

## Dermatology Coding Alert

### Reader Question: Pay Close Attention to Units for All of Your Botox Charges

**Question:** My doctor's office starting administering Botox to patients, but I have never billed it before. I know the appropriate J code is J0585 per unit. What constitutes a unit, and how much should I charge per unit? Is there an administration code for the injection? How much should I charge for this? Are there any other codes I need to know about?

Florida Subscriber

**Answer:** J0585 (Botulinum toxin type A, per unit) is the appropriate HCPCS code for type A Botox administration, per unit. You can determine units according to the package instructions. Usually, dermatologist administer Botox in groups (such as four units to five anatomic sites for a total of 20 units).

Generally, the CPT codes you will choose from for the administration of Botox (Botulinum toxin Type A) include:

1. 64640 - Destruction by neurolytic agent; other peripheral nerve or branch
2. 64612 - Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (e.g., for blepharospasm, hemifacial spasm)
3. 64613 - ... cervical spinal muscles (e.g., for spasmodic torticollis)
4. 64614 - ... extremity(s) and/or trunk muscle(s) (e.g., for dystonia, cerebral palsy, multiple sclerosis).