

## Eli's Rehab Report

### You Be the Coder: Craniotomy-Incision Botox Injections

**Question:** How should I code for Botox injections along a craniotomy incision? My physiatrist performed a total of four injections along the incision using a 27G needle with a solution of 100 units of dissolved Botox and about 11 cc of normal saline.

Georgia Subscriber

**Answer:** Check with your physiatrist about what anatomic structure he actually injected. The typical CPT codes you should use for botulinum injections are the chemodenervation series: [CPT 64612](#) (Chemodenervation of muscle[s]; muscle[s] innervated by facial nerve [e.g., for blepharospasm, hemifacial spasm]), 64613 (... cervical spinal muscle[s] [e.g., for spasmodic torticollis]), and 64614 (... extremity[s] and/or trunk muscle[s] [e.g., for dystonia, cerebral palsy, multiple sclerosis]).

Physiatrists inject botulinum into muscle to "prevent" the nerve from communicating with the muscle leading to decreased muscle spasticity. The craniotomy incision site location will help you choose the correct code.

For example, a physiatrist sees a patient diagnosed with torticollis to the right side. The physiatrist injects botulinum type A as follows: 40 units in sternocleidomastoid, 35 units in levator scapulae, 60 units in splenius capitis, and 65 units in multiple locations in the trapezius. You should report 64613 and J0585 (Botulinum toxin type A, per unit) 200 units.

Encourage your physiatrist to include more detail as to injection location, anatomic structure (including what muscle and what nerves), and reasons for medical necessity for the botulinum. Point out that Botox currently has a provider cost of about \$490 per 100-unit vial.