

# Article - Billing and Coding: Botulinum Toxins (A52848)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">National Government Services, Inc.</a>	MAC - Part A	06101 - MAC A	J - 06	Illinois
<a href="#">National Government Services, Inc.</a>	MAC - Part B	06102 - MAC B	J - 06	Illinois
<a href="#">National Government Services, Inc.</a>	MAC - Part A	06201 - MAC A	J - 06	Minnesota
<a href="#">National Government Services, Inc.</a>	MAC - Part B	06202 - MAC B	J - 06	Minnesota
<a href="#">National Government Services, Inc.</a>	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
<a href="#">National Government Services, Inc.</a>	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14111 - MAC A	J - K	Maine
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14112 - MAC B	J - K	Maine
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

# Article Information

## General Information

### Article ID

A52848

### Article Title

Billing and Coding: Botulinum Toxins

### Article Type

Billing and Coding

### Original Effective Date

10/01/2015

### Revision Effective Date

10/01/2023

### Revision Ending Date

N/A

### Retirement Date

N/A

### AMA CPT / ADA CDT / AHA NUBC Copyright Statement

CPT codes, descriptions and other data only are copyright 2022 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Current Dental Terminology © 2022 American Dental Association. All rights reserved.

Copyright © 2023, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the American Hospital Association (AHA) copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312 893 6816.

Making copies or utilizing the content of the UB04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB04 Manual and/or codes and descriptions; and/or making any commercial use of UB04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. The American Hospital Association (the "AHA") has not reviewed, and is not responsible for, the completeness or

accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.

## **CMS National Coverage Policy**

N/A

## **Article Guidance**

### **Article Text**

This article contains coding or other guidelines that complement the local coverage determination (LCD) for Botulinum Toxins.

### **Coding Information:**

Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits or OPPS packaging edits. Refer to NCCI and OPPS requirements prior to billing Medicare.

For services requiring a referring/ordering physician, the name and NPI of the referring/ordering physician must be reported on the claim.

A claim submitted without a valid ICD-10-CM diagnosis code will be returned to the provider as an incomplete claim under Section 1833(e) of the Social Security Act.

The diagnosis code(s) must best describe the patient's condition for which the service was performed.

### **Specific coding guidelines for this policy:**

The appropriate injection/destruction codes should be submitted in conjunction with J0585, J0586, J0587, and J0588. Providers should report the CPT code that best describes the injection of Botulinum toxins. The corresponding medical conditions for which Botulinum toxins are used should be listed with the respective CPT code.

Botulinum toxin type A (Botox®) (onabotulinumtoxinA), is supplied in 100-unit vials, and is billed "per unit." Claims for (onabotulinumtoxinA), should be submitted under HCPCS code J0585.

Botulinum toxin type B (Myobloc®) (rimabotulinumtoxinB) is manufactured in three dosing volumes – 2500 units, 5000 units and 10,000 units and is billed "per 100 units." Claims for rimabotulinumtoxinB should be submitted under HCPCS code J0587. Once (rimabotulinumtoxinB) is diluted, present recommendations call for its being used within four hours.

Dysport™ (abobotulinumtoxinA) is manufactured in 300 unit vials and 500 unit vials. Reconstitution instructions are specific for each concentration and yield concentrations specific for use for each specific indication. Claims for abobotulinumtoxinA should be submitted under HCPCS code J0586.

Xeomin® (incobotulinumtoxinA) is manufactured in 50 units, lyophilized powder in a single-use vial, and 100 units, lyophilized powder in a single-use vial. Reconstitution instructions are specific for each concentration and yield concentrations specific for use for each specific indication. HCPCS code J0588 should be used to report claims for incobotulinumA injections.

The relevant anatomic modifier, or the modifier 59 (distinct procedural services) should be reported as applicable. Please indicate the left (LT) or right (RT) modifier.

The Medicare Physician Fee Schedule Database (MPFSDB) bilateral modifier for CPT codes 64611 and 64615 is "2." Only one (1) unit of service should be reported for this injection. The bilateral modifier (50) should not be reported.

The Medicare Physician Fee Schedule Database (MPFSDB) bilateral modifier for CPT codes 46505, 64612, 64616, 64617 and 67345 is "1." The bilateral modifier (50) should be used if these procedures are performed bilaterally.

The Medicare Physician Fee Schedule Database (MPFSDB) bilateral modifier for CPT codes 43201, 43236, 52287, 64642-64647, 64650 and 64653 is "0". The bilateral modifier (50) should not be reported.

