

COVERAGE, CLAIMS AND BILLING FOR BOTULINUM INJECTIONS

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1. Before consideration of coverage can be made, it should be established that the patient(s) has been unresponsive to conventional methods of treatments such as medication, physical therapy and other appropriate methods used to control and/or treat spastic conditions.
2. Coverage of Botulinum toxin for certain spastic conditions (e.g. cerebral palsy, stroke, head trauma, spinal cord injuries, and multiple sclerosis), will be limited to those conditions listed in the Covered ICD-9 section of this policy. All other uses in the treatment of other types of spasm, including smooth muscle types, will be considered as investigational and therefore, noncovered by Medicare.
3. Botulinum toxin can be used to reduce spasticity or excessive muscular contractions to relieve pain; to assist in posturing and walking; to allow better range of motion; to permit better physical therapy; to reduce severe spasm in order to provide adequate perineal hygiene.
4. Due to the uncommonness of organic writer's cramp, Medicare would not expect to see the treatment of this condition to be billed frequently.
5. There may be patients who require electromyography in order to determine the proper injection site(s). The electromyography procedure codes specified in the HCPCS section of this policy may be covered if the physician has difficulty in determining the proper injection site.
6. The patient who has a spastic or excessive muscular contraction condition is usually started with a low dose of Botulinum toxin and increased as required. Other spastic or muscular contraction conditions, such as, eye muscle disorders, (e.g., blepharospasm) may require lesser amounts. For larger muscle groups, it is generally agreed that once a maximum per site has been reached and there is no response, the treatment is discontinued. The treatments may be resumed at a later date. With response, the effect of the injections generally lasts for 3 months at which time the patient may need repeat injections to control the spastic or excessive muscular condition. It is usually considered not medically necessary to give Botulinum toxin injections for spastic or excess muscular contraction conditions more frequently than every 90 days, unless acceptable justification is documented for more frequent use in the initial therapy.
7. Coverage of treatments provided may be continued unless any two treatments in a row, utilizing an appropriate or maximum dose of Botulinum toxin failed to produce satisfactory clinical response. Providers must also document the results of and the response to these injections after every third session.
8. Requests may be considered for continued treatment during a treatment period or for resumption at a later date if satisfactory results have not been obtained, if compelling clinical evidence of medical necessity is presented.
9. Medicare will allow payment for one injection per site regardless of the number of injections made into the site. A site is defined as including muscles of a single contiguous body part, such as, a single limb, eyelid, face, neck, etc.

10. Chemodenervation of bilateral frontalis, trapezius, temporalis, sternocleidomastoid, and splenius capitis muscles for treatment of chronic migraine and intractable daily headache is covered in the following limited situations. Chemodenervation for the treatment of headaches is limited to patients who experience headaches that may result in permanent cerebral dysfunction, or who are intractable because they cannot tolerate or do not benefit from standard therapies. Candidates for this treatment are patients with:

- Intractable migraine (with or without aura).

-Intractable chronic tension-type headache with moderate to severe pain.

- Chronic daily headaches defined as patients experiencing more than 15 days of headache per month either migraine or tension-type features.

Intractable headache is defined as a patient meeting one of the following criteria for treatment:

1. Failed trials of at least three preventive pharmacologic migraine therapies (e.g. beta-blockers, calcium channel blockers, anticonvulsants, antidepressants) with or without concomitant behavioral and physical therapies, after titration to maximal tolerated doses or have medical contraindications to common therapies or who cannot tolerate common preventative therapies; or

2. Experience chronic daily headaches or recurrent headaches at least twice per month causing disability lasting three or more days per month; or

3. Standard abortive medication is required more than twice per week, or is contraindicated, ineffective or not tolerated.

11. Treatment of severe primary axillary hyperhidrosis. For purposes of this policy, severe primary hyperhidrosis is defined as a condition involving focal, visible and severe sweating of at least 6 months duration without apparent cause that has at least 2 of the following characteristics: (1) sweating is bilateral and relatively symmetric, (2) impairs daily activities, (3) episodes occur at least once per week, (4) the age of onset was less than 25 years, (5) there is a positive family history, and (6) focal sweating stops during sleep. Treatment of severe primary axillary hyperhidrosis will be considered as medically reasonable and necessary only for patients in whom the axillary hyperhidrosis is barely tolerable or intolerable and frequently or always interferes with daily activities in spite of optimal treatment with topical agents, such as prescription-strength aluminum chloride, or who could not tolerate these agents.

