

Medical Policy Bulletin

Title:

Botulinum Toxin Agents

Policy#:

MA08.017n

The Company makes decisions on coverage based on the Centers for Medicare and Medicaid Services (CMS) regulations and guidance, benefit plan documents and contracts, and the member's medical history and condition. If CMS does not have a position addressing a service, the Company makes decisions based on Company Policy Bulletins. Benefits may vary based on contract, and individual member benefits must be verified. The Company determines medical necessity only if the benefit exists and no contract exclusions are applicable. Although the Medicare Advantage Policy Bulletin is consistent with Medicare's regulations and guidance, the Company's payment methodology may differ from Medicare.

When services can be administered in various settings, the Company reserves the right to reimburse only those services that are furnished in the most appropriate and cost-effective setting that is appropriate to the member's medical needs and condition. This decision is based on the member's current medical condition and any required monitoring or additional services that may coincide with the delivery of this service.

This Policy Bulletin document describes the status of CMS coverage, medical terminology, and/or benefit plan documents and contracts at the time the document was developed. This Policy Bulletin will be reviewed regularly and be updated as Medicare changes their regulations and guidance, scientific and medical literature becomes available, and/or the benefit plan documents and/or contracts are changed.

Policy

Coverage is subject to the terms, conditions, and limitations of the member's Evidence of Coverage.

The Company reserves the right to reimburse only those services that are furnished in the most appropriate and cost-effective setting that is appropriate to the member's medical needs and condition.

MEDICALLY NECESSARY

BOTULINUM TOXIN A

OnabotulinumtoxinA (Botox), AbobotulinumtoxinA (Dysport), IncobotulinumtoxinA (Xeomin), DaxibotulinumtoxinA-lanm (Daxxify)

OnabotulinumtoxinA (Botox), abobotulinumtoxinA (Dysport), incobotulinumtoxinA (Xeomin), and daxibotulinumtoxinA-lanm (Daxxify) are considered medically necessary and, therefore, covered in adult individuals for the following indications:

- Achalasia and cardiospasm when at least one of the following criteria is met:
 - The individual whose condition has failed to respond to conventional therapy (e.g., sitting upright after eating, use of achalasia wedge for positioning, use of protein pump inhibitors or calcium channel blockers) or has a contraindication to such therapy.
 - The individual is not a candidate for other definitive therapies (e.g., Peroral Endoscopic Myotomy [POEM], Laparoscopic Heller Myotomy [Surgical], Pneumatic Dilation [Balloon Dilation]).
 - The individual is a poor surgical candidate.
- Blepharospasm in individuals 12 years of age and older
- Cervical dystonia (spasmodic torticollis)
- Chronic anal fissure (proctalgia fugax) with documentation that the individual has been unresponsive to one of the following:
 - Conservative treatments (e.g., sitz baths, topical anesthetics and steroids, topical glyceryl trinitrate [nitroglycerin])
 - Lateral sphincterotomy

- Prevention of chronic migraine headache or probable migraine headache occurring at least 15 days per month for at least 3 months when the duration of untreated headache on average is at least 4 hours per day. Initial treatment for botulinum toxin A is medically necessary when all of the following criteria are met:
 - A neurologist, headache specialist (headache specialist is a physician certified by the United Council for Neurologic Subspecialties [UCNS]), or pain specialist has established a diagnosis of either of the following:
 - Chronic migraine headache **OR**
 - Chronic probable migraine headache when the individual has experienced either of any two of the following pain criteria:
 - Moderate-to-severe headache pain intensity
 - Unilateral headache pain
 1. Pain aggravated by movement or pain that prohibits movement
 2. Throbbing headache pain

