.

Units. When filling out CMS form 1500, submit the HCPCS code for the drug on one line (appending modifier –JZ if less than one unit was discarded), along with the units injected.

Botox comes in single-use vials, and even if you discard one or more units you can still get paid for the full vial. Bill for the discarded amount by repeating the HCPCS code on a separate claim line with modifier –JW appended, along with the units discarded.

Billing example. A Medicare Part B patient is injected on both sides of the face with a total of 60 units of Botox, and 40 units are discarded:

- 64612–50, 1 unit, fees doubled
- J0585, 60 units
- J0585–JW, 40 units

Note: You double the fees to make sure you don't inadvertently bill less than the 150% of the allowable that Medicare will pay for the bilateral procedure.

Audit-Proof Your Botox Billing

Following these six tips will help you to keep your Botox billing on track:

- Know your payer policies.
- Obtain prior authorization, when required.
- Don't use any medication that you had reported as discarded with –JW.
- Only split vials of Botox between multiple patients when the payer policy allows that.
- Do not use Botox labeled for cosmetic use for a functional treatment.
- Maintain a comprehensive and accurate inventory log.

MORE ONLINE. For details on the six Botox billing tips above, see this article at aao.org/eyenet; for coding fact sheets, go to aao.org/coding-topics; for MAC policies, including LCAs, visit aao.org/lcds; and see "Meet Modifier –JZ: A Quick Guide to –JW's New Counterpart" (Savvy Coder, September 2023) at aao.org/eyenet/archive.

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