

**Contractor Name**

Wisconsin Physicians Service (WPS)

**Contractor Number**

00951, 00952, 00953, 00954

05101, 05201, 05301, 05401, 05102, 05202, 05392, 05302, 05402

**Contractor Type**

Carrier

MAC A

MAC B

**LCD Database ID Number**

Wisconsin

Illinois

Michigan

Minnesota

Iowa

Kansas

Missouri

Nebraska

**LCD Version Number****LCD Title**

Botulinum Toxin Type A & Type B

**Contractor's Determination Number**

INJ-018

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**CMS National Coverage Policy**

Title XVIII of the Social Security Act section 1862 (a)(1)(A). This section allows coverage and payment of those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act section 1862 (a)(7). This section excludes routine physical examinations and services

Title XVIII of the Social Security Act section 1833 (e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

**Primary Geographic Jurisdiction**

Wisconsin, Illinois, Michigan, Minnesota

**Oversight Region**

Region V

**CMS Consortium**

Midwest

### Original Determination Effective Date

Wisconsin: 01/01/1990  
Illinois: 04/15/1996  
Michigan: 04/15/1996  
Minnesota: 02/01/1994  
Iowa  
Kansas  
Missouri  
Nebraska

### Revision Effective Date

### Indications and Limitations of Coverage and/or Medical Necessity

Voluntary muscular contraction depends upon the release of acetylcholine from vesicles within a nerve ending following stimulation of the nerve. The acetylcholine is released into the neuromuscular junction, binding to specific proteins called receptors in the membrane of the muscle fiber. The effect of the acetylcholine at these receptors is to cause the muscle to contract. When a sufficient amount of acetylcholine has been released with subsequent binding to the muscle fiber proteins, muscle contraction occurs. Botulinum toxin Type A (Botox ®) and Botulinum toxin Type B (Myobloc™) create a chemical blockade by inhibiting the release of acetylcholine from the nerve ending vesicles thereby preventing the acetylcholine from binding to the proteins in the receptor site on the muscle. Localized weakness or paralysis occurs in the muscle injected with Botulinum toxin.

Botulinum toxin Type A (Botox ®) and Type B (Myobloc™) share a similar molecular structure. They operate along the same neurochemical pathway. They are virtually interchangeable for the indications for which they are used. Their effect profiles likewise are comparable.

#### Exception:

CPT code, per FDA approved, for dates of service prior to 01/01/2005, ICD-9 CM 780.8 Primary axillary hyperhidrosis and DOS after 10/01/2004 ICD-8 705.21 – Primary focal hyperhidrosis will be covered **for only** Botulinum toxin Type A (Botox ®). The FDA approval does not include Botulinum toxin Type B (Myobloc™)

In clinical conditions, such as cervical dystonia, excessive and abnormal regional muscle contraction causes torsion, spasticity and pain. Botulinum toxin, injected in a local fashion, produces neuromuscular blockade and paralysis, symptoms abate, although repeat injections may be required. Eventual loss of response to repeated injections may occur in some patients who have received Botulinum toxin treatment. Immunoresistance may be one of the reasons for this development. As experience accumulates, with other toxin types also similar resistance could be observed.

Before consideration of coverage may be made:

1. In most cases it should be established that the patient has been unresponsive to conventional methods of treatments such as medication, physical therapy and other methods used to control and/or treat spastic condition.
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 will be considered as investigational and therefore, noncovered by Medicare.
3. Since organic writer's cramp is uncommon, Medicare would not expect to see the treatment of this condition to be billed frequently.

4. The patient who has a spastic or excessive muscular contraction condition is usually started with a low dose of Botulinum toxin. Other spastic or muscular contraction condition, such as eye muscle disorders, (e.g., blepharospasm) may require lesser amounts of Botulinum toxin. For larger muscle groups, it is generally agreed that once a maximum dose 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 three months at which time the patient may need repeat injections to control the spastic or excessive muscular condition.
5. It is usually considered not medically necessary to give Botulinum toxin injections for spastic conditions more frequently than every 90 days.
6. 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 submit the results of and the response to these injections after every third session.
7. 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.
8. 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 all muscles of a single contiguous body part such as, a single limb, eyelid, face, neck, back, or chest.
9. Botulinum toxin may be covered in the treatment of achalasia. This use appears to be safe and effective. Two-thirds of patients respond within six months of treatment and effectiveness lasts an average of more than one year for the initial treatment, although shorter and longer durations have been reported. There is some question whether it is as good as or better than the conventional therapy, pneumatic dilation or myotomy.