OR

- One of the above pain criteria and one of the following associated symptoms:
 1. Nausea
 2. Sensitivity to light (photophobia) and sound (phonophobia)
- Prevention of chronic migraine headache or probable migraine headache with continued treatment will be medically necessary every 12 weeks when all of the following criteria are met:
 - The provider reports a clinically significant decrease in the frequency of headache days from the reported baseline of frequency prior to the initiation of the first series of botulinum toxin injections.
 - The re-treatment is based on continued, sustained improvement.
- Essential hand tremor in an individual whose condition has failed to respond to treatment with oral agent(s) (e.g., propranolol [Inderal], primidone [Mysoline])
- Focal dystonia or spastic dystonia: to relieve pain; to assist in posturing and walking; to increase range of motion; to assist in the outcome of physical therapy; and/or to reduce spasm, after the failure of conventional treatment methods (e.g., trihexyphenidyl [Artane], tetrabenazine [Xenazine]) or if a contraindication to such treatments exist
- Hemifacial spasm
- Interstitial cystitis, as a fourth-line treatment option, after documented failure, intolerability, or contraindication to medical therapy (e.g., behavior/diet modification, pharmacologic therapy, pelvic floor physical therapy, intravesical instillations, hydrodistention)
- Isolated oromandibular dystonia
- Plantar-palmar hyperhidrosis refractory to conventional treatment options, including both topical and systemic pharmacotherapy (e.g., topical: astringents, iontophoresis; systemic: anticholinergic drugs; psychotherapy), unless clinically contraindicated AND one of the following:
 - The condition is significantly interfering with the ability to perform activities of daily living.
 - The condition is causing persistent or chronic cutaneous complications, such as skin maceration, dermatitis, secondary fungal, and microbial infections.
- Severe primary axillary hyperhidrosis that is inadequately managed by topical agents in individuals, who manifest focal, visible, severe sweating beyond physiological needs for at least 6 months without apparent cause when at least two of the following criteria are met:
 - Age of onset is younger than 25 years of age
 - Focal sweating is bilateral and relatively symmetric
 - Focal sweating does not occur during sleep
 - Family history is positive for severe primary focal hyperhidrosis
 - Hyperhidrosis significantly impairs the individual's ability to participate in daily activities
- Sialorrhea (excessive drooling) due to disabling conditions such as motor neuron disease or Parkinson disease in individuals whose condition has failed to respond to a reasonable trial of traditional therapies (i.e., anticholinergics, speech therapy, surgical therapy) or who have a contraindication to such therapy
- Spasmodic dysphonia/laryngeal dystonia (e.g., abductor dysphonia, adductor dysphonia)
- Spasticity of upper and lower limbs in adult individuals, related to any of the following conditions:
 - Cerebral palsy (CP), including use for treatment of equinus foot deformity

- Demyelinating diseases of the central nervous system
- Brain injury
- Hemiplegia or paraplegia
- Multiple sclerosis
- Spinal cord injury
- Stroke
- Bothering simple motor tics (e.g., eye blinking, nose movement, head jerks) in individuals 10 years of age and older and when the benefits of treatment outweigh the risks
- Severely disabling or aggressive vocal tics in individuals 10 years of age and older when the benefits of treatment outweigh the risks
- Tourette disorder with chronic motor or vocal tics in individuals 10 years of age and older
- Urinary incontinence due to neurogenic bladder after documented failure, intolerability, or contraindication to medical therapy (e.g., pelvic floor exercises, diet/fluid management, anticholinergics, intermittent catheterization)
- Urinary incontinence due to overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency
 - The individual has a documented failure, intolerability, or contraindication to one of the following:
 - Anticholinergic medication (e.g., darifenacin [Enablex], trospium [Trosec])
 - Beta-3 adrenergic agonist (e.g., Myrbetriq or one generic alternative [solifenacin, oxybutynin tabs/tab ER/syrup, tolterodine, etc.])

OnabotulinumtoxinA (Botox), abobotulinumtoxinA (Dysport), incobotulinumtoxinA (Xeomin), and daxibotulinumtoxinA-lanm (Daxxify) are considered medically necessary and, therefore, covered in pediatric individuals for the following indications:

- Spasticity of upper limbs, in pediatric individuals who are 2 years or older, related to CP or stroke when all of the following criteria are met:
 - Body weight 10 kg or over
 - Modified Ashworth Scale (MAS*) score of 2 or more in affected elbow or wrist flexors
- Spasticity of lower limbs related to CP in pediatric individuals who are 2 years or older, when all of the following criteria are met:
 - Body weight 10 kg or over
 - CP with dynamic muscle contracture of the ankle
- Strabismus in visually mature individuals (≥12 years of age) who have vision in both eyes, are unable to maintain fusion of image, and have at least one of the following:
 - Diplopia
 - Abnormal head turn
 - Asthenopia
 - Impairment of peripheral vision due to esotropia
- Chronic sialorrhea in individuals 2 years of age or older when any of the following criteria are met:
 - The individual is diagnosed with a neurological disorder (e.g., CP or traumatic brain injury) and/or intellectual disability (ID) associated with chronic troublesome sialorrhea for at least 3 months.
 - The individual has an ID without neurological disorders, and the diagnosis of ID was established by a specialist, e.g., pediatrician, or by a center for developmental medicine.
 - The individual has severe drooling (modified Teachers Drooling Scale [mTDS] ≥6; clothing occasionally becomes damp)
- Neurogenic detrusor overactivity (NDO) in pediatric individuals 5 years of age and older when all of the following criteria are met:
 - The individual had an inadequate response to or was intolerant of at least one anticholinergic agent (e.g., oxybutynin [Ditropan XL, Oxytrol], tolterodine [Detrol]).
 - The individual is regularly using clean intermittent catheterization to empty the bladder.
 - The individual does not have any of the following:
 - Surgery of the spinal cord within 6 months
 - Diagnosis of CP
 - Use of an indwelling catheter for urinary incontinence
 - Myasthenia gravis, Eaton-Lambert syndrome, or amyotrophic lateral sclerosis

