Eli's Rehab Report

You Be the Coder: Nerve Destruction Codes for Botox

Question: Which nerve destruction code(s) should I use for Botox in the neck and shoulders?

Iowa Subscriber

Answer: For this service, you should review 64613 (Chemodenervation of muscle[s]; 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]) and decide which code to use, based on site.

Note: The descriptor for these codes refers to the plural "muscles." Accordingly, many payers will allow payment for one injection per site regardless of the number of injections administered, with a site defined as including muscles of a single contiguous body part (for example, a single limb, eyelid, face, neck, etc.). Therefore, if the physician administers two injections to the same site (such as the muscles in an extremity), you should not append either modifier -50 (Bilateral procedure) or modifier -51 (Multiple procedures). You should report 1 unit of service.

CPT states that you should report codes 64612-64614 once, even though the physician performs multiple injections along a particular muscle. Physicians will typically inject several muscles. If the physiatrist injects Botox into a muscle not listed in these codes, you'll have to report an unlisted-procedure code (64999, Unlisted procedure, nervous system), coding experts say.

Also, the CMS Physician Fee Schedule assigns a bilateral indicator of "0" to **CPT 64613** , indicating that the payment adjustment for bilateral procedures does not apply. Therefore, you should never append modifier -50 to 64613, although the fee schedule does allow the bilateral modifier with and adjusted reimbursement for related codes 64612 and 64614.

The fee schedule assigns a multiple-procedure indictor of "2" to 64613, thereby indicating that you can append modifier -51 when reporting 64613 with other injections at different sites. Remember, multiple injections to the cervical spinal muscles count as only a single unit. But if the physician reports one unit of 64612 (4.56 RVU) with one unit of 64613 (5 RVU), you should use modifier -51 to report multiple procedures with 64612 because this is the lower-valued CPT code.