

Eli's Rehab Report

You Be the Coder: Report -52 for a Halted Injection?

Question: One of our patients presented for a Botox injection. The physiatrist drew the medication and was just about to stick the patient, but the patient refused the injection once she saw the needle. Can we still bill for the injection if we append the reduced services modifier?

Iowa Subscriber

Answer: You cannot report the injection code (64612-64614, 67345), because you never actually injected the patient.

Modifier -52 (Reduced services) would not be appropriate because you didn't perform a reduced service. From Medicare's standpoint, you did not perform any service.

Because the physiatrist filled the syringe with the botulinum toxin medication, you can report the appropriate Botox HCPCS code to Medicare - either J0587 (Botulinum toxin type B, per 100 units) or J0585 (Botulinum toxin type A, per unit).

Some carriers may question why you reported a HCPCS code and not a CPT code to represent the injection. Send a letter to your carrier explaining what happened. You may be able to avoid this confusion if you can use the syringe on another patient.

Most carriers encourage practices to schedule Botox patients on the same day so the physician can split Botox vials between patients to avoid wastage. If another Botox patient is in your waiting room and requires the same dosage as the patient who refused the injection, you can use the medication on the second patient and report it to his insurer.