

LCD Reference Article	Billing and Coding Article
-----------------------	----------------------------

Article - Billing and Coding: Botulinum Toxins (A57715)

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
First Coast Service Options, Inc.	A and B MAC	09101 - MAC A	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09201 - MAC A	J - N	Puerto Rico Virgin Islands
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

Article Information

General Information

Article ID

A57715

Article Title

Billing and Coding: Botulinum Toxins

Article Type

Billing and Coding

Original Effective Date

10/03/2018

Revision Effective Date

04/01/2024

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 2023 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 © 2023 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

Internet Only Manual (IOM) Citations:

- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*,
 - Chapter 17, Drugs and Biologicals
 - Chapter 23, Section 20.9 National Correct Coding Initiative (CCI)

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider of services or other person under this part unless there has been furnished such information as may be necessary in order to determine the amounts due such provider or other person under this part for the period with respect to which the amounts are being paid or for any prior period.

Article Guidance

Article Text

This Billing and Coding Article provides billing and coding guidance for Local Coverage Determination (LCD) L33274 Botulinum Toxins. Please refer to the LCD for reasonable and necessary requirements.

According to the FDA Label indications, botulinum toxin treatment for blepharospasm and chronic migraine headaches is limited to specific muscles. The muscles that are currently FDA approved are listed below. Please refer to the LCD for complete coverage guidelines.

Currently the following muscles are FDA approved for Onabotulinumtoxin A (BOTOX®) injections for chronic migraine headache treatment:

- Corrugator
- Procerus
- Frontalis
- Temporalis
- Occipitalis
- Cervical paraspinals
- Trapezius

Currently the following muscles are FDA approved for Onabotulinumtoxin A (BOTOX®) injections for blepharospasm treatment:

- Medial and lateral pre-tarsal orbicularis oculi muscle of the upper lid
- Lateral pre-tarsal orbicularis oculi muscle of the lower lid

Currently the following muscles are FDA approved for Incobotulinumtoxin A (Xeomin[®]) injections for blepharospasm treatment:

- Lateral and medial superior pre-tarsal part of the orbicularis oculi muscle
- Lateral canthus of the orbicularis oculi muscle
- Inferolateral portion of the orbicularis oculi muscle
- Corrugator muscle

Coding Guidance

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

The administration/injection code should be reported on the same claim with the botulinum toxin medication. When the botulinum toxin medication is denied, the related injection code(s) will also be subject to denial.

JW and JZ Modifiers

When billing for Part B drugs and biologicals (except those provided under a competitive acquisition program [CAP]), the use of the JW modifier to identify unused drugs or biologicals from single-dose containers or single-use packages that are appropriately discarded is required. The discarded amount shall be billed on a separate claim line using the JW modifier. Providers are required to document the discarded drug or biological in the patient's medical record.

Any amount wasted must be clearly documented in the medical record and should include the date and time, amount of medication wasted, and the reason for the wastage.

The use of the JZ modifier (attesting that there were no discarded amounts) is required on claims to report there are no discarded amounts of unused drugs or biologicals from single-dose containers or single-use packages.

Claims for drugs separately payable under Medicare Part B from single-dose containers are required to report either the JW or JZ modifier to identify any discarded amounts or to attest that there are no discarded amounts respectively.

- The JW and JZ modifier policy does not apply for drugs that are not separately payable, such as packaged OPPS or ASC drugs, or drugs administered in the FQHC or RHC setting.
- The JW and JZ modifiers do not apply to drugs assigned status indicator N (Items and Services Packaged into APC Rates) under the OPPS. Similarly, the JW and JZ modifiers do not apply to drugs assigned payment indicator "N1" (ASC).

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted

CPT/HCPCS code must describe the service performed.

