BOTULINUM TOXIN

Policy Number: 2016D0070B  Effective Date: September 1, 2016

Table of Contents:

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
<th>Cross Reference Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY DESCRIPTION</td>
<td>2</td>
<td>Not Available.</td>
</tr>
<tr>
<td>COVERAGE RATIONALE/CLINICAL CONSIDERATIONS</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>BACKGROUND</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>REGULATORY STATUS</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>CLINICAL EVIDENCE</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>APPLICABLE CODES</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>REFERENCES</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>POLICY HISTORY/REVISION INFORMATION</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

INSTRUCTIONS:

“Medical Policy assists in administering UCare benefits when making coverage determinations for members under our health benefit plans. When deciding coverage, all reviewers must first identify enrollee eligibility, federal and state legislation or regulatory guidance regarding benefit mandates, and the member specific Evidence of Coverage (EOC) document must be referenced prior to using the medical policies. In the event of a conflict, the enrollee’s specific benefit document and federal and state legislation and regulatory guidance supersede this Medical Policy. In the absence of benefit mandates or regulatory guidance that govern the service, procedure or treatment, or when the member’s EOC document is silent or not specific, medical policies help to clarify which healthcare services may or may not be covered. This Medical Policy is provided for informational purposes and does not constitute medical advice. In addition to medical policies, UCare also uses tools developed by third parties, such as the InterQual Guidelines®, to assist us in administering health benefits. The InterQual Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. Other Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to provide benefits otherwise excluded by medical policies when necessitated by operational considerations.”
POLICY DESCRIPTION:
This policy addresses the use of both botulinum toxin type A (BTA) and botulinum toxin type B (BTB), including Botox®, Myobloc®, Dysport®, and Xeomin®. Botulinum toxins are potent neuromuscular blocking agents that are useful in treating various focal muscle spastic disorders and excessive muscle contractions, such as spasms, dystonias, and twitches caused by conditions like cerebral palsy, multiple sclerosis, stroke, spinal cord injury, neurodegenerative disease, and a number of other disorders. They are also used in the treatment of sialorrhoea and hyperhidrosis.

**COVERAGE RATIONALE / CLINICAL CONSIDERATIONS:**

**MEDICALLY NECESSARY:**

**A. Botulinum Toxin Type A (BTX-A)**

Botulinum Toxin Type A **may be considered MEDICALLY NECESSARY** for the following medical conditions:

**OPHTHALMOLOGY:**
- Strabismus and blepharospasm associated with dystonia

**NEUROLOGY:**
- Cervical dystonia (spasmotic torticollis) of moderate or greater severity, including recurrent involuntary contraction of one or more muscles of the neck, sustained head tilt and/or abnormal posturing with limited range of motion in the neck, resulting in pain and/or functional impairment
- Focal or segmental dystonias such as
  - a. Writer's, musician's or typist's cramp
  - b. Idiopathic torsion dystonia
  - c. Oromandibular dystonia (e.g., jaw closure dystonia)
- Facial nerve (VII) dystonia or hemifacial spasm (first line treatment)
- Facial tics, when recommended by a neurologist (The member must have failed a clinically supervised and documented trial of at least 3 anti-tic medications)
- Facial myokymia and trismus associated with post-radiation myokymia.
- Neuromyelitis optica (Devic's disease or Devic's syndrome)
- Schilder's disease (diffuse cerebral sclerosis, diffuse cerebral sclerosis of Schilder, or myelinoclastic diffuse sclerosis)
- Limb spasticity, that is either interfering with functional ability and/or expected to result in joint contracture with future growth, has failed to standard medical treatments, and surgical intervention is considered to be the last option, including:
  - a. Hereditary spastic paraplegia
  - b. Equines foot deformity in children with cerebral palsy
c. Spasticity associated with cerebral palsy; multiple sclerosis; stroke; or other injury, disease, or tumor of the brain or spinal cord  
d. Spastic hemiplegia or other forms of upper motor neuron spasticity  

- Overactive bladder (symptoms of urge urinary incontinence, urgency, and frequency) in adults patients who have failed to respond to a reasonable trial of traditional therapies (e.g., behavioral therapy and overactive bladder medications)  
- Neurogenic detrusor overactivity (also known as detrusor hyperreflexia) or detrusor-sphincter dys-synergia due to spinal cord injury or neurological diseases such as multiple sclerosis, when ALL of the following criteria are met:  
  a. Confirmed diagnosis of detrusor overactivity by urodynamic testing  
  b. Documented failure to behavioral therapy  
  c. Documented failure, contraindication, or intolerance to anticholinergic medications  

- Piriformis syndrome, in patients with sciatica attributed to piriformis syndrome  

- Migraine headaches, when ALL of the following criteria are met:  
  a. Significant disabling and intractable chronic migraine headaches, with or without aura, occurring at least 15 days per month with headache lasting 4 hours a day or longer, for a period of at least 3 months  
  b. Unresponsive to a 60 day trial or are intolerant to prophylactic therapy of at least two different classes of preventative anti-migraine medications (such as beta-blockers, calcium channel blockers, anticonvulsants, and/or antidepressants)  
  c. Recommended by a neurologist  
  d. An initial 6-month trial of botulinum toxin for prevention of chronic migraine headaches is considered medically necessary when the above criteria are met  
  e. For continuing Botulinism toxin therapy for ongoing prevention of chronic migraine the patients must demonstrate a significant decrease in the number and frequency of headaches and an improvement in function upon receiving Botulinum toxin as documented in the medical records  

