

# MEDICARE PART B CRITERIA

## Botulinum Toxins Med B Jurisdiction 6 (IL MN WI) and K (CT MA ME NH NY RI VT) QSet

1. Does the prescribing physician have the following documents? (Note: these documents do not have to be submitted at this time. However, they may be requested in the future for audit and authorization purposes.)
  - Relevant medical history, physical examination, results of diagnostic tests or procedures
  - Documentation of a covered diagnosis
  - Documentation of the medical necessity for this treatment. For spastic conditions other than upper or lower limb spasticity, blepharospasm, hemifacial spasm, cervical dystonia, or other focal dystonias, documentation should include a statement that the spastic condition has been unresponsive to conventional treatment.
  - Dosage(s), site(s), and frequency(ies) of injection
  - Documentation of the medical necessity for associated electromyography when used
  - Description of the effectiveness of the botulinum toxin treatment, if applicable
    - a. Yes → **Go to #2**
    - b. No → **Deny**

*[Short description: Documentation]*

2. What is the diagnosis?
  - a. Spasticity → **Go to #3**
  - b. Blepharospasm or hemifacial spasm → **Go to #20**
  - c. Achalasia → **Go to #30**
  - d. Anal fissure → **Go to #50**
  - e. Hyperhidrosis → **Go to #60**
  - f. Sialorrhea → **Go to #70**
  - g. Urinary incontinence due to detrusor activity → **Go to #80**
  - h. Overactive bladder with urge urinary incontinence → **Go to #90**
  - i. Tension-type headache → **Go to #100**
  - j. Migraine headache → **Go to #110**
  - k. Other → **Deny**

*[Short description: Diagnosis]*

### Spasticity

3. Is botulinum toxin being prescribed for a member with ANY of the ICD-10 codes listed in Appendix A, Table 6: ICD-10 Codes That Support Medical Necessity for CPT code 64616?  
Yes → **Go to #6**

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No → [Go to #4](#)

4. Is botulinum toxin being prescribed for a member with ANY of the ICD-10 codes listed in Appendix A, Table 7: ICD-10 Codes That Support Medical Necessity for CPT code 64617?
  - Yes → [Go to #6](#)
  - No → [Go to #5](#)
5. Is botulinum toxin being prescribed for a member with ANY of the ICD-10 codes listed in Appendix A, Table 8: ICD-10 Codes That Support Medical Necessity for CPT code 64642, 64643, 64644, 64645, 64646, 64647?
  - Yes → [Go to #6](#)
  - No → **Deny**

*[Short description: ICD code]*

6. Is the member new to botulinum toxin therapy?
  - a. Yes → [Go to #7](#)
  - b. No → [Go to #9](#)
7. Is the request for treatment of lower limb spasticity?
  - a. Yes → [Go to #8](#)
  - b. No → [Go to #200](#)
8. Is the request for either Botox or Dysport?
  - a. Yes → [Go to #200](#)
  - b. No → **Deny**

*[Short description: Lower limb spasticity- requested product]*

9. Is the member experiencing a positive response to botulinum toxin therapy?
  - a. Yes → [Go to #200](#)
  - b. No → [Go to #10](#)
10. Has the member received botulinum toxin for two consecutive treatment sessions and will the provider be administering a different botulinum toxin?
  - a. Yes → [Go to #200](#)
  - b. No → **Deny**

*[Short description: Continuation- not changing botulinum toxin after treatment failure]*

### **Blepharospasm and Hemifacial Spasm**

20. Is botulinum toxin being prescribed for a member with ANY of the ICD-10 codes listed in Appendix A, Table 5: ICD-10 Codes That Support Medical Necessity for CPT code 64612?
  - Yes → [Go to #21](#)
  - No → **Deny**

*[Short description: ICD code]*

21. Is the member new to botulinum toxin therapy?

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- a. Yes → Go to #200
- b. No → Go to #22

22. Is the member experiencing a positive response to botulinum toxin therapy?

- a. Yes → Go to #200
- b. No → Go to #23

23. Has the member received botulinum toxin for two consecutive treatment sessions, and will the provider be administering a different botulinum toxin?

- a. Yes → Go to #200
- b. No → Deny

*[Short description: Continuation - not changing botulinum toxin after treatment failure]*

### Achalasia

30. Is botulinum toxin being prescribed for a member with ANY of the ICD-10 codes listed in Appendix A, Table 2: ICD-10 Codes That Support Medical Necessity for CPT code 43201, 43236?

