

BOTOX® Billing & Coding for NeuroRehab

Cervical Dystonia, Blepharospasm, and Adult Spasticity



Indications

Adult Spasticity:

Adult Upper Limb Spasticity

BOTOX® for injection is indicated for the treatment of upper limb spasticity in adult patients to decrease the severity of increased muscle tone in elbow, wrist, finger, and thumb flexors (biceps, flexor carpi radialis, flexor carpi ulnaris, flexor digitorum profundus, flexor digitorum sublimis, adductor pollicis, and flexor pollicis longus).

Adult Lower Limb Spasticity

BOTOX® is indicated for the treatment of lower limb spasticity in adult patients to decrease the severity of increased muscle tone in ankle and toe flexors (gastrocnemius, soleus, tibialis posterior, flexor hallucis longus, and flexor digitorum longus).

Limitations of Use

Safety and effectiveness of BOTOX® have not been established for the treatment of other upper or lower limb muscle groups. BOTOX® has not been shown to improve upper extremity functional abilities, or range of motion at a joint affected by a fixed contracture.

Cervical Dystonia

BOTOX® is indicated for the treatment of adults with Cervical Dystonia to reduce the severity of abnormal head position and neck pain associated with Cervical Dystonia.

Blepharospasm

BOTOX® is indicated for the treatment of Blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorders in patients 12 years of age and older.

IMPORTANT SAFETY INFORMATION, INCLUDING BOXED WARNING

WARNING: DISTANT SPREAD OF TOXIN EFFECT

Postmarketing reports indicate that the effects of BOTOX® and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These may include asthenia, generalized muscle weakness, diplopia, ptosis, dysphagia, dysphonia, dysarthria, urinary incontinence, and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening, and there have been reports of death. The risk of symptoms is probably greatest in children treated for spasticity, but symptoms can also occur in adults treated for spasticity and other conditions, particularly in those patients who have an underlying condition that would predispose them to these symptoms. In unapproved uses and in approved indications, cases of spread of effect have been reported at doses comparable to those used to treat Cervical Dystonia and spasticity and at lower doses.

Please see additional Important Safety Information on following pages.

Important codes

It is essential to diagnose and code correctly for BOTOX® therapy service(s) to help ensure timely and adequate reimbursement.

DRUG BILLING CODES		
TYPE	CODE	CODE DESCRIPTOR
HCPCS II	J0585 ^a	INJECTION, ONABOTULINUMTOXINA, 1 UNIT
NDC	00023-1145-01 ^b	BOTOX® 100 Unit vial
	00023-3921-02 ^b	BOTOX® 200 Unit vial

^a The descriptor for J0585 requires that BOTOX® be billed by number of Units, not number of vials.

^b For electronic billing, payers require an 11-digit NDC number (5-4-2 configuration) to be reported on the claim form. Therefore, an additional zero should be added to the beginning of the 10-digit NDC listed on the box (eg, 00023-1145-01).

The information contained herein is gathered from third-party sources and is subject to change. This information is intended for reference only. Nothing in this document is intended to serve as reimbursement or legal advice, a guarantee of coverage, or a guarantee of payment for BOTOX®. Coding is a clinical decision, and the provider should code to the highest level of specificity.

IMPORTANT SAFETY INFORMATION (continued)

CONTRAINDICATIONS

BOTOX® is contraindicated in the presence of infection at the proposed injection site(s) and in patients who are hypersensitive to any botulinum toxin product or to any of the components in the formulation.

WARNINGS AND PRECAUTIONS

Spread of Toxin Effect

See Boxed Warning.

No definitive serious adverse event reports of distant spread of toxin effect associated with BOTOX® for Blepharospasm at the recommended dose (30 Units and below) have been reported.

Lack of Interchangeability Between Botulinum Toxin Products

The potency Units of BOTOX® are specific to the preparation and assay method utilized. They are not interchangeable with other preparations of botulinum toxin products and, therefore, Units of biological activity of BOTOX® cannot be compared to nor converted into Units of any other botulinum toxin products assessed with any other specific assay method.

