

Local Coverage Determination (LCD): Botulinum Toxin Types A and B (L35172)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

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LCD Information

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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 for only those services that are considered to be medically reasonable and necessary.

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.

CMS Manual System, Publication 100-02, Medicare Benefit Policy Manual, Chapter 16, §120. General Exclusions from Coverage (Cosmetic Surgery).

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Botulinum toxin injections are used to treat various focal muscle spastic disorders and excessive muscle contractions such as dystonias, spasms, twitches, etc. These drugs produce a presynaptic neuromuscular blockade by preventing the release of acetylcholine from the nerve endings. The resulting chemical denervation of muscle produces local paresis or paralysis and allows individual muscles to be weakened selectively. Botulinum toxins have the advantage of being potent neuromuscular blocking agents with good selectivity and duration of action.

Botulinum Toxin Type A (Botox-onabotulinumtoxinA, Xeomin -incobotulinumtoxinA and Dysport-abotulinumtoxinA) are derived from a culture of Hall strain Clostridium Botulinum. Botulinum Toxin Type B (Myobloc - rimabotulinumtoxinB) is derived from the Bean strain of Clostridium Botulinum. Type B has the same action on neuromuscular conduction (blockade) as Type A.

Botulinum Toxin Type A and Botulinum Toxin Type B have many similarities and as experience has been gained, medical consensus has gradually developed that the two toxins have similar, but not identical, properties. Each botulinum toxin product is pharmacologically and clinically distinct, and therefore, not interchangeable with any other botulinum toxin product. As a result, approved indications for the two toxins differ. This A/B MAC has determined that the separate accepted indications for the four toxins will be combined into a single list of covered indications in this Local Coverage Determination (LCD) policy. However, it is the responsibility of providers to use each drug in accordance with the FDA approved indications unless there are valid and documented reasons stating why the unapproved/off label form is used. *"Providers should consult the package insert of each neurotoxin to identify the FDA approved indications for each product."*

Please note that the unit dose of one form must not be equated with the unit dose of any of the others, i.e., one unit of Botox does not equal one unit of Dysport, Xeomin or Myobloc.

1. Before consideration of coverage may be made, it should be established that the patient has been unresponsive to conventional methods of treatments such as medication, physical therapy and other appropriate methods used to control and/or treat spastic conditions. An exception to this general rule is that for certain treatments including focal dystonia, hemifacial spasm, orofacial dyskinesia, blepharospasm, severe writer's cramp, laryngeal spasm, or dysphonia, Botulinum toxin can be an initial mode of therapy, and in these circumstances it is not necessary to show that other methods of treatment have been tried and proven unsuccessful.
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-10-CM section of this policy. This group of codes shall be used only when accompanied by spasticity of central nervous system origin. Recently, there has been approval by the FDA for use in upper limb spasticity. All other uses in the treatment of other types of spasm, including smooth muscle types, will be considered as investigational (not proven effective) and, therefore, noncovered by Medicare. Claims submitted for tension headaches, myofascial pain, irritable colon, biliary dyskinesia, other forms of smooth muscle spasm not specifically addressed in the policy, and any other spastic conditions not listed in the ICD-10 CM Codes That Support Medical Necessity section will be considered investigational, not safe and effective, or not accepted as the standard of practice within the medical community and, therefore, not medically reasonable and necessary.
3. Botulinum toxin can be used to reduce spasticity or excessive muscular contractions to relieve pain, to assist in posturing and walking, to allow better range of motion, to permit better physical therapy, and to reduce severe spasm in order to provide adequate perineal and palmar hygiene.
4. Botulinum toxin has indications for overactive bladder and severe primary axillary hyperhidrosis,
5. Due to the rarity of severe organic writer's cramp, Medicare would not expect to see the treatment of this condition billed frequently.
6. There may be patients who require Electromyography (EMG) in order to determine the proper injection site(s). The electromyography procedure codes specified in the HCPCS section of this policy may be covered if the physician has difficulty in determining the proper injection site(s).

It should be noted that needle electromyographic procedures include the interpretation of electrical waveforms measured by equipment that produces both visible and audible components of electrical signals recorded from the muscle(s) studied by the needle electrode. Electromyography equipment must be capable of showing both visual and auditory components of the electrical activity produced by and recorded from within muscle tissue by the needle electrode for myopathy or neuropathy diagnosis. For purposes of botulinum injection guidance, the EMG tools that have audible output alone are sufficient.