- Yes → Go to #31
- No → Deny

*[Short description: ICD code]*

31. Has the member responded satisfactorily to conventional therapy?

- a. Yes → Go to #32
- b. No → Go to #37

32. Is the member at high risk of complications from pneumatic dilation or surgical myotomy?

- a. Yes → Go to #37
- b. No → Go to #33

33. Has the member experienced treatment failure with pneumatic dilation or surgical myotomy?

- a. Yes → Go to #37
- b. No → Go to #34

34. Has the member experienced perforation from pneumatic dilation?

- a. Yes → Go to #37
- b. No → Go to #35

35. Does the member have an epiphrenic diverticulum or hiatal hernia?

- a. Yes → Go to #37
- b. No → Go to #36

36. Does the member have esophageal varices?

- a. Yes → Go to #37
- b. No → Deny

*[Short description: Achalasia- no reason to not use conventional treatments]*

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37. Is the member new to botulinum toxin therapy?

- a. Yes → Go to #200
- b. No → Go to #38

38. Is the member experiencing a positive response to botulinum toxin therapy?

- a. Yes → Go to #200
- b. No → Go to #39

39. Has the member received botulinum toxin for two consecutive treatment sessions, and will the provider be administering a different botulinum toxin?

- a. Yes → Go to #200
- b. No → Deny

*[Short description: Continuation - not changing botulinum toxin after treatment failure]*

### Anal Fissure

50. Is botulinum toxin being prescribed for a member with ANY of the ICD-10 codes listed in Appendix A, Table 3: ICD-10 Codes That Support Medical Necessity for CPT code 46505?

- Yes → Go to #51
- No → Deny

*[Short description: ICD code]*

51. Has the member responded satisfactorily to conventional therapy?

- a. Yes → Deny
- b. No → Go to #52

*[Short description: Anal fissures- no reason to not use conventional treatments]*

52. Is the member new to botulinum toxin therapy?

- a. Yes → Go to #200
- b. No → Go to #53

53. Is the member experiencing a positive response to botulinum toxin therapy?

- a. Yes → Go to #200
- b. No → Go to #54

54. Has the member received botulinum toxin for two consecutive treatment sessions, and will the provider be administering a different botulinum toxin?

- a. Yes → Go to #200
- b. No → Deny

*[Short description: Continuation - not changing botulinum toxin after treatment failure]*

### Primary Focal Hyperhidrosis

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60. Is botulinum toxin being prescribed for a member with ANY of the ICD-10 codes listed in Appendix A, Table 9: ICD-10 Codes That Support Medical Necessity for CPT code 64650, 64653?

Yes → Go to #61

No → Deny

*[Short description: ICD code]*

61. Has the member experienced focal, visible, severe sweating of at least six months duration without appropriate cause?

a. Yes → Go to #62

b. No → Deny

*[Short description: Hyperhidrosis- symptoms less than six months]*

62. Does the hyperhidrosis meet TWO of the following characteristics?

- Bilateral and relatively symmetric hyperhidrosis
- Significant impairment of daily activities
- Age of onset less than 25 years
- Family history of hyperhidrosis
- Cessation of focal sweating during sleep

a. Yes → Go to #63

b. No → Deny

*[Short description: Hyperhidrosis- diagnostic criteria]*

63. Is the member requesting treatment with Botox or Myobloc?

a. Yes → Go to #64

b. No → Deny

*[Short description: Hyperhidrosis- requested product]*

64. Is the member new to Botox or Myobloc therapy?

a. Yes → Go to #200

b. No → Go to #65

65. Is the member experiencing a positive response to Botox or Myobloc therapy?

a. Yes → Go to #200

b. No → Go to #66

66. Has the member received either Botox or Myobloc for two consecutive treatment sessions and will the provider be administering the other approved botulinum toxin (Botox or Myobloc)?

a. Yes → Go to #200

b. No → Deny

*[Short description: Continuation - not changing botulinum toxin after treatment failure]*

## Sialorrhea

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70. Is botulinum toxin being prescribed for a member with ANY of the ICD-10 codes listed in Appendix A, Table 1: ICD-10 Codes That Support Medical Necessity for CPT code 64611?

Yes → Go to #71

No → Deny

*[Short description: ICD code]*

71. Is the sialorrhea due to motor neuron disease or Parkinson's disease?

a. Yes → Go to #72

b. No → Deny

*[Short description: Sialorrhea- diagnosis]*

72. Has the member failed to respond to a reasonable trial of traditional therapies (e.g., anticholinergics or speech therapy)?

a. Yes → Go to #74

b. No → Go to #73

73. Does the member have a contraindication to or intolerance to anticholinergic therapy?

a. Yes → Go to #74

b. No → Deny

*[Short description: Sialorrhea- conventional therapy]*

74. Is the member new to botulinum toxin therapy?

a. Yes → Go to #200

b. No → Go to #75

75. Is the member experiencing a positive response to botulinum toxin therapy?

a. Yes → Go to #200

b. No → Go to #76

76. Has the member received botulinum toxin for two consecutive treatment sessions, and will the provider be administering a different botulinum toxin?

a. Yes → Go to #200

b. No → Deny

*[Short description: Continuation - not changing botulinum toxin after treatment failure]*

