



<b>CLINICAL MEDICAL POLICY</b>	
<b>Policy Name:</b>	Botox (onabotulinumtoxinA) Injections
Policy Number:	MP-024-MD-PA
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	08/15/2017
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Products:	Gateway Health <sup>SM</sup> Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 16

**DISCLAIMER**

**Gateway Health<sup>SM</sup> (Gateway) clinical medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.**

**POLICY STATEMENT**

Gateway Health<sup>SM</sup> provides coverage under the medical benefits of the Company's Medicaid products for medically necessary injections of Botox (onabotulinumtoxinA) Injections.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

## **DEFINITIONS**

**Prior Authorization Review Panel** – A panel of representatives from within the Pennsylvania Department of Human Services who have been assigned organizational responsibility for the review, approval and denial of all PH-MCO Prior Authorization policies and procedures.

**Asthenopia** – An ophthalmological condition manifested through nonspecific symptoms such as fatigue, red eyes, eye strain, and pain in or around the eyes, blurred vision, headache and occasional double vision.

**Axillary** – Related to or located near the axilla/armpit

**Blepharospasm** – A medical condition characterized by intermittent or sustained closure of the eyelids caused by involuntary contractions of the orbicularis oculi muscle, including blepharospasm associated with dystonia and benign essential blepharospasm.

**Dystonia** – A general term used to describe a state of abnormal or disordered tonicity of muscle.

**Esotropia** – A form of strabismus in which the visual axes converge. Also known as convergent strabismus, crossed eyes.

**Hyperhidrosis** – A medical condition characterized by abnormally increase sweating, in excess of that required for regulation of body temperature.

**Idiopathic Overactive Bladder** – A sudden involuntary contraction of the muscular wall of the bladder causing urinary urgency, an immediate unstoppable need to urinate. Also known as urge incontinence.

**Spasticity** – A disorder of muscle tone that occurs as the result of a variety of injuries to the central nervous system; characterized by a velocity-dependent increase in the tonic-stretch reflexes with exaggerated tendon jerks.

**Strabismus** – A visual disorder in which one eye cannot focus with the other eye on an object because of an imbalance of the eye muscles. Can occur in one or both eyes.

## **PROCEDURES**

1. All requests for Botox Injections (onabotulinumtoxinA) will be screened for medical necessity and appropriateness for the following:
  - A. Coverage is provided for axillary hyperhidrosis when:
    - 1) The member is 18 years of age and older; AND
    - 2) There is documentation that the axillary hyperhidrosis is severe, intractable, and disabling in nature as documented by:
      - a. Significant disruption of professional and/or social life as a result of excessive sweating; OR
      - b. The condition is causing persistent or chronic cutaneous conditions (e.g., skin maceration, dermatitis, fungal infections, secondary microbial infections); AND
      - c. Potential causes of secondary hyperhidrosis have been ruled out (e.g., hyperthyroidism); AND

