

Article - Billing and Coding: Botulinum Toxin Type A & Type B (A57474)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05101 - MAC A	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05102 - MAC B	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05201 - MAC A	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05202 - MAC B	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05301 - MAC A	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05302 - MAC B	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05401 - MAC A	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05402 - MAC B	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05901 - MAC A	J - 05	Alabama Alaska Arizona Arkansas California - Entire State Colorado Connecticut Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
				Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Mississippi Missouri - Entire State Montana Nebraska Nevada New Hampshire New Jersey New Mexico North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08101 - MAC A	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08102 - MAC B	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08201 - MAC A	J - 08	Michigan
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08202 - MAC B	J - 08	Michigan

Article Information

General Information

Article ID

A57474

Article Title

Billing and Coding: Botulinum Toxin Type A & Type B

Article Type

Billing and Coding

Original Effective Date

10/31/2019

Revision Effective Date

01/01/2024

Revision Ending Date

N/A

Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act section 1862 (a)(1)(A). This section allows coverage and payment of those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act section 1862 (a)(7). This section excludes routine physical examinations and services.

Title XVIII of the Social Security Act section 1833 (e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Article Guidance

Article Text

The billing and coding information in this article is dependent on the coverage indications, limitations and/or medical necessity described in the associated Local Coverage Determination (LCD) L34635 Botulinum Toxin Type A & Type B.

Reasons for Denial

Payment will not be made for any spastic condition not listed under Codes That Support Medical Necessity such as:

1. Use of botulinum toxin for the treatment of irritable colon, biliary dyskinesia, headaches, craniofacial wrinkles or any treatment of other spastic conditions not listed as covered in this policy are considered to be experimental (including the treatment of smooth muscle spasm).
2. Use of botulinum toxin for patients receiving aminoglycosides, which may interfere with neuromuscular transmission; or
3. Use of botulinum toxin for patients with chronic paralytic strabismus, except to reduce antagonistic contractor in conjunction with surgical repair.
4. Treatment exceeding accepted dosage parameters unless supported by individual medical record review as well as treatments where the goal is to improve appearance rather than function.
5. The corresponding surgery code was not billed.

Coding Guidelines

1. Claim submission must include a diagnosis code.
2. An E & M service will be allowed if documentation supports the patient's condition required a significant, separately identifiable E/M service, above and beyond the procedure performed. Append modifier 25 to the E&M CPT code.
3. To bill medically necessary electromyography guidance, report the appropriate following CPT code(s):
 - 92265 Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with Interpretation and report
 - 95873 Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
 - 95874 Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
4. Medicare provides payment for the discarded drug/biological remaining in a single use drug product after administering what is reasonable and necessary for a patient's condition. The rules for billing discarded portions of botulinum toxin are the same as for other drug/biologicals and can be found in the IOM 100-04 Chapter 17, section 40.

Effective January 1, 2017 (CR 9603) JW Modifier is required to identify unused drugs or biologicals and providers must record the discarded amounts of drugs and biologicals in the patient's medical record.

Effective July 1, 2023 (CR 13056) JZ Modifier is required on all claims that bill for drugs separately payable under Medicare Part B when there are no discarded amounts from single-dose containers or single-use packages.

5. Medicare will allow payment for one injection per site regardless of the number of injections made into the site. The site description is included in the CPT code description. Payment will be based on the Medicare Physician Fee Schedule and National Correct Coding Initiative.

Documentation Requirements

Documentation should include the following elements:

1. Support for the medical necessity of the botulinum toxin (type A or type B) injection
2. A covered diagnosis
3. Dosage and frequency of the injections
4. Support for the medical necessity of electromyography procedures performed in conjunction with botulinum toxin type A injections to determine the proper injection site(s)
5. Support of the clinical effectiveness of the injections
6. Specific site(s) injected
7. The Medical Record must support the treatment of chronic migraine headaches, with a history of 15 or more headache days a month, 8 which have migraine features.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes: (28 Codes)

CODE	DESCRIPTION
31513	LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE OR TELESCOPE
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)

