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: Please review the plan’s EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

For Medicare plans, please refer to appropriate Medicare LCD (Local Coverage Determination). If there is no applicable LCD, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

All claims for botulinum toxin products are subjected to review for a qualifying condition, quantity of medication used and frequency of administration. Qualifying conditions are generally limited to FDA label indications and recognized off-label indications.

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 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.

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.

<table>
<thead>
<tr>
<th>CPT Codes:</th>
<th>31513; 31570; 31571; 43201; 43236; 64612; 64613; 64650; 64653; 67345; 95873 64642 - 64645 95874</th>
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</thead>
<tbody>
<tr>
<td>CPT Not Covered:</td>
<td>86609</td>
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<tr>
<td>HCPCS codes</td>
<td>J0585; J0586; J0587; J0588; S2340; S2341;</td>
</tr>
<tr>
<td>ICD10 codes:</td>
<td></td>
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</table>

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:

<table>
<thead>
<tr>
<th>Status</th>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>New</td>
<td>12/17/2010</td>
<td>New policy</td>
</tr>
<tr>
<td>Reviewed</td>
<td>11/15/2012</td>
<td>Reviewed.</td>
</tr>
<tr>
<td>Reviewed</td>
<td>10/03/2013</td>
<td>Revised, ICD10 codes added, ICD9 codes updated.</td>
</tr>
<tr>
<td>Reviewed</td>
<td>06/19/2014</td>
<td>PA requirement removed.</td>
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<td>Reviewed</td>
<td>07/02/2015</td>
<td>No significant changes.</td>
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<tr>
<td>Reviewed</td>
<td>09/10/2015</td>
<td>ICD10 codes updated.</td>
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<tr>
<td>Updated</td>
<td>01/08/2016</td>
<td>Added J0588 to list</td>
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<tr>
<td>Reviewed</td>
<td>08/28/2016</td>
<td>No significant changes</td>
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<tr>
<td>Reviewed</td>
<td>11/07/2017</td>
<td>Added comprehensive ICD-10 list</td>
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<td>10/02/2018</td>
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<tr>
<td>Reviewed</td>
<td>11/21/2019</td>
<td>No changes</td>
</tr>
<tr>
<td>Updated</td>
<td>08/27/2020</td>
<td>Code list removed and claim editing explained</td>
</tr>
</tbody>
</table>

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.


