



MEDICAL COVERAGE POLICY

SERVICE: Botulinum Toxin Injection for Chemodenervation

Policy Number: 011

Effective Date: 02/01/2020

Last Review: 11/21/2019

Next Review Date: 11/21/2020

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Botulinum Toxin Injection for chemo-denervation

PRIOR AUTHORIZATION: Not required.

All claims for botulinum toxin products are subject to medical necessity review.

POLICY: The determination of medical necessity for the use of botulinum toxin injections is always made on a case-by-case basis. Botulinum toxin injections utilizing botulinum toxin-A/B may be considered medically necessary for the treatment of patients presenting with the following conditions:

- Anal fissures failing 2 months of conservative treatment
- Blepharospasm
- Cervical dystonia (spasmodic torticollis)
- Chronic migraine headache
- Detrusor and sphincter dyssynergia
- Essential tremor
- Hemi-facial spasm
- Hyperhidrosis, axillary and other locations
- Neurogenic bladder
- Non-achalasia esophageal motility disorder
- Oculomotor nerve injury
- Oro-mandibular dystonia
- Overactive bladder
- Pelvic floor dyssynergia
- Sialorrhea associated with neurological disorders
- Spasmodic and laryngeal dysphonia
- Spasticity (post stroke hemiplegia, upper and lower limb spasticity, cerebral palsy)
- Strabismus

Policy	Code	Description
Anal fissures	K60.0	Acute anal fissure
	K60.1	Chronic anal fissure
	K60.2	Anal fissure, unspecified



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Blepharospasm	G24.5	Blepharospasm
Cervical dystonia (spasmodic torticollis)	G24.3	Spasmodic torticollis
	G24.4	Idiopathic orofacial dystonia
	M43.6	Torticollis
	Q68.0	Congenital deformity of sternocleidomastoid muscle
Chronic migraine headache	G43.011	Migraine without aura, intractable, with status migrainosus
	G43.019	Migraine without aura, intractable, without status migrainosus
	G43.111	Migraine with aura, intractable, with status migrainosus
	G43.119	Migraine with aura, intractable, without status migrainosus
	G43.701	Chronic migraine without aura, not intractable, with status migrainosus
	G43.709	Chronic migraine without aura, not intractable, without status migrainosus
	G43.711	Chronic migraine without aura, intractable, with status migrainosus
	G43.719	Chronic migraine without aura, intractable, without status migrainosus
	G43.411	Hemiplegic migraine, intractable, with status migrainosus
	G43.419	Hemiplegic migraine, intractable, without status migrainosus
	G43.511	Persistent migraine aura without cerebral infarction, intractable, with status migrainosus
	G43.519	Persistent migraine aura without cerebral infarction, intractable, without status migrainosus
	G43.611	Persistent migraine aura with cerebral infarction, intractable, with status migrainosus
	G43.619	Persistent migraine aura with cerebral infarction, intractable, without status migrainosus
	G43.B1	Ophthalmolpepic migraine, intractable
	G43.D1	Abdominal migraine, intractable
	G43.811	Other migraine, intractable, with status migrainosus
	G43.819	Other migraine, intractable, without status migrainosus
	G43.831	Menstrual migraine, intractable, with status migrainosus
	G43.839	Menstrual migraine, intractable, without status migrainosus
G43.911	Migraine, unspecified, intractable, with status migrainosus	
G43.919	Migraine, unspecified, intractable, without status migrainosus	
Detrusor and sphincter dyssynergia	N36.44	Muscular disorders of urethra
Essential tremor	G25.0	Essential tremor
Hemi-facial spasm	G51.3	Clonic hemifacial spasm
Hyperhidrosis	L74.510	Primary focal hyperhidrosis, axilla
	L74.511	Primary focal hyperhidrosis, face
	L74.512	Primary focal hyperhidrosis, palms
	L74.513	Primary focal hyperhidrosis, soles
	L74.519	Primary focal hyperhidrosis, unspecified
Neurogenic bladder	N31.0	Uninhibited neuropathic bladder, not elsewhere classified
	N31.1	Reflex neuropathic bladder, not elsewhere classified
	N31.8	Other neuromuscular dysfunction of bladder
	N31.9	Neuromuscular dysfunction of bladder, unspecified
Non-achalasia esophageal motility disorder	K22.0	Achalasia of cardia
	K22.4	Dyskinesia of esophagus
Oculomotor nerve injury	H49.00	Third [oculomotor] nerve palsy, unspecified eye