4. Medical record documentation maintained by the ordering/referring provider must support the medical necessity of the services as stated in the LCD and should include the following elements in the event of a post payment review:

- Documentation of unsuccessful, inadequate response, or not a candidate for conventional methods of treatment, and/or other appropriate methods used to control condition as applicable (a statement outlining relevant medical history is acceptable).
- Results of pertinent tests/procedures.
- Name of botulinum toxin, total dosage, each injection site with the dosage, and frequency of injections.
- Support of the clinical effectiveness of the injections.
- Documentation of the patient's response or lack of response to injections.
- Support for the medical necessity of localization procedures if performed.
- Documentation supporting the management of a chronic migraine diagnosis along with a history that supports migraines occur greater than or equal to 15 days per month.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Note: Providers are reminded to refer to the long descriptors of the HCPCS codes in their HCPCS book.

Group 1 Codes: (1 Code)

CODE	DESCRIPTION
J0585	Injection,onabotulinumtoxina

Group 2 Paragraph:

N/A

Group 2 Codes: (1 Code)

CODE	DESCRIPTION
J0586	Abobotulinumtoxina

Group 3 Paragraph:

N/A

Group 3 Codes: (1 Code)

CODE	DESCRIPTION
J0588	Incobotulinumtoxin a

Group 4 Paragraph:

N/A

Group 4 Codes: (1 Code)

CODE	DESCRIPTION
J0587	Inj, rimabotulinumtoxinb

Group 5 Paragraph:

N/A

Group 5 Codes: (1 Code)

CODE	DESCRIPTION
J0589	Inj daxibotulinumtoxina-lanm

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes: (2 Codes)

CODE	DESCRIPTION
JW	DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT
JZ	ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for **HCPCS code J0585**:

Group 1 Codes: (218 Codes)

CODE	DESCRIPTION
F95.1	Chronic motor or vocal tic disorder
F95.2	Tourette's disorder
G11.4	Hereditary spastic paraplegia
G24.3	Spasmodic torticollis
G24.4	Idiopathic orofacial dystonia
G24.5	Blepharospasm
G24.8	Other dystonia
G25.0	Essential tremor

CODE	DESCRIPTION
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.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
G51.31	Clonic hemifacial spasm, right
G51.32	Clonic hemifacial spasm, left
G51.33	Clonic hemifacial spasm, bilateral
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.8	Other cerebral palsy
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
G82.20	Paraplegia, unspecified
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
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

CODE	DESCRIPTION
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
G83.30	Monoplegia, unspecified affecting unspecified side
G83.31	Monoplegia, unspecified affecting right dominant side
G83.32	Monoplegia, unspecified affecting left dominant side
G83.33	Monoplegia, unspecified affecting right nondominant side
G83.34	Monoplegia, unspecified affecting left nondominant side
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
H50.011	Monocular esotropia, right eye
H50.012	Monocular esotropia, left eye
H50.021	Monocular esotropia with A pattern, right eye

CODE	DESCRIPTION
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
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
H50.111	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
CODE	DESCRIPTION
H50.411	Cyclotropia, right eye
H50.412	Cyclotropia, left eye

CODE	DESCRIPTION
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
H51.11	Convergence insufficiency
H51.8	Other specified disorders of binocular movement
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 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

CODE	DESCRIPTION
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

CODE	DESCRIPTION
	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
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

CODE	DESCRIPTION
	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

CODE	DESCRIPTION
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
I69.931	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	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side
CODE	DESCRIPTION
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

CODE	DESCRIPTION
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
J38.5	Laryngeal spasm
K22.0	Achalasia of cardia
K60.1	Chronic anal fissure
L74.510	Primary focal hyperhidrosis, axilla
N31.9*	Neuromuscular dysfunction of bladder, unspecified
N32.81	Overactive bladder
N39.41*	Urge incontinence
N39.46*	Mixed incontinence

Group 1 Medical Necessity ICD-10-CM Codes Asterisk Explanation:

*When reporting ICD-10-CM codes N39.41 or N39.46, use ICD-10-CM code N32.81 to report any associated overactive bladder.