### Urinary Incontinence Due to Detrusor Overactivity

80. Is botulinum toxin being prescribed for a member with ANY of the ICD-10 codes listed in Appendix A, Table 4: ICD-10 Codes That Support Medical Necessity for CPT code 52287?

a. Yes → Go to #81

b. No → Deny

*[Short description: ICD code]*

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81. Will botulinum toxin be used to treat urinary incontinence due to neurogenic detrusor overactivity (e.g., spinal cord injuries or neurological diseases)?
- a. Yes→ [Go to #82](#)
  - b. No→ [Deny](#)

*[Short description: Incontinence- detrusor overactivity]*

82. Is the member new to botulinum toxin therapy?
- a. Yes→ [Go to #200](#)
  - b. No→ [Go to #83](#)

83. Is the member experiencing a positive response to botulinum toxin therapy?
- a. Yes→ [Go to #200](#)
  - b. No→ [Go to #84](#)

84. Has the member received botulinum toxin for two consecutive treatment sessions, and will the provider be administering a different botulinum toxin?
- a. Yes→ [Go to #200](#)
  - b. No→ [Deny](#)

*[Short description: Continuation - not changing botulinum toxin after treatment failure]*

### Overactive Bladder

90. Is botulinum toxin being prescribed for a member with ANY of the ICD-10 codes listed in Appendix A, Table 4: ICD-10 Codes That Support Medical Necessity for CPT code 52287?
- a. Yes→ [Go to #91](#)
  - b. No→ [Deny](#)

*[Short description: ICD code]*

91. Is the member 5 years of age or older?
- a. Yes→ [Go to #92](#)
  - b. No→ [Deny](#)

*[Short description: OAB- age less than 5]*

92. Will the requested drug be used to treat overactive bladder with symptoms of urge urinary incontinence, urgency and frequency?
- a. Yes→ [Go to #93](#)
  - b. No→ [Deny](#)

*[Short description: OAB- not for urgency]*

93. Has the member experienced an inadequate response or intolerance to an anticholinergic medication?

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- a. Yes→ Go to #94
- b. No→ Deny

*[Short description: OAB- anticholinergics]*

94. Is the member new to botulinum toxin therapy?
- a. Yes→ Go to #95
  - b. No→ Go to #96

95. Is the requested botulinum toxin product Botox?
- a. Yes→ Go to #200
  - b. No→ Deny

*[Short description: OAB- requested product]*

96. Is the member experiencing a positive response to botulinum toxin therapy?
- a. Yes→ Go to #200
  - b. No→ Go to #97

97. Has the member received Botox for two consecutive treatment sessions, and will the provider be attempting treatment with a different botulinum toxin?
- a. Yes→ Go to #200
  - b. No→ Deny

*[Short description: Continuation - not changing botulinum toxin after treatment failure]*

### **Tension Headache**

100. Is botulinum toxin being prescribed for a member with ANY of the ICD-10 codes listed in Appendix A, Table 11: ICD-10 Codes That Support Medical Necessity for CPT code 64615?
- a. Yes→ Go to #101
  - b. No→ Deny

*[Short description: ICD code]*

101. Prior to botulinum toxin therapy, did the member experience chronic daily headaches, defined as headaches occurring for more than 15 days per month lasting more than four hours per day for a period of at least three months?
- a. Yes→ Go to #102
  - b. No→ Deny

*[Short description: Tension HA- does not meet definition of chronic]*

102. Prior to botulinum toxin therapy, did the member experience significant disability due to headaches?
- a. Yes→ Go to #103
  - b. No→ Deny

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*[Short description: Tension HA- did not experience significant disability]*

103. Is the member's condition refractory to the standard and usual conventional therapy?
- a. Yes→ [Go to #104](#)
  - b. No→ [Deny](#)

*[Short description: Tension HA- conventional therapy]*

104. Is the member new to botulinum toxin therapy?
- a. Yes→ [Go to #200](#)
  - b. No→ [Go to #105](#)
105. Is the member experiencing a decrease in the number and frequency of headaches and an improvement in function?
- a. Yes→ [Go to #200](#)
  - b. No→ [Go to #106](#)
106. Has the member received botulinum toxin for two consecutive treatment sessions, and will the provider be administering a different botulinum toxin?
- a. Yes→ [Go to #200](#)
  - b. No→ [Deny](#)

*[Short description: Tension HA- not changing botulinum toxin after treatment failure]*

### **Migraine Headache**

110. Is botulinum toxin being prescribed for a member with ANY of the ICD-10 codes listed in Appendix A, Table 11: ICD-10 Codes That Support Medical Necessity for CPT code 64615?
- a. Yes→ [Go to #111](#)
  - b. No→ [Deny](#)