7. For the appropriate initial and total doses of Botulinum toxins please consult the FDA, manufacturers' recommendations or the AHFS.
8. Coverage of treatments provided may be continued unless any two treatments in a row, utilizing an appropriate or maximum dose of a Botulinum toxin, fail to produce a satisfactory clinical response. In such situations it may be appropriate to use an alternative Botulinum toxin **once** in order to determine if a more satisfactory response can be obtained. Providers must also document the results of and response to these injections.
9. Requests may be considered for redetermination (formerly appeal) for continued treatment during a treatment period or for resumption at a later date if satisfactory results have not been obtained and compelling clinical evidence of medical necessity for continued treatment is presented.
10. Medicare will allow payment for one injection per site regardless of the number of injections made into the site. A site is defined as including muscles of a single contiguous body part, such as a single limb, single eyelid, side of the face, side of the neck, both vocal cords, etc.
11. For treatment of achalasia and cardiospasm, Botulinum toxin should be used only after one or more of these conditions have been met and documented:
 - The patient has failed conventional therapy.
 - The patient is at high risk of complications from pneumatic dilation or surgical myotomy.
 - The patient who refuses surgical myotomy or balloon dilation, in preference to a less invasive risky procedure.

- A prior myotomy or dilatation has failed.
- A prior dilatation caused an esophageal perforation.
- The patient has an epiphrenic diverticulum or hiatal hernia, both of which increase the risk of dilatation-induced perforation.

12. Botulinum Toxin is covered for prophylaxis of headaches in adult patients with chronic migraine (≥ 15 days per month with headache lasting 4 hours a day or longer). It is also covered for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication.

13. **Treatment of skin wrinkles** ICD-10 CM code L11.8, L57.2, L57.4, L66.4, L87.1, L90.3, L90.4, L92.2, L94.8, L98.5, L98.6 using Botulinum toxin is cosmetic and **is not covered by Medicare.**

14. Acceptance of Botulinum Toxin **has not been established** for the following conditions (USP DI 2006):

- Deviations over 50 prism diopters
- Restrictive strabismus
- Chronic paralytic strabismus except to reduce antagonist contracture in conjunction with surgical repair
- Duane's syndrome with lateral rectus muscle weakness
- Recurrent temporomandibular joint (TMJ) disorder

15. Anal spasm, irritable colon, biliary dyskinesia, or any treatment of spastic conditions not listed as covered in this policy are considered to be cosmetic, investigational, or not safe and effective.

16. The use of Botulinum toxin to treat muscle tension is considered not proven effective.

17. Due to the short life of Botulinum toxin, Medicare will reimburse the unused portion of these drugs only when vials are not split between patients. Use modifier JW to code for drug wastage on a separate line of the claim form. The documentation must show in the patient's medical record the exact dosage of the drug given, exact amount and reason for unavoidable wastage, and the exact amount of the discarded portion of the drug.

18. Scheduling of more than one patient is encouraged to prevent wastage of Botulinum toxins. If a vial is split between two patients, the billing in these instances must be for the exact amount of Botulinum toxin used on each individual patient. Medicare would not expect to see billing for the full fee amount for Botulinum toxin on each beneficiary when the vial is split between two or more patients.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all

Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999x Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999 Not Applicable

CPT/HCPCS Codes

Group 1 Paragraph:

The following HCPCS codes are to be reported for the supply of these drugs:

Group 1 Codes:

J0585 INJECTION, ONABOTULINUMTOXINA, 1 UNIT
J0586 INJECTION, ABOBOTULINUMTOXINA, 5 UNITS
J0587 INJECTION, RIMABOTULINUMTOXINB, 100 UNITS
J0588 INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT

Group 2 Paragraph:

J0588 - Labeled indications for Xeomin are limited to G24.5 Blepharospasm and G24.3 spasmodic torticollis; payment may be made under off-label use circumstances outlined in Indications and Limitations above.

The following CPT codes are to be reported for the procedures performed noting that CPT 64640 is to be used for treatment of laryngeal and/or oromandibular dystonia.

Group 2 Codes:

31513 LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION
31570 LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;
43201 ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE
43236 ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE
43499 UNLISTED PROCEDURE, ESOPHAGUS
46505 CHEMODENERVATION OF INTERNAL ANAL SPHINCTER
52287 CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER
64611 CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL
64612 CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL (EG, FOR BLEPHAROSPASM, HEMIFACIAL SPASM)
64615 CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)
64616 CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX, UNILATERAL (EG, FOR CERVICAL DYSTONIA, SPASMODIC TORTICOLLIS)
64617 CHEMODENERVATION OF MUSCLE(S); LARYNX, UNILATERAL, PERCUTANEOUS (EG, FOR SPASMODIC DYSPHONIA), INCLUDES GUIDANCE BY NEEDLE ELECTROMYOGRAPHY, WHEN PERFORMED
64640 DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH
64642 CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)
64643 CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 1-4 MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

- 64644 CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLES
- 64645 CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- 64646 CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)
- 64647 CHEMODENERVATION OF TRUNK MUSCLE(S); 6 OR MORE MUSCLES
- 64650 CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE
- 64653 CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER DAY
- 64999 UNLISTED PROCEDURE, NERVOUS SYSTEM
- 67345 CHEMODENERVATION OF EXTRAOCULAR MUSCLE
- 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)

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

Note: Diagnosis codes are based on the current ICD-10-CM codes that are effective at the time of LCD publication. Any updates to ICD-10-CM codes will be reviewed by Noridian; and coverage should not be presumed until the results of such review have been published/posted.

