Botulinum Toxin Therapy
Billing & Coding Update 2016

Martin Taylor, DO, PhD
Neurology / OrthoNeuro
Clinical Associate Professor, Neurology
Ohio University College of Osteopathic Medicine
Columbus, OH
Disclosures

• Consultant/independent contractor: Allergen plc, and Ipsen Biopharmaceuticals, Inc.
• Speaker’s Bureau: Allergan plc, Avanir Pharmaceuticals, Inc. Depomed Inc., and Ipsen Biopharmaceuticals, Inc.
• I intend to reference off-label use of the following products:
  • Dysport (Ipsen)
  • Myobloc (US WorldMeds)
  • Botox (Allergan)
Botox (onabotulinumtoxinA)  
J0585 per 1 unit

<table>
<thead>
<tr>
<th>Vial Size</th>
<th>Price per Vial</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 unit vial</td>
<td>$579.00/vial</td>
</tr>
<tr>
<td>200 unit vial</td>
<td>$1,158.00/vial</td>
</tr>
</tbody>
</table>
Dysport (abobotulinumtoxinA)
J0586 per 5 units

<table>
<thead>
<tr>
<th>Vial Size</th>
<th>Price per Vial</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 Unit vial</td>
<td>$458.00</td>
</tr>
<tr>
<td>500 unit vial</td>
<td>$763.00</td>
</tr>
<tr>
<td>Vial Size</td>
<td>Price per Vial</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>50 unit vial</td>
<td>$233.00</td>
</tr>
<tr>
<td>100 unit vial</td>
<td>$466.00</td>
</tr>
<tr>
<td>200 unit vial</td>
<td>$932.00</td>
</tr>
</tbody>
</table>

Xeomin (incobotulinumtoxinA)
J0588 per 1 unit
### Myobloc (rimabotulinumtoxinB) J0587 per 100 units

<table>
<thead>
<tr>
<th>Vial Size</th>
<th>Price per vial</th>
</tr>
</thead>
<tbody>
<tr>
<td>2500 unit vials</td>
<td>$282.00</td>
</tr>
<tr>
<td>5000 unit vials</td>
<td>$564.00</td>
</tr>
<tr>
<td>10000 unit vials</td>
<td>$1128.00</td>
</tr>
</tbody>
</table>
Procedure Codes

- CPT 64611  Submandibular/Parotid
- CPT 64612  Head/Face
- CPT 64613  Neck (Deleted after 12/31/13)
- CPT 64614  Limb/Trunk (Deleted after 12/31/13)
- CPT 64615  Chronic migraine
- CPT 64650  Axillary (hyperhidrosis)
- CPT 64653  Other area (hyperhidrosis)
New codes for 2014
Chemo denervation of Muscle(s) of the Neck

- **64616** Chemodenervation of muscle(s); *neck* muscle(s), excluding muscles of the larynx, unilateral (e.g., for cervical dystonia, spasmodic torticollis)
  (To report a bilateral procedure, use modifier 50)

- **64617** Chemodenervation of muscle(s); *larynx*, unilateral, percutaneous (e.g., for spasmodic dysphonia), includes guidance by needle electromyography, when performed.
  (To report a bilateral procedure, use modifier 50)
Trunk muscles include the erector spinae and paraspinal muscles, rectus abdominus and obliques.

**All other somatic muscles are extremity muscles, head muscles, or neck muscles.**

- 64646  Chemodenervation of trunk muscle(s); 1-5 muscle(s)
- 64647  Chemodenervation of trunk muscle(s); 6 or more muscle(s)

(Report either 64646 or 64647 only once per session)
Chemodenervation of Muscles of One or More Extremity(ies)

64642 Chemodenervation of one extremity; 1-4 muscle(s)
+64643 Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s)
   (Use 64643 in conjunction with 64642, 64644)

64644 Chemodenervation of one extremity; 5 or more muscle(s)
+64645 Chemodenervation of one extremity; each additional extremity, 5+ muscle(s)
   (Use 64645 in conjunction with 64644)

Note: 64642-64645 can be reported together up to a combined total of four units of service per patient when all four extremities are injected.

(Do not report modifier 50 in conjunction with 64642-64645)
Definition of a Site

Medicare will allow payment for one injection per site regardless of the number of injections made into the site.

