Noridian Healthcare Solutions
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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 Reference

- Botulinum Toxin Types A and B LCD Policy (L35170)
- Policy Article (A57185)

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 diagnosi

☐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

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