BOTULINUM TOXIN B

RimabotulinumtoxinB (Myobloc)

RimabotulinumtoxinB (Myobloc) is considered medically necessary and, therefore, covered in adult individuals for the following indications:

- Cervical dystonia (spasmodic torticollis)
- Sialorrhea (excessive drooling) due to disabling conditions such as motor neuron disease or Parkinson disease in individuals whose condition has failed to respond to a reasonable trial of traditional therapies (i.e., anticholinergics, speech therapy, surgical therapy) or who have a contraindication to such therapy

OTHER TREATMENT PARAMETERS

PEDIATRIC INDIVIDUALS

Treatment of pediatric individuals with spasticity of upper or lower limbs who are 2 years and older on abobotulinumtoxinA (Botox) and abobotulinumtoxinA (Dysport), and of pediatric individuals with NDO who are 5 years and older on abobotulinumtoxinA (Botox), is considered medically necessary and, therefore, covered.

For pediatric individuals with chronic sialorrhea who are 2 years old and older, incobotulinumtoxinA (Xeomin) is considered medically necessary and, therefore, covered.

The safety and effectiveness of rimabotulinumtoxinB (Myobloc) have not been established in individuals less than 18 years of age.

The safety and effectiveness of daxibotulinumtoxinA-lanm (Daxxify) in individuals less than 18 years of age have not been established.

NOT MEDICALLY NECESSARY

Muscle spasm not associated with one of the conditions identified in this policy is considered not medically necessary and, therefore, not covered. Diagnosis codes representing not medically necessary diagnoses are not covered.

Continuation of treatment of larger muscle groups is considered not medically necessary if no response has been elicited with a maximum dose per site. Treatment may be resumed if deemed clinically appropriate. If two consecutive treatments of the appropriate dosage and type of botulinum toxin fail to produce a satisfactory clinical response, a continuation of treatment is considered not medically necessary and, therefore, not covered.

MANDATES

PENNSYLVANIA MEMBERS

In accordance with the Commonwealth of Pennsylvania's Act 6 of 2020 or Fair Access to Cancer Treatment Act, for members who are enrolled in Pennsylvania commercial products who have Stage 4, advanced, metastatic cancer, refer to the Medical Policy titled "Coverage of Anticancer Prescription Oral and Injectable Drugs and Biologics and Supportive Agents" (08.01.08) for additional information regarding the applicable coverage of drugs and biologics.

EXPERIMENTAL/INVESTIGATIONAL

All other uses of onabotulinumtoxinA (Botox), rimabotulinumtoxinB (Myobloc), abobotulinumtoxinA (Dysport), prabotulinumtoxinA-xvfs (Jeuvea), incobotulinumtoxinA (Xeomin), and daxibotulinumtoxinA-lanm (Daxxify), including those listed below, are considered experimental/investigational and, therefore, not covered unless the indication is supported as an accepted off-label use, as defined in the Company medical policy on off-label coverage for prescription drugs and biologics:

- Bruxism

- Constipation
- Episodic migraine headache (i.e., 14 headache days or fewer per month)
- Myofascial pain
- Orofacial dyskinesia
- Piriformis syndrome/sciatica
- Temporomandibular joint (TMJ) syndrome
- Tension-type headache
- Voiding dysfunction due to benign prostatic hyperplasia (BPH)

COSMETIC SERVICES

The use of onabotulinumtoxinA (Botox and Botox Cosmetic), rimabotulinumtoxinB (Myobloc), abobotulinumtoxinA (Dysport), prabotulinumtoxinA-xvfs (Jeuveau), incobotulinumtoxinA (Xeomin®), daxibotulinumtoxinA-lanm (Daxxify), and letibotulinumtoxinA (Letybo) for the treatment of skin wrinkles (e.g., glabellar creases, smoker's lines, lipstick lines, crow's feet, laugh lines, wrinkled neck, aging neck) is considered cosmetic and is, therefore, a benefit contract exclusion.