For an Ambulatory Surgical Center (ASC), the appropriate site modifier (RT and/or LT) should be appended to indicate if the service was performed unilaterally or bilaterally. Bilateral services must be reported on separate lines using an RT and LT modifier (bilateral modifier (50) should not be used).

Appropriate CPT codes may be billed for electromyography used for injection needle guidance. Use 95873 and 95874 in conjunction with 64612, 64616, 64642, 64643, 64644, 64645, 64646, 64647 and other injection procedure codes when electromyography is medically necessary. Do not report CPT code 95874 in conjunction with code 95873. Electromyography used to guide injections for chemodenervation for strabismus may be reported with CPT code 92265.

The use of Botulinum toxin for cosmetic purposes is statutorily non-covered. If the beneficiary wishes injections of Botulinum toxin for cosmetic purposes, the beneficiary becomes liable for the service rendered. A claim for a cosmetic procedure does not have to be submitted to Medicare unless by patient request. The ICD-10-CM code that should be filed in this situation is Z41.1, "Encounter for cosmetic surgery."

When HCPCS code J0585, J0586, J0587 or J0588 is denied, the related injection code(s) will also be subject to denial.

#### **For claims submitted to the Part B MAC:**

All services/procedures performed on the same day for the same beneficiary by the physician/provider should be billed on the same claim.

#### **Documentation Requirements:**

The patient's medical record must contain documentation that fully supports the medical necessity for services included within the LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

For coverage of Botulinum toxin treatment by Medicare, the medical record should include:

- documentation of the medical necessity for this treatment. For spastic conditions other than upper or lower limb spasticity, blepharospasm, hemifacial spasm, cervical dystonia or other focal dystonias, documentation should include a statement that the spastic condition has been unresponsive to conventional treatment;
- a covered diagnosis;
- dosage(s), site(s) and frequency(ies) of injection;
- documentation of the medical necessity for associated electromyography when used; and
- description of the effectiveness of this treatment.

Due to the short life span of the drug once it is reconstituted, Medicare will reimburse the unused portions of Botulinum toxins. When modifier –JW is used to report that a portion of the drug is discarded, the medical record must clearly show the amount administered and the amount discarded.

Documentation must be available upon request of the contractor. Peer-reviewed medical literature may be requested for case-by-case determinations.

Utilization Guidelines:

Dose and frequency should be in accordance with the FDA label. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Coding Information

CPT/HCPCS Codes	
Group 1 Paragraph:	
N/A	
Group 1 Codes: (18 Codes)	
CODE	DESCRIPTION
43201	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE
43236	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE
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,

CODE	DESCRIPTION
	FOR SPASMODIC DYSPHONIA), INCLUDES GUIDANCE BY NEEDLE ELECTROMYOGRAPHY, WHEN PERFORMED
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
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE

**Group 2 Paragraph:**

N/A

**Group 2 Codes:** (4 Codes)

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

**CPT/HCPCS Modifiers**

N/A

**ICD-10-CM Codes that Support Medical Necessity**

**Group 1 Paragraph:**

**CPT code 64611 (used for injection of salivary glands for sialorrhea)**

**Group 1 Codes:** (1 Code)

CODE	DESCRIPTION
K11.7	Disturbances of salivary secretion

**Group 2 Paragraph:**

**For CPT codes 43201, 43236**

**Group 2 Codes:** (1 Code)

CODE	DESCRIPTION
K22.0	Achalasia of cardia

**Group 3 Paragraph:**

**For CPT code 46505**

**Group 3 Codes:** (3 Codes)

CODE	DESCRIPTION
K60.0	Acute anal fissure
K60.1	Chronic anal fissure
K60.2	Anal fissure, unspecified

**Group 4 Paragraph:**

**For CPT code 52287**

**Group 4 Codes:** (9 Codes)

CODE	DESCRIPTION
G83.4	Cauda equina syndrome
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

**Group 5 Paragraph:**

**For CPT code 64612**

**Group 5 Codes:** (8 Codes)

CODE	DESCRIPTION
G24.4	Idiopathic orofacial dystonia
G24.5	Blepharospasm
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

**Group 6 Paragraph:**

**For CPT code 64616**

**Group 6 Codes:** (2 Codes)

CODE	DESCRIPTION
G24.3	Spasmodic torticollis
M43.6	Torticollis

**Group 7 Paragraph:**

**For CPT code 64617**

**Group 7 Codes:** (1 Code)

CODE	DESCRIPTION
J38.5	Laryngeal spasm

**Group 8 Paragraph:**

**For CPT code 64642, 64643, 64644, 64645, 64646 and 64647**

Use ICD-10-CM code M62.411 through M62.838 (spasm of muscle) to report treatment of spasticity secondary to spastic hemiplegia and hemiparesis.