Serious Adverse Reactions With Unapproved Use

Serious adverse reactions, including excessive weakness, dysphagia, and aspiration pneumonia, with some adverse reactions associated with fatal outcomes, have been reported in patients who received BOTOX® injections for unapproved uses. In these cases, the adverse reactions were not necessarily related to distant spread of toxin, but may have resulted from the administration of BOTOX® to the site of injection and/or adjacent structures. In several of the cases, patients had pre-existing dysphagia or other significant disabilities. There is insufficient information to identify factors associated with an increased risk for adverse reactions associated with the unapproved uses of BOTOX®.

The safety and effectiveness of BOTOX® for unapproved uses have not been established.

Please see additional Important Safety Information on following pages.

Important codes (continued)

ICD-10-CM codes submitted to the payer must:

- Accurately describe the diagnosis for which the patient receives BOTOX® treatment
- Represent codes at the highest level of specificity (up to 3-7 character codes)
- Reflect the contents of any clinical notes and/or chart documentation to be included in a Letter of Medical Necessity (LOMN) or prior authorization (PA)

This coding information contained herein is gathered from various resources and is subject to change. This document is intended for reference only. Nothing in this document is intended to serve as reimbursement advice, a guarantee of coverage, or a guarantee of payment for BOTOX®. Third-party payment for medical products and services is affected by numerous factors. The decision about which code to report must be made by the provider/physician considering the clinical facts, circumstances, and applicable coding rules, including the requirement to code to the highest level of specificity. Please refer to your Medicare policy/other payer policies for specific guidance.

CERVICAL DYSTONIA CODES		
TYPE	CODE	CODE DESCRIPTOR
ICD-10-CM	G24.3	Spasmodic torticollis
CPT®	64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)
ADDITIONAL CODES		
TYPE	CODE	CODE DESCRIPTOR
Guidance	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)
Modifier	-50	Bilateral procedure

CPT® codes submitted to the payer must describe the service(s) performed. Please check with your specific payer to determine the use of modifiers.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

Hypersensitivity Reactions

Serious and/or immediate hypersensitivity reactions have been reported. These reactions include anaphylaxis, serum sickness, urticaria, soft-tissue edema, and dyspnea. If such a reaction occurs, further injection of BOTOX® should be discontinued and appropriate medical therapy immediately instituted. One fatal case of anaphylaxis has been reported in which lidocaine was used as the diluent, and consequently the causal agent cannot be reliably determined.

Please see additional Important Safety Information on following pages.

Important codes (continued)

BLEPHAROSPASM CODES		
TYPE	CODE	CODE DESCRIPTOR
ICD-10-CM	G24.5	Blepharospasm
CPT®	64612	Chemodeneration of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)
	67345	Chemodeneration of extraocular muscle
ADDITIONAL CODES		
TYPE	CODE	CODE DESCRIPTOR
Guidance	92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report
Modifier	-50	Bilateral procedure

CPT® codes submitted to the payer must describe the service(s) performed. Please check with your specific payer to determine the use of modifiers.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

Increased Risk of Clinically Significant Effects With Pre-existing Neuromuscular Disorders

Individuals with peripheral motor neuropathic diseases, amyotrophic lateral sclerosis (ALS), or neuromuscular junction disorders (eg, myasthenia gravis or Lambert-Eaton syndrome) should be monitored when given botulinum toxin. Patients with known or unrecognized neuromuscular disorders or neuromuscular junction disorders may be at increased risk of clinically significant effects including generalized muscle weakness, diplopia, ptosis, dysphonia, dysarthria, severe dysphagia, and respiratory compromise from therapeutic doses of BOTOX® (see *Warnings and Precautions*).

Dysphagia and Breathing Difficulties

Treatment with BOTOX® and other botulinum toxin products can result in swallowing or breathing difficulties. Patients with pre-existing swallowing or breathing difficulties may be more susceptible to these complications. In most cases, this is a consequence of weakening of muscles in the area of injection that are involved in breathing or oropharyngeal muscles that control swallowing or breathing (see *Boxed Warning*).

Pulmonary Effects of BOTOX® in Patients With Compromised Respiratory Status Treated for Spasticity

Patients with compromised respiratory status treated with BOTOX® for adult spasticity should be monitored closely.

Corneal Exposure and Ulceration in Patients Treated With BOTOX® for Blepharospasm

Reduced blinking from BOTOX® injection of the orbicularis muscle can lead to corneal exposure, persistent epithelial defect, and corneal ulceration, especially in patients with VII nerve disorders.