*[Short description: ICD code]*

111. Prior to botulinum toxin therapy, did the member experience chronic daily headaches, defined as headaches occurring for more than 15 days per month lasting more than four hours per day for a period of at least three months?
- a. Yes→ [Go to #112](#)
  - b. No→ [Deny](#)

*[Short description: Migraine- does not meet definition of chronic]*

112. Prior to botulinum toxin therapy, did at least eight of the headache days per month meet criteria for migraine without aura or respond to migraine-specific treatment?
- a. Yes→ [Go to #113](#)
  - b. No→ [Deny](#)

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*[Short description: Migraine-specific symptoms]*

113. Prior to botulinum toxin therapy, did the member experience significant disability due to headaches?
- Yes → Go to #114
  - No → Deny

*[Short description: Migraine- did not experience significant disability]*

114. Is the member's condition refractory to the standard and usual conventional therapy?
- Yes → Go to #115
  - No → Deny

*[Short description: Migraine- conventional therapy]*

115. Is the member new to botulinum toxin therapy?
- Yes → Go to #200
  - No → Go to #116
116. Is the member experiencing a decrease in the number and frequency of headaches and an improvement in function?
- Yes → Go to #200
  - No → Go to #117
117. Has the member received botulinum toxin for two consecutive treatment sessions, and will the provider be administering a different botulinum toxin?
- Yes → Go to #200
  - No → Deny

*[Short description: Migraine- not changing botulinum toxin after treatment failure]*

### Dosing Verification

200. Will botulinum toxin be administered in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines?
- Yes → Approve 12 months
  - No → Deny

*[Short description: Dosing]*

## Appendix A

### Table 1: ICD-10-CM Codes That Support Medical Necessity for CPT Code 64611 (used for injection of salivary glands for sialorrhea)

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ICD-10 CODE	DESCRIPTION
K11.7	Disturbances of salivary secretion

**Table 2: ICD-10-CM Codes That Support Medical Necessity for CPT codes 43201, 43236**

ICD-10 CODE	DESCRIPTION
K22.0	Achalasia of cardia

**Table 3: ICD-10-CM Codes That Support Medical Necessity for CPT code 46505**

ICD-10 CODE	DESCRIPTION
K60.0	Acute anal fissure
K60.1	Chronic anal fissure
K60.2	Anal fissure, unspecified

**Table 4: ICD-10-CM Codes That Support Medical Necessity for CPT code 52287**

ICD-10 CODE	DESCRIPTION
G83.4	Cauda equina syndrome
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
N36.44	Muscular disorders of urethra

**Table 5: ICD-10-CM Codes That Support Medical Necessity for CPT code 64612**

ICD-10 CODE	DESCRIPTION
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G24.4	Idiopathic orofacial dystonia
G24.5	Blepharospasm
G51.2	Melkersson's syndrome
G51.31	Clonic hemifacial spasm, right
G51.32	Clonic hemifacial spasm, left
G51.33	Clonic hemifacial spasm, bilateral
G51.4	Facial myokymia
G51.8	Other disorders of facial nerve

**Table 6: ICD-10-CM Codes That Support Medical Necessity for CPT code 64616**

ICD-10 CODE	DESCRIPTION
G24.3	Spasmodic torticollis
M43.6	Torticollis

**Table 7: ICD-10-CM Codes That Support Medical Necessity for CPT code 64617**

ICD-10 CODE	DESCRIPTION
J38.5	Laryngeal spasm

**Table 8: ICD-10-CM Codes That Support Medical Necessity for CPT codes 64642, 64643, 64644, 64645, 64646, 64647**

ICD-10 CODE	DESCRIPTION
G11.4*	Hereditary spastic paraplegia
G24.1	Genetic torsion dystonia
G24.2*	Idiopathic nonfamilial dystonia
G24.8*	Other dystonia

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G24.9	Dystonia, unspecified
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
G37.3*	Acute transverse myelitis in demyelinating disease of central nervous system
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
G80.0*	Spastic quadriplegic cerebral palsy
G80.1*	Spastic diplegic cerebral palsy
G80.2*	Spastic hemiplegic cerebral palsy
G80.3*	Athetoid cerebral palsy
G80.4*	Ataxic cerebral palsy
G80.8*	Other cerebral palsy
G80.9*	Cerebral palsy, unspecified
G81.10*	Spastic hemiplegia affecting unspecified side
G81.11*	Spastic hemiplegia affecting right dominant side

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G81.12*	Spastic hemiplegia affecting left dominant side
G81.13*	Spastic hemiplegia affecting right nondominant side
G81.14*	Spastic hemiplegia affecting left nondominant side
G82.21*	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
G83.10*	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
G83.81*	Brown-Sequard syndrome
G83.82*	Anterior cord syndrome
G83.89*	Other specified paralytic syndromes

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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 non-dominant side
I69.034*	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant 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 non-dominant side
I69.044*	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant 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 non-dominant side
I69.054*	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant 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 non-dominant side
I69.064*	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side

