

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

### General Documentation Requirements

- Covered diagnosis
- An FDA approved serotype of Botulinum Toxin for diagnosis being treated
- Dosage and frequency of planned injections
- Specific site(s) injected/dose administered per site
- Documentation that conservative or traditional treatments (e.g., medications, physical therapy, or other appropriate modalities) have been tried and failed (when applicable)
- Documentation of informed consent for subsequent injections
- Objective documentation of the clinical features consistent with the diagnosis
- Type/strength of Botulinum toxin used Botox (onabotulinumtoxinA), Dysport (abotulinumtoxinA), Xeomin (incobotulinumtoxinA) or Myobloc (rimabotulinumtoxinB)
- History of the condition, including severity and duration of symptoms
- Objective documentation of functional disability at baseline and following each injection
- Documentation of therapies or treatments used in conjunction with botulinum toxin
- Documentation that identifies when/if electromyography is utilized in conjunction with Botulinum Toxin for injection site identification.
- 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

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## **Migraine Specific- (in addition to general documentation requirements)**

- Documentation demonstrating clinical effectiveness of prior botulinum toxin treatment cycles to support continuation of therapy (refer to your MAC's LCD/LCA)
- Documentation supporting trials of an inadequate response to at least one agent in two classes of completed medications (refer to your MAC's LCD/LCA)
- Documentation of calcitonin gene-related peptide (CGRP) therapy, if used concurrently or previously with Botulinum Toxin (refer to your MAC's LCD/LCA)
- Documentation of monthly headache days, monthly migraine days, and duration of migraine episodes, recorded at baseline and following each injection session
- Documentation that biobehavioral therapy (cognitive behavioral therapy, biofeedback, relaxation therapies, mindfulness-based therapies, acceptance and commitment therapy) has been assessed and implemented as appropriate/applicable for prevention of and treatment of acute headaches.

## **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