REQUIRED DOCUMENTATION

The individual's medical record must reflect the medical necessity for the care provided. These medical records may include but are not limited to: records from the professional provider's office, hospital, nursing home, home health agencies, therapies, and test reports.

The Company may conduct reviews and audits of services to our members, regardless of the participation status of the provider. All documentation is to be available to the Company upon request. Failure to produce the requested information may result in a denial for the service.

Guidelines

There is no Medicare coverage determination addressing this drug; therefore, the Company policy is applicable.

OnabotulinumtoxinA (Botox), rimabotulinumtoxinB (Myobloc), incobotulinumtoxinA (Xeomin), abobotulinumtoxinA (Dysport) and daxibotulinumtoxinA-lanm (Daxxify) are available through either the member's medical benefit (Part B benefit) or pharmacy benefit (Part D benefit), depending on how the drug is prescribed, dispensed, or administered. This medical policy only addresses instances when onabotulinumtoxinA (Botox), rimabotulinumtoxinB (Myobloc), incobotulinumtoxinA (Xeomin), abobotulinumtoxinA (Dysport), and daxibotulinumtoxinA-lanm (Daxxify) are covered under a member's medical benefit. It does not address instances when onabotulinumtoxinA (Botox), rimabotulinumtoxinB (Myobloc), incobotulinumtoxinA (Xeomin), abobotulinumtoxinA (Dysport), and daxibotulinumtoxinA-lanm (Daxxify) are covered under a member's pharmacy benefit.

DRUG FREQUENCY

The generally accepted frequency for the treatment of spasticity or excessive muscular contractions is one botulinum toxin injection every 3 months.

Because the potency of each botulinum toxin agent is specific to its own method of preparation, units of biologic activity for each distinct preparation of botulinum toxin cannot be compared with or converted to units of other botulinum toxins.

THE YALE GLOBAL TIC SEVERITY SCALE (YGTSS)

The Yale Global Tic Severity Scale (YGTSS) is a psychological measure designed to assess the severity and frequency of symptoms of disorders such as tic disorder, Tourette syndrome, and obsessive-compulsive disorder (OCD) in children and adolescents.

The questionnaire consists of one section identifying symptoms of motor and phonic tics, severity, and age of onset. Another section is about OCD symptoms, severity, and age of onset. The last section is about environmental effects on symptoms.

BLACK BOX WARNINGS

Refer to the specific manufacturer's prescribing information for any applicable Black Box Warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable Evidence of Coverage, onabotulinumtoxinA (Botox), rimabotulinumtoxinB (Myobloc), incobotulinumtoxinA (Xeomin), abobotulinumtoxinA (Dysport), and daxibotulinumtoxinA-lanm (Daxxify) are covered under the medical benefits of the Company's products when the medical necessity criteria and dosing and frequency requirements listed in this medical policy are met.

Services that are experimental/investigational or cosmetic are excluded for the Company's Medicare Advantage plans because they are not covered by Medicare. Therefore, they are not eligible for reimbursement.

US FOOD AND DRUG ADMINISTRATION (FDA) STATUS

OnabotulinumtoxinA (Botox) was initially approved by the FDA on December 9, 1991, for the treatment of blepharospasm and strabismus associated with dystonia. Supplemental approvals have since been issued by the FDA.

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). Supplemental approvals have since been issued by the FDA.

RimabotulinumtoxinB (Myobloc) was approved by the FDA on December 8, 2000, for the treatment of adults with cervical dystonia (CD) to reduce the severity of abnormal head position and associated neck pain. Supplemental approvals have since been issued by the FDA.

AbobotulinumtoxinA (Dysport) was approved by the FDA on April 29, 2009, for the treatment of CD in adults and the cosmetic use for the temporary improvement of glabellar lines associated with the procerus and corrugator muscle activity in adult patients younger than 65 years old. Supplemental approvals for abobotulinumtoxinA (Dysport) have since been issued by the FDA.

