

LCD Reference Article	Billing and Coding Article
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Article - Billing and Coding: Botulinum Toxins (A56472)

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Contractor Information

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CGS Administrators, LLC	MAC - Part B	15102 - MAC B	J - 15	Kentucky
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Article Information

General Information

Article ID

A56472

Article Title

Billing and Coding: Botulinum Toxins

Article Type

Billing and Coding

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CMS National Coverage Policy

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 8:

50.5 Drugs and Biologicals [Coverage of SNF services]

70 Medical and Other Health Services Furnished to SNF Patients.

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 12:

40.10 Drugs and Biologicals [Coverage of Comprehensive Outpatient Rehabilitation Facility services]

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15:

50.1–50.5 Drugs and Biologicals 120 Ambulatory Surgical Center Services

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 16:

260 Non-coverage for Cosmetic Procedures

CMS Publication 100-04; *Medicare Claims Processing Manual*, Chapter 17:

40 Discarded Drugs and Biologicals

CMS Publication 100-04; *Medicare Claims Processing Manual*, Chapter 30:

20.2.1 Categorical Denials

Article Guidance

Article Text

This article gives guidance for billing, coding, and other guidelines in relation to local coverage policy Botulinum Toxins L33949.

General Guidelines for Claims submitted to Part A or Part B MAC:

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. For diagnostic tests, report the result of the test if known; otherwise the symptoms prompting the performance of the test should be reported.

Advance Beneficiary Notice of Non-coverage (ABN) Modifier Guidelines

An ABN may be used for services which are likely to be non-covered, whether for medical necessity or for other reasons. Refer to CMS Publication 100-04, Medicare Claims Processing Manual, Chapter 30, for complete instructions.

Effective from April 1, 2010, non-covered services should be billed with modifier -GA, -GX, -GY, or -GZ, as appropriate.

The -GA modifier ("Waiver of Liability Statement Issued as Required by Payer Policy") should be used when physicians, practitioners, or suppliers want to indicate that they anticipate that Medicare will deny a specific service as not reasonable and necessary and they do have an ABN signed by the beneficiary on file. Modifier GA applies only when services will be denied under reasonable and necessary provisions, sections 1862(a)(1), 1862(a)(9), 1879(e), or 1879(g) of the Social Security Act. Effective April 1, 2010, Part A MAC systems will automatically deny services billed with modifier GA. An ABN, Form CMS-R-131, should be signed by the beneficiary to indicate that he/she accepts responsibility for payment. The -GA modifier may also be used on assigned claims when a patient refuses to sign the ABN and the latter is properly witnessed. For claims submitted to the Part A MAC, occurrence code 32 and the date of the ABN is required.

Modifier GX ("Notice of Liability Issued, Voluntary Under Payer Policy") should be used when the beneficiary has signed an ABN, and a denial is anticipated based on provisions other than medical necessity, such as statutory exclusions of coverage or technical issues. An ABN is not required for these denials, but if non-covered services are reported with modifier GX, will automatically be denied services.

The -GZ modifier should be used when physicians, practitioners, or suppliers want to indicate that they expect that Medicare will deny an item or service as not reasonable and necessary and they have not had an ABN signed by the beneficiary. If the service is statutorily non-covered, or without a benefit category, submit the appropriate CPT/HCPCS code with the -GY modifier. An ABN is not required for these denials, and the limitation of liability does not apply for beneficiaries. Services with modifier GY will automatically deny.

Documentation Requirements

The patient's medical record should include but is not limited to:

- The assessment of the patient by the ordering provider as it relates to the complaint of the patient for that visit,
- Relevant medical history
- Results of pertinent tests/procedures
- Signed and dated office visit record/operative report (Please note that all services ordered or rendered to Medicare beneficiaries must be signed.)

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 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. However, the documentation in the medical records must show the precise amount of the drug 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

It is generally not considered medically necessary to give Botulinum toxin injections for spastic or excess muscular contraction conditions more frequently than every 90 days.

Other Comments:

For claims submitted to the Part A MAC: this coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated CGS to process their claims.