- d. Condition is refractory to at least two months of continuous treatment with topical agents (unless agents results in severe dermatitis)
    - 3) Repeat injections for hyperhidrosis should be administered when the clinical effect of a previous injection diminishes
- B. Coverage is provided for strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorder when:
  - 1) The member is 12 years of age and older; AND
  - 2) The member has vision in both eyes and is unable to maintain fusion of an image and has at least one of the following; AND
    - a. Diplopia
    - b. Abnormal head turn
    - c. Asthenopia
    - d. Impairment of peripheral vision due to esotropia
  - 3) Retreatment is recommend at 12 weeks from the previous injection(s) for blepharospasm; OR
  - 4) Member should be re-examined 7 days to 14 days after each injection to assess the effect of that dose for strabismus
- C. Coverage is provided for cervical dystonia (spasmodic torticollis) when:
  - 1) The member is 16 years of age and older; AND
  - 2) There is documentation that the member demonstrates an abnormal head position (sustained head tilt or abnormal posturing with limited range of motion in the neck). There is moderate or greater severity of neck pain as a result of cervical dystonia; AND
  - 3) Alternative causes of the member's symptoms have been considered and ruled out, including chronic neuroleptic treatment, contractures, or other neuromuscular disorders; AND
  - 4) Subsequent injections for the treatment of cervical dystonia are considered medically necessary when there is medical record documentation that there was a positive to the initial treatment AND the member continues to meet the medically necessary criteria outlined above; AND
  - 5) No prior surgical treatment; AND
  - 6) Retreatment is recommend at 12 weeks from the previous injection(s)
- D. Coverage is provided for chronic migraine prophylaxis when:
  - 1) The member is 18 years of age and older; AND
  - 2) The member has been diagnosed with chronic headache as documented that the member has at least 15 headaches days per month, lasting at least four hours per day; AND
  - 3) The first migraine headache was at least 6 months ago; AND
  - 4) There is documentation that the member has experienced an inadequate response to, is intolerant of, or has a contraindication to at least two migraine prophylaxis agents (e.g., Topamax, propranolol, metoprolol, Depakote); AND
  - 5) Continued treatment for ongoing prevention of chronic migraine headaches is considered medically necessary for members that met the criteria above AND have completed an initial 6-month trial
  - 6) Retreatment is recommend at 12 weeks from the previous injection(s).
- E. Coverage is provided for incontinence due to detrusor instability associated with neurologic conditions (spinal cord injury, MS) when:

- 1) The member is 18 years of age and older; AND
  - 2) There is documentation that the member has experienced an inadequate response to, is intolerant of, or has a contraindication to at least one anticholinergic medication (e.g., Toviaz, oxybutynin); AND
  - 3) There is documentation of failure of behavioral therapy; AND
  - 4) Retreatment is recommend at 12 weeks from the previous injection(s)
- F. Coverage is provided for overactive bladder and symptoms of urge urinary incontinence, urgency, and frequency when:
- 1) The member is 18 years of age and older; AND
  - 2) There is documentation that the member has experienced an inadequate response to, is intolerant of, or has a contraindication to at least one anticholinergic medication (e.g., Toviaz, oxybutynin); AND
  - 3) There is documentation of failure of behavioral therapy; AND
  - 4) Retreatment is recommended at 12 weeks from the previous injection(s)
- G. Coverage is provided for upper limb spasticity, including elbow flexors (biceps), wrist flexors (flexor carpi radialis and flexor carpi ulnaris), and finger flexors (flexor digitorum profundus and flexor digitorum sublimis) and lower limb spasticity including ankle and toe muscles (gastrocnemius, soleus, tibialis posterior, flexor hallucis longus, and flexor digitorum longus) when:
- 1) The member is 18 years of age and older; AND
  - 2) There is documentation that abnormal muscle tone is interfering with functional ability OR it is expected to result in joint contracture with future growth; AND
  - 3) Documentation of failure of standard medical treatments, e.g., physical/occupational therapy, electrical stimulation, biofeedback, and orthotics; AND
  - 4) Surgical intervention is considered to the last option based on the ordering provider's discretion; AND
  - 5) Treatment is to enhance function or allow additional therapeutic modalities to be utilized; AND
  - 6) Retreatment is recommend at 12 weeks from the previous injection(s)

Please see Attachment C, 'FDA-Approved Indications and Dosing,' for a complete listing of cumulative dosing limitations and frequency.

## 2. Contraindications

- Hypersensitivity to any botulinum toxin preparation or to any of the components in the formulation
- Infection at the proposed injection site
- Intradetrusor Injections: Urinary Tract Infection or Urinary Retention

## 3. Post-Payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Gateway Health<sup>SM</sup> at any time pursuant to the terms of your provider agreement.

## 4. Place of Service

The place of service for the administration of this medication is outpatient.

## GOVERNING BODIES APPROVAL

Botox (onabotulinumtoxinA) was initially approved by the US Food and Drug Administration (FDA) on December 9, 1991, for the treatment of blepharospasm and strabismus associated with dystonia. In a supplemental approval given on July 20, 2004, Botox (onabotulinumtoxinA) was approved for the treatment of severe primary hyperhidrosis that has not been adequately controlled with topical agents.