OTOLARYNGOLOGY:  
- Spasmodic dysphonia or laryngeal dystonia (a disorder of speech due to abnormal control of the laryngeal muscles present only during the specific task of speaking)  
- Sialorrhea or ptyalism (excessive secretion of saliva, drooling) due to conditions such as motor neuron disease or Parkinson’s disease in those patients who have failed to respond to a reasonable trial of traditional therapies (e.g., anticholinergics and speech therapy), or who have a contraindication to or cannot tolerate anticholinergic therapy  
- Gustatory sweating (Frey’s Syndrome)  

GASTROENTEROLOGY:
- Achalasia and cardiospasm when any of the following criteria are met:
  a. History of failure, contraindication, or intolerance to conventional therapy (long-acting nitrate or calcium channel blocker)
  b. There is a high risk of complications from pneumatic dilation or surgical myotomy
  c. Failed prior myotomies or dilatations
  d. Esophageal perforations caused by a prior dilatation
  e. The patient has epiphrenic diverticulum or hiatal hernia, which increases the risk perforation by dilatation, or has esophageal varices

- Anal fissure (chronic) when ALL of the following criteria are met:
  a. Symptoms of nocturnal pain and bleeding or post-defecation pain
  b. History of failure, contraindication, or intolerance to the following conventional therapies (topical nitrate, oral calcium channel blocker, topical calcium channel blocker)

**DERMATOLOGY:**

- Severe primary axillary hyperhidrosis (excessive sweating), causing significant disruption of professional and/or social life, unresponsive to topical agents (aluminum chloride or other extra-strength antiperspirants), and unresponsive or unable to tolerate pharmacotherapy prescribed for excessive sweating (e.g., anticholinergics or beta-blockers)

**B. Botulinum Toxin Type B (BTX-B)**

Botulinum Toxin Type B may be considered MEDICALLY NECESSARY for the following medical conditions:

- Cervical dystonia (spasmodic torticollis) of moderate or greater severity, resulting in pain and/or functional impairment
- Severe primary axillary hyperhidrosis that is inadequately managed with topical agents
- Sialorrhea or ptyalism (excessive secretion of saliva, drooling) due to conditions such as motor neuron disease or Parkinson's disease in those patients who have failed to respond to a reasonable trial of traditional therapies (e.g., anticholinergics and speech therapy), or who have a contraindication to or cannot tolerate anticholinergic therapy

**Note:** BTX-B has only been tested or adopted for therapeutic use in the clinical area of neurology for the treatment of cervical dystonia. The Compendium of Pharmaceuticals and Specialties lists onabotulinumtoxin-A and rimabotulinumtoxin-B as acceptable off-label agents for this condition. Any other indications are considered INVESTIGATIONAL AND/OR EXPERIMENTAL.

**NOT MEDICALLY NECESSARY:**

A. Botulinum toxin type A and B ARE COSMETIC AND NOT MEDICALLY NECESSARY when used to improve appearance, or in the absence of physiological functional impairment that would be improved by their use (e.g., Treatment of skin wrinkles or other cosmetic indications).

B. Botulinum toxin type A and B is considered INVESTIGATIONAL AND NOT MEDICALLY NECESSARY for the treatment of headache other than chronic migraine (see criteria above), including but not limited
to muscle tension, cluster, and chronic daily headaches.

Abobotulinumtoxin-A (Dysport®), incobotulinumtoxin-A (Xeomin®), and rimabotulinumtoxin-B (Myobloc®) are UNPROVEN AND NOT MEDICALLY NECESSARY for the treatment of chronic migraine headache.

C. Botulinum toxin, whether the same or a different product, following failure of an initial trial for the treatment of a medically necessary condition (as listed above) is considered INVESTIGATIONAL AND NOT MEDICALLY NECESSARY.

D. Botulinum toxin is considered INVESTIGATIONAL/EXPERIMENTAL AND NOT MEDICALLY NECESSARY as a treatment for conditions listed above when criteria are not met and for all other conditions not addressed above, including, but not limited to, the following:

- Anal sphincter dysfunction
- Anismus (pelvic floor dys-synergia)
- Bell’s palsy
- Behcet’s syndrome
- Benign prostatic hyperplasia
- Biliary dyskinesia
- Bruxism
- Carpal tunnel syndrome
- Chronic motor tic disorder
- Disorders of the esophagus (except as listed above in the medically necessary section)
- Epicondylitis
- Epiphora following salivary gland transplantation
- Erb’s palsy (brachial plexus injury)
- Esophageal spasm
- Fibromyalgia/fibromyositis
- Gastroparesis
- Hirschsprung’s disease
- Lichen simplex
- Low back pain
- Lower urinary tract (voiding) dysfunction
- Motor tics
- Myofascial pain syndrome
- Nasal hypersecretion
- Neck pain not related to conditions mentioned above
- Nystagmus
- Pancreas divisum
- Parkinson’s disease
- Pelvic floor spasticity (and associated pain conditions)
Clinical Considerations:

REQUIREMENTS
The following information is required:

1. Initial therapy
   a. Diagnosis,
   b. Medical records documenting history and severity of the condition,
   c. Laboratory results or diagnostic evidence supporting the indication (e.g., electromyography), and
   d. Dosage(s), site(s) and frequency(ies) of injection.

