

## Pain Management Coding Alert

### You Be the Coder: Get Botox® Shots Right With Descriptor Smarts

**Question:** When our physicians administer Botox® for chronic migraines, we bill the HCPCS J code for the drug with procedure code 64616 and modifier 50. Payers are sending multiple denials, stating that the procedure/modifier combination is invalid. What's our best coding strategy?

Tennessee Subscriber

**Answer:** When coding injections of Botulinum toxins, also known as chemodenervation, the key is to review the CPT® code terminology. The procedure code you'll turn to is 64616 (Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)).

Note that the descriptor states, "muscle(s)." Regardless of the number of injections your provider administers to the same muscle area, you should only report the applicable chemodenervation code once.

Report J0585 (Injection, onabotulinumtoxina, 1 unit) for the medication. Remember most payers allow coverage for unavoidable wastage of single dose medications, including Botulinum toxins. It is important that your provider clearly documents both the amount injected and wasted. Some payers require the wastage to be reported on a separate line item with modifier JW (Drug amount discarded/not administered to any patient). It is best to check your payer's policy before filing the claim.

Append modifier JW when billing for a drug or biological for which the provider discards the remainder of a single dose vial after administering a portion of the drug to the patient.

Append this modifier to the drugs and biologicals codes to show that the provider administers the necessary or prescribed amount of a drug supplied in a single dose vial and discards the remaining amount of the drug.

The medical documentation must include the amount of the drug that the provider discards, along with the reason for the same.