*ICD-10-CM code N31.9 is to be used to report neurogenic bladder dysfunction NOS. Also, use additional ICD-10-CM code N39.3, N39.41 or N39.46 to identify any associated urinary incontinence.

Group 2 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for **HCPCS code J0586**:

Group 2 Codes: (131 Codes)

CODE	DESCRIPTION
G11.4	Hereditary spastic paraplegia
G24.3	Spasmodic torticollis
G24.4	Idiopathic orofacial dystonia

CODE	DESCRIPTION
G24.5	Blepharospasm
G51.31	Clonic hemifacial spasm, right
G51.32	Clonic hemifacial spasm, left
G51.33	Clonic hemifacial spasm, bilateral
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.8	Other cerebral palsy
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
G82.20	Paraplegia, unspecified
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
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
G83.30	Monoplegia, unspecified affecting unspecified side

CODE	DESCRIPTION
G83.31	Monoplegia, unspecified affecting right dominant side
G83.32	Monoplegia, unspecified affecting left dominant side
G83.33	Monoplegia, unspecified affecting right nondominant side
G83.34	Monoplegia, unspecified affecting left nondominant side
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 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

CODE	DESCRIPTION
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
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

CODE	DESCRIPTION
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

CODE	DESCRIPTION
	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
CODE	DESCRIPTION
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
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side

CODE	DESCRIPTION
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
I69.931	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	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

Group 3 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the

ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for **HCPCS code J0588**:

Group 3 Codes: (87 Codes)

CODE	DESCRIPTION
G24.3	Spasmodic torticollis
G24.5	Blepharospasm
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.8	Other cerebral palsy
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
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G83.0	Diplegia of upper limbs
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
G83.30	Monoplegia, unspecified affecting unspecified side
G83.31	Monoplegia, unspecified affecting right dominant side
G83.32	Monoplegia, unspecified affecting left dominant side
G83.33	Monoplegia, unspecified affecting right nondominant side
G83.34	Monoplegia, unspecified affecting left nondominant side
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

CODE	DESCRIPTION
	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
I69.151	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

CODE	DESCRIPTION
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
I69.251	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

CODE	DESCRIPTION
I69.334	Monoplegia of upper 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
I69.851	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
I69.931	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

CODE	DESCRIPTION
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
K11.7	Disturbances of salivary secretion

Group 4 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for **HCPCS code J0587**:

Group 4 Codes: (2 Codes)

CODE	DESCRIPTION
G24.3	Spasmodic torticollis
K11.7	Disturbances of salivary secretion

Group 5 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM code supports medical necessity and provides coverage for HCPCS code J0589:

Group 5 Codes: (1 Code)

CODE	DESCRIPTION
G24.3	Spasmodic torticollis

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

Group 1 Paragraph:

All those not listed under the "ICD-10-CM Codes that Support Medical Necessity" section of this article.

Group 1 Codes: (1 Code)

CODE	DESCRIPTION
XX000	Not Applicable

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.

CODE	DESCRIPTION
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 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.

CODE	DESCRIPTION
99999	Not Applicable

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
04/01/2024	R10	Article revised and published on 04/04/2024 effective for dates of services on and after 04/01/2024 to reflect April Quarterly CPT/HCPCS Code Updates. The following HCPCS code C9160 (Injection, daxibotulinumtoxina-lanm, 1 unit) has been deleted and therefore, was removed from CPT/HCPCS Code Group 5 and ICD-10-CM Code Group 5 and replaced with new HCPCS code J0589 (Injection, daxibotulinumtoxina-lanm, 1 unit).
01/01/2024	R9	Article revised and published on 01/25/2024 effective for dates of service on and after 01/01/2024 to reflect the Annual HCPCS/CPT Code Updates. The following HCPCS code