The use of Botulinum toxin should not be endorsed for all patients but it can be considered individually in patients who:

- a. has failed conventional therapy;
- b. are at high risk of complications of pneumatic dilation or surgical myotomy;
- c. have failed a prior myotomy or dilation;
- d. has had a previous dilation-induced perforation;
- e. has an epiphrenic diverticulum or hiatal hernia, both of which increase the risk of dilation-induced perforation.

Some patients may fail a first injection and respond to a second. Further therapy should be questioned if two treatments in a row fail. Therapy can be repeated later in those who fail after an initial response. The usual dosage is about 20 units injected into each of four quadrants of the lower esophageal sphincter region for a total of 80 units.

This service should be reported using CPT codes 43201 or 43236 and an ICD-9-CM code 530.0 - Achalasia and cardiospasm.

10. 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 toxin Type B has not received FDA approval for other indications. In considering the history of Botulinum toxin Type A success in treatment was achieved in multiple off label uses. Its success in the treatment of over-active muscles from <http://www.wpsmedicare.com/index.html>

blepharospasm, cervical dystonia, spasmodic dysphonia, writer's cramp and spasticity came from the off-label uses. Practitioners may make the decision as to which agent to use in patients' care.

#### **NOTE EXCEPTION**

Primary axillary hyperhidrosis ICD-9 780.8, will only be covered for Botulinum toxin Type A.

11. Botulinum toxin Type B is contraindicated in patients with a known hypersensitivity to any ingredient in the formulation.  
Caution should be exercised when administering Botulinum toxin Type A to individuals with peripheral motor neuropathic diseases (e.g., amyotrophic lateral sclerosis, motor neuropathy) or neuromuscular junction disorders (e.g., myasthenia gravis or Lambert Eaton syndrome). Patients with neuromuscular disorders may be at increased risk of clinically significant systemic effects including severe dysphagia and respiratory compromise disorders where the patient has shown extreme sensitivity to the systemic effects of typical clinical doses.

The recommended initial dose of Botulinum toxin Type B for patients with a prior history of tolerating Botulinum toxin injections is 2500 U divided among affected muscles. Patients without a prior history of tolerating Botulinum toxin injections should receive a lower initial dose. Subsequent dosing should be optimized according to the patient's individual response. Botulinum toxin Type A should be administered by physicians similar and experienced in the assessment and management of patient with cervical dystonia.

\*The duration of effects in patients responding to Botulinum toxin Type B treatment has been observed in studies to be between 12 to 16 weeks at doses of 5,000 U or 10,000 U.

Note: Because of CCI edit changes information regarding patients who require electromyography in order to determine the proper injection site(s) is removed from LCD.

#### **Coverage Topic**

Outpatient Hospital services

#### **CPT/HCPCS Codes**

J0585	Botulinum Toxin Type A (Botox ®) ) per unit
J3490	Botulinum Toxin, Type B (Myobloc™)
J0587	Botulinum Toxin Type B, per 100 units (For DOS on or after 01/01/2002)
31513	Laryngoscopy, indirect (separate procedure); with vocal cord injection
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope
42699	Unlisted Services and Procedures, salivary glands or ducts
43201	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance
43236	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance.
64612	Chemodeneration of muscle(s); muscle(s) innervated by facial nerve (e.g., blepharospasm, hemifacial spasm)
64613	Chemodeneration of muscle(s); neck muscle(s) (e.g., for spasmodic torticollis, spasmodic dysphonia)
64614	Chemodeneration of muscle(s); extremity(s) and/or trunk muscle(s) (e.g., for dystonia, cerebral palsy, multiple sclerosis)
64640	Destruction by neurolytic agent; other peripheral nerve or branch
64650	Chemodeneration of eccrine glands; both axilla
64999	Unlisted procedure, nervous system - Use for injection of Botulinum into laryngeal

	muscles.
67345	Chemodenervation of extraocular muscle
92265	Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with Interpretation and report
95860	Needle electromyography, one extremity and related paraspinal areas
95861	Needle electromyography, two extremities and related paraspinal areas
95863	Needle electromyography
95865	Needle Electromyography; larynx
95866	Needle electromyography: hemidiaphragm
95867	Needle electromyography; cranial nerve supplied muscle(s) , unilateral
95868	Needle electromyography; cranial nerve supplied muscle(s), bilateral
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
95870	Needle electromyography; limited study of muscles in one extremity or non-limb (axial) muscled (unilateral or bilateral, other than thoracic paraspinal, cranial nerve supplied muscles or sphincters
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)