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I69.065*	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral
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 non-dominant side
I69.134*	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant 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 non-dominant side
I69.144*	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant 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 non-dominant side
I69.154*	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant 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 non-dominant side

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I69.164*	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.165*	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral
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 non-dominant side
I69.234*	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant 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
I69.243*	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.244*	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant 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 non-dominant side
I69.254*	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant 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

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I69.263*	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.264*	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.265*	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral
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 non-dominant side
I69.334*	Monoplegia of upper limb following cerebral infarction affecting left non-dominant 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 non-dominant side
I69.344*	Monoplegia of lower limb following cerebral infarction affecting left non-dominant 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 non- dominant side
I69.354*	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant 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 non-dominant side

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I69.364*	Other paralytic syndrome following cerebral infarction affecting left non-dominant side
I69.365*	Other paralytic syndrome following cerebral infarction, bilateral
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 non-dominant side
I69.834*	Monoplegia of upper limb following other cerebrovascular disease affecting left non- dominant 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 non-dominant side
I69.844*	Monoplegia of lower limb following other cerebrovascular disease affecting left non- dominant 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 non-dominant side
I69.854*	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant 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

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I69.863*	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side
I69.864*	Other paralytic syndrome following other cerebrovascular disease affecting left non- dominant side
I69.865*	Other paralytic syndrome following other cerebrovascular disease, bilateral
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 non-dominant side
I69.934*	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant 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 non-dominant side
I69.944*	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant 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 non-dominant side
I69.954*	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
I69.961*	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side

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I69.962*	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side
I69.963*	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side
I69.964*	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side
I69.965*	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral
M62.411	Contracture of muscle, right shoulder
M62.412	Contracture of muscle, left shoulder
M62.421	Contracture of muscle, right upper arm
M62.422	Contracture of muscle, left upper arm
M62.431	Contracture of muscle, right forearm
M62.432	Contracture of muscle, left forearm
M62.441	Contracture of muscle, right hand
M62.442	Contracture of muscle, left hand
M62.451	Contracture of muscle, right thigh
M62.452	Contracture of muscle, left thigh
M62.461	Contracture of muscle, right lower leg
M62.462	Contracture of muscle, left lower leg
M62.471	Contracture of muscle, right ankle and foot
M62.472	Contracture of muscle, left ankle and foot
M62.48	Contracture of muscle, other site
M62.49	Contracture of muscle, multiple sites
M62.831	Muscle spasm of calf
M62.838	Other muscle spasm

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**Table 9: ICD-10-CM Codes That Support Medical Necessity for CPT codes 64650 and 64653**

ICD-10 CODE	DESCRIPTION
L74.510	Primary focal hyperhidrosis, axilla

**Table 10: ICD-10-CM Codes That Support Medical Necessity for CPT code 67345**

ICD-10 CODE	DESCRIPTION
H02.041	Spastic entropion of right upper eyelid
H02.042	Spastic entropion of right lower eyelid
H02.044	Spastic entropion of left upper eyelid
H02.045	Spastic entropion of left lower eyelid
H02.141	Spastic ectropion of right upper eyelid
H02.142	Spastic ectropion of right lower eyelid
H02.144	Spastic ectropion of left upper eyelid
H02.145	Spastic ectropion of left lower eyelid
H49.01	Third [oculomotor] nerve palsy, right eye
H49.02	Third [oculomotor] nerve palsy, left eye
H49.03	Third [oculomotor] nerve palsy, bilateral
H49.11	Fourth [trochlear] nerve palsy, right eye
H49.12	Fourth [trochlear] nerve palsy, left eye
H49.13	Fourth [trochlear] nerve palsy, bilateral
H49.21	Sixth [abducent] nerve palsy, right eye
H49.22	Sixth [abducent] nerve palsy, left eye
H49.23	Sixth [abducent] nerve palsy, bilateral
H49.31	Total (external) ophthalmoplegia, right eye

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H49.32	Total (external) ophthalmoplegia, left eye
H49.33	Total (external) ophthalmoplegia, bilateral
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
H50.00	Unspecified esotropia
H50.011	Monocular esotropia, right eye
H50.012	Monocular esotropia, left eye
H50.021	Monocular esotropia with A pattern, right eye
H50.022	Monocular esotropia with A pattern, left eye
H50.031	Monocular esotropia with V pattern, right eye
H50.032	Monocular esotropia with V pattern, left eye
H50.041	Monocular esotropia with other noncomitancies, right eye
H50.042	Monocular esotropia with other noncomitancies, left eye
H50.05	Alternating esotropia
H50.06	Alternating esotropia with A pattern
H50.07	Alternating esotropia with V pattern
H50.08	Alternating esotropia with other noncomitancies
H50.10	Unspecified exotropia
H50.111	Monocular exotropia, right eye
H50.112	Monocular exotropia, left eye