Bronchitis and Upper Respiratory Tract Infections in Patients Treated for Spasticity

Bronchitis was reported more frequently as an adverse reaction in adult patients treated for upper limb spasticity with BOTOX® (3% at 251 Units to 360 Units total dose) compared to placebo (1%). In adult patients with reduced lung function treated for upper limb spasticity, upper respiratory tract infections were also reported more frequently as adverse reactions in patients treated with BOTOX® (11% at 360 Units total dose; 8% at 240 Units total dose) compared to placebo (6%). In adult patients treated for lower limb spasticity, upper respiratory tract infections were reported more frequently as an adverse reaction in patients treated with BOTOX® (2% at 300 Units to 400 Units total dose) compared to placebo (1%).

Human Albumin and Transmission of Viral Diseases

This product contains albumin, a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases and variant Creutzfeldt-Jakob disease (vCJD). There is a theoretical risk for transmission of Creutzfeldt-Jakob disease (CJD), but if that risk actually exists, the risk of transmission would also be considered extremely remote. No cases of transmission of viral diseases, CJD, or vCJD have ever been identified for licensed albumin or albumin contained in other licensed products.

Please see additional Important Safety Information on following pages.

Important codes (continued)

ADULT SPASTICITY CODES		
TYPE	ICD-10-CM CODE	CODE DESCRIPTOR
For Adult Upper Limb Spasticity and Adult Lower Limb Spasticity	G81.11	Spastic hemiplegia affecting right dominant side
	G81.12	Spastic hemiplegia affecting left dominant side
	G81.13	Spastic hemiplegia affecting right nondominant side
	G81.14	Spastic hemiplegia affecting left nondominant side
	G82.51	Quadriplegia, C1-C4 complete
	G82.52	Quadriplegia, C1-C4 incomplete
	G82.53	Quadriplegia, C5-C7 complete
	G82.54	Quadriplegia, C5-C7 incomplete
For Adult Lower Limb Spasticity	G83.10 – G83.14	Monoplegia of lower limb
For Adult Upper Limb Spasticity and Adult Lower Limb Spasticity	I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
	I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
	I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
	I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
	I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
	I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
	I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
	I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
	I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
	I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
	I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side

IMPORTANT SAFETY INFORMATION (continued) ADVERSE REACTIONS

Adverse reactions to BOTOX® for injection are discussed in greater detail in the following sections: *Boxed Warning*, *Contraindications*, and *Warnings and Precautions*.

Please see additional Important Safety Information on following pages.

Important codes (continued)

ADULT SPASTICITY CODES (continued)		
TYPE	ICD-10-CM CODE	CODE DESCRIPTOR
For Adult Upper Limb Spasticity and Adult Lower Limb Spasticity	I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
	I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right nondominant side
	I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left nondominant side
	I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right nondominant side
	I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left nondominant side
	I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right nondominant side
	I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left nondominant side
	I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right nondominant side
For Adult Upper Limb Spasticity	I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left nondominant side
	I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
	I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
	I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side
	I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side
	I69.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side
	I69.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side
	I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side
	I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side
	I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side
	I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side
I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side	

IMPORTANT SAFETY INFORMATION (continued)

ADVERSE REACTIONS (continued)

Adult Upper Limb Spasticity

The most frequently reported adverse reactions following injection of BOTOX® for upper limb spasticity include pain in extremity, muscular weakness, fatigue, nausea, and bronchitis.

Please see additional Important Safety Information on following pages.

Important codes (continued)

ADULT SPASTICITY CODES (continued)		
TYPE	ICD-10-CM CODE	CODE DESCRIPTOR
For Adult Upper Limb Spasticity	I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side
	I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right nondominant side
	I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left nondominant side
	I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right nondominant side
	I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left nondominant side
	I69.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right nondominant side
	I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left nondominant side
	I69.333	Monoplegia of upper limb following cerebral infarction affecting right nondominant side
	I69.334	Monoplegia of upper limb following cerebral infarction affecting left nondominant side
	I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right nondominant side
	I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left nondominant side
	I69.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right nondominant side
	I69.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left nondominant side
For Adult Lower Limb Spasticity	I69.041 – I69.044, I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage
	I69.141 – I69.144, I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage
	I69.341 – I69.344, I69.349	Monoplegia of lower limb following cerebral infarction

IMPORTANT SAFETY INFORMATION (continued)

ADVERSE REACTIONS (continued)

Adult Lower Limb Spasticity

The most frequently reported adverse reactions following injection of BOTOX® for lower limb spasticity include arthralgia, back pain, myalgia, upper respiratory tract infection, and injection-site pain.

Please see additional Important Safety Information on following pages.

Important codes (continued)

ADULT SPASTICITY CODES (continued)		
TYPE	ICD-10-CM CODE	CODE DESCRIPTOR
For Adult Lower Limb Spasticity	I69.841 – I69.844, I69.849	Monoplegia of lower limb following other cerebrovascular disease
	I69.941 – I69.944, I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease
	I69.041 – I69.044, I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage
	I69.141 – I69.144, I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage
	I69.341 – I69.344, I69.349	Monoplegia of lower limb following cerebral infarction
	I69.841 – I69.844, I69.849	Monoplegia of lower limb following other cerebrovascular disease
	I69.941 – I69.944, I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease
	I69.041 – I69.044, I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage
	I69.141 – I69.144, I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage
	I69.341 – I69.344, I69.349	Monoplegia of lower limb following cerebral infarction
	I69.841 – I69.844, I69.849	Monoplegia of lower limb following other cerebrovascular disease
For Adult Upper Limb Spasticity and Adult Lower Limb Spasticity	I69.861 – I69.865, I69.869	Other paralytic syndrome following other cerebrovascular disease

IMPORTANT SAFETY INFORMATION (continued)

ADVERSE REACTIONS (continued)

Cervical Dystonia

The most frequently reported adverse reactions following injection of BOTOX® for Cervical Dystonia include dysphagia (19%), upper respiratory infection (12%), neck pain (11%), and headache (11%).

Blepharospasm

The most frequently reported adverse reactions following injection of BOTOX® for Blepharospasm include ptosis (21%), superficial punctate keratitis (6%), and eye dryness (6%).

Please see additional Important Safety Information on following pages.

Important codes (continued)

ADULT SPASTICITY CODES (continued)		
TYPE	CODE	CODE DESCRIPTOR
CPT®	64642 + 64643	Chemodenervation of one extremity; 1-4 muscle(s) Each additional extremity, 1-4 muscle(s) (list separately in addition to code for primary procedure)
	64644 + 64645	Chemodenervation of one extremity; 5 or more muscle(s) Each additional extremity, 5 or more muscle(s) (list separately in addition to code for primary procedure)
ADDITIONAL CODES		
TYPE	CODE	CODE DESCRIPTOR
Guidance	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)
Modifier	-50	Bilateral procedure

CPT® codes submitted to the payer must describe the service(s) performed. Please check with your specific payer to determine the use of modifiers.

**For additional support, please contact your local Reimbursement Business Advisor
or visit www.BOTOXONE.com**

IMPORTANT SAFETY INFORMATION (continued)

ADVERSE REACTIONS (continued)

Postmarketing Experience

Adverse reactions that have been identified during postapproval use of BOTOX® are discussed in greater detail in Postmarketing Experience (Section 6.3 of the Prescribing Information).

There have been spontaneous reports of death, sometimes associated with dysphagia, pneumonia, and/or other significant debility or anaphylaxis, after treatment with botulinum toxin. There have also been reports of adverse events involving the cardiovascular system, including arrhythmia and myocardial infarction, some with fatal outcomes. Some of these patients had risk factors including cardiovascular disease. The exact relationship of these events to the botulinum toxin injection has not been established.

DRUG INTERACTIONS

Co-administration of BOTOX® and other agents interfering with neuromuscular transmission (eg, aminoglycosides, curare-like compounds) should only be performed with caution as the effect of the toxin may be potentiated. Use of anticholinergic drugs after administration of BOTOX® may potentiate systemic anticholinergic effects. The effect of administering different botulinum neurotoxin products at the same time or within several months of each other is unknown. Excessive neuromuscular weakness may be exacerbated by administration of another botulinum toxin prior to the resolution of the effects of a previously administered botulinum toxin. Excessive weakness may also be exaggerated by administration of a muscle relaxant before or after administration of BOTOX®.

For more information on BOTOX®, please see the accompanying full [Prescribing Information](#), including [Boxed Warning](#) and [Medication Guide](#).



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