



MASSACHUSETTS

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Pharmacy Medical Policy Botulinum Toxin Injections

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Policy Number: 006

BCBSA Reference Number: 5.01.05 & 8.01.19

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary status of the medications affected by this policy.

Drug	Formulary Information
	Standard
	Formulary Status
Botox™ [^] (onabotulinumtoxin a)	Preferred with PA
Dysport™ [^] (botulinum toxin type a)	Preferred with PA
Myobloc™ [^] (rimabotulinumtoxin b)	Non-Preferred with PA
Xeomin® [^] (incobotulinumtoxin a)	Non-Preferred with PA

[^] - This Drug is part of Medications covered only under the pharmacy benefit program.

Note: To obtain a Non-Preferred toxin one must try and fail at least one preferred toxin.

We may cover the following indications for **Dysport™** (botulinum toxin type a) and **Botox™** (onabotulinumtoxin a) in this policy which are FDA approved indications for the Botulinum Toxins and we will cover a **Myobloc™** (rimabotulinumtoxin b) or **Xeomin®** (incobotulinumtoxin a) when either **Dysport™** or **Botox™** is tried and failed first:

- Is indicated for the 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), finger flexors (flexor digitorum profundus and flexor digitorum sublimis), Focal upper limb dystonia (organic writer's cramp), and thumb flexors (adductor pollicis and flexor pollicis longus) when **ALL** of the following criteria are met:
 - Age 18 years or over
 - AND**
 - **Dysport™** (botulinum toxin type a) **OR Botox™** (onabotulinumtoxin a) must be used prior to **Myobloc™** (rimabotulinumtoxin b) or **Xeomin®** (incobotulinumtoxin a)
- Is indicated for the treatment of upper limb spasticity in pediatric patients 2 to 17 years of age.
 - Age is between 2 and 17 years of age
 - AND**
 - **Dysport™** (botulinum toxin type a) **OR Botox™** (onabotulinumtoxin a) must be used prior to **Myobloc™** (rimabotulinumtoxin b) or **Xeomin®** (incobotulinumtoxin a)
- A lower limb spasticity in patients 2 years or older to decrease the severity of increased muscle tone in ankle and toe flexors (gastrocnemius, soleus, tibialis posterior, flexor hallucis longus, and flexor digitorum longus). **ALL** of the following criteria are met:
 - Age 2 years or over
 - AND**
 - **Dysport™** (botulinum toxin type a) **OR Botox™** (onabotulinumtoxin a) must be used prior to **Myobloc™** (rimabotulinumtoxin b) or **Xeomin®** (incobotulinumtoxin a)
- Is indicated for the treatment of adults with cervical dystonia, to reduce the severity of abnormal head position and neck pain associated with cervical dystonia. For this use, cervical dystonia must be associated with sustained head tilt or abnormal posturing with limited range of motion in the neck **AND** a history of recurrent involuntary contraction of one or more of the muscles of the neck, (e.g., sternocleidomastoid, splenius, trapezius, or posterior cervical muscles) and may be covered when **ALL** of the following criteria are met:
 - Age 18 years or over
 - AND**
 - **Dysport™** (botulinum toxin type a) **OR Botox™** (onabotulinumtoxin a) must be used prior to **Myobloc™** (rimabotulinumtoxin b) or **Xeomin®** (incobotulinumtoxin a)
- Is indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication
- Is indicated for the treatment of urinary incontinence due to detrusor over activity associated with a neurologic condition (e.g., SCI, MS, NDO) in patients 5 years of age or older who have an inadequate response to or are intolerant of an anticholinergic medication
- Is indicated for the prophylaxis of headaches in adult patients with chronic migraine (≥15 days per month with at least 8 headache days lasting 4 hours a day or longer)
- And will be covered for **Migraine headache** when **ALL** of the following criteria are met:
 - Age 18 years or over
 - Prescribed by a neurologist, ophthalmologist or board-certified headache medicine specialist.
 - Episodes of migraine for ≥ 15 days/month with duration ≥ 4 hours/day
 - Previous treatment for at least three months each or contraindication to two of the following therapeutic categories/medications:
 - Beta blockers (e.g., propranolol, timolol)
 - Topiramate
 - Valproic acid and its derivatives (e.g., divalproex sodium)
 - Tricyclic Antidepressants (e.g., amitriptyline)
- Is indicated for the treatment of strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or facial (VII) nerve disorders such as hemifacial spasm
- Chronic sialorrhea
- Is indicated for the treatment of severe primary axillary hyperhidrosis that is inadequately managed with topical agents and will be covered according to the criteria below.