#### **Does the CPT 30% Rule Apply**

No

#### **ICD-9 Codes that Support Medical Necessity**

Note: ICD-9 codes must be coded to the highest level of specificity.

#### **For ONLY Botulinum Toxin Type A:**

705.21	Dates of service after 10/01/2004 – Primary focal hyperhidrosis
780.8	Prior to 01/01/2005 - Primary axially hyperhidrosis

#### **For both Botulinum Toxins Type A and Type B**

333.3	Tics of organic origin
333.6	Idiopathic torsion dystonia
333.71	Acquired torsion dystonia
333.72	Acute dystonia
333.79	Symptomatic torsion dystonia
333.81	Blepharospasm
333.82	Orofacial dyskinesia
333.83	Spasmodic torticollis
333.84	Organic writer's cramp
333.89	Other fragments of torsion dystonia
334.1	Hereditary spastic paraplegia
340	Multiple sclerosis
341.0	Neuromyelitis optica
341.1	Schilder's disease
341.8	Other demyelinating diseases of central nervous system
341.9	Demyelinating disease of central nervous system, unspecified
342.10	Spastic hemiplegia, affecting unspecified site
342.11	Spastic hemiplegia, affecting dominant site
342.12	Spastic hemiplegia, affecting nondominant site
343.0	Congenital diplegia
343.1	Congenital hemiplegia
343.2	Congenital quadriplegia

343.3 Congenital monoplegia  
343.4 Infantile hemiplegia  
343.8 Other specified infantile cerebral palsy  
343.9 Infantile cerebral palsy, unspecified  
344.00 Quadriplegia, unspecified  
344.01 Quadriplegia, C1-C4, complete  
344.02 Quadriplegia, C1-C4, incomplete  
344.03 Quadriplegia, C5-C7, complete  
344.04 Quadriplegia, C5-C7, incomplete  
344.09 Other quadriplegia  
344.1 Paraplegia  
344.2 Diplegia of upper limbs  
344.30 Monoplegia of lower limb affecting unspecified side  
344.31 Monoplegia of lower limb affecting dominant side  
344.32 Monoplegia of lower limb affecting nondominant side  
344.40 Monoplegia of upper limb affecting unspecified side  
344.41 Monoplegia of upper limb affecting dominant side  
344.42 Monoplegia of upper limb affecting nondominant side  
344.5 Unspecified monoplegia  
351.8 Other facial nerve disorders  
374.13 Spastic ectropion  
378.00 Esotropia, unspecified  
378.01 Monocular esotropia  
378.02 Monocular esotropia with A pattern  
378.03 Monocular esotropia with V pattern  
378.04 Monocular esotropia with other noncomitancies  
378.05 Alternating esotropia  
378.06 Alternating esotropia with A pattern  
378.07 Alternating esotropia with V pattern  
378.08 Alternating esotropia with other noncomitancies  
378.10 Exotropia, unspecified  
378.11 Monocular exotropia  
378.12 Monocular exotropia with A pattern  
378.13 Monocular exotropia with V pattern  
378.14 Monocular exotropia with other noncomitancies  
378.15 Alternating exotropia  
378.16 Alternating exotropia with A pattern  
378.17 Alternating exotropia with V pattern  
378.18 Alternating exotropia with other noncomitancies  
378.20 Intermittent heterotropia, unspecified  
378.21 Intermittent esotropia, monocular  
378.22 Intermittent esotropia, alternating  
378.23 Intermittent exotropia, monocular  
378.24 Intermittent exotropia, alternating  
378.30 Heterotropia, unspecified  
378.31 Hypertropia  
378.32 Hypotropia  
378.33 Cyclotropia  
378.34 Monofixation syndrome  
378.35 Accommodative component in esotropia  
378.40 Heterophoria, unspecified  
378.41 Esophoria  
378.42 Exophoria

