

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

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The J-Code payment is bundled with the CPT® code for Medicare patients in POS 22. Including the J-Code as a separate line item is an account decision.

Revenue codes (locator 42) and Description (locator 43):
If including the J-Code as a separate line item

- 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

Service Units (locator 46):
If including the J-Code as a separate line item

- 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

HCPCS/CPT® code (locator 44):
If including the J-Code as a separate line item

- Report BOTOX® with HCPCS code J0585 Administration procedure
- Enter the CPT® code that accurately describes the service performed
- For example, 52287 Cystourethroscopy, with injection(s) for chemodenervation of the bladder

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

For example:

- N32.81 - Other specified disorders of bladder; overactive bladder
- N39.41^a - Other specified urinary incontinence; urge incontinence
- N39.46^a - Other specified urinary incontinence; mixed incontinence
- N31.9^b - Neuromuscular dysfunction of bladder, unspecified

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):
If including the J-Code as a separate line item

- 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

For electronic billing payers require an 11-digit NDC number [5-4-2 configuration] 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].

^aCode also any associated overactive bladder (N32.81).

^bShould be reported with an additional code to identify any associated urinary incontinence

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, and be included in a Letter of Medical Necessity (LOMN) or prior authorization (PA). CPT® codes submitted to the payer must describe the service(s) performed. 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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