On April 15, 2002, Botox A, marketed as Botox Cosmetic (now also known as (onabotulinumtoxinA) was approved; it is intended to improve the appearance of moderate-to-severe glabellar lines (e.g., frown lines, wrinkles).

On March 9, 2010, Botox (onabotulinumtoxinA) was approved to treat spasticity of upper limbs.

On October 15, 2010, the FDA extended their approval of Botox (onabotulinumtoxinA) to include prevention of chronic migraine headache that occurs at least 15 days per month for at least 4 hours per day.

Botox (onabotulinumtoxinA) was approved on August 24, 2011 for the treatment of urinary incontinence due to neurogenic bladder; additionally, on January 18, 2013, Botox (onabotulinumtoxinA) was approved for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency.

Note: As of April 30, 2009, the FDA requires a boxed warning and a Risk Evaluation and Mitigation Strategy (REMS) for all Botulinum Toxin products.

<b>FDA-Approved Indications and Dosing</b>		
<b>Product</b>	<b>FDA-approved Indications</b>	<b>Dose</b>
<b>Botox</b>	Urinary incontinence due to detrusor over activity associated with a neurologic condition	200 Units, as separate 1 mL injections across 30 sites into detrusor
	Overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency, in adults	100 Units, as separate 0.5 mL injections across 20 sites into detrusor
	Chronic migraine prophylaxis in adults	155 Units, as 0.1 mL injections per each site divided across 7 head/neck muscles
	Lower limb spasticity in adults	300 to 400 Units divided among 5 muscles (gastrocnemius, soleus, tibialis posterior, flexor hallucis longus and flexor digitorum longus)
	Upper limb spasticity in adults	Dose is selected based on affected muscles, severity of muscle activity, prior response to treatment, and adverse event history. In clinical trials, doses ranging from 75 to 400 Units were divided among selected muscles.
	Cervical dystonia in adults	Base dosing on the member's head and neck position, localization of pain, muscle hypertrophy, patient response, and adverse event history
	Severe primary axillary hyperhidrosis in adults	50 Units per axilla
	Blepharospasm associated with dystonia (12 years of age and older)	1.25 Units to 2.5 Units into each of 3 sites per affected eye
	Strabismus (12 years of age and older)	1.25 Units to 2.5 Units in any one muscle

## **CODING REQUIREMENTS**

### Procedure Codes

<b>CPT Codes</b>	<b>Description</b>
J0585	Injection, Onabotulinumtoxin A, 1 unit (Botox®)
S2340	Chemodenervation of abductor muscle(s) of vocal cord
S2341	Chemodenervation of adductor muscle(s) of vocal cord
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder
64612	Chemodenervation of muscle(s) innervated by facial nerve, unilateral (e.g., blepharospasm, hemifacial spasm)
64615	Chemodenervation of muscle (s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (e.g., for chronic migraine)
64616	Chemodenervation of neck muscle(s), excluding muscles of larynx, unilateral (e.g., for cervical dystonia, spasmodic torticollis)
64617	Chemodenervation of larynx, unilateral, percutaneous (e.g., for spasmodic dysphonia), includes guidance by needle electromyography, when performed
64642	Chemodenervation of one extremity; 1-4 muscles(s)
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscles(s)
64644	Chemodenervation of one extremity; 5 or more muscles
64645	Chemodenervation of one extremity; each additional extremity, 6 or more muscle(s)
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)
64647	Chemodenervation of trunk muscle(s); 6 or more muscles
67345	Chemodenervation of extraocular muscle [for strabismus]
95873	Electrical stimulation for guidance in conjunction with chemodenervation
95874	Needle electromyography for guidance in conjunction with chemodenervation