12. Treatment of sialorrhea - Recently, injection of Botulinum Toxin Type A into salivary glands to control drooling in selected patients has been beneficial. This treatment will be covered when there is documented:

1. Disability from sialorrhea due to conditions such as motor neuron disease or Parkinson's disease,

2. Failure to respond to a reasonable trial of traditional therapies (ie, anticholinergics, speech therapy, surgical therapy) or a contraindication to the traditional therapy.

Botulinum toxin type B received FDA approval in December 2000 for, "the treatment of patients with cervical dystonia to reduce the severity of abnormal head position and neck pain associated with cervical dystonia." Botulinum type B has not received approval for other indications. In considering the history of botulinum toxin type A

(Botox®) success in treatment was achieved in multiple off label uses. Its success in the treatment of over-active muscles from blepharospasm, cervical dystonia, spasmodic dysphonia, writer's cramp and spasticity came from the FDA approved and off-label uses. Practitioners may make the decision as to which agent to use in beneficiary care. Botulinum toxin type B (Myobloc™) will be covered for the same indications as botulinum toxin type A (Botox®).

DOCUMENTATION REQUIREMENTS – TO ACCOMPANY ALL CLAIMS

Documentation should include the following elements:

Support for the medical necessity of the Botulinum toxin injection,

A covered diagnosis.

A statement that traditional methods of treatments have been tried and proven unsuccessful.

Dosage and frequency of injections

Support for the medical necessity of electromyography procedures

Support of the clinical effectiveness of the injections

Specify the site(s) injected

Due to the short life of the botulinum toxin, Medicare will reimburse the unused portion of this drug, only when the vial is not split between patients. However, documentation must show in the patient's medical record the exact dosage of the drug given and the exact amount of the discarded portion of the drug.

BOTULINUM TOXIN ICD-9 AND CPT Codes FOR INSURANCE BILLING

When submitting claims to medical insurances it is important to use the appropriate forms, specifically HICF 1500. Most of the boxes to be filled in are self explanatory. However for every treatment code , CPT Code, there has to be an appropriate diagnostic code. If this is not done then the claim will be rejected.

The following HCPCS codes are to be reported for the injection of Botulinum toxin:

J0585	BOTULINUM TOXIN TYPE A, PER UNIT
J0587	BOTULINUM TOXIN TYPE B, PER 100 UNITS

The following CPT® procedure codes are within the scope of this policy. Please see below for the correct reporting with the respective listed covered ICD-9-CM diagnosis codes.

64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (EG, FOR BLEPHAROSPASM, HEMIFACIAL SPASM)
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64613	CHEMODENERVATION OF MUSCLE(S); CERVICAL SPINAL MUSCLE(S) (EG, FOR SPASMODIC TORTICOLLIS)
64614	CHEMODENERVATION OF MUSCLE(S); EXTREMITY(S) AND/OR TRUNK MUSCLE(S) (EG, FOR DYSTONIA, CEREBRAL PALSY, MULTIPLE SCLEROSIS)
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH
92265	NEEDLE OCULO-ELECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES, WITH INTERPRETATION AND REPORT
95860	NEEDLE ELECTROMYOGRAPHY; ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS
95861	NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS
95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL
95868	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL
95869	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES (EXCLUDING T1 OR T12)

For ICD-9 codes

- 333.81 Blepharospasm,
 - 333.82 Orofacial dyskinesia (oral mandibular dystonia),
 - 346.01 Classical migraine with intractable migraine so stated
 - 346.11 Common migraine with intractable migraine so stated
 - 346.21 Variants of migraine with intractable migraine so stated
 - 346.81 Other forms of migraine with intractable migraine so stated
 - 784.0 Intractable headache
 - 350.9 Trigeminal nerve disorder, unspecified
 - 351.8 Other facial nerve disorders (hemifacial spasm),
- please use the following CPT code:

64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (EG, FOR BLEPHAROSPASM, HEMIFACIAL SPASM)
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This is the most common code used in dentistry.