CODE	DESCRIPTION
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
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
92265	NEEDLE OCULOECTROMYOGRAPHY, 1 OR MORE EXTRAOCULAR MUSCLES, 1 OR BOTH EYES, WITH INTERPRETATION AND REPORT
95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS
J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes: (3 Codes)

CODE	DESCRIPTION
25	SIGNIFICANT, SEPARATELY IDENTIFIABLE EVALUATION AND MANAGEMENT

CODE	DESCRIPTION
	SERVICE BY THE SAME PHYSICIAN ON THE SAME DAY OF THE PROCEDURE OR OTHER SERVICE: THE PHYSICIAN MAY NEED TO INDICATE THAT ON THE DAY A PROCEDURE OR SERVICE IDENTIFIED BY A CPTCODE WAS PERFORMED, THE PATIENT'S CONDITION REQUIRED A SIGNIFICANT, SEPARATELY IDENTIFIABLE E/M SERVICE ABOVE AND BEYOND THE OTHER SERVICE PROVIDED OR BEYOND THE USUAL PREOPERATIVE AND POSTOPERATIVE CARE ASSOCIATED WITH THE PROCEDURE THAT WAS PERFORMED. THE E/M SERVICE MAY BE PROMPTED BY THE SYMPTOM OR CONDITION FOR WHICH THE PROCEDURE AND/OR SERVICE WAS PROVIDED. AS SUCH, DIFFERENT DIAGNOSES ARE NOT REQUIRED FOR REPORTING OF THE E/M SERVICES ON THE SAME DATE. THIS CIRCUMSTANCE MAY BE REPORTED BY ADDING THE MODIFIER -25 TO THE APPROPRIATE LEVEL OF E/M SERVICE, OR THE SEPARATE FIVE DIGIT MODIFIER 09925 MAY BE USED. NOTE: THIS MODIFIER IS NOT USED TO REPORT AN E/M SERVICE THAT RESULTED IN A DECISION TO PERFORM SURGERY. SEE MODIFIER -57.
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:

ICD-10 codes must be coded to the highest level of specificity.

Note: J0585, J0586, J0587 or J0588 will be allowed if the chemodenervation/procedure code is allowed with a covered diagnosis.

31513, 31570, 31571 or 64617

Group 1 Codes: (12 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
R47.02	Dysphasia
R47.1	Dysarthria and anarthria
R47.81	Slurred speech
R47.89	Other speech disturbances
R49.0	Dysphonia
R49.1	Aphonia

CODE	DESCRIPTION
R49.21	Hypernasality
R49.22	Hyponasality
R49.8	Other voice and resonance disorders

Group 2 Paragraph:

43201 or 43236

Group 2 Codes: (1 Code)

CODE	DESCRIPTION
K22.0	Achalasia of cardia

Group 3 Paragraph:

52287

Group 3 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
N31.9	Neuromuscular dysfunction of bladder, unspecified
N32.81	Overactive bladder
N36.44	Muscular disorders of urethra
N39.41	Urge incontinence
N39.46	Mixed incontinence
R35.0	Frequency of micturition

Group 4 Paragraph:

64611

Group 4 Codes: (7 Codes)

CODE	DESCRIPTION
G20.C	Parkinsonism, unspecified
G21.4	Vascular parkinsonism
K11.20	Sialoadenitis, unspecified
K11.21	Acute sialoadenitis
K11.22	Acute recurrent sialoadenitis

CODE	DESCRIPTION
K11.23	Chronic sialoadenitis
K11.7	Disturbances of salivary secretion

Group 5 Paragraph:

64612

Group 5 Codes: (26 Codes)

CODE	DESCRIPTION
G24.1	Genetic torsion dystonia
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
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
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
H02.431*	Paralytic ptosis of right eyelid
H02.432*	Paralytic ptosis of left eyelid
H02.433*	Paralytic ptosis of bilateral eyelids
H02.59	Other disorders affecting eyelid function

CODE	DESCRIPTION
R25.8	Other abnormal involuntary movements

Group 5 Medical Necessity ICD-10-CM Codes Asterisk Explanation:

*H02.431-H02.433 is only covered for apraxia of the eyelid

Group 6 Paragraph:

64616

Group 6 Codes: (10 Codes)

CODE	DESCRIPTION
G24.02	Drug induced acute dystonia
G24.09	Other drug induced dystonia
G24.1	Genetic torsion dystonia
G24.2	Idiopathic nonfamilial dystonia
G24.3	Spasmodic torticollis
G24.8	Other dystonia
G24.9	Dystonia, unspecified
G80.3	Athetoid cerebral palsy
M43.6	Torticollis
Q68.0	Congenital deformity of sternocleidomastoid muscle

Group 7 Paragraph:

64615

Group 7 Codes: (10 Codes)

CODE	DESCRIPTION
G24.1	Genetic torsion dystonia
G24.4	Idiopathic orofacial dystonia
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

CODE	DESCRIPTION
G43.E19	Chronic migraine with aura, intractable, without status migrainosus

Group 8 Paragraph:

64642, 64643, 64644, 64645, 64646, 64647

Group 8 Codes: (188 Codes)

CODE	DESCRIPTION
F45.8	Other somatoform disorders
G04.1	Tropical spastic paraplegia
G11.4	Hereditary spastic paraplegia
G24.02	Drug induced acute dystonia
G24.09	Other drug induced dystonia
G24.1	Genetic torsion dystonia
G24.2	Idiopathic nonfamilial dystonia
G24.8	Other dystonia
G25.0	Essential tremor
G25.1	Drug-induced tremor
G25.2	Other specified forms of tremor
G25.61	Drug induced tics
G25.69	Other tics of organic origin
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
G37.0	Diffuse sclerosis of central nervous system
G37.1	Central demyelination of corpus callosum
G37.2	Central pontine myelinolysis
G37.4	Subacute necrotizing myelitis of central nervous system
G37.5	Concentric sclerosis [Balo] of central nervous system
G37.89	Other specified demyelinating diseases of central nervous system
G47.63	Sleep related bruxism
G80.0	Spastic quadriplegic cerebral palsy

CODE	DESCRIPTION
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
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
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
G83.11	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
G83.21	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
G83.31	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

CODE	DESCRIPTION
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
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

CODE	DESCRIPTION
	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
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

CODE	DESCRIPTION
	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
CODE	DESCRIPTION
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 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

CODE	DESCRIPTION
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
I69.841	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

CODE	DESCRIPTION
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 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

CODE	DESCRIPTION
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
L74.510	Primary focal hyperhidrosis, axilla
L74.511	Primary focal hyperhidrosis, face
L74.512	Primary focal hyperhidrosis, palms
L74.513	Primary focal hyperhidrosis, soles
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
N31.0	Uninhibited neuropathic bladder, not elsewhere classified
N31.1	Reflex neuropathic bladder, not elsewhere classified
N36.44	Muscular disorders of urethra
R25.0	Abnormal head movements

CODE	DESCRIPTION
R25.1	Tremor, unspecified
R25.2	Cramp and spasm
R25.3	Fasciculation
R25.8	Other abnormal involuntary movements
R29.898	Other symptoms and signs involving the musculoskeletal system
R35.0	Frequency of micturition

Group 9 Paragraph:

64650 or 64653

Group 9 Codes: (4 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

Group 10 Paragraph:

67345

Group 10 Codes: (94 Codes)

CODE	DESCRIPTION
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

CODE	DESCRIPTION
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
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	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

CODE	DESCRIPTION
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
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
H50.621	Inferior oblique muscle entrapment, right eye
H50.622	Inferior oblique muscle entrapment, left eye
H50.631	Inferior rectus muscle entrapment, right eye
H50.632	Inferior rectus muscle entrapment, left eye
H50.641	Lateral rectus muscle entrapment, right eye
H50.642	Lateral rectus muscle entrapment, left eye
H50.651	Medial rectus muscle entrapment, right eye
H50.652	Medial rectus muscle entrapment, left eye