H50.121	Monocular exotropia with A pattern, right eye
H50.122	Monocular exotropia with A pattern, left eye
H50.131	Monocular exotropia with V pattern, right eye
H50.132	Monocular exotropia with V pattern, left eye
H50.141	Monocular exotropia with other noncomitancies, right eye
H50.142	Monocular exotropia with other noncomitancies, left eye
H50.15	Alternating exotropia
H50.16	Alternating exotropia with A pattern
H50.17	Alternating exotropia with V pattern
H50.18	Alternating exotropia with other noncomitancies
H50.21	Vertical strabismus, right eye
H50.22	Vertical strabismus, left eye
H50.30	Unspecified intermittent heterotropia
H50.311	Intermittent monocular esotropia, right eye
H50.312	Intermittent monocular esotropia, left eye
H50.32	Intermittent alternating esotropia
H50.331	Intermittent monocular exotropia, right eye
H50.332	Intermittent monocular exotropia, left eye
H50.34	Intermittent alternating exotropia
H50.40	Unspecified heterotropia
H50.411	Cyclotropia, right eye
H50.412	Cyclotropia, left eye
H50.42	Monofixation syndrome
H50.43	Accommodative component in esotropia

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H50.50	Unspecified heterophoria
H50.51	Esophoria
H50.52	Exophoria
H50.53	Vertical heterophoria
H50.54	Cyclophoria
H50.55	Alternating heterophoria
H50.60	Mechanical strabismus, unspecified
H50.611	Brown's sheath syndrome, right eye
H50.612	Brown's sheath syndrome, left eye
H50.69	Other mechanical strabismus
H50.811	Duane's syndrome, right eye
H50.812	Duane's syndrome, left eye
H50.89	Other specified strabismus
H51.0	Palsy (spasm) of conjugate gaze
H51.11	Convergence insufficiency
H51.12	Convergence excess
H51.21	Internuclear ophthalmoplegia, right eye
H51.22	Internuclear ophthalmoplegia, left eye
H51.23	Internuclear ophthalmoplegia, bilateral
H51.8	Other specified disorders of binocular movement
H51.9	Unspecified disorder of binocular movement

**Table 11: ICD-10-CM Codes That Support Medical Necessity for CPT code 64615**

ICD-10 CODE	DESCRIPTION
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G43.011	Migraine without aura, intractable, with status migrainosus
G43.019	Migraine without aura, intractable, without status migrainosus
G43.119	Migraine with aura, intractable, without status migrainosus
G43.701	Chronic migraine without aura, not intractable, with status migrainosus
G43.709	Chronic migraine without aura, not intractable, without status migrainosus
G43.711	Chronic migraine without aura, intractable, with status migrainosus
G43.719	Chronic migraine without aura, intractable, without status migrainosus
G43.901	Migraine, unspecified, not intractable, with status migrainosus
G43.909	Migraine, unspecified, not intractable, without status migrainosus
G43.911	Migraine, unspecified, intractable, with status migrainosus
G43.919	Migraine, unspecified, intractable, without status migrainosus
G44.221	Chronic tension-type headache, intractable
G44.229	Chronic tension-type headache, not intractable

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**Denial Reason Table**

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Short Description	Long Description:
<i>Documentation</i>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>For your health plan to cover this drug, your doctor's office must have certain notes and other records on file. These include documentation of:</p> <ul style="list-style-type: none"> <li>- Your covered diagnosis</li> <li>- Your relevant medical history</li> <li>- Findings from physical exams and test results related to your condition</li> <li>- The medical necessity of the requested drug</li> <li>- Other treatments you have tried and the outcomes of those treatments</li> <li>- The dosage of the requested drug that will be used</li> <li>- The location on the body in which you will get the injections and how often you will receive them</li> <li>- The reason why electromyography (a muscle responsiveness test) is needed, if used to guide needle placement</li> <li>- Whether you have used this drug or another like it before, and if so, how well it worked</li> </ul> <p>Based on information available to us, your doctor's office does not have all this information available.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<i>Diagnosis</i>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>This drug does not meet these standards in your circumstance. Medical studies have not proven it's effective for your condition(s) (&lt;insert indication(s)&gt;).</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<i>ICD code</i>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. Under the applicable Original Medicare standards, this drug is reasonable and necessary to treat specific health conditions. Each health condition is described by a standardized diagnosis code. Original Medicare does not cover this drug for the diagnosis code(s) your doctor's office provided to describe your health condition (&lt;insert codes &amp; code descriptions&gt;).</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug. A complete list of covered diagnosis codes can be found in the LCA.</p>
<i>Lower limb spasticity-requested product</i>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules when starting botulinum toxin treatment for lower limb spasticity (muscle stiffness due to prolonged muscle contractions), you must use Botox or Dysport instead of the requested drug. Based on the information available to us, you will not be using Botox or Dysport.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>