Bill type codes only apply to providers who bill these services to the Part A MAC. Bill type codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

Coding Information

CPT/HCPCS Codes**Group 1 Paragraph:**

N/A

Group 1 Codes: (19 Codes)

CODE	DESCRIPTION
31573	LARYNGOSCOPY, FLEXIBLE; WITH THERAPEUTIC INJECTION(S) (EG, CHEMODENERVATION AGENT OR CORTICOSTEROID, INJECTED PERCUTANEOUS, TRANSORAL, OR VIA ENDOSCOPE CHANNEL), UNILATERAL
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, 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

CODE	DESCRIPTION
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: (6 Codes)

CODE	DESCRIPTION
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS
J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT
J3590	UNCLASSIFIED BIOLOGICS

CPT/HCPCS Modifiers

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

CPT code 31573 64611 (used for injection of salivary glands for sialorrhea)

Group 1 Codes: (2 Codes)

CODE	DESCRIPTION
K11.7	Disturbances of salivary secretion
R68.2	Dry mouth, unspecified

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: (7 Codes)

CODE	DESCRIPTION
N31.0	Uninhibited neuropathic bladder, not elsewhere classified
N31.1	Reflex neuropathic bladder, not elsewhere classified
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 codes 64612, 64615, and 64616

Group 5 Codes: (41 Codes)

CODE	DESCRIPTION
G24.4	Idiopathic orofacial dystonia
G24.5	Blepharospasm
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
G43.111	Migraine with aura, intractable, with status migrainosus
G43.119	Migraine with aura, intractable, without status migrainosus
G43.411	Hemiplegic migraine, intractable, with status migrainosus
G43.419	Hemiplegic migraine, intractable, without status migrainosus
G43.511	Persistent migraine aura without cerebral infarction, intractable, with status

CODE	DESCRIPTION
	migrainosus
G43.519	Persistent migraine aura without cerebral infarction, intractable, without status migrainosus
G43.611	Persistent migraine aura with cerebral infarction, intractable, with status migrainosus
G43.619	Persistent migraine aura with cerebral infarction, 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
G43.811	Other migraine, intractable, with status migrainosus
G43.819	Other migraine, intractable, without status migrainosus
G43.831	Menstrual migraine, intractable, with status migrainosus
G43.839	Menstrual migraine, 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
G44.021	Chronic cluster headache, intractable
G44.029	Chronic cluster headache, not intractable
G44.209	Tension-type headache, unspecified, not intractable
G44.221	Chronic tension-type headache, intractable
G44.229	Chronic tension-type headache, not intractable
G50.9	Disorder of trigeminal nerve, unspecified
G51.2	Melkersson's syndrome
G51.31	Clonic hemifacial spasm, right
G51.32	Clonic hemifacial spasm, left
G51.33	Clonic hemifacial spasm, bilateral

CODE	DESCRIPTION
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 31573 and 64617

Group 7 Codes: (4 Codes)

CODE	DESCRIPTION
J38.01	Paralysis of vocal cords and larynx, unilateral
J38.02	Paralysis of vocal cords and larynx, bilateral
J38.5	Laryngeal spasm
R49.0	Dysphonia

Group 8 Paragraph:

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

Group 8 Codes: (34 Codes)

CODE	DESCRIPTION
G24.1	Genetic torsion dystonia
G24.9	Dystonia, unspecified
G25.89	Other specified extrapyramidal and movement disorders
G82.20	Paraplegia, unspecified
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G83.20	Monoplegia of upper limb affecting unspecified side

CODE	DESCRIPTION
G83.81	Brown-Sequard syndrome
G83.82	Anterior cord syndrome
G83.89	Other specified paralytic syndromes
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
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
M62.40	Contracture of muscle, unspecified site
M62.411	Contracture of muscle, right shoulder
M62.412	Contracture of muscle, left shoulder
M62.421	Contracture of muscle, right upper arm
M62.422	Contracture of muscle, left upper arm
M62.431	Contracture of muscle, right forearm
M62.432	Contracture of muscle, left forearm
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 9 Paragraph:

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

The ICD-10 codes below are to be used only when there is spasticity of central nervous system origin.