2. Continuation of therapy
   a. Documentation of positive clinical response to botulinum toxin therapy (the effect of the injections generally lasts 3 months),
   b. Statement of expected frequency and duration of proposed botulinum toxin treatment. It is generally considered NOT MEDICALLY NECESSARY to give Botulinum Toxin injections for spastic or excess muscular contraction conditions, regardless of diagnosis, more frequently than every 90 days.
   c. Therapy may be continued unless two successive injections utilizing appropriate or maximal dosage fail to elicit a satisfactory clinical response.

3. Discontinuation of therapy
   Failure of two definitive, consecutive, treatment sessions involving a muscle or group of muscles could preclude further coverage of the serotype used in the treatment for a period of one year after the second session. It may be reasonable, however, to attempt treatment with a different...
serotype.

**Example:** Initial therapy of botulinum toxin for treatment of a diagnosis of cervical dystonia (spasmodic torticollis) of moderate or greater severity, with history of recurrent, clonic or tonic involuntary contractions of one or more muscles (sternocleidomastoid, splenius, trapezius or posterior cervical muscles); sustained head tilt or abnormal posturing with limited range of motion in the neck; and the duration of the condition is greater than 6 months.

Subsequent injections of botulinum toxin for the treatment of cervical dystonia (spasmodic torticollis) of moderate or greater severity are considered medically necessary when there is a response to the initial treatment documented in the medical records and the patient still meets the medically necessity criteria above.

**LIMITATIONS**
The four available botulinum toxin products have different FDA-approved indications. Botulinum toxin is also used for many off-label indications. Our team of Medical Directors will determine whether “other” indications are consistent with a medically necessary course of therapy. Cosmetic indications will not be considered medically necessary.

**CONTRAINDICATIONS**
All products
- Hypersensitivity to any botulinum toxin preparation or to any of the components of the formulation
- Infection at the proposed injection site

*Botox®:* Intradetrusor Injections: acute urinary tract infection and/or acute urinary retention

*Dysport®:* Allergy to cow’s milk protein

**WARNINGS**
Although similar in certain aspects, botulinum toxins are NOT interchangeable. They are chemically, pharmacologically, and clinically distinct. There is no established method to convert dosing with one neurotoxin to appropriate dosing with another neurotoxin.
- The potency units of botulinum toxin products are not interchangeable
- Care should be exercised when injecting in or near vulnerable anatomic structures
- Concomitant neuromuscular disorder may exacerbate clinical effects of treatment
- Use in caution in members with compromised respiratory function
- Corneal exposure and ulceration due to reduced blinking may occur when products are used for the treatment of blepharospasm
- Retrobulbar hemorrhages and compromised retinal circulation may occur when products are used for the treatment of strabismus
- Bronchitis and upper respiratory tract infections may occur when products are used for the treatment of upper limb spasticity
- Urinary retention: post-void residual urine volume should be monitored in members treated for detrusor overactivity associated with a neurologic condition who do not catheterize routinely, particularly in members with multiple sclerosis.
• **Dysport, Myobloc**: products contain human albumin; a theoretical risk for transmission of viral diseases and/or Creutzfeldt-Jakob disease (CJD) is possible, but is considered extremely remote. No cases of transmission of either have ever been identified in association with Dysport or Myobloc.

### BACKGROUND:

Botulinum toxins are potent neuromuscular blocking agents produced by the bacterium Clostridium *botulinum*, which are useful in treating various focal muscle spastic disorders and excessive muscle contractions, such as dystonias, spasms, and tics. They produce a presynaptic neuromuscular blockade by preventing the release of acetylcholine from the nerve endings. Since the resulting chemical denervation of muscle produces local paresis or paralysis, selected muscles can be treated.

Botulinum toxins has been investigated as a treatment to reduce excessive muscle contraction or spasm associated with a variety of movement disorders, including muscle over-activity or spasticity related to upper motor neuron (UMN) syndrome caused by cerebral palsy, multiple sclerosis, stroke, spinal cord injury, neurodegenerative disease, and a number of other health disorders.

There are seven serologically distinct forms of botulinum toxin, A through G. All seven neurotoxins share a common structure consisting of one heavy chain and one light chain. They all inhibit acetylcholine release at the neuromuscular junction via the enzymatic inactivation of a protein that is required for the docking and fusion process involved in the release of acetylcholine. Each neurotoxin works at a distinct site.

Botulinum toxin type A cleaves the protein SNAP-25 and botulinum toxin type B cleaves synaptobrevin, both of these proteins are part of a protein complex necessary for proper docking and fusion.

The clinical indications for Botulinum toxins have increased exponentially since first used two decades ago. They are used in the treatment of overactive skeletal muscles (e.g. hemifacial spasm, dystonia, spasticity), smooth muscles (e.g. detrusor overactivity and achalasia), glands (e.g. sialorrhoea and hyperhidrosis) and additional conditions that are being investigated.

There are currently four Botulinum toxin products commercially available in the United States: Botox® (onabotulinumtoxin-A), Myobloc® (rimabotulinumtoxin-B), Dyspor® (abobotulinumtoxin-A), and Xeomin® (incobotulinumtoxin-A). Each preparation has distinct pharmacological and clinical profiles specified on the product insert. Dosing patterns are also specific to the preparation of neurotoxin and are very different between different serotypes. Failure to recognize the unique characteristics of each formulation of Botulinum toxin can lead to undesired patient outcomes. It is expected that physicians will be familiar with and experienced in the use of these agents, and utilize evidence-based medicine to select the appropriate drug and dose regimen for each patient condition. Physicians may decide which agent to use in beneficiary care except as noted below. Although Botulinum toxins have only been FDA-approved for limited uses, they are frequently used off-label as well. A patient who is not responsive or who ceases to respond to one serotype may respond to the other.