These are the **only** ICD-10-CM Codes that Support Medical Necessity for CPT/HCPCS codes J0585, J0586, J0587, J0588, 46505, 52287, 64611, 64612, 64615, 64616, 64617, 64642, 64643, 64644, 64645, 64646, 64647, 64650, 64653, 67345, 95873, 95874.

Note: The following CPT codes are not restricted by the ICD-10-CM codes listed in this policy: 31513, 31570, 43201, 43236, 43499, 53899, 64640 and 64999.

Note: For all forms of Botulinum Toxin please refer to the current AHFS or FDA approved product insert for each drug's accepted indications.

Note: Although J0585 may be used for other indications, it was FDA approved for prophylaxis of headaches in adult patients with chronic migraine.

The following ICD-10-CM codes may be used alone:

Group 1 Codes:

ICD-10 Codes	Description
G11.4	Hereditary spastic paraplegia
G24.1	Genetic torsion dystonia
G24.2	Idiopathic nonfamilial dystonia
G24.3	Spasmodic torticollis
G24.4	Idiopathic orofacial dystonia
G24.5	Blepharospasm
G24.8	Other dystonia
G24.9	Dystonia, unspecified
G25.3	Myoclonus
G25.89	Other specified extrapyramidal and movement disorders
G36.1	Acute and subacute hemorrhagic leukoencephalitis [Hurst]
G36.8	Other specified acute disseminated demyelination
G37.0	Diffuse sclerosis of central nervous system
G37.1	Central demyelination of corpus callosum
G37.2	Central pontine myelinolysis
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
G43.011	Migraine without aura, intractable, with status migrainosus
G43.019	Migraine without aura, intractable, without status migrainosus
G43.109	Migraine with aura, not intractable, without status migrainosus

**ICD-10
Codes****Description**

G43.111	Migraine with aura, intractable, with 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
G50.8	Other disorders of trigeminal nerve
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
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G82.53	Quadriplegia, C5-C7 complete
G83.0*	Diplegia of upper limbs
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
G83.21	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
G83.4	Cauda equina syndrome
H02.041	Spastic entropion of right upper eyelid
H02.044	Spastic entropion of left upper eyelid
H04.213	Epiphora due to excess lacrimation, bilateral lacrimal glands
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
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
H49.9	Unspecified paralytic strabismus
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

ICD-10 Codes	Description
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
H50.311	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
H50.411	Cyclotropia, right eye
H50.412	Cyclotropia, left eye
H50.42	Monofixation syndrome
H50.43	Accommodative component in esotropia
H50.51	Esophoria
H50.52	Exophoria
H50.53	Vertical heterophoria
H50.54	Cyclophoria
H50.55	Alternating heterophoria
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
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
I69.931	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	

ICD-10 Codes	Description
	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
I69.951	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
J38.3	Other diseases of vocal cords
J38.5	Laryngeal spasm
J39.2	Other diseases of pharynx
K11.7	Disturbances of salivary secretion
K22.0*	Achalasia of cardia
K60.0	Acute anal fissure
K60.1	Chronic anal fissure
L74.510	Primary focal hyperhidrosis, axilla
L74.511	Primary focal hyperhidrosis, face
L74.512	Primary focal hyperhidrosis, palms
L74.513	Primary focal hyperhidrosis, soles
L74.52	Secondary focal hyperhidrosis
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
N39.41	Urge incontinence
N39.46	Mixed incontinence
N39.498	Other specified urinary incontinence
R49.8	Other voice and resonance disorders

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

H50.811*, H50.812,* Use for medial rectus weakness only
G83.0*; G83.11*;G83.12*;G83.13*;G83.14*;N31.0*;N31.1*;N31.9* require a second code from Group 2 in order to be payable.

Group 2 Paragraph:

The following ICD-10-CM codes must be used in pairs, i.e., one primary diagnosis and one secondary diagnosis.

Primary diagnosis:

Group 2 Codes:

ICD-10 Codes	Description
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

ICD-10 Codes	Description
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

Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation:

* The diagnosis codes above require a second code from Group 3 in order to be payable.

