

JE PRIOR AUTHORIZATION CHECKLIST – BOTULINUM TOXIN

This checklist is intended to provide healthcare providers with a reference for use when responding to documentation requests for this service. It is not intended to replace the published guidelines or policy.

Policy References

- [Botulinum Toxin Types A and B LCD Policy \(L35170\)](#)
- [Policy Article \(A57185\)](#)

Documentation References

- [Part B Botulinum Toxin \(Botox\) Injections Documentation Requirements](#)
- [Part A Prior Authorization for Botulinum Toxin](#)
- [Part A Prior Authorization Request Coversheet](#)

Medical Documentation

Type/strength of Botulinum toxin used - Botox (onabotulinumtoxinA), Dysport (abotulinumtoxinA), Xeomin (incobotulinumtoxinA) or Myobloc (rimabotulinumtoxinB)

Covered diagnosis

Statement of traditional methods used

Dosage used in injections

Support for the medical necessity of electromyography procedures if performed

Support of the clinical effectiveness of the injections

A complete description of the site(s) injected

The treating clinician must complete the following

Standard Written Order (SWO)

Documentation must support medical necessity as outlined in the LCD

Medical Documentation

Beneficiary Information