The wide range of Botulinum toxin dosages used in a treatment session is determined by patient age, degree of spasticity, number of injections made into each muscle and number of muscles treated. Electromyography or muscle stimulation, rather than site pain or tenderness, to determine injection site(s) for Botulinum toxin may be necessary, especially for spastic conditions of the face, neck, and hand.
REGULATORY STATUS:

1. U.S. FOOD AND DRUG ADMINISTRATION (FDA):

There are currently four Botulinum toxin products commercially available in the United States:

**Onabotulinumtoxin-A (Botox®; Allergan Inc.):** Botox® received FDA Biologic License Application (BLA) approval (BLA 103000) on December 9, 1991. The original approval summary is no longer accessible through the FDA’s drugs site, but the Allergan document Botox® (onabotulinumtoxinA) History and Development states that Botox® was initially approved to treat some forms of strabismus and blepharospasm. Twenty-seven supplement approvals to the original BLA for Botox® have been awarded. Botox is FDA approved for the following indications:
   - Prophylaxis of headaches in adult patients with chronic migraine (≥15 days per month with headache lasting 4 hours a day or longer). Safety and effectiveness of Botox® have not been established for the prophylaxis of episodic migraine (14 headache days or fewer per month).
   - Treatment of upper limb spasticity in adult patients, to decrease the severity of increased muscle tone in elbow flexors (biceps), wrist flexors (flexor carpi radialis and flexor carpi ulnaris) and finger flexors (flexor digitorum profundus and flexor digitorum sublimes).
   - Reduction of the severity of abnormal head position and neck pain associated with cervical dystonia in adults.
   - Treatment of strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorders in patients 12 years of age and above.
   - Treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency in adults who have an inadequate response or are intolerant to an anticholinergic medication.
   - Treatment of urinary incontinence due to detrusor overactivity associated with a neurologic condition [e.g., spinal cord injury (SCI), multiple sclerosis (MS)] in adults who have an inadequate response to or are intolerant of an anticholinergic medication.
   - Treatment of severe primary axillary hyperhidrosis that is inadequately managed with topical agents.

**Rimabotulinumtoxin-B (Myobloc®; Solstice Neurosciences Inc.):** Myobloc® received FDA BLA approval (BLA 103846) on December 8, 2000. Since the original approval, 2 supplement approvals have been issued. Myobloc® is FDA approved for the treatment of adults with cervical dystonia to reduce the severity of abnormal head position and neck pain associated with cervical dystonia, in both toxin-naïve and previously treated patients.

**Abobotulinumtoxin-A (Dysport®; Ipsen Biopharm Ltd.):** Dysport® received BLA approval (BLA 125274) on April 29, 2009. Dysport® is FDA approved for the treatment of adults with cervical dystonia to reduce the severity of abnormal head position and neck pain in both toxin-naïve and previously treated patients.

**Incobotulinumtoxin-A (Xeomin®; Merz Pharmaceuticals):** Xeomin® received FDA BLA approval (BLA 125360) on July 30, 2010. Xeomin® is FDA approved for the treatment of adults with cervical dystonia to decrease the severity of abnormal head position and neck pain in both botulinum toxin-naïve and previously treated patients. Incobotulinumtoxin-A is also indicated for the treatment of adults with
blepharospasm who were previously treated with onabotulinumtoxin-A (Botox®).

2. CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS):

National Coverage Determinations (NCDs) do not exist for botulinum toxins at this time.

National Government Services (NGS) has a Local Coverage Determination: Botulinum Toxins (L26841, revision effective date 09/01/2014).

Medicare covers outpatient (Part B) drugs that are furnished “incident to” a physician’s service provided that the drugs are not usually self-administered by the patients who take them. See the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals at http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf.

INDICATIONS:

- **Spasticity and dystonia**
  Botulinum toxin can be used to reduce spasticity or excessive muscular contractions, to relieve pain, to assist with posture and walking, to improve range of motion, to enhance the effectiveness of physical therapy, and to reduce severe spasm to allow better perineal hygiene in patients with spasticity secondary to spastic hemiplegia and hemiparesis. Organic writer’s cramp is uncommon, and so Botulinum toxin for the treatment of organic writer’s cramp should be infrequent.

- **Blepharospasm**
  Botulinum toxin injection therapy is an accepted first line treatment for patients with blepharospasm and/or hemifacial spasm. If the upper and lower lids of the same eye and/or adjacent facial muscles, or brow are injected at the same surgery, the procedure is considered to be unilateral. Bilateral procedures will only be considered when both eyes or both sides of the face are injected.

- **Achalasia**
  Botulinum toxin for achalasia may be considered for the patient who has not responded satisfactorily to conventional therapy; is at high risk of complication from pneumatic dilation or surgical myotomy; has had treatment failure with pneumatic dilation or surgical myotomy; had perforation from pneumatic dilation; has an epiphrenic diverticulum or hiatal hernia; or has esophageal varices.

- **Anal Fissure**
  Botulinum toxin for chronic anal fissure may be considered for the patient who has not responded satisfactorily to conventional therapy.