Group 9 Codes: (138 Codes)

CODE	DESCRIPTION
G04.1	Tropical spastic paraplegia
G11.4	Hereditary spastic paraplegia
G24.02	Drug induced acute dystonia
G24.09	Other drug induced dystonia
G24.2	Idiopathic nonfamilial dystonia
G24.8	Other dystonia
G35	Multiple sclerosis
G36.0	Neuromyelitis optica [Devic]
G36.1	Acute and subacute hemorrhagic leukoencephalitis [Hurst]
G36.8	Other specified acute disseminated demyelination
G37.3	Acute transverse myelitis in demyelinating disease of central nervous system
G37.9	Demyelinating disease of central nervous system, unspecified
G80.0 - G80.4	Spastic quadriplegic cerebral palsy - Ataxic cerebral palsy
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
G81.10 - G81.14	Spastic hemiplegia affecting unspecified side - Spastic hemiplegia affecting left nondominant side
G82.50 - G82.54	Quadriplegia, unspecified - Quadriplegia, C5-C7 incomplete
G83.0	Diplegia of upper limbs
G83.11 - G83.14	Monoplegia of lower limb affecting right dominant side - Monoplegia of lower limb affecting left nondominant side
G83.21 - G83.24	Monoplegia of upper limb affecting right dominant side - Monoplegia of upper limb affecting left nondominant side
G83.31 - G83.34	Monoplegia, unspecified affecting right dominant side - Monoplegia, unspecified affecting left nondominant side
I69.031 - I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side - Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side

CODE	DESCRIPTION
I69.051 - I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side - Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.061 - I69.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side - Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral
I69.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.131 - I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side - Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.151 - I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side - Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.161 - I69.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side - Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral
I69.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.231 - I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side - Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.251 - I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side - Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.261 - I69.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side - Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral

CODE	DESCRIPTION
I69.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.331 - I69.334	Monoplegia of upper limb following cerebral infarction affecting right dominant side - Monoplegia of upper limb following cerebral infarction affecting left non-dominant side
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side
I69.351 - I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side - Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
I69.361 - I69.365	Other paralytic syndrome following cerebral infarction affecting right dominant side - Other paralytic syndrome following cerebral infarction, bilateral
I69.369	Other paralytic syndrome following cerebral infarction affecting unspecified side
I69.831 - I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side - Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side
I69.851 - I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side - Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
I69.861 - I69.865	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side - Other paralytic syndrome following other cerebrovascular disease, bilateral
I69.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side
I69.931 - I69.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side - Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side
I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side
I69.951 - I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side - Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side

CODE	DESCRIPTION
I69.961 - I69.965	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side - Other paralytic syndrome following unspecified cerebrovascular disease, bilateral
I69.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side

Group 10 Paragraph:

For CPT codes 64650, 64653

Group 10 Codes: (5 Codes)

CODE	DESCRIPTION
L74.510	Primary focal hyperhidrosis, axilla
L74.511	Primary focal hyperhidrosis, face
L74.512	Primary focal hyperhidrosis, palms
L74.513	Primary focal hyperhidrosis, soles
L74.519	Primary focal hyperhidrosis, unspecified

Group 11 Paragraph:

For CPT code 67345

Group 11 Codes: (96 Codes)

CODE	DESCRIPTION
H02.041	Spastic entropion of right upper eyelid
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
H02.149	Spastic ectropion of unspecified eye, unspecified eyelid
H02.151	Paralytic ectropion of right upper eyelid
H02.152	Paralytic ectropion of right lower eyelid

CODE	DESCRIPTION
H02.153	Paralytic ectropion of right eye, unspecified eyelid
H02.154	Paralytic ectropion of left upper eyelid
H02.155	Paralytic ectropion of left lower eyelid
H02.156	Paralytic ectropion of left eye, unspecified eyelid
H49.01 - H49.03	Third [oculomotor] nerve palsy, right eye - Third [oculomotor] nerve palsy, bilateral
H49.11 - H49.13	Fourth [trochlear] nerve palsy, right eye - Fourth [trochlear] nerve palsy, bilateral
H49.21 - H49.23	Sixth [abducent] nerve palsy, right eye - Sixth [abducent] nerve palsy, bilateral
H49.31 - H49.33	Total (external) ophthalmoplegia, right eye - Total (external) ophthalmoplegia, bilateral
H49.41 - H49.43	Progressive external ophthalmoplegia, right eye - Progressive external ophthalmoplegia, bilateral
H49.881 - H49.883	Other paralytic strabismus, right eye - Other paralytic strabismus, bilateral
H49.9	Unspecified paralytic strabismus
H50.00	Unspecified esotropia
H50.011	Monocular esotropia, right eye
H50.012	Monocular esotropia, left eye
H50.021	Monocular esotropia with A pattern, right eye
H50.022	Monocular esotropia with A pattern, left eye
H50.031	Monocular esotropia with V pattern, right eye
H50.032	Monocular esotropia with V pattern, left eye
H50.041	Monocular esotropia with other noncomitancies, right eye
H50.042	Monocular esotropia with other noncomitancies, left eye
H50.05 - H50.08	Alternating esotropia - 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