**Group 8 Codes:** (171 Codes)



CODE	DESCRIPTION
G11.4*	Hereditary spastic paraplegia
G24.1	Genetic torsion dystonia
G24.2*	Idiopathic nonfamilial dystonia
G24.8*	Other dystonia
G24.9	Dystonia, unspecified
G25.89	Other specified extrapyramidal and movement disorders
G35*	Multiple sclerosis
G36.0*	Neuromyelitis optica [Devic]
G36.1*	Acute and subacute hemorrhagic leukoencephalitis [Hurst]
G36.8*	Other specified acute disseminated demyelination
G36.9*	Acute disseminated demyelination, unspecified
G37.0*	Diffuse sclerosis of central nervous system
G37.1*	Central demyelination of corpus callosum
G37.2*	Central pontine myelinolysis
G37.3*	Acute transverse myelitis in demyelinating disease of central nervous system
G37.4*	Subacute necrotizing myelitis of central nervous system
G37.5*	Concentric sclerosis [Balo] of central nervous system
G37.9*	Demyelinating disease of central nervous system, unspecified
G80.0*	Spastic quadriplegic cerebral palsy
G80.1*	Spastic diplegic cerebral palsy
G80.2*	Spastic hemiplegic cerebral palsy
G80.3*	Athetoid cerebral palsy
G80.4*	Ataxic cerebral palsy
G80.8*	Other cerebral palsy
G80.9*	Cerebral palsy, unspecified
G81.10*	Spastic hemiplegia affecting unspecified side
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

CODE	DESCRIPTION
G82.50*	Quadriplegia, unspecified
G82.51*	Quadriplegia, C1-C4 complete
G82.52*	Quadriplegia, C1-C4 incomplete
G82.53*	Quadriplegia, C5-C7 complete
G82.54*	Quadriplegia, C5-C7 incomplete
G83.0*	Diplegia of upper limbs
G83.10*	Monoplegia of lower limb affecting unspecified side
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
G83.20*	Monoplegia of upper limb affecting unspecified 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
G83.81*	Brown-Sequard syndrome
G83.82*	Anterior cord syndrome
G83.89*	Other specified paralytic syndromes
I69.031*	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.032*	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

CODE	DESCRIPTION
	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

CODE	DESCRIPTION
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
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

CODE	DESCRIPTION
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
CODE	DESCRIPTION
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

CODE	DESCRIPTION
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
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
I69.931*	Monoplegia of upper limb following unspecified cerebrovascular disease affecting

CODE	DESCRIPTION
	right dominant side
I69.932*	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side
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
I69.942*	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
I69.943*	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side
I69.944*	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-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
I69.961*	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side
I69.962*	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side
I69.963*	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side
I69.964*	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side
I69.965*	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral
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

CODE	DESCRIPTION
M62.431	Contracture of muscle, right forearm
M62.432	Contracture of muscle, left forearm
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 8 Medical Necessity ICD-10-CM Codes Asterisk Explanation:**

*\*ICD-10-CM codes with an asterisk (\*) are to be used only when there is spasticity of central nervous system origin.*

**Group 9 Paragraph:**

**For CPT codes 64650, 64653**

Indication is for severe primary axillary hyperhidrosis

**Group 9 Codes:** (1 Code)

CODE	DESCRIPTION
L74.510	Primary focal hyperhidrosis, axilla

**Group 10 Paragraph:**

**For CPT code 67345**

**Group 10 Codes:** (87 Codes)

CODE	DESCRIPTION
H02.041	Spastic entropion of right upper eyelid



CODE	DESCRIPTION
H02.042	Spastic entropion of right lower eyelid
H02.044	Spastic entropion of left upper eyelid
H02.045	Spastic entropion of left lower eyelid
H02.141	Spastic ectropion of right upper eyelid
H02.142	Spastic ectropion of right lower eyelid
H02.144	Spastic ectropion of left upper eyelid
H02.145	Spastic ectropion of left lower eyelid
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
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

CODE	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
H50.30	Unspecified intermittent heterotropia
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
H50.40	Unspecified heterotropia
H50.411	Cyclotropia, right eye
H50.412	Cyclotropia, left eye
H50.42	Monofixation syndrome