Group 3 Paragraph:

Secondary diagnoses:

Group 3 Codes:

ICD-10 Codes	Description
G04.1*	Tropical spastic paraplegia
G35*	Multiple sclerosis
G81.11*	Spastic hemiplegia affecting right dominant side
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
G82.54*	Quadriplegia, C5-C7 incomplete
G93.40*	Encephalopathy, unspecified
G95.89*	Other specified diseases of spinal cord
G97.2*	Intracranial hypotension following ventricular shunting
G97.31*	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating a nervous system procedure
G97.32*	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating other procedure
G97.81*	Other intraoperative complications of nervous system
G97.82*	Other postprocedural complications and disorders of nervous system
I60.01*	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation
I60.02*	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation
I60.11*	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery
I60.12*	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery
I60.2*	Nontraumatic subarachnoid hemorrhage from anterior communicating artery
I60.31*	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery
I60.32*	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery
I60.4*	Nontraumatic subarachnoid hemorrhage from basilar artery
I60.51*	Nontraumatic subarachnoid hemorrhage from right vertebral artery
I60.52*	Nontraumatic subarachnoid hemorrhage from left vertebral artery
I60.6*	Nontraumatic subarachnoid hemorrhage from other intracranial arteries
I60.8*	Other nontraumatic subarachnoid hemorrhage
I61.0*	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical

ICD-10 Codes	Description
I61.1*	Nontraumatic intracerebral hemorrhage in hemisphere, cortical
I61.3*	Nontraumatic intracerebral hemorrhage in brain stem
I61.4*	Nontraumatic intracerebral hemorrhage in cerebellum
I61.5*	Nontraumatic intracerebral hemorrhage, intraventricular
I61.6*	Nontraumatic intracerebral hemorrhage, multiple localized
I61.8*	Other nontraumatic intracerebral hemorrhage
I62.01*	Nontraumatic acute subdural hemorrhage
I62.02*	Nontraumatic subacute subdural hemorrhage
I62.03*	Nontraumatic chronic subdural hemorrhage
I62.1*	Nontraumatic extradural hemorrhage
I63.011*	Cerebral infarction due to thrombosis of right vertebral artery
I63.012*	Cerebral infarction due to thrombosis of left vertebral artery
I63.013*	Cerebral infarction due to thrombosis of bilateral vertebral arteries
I63.02*	Cerebral infarction due to thrombosis of basilar artery
I63.031*	Cerebral infarction due to thrombosis of right carotid artery
I63.032*	Cerebral infarction due to thrombosis of left carotid artery
I63.033*	Cerebral infarction due to thrombosis of bilateral carotid arteries
I63.09*	Cerebral infarction due to thrombosis of other precerebral artery
I63.111*	Cerebral infarction due to embolism of right vertebral artery
I63.112*	Cerebral infarction due to embolism of left vertebral artery
I63.113*	Cerebral infarction due to embolism of bilateral vertebral arteries
I63.12*	Cerebral infarction due to embolism of basilar artery
I63.133*	Cerebral infarction due to embolism of bilateral carotid arteries
I63.19*	Cerebral infarction due to embolism of other precerebral artery
I63.211*	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery
I63.212*	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery
I63.213*	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries
I63.233*	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries
I63.311*	Cerebral infarction due to thrombosis of right middle cerebral artery
I63.312*	Cerebral infarction due to thrombosis of left middle cerebral artery
I63.313*	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries
I63.321*	Cerebral infarction due to thrombosis of right anterior cerebral artery
I63.322*	Cerebral infarction due to thrombosis of left anterior cerebral artery
I63.323*	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries
I63.331*	Cerebral infarction due to thrombosis of right posterior cerebral artery
I63.332*	Cerebral infarction due to thrombosis of left posterior cerebral artery
I63.333*	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries
I63.341*	Cerebral infarction due to thrombosis of right cerebellar artery
I63.342*	Cerebral infarction due to thrombosis of left cerebellar artery
I63.39*	Cerebral infarction due to thrombosis of other cerebral artery
I63.411*	Cerebral infarction due to embolism of right middle cerebral artery
I63.412*	Cerebral infarction due to embolism of left middle cerebral artery
I63.421*	Cerebral infarction due to embolism of right anterior cerebral artery
I63.422*	Cerebral infarction due to embolism of left anterior cerebral artery
I63.431*	Cerebral infarction due to embolism of right posterior cerebral artery
I63.432*	Cerebral infarction due to embolism of left posterior cerebral artery
I63.441*	Cerebral infarction due to embolism of right cerebellar artery
I63.442*	Cerebral infarction due to embolism of left cerebellar artery
I63.49*	Cerebral infarction due to embolism of other cerebral artery
I63.513*	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries
I63.523*	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries
I63.533*	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries
I63.6*	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
I63.81*	Other cerebral infarction due to occlusion or stenosis of small artery
I63.89*	Other cerebral infarction
I69.031*	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.032*	

ICD-10 Codes	Description
	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
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

ICD-10 Codes	Description
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
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
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

