Subject: Botulinum toxin*

Effective Date: December 14, 2004

Department(s): Utilization Management

Policy: Non-cosmetic use of botulinum toxin (HCPCS J0585, J0587, J0588) is reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement for and to delineate medical necessity of a product that also has cosmetic applications.

Procedure: 1. Medically necessary indications for botulinum toxin injections include, but are not limited to, the following, which are followed by the corresponding CPT codes:

- **Ocular**
  - Strabismus (63745)
  - Blepharospasm (64612)

- **Oro-laryngeal**
  - Laryngeal spasm (64613)
  - Sialorrhea (64653)

- **Neuromuscular/neurologic**
  - Hemifacial spasm (64612)
  - Focal dystonias (including spasmotic torticollis) (64613, 64614)
  - Limb spasticity (64614)
  - Migraine syndrome (64612, 64613)

- **Gastrointestinal**
  - Esophageal achalasia (64613)
  - Anal achalasia (46505)
  - Chronic anal fissure (46505)
  - Hirschsprung’s disease following colon resection and pull-through reanastomosis (46505)

- **Dermatologic**
  - Focal hyperhidrosis (64650, 64653)
- **Urologic**
  Overactive bladder, when conservative measures either fail or are contraindicated (52283)
  Neurogenic detrusor overactivity (52283)

2. **Cosmetic uses** of botulinum toxin are not reimbursable, and include, but are not limited to, the following:

- Wrinkles or frown lines
- Aging neck
- Blepharoplasty without visual field defect

3. All uses of botulinum toxin require medical review.

4. Documentation of medical necessity must include other treatments, if any, that have failed, or the reasons that they are contraindicated.

References


-----Botulinum Toxin (Botox) for Axillary Hyperhidrosis. Med Letter 2004;46(1191):76-77 (Sep 13)


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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.