

## Pain Management Coding Alert

### Drug Coding: Prevent Botox A Headaches with this Exclusive Advice

#### PM practices might use Botox A to treat several conditions.

When you think of Botox, you might immediately think of migraine headaches. It's not surprising, as patients with these headaches often receive Botox A shots after trying more traditional methods to ease their condition.

**Did you know?** There are many other conditions that your provider might treat using Botox A (onabotulinumtoxinA)? Further, there's a specific set of CPT® codes that you'll most often use for Botox A admin.

Check out this primer on when to report Botox A injections, and how to arrive at the proper codes for a successful claim.

#### Torticollis, Spasticity Could Prompt Botox A Shot

Botox A injections can aid in the treatment of many conditions your patients might be suffering from. Consider this list of diagnoses that might lead to a Botox A treatment, courtesy of **Suzan Hauptman, MPM, CPC, CEMC, CEDC**, senior principal of ACE Med Group in Pittsburgh:

- Neurological diseases (Parkinson's, etc.);
- Facial or eyelid spasm;
- Chronic migraine;
- Cervical dystonia;
- Torticollis;
- Spasticity;
- Limb hemiplegia;
- Cerebral palsy (CP);
- Excessive sweating;
- Multiple sclerosis (MS);
- Muscle spasms; and
- Bell's palsy.

**Caveat 1:** This is not a comprehensive list of conditions that might call for Botox A treatment; a patient could report with a malady not listed above and benefit from Botox. Conversely, not every patient who suffers from one of the above conditions will necessarily qualify for covered Botox A shots. Each Botox A decision is different, based on patient condition, payer policy, and encounter specifics.

**Caveat 2:** Botox A is an expensive drug, so insurers can be very strict when considering these claims. Check each payer's policy on medical necessity as it pertains to Botox A before reporting the service, Hauptman recommends.

Requirements for reporting Botox A are typically outlined in a payer's contract, and "these requirements must be met in order for Botox A to be a covered therapy," she explains.

#### Report Admin with Chemodenervation Codes

When you report Botox A administration, you'll use J0585 (Injection, onabotulinumtoxinA, 1 unit) for each unit of the drug you use. You'll also need to report an administration code to complete the claim. You can use a single vial for more than one patient, but Botox A has a short shelf life once you open it, Hauptman says. (For more information on coding for any wasted Botox A supply, see "Get Some Botox Bucks Back with JW" on page 51.)

Your patient will receive Botox A via injection, and you'll code most of these injections with the following codes. Many of the codes give you examples of the conditions they treat in the descriptor, so pay attention when choosing an admin code:

- 64611 (Chemodenervation of parotid and submandibular salivary glands, bilateral). This procedure is often performed on patients who drool due to neurological diseases such as Parkinson's, Hauptman reports.
- 64612 (Chemodenervation of muscle[s]; muscle[s] innervated by facial nerve, unilateral [eg, for blepharospasm, hemifacial spasm])
- 64615 (Chemodenervation of muscle[s]; muscle[s] innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral [eg, for chronic migraine])
- 64616 (Chemodenervation of muscle[s]; neck muscle[s], excluding muscles of the larynx, unilateral [eg, for cervical dystonia, spasmodic torticollis])
- 64642 (Chemodenervation of one extremity; 1-4 muscle[s]). Your provider will often perform this injection "on patients who have spasticity, hemiplegia of the limb, cerebral palsy, etc.," explains Hauptman.
- 64643 (Chemodenervation of one extremity; each additional extremity, 1-4 muscle[s] [List separately in addition to code for primary procedure]). This is an add-on code for patients who require injections to one to four muscles in multiple extremities (for example, three muscle injections in their right leg and one muscle injection in their right arm). You should use 64643 only with 64642 and 64644.
- 64644 (Chemodenervation of one extremity; 5 or more muscles). Use this code when the provider injects five or more muscles in an affected extremity.
- 64645 (Chemodenervation of one extremity; each additional extremity, 5 or more muscles [List separately in addition to code for primary procedure]). This is an add-on code for patients who require five or more injections to muscles in multiple extremities (for example, five muscle injections in their right leg and six muscle injections in their right arm). Coders should only use 64645 in conjunction with 64644.
- 64646 (Chemodenervation of trunk muscle(s); 1-5 muscle[s])
- 64647 (Chemodenervation of trunk muscle(s); 6 or more muscles)
- 64650 (Chemodenervation of eccrine glands; both axillae). Report this code when the clinician performs Botox A treatments for conditions such as excessive sweating.

### Check for Injection Guidance

Some Botox A administration encounters require guidance. When this occurs, you'll choose 95873 (Electrical stimulation for guidance in conjunction with chemodenervation [List separately in addition to code for primary procedure]) or 95874 (Needle electromyography for guidance in conjunction with chemodenervation [List separately in addition to code for primary procedure]) for the guidance, depending on the type of guidance.

**Add-on alert:** Both of the guidance codes you might use during Botox A administration are add-on codes; you can never report them without attaching them to an approved primary code. Coding rules dictate that you only use 95873 or 95874 with 64612, 64615, 64616, 64642, 64643, 64644, 64645, 64646, and 64647.