

Billing and Coding Guidelines

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Title

INJ- 018 Botulinum Toxin Type A & Type B

Revision Effective Date

05/01/2012

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CMS Regulations:

Title XVIII of the Social Security Act section 1862 (a)(1)(A). This section allows coverage and payment of those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act section 1862 (a)(7). This section excludes routine physical examinations and services

Title XVIII of the Social Security Act section 1833 (e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Coding Information

Reasons for Denial

Payment will not be made for any spastic condition not listed under "ICD-9-CM Codes That Support Medical Necessity such as:

1. Use of Botulinum toxin for the treatment of anal spasm, irritable colon, biliary dyskinesia, headaches, craniofacial wrinkles or any treatment of other spastic conditions not listed as covered in this policy are considered to be experimental (including the treatment of smooth muscle spasm).
2. Use of Botulinum toxin for patients receiving aminoglycosides, which may interfere with neuromuscular transmission; or
3. Use of Botulinum toxin for patients with chronic paralytic strabismus, except to reduce antagonistic contractor in conjunction with surgical repair
4. Treatment exceeding accepted dosage parameters unless supported by individual medical record review as well as treatments where the goal is to improve appearance rather than function.
5. The corresponding surgery code was not billed.
6. Use of HCPCS code J0588 IncobotulinumtoxinA for treatment of blepharospasm without prior history of treatment with onabotulinumtoxinb.

Coding Guidelines

1. Claim submission must include an ICD-9-CM code

2. No E&M code will be allowed in conjunction with the procedure, unless there is a clear indication that the patient was seen for an entirely different reason. Modifier 25 must be appended to the E&M code to indicate that the visit was for an unrelated condition.
3. For injection of Botulinum into laryngeal muscles use CPT code 64999 (Unlisted procedure, nervous system).
4. The following guidelines should be used when billing for injections of Botulinum toxin for covered conditions/diagnosis. Failure to report the surgical procedure may result in denial of the claim.

Procedure Code	ICD-9 Code	Description
31513	478.30-478.34	Paralysis of vocal cords
31570	478.75	Laryngeal spasm
31571	784.40-784.49 784.51 784.59	Voice and resonance disorder, unspecified, Dysarthria Other speech disturbance
43201	530	Achalasia and cardiospasm
43236	530	Achalasia and cardiospasm
53899	596.55 596.59 788.31 788.41 596.54	Detrusor sphincter dyssynergia Other functional disorder of bladder Urge incontinence Urinary frequency Neurogenic bladder unsp
64611	332 527.2 527.7	Paralysis agitans Sialoadenitis Disturbance of salivary secretion
64612	333.81 333.82 342.11 342.12 351.8	Blepharospasm Orofacial dyskinesia, e.g., jaw opening or jaw closing dystonia Spastic hemiplegia, affecting dominant site Spastic hemiplegia, affecting non-dominant site Other facial nerve disorders – facial myokymia, Melkersson's syndrome
64613	333.6 333.71 333.72 333.79 333.83 333.89 478.75 723.5	Idiopathic torsion dystonia Athetoid cerebral palsy Acute dystonia Symptomatic torsion dystonia Spasmodic torticollis Other fragments of torsion dystonia Laryngeal spasm Torticollis, unspecified

	754.1	Congenital sternomastoid torticollis, congenital wryneck
	784.40 -784.49	Voice and resonance disorder, unspecified,
	784.51	Dysarthria
	784.52	Fluency disorder in conditions classified elsewhere
	784.59	Other speech disturbance.
Either 64612 or 64613 One service per day regardless of the number or location of injections	346.7	Chronic migraine without aura, without mention of intractable migraine without mention of status migrainosus
	346.71	Chronic migraine without aura, without mention of intractable migraine without mention of status migrainosus
	346.72	Chronic migraine without aura, with intractable migraine, so stated without mention of status migrainosus
	346.73	Chronic migraine without aura, with intractable migraine, so stated with status migrainosus
64614 and 64640	333.1	Essential and other specified forms of tremor
	333.3	Tics of organic origin
	333.6	Idiopathic torsion dystonia
	333.71	Athetoid cerebral palsy
	333.72	Acute dystonia
	333.79	Symptomatic torsion dystonia
	333.84	Organic writer's cramp
	333.89	Other torsion dystonia
	334.1	Hereditary spastic paraplegia
	340	Multiple sclerosis
	341	Neuromyelitis optica
	341.1	Schilder's disease
	341.8	Other demyelinating disease of central nervous system
	341.9	Demyelinating disease of central nervous system, unspecified
	342.1	Spastic hemiplegia, affecting unspecified site
	342.10	Spastic hemiplegia and hemiparesis affecting unspecified side
	342.11	Spastic hemiplegia, affecting dominant site
	342.12	Spastic hemiplegia, affecting non-dominant site
64614 and	343	Diplegic, congenital

