

AbbVie (Allergan) 100 & 200-unit single-dose vials IM / intradetrusor chemodenervation **Therapeutic only** (cosmetic = self-pay) **ASP: Q2 2026**

HCPCS J0585 1 unit = 1 unit	CHRONIC MIGRAINE 155 units 31 sites · q12wk	ADMIN CPT 64615 migraine; indication-specific	MODIFIER JW 45u waste (155 from 200u vial)	ASP + 6% ~\$6.90 /unit · ASP \$6.512
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CODES, VIALS & BENEFIT

HCPCS	J0585 — "Injection, onabotulinumtoxinA, 1 unit" (1 billed unit = 1 Botox unit)
GENERIC	onabotulinumtoxinA (botulinum toxin type A)
NDC	100u 0023-1145-01 · 200u 0023-3921-02 (verify 11-digit + N4). 50u = Botox Cosmetic — NOT J0585.
VIAL	100- & 200-unit single-dose; reconstitute w/ preservative-free 0.9% NaCl; pick size to minimize discard
BENEFIT	Medical buy-and-bill (practice purchases & bills). Some plans = pharmacy/specialty-pharmacy white-bag (bill admin only, no J0585). Cosmetic = self-pay.

ICD-10 BY INDICATION

CODE	FOR
G43.701 / G43.711	Chronic migraine (intractable variants; 15+ HA days/mo documented)
G24.3	Spasmodic torticollis (cervical dystonia)
G24.5	Blepharospasm
G80.1/G80.2, I69.x, G35	Spasticity (CP / post-stroke / MS)
N32.81	Overactive bladder
N31.x	Neurogenic detrusor overactivity
L74.510	Primary focal axillary hyperhidrosis
H50.x	Strabismus

DOSE & ADMIN CPT BY INDICATION

INDICATION	UNITS	ADMIN CPT
Chronic migraine (PREEMPT)	155 (≤195)	64615
Cervical dystonia	~150–300	64616
Limb spasticity	up to ~400	64642–64645
Overactive bladder	100	52287
Neurogenic detrusor overactivity	200	52287
Blepharospasm / facial	low/site	64612
Strabismus	low/muscle	67345
Severe axillary hyperhidrosis	~50/axilla	64650

PRIOR AUTH & PAYER (VERIFY CURRENT POLICY)

- **PA required** for ~all therapeutic indications (UHC / Aetna / Cigna / BCBS / Medicaid)
- Chronic migraine: **15+ headache days/mo + 2+ failed oral prophylactics**
- **Unit cap** (155–195 migraine; up to 400 spasticity) + **minimum 12-week interval**
- Re-auth needs documented treatment response
- Check **medical vs pharmacy benefit** (white-bag) & source of supply

No single "Botox CPT." Admin code is indication-specific; EMG/US guidance (95873/95874/76942) only where performed (not fixed-site migraine).

MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP / unit	\$6.512 (live-bound to CMS file)
ASP + 6% allowed	~\$6.90 / unit
155-unit migraine	~\$1,070 drug allowed · pt 20% ~\$214
JW discard units	separately payable at ASP+6%
Sequestration	~2% off actual paid

UNIT MATH & JW/JZ (SINGLE-DOSE VIAL)

- 155u migraine from one 200u vial → **J0585 × 155 + JW × 45**
- 100u OAB from one 100u vial → **J0585 × 100 (JZ, no discard)**
- Admin + discard must reconcile to vial(s) opened (prep log)
- JW discard units are **separately payable** at ASP+6%

One of JZ/JW required on every J0585 line since 7/1/2023 (CR 12056).

PATIENT ASSISTANCE

- **BOTOX Savings Program (AbbVie):** commercial pts as low as \$0; ~\$4,000/yr max, ~5 treatments/12mo; 1-800-44-BOTOX (442-6869); botoxsavingsprogram.com
- **Not for government insurance** (Medicare/Medicaid/TRICARE)
- Uninsured: Allergan/AbbVie patient assistance (income-based)

BOTULINUM TOXINS — DO NOT CROSS UNITS

PRODUCT	GENERIC	HCPCS
Botox	onabotulinumtoxinA	J0585
Dysport	abobotulinumtoxinA	J0586
Xeomin	incobotulinumtoxinA	J0588
Myobloc	rimabotulinumtoxinB	J0587
Daxxify	daxibotulinumtoxinA	J0589

Units are product-specific. No approved conversion. Bill the J-code matching the product given, in that product's units.

TOP DENIALS: (1) no / expired PA or used-up sessions; (2) units over the cap; (3) re-treated before 12 weeks; (4) wrong product J-code (Dysport/Xeomin under J0585); (5) JW missing / units don't reconcile; (6) cosmetic or non-covered diagnosis.

Sources: FDA label (DailyMed), CMS HCPCS & chemodenervation coverage articles, AMA CPT, CMS ASP Q2 2026, AAN guidance, UHC/Aetna/Cigna botulinum-toxin policies, BOTOX Savings Program. Verify against your own source documents before billing.

carecostestimate.com/drugs/botox