Examples:
Face right or left; defined as one eye (including all muscles surrounding the eye including both upper and lower lids) one side of the face.
Limb; defined as all muscles of one limb and their associated girdle muscles.
Neck
Trunk
1st Limb

64612 (LT, RT)

64616 (LT, RT)

1st Limb
64642 (1-4 muscles) or
64644 (5+ muscles)
2nd Limb

1st Limb
64642 (1-4 muscles) or
64644 (5+ muscles)

2nd Limb
+64643 (1-4 muscles) or
+64645 (5+ muscles)
3rd Limb

1st Limb
- 64642 (1-4 muscles) or
- 64644 (5+ muscles)

2nd Limb
- 64645 (5+ muscles)

3rd Limb
- +64643 (1-4 muscles) or
- +64645 (5+ muscles)
4th Limb

1st Limb
64642 (1–4 muscles) or 64644 (5+ muscles)

2nd Limb
+64643 (1–4 muscles) or +64645 (5+ muscles)

3rd Limb
+64643 (1–4 muscles) or +64645 (5+ muscles)

4th Limb
+64643 (1–4 muscles) or +64645 (5+ muscles)
Anatomic Guidance CPT Codes

- 95874  EMG Guidance for BTX
- 95873  Muscle Stimulation
- 76942  Ultrasound guided injection

*Each code should be used once per session.
*Private insurances will typically cover any combination of guidance used. Medicare will pay for either EMG or muscle stimulation but not both.
Modifiers

- Right -RT
- Left -LT
- Bilateral -50
- Other site -51
- Same side, different site -57
- Other procedure -59
- Procedure with E/M -25
- Wastage (starting 1/1/17) -JW
Billing and Coding Examples
Chronic Migraine

ICD10: G43.719
Jcode: J0585/Ona (200 u)
Muscles: Paradigm
CPT: 64615
Cervical Dystonia

ICD10: G24.3, G24.1

Jcode: J0588/Inco (400 u)

EMG: 95874

Muscles injected

Left splenius 64616-LT
Right SCM 64616-RT
Levator Scapulae (below C7) 64642
# Spasticity

<table>
<thead>
<tr>
<th>ICD10:</th>
<th>G81.11, G81.14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jcode:</td>
<td>J0586/Abo (1,000 u)</td>
</tr>
<tr>
<td>EMG/E-stim:</td>
<td>95874/95873</td>
</tr>
</tbody>
</table>

## Muscles injected

<table>
<thead>
<tr>
<th>Muscles injected</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right FF, FCR, FCU, biceps, pect</td>
<td>64644</td>
</tr>
<tr>
<td>Left FCR, biceps</td>
<td>+64643</td>
</tr>
<tr>
<td>Right gastroc, post tib</td>
<td>+64643</td>
</tr>
</tbody>
</table>
Cervicothoracic Myofascial Pain/Spasm

**ICD10**: M63.838, M54.6

**Jcode**: J0585 (100 u)

**EMG**: 95874

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**Muscles injected**

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>64616</td>
<td>RT Cervical Paraspinal</td>
</tr>
<tr>
<td>64646</td>
<td>RT Thoracic Paraspinal</td>
</tr>
<tr>
<td>64642</td>
<td>Levator Scapulae (below C7)</td>
</tr>
</tbody>
</table>
Piriformis/Low Back

ICD10: G57.0/M62.838
Jcode: J0587/Rima (20,000 u)
EMG: 95874
Ultrasound: 76942

Muscles injected

<table>
<thead>
<tr>
<th>Muscles injected</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left lumbar</td>
<td>64646</td>
</tr>
<tr>
<td>Right lumbar</td>
<td>no charge</td>
</tr>
<tr>
<td>Left piriformis</td>
<td>64642</td>
</tr>
</tbody>
</table>
Botulinum Toxin Billing and Coding

Pearls

- Always perform prior-authorization
- Don’t forget to link your ICD9 and CPT codes
- Avoid charging an E/M with an injection
- Some insurances require specialty pharmacy
- Be aware of which insurance carriers in your area allow for injections to be performed every twelve weeks (84 days) vs every 90 days or 13 weeks (such as Medicare) to ensure payment
- Don’t forget to bill for wastage
- Perform regular chart reviews