- **Hyperhidrosis**
  Onabotulinumtoxin-A has been approved by the Federal Drug Administration (FDA) for treatment of severe primary axillary hyperhidrosis (primary focal hyperhidrosis) that is inadequately managed with topical therapy. The Compendium of Pharmaceuticals and Specialties lists onabotulinumtoxin-A and rimabotulinumtoxin-B as acceptable off-label agents for this condition. The definition of primary focal hyperhidrosis is severe sweating, beyond physiological needs; focal, visible, severe sweating of at least six (6) months duration without apparent cause with at least two (2) of the following characteristics: bilateral and relatively symmetric, significant impairment in daily activities, age of onset less than 25 years, positive family history, and cessation of focal sweating during sleep.
<table>
<thead>
<tr>
<th>DRUG POLICY</th>
</tr>
</thead>
</table>
| **Sialorrhea**  
The treatment of sialorrhea due to conditions such as motor neuron disease or Parkinson’s disease in those patients who have failed to respond to a reasonable trial of traditional therapies (e.g., anticholinergics and speech therapy) or who have a contraindication to or cannot tolerate anticholinergic therapy, will be allowed for coverage.  

**Urinary Incontinence**  
Urinary incontinence due to neurogenic detrusor overactivity (NDO) commonly occurs in patients with spinal cord injuries (SCI) or neurological diseases such as multiple sclerosis (MS). Patients with NDO usually use clean intermittent self-catheterization (CIC) to empty the bladder. When incontinence episodes occur between catheterizations, oral anticholinergic agents are used to decrease bladder contractility and improve incontinence.  

Treatment of overactive bladder (OAB) with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication.  

**Headache/Migraine**  
Coverage will only be allowed for those patients with chronic daily headaches (headache disorders occurring greater than 15 days a month - in many cases daily with a duration of four or more hours - for a period of at least 3 months) who have significant disability due to the headaches, and have been refractory to standard and usual conventional therapy. The etiology of the chronic daily headache may be chronic tension-type headache or chronic migraine (CM). CM is characterized by headache on > 15 days per month, of which at least 8 headache days per month meet criteria for migraine without aura or respond to migraine-specific treatment. For continuing Botulism toxin therapy the patients must demonstrate a significant decrease in the number and frequency of headaches and an improvement in function upon receiving Botulinum toxin.  

**LIMITATIONS:**  
Medicare will allow payment for one injection per site regardless of the number of injections made into the site. A site is defined as one eye (including all muscles surrounding the eye including both upper and lower lids); one side of the face; the neck; or extremity and/or trunk muscle(s).  

Failure of two definitive, consecutive, treatment sessions involving a muscle or group of muscles could preclude further coverage of the serotype used in the treatment for a period of one year after the second session. It may be reasonable, however, to attempt treatment with a different serotype.  

Treatment of wrinkles using Botulinum toxins is considered to be cosmetic, and is not covered under Medicare.  

Payment will not be made for any spastic condition of smooth muscle, such as spastic colon and biliary dyskinesia, or of any spastic condition not listed as medically necessary.
3. MINNESOTA DEPARTMENT OF HUMAN SERVICES (DHS):
Botulinum Toxins – Prior Authorization (January 2016)

Approval Criteria
- Treatment for the medical uses listed in the table below or for spasticity, including spasticity in cerebral palsy, or for excessive drooling associated with a neurologic disorder not managed by oral therapy.
- Botox® may also be approved for use of severe bruxism, particularly those with associated movement disorders, when all conservative treatments have failed (mouth guard, oral meds, and physical therapy).
- Use of botulinum toxin, type A or type B, will not be approved for cosmetic purposes such as removal of facial wrinkles.
- Botulinum toxin for the treatment of chronic migraine headaches is generally not covered. However, truly exceptional chronic migraine cases will be reviewed for medical necessity on a case by case basis.
- Authorizations can be granted for up to 12 months. Each subsequent authorization requires documentation verifying the patient’s response to the treatment. The prior authorization will only be granted if the documentation shows a positive response to the treatment.

<table>
<thead>
<tr>
<th>Brand name</th>
<th>Type B</th>
<th>Type A</th>
<th>Dysport® Abobotulinumtoxin A</th>
<th>Xeomin® Incobotulinumtoxin A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myobloc® rimabotulinumtoxinB</td>
<td>Treatment of cervical dystonia in adults to decrease the severity of abnormal head position and neck pain</td>
<td>Treatment of patients with cervical dystonia to reduce the severity of abnormal head position and neck pain</td>
<td>Treatment of adults with cervical dystonia</td>
<td>Treatment of adults with cervical dystonia to decrease the severity of abnormal head position and neck pain in both botulinum toxin-naive and previously treated patients</td>
</tr>
<tr>
<td>Botox® Onabotulinumtoxin A</td>
<td>Treatment of severe primary axillary hyperhidrosis that is inadequately managed with topical agents</td>
<td>Treatment of upper limb spasticity in adults</td>
<td>Treatment of cervical dystonia</td>
<td>Treatment of adults with blepharospasm who were previously treated with onabotulinumtoxinA (Botox®)</td>
</tr>
<tr>
<td>Dysport® Abobotulinumtoxin A</td>
<td>Treatment of strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorders in patients 12 years of age and above</td>
<td>Treatment of urinary incontinence due to detrusor overactivity associated with a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Xeomin® Incobotulinumtoxin A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
neurologic condition [e.g., spinal cord injury (SCI), multiple sclerosis (MS)] in adults who have an inadequate response to or are intolerant of an anticholinergic medication