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	H49.01	Third [oculomotor] nerve palsy, right eye
	H49.02	Third [oculomotor] nerve palsy, left eye
	H49.03	Third [oculomotor] nerve palsy, bilateral
	H49.10	Fourth [trochlear] nerve palsy, unspecified eye
	H49.11	Fourth [trochlear] nerve palsy, right eye
	H49.12	Fourth [trochlear] nerve palsy, left eye
	H49.13	Fourth [trochlear] nerve palsy, bilateral
	H49.20	Sixth [abducent] nerve palsy, unspecified eye
	H49.21	Sixth [abducent] nerve palsy, right eye
	H49.22	Sixth [abducent] nerve palsy, left eye
	H49.23	Sixth [abducent] nerve palsy, bilateral
	H49.30	Total (external) ophthalmoplegia, unspecified eye
	H49.31	Total (external) ophthalmoplegia, right eye
	H49.32	Total (external) ophthalmoplegia, left eye
	H49.33	Total (external) ophthalmoplegia, bilateral
	H49.40	Progressive external ophthalmoplegia, unspecified eye
	H49.41	Progressive external ophthalmoplegia, right eye
	H49.42	Progressive external ophthalmoplegia, left eye
	H49.43	Progressive external ophthalmoplegia, bilateral
	S04.10XA	Injury of oculomotor nerve, unspecified side, initial encounter
	S04.10XD	Injury of oculomotor nerve, unspecified side, subsequent encounter
	S04.10XS	Injury of oculomotor nerve, unspecified side, sequela
	S04.11XA	Injury of oculomotor nerve, right side, initial encounter
	S04.11XD	Injury of oculomotor nerve, right side, subsequent encounter
	S04.11XS	Injury of oculomotor nerve, right side, sequela
	S04.12XA	Injury of oculomotor nerve, left side, initial encounter
	S04.12XD	Injury of oculomotor nerve, left side, subsequent encounter
	S04.12XS	Injury of oculomotor nerve, left side, sequela
Oro-mandibular dystonia	G24.4	Idiopathic orofacial dystonia
Overactive bladder	N32.81	Overactive bladder
	N39.41	Urge incontinence
	N39.42	Incontinence without sensory awareness
	N39.46	Mixed incontinence
Pelvic floor dyssynergia	K59.02	Outlet dysfunction constipation
	K59.4	Anal spasm
Sialorrhea associated with neurological disorders	K11.7	Disturbances of salivary secretion
Spasmodic and laryngeal dysphonia	J38.5	Laryngeal spasm
	R49.0	Dysphonia
Spasticity (post stroke hemiplegia, upper and lower limb spasticity, cerebral palsy)	G11.4	Hereditary spastic paraplegia
	G80.0	Spastic quadriplegic cerebral palsy
	G80.1	Spastic diplegic cerebral palsy
	G80.2	Spastic hemiplegic cerebral palsy
	G80.3	Athetoid cerebral palsy
	G80.4	Ataxic cerebral palsy
	G80.8	Other cerebral palsy
	G80.9	Cerebral palsy, unspecified



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G81.10	Spastic hemiplegia affecting unspecified side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side
G82.20	Paraplegia, unspecified
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.50	Quadriplegia, unspecified
G83.0	Diplegia of upper limbs
G83.30	Monoplegia, unspecified affecting unspecified side
G83.31	Monoplegia, unspecified affecting right dominant side
G83.32	Monoplegia, unspecified affecting left dominant side
G83.33	Monoplegia, unspecified affecting right nondominant side
G83.34	Monoplegia, unspecified affecting left nondominant side
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side



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169.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
169.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
169.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral
169.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side
169.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side
169.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side
169.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
169.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
169.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side
169.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
169.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side
169.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
169.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
169.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side
169.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
169.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
169.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
169.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
169.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
169.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side
169.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side
169.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side
169.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side
169.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral
169.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side
169.231	Monoplegia of upper limb following other nontraumatic intracranial



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	hemorrhage affecting right dominant side
I69.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral
I69.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side



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I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
I69.361	Other paralytic syndrome following cerebral infarction affecting right dominant side
I69.362	Other paralytic syndrome following cerebral infarction affecting left dominant side
I69.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side
I69.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant side
I69.365	Other paralytic syndrome following cerebral infarction, bilateral
I69.369	Other paralytic syndrome following cerebral infarction affecting unspecified side
I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side
I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side
I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side



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169.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
169.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
169.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
169.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
169.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
169.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side
169.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side
169.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side
169.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side
169.865	Other paralytic syndrome following other cerebrovascular disease, bilateral
169.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side
169.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side
169.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side
169.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side
169.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side
169.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side
169.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
169.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
169.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side
169.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side
169.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
169.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
169.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
169.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
169.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
169.959	Hemiplegia and hemiparesis following unspecified cerebrovascular