For ICD-9 codes

- 333.83 Spasmodic torticollis
- 346.01 Classical migraine with intractable migraine so stated
- 346.11 Common migraine with intractable migraine so stated
- 346.21 Variants of migraine with intractable migraine so stated

346.81 Other forms of migraine with intractable migraine so stated
784.0 Intractable headache
723.5 Torticollis, unspecified,
please use the following CPT code:

64613	CHEMODENERVATION OF MUSCLE(S); CERVICAL SPINAL MUSCLE(S) (EG, FOR SPASMODIC TORTICOLLIS)
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For ICD-9 codes

333.6 Idiopathic torsion dystonia,
333.7 Symptomatic torsion dystonia,
333.84 Writer's cramp,
333.89 Other torsion dystonia,
334.1 Hereditary spastic paraplegia,
340 Multiple sclerosis,
341.0-341.9 Other demyelinating diseases of central nervous system,
342.11 Spastic hemiplegia,
342.12 Spastic hemiplegia,
343.9 Spastic palsy
346.01 Classical migraine with intractable migraine so stated
346.11 Common migraine with intractable migraine so stated
346.21 Variants of migraine with intractable migraine so stated
348.81 Other forms of migraine with intractable migraine so stated
728.85 Spasm of muscle
729.89 Other musculoskeletal symptoms referable to limbs
784.0 Intractable headache
please use the following CPT code:

64614	CHEMODENERVATION OF MUSCLE(S); EXTREMITY(S) AND/OR TRUNK MUSCLE(S) (EG, FOR DYSTONIA, CEREBRAL PALSY, MULTIPLE SCLEROSIS)
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For ICD-9 code

565.0 Anal fissure,
please use the following CPT code:

64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH
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For ICD-9 code

378.00 Strabismus,
please use the following CPT code:

67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE
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For ICD-9 code

780.8, Generalized hyperhidrosis

705.21, Primary focal hyperhidrosis

please use one of the following CPT codes:

64614	CHEMODENERVATION OF MUSCLE(S); EXTREMITY(S) AND/OR TRUNK MUSCLE(S) (EG, FOR DYSTONIA, CEREBRAL PALSY, MULTIPLE SCLEROSIS)
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH

For ICD-9 code

527.7, Sialorrhea, please use

64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (EG, FOR BLEPHAROSPASM, HEMIFACIAL SPASM)
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ICD-9 CODES THAT SUPPORT MEDICAL NECESSITY

307.81	TENSION HEADACHE
333.6	IDIOPATHIC TORSION DYSTONIA
333.7	SYMPTOMATIC TORSION DYSTONIA
333.81	BLEPHAROSPASM
333.82	OROFACIAL DYSKINESIA
333.83	SPASMODIC TORTICOLLIS
333.84	ORGANIC WRITERS' CRAMP
333.89	OTHER FRAGMENTS OF TORSION DYSTONIA
334.1	HEREDITARY SPASTIC PARAPLEGIA
340	MULTIPLE SCLEROSIS
341.0	NEUROMYELITIS OPTICA
341.1	SCHILDERS' DISEASE
341.8	OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM
341.9	DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM UNSPECIFIED
342.11	SPASTIC HEMIPLEGIA AND HEMIPARESIS AFFECTING DOMINANT SIDE
342.12	SPASTIC HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDOMINANT SIDE
343.0 - 343.4	

343.8	OTHER SPECIFIED INFANTILE CEREBRAL PALSY
343.9	INFANTILE CEREBRAL PALSY UNSPECIFIED
346.01	CLASSICAL MIGRAINE WITH INTRACTABLE MIGRAINE SO STATED
346.11	COMMON MIGRAINE WITH INTRACTABLE MIGRAINE SO STATED
346.21	VARIANTS OF MIGRAINE WITH INTRACTABLE MIGRAINE SO STATED
346.81	OTHER FORMS OF MIGRAINE WITH INTRACTABLE MIGRAINE SO STATED
350.9	TRIGEMINAL NERVE DISORDER UNSPECIFIED
351.8	OTHER FACIAL NERVE DISORDERS
378.00 - 378.9	
478.75	LARYNGEAL SPASM
530.0	ACHALASIA AND CARDIOSPASM
565.0	ANAL FISSURE
705.21	PRIMARY FOCAL HYPERHIDROSIS
723.5	TORTICOLLIS UNSPECIFIED
728.85	SPASM OF MUSCLE
780.8	GENERALIZED HYPERHIDROSIS
784.0	HEADACHE