Treatment of overactive bladder in adult patients who have an inadequate response to or are intolerant of 3 anticholinergic medications and mirabegron

Treatment of upper and lower limb spasticity in adult patients

HCPCS Code | J0587 | J0585 | J0586 | J0588
--- | --- | --- | --- | ---
HCPCS Code Descriptors | Injection, rimabotulinumtoxinB, 100 units | Injection, onabotulinumtoxinA, 1 unit | Injection, abobotulinumtoxinA, 5 units | Injection, incobotulinumtoxin A, 1 unit
Vial Sizes | 2,500 units, 5,000 units, 10,000 units | 100 units, 200 units | 300 units, 500 units | 50 units, 100 units

The potency Units of the botulinum toxins are specific to the preparation and assay method utilized. Therefore, Units of biological activity of one botulinum toxin product cannot be compared to nor converted into Units of any other botulinum toxin product.

**CLINICAL EVIDENCE:**

**SUMMARY:**

Botulinum toxin has been used for a wide variety of conditions in which the principal therapeutic aim is to reduce undesired or excessive contraction of striated or smooth (involuntary) muscle.

Because the potency of each botulinum toxin preparation is specific to the preparation and assay method, units of biologic activity for different preparations of botulinum toxin cannot be compared with or converted to units of other botulinum toxins. While therapy with botulinum toxin is relatively expensive considering the drug and administration costs and its effects are temporary and palliative (e.g., not curative) because of regeneration of nerve terminals in the affected muscle(s), treatment with botulinum toxin may provide an alternative to, or delay, more invasive and more costly interventions (e.g., surgery) and/or provide treatment for conditions for which few, if any, other effective therapies exist. Botulinum...
toxin also may be used in combination with other treatments to enhance efficacy. Because botulinum toxin prevents release of acetylcholine through denervation of cholinergic nerve terminals, the toxin also is used for autonomic disorders involving excessive glandular secretion (e.g., primary axillary hyperhidrosis) that is controlled by cholinergic transmission.

The use of botulinum toxin administered for the treatment of skin wrinkles (e.g., glabellar creases, smoker’s lines, lipstick lines, crow’s feet, laugh lines, wrinkled neck, and aging neck) does not meet the definition of medical necessity, as they are considered cosmetic in nature and generally contract excluded.

An FDA MedWatch released on August 3, 2009 requires manufacturers of botulinum toxins A and B to include a Black Box Warning in the package insert describing the adverse effects of distant spread of botulinum toxic effects, including respiratory arrest and death, which are suggestive of systemic botulism. The symptoms have been reported hours to weeks after the injection.

APPLICABLE CODES:

*The Current Procedural Terminology (CPT®) codes and HCPCS codes listed in this policy are for reference purposes only. Listing of a service or device code in this policy does not imply that the service described by this code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment. Other medical policies and coverage determination guidelines may apply.*

<table>
<thead>
<tr>
<th>HCPCS Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J0585</td>
<td>Injection, onabotulinumtoxinA, 1 unit</td>
</tr>
<tr>
<td>J0586</td>
<td>Injection, abobotulinumtoxinA, 5 units</td>
</tr>
<tr>
<td>J0587</td>
<td>Injection, rimabotulinumtoxinB, 100 units</td>
</tr>
<tr>
<td>J0588</td>
<td>Injection, incobotulinumtoxinA, 1 unit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-9 Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>333.6</td>
<td>Genetic torsion dystonia</td>
</tr>
<tr>
<td>333.71</td>
<td>Athetoid cerebral palsy</td>
</tr>
<tr>
<td>333.79</td>
<td>Other acquired torsion dystonia</td>
</tr>
<tr>
<td>333.81</td>
<td>Blepharospasm</td>
</tr>
<tr>
<td>333.82</td>
<td>Orofacial dyskinesia</td>
</tr>
<tr>
<td>333.83</td>
<td>Spasmodic torticollis</td>
</tr>
<tr>
<td>333.84</td>
<td>Organic writers’ cramp</td>
</tr>
<tr>
<td>333.89</td>
<td>Other fragments of torsion dystonia</td>
</tr>
<tr>
<td>342.10</td>
<td>Spastic hemiplegia affecting unspecified side</td>
</tr>
<tr>
<td>342.11</td>
<td>Spastic hemiplegia affecting dominant side</td>
</tr>
<tr>
<td>342.12</td>
<td>Spastic hemiplegia affecting nondominant side</td>
</tr>
<tr>
<td>343.0</td>
<td>Diplegic infantile cerebral palsy</td>
</tr>
<tr>
<td>343.1</td>
<td>Hemiplegic infantile cerebral palsy</td>
</tr>
<tr>
<td>343.2</td>
<td>Quadriplegic infantile cerebral palsy</td>
</tr>
<tr>
<td>343.3</td>
<td>Monoplegic infantile cerebral palsy</td>
</tr>
<tr>
<td>343.4</td>
<td>Infantile hemiplegia cerebral palsy</td>
</tr>
<tr>
<td>343.8</td>
<td>Other specified infantile cerebral palsy</td>
</tr>
<tr>
<td>343.9</td>
<td>Unspecified infantile cerebral palsy</td>
</tr>
<tr>
<td>344.61</td>
<td>Cauda equine syndrome with neurogenic bladder</td>
</tr>
<tr>
<td>ICD-10 Codes</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>G24.1</td>
<td>Genetic torsion dystonia</td>
</tr>
<tr>
<td>G24.09</td>
<td>Other drug induced dystonia</td>
</tr>
<tr>
<td>G24.2</td>
<td>Idiopathic nonfamilial dystonia</td>
</tr>
<tr>
<td>G24.3</td>
<td>Spasmodic torticollis</td>
</tr>
<tr>
<td>G24.4</td>
<td>Idiopathic oro-facial dystonia</td>
</tr>
<tr>
<td>G24.5</td>
<td>Blepharospasm</td>
</tr>
<tr>
<td>G24.8</td>
<td>Other dystonia</td>
</tr>
<tr>
<td>G24.9</td>
<td>Dystonia, unspecified</td>
</tr>
<tr>
<td>G25.89</td>
<td>Other specified extrapyramidal and movement disorders</td>
</tr>
<tr>
<td>G43.701</td>
<td>Chronic migraine without aura, not intractable, with status migrainosus</td>
</tr>
<tr>
<td>G43.709</td>
<td>Chronic migraine without aura, not intractable, without status migrainosus</td>
</tr>
<tr>
<td>G43.711</td>
<td>Chronic migraine without aura, intractable, with status migrainosus</td>
</tr>
<tr>
<td>G43.719</td>
<td>Chronic migraine without aura, intractable, without status migrainosus</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>G51.0</td>
<td>Bell's palsy</td>
</tr>
<tr>
<td>G51.1</td>
<td>Geniculate ganglionitis</td>
</tr>
<tr>
<td>G51.2</td>
<td>Melkersson's syndrome</td>
</tr>
<tr>
<td>G51.3</td>
<td>Clonic hemifacial spasm</td>
</tr>
<tr>
<td>G51.4</td>
<td>Facial myokymia</td>
</tr>
<tr>
<td>G51.8</td>
<td>Other disorders of facial nerve</td>
</tr>
<tr>
<td>G51.9</td>
<td>Disorder of facial nerve, unspecified</td>
</tr>
<tr>
<td>G57.00</td>
<td>Lesion of sciatic nerve, unspecified lower limb</td>
</tr>
<tr>
<td>G57.01</td>
<td>Lesion of sciatic nerve, right lower limb</td>
</tr>
<tr>
<td>G57.02</td>
<td>Lesion of sciatic nerve, left lower limb</td>
</tr>
<tr>
<td>G80.0</td>
<td>Spastic quadriplegic cerebral palsy</td>
</tr>
<tr>
<td>G80.1</td>
<td>Spastic diplegic cerebral palsy</td>
</tr>
<tr>
<td>G80.2</td>
<td>Spastic hemiplegic cerebral palsy</td>
</tr>
<tr>
<td>G80.3</td>
<td>Athetoid cerebral palsy</td>
</tr>
<tr>
<td>G80.4</td>
<td>Ataxic cerebral palsy</td>
</tr>
<tr>
<td>G80.8</td>
<td>Other cerebral palsy</td>
</tr>
<tr>
<td>G80.9</td>
<td>Cerebral palsy, unspecified</td>
</tr>
<tr>
<td>G81.10</td>
<td>Spastic hemiplegia affecting unspecified side</td>
</tr>
<tr>
<td>G81.11</td>
<td>Spastic hemiplegia affecting right dominant side</td>
</tr>
<tr>
<td>G81.12</td>
<td>Spastic hemiplegia affecting left dominant side</td>
</tr>
<tr>
<td>G81.13</td>
<td>Spastic hemiplegia affecting right nondominant side</td>
</tr>
<tr>
<td>G81.14</td>
<td>Spastic hemiplegia affecting left nondominant side</td>
</tr>
<tr>
<td>G83.4</td>
<td>Cauda equina syndrome</td>
</tr>
<tr>
<td>H50.89</td>
<td>Other specified strabismus</td>
</tr>
<tr>
<td>H51.0</td>
<td>Palsy (spasm) of conjugate gaze</td>
</tr>
<tr>
<td>J38.5</td>
<td>Laryngeal spasm</td>
</tr>
<tr>
<td>K11.7</td>
<td>Disturbances of salivary secretion</td>
</tr>
<tr>
<td>K22.0</td>
<td>Achalasia of cardia</td>
</tr>
<tr>
<td>K59.4</td>
<td>Anal spasm</td>
</tr>
<tr>
<td>K60.1</td>
<td>Chronic anal fissure</td>
</tr>
<tr>
<td>K60.2</td>
<td>Anal fissure, unspecified</td>
</tr>
<tr>
<td>L74.510</td>
<td>Primary focal hyperhidrosis, axilla</td>
</tr>
<tr>
<td>L74.511</td>
<td>Primary focal hyperhidrosis, face</td>
</tr>
<tr>
<td>L74.512</td>
<td>Primary focal hyperhidrosis, palms</td>
</tr>
<tr>
<td>L74.513</td>
<td>Primary focal hyperhidrosis, soles</td>
</tr>
<tr>
<td>L74.519</td>
<td>Primary focal hyperhidrosis, unspecified</td>
</tr>
<tr>
<td>L74.52</td>
<td>Secondary focal hyperhidrosis</td>
</tr>
<tr>
<td>M54.30</td>
<td>Sciatica, unspecified side</td>
</tr>
<tr>
<td>M54.31</td>
<td>Sciatica, right side</td>
</tr>
<tr>
<td>M54.32</td>
<td>Sciatica, left side</td>
</tr>
<tr>
<td>M54.40</td>
<td>Lumbago with sciatica, unspecified side</td>
</tr>
<tr>
<td>M54.41</td>
<td>Lumbago with sciatica, right side</td>
</tr>
<tr>
<td>M54.42</td>
<td>Lumbago with sciatica, left side</td>
</tr>
<tr>
<td>N31.0</td>
<td>Uninhibited neuropathic bladder, not elsewhere classified</td>
</tr>
<tr>
<td>N31.1</td>
<td>Reflex neuropathic bladder, not elsewhere classified</td>
</tr>
<tr>
<td>N31.9</td>
<td>Neuromuscular dysfunction of bladder, unspecified</td>
</tr>
<tr>
<td>N32.81</td>
<td>Overactive bladder</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>N36.44</td>
<td>Muscular disorders of urethra</td>
</tr>
<tr>
<td>N39.41</td>
<td>Urge incontinence</td>
</tr>
<tr>
<td>N39.46</td>
<td>Mixed incontinence</td>
</tr>
<tr>
<td>R25.0</td>
<td>Abnormal head movements</td>
</tr>
<tr>
<td>R25.1</td>
<td>Tremor, unspecified</td>
</tr>
<tr>
<td>R25.2</td>
<td>Cramp and spasm</td>
</tr>
<tr>
<td>R25.3</td>
<td>Fasciculation</td>
</tr>
<tr>
<td>R25.8</td>
<td>Other abnormal involuntary movements</td>
</tr>
<tr>
<td>R25.9</td>
<td>Unspecified abnormal involuntary movements</td>
</tr>
<tr>
<td>R29.891</td>
<td>Ocular torticollis</td>
</tr>
<tr>
<td>R49.0</td>
<td>Dysphonia</td>
</tr>
<tr>
<td>R49.9</td>
<td>Unspecified voice and resonance disorder</td>
</tr>
<tr>
<td>S04.50XA</td>
<td>Injury of facial nerve, unspecified side, initial</td>
</tr>
<tr>
<td></td>
<td>encounter</td>
</tr>
<tr>
<td>S04.51XA</td>
<td>Injury of facial nerve, right side, initial encounter</td>
</tr>
<tr>
<td>S04.52XA</td>
<td>Injury of facial nerve, left side, initial encounter</td>
</tr>
</tbody>
</table>