ICD-10 Codes	Description
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
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
I69.933	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
I97.810*	Intraoperative cerebrovascular infarction during cardiac surgery
I97.811*	Intraoperative cerebrovascular infarction during other surgery
I97.820*	Postprocedural cerebrovascular infarction following cardiac surgery
I97.821*	Postprocedural cerebrovascular infarction following other surgery
S14.0XXA*	Concussion and edema of cervical spinal cord, initial encounter
S14.0XXD*	Concussion and edema of cervical spinal cord, subsequent encounter
S14.0XXS*	Concussion and edema of cervical spinal cord, sequela
S14.101A*	Unspecified injury at C1 level of cervical spinal cord, initial encounter
S14.101D*	Unspecified injury at C1 level of cervical spinal cord, subsequent encounter
S14.101S*	Unspecified injury at C1 level of cervical spinal cord, sequela
S14.111A*	Complete lesion at C1 level of cervical spinal cord, initial encounter
S14.111D*	Complete lesion at C1 level of cervical spinal cord, subsequent encounter
S14.111S*	Complete lesion at C1 level of cervical spinal cord, sequela
S14.112A*	Complete lesion at C2 level of cervical spinal cord, initial encounter
S14.112D*	Complete lesion at C2 level of cervical spinal cord, subsequent encounter
S14.112S*	Complete lesion at C2 level of cervical spinal cord, sequela
S14.113A*	Complete lesion at C3 level of cervical spinal cord, initial encounter
S14.113D*	Complete lesion at C3 level of cervical spinal cord, subsequent encounter
S14.113S*	Complete lesion at C3 level of cervical spinal cord, sequela
S14.114A*	Complete lesion at C4 level of cervical spinal cord, initial encounter
S14.114D*	Complete lesion at C4 level of cervical spinal cord, subsequent encounter
S14.114S*	Complete lesion at C4 level of cervical spinal cord, sequela
S14.115A*	Complete lesion at C5 level of cervical spinal cord, initial encounter
S14.115D*	Complete lesion at C5 level of cervical spinal cord, subsequent encounter
S14.115S*	Complete lesion at C5 level of cervical spinal cord, sequela
S14.116A*	Complete lesion at C6 level of cervical spinal cord, initial encounter
S14.116D*	Complete lesion at C6 level of cervical spinal cord, subsequent encounter
S14.116S*	Complete lesion at C6 level of cervical spinal cord, sequela
S14.117A*	Complete lesion at C7 level of cervical spinal cord, initial encounter
S14.117D*	Complete lesion at C7 level of cervical spinal cord, subsequent encounter
S14.117S*	Complete lesion at C7 level of cervical spinal cord, sequela
S14.118A*	Complete lesion at C8 level of cervical spinal cord, initial encounter
S14.118D*	Complete lesion at C8 level of cervical spinal cord, subsequent encounter
S14.118S*	Complete lesion at C8 level of cervical spinal cord, sequela
S14.121A*	Central cord syndrome at C1 level of cervical spinal cord, initial encounter
S14.121D*	Central cord syndrome at C1 level of cervical spinal cord, subsequent encounter
S14.121S*	Central cord syndrome at C1 level of cervical spinal cord, sequela
S14.122A*	Central cord syndrome at C2 level of cervical spinal cord, initial encounter