### Diagnosis Codes

<b>ICD-10 Codes</b>	<b>Description</b>
G04.1	Tropical spastic paraplegia
G11.4	Hereditary spastic paraplegia
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
G24.01	Drug induced subacute dyskinesia
G24.02	Drug induced acute dystonia
G24.09	Other drug induced dystonia
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
G43.701	Chronic migraine without aura, not intractable, with status migrainosus
G43.709	Chronic migraine without aura, not intractable, without status migrainosus
G43.711	Chronic migraine with aura, intractable, with status migrainosus
G43.719	Chronic migraine without aura, intractable, without status migrainosus
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
G80.3	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 dominate 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
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia,C5-C7 incomplete
G83.0	Diplegia of upper limbs
G83.4	Cauda equine syndrome
G83.10	Monoplegia of lower limb affecting unspecified side
G83.11	Monoplegia of lower limb affecting right dominant side
G83.12	Monoplegia of lower limb affecting left dominant side
G83.13	Monoplegia of lower limb affecting right nondominant side
G83.14	Monoplegia of lower limb affecting left nondominant side

G83.20	Monoplegia of upper limb affecting unspecified side
G83.21	Monoplegia of upper limb affecting right dominant side
G83.22	Monoplegia of upper limb affecting left dominant side
G83.23	Monoplegia of upper limb affecting right nondominant side
G83.24	Monoplegia of upper limb affecting left nondominant side
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
H49.9	Unspecified paralytic 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
H50.9	Unspecified strabismus
H50.00	Unspecified esotropia
H50.10	Unspecified exotropia
H50.21	Vertical strabismus, right eye
H50.22	Vertical strabismus, left eye
H50.30	Unspecified intermittent heterotropia
H50.40	Unspecified heterotropia
H50.50	Unspecified heterophoria
H50.51	Esophoria



H50.52	Exophoria
H50.53	Vertical heterophoria
H50.60	Mechanical strabismus, unspecified
H50.69	Other mechanical strabismus
H50.89	Other specified strabismus
H51.9	Unspecified disorder of binocular movement
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 nondominant side
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left nondominant 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 nondominant side
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left nondominant 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 nondominant side
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left nondominant 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
I69.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right nondominant side
I69.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left nondominant side
I69.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting bilateral

I69.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right nondominant side
I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left nondominant side
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right nondominant side
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left nondominant side
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right nondominant side
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left nondominant side
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right nondominant side
I69.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left nondominant side
I69.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting bilateral
I69.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.231	Monoplegia of upper limb following other nontraumatic intracranial 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 nondominant side
I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left nondominant 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
I69.246	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right nondominant side
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left nondominant 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 nondominant side
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left 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 nondominant side
I69.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left nondominant side
I69.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting 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 nondominant side
I69.334	Monoplegia of upper limb following cerebral infarction affecting left nondominant side
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side
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 nondominant side
I69.344	Monoplegia of lower limb following cerebral infarction affecting left nondominant 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 nondominant side
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left nondominant 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 nondominant side
I69.364	Other paralytic syndrome following cerebral infarction affecting left nondominant side
I69.365	Other paralytic syndrome following cerebral infarction affecting, 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 nondominant side
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left nondominant 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 nondominant side
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left nondominant side
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right nondominant

I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left nondominant side
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
I69.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side
I69.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side
I69.863	Other paralytic syndrome following other cerebrovascular disease affecting right nondominant side
I69.864	Other paralytic syndrome following other cerebrovascular disease affecting left nondominant side
I69.865	Other paralytic syndrome following other cerebrovascular disease, bilateral
I69.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side
I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side
I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side
I69.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right nondominant side
I69.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left nondominant side
I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right nondominant side
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left nondominant side
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right nondominant side
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left nondominant side
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular 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 nondominant side
I69.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left nondominant side
I69.965	Other paralytic syndrome following unspecified cerebrovascular disease affecting bilateral
I69.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side
J38.3	Other diseases of vocal cords
J38.5	Laryngeal spasm
J38.7	Other diseases of larynx
K11.7	Disturbance of salivary secretion
K22.0	Achalasia of cardia
L74.52	Secondary focal hyperhidrosis
L74.510	Primary focal hyperhidrosis
M43.6	Torticollis
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
N32.81	Overactive bladder (detrusor muscle hyperactivity)
N36.44	Muscular disorders of urethra (bladder sphincter dyssynergy)
N39.3	Stress incontinence (female) (male)
N39.41	Urge incontinence
N39.43	Post-void dribbling
N39.44	Nocturnal enuresis
N39.45	Continuous leakage
N39.46	Mixed incontinence
N39.498	Other specified urinary incontinence
R25.0	Abnormal head movements
N25.1	Tremor, unspecified
N25.2	Cramp and spasm
N25.3	Fasciculation
N25.8	Other abnormal involuntary movements
N25.9	Unspecified involuntary movements
R32	Unspecified urinary incontinence
R49.0	Dysphonia
R49.8	Other voice and resonance disorders
R68.2	Dry mouth, unspecified
S14.109S	Unspecified injury at unspecified level of cervical spinal cord sequela
S24.109S	Unspecified injury at unspecified level of thoracic spinal cord sequela