64640	343.0	Congenital diplegia
	343.1	Hemiplegic, congenital
	343.2	Quadriplegic
	343.3	Monoplegic
	343.4	Infantile hemiplegia
	343.8	Other specific cerebral palsy
	343.9	Infantile cerebral palsy, unspecified
	344	Quadriplegia, unspecified
	344.00	Quadriplegia unspecified
	344.01	C1-C4, complete
	344.02	C1-C4, incomplete
	344.03	C5-C7, complete
	344.04	C5-C7, incomplete
	344.09	Other quadriplegia
	344.1	Paraplegia
	344.2	Diplegia of upper limb
	344.3	Monoplegia of lower limb, affecting unspecified side
	344.30	Monoplegia of lower limb affecting unspecified side
	344.31	Monoplegia of lower limb, affecting dominant side
	344.32	Monoplegia of lower limb, affecting nondominant side
	344.4	Monoplegia of upper limb, affecting unspecified side
	344.41	Monoplegia of upper limb, affecting dominant side
	344.42	Monoplegia of upper limb, affecting nondominant side
	344.5	Unspecified monoplegia
	374.03	Spastic entropion
	374.13	Spastic ectropion
	438	Late effects of cerebrovascular disease; cognitive deficits
438.20	Hemiplegia affecting unspecified side	
438.21	Hemiplegia affecting dominant side	
438.22	Hemiplegia affecting nondominant side	
438.30	Monoplegia of upper limb affecting unspecified side	
438.31	Monoplegia of upper limb affecting dominant side	
438.32	Monoplegia of upper limbs affecting nondominant side	
438.41	Monoplegia of lower limb affecting dominant side	
438.42	Late effects of cerebrovascular disease	
64614 and 64640	438.50	Other paralytic syndrome affecting unspecified side
	438.51	Other paralytic syndrome affecting dominant side
	438.52	Other paralytic syndrome affecting nondominant side

	438.53	Other paralytic syndrome bilateral
	596.54	Neurogenic bladder unsp
	596.55	Detrusor sphincter dyssynergia
	596.59	Other functional disorder of bladder
	705.21	Primary focal hyperhidrosis
	728.85	Spasm of muscles
	729.89	Other musculoskeletal symptoms referable to limbs
	781	Abnormal involuntary movements
	788.41	Urinary frequency
64650	705.21	Primary focal hyperhidrosis
67345	378	Esotropis, unspecified
	378.01	Monocular esotropia
	378.02	Monocular esotropia with A pattern
	378.03	Monocular esotropia with V pattern
	378.04	Monocular esotropia with other noncomitancies
	378.05	Alternating esotropia
	378.06	Alternating esotropia with A pattern
	378.07	Alternating esotropia with V pattern
	378.08	Alternating esotropia with other noncomitancies
	378.1	Exotropia, unspecified
	378.11	Monocular exotropia
	378.12	Monocular exotropia with A pattern
	378.13	Monocular exotropia with V pattern
	378.14	Monocular exotropia with other noncomitancies
	378.15	Alternating exotropia
	378.16	Alternating exotropia with A pattern
	378.17	Alternating exotropia with V pattern
	378.18	Alternating exotropia with other noncomitancies
	378.2	Intermittent heterotropia, unspecified
	378.21	Intermittent esotropia, monocular
	378.22	Intermittent esotropia, alternating
	378.23	Intermittent exotropia, monocular
	378.24	Intermittent exotropia, alternating
	378.3	Heterotropia, unspecified
	378.31	Hypertropia
	378.32	Hypotropia
	378.33	Cyclotropia
	378.34	Monofixation syndrome (Microtropia)
	378.35	Accommodative component in esotropia
	378.4	Heterophoria, unspecified

	378.41	Esophoria
	378.42	Exophoria
	378.43	Vertical heterophoria
	378.44	Cyclophoria
	378.45	Alternating hyperphoria
	378.5	Paralytic strabismus, unspecified
	378.51	Third or oculomotor nerve palsy, partial
	378.52	Third or oculomotor nerve palsy, total
	378.53	Fourth or trochlear nerve palsy
	378.54	Sixth or abducens nerve palsy
	378.55	External ophthalmoplegia
	378.56	Total ophthalmoplegia
	378.6	Mechanical strabismus, unspecified
	378.61	Brown's (tendon) sheath syndrome
	378.62	Mechanical strabismus from other musculoskeletal disorders
	378.63	Limited duction associated with other conditions
	378.71	Duane's syndrome
	378.72	Progressive external ophthalmoplegia
	378.73	Strabismus in other neuromuscular disorders
	378.81	Palsy of conjugate gaze
	378.82	Spasm of conjugate gaze
	378.83	Convergence insufficiency or palsy
	378.84	Convergence excess or spasm
	378.85	Anomalies of divergence
	378.86	Internuclear ophthalmoplegi
	378.87	Other dissociated deviation of eye movements
	378.9	Unspecified disorder of eye movements
64999 use for injection procedure when giving Botulinum during Laryngoscopy	478.3	Paralysis of vocal cords, unspecified
	478.31	Paralysis of vocal cords, unilateral, partial
	478.32	Paralysis of vocal cords, unilateral, complete
	478.34	Paralysis of vocal cords, bilateral, complete