**ICD-10
Codes****Description**

S14.145S*	Brown-Sequard syndrome at C5 level of cervical spinal cord, sequela
S14.146A*	Brown-Sequard syndrome at C6 level of cervical spinal cord, initial encounter
S14.146D*	Brown-Sequard syndrome at C6 level of cervical spinal cord, subsequent encounter
S14.146S*	Brown-Sequard syndrome at C6 level of cervical spinal cord, sequela
S14.147A*	Brown-Sequard syndrome at C7 level of cervical spinal cord, initial encounter
S14.147D*	Brown-Sequard syndrome at C7 level of cervical spinal cord, subsequent encounter
S14.147S*	Brown-Sequard syndrome at C7 level of cervical spinal cord, sequela
S14.148A*	Brown-Sequard syndrome at C8 level of cervical spinal cord, initial encounter
S14.148D*	Brown-Sequard syndrome at C8 level of cervical spinal cord, subsequent encounter
S14.148S*	Brown-Sequard syndrome at C8 level of cervical spinal cord, sequela
S14.151A*	Other incomplete lesion at C1 level of cervical spinal cord, initial encounter
S14.151D*	Other incomplete lesion at C1 level of cervical spinal cord, subsequent encounter
S14.151S*	Other incomplete lesion at C1 level of cervical spinal cord, sequela
S14.152A*	Other incomplete lesion at C2 level of cervical spinal cord, initial encounter
S14.152D*	Other incomplete lesion at C2 level of cervical spinal cord, subsequent encounter
S14.152S*	Other incomplete lesion at C2 level of cervical spinal cord, sequela
S14.153A*	Other incomplete lesion at C3 level of cervical spinal cord, initial encounter
S14.153D*	Other incomplete lesion at C3 level of cervical spinal cord, subsequent encounter
S14.153S*	Other incomplete lesion at C3 level of cervical spinal cord, sequela
S14.154A*	Other incomplete lesion at C4 level of cervical spinal cord, initial encounter
S14.154D*	Other incomplete lesion at C4 level of cervical spinal cord, subsequent encounter
S14.154S*	Other incomplete lesion at C4 level of cervical spinal cord, sequela
S14.155A*	Other incomplete lesion at C5 level of cervical spinal cord, initial encounter
S14.155D*	Other incomplete lesion at C5 level of cervical spinal cord, subsequent encounter
S14.155S*	Other incomplete lesion at C5 level of cervical spinal cord, sequela
S14.156A*	Other incomplete lesion at C6 level of cervical spinal cord, initial encounter
S14.156D*	Other incomplete lesion at C6 level of cervical spinal cord, subsequent encounter
S14.156S*	Other incomplete lesion at C6 level of cervical spinal cord, sequela
S14.157A*	Other incomplete lesion at C7 level of cervical spinal cord, initial encounter
S14.157D*	Other incomplete lesion at C7 level of cervical spinal cord, subsequent encounter
S14.157S*	Other incomplete lesion at C7 level of cervical spinal cord, sequela
S14.158A*	Other incomplete lesion at C8 level of cervical spinal cord, initial encounter
S14.158D*	Other incomplete lesion at C8 level of cervical spinal cord, subsequent encounter
S14.158S*	Other incomplete lesion at C8 level of cervical spinal cord, sequela
S24.0XXA*	Concussion and edema of thoracic spinal cord, initial encounter
S24.0XXD*	Concussion and edema of thoracic spinal cord, subsequent encounter
S24.0XXS*	Concussion and edema of thoracic spinal cord, sequela
S24.111A*	Complete lesion at T1 level of thoracic spinal cord, initial encounter
S24.111D*	Complete lesion at T1 level of thoracic spinal cord, subsequent encounter
S24.111S*	Complete lesion at T1 level of thoracic spinal cord, sequela
S24.112A*	Complete lesion at T2-T6 level of thoracic spinal cord, initial encounter
S24.112D*	Complete lesion at T2-T6 level of thoracic spinal cord, subsequent encounter
S24.112S*	Complete lesion at T2-T6 level of thoracic spinal cord, sequela
S24.113A*	Complete lesion at T7-T10 level of thoracic spinal cord, initial encounter
S24.113D*	Complete lesion at T7-T10 level of thoracic spinal cord, subsequent encounter
S24.113S*	Complete lesion at T7-T10 level of thoracic spinal cord, sequela
S24.114A*	Complete lesion at T11-T12 level of thoracic spinal cord, initial encounter
S24.114D*	Complete lesion at T11-T12 level of thoracic spinal cord, subsequent encounter
S24.114S*	Complete lesion at T11-T12 level of thoracic spinal cord, sequela
S24.131A*	Anterior cord syndrome at T1 level of thoracic spinal cord, initial encounter
S24.131D*	Anterior cord syndrome at T1 level of thoracic spinal cord, subsequent encounter
S24.131S*	Anterior cord syndrome at T1 level of thoracic spinal cord, sequela
S24.132A*	Anterior cord syndrome at T2-T6 level of thoracic spinal cord, initial encounter
S24.132D*	Anterior cord syndrome at T2-T6 level of thoracic spinal cord, subsequent encounter
S24.132S*	Anterior cord syndrome at T2-T6 level of thoracic spinal cord, sequela
S24.133A*	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, initial encounter
S24.133D*	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, subsequent encounter

ICD-10 Codes	Description
S24.133S*	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, sequela
S24.134A*	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, initial encounter
S24.134D*	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, subsequent encounter
S24.134S*	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, sequela
S24.141A*	Brown-Sequard syndrome at T1 level of thoracic spinal cord, initial encounter
S24.141D*	Brown-Sequard syndrome at T1 level of thoracic spinal cord, subsequent encounter
S24.141S*	Brown-Sequard syndrome at T1 level of thoracic spinal cord, sequela
S24.142A*	Brown-Sequard syndrome at T2-T6 level of thoracic spinal cord, initial encounter
S24.142D*	Brown-Sequard syndrome at T2-T6 level of thoracic spinal cord, subsequent encounter
S24.142S*	Brown-Sequard syndrome at T2-T6 level of thoracic spinal cord, sequela
S24.143A*	Brown-Sequard syndrome at T7-T10 level of thoracic spinal cord, initial encounter
S24.143D*	Brown-Sequard syndrome at T7-T10 level of thoracic spinal cord, subsequent encounter
S24.143S*	Brown-Sequard syndrome at T7-T10 level of thoracic spinal cord, sequela
S24.144A*	Brown-Sequard syndrome at T11-T12 level of thoracic spinal cord, initial encounter
S24.144D*	Brown-Sequard syndrome at T11-T12 level of thoracic spinal cord, subsequent encounter
S24.144S*	Brown-Sequard syndrome at T11-T12 level of thoracic spinal cord, sequela
S24.151A*	Other incomplete lesion at T1 level of thoracic spinal cord, initial encounter
S24.151D*	Other incomplete lesion at T1 level of thoracic spinal cord, subsequent encounter
S24.151S*	Other incomplete lesion at T1 level of thoracic spinal cord, sequela
S24.152A*	Other incomplete lesion at T2-T6 level of thoracic spinal cord, initial encounter
S24.152D*	Other incomplete lesion at T2-T6 level of thoracic spinal cord, subsequent encounter
S24.152S*	Other incomplete lesion at T2-T6 level of thoracic spinal cord, sequela
S24.153A*	Other incomplete lesion at T7-T10 level of thoracic spinal cord, initial encounter
S24.153D*	Other incomplete lesion at T7-T10 level of thoracic spinal cord, subsequent encounter
S24.153S*	Other incomplete lesion at T7-T10 level of thoracic spinal cord, sequela
S24.154A*	Other incomplete lesion at T11-T12 level of thoracic spinal cord, initial encounter
S24.154D*	Other incomplete lesion at T11-T12 level of thoracic spinal cord, subsequent encounter
S24.154S*	Other incomplete lesion at T11-T12 level of thoracic spinal cord, sequela

