Billing for Nerve Blocks, including onabotulinumtoxinA

When billing for an occipital nerve block, use CPT code 64405 for a unilateral series of injections into this single anatomic region and add modifier 50 for bilateral injections.

Billing for supraorbital, infraorbital and auriculotemporal nerve blocks is different. For any single unilateral injection into a specific anatomically-distinct nerve, bill 64400, but, if you inject more than one site, such as, the supraorbital and auriculotemporal nerve, you bill for each separate location with modifier 59. This modifier flags each location as a distinct procedural service.

There is no specific CPT code that accurately describes a topical anesthetic sphenopalatine block. Some have argued that the SphenoCath is a distinct delivery system and it is appropriate to bill with code 64505, which describes the injection of the sphenopalatine ganglion. Therefore, the unlisted code 64999, unlisted procedure, nervous system, should be reported. When reporting an unlisted code, submit supporting documentation with the claim. The procedure note should describe the indication, time and equipment used to provide the service.

To bill for onabotulinumtoxinA, specifically for chronic migraine which is ICD-10 code G43.719, use code 64615. If the patient is not obligated to pay for the drug, use a "J" code to charge for the exact number of units that were injected.

Occipital nerve block CPT 64405-50 (bilateral)

Supraorbital nerve, infraorbital nerve, and auriculotemporal nerve block

CPT 64400-50 modifier 59

SPG block

CPT 64999 or 64505 (SphenoCath) if repeated, add modifier 58 (staged)

OnabotulinumtoxinA CPT 64615