5. To bill medically necessary electromyography guidance, report the appropriate following CPT code(s):

- 92265 Needle oculo-electromyography, one or more extraocular muscles, one or both eyes, with Interpretation and report
- 95860 Needle electromyography, one extremity with or without related paraspinal areas
- 95861 Needle electromyography, two extremities with or without related paraspinal areas
- 95863 Needle electromyography, three extremities with or without related paraspinal areas
- 95864 Needle electromyography, four extremities with or without related paraspinal areas

95865	Needle Electromyography; larynx
95866	Needle electromyography: hemidiaphragm
95867	Needle electromyography; cranial nerve supplied muscle(s) , unilateral
95868	Needle electromyography; cranial nerve supplied muscle(s), bilateral
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
95870	Needle electromyography; limited study of muscles in one extremity or non-limb (axial) muscled (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles or sphincters
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)

7. Botulinum toxin type A is available only in 100 unit vials. Once the drug is reconstituted it has a shelf life of only four (4) hours. Because Botulinum toxin type A is an expensive drug, CMS is encouraging providers to schedule patients in such a way that the drug may be used most efficiently. If a vial is split between patients, the billing in these instances must be for the exact amount of Botulinum toxin used on each individual patient, and a proportion of the wastage for all patients treated on that day. Medicare will not expect to see billing for the full amount for Botulinum toxin on each patient when the vial is split between two or more patients. However, if a physician must discard the remainder of a vial after administering to a Medicare patient, Medicare covers the amount of drug discarded in addition to the amount administered; up to a whole multiple of vials. Documentation must reflect in the patient's medical record the exact dosage of the drug given and a statement that the unused portion of the drug was discarded.

8. Botulinum toxin type B is provided as a clear and colorless to light yellow sterile injectable solution in single use 3.5 glass vials. Botulinum toxin type B may be diluted with normal saline. Once diluted, the product must be used within 4 hours, as the formulation does not contain a preservative. Medicare will reimburse the unused portion of this drug only when the vial is not split between patients. However, documentation must show in the patient's medical record the exact dosage of the drug given and the exact amount of the discarded portion of the drug.

Revision Date: 05/01/2012

Publication Date: 05/01/2012

Revision: 05/01/2012, (Twelve) updated coding guideline number 4, added ICD-9 codes 438.20, 438.21, 438.22, 438.30, 438.50, 438.51-438.53
01/01/2012, (Eleven) effective dated of service 01/01/2012, added J0588 Injection, Incobotulinumtoxin a, 1 unit, removed HCPCS code Q2040;
10/01/2011, (Ten) allow on same DOS either CPT code 64612 or 64613 for migraine. Added section titled "Either 64612 or 64613." ICD-9 codes for CPT procedures 64612 and 64613 are 346.70, 346.71, 346.72 and 346.73. Removed CPT code 42699 and replaced with CPT code 64611. Added for CPT code 64611, ICD-9 codes 332.0 and 527.2.

03/01/2011, (Nine) added HCPCS code Q2040 effective 4/01/2011, removed J3490 effective 03/31/2011;

02/01/2011, (Eight), corrected typo in revision history, corrected HCPCS J0583 to HCPCS J0585,

01/01/2011, (Seven), per FDA approval of HCPCS code J0585 for this service added ICD-9 code 346.70 – 346.73, not covered for HCPCS code J0585 346.01 or 346.91;

12/01/2010, (Six) added information regarding Xeomin®, added ICD-9 code 346.01, 346.11, 346.91 w/CPT code 64613 for J0585 dates of service after 10/15/10 ;

09/01/2010, (Five) added ICD-9 codes 596.54, 596.55 when billed with CPT code 53899, 64614 or 64647 with an effective date of 05/16/2009;

02/01/2010, four, added CPT code 53899, added ICD-9 596.59 and 788.41 with an effective date of 05/16/2009;

01/01/2010, three, annual HCPCS update change in description of CPT code 95860, J0585, J0587, added J0586, removed reference to brand names in text of LCD;

10/01/2009 two, annual ICD-9, 2010 code update description change 784.40, 784.49 codes 784.42,784.43,784.44 added to range, added new codes 784.51,784.59 Deleted code 784.5;

07/01/2009, one, added ICD-9 code 374.03 and 333.1 to CPT codes 64614 and 64640;

Note: