

Coding for Botox Injections

(Cystourethroscopy, with injection(s) of chemodenervation of the bladder)

Background

BOTOX® (onabotulinumtoxinA) is an acetylcholine release inhibitor and neuromuscular blocking agent. FDA indications for use include urinary incontinence due to neurogenic detrusor overactivity (NDO) and overactive bladder syndrome with or without urinary urgency incontinence in adults who have had documented inadequate response to or are intolerant to overactive bladder medications.

Documentation

Proper documentation is essential to receiving reimbursement for Botox injections for the treatment of urinary incontinence from Medicare and commercial insurance plans. Documentation should include complete history and physical, measurement of post-void residual volume, objective documentation of symptoms that may include use of voiding diaries and results of indicated testing, such as urodynamic studies. Previously tried and failed pharmacologic therapy should be documented in detail, including the dates of use and dosages tried for one or more overactive bladder medications. Some insurance companies also require documentation of attempted and failed behavioral therapy techniques (e.g. first line therapies). In general, it is best to be able to document in the medical record when these therapies were recommended and document, in detail, inadequate response to these therapies at the time of follow up visits. Simply documenting “has tried and failed two drugs” is often inadequate.

Commercial insurance plans’ coverage requirements may vary in the number of drugs tried (and duration of therapy) prior to covering treatment with Botox (typically 1 – 3 drugs). It is important to be familiar with a patient’s health plan coverage requirements prior to offering Botox. Aetna, for example, currently requires documentation of failure/intolerance to at least three adequately titrated prescriptions of overactive bladder medications (or 2 prescription medications and one OTC). It is not uncommon for payers to check their own payment records for these prescribed drugs as part of their verification process. Commercial payers may also have other criteria for when Botox is not covered – e.g. in the presence of urinary retention, acute urinary tract infection or with concomitant use of overactive bladder meds.

When performing Botox injections for neurogenic detrusor overactivity (NDO), it is important to document the neurologic condition resulting in these symptoms (such as multiple sclerosis and spinal cord injuries), results of urodynamic testing documenting detrusor overactivity or detrusor sphincter dyssynergia and the use of the appropriate neurogenic incontinence codes.

Last Updated by the AUGS Coding and Reimbursement Committee in January 2018.

Disclaimer: The Coding and Reimbursement Committee of the American Urogynecologic Society (AUGS) assists members with the application of governmental regulations and guidelines regarding terminology and CPT/ICD coding in urogynecologic practice. Such information is intended to assist with the coding process as required by governmental regulation and should not be construed as policy sanctioned by AUGS. AUGS disclaims liability for actions or consequences related to any of the information provided. AUGS does not endorse the diagnostic protocol or treatment plan designed by the provider.

ICD-10 Codes

- N31.0 Uninhibited neuropathic bladder, NEC
- N31.1 Reflex neuropathic bladder, NEC
- N31.8 Other neuromuscular dysfunction of bladder
- N31.9 Neuromuscular dysfunction of bladder, unspecified
- N32.81 Overactive Bladder
- N39.41 Urge Incontinence
- N39.46 Mixed Incontinence

Current CPT/HCPCS Codes for Reporting Botox injections

52287 Cystourethroscopy, with injections(s) for chemodenervation of the bladder)

J0585 – Injection, onabotulinumtoxinA, 1 Unit

NDC number (for electronic billing) BOTOX 100 Unit vial 00023-1145-01
 BOTOX 200 Unit vial 00023-3921-02

Providers should also bill the appropriate charges for the number of Botox units used (not number of vials) using the specific HCPCS II code J0585- Injection, onabotulinumtoxinA, 1 unit). Current recommended dosage for the treatment of overactive bladder is 100 units (single 0.5 ml vial), and the current recommended dosage for the treatment of neurogenic incontinence is 200 units (single 1 ml vial).

RVU Table

CPT code 52287 - Cystourethroscopy, with injection(s) for chemodenervation of the bladder	2018 Non-Facility (Office), Medicare Nat'l Average	2018 Facility (Hospital / surgi- center, etc.) Medicare Nat'l Average
Work RVU:	3.20	3.20
Total RVU	8.97	4.90

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Billing Tips

52287 has a 0-day global period.

Most carriers, including Medicare, usually will not allow a separate E&M service to be billed on the same date as a procedure.

You cannot bill separately for catheterization (51701), cystoscopy, or instillation of local analgesic.

Allergan has a provider website, www.botoxreimbursement.us, that assists healthcare providers with reimbursement issues including insurance verification, reimbursement, and prior authorization submission forms.

References

- 2017 ACOG OB/GYN Coding Manual: Components of Correct
- Procedural Coding Allergan Botox Website:
www.botoxreimbursement.us

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