NOTE: Primary focal hyperhidrosis is defined as excessive sweating induced by sympathetic hyperactivity in selected areas that is not associated with an underlying disease process. The most common locations are underarms (axillary hyperhidrosis), palms (palmar hyperhidrosis), soles (plantar hyperhidrosis) or face (craniofacial hyperhidrosis).

- We may cover **the treatment of primary hyperhidrosis in a small subset of patients** with the following medical conditions:
 - acrocyanosis of the hands.
 - history of recurrent skin maceration with bacterial or fungal infections.
 - history of recurrent secondary infections.
 - history of persistent eczematous dermatitis in spite of medical treatments with topical dermatological or systemic anticholinergic agents; or
 - significant functional impairment:
 - Documentation must be submitted that reports the location of the hyperhidrosis, the frequency and duration of episodes, the specific functions that are impaired (including activities of daily living and/or occupational activities), the severity of impairment, and a description of how the function is impaired.

We cover **the treatment of primary hyperhidrosis based on focal regions** as noted below:

Focal Regions	Covered Treatments
Axillary	Onabotulinumtoxin A (botulinum type A)(intra dermal injection) for severe primary axillary hyperhidrosis that is inadequately managed with topical agents, in patients 18 years and older,
Palmar	Onabotulinumtoxin A (botulinum type A) (intra dermal injection) for severe primary palmar hyperhidrosis that is inadequately managed with topical agents, in patients 18 years and older;

We also may cover the following Dystonia/Spasticity disorders:

Note: To obtain a Non-Preferred toxin one must try and fail at least one Preferred toxin. In addition, Dysport™ (botulinum toxin type a) OR Botox™ (onabotulinumtoxin a) must be used prior to Myobloc™ (rimabotulinumtoxin b) or Xeomin® (incobotulinumtoxin a) for any diagnosis involving spasticity in adults.

Dystonia/spasticity resulting in functional impairment (interference with joint function, mobility, communication, nutritional intake) and/or pain in patients with **any** of the following:

- Focal upper limb dystonia (e.g., organic writer’s cramp)
- Oromandibular dystonia (orofacial dyskinesia, Meige syndrome)
- Laryngeal dystonia (adductor spasmodic dysphonia)
- Idiopathic (primary or genetic) torsion dystonia
- Symptomatic (acquired) torsion dystonia
- Cerebral palsy
- Spasticity related to stroke
- Acquired spinal cord or brain injury
- Hereditary spastic paraparesis
- Spastic hemiplegia
- Neuromyelitis optica
- Multiple sclerosis or Schilder’s disease
- Esophageal achalasia in patients who have not responded to dilation therapy or who are considered poor surgical candidates
- Chronic anal fissure
- Hirschsprung’s disease

We do not cover onabotulinumtoxin A (**Botox™**), onabotulinumtoxin A (**Dysport™**) rimabotulinumtoxin B (**Myobloc™**) or incobotulinumtoxin A (**Xeomin®**) injections for conditions, including but not limited to:

- Eye conditions not listed above, including:
 - Chronic paralytic strabismus (except to reduce antagonist contracture in conjuncture with surgical repair)
 - Patients with corneal exposure, persistent epithelial defect, or corneal ulceration
- Headaches including migraine unless criteria met above
- Tourette’s syndrome
- Chronic Motor Tic disorder
- Patients with myasthenia gravis
- Wrinkles, glabellar lines or other cosmetic indications
- Myofascial pain syndrome
- Chronic low back pain
- Tremors such as benign essential tremor
- Lateral epicondylitis
- Benign prostatic hyperplasia
- Detrusor over reactivity not due to spinal cord injury
- Detrusor sphincteric dyssynergia
- Prevention of pain associated with breast reconstruction after mastectomy
- Gastroparesis.

We do not cover **the following botulinum toxin treatments of primary hyperhidrosis** based on focal region, because they are considered investigational, as they do not meet our Medical Technology Assessment Guidelines, #350:

Focal Region	Non-Covered Treatments (Investigational)
Palmar	<ul style="list-style-type: none"> • Rimabotulinumtoxin B (botulinum type B)
Plantar	<ul style="list-style-type: none"> • Onabotulinumtoxin A (botulinum type A) • Rimabotulinumtoxin B (botulinum type B)
Craniofacial	<ul style="list-style-type: none"> • Onabotulinumtoxin A (botulinum type A) • Rimabotulinumtoxin B (botulinum type B)

We do not cover **the following treatments** including, but not limited to, **Onabotulinumtoxin A (botulinum toxin type A) and Rimabotulinumtoxin B (botulinum toxin type B)** as a treatment for **severe gustatory hyperhidrosis¹** because they are considered investigational, as they do not meet our Medical Technology Assessment Guidelines, #350.

For patient safety, we do not cover any type of botulinum injections for:

- Patients who are pregnant or intend to become pregnant
- Patients who are on aminoglycoside therapy, as it may increase the risk of problems between the muscles and the nerves
- Patients with retrobulbar hemorrhages sufficient to compromise retinal circulation
- Patients with severe laryngeal or respiratory weakness
- Patients with sensitivity or allergy to any type of botulinum injections, or known high antibody titers to any type of botulinum injections.

Other Information

Blue Cross Blue Shield of Massachusetts (BCBSMA*) members (other than Medex®; Blue MedicareRx, Medicare Advantage plans that include prescription drug coverage) will be required to fill their prescriptions for the above medications at one of the providers in our retail specialty pharmacy network, see link below:

[Link to Specialty Pharmacy List](#)

Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Tel: 1-800-366-7778
Fax: 1-800-583-6289

Prior Authorization Information

Outpatient

For services described in this policy, see below for products where prior authorization **IS REQUIRED** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is required .
Commercial PPO and Indemnity	Prior authorization is required .

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above **medical necessity criteria** **MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
J0585	Injection, onabotulinumtoxin A, 1 unit (Botox)
J0587	Injection, rimabotulinumtoxin B, 100 units (Myobloc)

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS codes above if **medical necessity criteria** are met:

Diagnosis coding

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
G11.4	Hereditary spastic paraplegia
G24.02	Drug induced acute dystonia
G24.09	Other drug induced dystonia
G24.1	Genetic torsion dystonia
G24.2	Idiopathic nonfamilial dystonia
G24.3	Spasmodic torticollis
G24.4	Idiopathic orofacial dystonia
G24.5	Blepharospasm
G24.8	Other dystonia
G24.9	Dystonia, unspecified
G25.82	Stiff-man syndrome
G25.89	Other specified extrapyramidal and movement disorders
G35	Multiple sclerosis
G36.0	Neuromyelitis optica [Devic]
G36.1	Acute and subacute hemorrhagic leukoencephalitis [Hurst]
G36.8	Other specified acute disseminated demyelination
G36.9	Acute disseminated demyelination, unspecified
G37.0	Diffuse sclerosis of central nervous system
G37.1	Central demyelination of corpus callosum
G37.2	Central pontine myelinolysis
G37.4	Subacute necrotizing myelitis of central nervous system
G37.5	Concentric sclerosis [Balo] of central nervous system
G37.8	Other specified demyelinating diseases of central nervous system
G37.9	Demyelinating disease of central nervous system, unspecified
G43.001	Migraine without aura, not intractable, with status migrainosus
G43.009	Migraine without aura, not intractable, without status migrainosus
G43.011	Migraine without aura, intractable, with status migrainosus
G43.019	Migraine without aura, intractable, without status migrainosus
G43.101	Migraine with aura, not intractable, with status migrainosus
G43.109	Migraine with aura, not intractable, without status migrainosus
G43.111	Migraine with aura, intractable, with status migrainosus
G43.119	Migraine with aura, intractable, without status migrainosus
G43.401	Hemiplegic migraine, not intractable, with status migrainosus
G43.409	Hemiplegic migraine, not intractable, without status migrainosus
G43.411	Hemiplegic migraine, intractable, with status migrainosus
G43.419	Hemiplegic migraine, intractable, without status migrainosus
G43.501	Persistent migraine aura without cerebral infarction, not intractable, with status migrainosus
G43.509	Persistent migraine aura without cerebral infarction, not 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
G43.601	Persistent migraine aura with cerebral infarction, not intractable, with status migrainosus
G43.609	Persistent migraine aura with cerebral infarction, not 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
G43.701	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
G43.801	Other migraine, not intractable, with status migrainosus
G43.809	Other migraine, not intractable, without status migrainosus
G43.811	Other migraine, intractable, with status migrainosus
G43.819	Other migraine, intractable, without status migrainosus
G43.821	Menstrual migraine, not intractable, with status migrainosus
G43.829	Menstrual migraine, not intractable, without status migrainosus
G43.831	Menstrual migraine, intractable, with status migrainosus
G43.839	Menstrual migraine, intractable, without status migrainosus
G43.901	Migraine, unspecified, not intractable, with status migrainosus
G43.909	Migraine, unspecified, not intractable, without status migrainosus
G43.911	Migraine, unspecified, intractable, with status migrainosus
G43.919	Migraine, unspecified, intractable, without status migrainosus
G43.A0	Cyclical vomiting, not intractable
G43.A1	Cyclical vomiting, intractable
G43.B0	Ophthalmoplegic migraine, not intractable
G43.B1	Ophthalmoplegic migraine, intractable
G43.C0	Periodic headache syndromes in child or adult, not intractable
G43.C1	Periodic headache syndromes in child or adult, intractable
G43.D0	Abdominal migraine, not intractable
G43.D1	Abdominal migraine, intractable
G44.1	Vascular headache, not elsewhere classified
G51.0	Bell's palsy
G51.1	Geniculate ganglionitis
G51.2	Melkersson's syndrome
G51.3	Clonic hemifacial spasm
G51.4	Facial myokymia
G51.8	Other disorders of facial nerve
G51.9	Disorder of facial nerve, unspecified
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
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
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
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
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
J38.5	Laryngeal spasm
J38.7	Other diseases of larynx
K22.0	Achalasia of cardia
K59.4	Anal spasm
K60.0	Acute anal fissure
K60.1	Chronic anal fissure
K60.2	Anal fissure, unspecified
M43.6	Torticollis
M62.40	Contracture of muscle, unspecified site
M62.411	Contracture of muscle, right shoulder
M62.412	Contracture of muscle, left shoulder
M62.419	Contracture of muscle, unspecified shoulder
M62.421	Contracture of muscle, right upper arm
M62.422	Contracture of muscle, left upper arm
M62.429	Contracture of muscle, unspecified upper arm
M62.431	Contracture of muscle, right forearm
M62.432	Contracture of muscle, left forearm
M62.439	Contracture of muscle, unspecified forearm
M62.441	Contracture of muscle, right hand
M62.442	Contracture of muscle, left hand
M62.449	Contracture of muscle, unspecified hand
M62.451	Contracture of muscle, right thigh
M62.452	Contracture of muscle, left thigh
M62.459	Contracture of muscle, unspecified thigh
M62.461	Contracture of muscle, right lower leg

M62.462	Contracture of muscle, left lower leg
M62.469	Contracture of muscle, unspecified lower leg
M62.471	Contracture of muscle, right ankle and foot
M62.472	Contracture of muscle, left ankle and foot
M62.479	Contracture of muscle, unspecified ankle and foot
M62.48	Contracture of muscle, other site
M62.49	Contracture of muscle, multiple sites
M62.831	Muscle spasm of calf
M62.838	Other muscle spasm
N31.9	Neuromuscular dysfunction of bladder, unspecified
N32.81	Overactive bladder
N39.3	Stress incontinence (female) (male)
N39.41	Urge incontinence
N39.42	Incontinence without sensory awareness
N39.43	Post-void dribbling
N39.44	Nocturnal enuresis
N39.45	Continuous leakage
N39.46	Mixed incontinence
N39.490	Overflow incontinence
N39.498	Other specified urinary incontinence
Q68.0	Congenital deformity of sternocleidomastoid muscle
R29.898	Other symptoms and signs involving the musculoskeletal system
R32	Unspecified urinary incontinence
R49.8	Other voice and resonance disorders
R51.0	Headache with orthostatic component, not elsewhere classified
R51.9	Headache, unspecified
S13.4xxA	Sprain of ligaments of cervical spine, initial encounter
S13.4xxD	Sprain of ligaments of cervical spine, subsequent encounter
S13.4xxS	Sprain of ligaments of cervical spine, sequela
S13.8xxA	Sprain of joints and ligaments of other parts of neck, initial encounter
S13.8xxD	Sprain of joints and ligaments of other parts of neck, subsequent encounter
S13.8xxS	Sprain of joints and ligaments of other parts of neck, sequela
S16.1xxA	Strain of muscle, fascia and tendon at neck level, initial encounter
S16.1xxD	Strain of muscle, fascia and tendon at neck level, subsequent encounter
S16.1xxS	Strain of muscle, fascia and tendon at neck level, sequela