Group 3 Medical Necessity ICD-10 Codes Asterisk Explanation:

* The diagnosis codes above require a second code from Group 2 in order to be payable.

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All ICD-10-CM codes not listed in this policy under ICD-10-CM Codes that Support Medical Necessity

Group 1 Codes: N/A

ICD-10 Additional Information [Back to Top](#)

General Information

Associated Information

Documentation must support the medical necessity of this service as outlined in the Indication and Limitations Of Coverage and/or Medical Necessity section of this policy

Additional Documentation Requirement

The patient's medical record should include the following elements to support the medical necessity of the Botulinum Toxin injection:

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

- A covered diagnosis (However, when a form of Botulinum toxin is used for an indication that is not a listed indication in the AHFS, a physician statement in the medical record stating the reason(s) why the unapproved form was used is also required).
- A statement that traditional methods of treatments have been tried and proven unsuccessful (except for focal dystonia, hemifacial spasm, orofacial dyskinesia, blepharospasm, severe writer's cramp, laryngeal spasm, or dysphonia).
- Dosage used in the 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.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary.

Sources of Information

1. Schnider I, Thumfart WF, Pototschnig C, Eckel HE. Treatment of dysfunction of the cricopharyngeal muscle with botulinum A toxin: Introduction of a new, noninvasive method. *Ann Otol Rhinol Laryngol*. Jan 1994;103(1):31-5.
2. Tsui JK, Bhatt M, Calne S, Calne DB. Botulinum toxin in the treatment of writer's cramp: a double-blind study. *Neurology*. Jan 1993;43(1):183-5.
3. Pasricha PJ, Ravich WJ, Hendrix TR, Sostre S, Jones BJ, Kalloo AN. Intrasphincteric Botulinum Toxin for the Treatment of Achalasia. *NEJM*. Mar 1995;332(12):774-816.
4. Drug Information for the Health Professional. *USP DI*. Vol 1. 27th ed. Greenwood Village, CO: Thomson Micromedex; 2006:590-6.
5. *AHFS Drug Information*. 2006
6. Goetz CG. ed. *Textbook of Clinical Neurology*. 2nd ed. Philadelphia, PA: Saunders; 2003.
7. Walsh PC, Retik AB, Vaughan ED, et al. *Campbell's Urology*. 8th ed. Elsevier Health Sciences; 2002.
8. Frontera WR, Silver JK. *Essentials of Physical Medicine and Rehabilitation*. 1st edition. Philadelphia, PA: WB Saunders; 2002.
9. Yanoff M, Duker JM. *Ophthalmology*. 2nd edition. St Louis, MO: Mosby Inc. 2004.
10. Panicker JN, De Seze M, Fowler CJ. Rehabilitation in practice of Neurogenic Lower Urinary Tract Dysfunction and its Management. *Clin Rehabil*. Jul 2010;24(7):579-89.
11. Bauer RM, Gratzke C, Roosen A, Hocaoglu Y, Mayer ME, Bucher A, et al. Patient-Reported Side Effects of Intradetrusor Botulinum Toxin Type A for Idiopathic Overactive Bladder Syndrome. *Uro Int*. Jul 2010; [Epub ahead of print].
12. Mehnert U, Birzele J, Reuter K, Schurch B. The Effect of Botulinum Toxin Type A on Overactive Bladder Symptoms in Patients with Multiple Sclerosis: A Pilot Study. *J Urol*. Sep 2010;184(3):11011-6 [Epub ahead of print].
13. Anger JT, Weinberg A, Suttorp MJ, Litwin MS, Shekelle PG. Outcomes of intravesical Botulinum toxin for idiopathic overactive bladder symptoms: a systematic review of the literature. *J Urol*. Jun 2010;183(6):2258-64. [Epub Apr 2010].
14. Pinto R, Lopes T, Frias B, Silva A, Silva JA, Silva CM, et al. Trigonal Injection of Botulinum Toxin A in Patients with Refractory Bladder Pain Syndrome/Interstitial Cystitis. *Eur Urol*. Sep 2010; 58(3):360-5.
15. Safari S, Jamali S, Habibollahi P, Arshadi H, Nejat F, Kajbafzaded AM. Intravesical injections of Botulinum toxin type A for management of neuropathic bladder: a comparison of two methods. *Urology*. Jul 2010;76(1):225-30. [Epub Jan 2010].