**CPT® Codes**

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>43201</td>
<td>Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance</td>
</tr>
<tr>
<td>43236</td>
<td>Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance</td>
</tr>
<tr>
<td>46505</td>
<td>Chemodenervation of internal anal sphincter</td>
</tr>
<tr>
<td>52287</td>
<td>Cystourethroscopy, with injection(s) for chemodenervation of the bladder</td>
</tr>
<tr>
<td>53899</td>
<td>Unlisted procedure, urinary system</td>
</tr>
<tr>
<td>64611</td>
<td>Chemodenervation of parotid and submandibular salivary glands, bilateral</td>
</tr>
<tr>
<td>64612</td>
<td>Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)</td>
</tr>
<tr>
<td>64615</td>
<td>Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)</td>
</tr>
<tr>
<td>64616</td>
<td>Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)</td>
</tr>
<tr>
<td>64617</td>
<td>Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed</td>
</tr>
<tr>
<td>64642</td>
<td>Chemodenervation of one extremity; 1-4 muscle(s)</td>
</tr>
<tr>
<td>64643</td>
<td>Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (list separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>64644</td>
<td>Chemodenervation of one extremity; 5 or more muscle</td>
</tr>
<tr>
<td>64645</td>
<td>Chemodenervation of one extremity; each additional extremity, 5 or more muscle (list separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>64646</td>
<td>Chemodenervation of trunk muscle(s); 1-5 muscle(s)</td>
</tr>
<tr>
<td>64647</td>
<td>Chemodenervation of trunk muscle(s); 6 or more muscle</td>
</tr>
<tr>
<td>64650</td>
<td>Chemodenervation of eccrine glands; both axillae</td>
</tr>
<tr>
<td>64653</td>
<td>Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day</td>
</tr>
<tr>
<td>67345</td>
<td>Chemodenervation of extraocular muscle</td>
</tr>
</tbody>
</table>

CPT® is a registered trademark of the American Medical Association.

**REFERENCES:**

HAYES’s Technology Assessments


REFERENCES


67. Coleski R, Anderson MA, Hasler WL. Factors Associated with Symptom Response to Pyloric Injection of Botulinum...
<table>
<thead>
<tr>
<th>Reference</th>
<th>Title</th>
<th>Details</th>
</tr>
</thead>
</table>


226. Santos MT, Manzano FS, Genovese WJ. Different approaches to dental management of self-inflicted oral trauma.


---

**POLICY HISTORY:**

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/24/2014</td>
<td>Reviewed and approved by the Quality Improvement Advisory and Credentialing Council (QIACC).</td>
</tr>
<tr>
<td>11/1/2014</td>
<td>Published to ucare.org</td>
</tr>
<tr>
<td>8/09/2016</td>
<td>Policy updated and approved by the Medical Policy Committee.</td>
</tr>
<tr>
<td>9/01/2016</td>
<td>Published to ucare.org</td>
</tr>
</tbody>
</table>

Copyright 2016, Proprietary Information of UCare
Page. 30 of 30