378.43	Vertical heterophoria
378.44	Cyclophoria
378.45	Alternating hyperphoria
378.50	Paralytic strabismus, unspecified
378.51	Third or oculomotor nerve palsy, partial
378.52	Third or oculomotor nerve palsy, total
378.53	Fourth or trochlear nerve palsy
378.54	Sixth or abducens nerve palsy
378.55	External ophthalmoplegia
378.56	Total ophthalmoplegia
378.60	Mechanical strabismus, unspecified
378.61	Brown's (tendon) sheath syndrome
378.62	Mechanical strabismus from other musculofascial disorders
378.63	Limited duction associated with other conditions
378.71	Duane's syndrome
378.72	Progressive external ophthalmoplegia
378.73	Strabismus in other neuromuscular disorders
378.81	Palsy of conjugate gaze
378.82	Spasm of conjugate gaze
378.83	Convergence insufficiency or palsy
378.84	Convergence excess or spasm
378.85	Anomalies of divergence
378.86	Internuclear ophthalmoplegia
378.87	Other dissociated deviation of eye movements
378.9	Unspecified disorder of eye movements
438.0	Late effects of cerebrovascular disease
438.31	Monoplegia of upper limb affecting dominant side
438.32	Monoplegia of upper limb affecting nondominant side
438.41	Monoplegia of lower limb affecting dominant side
438.42	Monoplegia of lower limb affecting nondominant side
478.30	Paralysis of vocal cords, unspecified
478.31	Paralysis of vocal cords, unilateral, partial
478.32	Paralysis of vocal cords, unilateral, complete
478.33	Paralysis of vocal cords, bilateral, partial
478.34	Paralysis of vocal cords, bilateral, complete
478.75	Laryngeal spasm
527.7	Disturbance of salivary secretion
530.0	Achalasia & cardiospasm
723.5	Torticollis, unspecified
728.85	Spasm of muscle
729.89	Other musculoskeletal symptoms
754.1	Congenital deformity of sternomastoid muscle – torticollis, wryneck, contracture
781.0	Abnormal involuntary movements
784.40	Voice disturbance, unspecified
784.41	Aphonia
784.49	Other voice disturbance
784.5	Other speech disturbance

### **Diagnoses that Support Medical Necessity**

See ICD-9 listed above

### **ICD-9 Codes that DO NOT Support Medical Necessity**

ICD-9 codes not listed in this policy

<http://www.wpsmedicare.com/index.html>

## **Diagnoses that DO NOT Support Medical Necessity**

Diagnoses not listed in this policy

### **Documentation Requirements**

Documentation should include the following elements:

1. Support for the medical necessity of the Botulinum toxin (Type A or Type B) injection
2. A covered diagnosis
4. A statement that traditional methods of treatment have been tried and proven unsuccessful or that the Botulinum toxin (Type A or Type B) injection is the therapy of primary choice.
4. Dosage and frequency of the injections
5. Support for the medical necessity of electromyography procedures performed in conjunction with Botulinum toxin Type A injections to determine the proper injection site(s)
6. Support of the clinical effectiveness of the injections
7. Specific site(s) injected

### **Utilization Guidelines**

NA

### **Sources of Information and Basis for Decision**

AMA Drug Evaluation, Vol 1, Neurolytic Drugs, 2:21-23

Annals OtoRhinoLaryngology, 103(1):31-35, Jan. >94, (Cricopharyngeal)

Annals Neurology, 28:512-5, 1990 (spasticity)

Neurology, 184(43):183-185, Jan. >93 (Writer's Cramp)

NEJM, 332(12):774-816, Mar >95 (Achalasia)

Brashear, MD et al. "Safety and Efficacy of Neurobloc (Botulinum toxin Type B) in Type A-responsive cervical dystonia" in Neurology 1999; 53:1439-1446,

M.F. Brin, MD et al. "Safety and Efficacy of Neurobloc (Botulinum toxin Type B) in Type A-resistant cervical dystonia," in Neurology 1999; 53:1431-1438

IL 06/04/93

Model Policy, CMDs Drug Evaluation Clinical Group

CMDs Anesthesiology Workgroup

Carrier Advisory Committees

IL 02/11/97

Pasricha, Pankaj et al., Botulinum toxin for Achalasia

Long-term Outcome and Predictors of Response, Gastroenterology 1996; 1410-1415

### **Advisory Committee Meeting Notes**

Meeting Date:

Wisconsin: 07/21/2000, 09/26/2008

Illinois: 01/10/1996, 09/17/2008

Michigan: 01/1996, 09/24/2008

Minnesota: NA, 09/11/2008

Iowa

Kansas

Missouri

Nebraska

### **Start Date of Comment Period**

Wisconsin: 07/22/2000,

Illinois: 04/15/1996,

Michigan: 11/15/1995,

Minnesota: 11/18/1999,

<http://www.wpsmedicare.com/index.html>

Iowa  
Kansas  
Missouri  
Nebraska

**End Date of Comment Period**

Wisconsin: 09/04/2000  
Illinois: 04/15/1996  
Michigan: 04/15/1996  
Minnesota: 03/01/2000

Iowa  
Kansas  
Missouri  
Nebraska

**Start Date of Notice Period**

(Published) Legacy B

Wisconsin: 03/01/2007 Article; 09/01/2006 Article; 03/01/2006; 01/01/2006 Article; 03/01/2005 Article; 01/01/2005 Article; 10/01/2004; 11/01/2003 Article; 08/01/2003; 05/01/2002;  
Illinois: 03/01/2002;12/01/2001;09/01/2001;10/01/1998;12/01/1996;03/01/1995;Existing 03/01/2007 Article; 09/01/2006 Article; 03/01/2006; 01/01/2006, article; 03/01/2005 Article; 01/01/2005 Article; 10/01/2004; 11/01/2003 Article; 08/01/2003; 05/01/2002; 03/01/2002; 12/01/2001; 09/01/2001, 07/01/2000; 11/01/1999; 09/01/1998; 04/01/1997; 01/01/1997; 05/15/1996; 03/15/1996.  
Michigan: 03/01/2007 Article; 09/01/2006 Article; 03/01/2006; 01/01/2006, article; 03/01/2005 Article; 01/01/2005 Article; 10/01/2004; 11/01/2003 Article; 08/01/2003, 05/01/2002; 03/01/2002; 12/01/2001; 09/01/2001; 07/01/2000; 11/01/1999; 09/01/1998; 04/01/1997; 01/01/1997; 03/15/1996.  
Minnesota: 03/01/2007 Article; 09/01/2006 Article; 03/01/2006; 01/01/2006, article; 03/01/2005 Article; 01/01/2005 Article; 10/01/2004; 11/01/2003 Article; 08/01/2003; 05/01/2002; 03/01/2002; 12/01/2001; 09/01/2001; 04/01/2000.

**Revision History: Legacy B**

Wisconsin: \*05/01/2007, eighteen, typo corrected; 03/01/2007, seventeen, added CPT code 42699 ICD-9 code 527.7; 10/01/2006, sixteen, deleted ICD-9 code 333.7, added ICD-9 code 333.71, 333.72, 333.79; 03/02/2006, fifteen, added CPT codes 64650, 95873, and 95874 (effective date of service 01/01/2006 and after); 01/01/2006, fourteen, HCPCS update; 02/01/2005, thirteen, added CPT 64999; 01/01/2005, twelve, added 705.21, end dated 780.8; 12/01/2004, eleven, CCI edit changes removed information regarding patients who require electromyography in order to determine the proper injection site(s) is removed from LCD; 10/01/2004, ten, converted to LCD format, added ICD-9 CM 780.8 for Botulinum toxin Type A; 11/01/2003, nine, CPT codes 43201 and 43236 added and CPT code 64999 deleted; 08/01/2003, eight, covered ICD codes made the same for both Toxins); 05/01/2002, seven; changed ICD 9 code for organic writer's cramp; 10/01/2001, six corrected time for Myobloc™/Add ICD codes to CPT code 64613; 10/01/2001, five added Myobloc™; 11/01/1998, four ICD-9 changes; 01/01/1997, three for code change; 08/01/1995, two; 01/01/1990, one  
Illinois: \*05/01/2007, twenty-one, typo corrected; 03/01/2007, twenty, added CPT code 42699 ICD-9 code 527.7; 10/01/2006, nineteen, deleted ICD-9 code 333.7, added ICD-9 code 333.71, 333.72, 333.79; 03/01/2006, eighteen, added CPT codes 64650, 95873, and 95874 (effective date of service 01/01/2006 and after);