Note: Full disclosure of sources of information is found in the original contractor's LCD.

Bibliography

N/A

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2018	R13	10/08/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.	<ul style="list-style-type: none"> • Typographical Error
10/01/2018	R12	<p>Typographical Error corrected - Asterisk Explanation in Group I coding to include N31.0; N31.1 and N31.9</p> <p>08/30/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Effective 10/1/2018, LCD is revised per the annual ICD-10-CM code update to:</p> <p>Add ICD-10-CM codes: I63.81; I63.89; G51.31; G51.32; G51.33</p> <p>DATE (08/24/2017): At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2017	R11	<p>Effective 10/1/2017, LCD is revised per the annual ICD-10-CM code update to:</p> <p>Add ICD-10-CM codes: I63.211*; I63.212*; I63.323*; I63.333*; I63.513*; I63.523*; I63.533* to Group 3</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
02/13/2017	R10	<p>Revision to correct 49499 to 43499 and to clarify K22.0 may be billed with other appropriate CPT codes in Group I asterisk in Medical Necessity ICD-10 Codes Asterisk Explanation and to indicate the G93.4 in the R5 Revision History Table was to be G83.4</p> <p>Effective for dates of service 6/1/2016 - code 92265 is removed from the LCD. Please see the Nerve Conduction Studies and Electromyography LCD for coverage criteria.</p>	<ul style="list-style-type: none"> • Typographical Error
02/13/2017	R9	<p>Typographical errors in Group 1 Paragraph - corrected CPT codes in the ICD-10 Section: 95875 was changed to 95873 and 92265 removed.</p>	<ul style="list-style-type: none"> • Typographical Error
02/13/2017	R8		

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		This LCD version was created as a result of DL35172 being released to a Final LCD and Coding Guidelines removed due to information included in LCD.	<ul style="list-style-type: none"> Creation of Uniform LCDs Within a MAC Jurisdiction
10/01/2016	R7	N31.0, N31.1 had addition of * and N31.9* added to Group One codes. G93.4* and G95.89* added to secondary diagnosis.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2016	R6	2016-2017 ICD 10 Update: To Add I63.013*, I63.033*, I63.113*, I63.133*, I63.213, I63.233, I63.313, I60.2* to Group III Codes	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
06/01/2016	R5	Effective for dates of service 6/1/2016 92265 is removed from this LCD. Please see the Nerve Conduction Studies and Electromyography LCD for coverage criteria.	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes
10/01/2015	R4	The LCD revised to add the ICD-10-CM subsequent (D) and sequela (S) codes for S14.0XX - S24.154. The LCD is revised to add the sentence "Recently, abotulinumtoxinA (Dysport) has been approved by the FDA for upper limb spasticity" in the Coverage Indications, Limitations and/or Medical Necessity section.	<ul style="list-style-type: none"> Reconsideration Request
10/01/2015	R3	Also added ICD10 codes G82.53, G83.21, G83.22, G83.23, G83.24, I69.931, I69.932, I69.33, I69.934, I69.951, I69.952, I69.953, I69.954 and J38.3. ICD10 code J38.7 was removed as this was added in error and the correct ICD10 code should have been J38.3. The "ICD-10 Codes that Support Medical Necessity" was revised to correct the information in this section. Some of the CPT codes were not transferred when it was converted to the ICD10 policy.	<ul style="list-style-type: none"> Creation of Uniform LCDs Within a MAC Jurisdiction
10/01/2015	R2	The LCD is revised to add ICD-10-CM G43.109 to the Group 1 list codes with an asterisk explanation that the chart must document the patient has chronic migraine.	<ul style="list-style-type: none"> Typographical Error
10/01/2015	R1		<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes

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Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) [A55384 - Response to Comments: Botulinum Toxin Types A and B](#)
LCD(s) [DL35172](#) - (MCD Archive Site)

Related National Coverage Documents N/A

Public Version(s) Updated on 10/08/2018 with effective dates 10/01/2018 - N/A [Updated on 08/30/2018 with effective dates 10/01/2018 - N/A Updated on 08/24/2017 with effective dates 10/01/2017 - 09/30/2018](#) Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them. [Back to Top](#)

Keywords

- Botox
- Botulinum Toxin
- Types A and B
- J0585
- J0586
- J0587

- J0588
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