

## JF 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 Reference

- [Botulinum Toxin Types A and B LCD Policy \(L35172\)](#)
- [Policy Article \(A57186\)](#)

### Documentation Reference

- [Part B Prior Authorization for Botulinum Toxin](#)
- [Part B ASC Prior Authorization Request Coversheet](#)

### General Documentation Requirements

- ☐ 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