## **REIMBURSEMENT**

Participating facilities will be reimbursed per their Gateway Health<sup>SM</sup> contract.

## **POLICY SOURCE(S)**

Allergan: Botox (Onabotulinumtoxin A) Full Prescribing Information. Accessed on June 16, 2016 and available at: [http://www.allergan.com/assets/pdf/botox\\_pi.pdf](http://www.allergan.com/assets/pdf/botox_pi.pdf)

Institute for Clinical Systems Improvement (ICSI). Health Care Guideline: Diagnosis and Treatment of Headache. Jan 2013. Accessed on June 16, 2016 and available at: [https://www.icsi.org/\\_asset/qwrznq/Headache.pdf](https://www.icsi.org/_asset/qwrznq/Headache.pdf)

US Food and Drug Administration (FDA). FDA Talk Paper. FDA approves Botox to treat severe underarm sweating. [FDA Web site]. 07/20/04. Available at: [https://www.accessdata.fda.gov/drugsatfda\\_docs/appletter/biologics/2004/103000\\_5050ltr.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/appletter/biologics/2004/103000_5050ltr.pdf)

Gormley E, Lightner D, Burgio K, et al. Diagnosis and treatment of overactive bladder (non-neurogenic) in adults: AUA/SUFU guideline. 2014. Accessed on June 22, 2016 and available at: <http://www.auanet.org/common/pdf/education/clinical-guidance/Overactive-Bladder.pdf>

Simpson DM, Gracies JM, Graham HK, et al. Assessment: Botulinum neurotoxin for the treatment of spasticity (an evidence-based review): report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. Neurology. May 6 2008; 70(19):1691-1698. Accessed on June 22, 2016 and available at: <http://www.neurology.org/content/70/19/1691.long>

Simpson DM, Blitzer A, Brashear A, et al. Assessment: Botulinum neurotoxin for the treatment of movement disorders (an evidence-based review): report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. Neurology. May 6 2008; 70(19):1699-1706. Accessed on June 22, 2016 and available at: <http://www.neurology.org/content/70/19/1699.abstract>

U.S. Food and Drug Administration. FDA approves Botox to treat overactive bladder. FDA New Release. Jan 18 2013. Accessed on June 22, 2016 and available at: <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm336101.htm>

National Headache Foundation. Chronic Migraine. October 2007; Accessed on May 2, 2017 and available at: <http://www.headaches.org/2007/10/25/chronic-migraine/>

Halker RB, Hastriter EV, Dodick DW. Chronic daily headache: an evidence-based and systemic approach to a challenging problem. Neurology. February 15, 2011; 76(7) Supplement 2 S37-S43. Accessed on May 3, 2017 and available at: [http://www.neurology.org/content/76/7\\_Supplement\\_2/S37.full](http://www.neurology.org/content/76/7_Supplement_2/S37.full)

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**Policy History**

<b>Date</b>	<b>Activity</b>
03/14/2017	Initial policy developed and revised: Coding, pre/post payment, annual review etc.
07/19/2017	QI/UM Committee approval
09/15/2017	Provider effective date