

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: Know How to Report Single Blepharospasm Injection

**Question:** How would I report a Botox injection to control blepharospasm in only one eye?

**Answer:** If the ophthalmologist uses Botox to treat blepharospasm with injections into the skin around one eye, you would use 64612 (Chemodenervation of muscle[s]; muscle[s] innervated by facial nerve [e.g., for blepharospasm, hemifacial spasm]) with modifier LT (Left side) or RT (Right side) on the first line of the CMS-1500 form. Medicare (and payers that follow Medicare guidelines) allow reimbursement for 64612 per eye.

So if the ophthalmologist injects Botox for blepharospasm of the right and left eyelids, report 64612-50 (Bilateral procedure). You should earn 150 percent of the payment you would receive for injecting one eye. Link the injection code to ICD-9 code 333.81 (Blepharospasm). Report the codes per area (right or left), not per injection. If the ophthalmologist administers more than one injection on the same side, you may still only report a single billing of 64612.

If your office is supplying the drug, don't forget to bill using HCPCS supply code J0585 (Injection, onabotulinumtoxina, 1 unit). Medicare reimburses for any waste when an ophthalmologist has to discard the remainder of the botulinum vial.

**Example:** If the physician uses 50 units of the vial for injections and has to discard the remaining 50 units, you could bill for the total of 100 units. Check with your local carrier because reporting guidelines differ regarding the wasted Botox. The medical record must also show the amount the ophthalmologist injected and the amount wasted for the patient.