CODE	DESCRIPTION
H50.15 - H50.18	Alternating exotropia - 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
H50.43	Accommodative component in esotropia
H50.50 - H50.55	Unspecified heterophoria - 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
H50.9	Unspecified strabismus
H51.0	Palsy (spasm) of conjugate gaze
H51.11	Convergence insufficiency
H51.12	Convergence excess
H51.21 - H51.23	Internuclear ophthalmoplegia, right eye - Internuclear ophthalmoplegia, bilateral
H51.8	Other specified disorders of binocular movement
H51.9	Unspecified disorder of binocular movement

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.

CODE	DESCRIPTION
011x	Hospital Inpatient (Including Medicare Part A)
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
021x	Skilled Nursing - Inpatient (Including Medicare Part A)
023x	Skilled Nursing - Outpatient
071x	Clinic - Rural Health
072x	Clinic - Hospital Based or Independent Renal Dialysis Center
073x	Clinic - Freestanding
085x	Critical Access Hospital

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.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

CODE	DESCRIPTION
0250	Pharmacy - General Classification
0360	Operating Room Services - General Classification
0450	Emergency Room - General Classification
0510	Clinic - General Classification
0636	Pharmacy - Drugs Requiring Detailed Coding
0750	Gastro-Intestinal (GI) Services - General Classification
0760	Specialty Services - General Classification
0960	Professional Fees - General Classification

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
12/07/2023	R11	R11 Revision Effective: 12/07/2023 Revision Explanation: Annual review, no changes.
11/16/2023	R10	R10 Revision Effective: 11/16/2023 Revision Explanation: Updated LCD Reference Article section.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2023	R9	R9 Revision Effective: 10/01/2023 Revision Explanation: Added the following ICD-10 codes effective 10/01/2023 to group 5: G43.701, G43.709, G43.E01, G43.E09, G43.E11, and G43.E19.
12/01/2022	R8	R8 Revision Effective: 12/01/2022 Revision Explanation: Annual review, no changes were made.
11/25/2021	R7	R7 Revision Effective: 11/25/2021 Revision Explanation: Annual review, no changes were made.
11/21/2020	R6	R6 Revision Effective: N/A Revision Explanation: Annual review, no changes were made.
11/21/2020	R5	R5 Revision Effective: N/A Revision Explanation: J38.2 in group 7 is a typo and should be J38.02. this has been updated in the group.
11/21/2020	R4	R4 Revision Effective: 11/14/2020 Revision Explanation: Updates to Groups 5-11.Group 12 moved to Groups 5 and 7 and Group 13 codes are supported by Group 10
01/01/2020	R3	R3 Revision Effective: 01/01/2020 Revision Explanation: Added 31573 as administration code for groups 1 and 6 under ICD-10 that support medical necessity.
11/28/2019	R2	R2 Revision Effective: 11/28/2019 Revision Explanation: Added regulations to CMS National policy section as well as additional documentation information, utilization and other comments section.
09/19/2019	R1	R1

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		Revision Effective: 09/19/2019 Revision Explanation: Converted article into new Billing and Coding template no other changes made.

Associated Documents

Related Local Coverage Documents

LCDs

[L33949 - 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
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11/29/2023	12/07/2023 - N/A	Currently in Effect (This Version)
11/07/2023	11/16/2023 - 12/06/2023	Superseded
10/19/2023	10/01/2023 - 11/15/2023	Superseded
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Keywords

N/A