The above **medical necessity criteria MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
J0586	Injection, abobotulinumtoxin A, 5 units (Dysport)

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS code above if **medical necessity criteria** are met:

ICD-10 Diagnosis Codes

ICD-10-CM diagnosis codes:	Code Description
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G11.4	Hereditary spastic paraplegia
G24.3	Spasmodic Torticollis
G35	Multiple sclerosis
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
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

The above **medical necessity criteria** **MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
J0588	Injection, incobotulinumtoxin A, 1 unit (Xeomin)

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT codes above if **medical necessity criteria** are met:

ICD-10 Diagnosis Codes:

ICD-10-CM diagnosis codes:	Code Description
G24.3	Spasmodic Torticollis
G24.5	Blepharospasm

Policy History

Date	Action
7/2021	Updated to include Botox & Dysport preferred.
4/2021	Updated detrusor overactivity criteria with age and clarified coding in strabismus and blepharospasm.
12/2020	BCBSA National medical policy review. No changes to policy statements. New references added.
10/2020	Clarified coding information
4/2020	Updated Chronic Migraine preventative medication list and definition.
11/2019	Updated to include new indications and criteria for Dysport.
8/2019	Updated to include new FDA indication - the treatment of upper limb spasticity in pediatric patients 2 to 17 years of age.
11/2018	BCBSA National medical policy review. No changes to policy statements. New references added.
11/2018	Updated new FDA indication for chronic sialorrhea.
6/2018	Updated to clarify coverage and to add Specialty Pharmacy link.
1/2018	Updated to add Dysport's updated spasticity FDA indication.
07/2017	Updated to Prefer Dysport & Botox and to include hyperhidrosis to this policy and retired policy 405. Clarified coding information.

11/2015	Clarified coding information.
7/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
3/2014	Updated to include adding the sub specialty of board certified headache medicine.
1/2014	Updated to remove Blue Value.
12/2012	Updated to add new CPT code 64615 effective 1/1/2013.
10/2012	Updated to reclassify as a pharmacy medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
7/2012	Updated to clarify coverage criteria and coding for Dysport™ (abobotulinumtoxin A), add diagnosis codes for cervical dystonia, clarify the patient safety section, and add ophthalmologist under migraine criteria.
1/2012	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
11/2011	Reviewed - Medical Policy Group - Plastic Surgery and Dermatology. No changes to policy statements.
5/2011	Updated to include coverage criteria for new FDA approved indication of migraine for Botox
2/2011	Reviewed - Medical Policy Group - Psychiatry and Ophthalmology. No changes to policy statements.
1/2011	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
12/2010	Reviewed - Medical Policy Group - Plastic Surgery and Dermatology. No changes to policy statements.
12/2010	Updated to include coverage criteria for new FDA-approved product Xeomin® (incobotulinumtoxin A).
6/2010	Updated to include coverage criteria for new FDA-approved product Dysport™ (abobotulinumtoxin A).
6/2010	BCBSA National medical policy review. Changes to policy statements.
2/2010	Reviewed - Medical Policy Group - Psychiatry and Ophthalmology. No changes to policy statements.
1/2010	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
1/2010	Updated to include 10/1 UM requirements.
12/2009	Reviewed - Medical Policy Group - Plastic Surgery and Dermatology. No changes to policy statements.
12/2009	Updated to remove coverage of Botulinum Type B, Myobloc™ for all types of hyperhidrosis.
2/2009	Reviewed - Medical Policy Group - Psychiatry and Ophthalmology. No changes to policy statements.
1/2009	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
12/2008	Reviewed - Medical Policy Group - Plastic Surgery and Dermatology. No changes to policy statements.
1/2008	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
12/2007	Reviewed - Medical Policy Group - Plastic Surgery and Dermatology. No changes to policy statements.
1/2007	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
1/2007	BCBSA National medical policy review. Changes to policy statements.
1/1/2001	New policy, effective 1/1/2001, describing covered and non-covered indications.

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To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

<http://www.bluecrossma.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf>

Endnotes

1. FDA-approved indications
2. From National Blue Cross Blue Shield Association policy 5.01.05
3. Local Medicare policy <http://www.medicarenhic.com/> and CMS guidelines http://www.hcfa.gov/pubforms/14%5Fcar/3b2049.htm#_17.