CODE	DESCRIPTION
H50.43	Accommodative component in esotropia
H50.50	Unspecified heterophoria
H50.51	Esophoria
H50.52	Exophoria
H50.53	Vertical heterophoria
H50.54	Cyclophoria
H50.55	Alternating heterophoria
H50.60	Mechanical strabismus, unspecified
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
H51.9	Unspecified disorder of binocular movement

### Group 11 Paragraph:

### For CPT code 64615

Coverage will only be allowed for those patients with chronic daily headaches (headache disorders occurring greater than 15 days a month - in many cases daily with a duration of four or more hours - for a period of at least 3 months) who have significant disability due to the headaches, and have been refractory to standard and usual conventional therapy. The etiology of the chronic daily headache may be chronic tension-type headache or chronic migraine (CM). CM is characterized by headache on  $\geq 15$  days per month, of which at least 8 headache days per month meet criteria for migraine without aura or respond to migraine-specific treatment. For continuing Botulinum toxin therapy the patients must demonstrate a significant decrease in the number and frequency of headaches and an improvement in function upon receiving Botulinum toxin. (Please see Indications and Limitations in the LCD)

**Group 11 Codes: (22 Codes)**

CODE	DESCRIPTION
G43.001	Migraine without aura, not intractable, with status migrainosus
G43.009	Migraine without aura, not intractable, without status migrainosus
G43.011	Migraine without aura, intractable, with status migrainosus
G43.019	Migraine without aura, intractable, without status migrainosus
G43.101	Migraine with aura, not intractable, with status migrainosus
G43.109	Migraine with aura, not intractable, without status migrainosus
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
G43.901	Migraine, unspecified, not intractable, with status migrainosus
G43.909	Migraine, unspecified, not intractable, without status migrainosus
G43.911	Migraine, unspecified, intractable, with status migrainosus
G43.919	Migraine, unspecified, intractable, without status migrainosus
G43.E01	Chronic migraine with aura, not intractable, with status migrainosus
G43.E09	Chronic migraine with aura, not intractable, without status migrainosus
G43.E11	Chronic migraine with aura, intractable, with status migrainosus
G43.E19	Chronic migraine with aura, intractable, without status migrainosus
G44.221	Chronic tension-type headache, intractable
G44.229	Chronic tension-type headache, not intractable

**ICD-10-CM Codes that DO NOT Support Medical Necessity**

N/A

**ICD-10-PCS Codes**

N/A

**Additional ICD-10 Information**

N/A

### 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 article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

### 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 article, 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 article should be assumed to apply equally to all Revenue Codes.

N/A

### Other Coding Information

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2023	R7	Based on the annual ICD-10 code update, ICD-10 code G37.8 has been deleted from Group 8. ICD-10 codes G43.E01, G43.E09, G43.E11 and G43.E19 have been added to Group 11.
01/05/2023	R6	Based on comment received, ICD-10 codes G43.001, G43.009, G43.101 and G43.109 have been added to the Group 11 ICD-10 code list effective for dates of service on or after 01/05/2023.
07/21/2022	R5	Based on comments received, ICD-10 codes N39.41 and N39.46 have been added to the Group 4 ICD-10 code list and ICD-10 code G43.111 has been added to the Group 11 ICD-10-code list effective for dates of service on or after 07/21/2022.
10/31/2019	R4	This article was converted to the new Billing and Coding Article format. Bill types and Revenue codes have been removed from this article. Guidance on these

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		codes is available in the Bill type and Revenue code sections.
02/21/2019	R3	Outdated information has been removed from the article including all references to CPT code 53899.
10/01/2015	R2	The place of service guideline for the Part B MAC has been removed.
10/01/2015	R1	Updated the "Specific coding guidelines for this policy" section to coincide with the current ICD-9 version.

## Associated Documents

### Related Local Coverage Documents

#### LCDs

[L33646 - Botulinum Toxins](#)

### Related National Coverage Documents

N/A

### Statutory Requirements URLs

N/A

### Rules and Regulations URLs

N/A

### CMS Manual Explanations URLs

N/A

### Other URLs

FDA Web site

### Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.		
09/22/2023	10/01/2023 - N/A	Currently in Effect (This Version)
12/29/2022	01/05/2023 - 09/30/2023	Superseded
07/15/2022	07/21/2022 - 01/04/2023	Superseded

## Keywords

N/A