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		disease affecting unspecified side
	I69.961	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side
	I69.962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side
	I69.963	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side
	I69.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side
	I69.965	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral
	I69.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side
	R25.2	Cramp and spasm
Strabismus	H49.00	Third [oculomotor] nerve palsy, unspecified eye
	H49.01	Third [oculomotor] nerve palsy, right eye
	H49.02	Third [oculomotor] nerve palsy, left eye
	H49.03	Third [oculomotor] nerve palsy, bilateral
	H49.10	Fourth [trochlear] nerve palsy, unspecified eye
	H49.11	Fourth [trochlear] nerve palsy, right eye
	H49.12	Fourth [trochlear] nerve palsy, left eye
	H49.13	Fourth [trochlear] nerve palsy, bilateral
	H49.20	Sixth [abducent] nerve palsy, unspecified eye
	H49.21	Sixth [abducent] nerve palsy, right eye
	H49.22	Sixth [abducent] nerve palsy, left eye
	H49.23	Sixth [abducent] nerve palsy, bilateral
	H49.30	Total (external) ophthalmoplegia, unspecified eye
	H49.31	Total (external) ophthalmoplegia, right eye
	H49.32	Total (external) ophthalmoplegia, left eye
	H49.33	Total (external) ophthalmoplegia, bilateral
	H49.40	Progressive external ophthalmoplegia, unspecified eye
	H49.41	Progressive external ophthalmoplegia, right eye
	H49.42	Progressive external ophthalmoplegia, left eye
	H49.43	Progressive external ophthalmoplegia, bilateral
	H49.881	Other paralytic strabismus, right eye
	H49.882	Other paralytic strabismus, left eye
	H49.883	Other paralytic strabismus, bilateral
	H49.889	Other paralytic strabismus, unspecified eye
	H49.9	Unspecified paralytic strabismus
	H50.00	Unspecified esotropia
	H50.011	Monocular esotropia, right eye
	H50.012	Monocular esotropia, left eye
	H50.021	Monocular esotropia with A pattern, right eye
	H50.022	Monocular esotropia with A pattern, left eye
	H50.031	Monocular esotropia with V pattern, right eye
	H50.032	Monocular esotropia with V pattern, left eye
	H50.041	Monocular esotropia with other noncomitancies, right eye



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H50.042	Monocular esotropia with other noncomitancies, left eye
H50.05	Alternating esotropia
H50.06	Alternating esotropia with A pattern
H50.07	Alternating esotropia with V pattern
H50.08	Alternating esotropia with other noncomitancies
H50.10	Unspecified exotropia
H50.111	Monocular exotropia, right eye
H50.112	Monocular exotropia, left eye
H50.121	Monocular exotropia with A pattern, right eye
H50.122	Monocular exotropia with A pattern, left eye
H50.131	Monocular exotropia with V pattern, right eye
H50.132	Monocular exotropia with V pattern, left eye
H50.141	Monocular exotropia with other noncomitancies, right eye
H50.142	Monocular exotropia with other noncomitancies, left eye
H50.15	Alternating exotropia
H50.16	Alternating exotropia with A pattern
H50.17	Alternating exotropia with V pattern
H50.18	Alternating exotropia with other noncomitancies
H50.21	Vertical strabismus, right eye
H50.22	Vertical strabismus, left eye
H50.30	Unspecified intermittent heterotropia
H50.311	Intermittent monocular esotropia, right eye
H50.312	Intermittent monocular esotropia, left eye
H50.32	Intermittent alternating esotropia
H50.331	Intermittent monocular exotropia, right eye
H50.332	Intermittent monocular exotropia, left eye
H50.34	Intermittent alternating exotropia
H50.40	Unspecified heterotropia
H50.411	Cyclotropia, right eye
H50.412	Cyclotropia, left eye
H50.42	Monofixation syndrome
H50.43	Accommodative component in esotropia
H50.50	Unspecified heterophoria
H50.51	Esophoria
H50.52	Exophoria
H50.53	Vertical heterophoria
H50.54	Cyclophoria
H50.55	Alternating heterophoria
H50.60	Mechanical strabismus, unspecified
H50.611	Brown's sheath syndrome, right eye
H50.612	Brown's sheath syndrome, left eye
H50.69	Other mechanical strabismus
H50.811	Duane's syndrome, right eye
H50.812	Duane's syndrome, left eye
H50.89	Other specified strabismus
H50.9	Unspecified strabismus



