This Computes!

Department of Health Services
Children's Medical Services Network
(CMS Net) - Information Bulletin # 103

*****Revised*****

Update for Botox Type A X7040

Effective retroactive to October 18, 2005 (date of service), the cap of 200 units for Type A Botox X7040 no longer applies to services billed pursuant to CCS authorizations. Please authorize the number of units the physician requests if determined appropriate. The Botox preparation for X7040 is per 10 units. For example, if 400 units are requested the number "40" is entered in the Units field and no quantity is entered for "X" codes.

It is likely that providers administering Botox have had claims denied if they billed for more than the 200 unit limit, or they may have billed for only the 200 unit limit even though they had provided more than 200 units to the child. The new policy will allow those providers to seek reimbursement for these non-reimbursed services. However, to accomplish this, modifications to SARs may be required.

Previously issued SARs can be modified to reflect this change in policy. If you authorized 200 units on a SAR issued on or after October 18, 2005, and the provider had requested more than 200 units, please modify the SAR to the requested units when notified by the provider.

If you authorized more than 200 units of Botox on a SAR dated on or after October 18, 2005, and the provider has already billed and only been paid for 200 units, advice the provider to complete a Claims Inquiry Form (CIF) and request an adjustment for underpayment as soon as possible. These requests must be submitted within 6 months following the date of underpayment. Instructions for completing a CIF are in the Medi-Cal Provider Manual.

Botox Type B, X7042

There is no change to the procedure for authorizing Botox Type B (Myobloc), X7042. This preparation is per 2500 units so if the physician requests 10,000 units, then the number “4” is entered in the Units field (again, remember no quantity is entered). There is a cap of “12” (30,000 units) for this drug for the same date of service so if more than 30,000 units are requested, do not enter a number greater than “12”.

Botox Type A or B by NDC Code

There is no change to the procedure for authorizing Botox by NDC code. If a pharmacy is requesting botox, then they will need to provide the NDC number. They will also need to document the number of vials. This number will be entered in the “Quantity“ field. The Units will be “1” (number of fills), unless the authorization is to cover more fills over 6 months to a year. Do not authorize Botox for both a physician and a pharmacy. The authorization must be for either the physician **or** the pharmacy.

Additional Codes for Botox Injections

In addition to the authorization for the drug, the physician will request one or more CPT-4 codes in the range 64600 to 64640, or code 67345. When authorizing these codes, select the “K” procedure type code. The codes 95860-64 may also be requested. These 4 codes are included in SCG 01, so if the physician has SCG 01, these codes will not need to be separately authorized.