

Dermatology Coding Alert

You Be the Coder: Myobloc Isn't Botox, but Coding Is Similar

Question: How should I report Myobloc injections? Is Myobloc just another name for Botox?

California Subscriber

Answer: Myobloc, like Botox, is a serotype of botulinum toxin, but the two are not the same. More precisely, Myobloc is the trade name for botulinum toxin type B (Botox is the trade name for botulinum toxin type A), and you should bill for the drug using the dedicated HCPCS supply code J0587 (Botulinum toxin type B, per 100 units).

Myobloc is available in 2,500-, 5,000- and 10,000-unit vials, and, as the HCPCS code descriptor specifies, you should bill per 100 units of drug the physician administers.

For example, to report use of a 2,500-unit vial, enter "25" as the billing units in block 24, column G of the CMS-1500 claim form. Some claims processing systems do not allow three digits in block 24, column G.

Therefore, when billing for doses greater than 10,000 (or 100 billable units), enter 99 units on the first line and 1 unit on the second line. It is not recommended to enter "50" and "50" because one of the lines may be rejected as a duplicate entry.

Payers (including Medicare) have recently increased the number of allowable Myobloc indications significantly. Initially, Medicare and other payers would cover Myobloc only to reduce the abnormal head position and neck pain associated with cervical dystonia (also known as spasmodic torticollis, 333.83).

In recent months, however, many regional Medicare carriers and private insurers are allowing Myobloc payment for patients with conditions other than cervical dystonia. For example, TrailBlazer Health Enterprises, a Medicare Part B carrier in Delaware, the District of Columbia, Maryland, Texas and Virginia, now covers botulinum toxin type B for all the same diagnoses as type A.

You should report injection services for botulinum toxin B much like those for botulinum toxin A, using 64612-64614 (Chemodenervation of muscle[s] ...), as determined by the anatomic location of the injection. As with Botox, Medicare and most other payers will reimburse for one injection per muscle group, even when the physician administers multiple injections to the same site.