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<p><i>Continuation - not changing botulinum toxin after treatment failure</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The rules for continued coverage of this drug have not been met. To meet these rules, you must be responding to it. Under Original Medicare standards, it is not reasonable and necessary to continue use of the same form of botulinum toxin if the muscle(s) being treated did not respond well during two treatment sessions in a row. However, it may be reasonable to try another form of botulinum toxin.</p> <p>Based on the information available to us, your muscle(s) requiring treatment did not respond well to the requested form of botulinum toxin during two consecutive treatment sessions. You may wish to speak to your doctor about trying a different form of botulinum toxin. All forms of botulinum toxin are subject to prior authorization.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<p><i>Achalasia- no reason to not use conventional treatments</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules with achalasia (a type of swallowing disorder), one or more of the following must be true:</p> <ul style="list-style-type: none"> <li>- You did not respond well enough to conventional treatments</li> <li>- You did not respond well enough to surgical myotomy (a procedure in which muscles at the bottom of the esophagus are cut to allow food to pass)</li> <li>- You did not respond well enough to pneumatic dilation (a procedure in which a small balloon is used to widen part of the esophagus)</li> <li>- You have a high risk of complications with either surgical myotomy or pneumatic dilation</li> <li>- You developed a hole in the esophagus following pneumatic dilation</li> <li>- You have an epiphrenic diverticulum (an abnormal pouch in the lower part of the esophagus)</li> <li>- You have a hiatal hernia (an abnormal bulging of the stomach up through the diaphragm)</li> <li>- You have esophageal varices (enlarged blood vessels in the esophagus)</li> </ul> <p>Based on the information available to us, you have not failed to respond to conventional or surgical treatments, do not have a high risk of complications with surgery, have not developed a hole in the esophagus, and do not have any of the disorders noted above.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<p><i>Anal fissures- no reason to not use conventional treatments</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules for treatment of anal fissures (small tears in the lining of the anus), you must first try conventional therapy without responding well enough. Based on the information available to us, you have not failed to respond to conventional therapy.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>

<p><i>Hyperhidrosis- symptoms less than six months</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules with hyperhidrosis (overactive sweat glands), you must have focal sweating (sweating only in certain body areas) that is visible and severe without an apparent cause. These symptoms must last at least six months. Based on the information available to us, you have not had visible, severe, focal sweating without an apparent cause for at least six months.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<p><i>Hyperhidrosis- diagnostic criteria</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules with hyperhidrosis (overactive sweat glands), you must have at least two of the following traits:</p> <ul style="list-style-type: none"> <li>- Excess sweating that affects both sides of the body evenly</li> <li>- Significant impairment of daily activities</li> <li>- Symptoms starting before age 25</li> <li>- Family history of excessive sweating</li> <li>- Sweating of affected body parts that stops during sleep</li> </ul> <p>Based on the information available to us, you do not have at least two of the above traits.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<p><i>Hyperhidrosis- requested product</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. Original Medicare does not cover the requested form of botulinum toxin to treat hyperhidrosis (overactive sweat glands). However, Botox or Dysport may be covered. Based on the information available to us, you will not be using Botox or Dysport. You may wish to speak with your doctor about whether Botox or Dysport would be right for you. All forms of botulinum toxin are subject to prior authorization.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<p><i>Sialorrhea- diagnosis</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules with sialorrhea (excessive salivation), your symptoms must be caused by Parkinson's disease or a motor neuron disease (a condition in which nerves that control muscles stop working overtime). Based on the information available to us, your symptoms are not caused by Parkinson's disease or a motor neuron disease.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>

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<p><i>Sialorrhea- conventional therapy</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules with sialorrhea (excessive salivation), you must fail to respond to conventional therapies such as speech therapy and anticholinergic medication (oral medications that reduce saliva production). Otherwise, you must be unable to tolerate, or have a medical reason to avoid, an anticholinergic medication. Based on the information available to us, you have not failed to respond to conventional therapies and do not have an intolerance to or a medical reason to avoid anticholinergic medications.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<p><i>Incontinence- detrusor overactivity</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules with urinary incontinence (loss of ability to control your bladder), your symptoms must be caused by neurogenic detrusor overactivity (NDO). This is a condition in which nerve damage causes the bladder to suddenly contract. It affects people with certain neurologic disorders or spinal cord injuries. Based on the information available to us, your symptoms are not caused by NDO.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<p><i>OAB- age less than 5</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules with overactive bladder (OAB, symptoms related to an urgent and/or frequent need to empty your bladder), you must be at least 5 years old. Based on the information available to us, you are under 5 years old.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<p><i>OAB- anticholinergics</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules with overactive bladder (OAB, symptoms related to an urgent and/or frequent need to empty your bladder), you must first fail to respond well enough to anticholinergic medications for OAB. These are oral medications such as tolterodine (Detrol), oxybutynin (Ditropan), and darifenacin (Enablex). Based on the information available to us, you have not failed to respond to anticholinergic medications for OAB.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>