01/01/2006, seventeen, HCPCS update; 02/01/2005, sixteen, added CPT 64999; 01/01/2005, fifteen, added 705.21, end dated 780.8; 12/01/2004, fourteen, CCI edit changes removed information regarding patients who require electromyography in order to determine the proper injection site(s) is removed from LCD; 10/01/2004, thirteen, converted to LCD format, added ICD-9 CM 780.8 for Botulinum toxin Type A; 11/01/2003, twelve, CPT codes 43201 and 43236 added and CPT code 64999 deleted; 08/01/2003, eleven, covered ICD codes made the same for both Toxins; 05/01/2002 ten, changed ICD 9 code for organic writer's cramp; 10/01/2001, nine corrected time for Myobloc™/Added ICD 9 codes to CPT code 64613; 10/01/2001, eight added Myobloc™; 07/01/2000, seven clarification only; 11/01/1999, six; 09/01/1998, five; 06/01/1997, four; 04/01/1997, three clarification revision; 01/01/1997, two; 04/15/1996, one

Michigan:

\*05/01/2007, twenty-one, typo corrected; 03/01/2007, twenty, added CPT code 42699 ICD-9 code 527.7; 10/01/2006, nineteen, deleted ICD-9 code 333.7, added ICD-9 code 333.71, 333.72, 333.79; 03/01/2006, eighteen, added CPT codes 64650, 95873, and 95874 (effective date of service 01/01/2006 and after); 01/01/2006, seventeen, HCPCS update; 02/01/2005, sixteen, added CPT 64999; 01/01/2005, fifteen, added 705.21, end dated 780.8; 12/01/2004, fourteen, CCI edit changes removed information regarding patients who require electromyography in order to determine the proper injection site(s) is removed from LCD; 10/01/2004, thirteen, converted to LCD format, added ICD-9 CM 780.8 for Botulinum toxin Type A; 11/01/2003, twelve, CPT codes 43201 and 43236 added and CPT code 64999 deleted; 08/01/2003, eleven, covered ICD codes made the same for both Toxins; 05/01/2002, ten, changed ICD 9 code for organic writer's cramp; 10/01/2001 nine, corrected time for Myobloc™/Added ICD 9 codes to 64613; 10/01/2001, eight added Myobloc™; 07/01/2000, seven clarification only; 11/01/1999, six; 09/01/1998, five; 06/01/1997, four; 04/01/1997, three clarification revision; 01/01/1997, two; 04/15/1996, one

Minnesota:

\*05/01/2007, eighteen, typo corrected; 03/01/2007, seventeen, added CPT code 42699 and ICD-9 code 527.7; 10/01/2006, sixteen, deleted ICD-9 code 333.7, added ICD-9 code 333.71, 333.72, 333.79; 03/01/2006, fifteen, added CPT codes 64650, 95873, and 95874 (effective date of service 01/01/2006 and after); 01/01/2006, fourteen, HCPCS update; 02/01/2005, thirteen, added CPT 64999; 01/01/2005, twelve, added 705.21, end dated 780.8; 12/01/2004, eleven, CCI edit changes removed information regarding patients who require electromyography in order to determine the proper injection site(s) is removed from LCD; 10/01/2004, ten, converted to LCD format, added ICD-9 CM 780.8 for Botulinum toxin Type A; 11/01/2003, nine, CPT codes 43201 and 43236 added and CPT code 64999 deleted; 08/01/2003, eight, covered ICD codes made the same for both Toxins; 05/01/2002, seven, changed ICD 9 code for organic writer's cramp; 10/01/2001 six, corrected time for Myobloc™/Added ICD 9 codes to CPT code 64613; 10/01/2001, five; 06/01/2000, four; 03/01/1998, three; 01/01/1997, two; 02/01/1994, one

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from all relevant medical specialties.

**Last Reviewed On**

**Notes**

**[See companion article for Coding and Billing Guidelines for LCD INJ-018 Treatment with Botulinum Toxin Type A & Type B.](#)**

<http://www.wpsmedicare.com/index.html>

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\* - An asterisk indicates a revision to that section of the policy.

**Does this LCD contain a "Least Costly Alternative" Provision?**

No

DRAFT