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		has been added to the Article: C9160 (Injection, daxibotulinumtoxina-lanm, 1 unit) (New CPT and ICD-10-CM Code Group 5).
10/01/2023	R8	Article revised and published on 11/09/2023 effective for dates of service on and after 10/01/2023 in response to an inquiry. The following ICD-10-CM codes have been added to the article in Group 1: G43.E01, G43.E09, G43.E11 and G43.E19.
09/13/2023	R7	Article revised and published on 11/02/2023 effective for dates of service on and after 09/13/2023 in response to an inquiry. The following ICD-10-CM codes have been added to the article: G83.10 and G83.20 (Group 2 Codes).
07/01/2023	R6	Article revised and published on 08/03/2023 effective for dates of services on and after 07/01/2023 to add CPT modifiers JW and JZ with language regarding the requirement of documentation related to waste and disposal of unused drugs or biologicals from single-dose containers or single-use packages.
04/20/2023	R5	Article revised and published on 04/20/2023 to add the FDA approved muscles for Onabotulinumtoxin A (BOTOX®) injections for chronic migraine headache treatment, for Onabotulinumtoxin A (BOTOX®) injections for blepharospasm treatment and for Incobotulinumtoxin A (Xeomin®) injections for blepharospasm treatment. Documentation requirement #4 has been revised to add a requirement for the documentation of the patient's response or lack of response to injections and to add a requirement for documentation supporting the management of a chronic migraine diagnosis along with a history that supports migraines occur greater than or equal to 15 days per month.
02/10/2022	R4	Article revised and published on 02/10/2022 effective for dates of service on and after 03/21/2021 in response to an inquiry. The 'ICD-10-CM Codes that Support Medical Necessity' section has been revised. ICD-10 code G83.30 has been added to the 'Group 2 Codes' and the following ICD-10 codes have been added to the 'Group 3 Codes': G83.30, G83.31, G83.32, G83.33, G83.34, I69.061, I69.062, I69.063, I69.064, I69.065, I69.161, I69.162, I69.163, I69.164, I69.165, I69.261, I69.262, I69.263, I69.264, I69.265, I69.361, I69.362, I69.363, I69.364, I69.365, I69.931, I69.932, I69.933, and I69.934.
05/06/2021	R3	Article revised and published on 10/21/2021 effective for dates of service on and after 05/06/2021 in response to an inquiry to revise the 'ICD-10-CM Codes that Support Medical Necessity' section for 'Group 1 Codes'. The asterisk for ICD-10 code G24.8 (other dystonia) and the asterisk note related to it that indicated this code is to be used to report focal hand dystonia were removed in order to allow for other focal limb dystonia.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
03/21/2021	R2	Article revised and published on 06/10/2021 effective for dates of service on and after 03/21/2021 in response to an inquiry to add the following ICD-10 codes to the 'ICD-10 Codes that Support Medical Necessity' section for 'Group 2 Codes': G82.20, G82.50, G83.31, G83.32, G83.33, G83.34, I69.931, I69.932, I69.933, I69.934, I69.941, I69.942, I69.943, I69.944, I69.951, I69.952, I69.953, I69.954.
03/21/2021	R1	Article posted for notice on 02/04/2021. Article becomes effective for dates of service on and after 03/21/2021.

Associated Documents

Related Local Coverage Documents

Articles

[A58585 - \(MCD Archive Site\)](#)

LCDs

[DL33274 - \(MCD Archive Site\)](#)

[L33274 - 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

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.		
03/27/2024	04/01/2024 - N/A	Currently in Effect (This Version)
01/19/2024	01/01/2024 - 03/31/2024	Superseded
11/03/2023	10/01/2023 - 12/31/2023	Superseded
10/27/2023	09/13/2023 - 09/30/2023	Superseded

UPDATED ON	EFFECTIVE DATES	STATUS
07/28/2023	07/01/2023 - 09/12/2023	Superseded
04/14/2023	04/20/2023 - 06/30/2023	Superseded
02/04/2022	02/10/2022 - 04/19/2023	Superseded

Keywords

N/A