

Sample Medicare UB-04 paper claim form for use of BOTOX® (onabotulinumtoxinA) injection

1										2										3a PAT. CNTL # b. MED. REC. #		4 TYPE OF BILL															
8 PATIENT NAME										9 PATIENT ADDRESS										5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH MM DD YY MM DD YY		7													
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		18		19		20		21		CONDITION CODES 22 23 24 25 26 27 28		29 ACCT STATE		30													
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM THROUGH		37		38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42		43		44		45		46		47		48		49	
0636		Drugs requiring detailed coding (Drug administered)		XXXX		Clinic (Administration)		J0585		NDC 00023-xxxx-xx		xxxxx		MM DD YY		XXX		1		xxx xx		xx xx															

Revenue codes (locator 42) and Description (locator 43):
Product
• Enter revenue code 0636 and description on the same line item as J0585
• Non-Medicare payers may require revenue code 0250 Drugs
Administration procedure
• Enter the appropriate revenue code for the administration procedure on the same line item as the CPT® code

HCPCS/CPT® code (locator 44):
Product
• Bill for BOTOX® with HCPCS code J0585
• Enter the appropriate drug identifying information;
– For example, National Drug Code (NDC), as required by payer
Administration procedure
• Enter the CPT® code that accurately describes the service performed

Service Units (locator 46):
Product
• Note the amount of BOTOX® (onabotulinumtoxinA) used by reporting J0585 per Unit
Administration procedure
• Enter the appropriate number of Units for the administration CPT® code

Diagnosis codes (locators 67, A-Q):
• Enter appropriate ICD-10-CM diagnosis code(s) that indicate the patient's condition
– Locator 67 is where the hospital reports the ICD-10-CM for the primary diagnosis. It reports the diagnosis to the highest degree of certainty
– Secondary diagnoses can be entered in locators A-Q, as necessary

National Provider Identifier (NPI) (locators 56, 76-79):
• 56: Enter NPI for the facility
• 76: Enter NPI for the attending physician
• 77: Enter NPI for the operating physician
• 78 and 79: Enter NPI for other provider type

Remarks (locator 80):
• Enter appropriate drug identifying information
– For example, National Drug Code (NDC), as required by payer. Use:
NDC 00023-1145-01 for the 100-Unit vial
NDC 00023-3921-02 for the 200-Unit vial

The 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.

Please see full [prescribing information](#), including boxed warning.



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