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H51.0	Palsy (spasm) of conjugate gaze
H51.11	Convergence insufficiency
H51.12	Convergence excess
H51.20	Internuclear ophthalmoplegia, unspecified eye
H51.21	Internuclear ophthalmoplegia, right eye
H51.22	Internuclear ophthalmoplegia, left eye
H51.23	Internuclear ophthalmoplegia, bilateral
H51.8	Other specified disorders of binocular movement
H51.9	Unspecified disorder of binocular movement

Repeat botulinum toxin injections are typically not indicated unless there is documented evidence of functional improvement, clinically meaningful reduction in pain, reduction of the need for treatment of musculoskeletal complications, facilitating ease of care, and/or for improving the general appearance, mobility and/or phonation in patients presenting with spasticity or dystonia for a minimum of eight (8) weeks following the injection(s). Based on the typical response of properly administered botulinum toxin injections, injections are typically performed every three (3) months. Injections performed on a more frequent basis may be considered not medically necessary. In addition, more than four (4) injections per region per year are considered not medically necessary.

The use of electrical muscle stimulation (95873) or needle electromyography (95874) may be considered medically necessary for guidance in conjunction with botulinum toxin injections (chemodenervation).

Based on the limited evidence of efficacy and the increased side-effects profile, the use of botulinum toxin type-B may be considered medically necessary **ONLY** in the management of patients who have become non-responsive to botulinum toxin type-A.

In all other conditions, the use of botulinum toxin injections may be considered **NOT** medically necessary. Conditions for which botulinum toxin injections are considered **NOT** medically necessary include, but are not limited to:

- Myofascial trigger points
- Myofascial tender points (Myofascitis or Fibromyositis or Fibromyalgia)
- Neck Pain
- Low Back Pain.

SWHP also considers the use botulinum toxin injections not medically necessary for cosmetic purposes as well as all other indications not explicitly stated as covered in this policy.

OVERVIEW: Botulinum toxin injections are intramuscular injections of botulinum neurotoxins which are purified forms of Clostridium botulinum exotoxins. The botulinum toxin acts by blocking release of acetylcholine at the neuromuscular junction thus reducing the tone of overactive muscles. There are several commercial products (consisting of either serotype-A or serotype-B) currently available for use. Each differs in its unit potency, side effects, and duration of action. The clinical goals for utilizing botulinum toxin injections are to result in a temporary chemodenervation of the effected muscle at the neuromuscular junction thus: reducing pain or increasing comfort, improving function, preventing or



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treating musculoskeletal complications, facilitating ease of care, and/or for improving the general appearance, mobility and/or phonation in patients presenting with spasticity or dystonia.

The Food and Drug Administration (FDA) has approved Botox injection (onabotulinumtoxinA) to prevent headaches in adult patients with chronic migraine. Chronic migraine is defined as having a history of migraine and experiencing a headache on most days of the month. Migraine headaches are described as an intense pulsing or throbbing pain in one area of the head. The headaches are often accompanied by nausea, vomiting, and sensitivity to light and sound. To treat chronic migraines, Botox is given approximately every 12 weeks as multiple injections around the head and neck to try to dull future symptoms. Botox is not approved to treat migraine headaches that occur 14 days or less per month, or for other forms of headache.

Botulinum toxin injections are not without risk, and can expose patients to potential serious complications. As a result, certain patients may not be optimal candidates for botulinum toxin injections. Optimal candidates include those:

- with a limited number of muscles that need treatment;
- who do not have a fixed contracture.

MANDATES: none

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	31513; 31570; 31571; 43201; 43236; 64612; 64613; 64650; 64653; 67345; 95873 64642 - 64645 95874
CPT Not Covered:	86609
HCPCS codes	J0585; J0586; J0587; J0588; S2340; S2341;
ICD10 codes:	(See list above)

CMS: No CMS National Coverage Determination (NCD or LCD) was found for botulinum toxin for the treatment of neurologic or ophthalmologic conditions, headache, esophageal achalasia, hyperhidrosis, spasticity or tremors.

POLICY HISTORY:

Status	Date	Action
New	12/17/2010	New policy
Reviewed	12/17/2011	Reviewed.
Reviewed	11/15/2012	Reviewed.
Reviewed	10/03/2013	Revised, ICD10 codes added, ICD9 codes updated.
Reviewed	06/19/2014	PA requirement removed.
Reviewed	07/02/2015	No significant changes.



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Reviewed	09/10/2015	ICD10 codes updated.
Updated	01/08/2016	Added J0588 to list
Reviewed	08/28/2016	No significant changes
Reviewed	11/07/2017	Added comprehensive ICD-10 list
Reviewed	10/02/2018	No changes
Reviewed	11/21/2019	No changes

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

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