IncobotulinumtoxinA (Xeomin) was approved by the FDA on July 30, 2010, for treatment of adults with CD (for both botulinum toxin-naïve and previously treated individuals) and for treatment of adults with blepharospasm who were previously treated with onabotulinumtoxinA (Botox). Supplemental approvals for incobotulinumtoxinA (Xeomin) have since been issued by the FDA.

PrabotulinumtoxinA-xvfs (Jeuveau) was approved by the FDA on February 1, 2019, for use in adults to temporarily improve the appearance of moderate-to-severe glabellar lines (wrinkles between the eyebrows) in adults.

DaxibotulinumtoxinA-lanm (Daxxify) was approved by the FDA on August 11, 2023, for the treatment of CD in adult individuals. Daxxify was previously approved on September 7, 2022, for the temporary improvement in the appearance of moderate to severe glabellar lines associated with corrugator and/or procerus muscle activity in adult individuals.

Description

There is no Medicare coverage determination addressing this drug; therefore, the Company policy is applicable.

OnabotulinumtoxinA (Botox), rimabotulinumtoxinB (Myobloc), incobotulinumtoxinA (Xeomin), abobotulinumtoxinA (Dysport) and daxibotulinumtoxinA-lanm (Daxxify) are available through either the member's medical benefit (Part B

benefit) or pharmacy benefit (Part D benefit), depending on how the drug is prescribed, dispensed, or administered. This medical policy only addresses instances when onabotulinumtoxinA (Botox), rimabotulinumtoxinB (Myobloc), incobotulinumtoxinA (Xeomin), abobotulinumtoxinA (Dysport), and daxibotulinumtoxinA-lanm (Daxxify) are covered under a member's medical benefit. It does not address instances when onabotulinumtoxinA (Botox), rimabotulinumtoxinB (Myobloc), incobotulinumtoxinA (Xeomin), abobotulinumtoxinA (Dysport), and daxibotulinumtoxinA-lanm (Daxxify) are covered under a member's pharmacy benefit.

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Subject to the terms and conditions of the applicable Evidence of Coverage, onabotulinumtoxinA (Botox), rimabotulinumtoxinB (Myobloc), incobotulinumtoxinA (Xeomin), abobotulinumtoxinA (Dysport), and daxibotulinumtoxinA-lanm (Daxxify) are covered under the medical benefits of the Company's products when the medical necessity criteria and dosing and frequency requirements listed in this medical policy are met.

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Coding

Inclusion of a code in this table does not imply reimbursement. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

The codes listed below are updated on a regular basis, in accordance with nationally accepted coding guidelines. Therefore, this policy applies to any and all future applicable coding changes, revisions, or updates.

In order to ensure optimal reimbursement, all health care services, devices, and pharmaceuticals should be reported using the billing codes and modifiers that most accurately represent the services rendered, unless otherwise directed by the Company.

The Coding Table lists any CPT, ICD-10, and HCPCS billing codes related only to the specific policy in which they appear.

CPT Procedure Code Number(s)

N/A

ICD - 10 Procedure Code Number(s)

N/A

ICD - 10 Diagnosis Code Number(s)



Botulinum Toxin
Agents ICD-10 Dx Coc

HCPCS Level II Code Number(s)

MEDICALLY NECESSARY

THE FOLLOWING CODE REPRESENTS BOTOX (ONABOTULINUMTOXINA)

J0585 Injection, onabotulinumtoxinA, 1 unit

THE FOLLOWING CODE REPRESENTS DYSPORT (ABOBOTULINUMTOXINA)

J0586 Injection, abobotulinumtoxinA, 5 units

THE FOLLOWING CODE REPRESENTS MYOBLOC (RIMABOTULINUMTOXINB)

J0587 Injection, rimabotulinumtoxinB, 100 units

THE FOLLOWING CODE REPRESENTS XEOMIN (INCOBOTULINUMTOXINA)

J0588 Injection, incobotulinumtoxinA, 1 unit

THE FOLLOWING CODE REPRESENTS DAXXIFY (DAXIBOTULINUMTOXINA-LANM)

J0589 Injection, daxibotulinumtoxinA-lanm, 1 unit

BENEFIT CONTRACT EXCLUSION

THE FOLLOWING CODES REPRESENT PRABOTULINUMTOXINA (JEUVEAU) AND LETIBOTULINUMTOXINA (LETYBO)

C9399 Unclassified drugs or biologicals

J3590 Unclassified biologics

Policy History

Revisions From MA08.017n:

09/18/2026	This version of the policy will become effective 9/18/2026. The policy has been updated to communicate updated criteria for : MEDICALLY NECESSARY Achalasia and cardiospasm EXPERIMENTAL/INVESTIGATIONAL
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	Piriformis syndrome/sciatica THE FOLLOWING ICD-10 CODES HAVE BEEN ADDED TO THE DUAL DIAGNOSTIC LIST: G82.50, G82.51, G82.52, G82.53, G82.54, G83.0, G83.11, G83.12, G83.13, G83.14, G83.21, G83.22, G83.23, G83.24, G83.31, G83.32, G83.33, G83.34, G83.81, G83.82, G83.83, G83.84, G83.89, G83.9, G90.3, I69.031, I69.032, I69.033, I69.034, I69.041, I69.042, I69.043, I69.044, I69.061, I69.062, I69.063, I69.064, I69.065, I69.131, I69.132, I69.133, I69.134, I69.141, I69.142, I69.143, I69.144, I69.161, I69.162, I69.163, I69.164, I69.165, I69.231, I69.232, I69.233, I69.234, I69.241, I69.242, I69.243, I69.244, I69.261, I69.262, I69.263, I69.264, I69.265, I69.331, I69.332, I69.333, I69.334, I69.341, I69.342, I69.343, I69.344, I69.361, I69.362, I69.363, I69.364, I69.365, I69.831, I69.832, I69.833, I69.834, I69.841, I69.842, I69.843, I69.844, I69.931, I69.932, I69.933, I69.934, I69.941, I69.942, I69.943, I69.944 The following ICD-10 CM code has been termed from this policy: S01.90XA Unspecified open wound of unspecified part of head, initial encounter S01.90XD Unspecified open wound of unspecified part of head, subsequent encounter S01.90XS Unspecified open wound of unspecified part of head, sequela G23.8 Other specified degenerative diseases of basal ganglia G23.9 Degenerative disease of basal ganglia, unspecified R 68.2 Dry mouth, unspecified
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Revisions From MA08.017m

12/15/2025	This policy has been identified for the ICD-10 CM code update, effective 12/15/2025. The following ICD-10 CM code has been termed from this policy: G35 Multiple sclerosis The following ICD-10 CM codes have been added to this policy: G35.A Relapsing-remitting multiple sclerosis G35.B0 Primary progressive multiple sclerosis, unspecified G35.B1 Active primary progressive multiple sclerosis G35.B2 Non-active primary progressive multiple sclerosis G35.C0 Secondary progressive multiple sclerosis, unspecified G35.C1 Active secondary progressive multiple sclerosis G35.C2 Non-active secondary progressive multiple sclerosis G35.CD Multiple sclerosis, unspecified
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Revisions From MA08.017l:

06/13/2025	This version of the policy will become effective 06/13/2025. This policy has been updated to communicate removal of step therapy for prevention of chronic migraine headache or probable migraine headache, and additional options for the treatment of overactive bladder for onabotulinumtoxinA.
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Revisions From MA08.017jk:

09/16/2024	This version of the policy will become effective 09/16/2024. The policy has been updated to communicate expanded indications for daxibotulinumtoxinA-lanm (Daxxify) The ICD-10 CM codes with unspecified laterality have been removed from this policy: G51.39, G81.10, G83.10, G83.20, G83.30, H49.00, H49.20, H49.30, H49.40, H49.889, H51.20, H53.039, I69.039, I69.049, I69.069, I69.139, I69.149, I69.159, I69.169, I69.239, I69.249, I69.269, I69.339, I69.349, I69.369, I69.839, I69.849, I69.939, I69.949
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Revisions From MA08.017j:

05/07/2024	The policy has been reviewed and reissued to communicate the Company's continuing position on Botulinum Toxin Agents.
10/01/2023	This policy has been identified for the ICD-10 CM code update, effective 10/01/2023. The following ICD-10 CM code has been termed from this policy: G37.8 Clonic hemifacial spasm The following ICD-10 CM codes have been added to this policy: G37.81 Myelin oligodendrocyte glycoprotein antibody disease G37.89 Other specified demyelinating diseases of central nervous system G43.E09 Chronic migraine with aura, not intractable, without status migrainosus G43.E11 Chronic migraine with aura, intractable, with status migrainosus G43.E19 Chronic migraine with aura, intractable, without status migrainosus

Revisions From MA08.017i:

09/05/2023	This policy has been reissued in accordance with the Company's annual review process.
04/10/2023	This version of the policy will become effective 04/10/2023. The policy has been updated to communicate the removal of Initial treatment for botulinum toxin A is medically necessary for two cycles (i.e., 24 weeks). Clarification of headache specialist (a headache specialist is physician certified by the United Council for Neurologic Subspecialties [UCNS])

Revisions From MA08.017h:

10/01/2022	This policy has been identified for the ICD-10 CM code update, effective 10/01/2022. The following ICD-10 CM codes have been added to this policy: S06.0XAA Concussion with loss of consciousness status unknown, initial encounter S06.0XAD Concussion with loss of consciousness status unknown, subsequent encounter S06.0XAS Concussion with loss of consciousness status unknown, sequela S06.1XAA Traumatic cerebral edema with loss of consciousness status unknown, initial encounter S06.1XAD Traumatic cerebral edema with loss of consciousness status unknown, subsequent encounter S06.1XAS Traumatic cerebral edema with loss of consciousness status unknown, sequela S06.2XAA Diffuse traumatic brain injury with loss of consciousness status unknown, initial encounter S06.2XAD Diffuse traumatic brain injury with loss of consciousness status unknown, subsequent encounter S06.2XAS Diffuse traumatic brain injury with loss of consciousness status unknown, sequela S06.30AA Unspecified focal traumatic brain injury with loss of consciousness status unknown, initial encounter S06.30AD Unspecified focal traumatic brain injury with loss of consciousness status unknown, subsequent encounter S06.30AS Unspecified focal traumatic brain injury with loss of consciousness status unknown, sequela S06.81AA Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness status unknown, initial encounter S06.81AD Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness status unknown, subsequent encounter S06.81AS Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness status unknown, sequela S06.82AA Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness status unknown, initial encounter S06.82AD Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness status unknown, subsequent encounter S06.82AS Injury of left internal carotid artery, intracranial portion, not elsewhere classified with
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	loss of consciousness status unknown, sequela
S06.89AA	Other specified intracranial injury with loss of consciousness status unknown, initial encounter
S06.89AD	Other specified intracranial injury with loss of consciousness status unknown, subsequent encounter
S06.89AS	Other specified intracranial injury with loss of consciousness status unknown, sequela
S06.8A0A	Primary blast injury of brain, not elsewhere classified without loss of consciousness, initial encounter
S06.8A0D	Primary blast injury of brain, not elsewhere classified without loss of consciousness, subsequent encounter
S06.8A0S	Primary blast injury of brain, not elsewhere classified without loss of consciousness, sequela
S06.8A1A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 30 minutes or less, initial encounter
S06.8A1D	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 30 minutes or less, subsequent encounter
S06.8A1S	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 30 minutes or less, sequela
S06.8A2A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.8A2D	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter
S06.8A2S	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.8A3A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.8A3D	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter
S06.8A3S	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.8A4A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.8A4D	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, subsequent encounter
S06.8A4S	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, sequela
S06.8A5A	Primary blast injury of brain, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.8A5D	Primary blast injury of brain, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter
S06.8A5S	Primary blast injury of brain, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.8A6A	Primary blast injury of brain, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.8A6D	Primary blast injury of brain, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter
S06.8A6S	Primary blast injury of brain, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.8A7A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.8A8A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.8A9A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of unspecified duration, initial encounter
S06.8A9D	Primary blast injury of brain, not elsewhere classified with loss of consciousness of unspecified duration, subsequent encounter
S06.8A9S	Primary blast injury of brain, not elsewhere classified with loss of consciousness of unspecified duration, sequela
S06.8AAA	Primary blast injury of brain, not elsewhere classified with loss of consciousness status unknown, initial encounter

	S06.8AAD Primary blast injury of brain, not elsewhere classified with loss of consciousness status unknown, subsequent encounter S06.8AAS Primary blast injury of brain, not elsewhere classified with loss of consciousness status unknown, sequela S06.9XAA Unspecified intracranial injury with loss of consciousness status unknown, initial encounter S06.9XAD Unspecified intracranial injury with loss of consciousness status unknown, subsequent encounter S06.9XAS Unspecified intracranial injury with loss of consciousness status unknown, sequela
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Revisions From MA08.017g:

05/09/2022	This version of the policy will become effective 05/09/2022. The policy has been updated to communicate expanded indications for Bothersome simple motor tics (e.g., eye blinking, nose movement, head jerks) in adolescents (age 10-19 years old) and adults when the benefits of treatment outweigh the risks. Severely disabling or aggressive vocal tics in adolescents (age 10-19 years old) and adults when the benefits of treatment outweigh the risks . Tourette's disorder with chronic motor or vocal tics in adolescents (age 10 -19 years old) and adult individuals . THE FOLLOWING ICD-10 CODES HAVE BEEN ADDED TO THE POLICY F95.2 Tourette's disorder
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Revisions From MA08.017f:

05/03/2021	This version of the policy will become effective 05/03/2021. The policy has been updated to communicate expanded indications for adult individuals with Isolated oromandibular dystonia, bothersome simple motor tics in adolescents and adults, severely disabling or aggressive vocal tics in older adolescents and adults and pediatric individuals two years of age or older with chronic sialorrhea, neurogenic detrusor overactivity (NDO) in pediatric individuals five years of age and older for onabotulinumtoxinA, (Botox®, Dysport® and Xeomin®). THE FOLLOWING CODE WAS ADDED TO THE POLICY F95.1 Chronic motor or vocal tic disorder
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Revisions From MA08.017e:

06/08/2020	This version of the policy will become effective 06/08/2020. The policy has been updated to communicate expanded indications for spasticity of upper and lower limbs in pediatric individuals two years and older for onabotulinumtoxinA, (Botox® and Dysport®).
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Revisions From MA08.017d:

12/16/2019	The policy has been updated to communicate expanded indications and corresponding diagnosis codes for onabotulinumtoxinA, (Botox® and Botox Cosmetic® [Allergan]), prabotulinumtoxinA-xvfs (Jeuveau™ [Evolus]), rimabotulinumtoxinB (Myobloc® [Solstice Neurosciences, Inc]), abobotulinumtoxinA (Dysport® [Ipsen Biopharmaceuticals]), and incobotulinumtoxinA (Xeomin® [Merz Pharmaceuticals, Raleigh, NC]). The following codes were ADDED for onabotulinumtoxinA G25.0 Essential tremor N30.10 Interstitial cystitis (chronic) without hematuria N30.11 Interstitial cystitis (chronic) with hematuria
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	Dual diagnosis for spasticity of limbs has been added, M62.838 another muscle spasm (added), I69.398 Other sequelae of cerebral infarction (policy language stroke) – added. The following codes were REMOVED for onabotulinumtoxinA 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.A0 Cyclical vomiting, not intractable G43.C0 Periodic headache syndromes in child or adult, not intractable G43.C1 Periodic headache syndromes in child or adult, intractable G24.01 Drug induced subacute dyskinesia G24.4 Idiopathic orofacial dystonia
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Revisions From MA08.017c:

01/28/2019	The policy has been updated to communicate expanded indications and corresponding diagnosis codes for Botox® (onabotulinumtoxinA), Myobloc® (rimabotulinumtoxinB), Dysport® (abobotulinumtoxinA), and Xeomin® (incobotulinumtoxinA). The following codes were removed for Botox since more appropriate codes are available: K60.0 Acute anal fissure K60.2 Anal fissure, unspecified L74.52 Secondary focal hyperhidrosis R25.0 Abnormal head movements R25.8 Other abnormal involuntary movements R25.9 Unspecified abnormal involuntary movements The following codes were added for all 4 agents (Botox, Myobloc, Dysport, Xeomin) due to cosmetic use (benefit contract exclusion): L57.2 Cutis rhomboidalis nuchae L57.4 Cutis laxa senilis L57.8 Other skin changes due to chronic exposure to nonionizing radiation L98.8 Other specified disorders of the skin and subcutaneous tissue The dosage and frequency requirements for Botox® (onabotulinumtoxinA) has been removed from the policy.
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Revisions From MA08.017b:

10/01/2018	This policy has been identified for the ICD-10 CM code update, effective 10/01/2018. The following ICD-10 CM code has been termed from this policy: G51.3 Clonic hemifacial spasm The following ICD-10 CM codes have been added to this policy: G51.31 Clonic hemifacial spasm, right G51.32 Clonic hemifacial spasm, left G51.33 Clonic hemifacial spasm, bilateral G51.39 Clonic hemifacial spasm, unspecified
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Revisions From MA08.017a:

03/11/2015	Medical Policy MA08.017a will become effective 03/11/2015. There are no changes to the medical necessity criteria from the previous iteration of this policy.
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Revisions From MA08.017:

01/01/2015	This is a new policy.
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Version Effective Date:

09/18/2026

Version Issued Date:

09/18/2026
Version Reissued Date:
N/A