<p><i>OAB- requested product</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules when starting botulinum toxin treatment for overactive bladder (OAB, symptoms related to an urgent and/or frequent need to empty your bladder), you must use Botox. Based on the information available to us, you will not be using Botox. You may wish to speak to your doctor about whether Botox is right for you. All forms of botulinum toxin are subject to prior authorization.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<p><i>Tension HA- does not meet definition of chronic</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules for prevention of tension headache, you must have chronic tension-type headache prior to starting a botulinum toxin. This means that, during a 3-month period, you have headaches on more than 15 days per month with each lasting at least 4 hours.</p> <p>Based on the information available to us, you have not had a 3-month period during which you had more than 15 headaches per month with each lasting at least 4 hours.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<p><i>Tension HA- did not experience significant disability</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules for prevention of tension headache, you must have significant disability due to your headaches prior to starting a botulinum toxin. Based on the information available to us, you have not had significant disability due to your headaches.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<p><i>Tension HA- conventional therapy</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules for prevention of tension headache, you must not respond well enough to standard and usual conventional therapy. Based on the information available to us, you have not failed to respond to standard and usual conventional therapy.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<p><i>Tension HA- not changing botulinum toxin after treatment failure</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The rules for continued coverage of this drug have not been met. To meet these rules for prevention of tension headache, you must be responding to it. This means you must have fewer headaches and better function while taking it. Under Original Medicare standards, it is not reasonable and necessary to continue use of the same form of</p>

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	<p>botulinum toxin if the muscle(s) being treated did not respond well during two treatment sessions in a row. However, it may be reasonable to try another form of botulinum toxin.</p> <p>Based on the information available to us, your muscle(s) requiring treatment did not respond well to the requested form of botulinum toxin during two consecutive treatment sessions. You may wish to speak to your doctor about trying a different form of botulinum toxin. All forms of botulinum toxin are subject to prior authorization.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<i>Migraine- does not meet definition of chronic</i>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules for prevention of migraine headache, you must have chronic migraine prior to starting a botulinum toxin. This means that, during a 3-month period, you have migraines on at least 15 days per month with each lasting at least 4 hours.</p> <p>Based on the information available to us, you have not had a 3-month period during which you had 15 or more migraine days per month with each lasting at least 4 hours.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<i>Migraine-specific symptoms</i>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules for prevention of migraine headache, at least eight of the monthly headaches you experience before starting a botulinum toxin must meet criteria for migraine without aura or get better when you take migraine-specific pain medicine. Based on the information available to us, you have not had at least eight monthly headaches that meet criteria for migraine without aura or get better with migraine-specific pain medicine.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<i>Migraine- did not experience significant disability</i>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules for prevention of migraine headache, you must have significant disability due to your headaches prior to starting a botulinum toxin. Based on the information available to us, you have not had significant disability due to your headaches.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>

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<p><i>Migraine- conventional therapy</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The coverage rules for this drug have not been met. To meet these rules for prevention of migraine headache, you must not respond well enough to standard and usual conventional therapy. Based on the information available to us, you have not failed to respond to standard and usual conventional therapy.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<p><i>Migraine- not changing botulinum toxin after treatment failure</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>The rules for continued coverage of this drug have not been met. To meet these rules for prevention of migraine headache, you must be responding to it. This means you must have fewer headaches and better function while taking it. Under Original Medicare standards, it is not reasonable and necessary to continue use of the same form of botulinum toxin if the muscle(s) being treated did not respond well during two treatment sessions in a row. However, it may be reasonable to try another form of botulinum toxin.</p> <p>Based on the information available to us, your muscle(s) requiring treatment did not respond well to the requested form of botulinum toxin during two consecutive treatment sessions. You may wish to speak to your doctor about trying a different form of botulinum toxin. All forms of botulinum toxin are subject to prior authorization.</p> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>
<p><i>Dosing</i></p>	<p>Your health plan covers Part B drugs when they are reasonable and necessary based on Original Medicare standards. Your Evidence of Coverage (the booklet you received with details about your health plan) explains this in the last section of Chapter 4.</p> <p>These standards are not met in your circumstance. Based on the information available to us, the drug will not be used in a manner that is approved, recommended, or supported by one of the following:</p> <ul style="list-style-type: none"> <li>- The Food and Drug Administration (FDA)</li> <li>- Evidence-based treatment guidelines for your condition</li> <li>- Medicare-approved compendia (medical reference databases)</li> </ul> <p>This decision is based on Local Coverage Determination (LCD) L33646 and Local Coverage Article (LCA) A52848. The LCD and LCA explain local Original Medicare rules for this drug.</p>