CODE	DESCRIPTION
H50.661	Superior oblique muscle entrapment, right eye
H50.662	Superior oblique muscle entrapment, left eye
H50.671	Superior rectus muscle entrapment, right eye
H50.672	Superior rectus muscle entrapment, left eye
H50.681	Extraocular muscle entrapment, unspecified, right eye
H50.682	Extraocular muscle entrapment, unspecified, 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	Internuclear ophthalmoplegia, right eye
H51.22	Internuclear ophthalmoplegia, left eye
H51.23	Internuclear ophthalmoplegia, bilateral
H51.8	Other specified disorders of binocular movement

Group 11 Paragraph:

46505

Group 11 Codes: (1 Code)

CODE	DESCRIPTION
K60.1	Chronic anal fissure

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

Group 1 Paragraph:

N/A

Group 1 Codes:

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
01/01/2024	R11	Posted 02/01/2024: Under CPT/HCPCS Code Group 1 Codes the following code had a description change: 92265. This is due to the 2024 Q1 Annual CPT/HCPCS Code Updates and is effective 01/01/2024.
10/01/2023	R10	Posted 10/26/2023: Under Coding Guidelines , removed statement #6 "Chronic migraine with aura does not have specific diagnosis codes. Diagnosis codes G43.801, G43.809, G43.811, and G43.819 should be used to indicate chronic migraine with aura until specific diagnosis codes become available." Also removed statement: " Group 7 Medical Necessity ICD-10 Codes Asterisk Explanation: *G43.801, G43.809, G43.811, and G43.819 are only covered for chronic migraine with aura. These codes are

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		to be used until specific diagnosis codes become available to indicate chronic migraine with aura." Under ICD-10 Codes that Support Medical Necessity Group 7 Codes added codes G43.E01, G43.E09, G43.E11, G43.E19 due to the 2024 Annual ICD-10 CM Code Updates and a provider request. Under ICD-10 Codes that Support Medical Necessity removed codes G43.801, G43.809, G43.811 and G43.819. This is effective 10/01/2023.
10/01/2023	R9	Posted 09/28/2023: Added statement: "Effective July 1, 2023 (CR 13056) JZ Modifier is required on all claims that bill for drugs separately payable under Medicare Part B when there are no discarded amounts from single-dose containers or single-use packages." Under CPT/HCPCS Modifiers, Group 1 codes , JZ modifier code was added. This will be effective 10/02/2023. Also, Under ICD-10 Codes that Support Medical Necessity Group 4 Codes deleted ICD-10 code G20 and added ICD-10 code G20.C. Under ICD-10 Codes that Support Medical Necessity Group 8 Codes deleted ICD-10 code G37.8 and added ICD-10 code G37.89. Under ICD-10 Codes that Support Medical Necessity Group 10 Codes added ICD-10 codes H50.621, H50.622, H50.631, H50.632, H50.641, H50.642, H50.651, H50.652, H50.661, H50.662, H50.671, H50.672, H50.681, and H50.682. This is due to the 2024 Annual ICD-10-CM Code Updates and is effective 10/01/2023. Biannual review completed 08/14/2023.
10/27/2022	R8	Posted 10/27/2022- Added Diagnosis codes to Group 7 Medical Necessity ICD-10 Code and ICD-10 Asterisk Explanation: *G43.801, G43.809, G43.811, and G43.819 are only covered for chronic migraine with aura. These codes are to be used until specific diagnosis codes become available to indicate chronic migraines with aura. Added Coding Guidelines #6. Chronic migraine with aura does not have specific diagnosis codes. Diagnosis codes G43.801, G43.809, G43.811, and G43.819 should be used to indicate chronic migraine with aura until specific diagnosis codes become available.
03/31/2022	R7	Posted 03/31/2022-Added N39.46 to ICD-10 Codes that Support Medical Necessity Group 3 Paragraph Group 3 codes 52287.
11/14/2021	R6	09/30/2021-Under Article Text -Removed "In most cases it should be established that the patient has been unresponsive to conventional methods of treatments such as medication, physical therapy and other methods used to control and/or treat spastic condition." Added *H02.431, *H02.432 & *H02.433 to Group 5 Paragraph: 64612. Group 5 ICD-10 Codes Asterisk Explanation: *H02.431-H02.433 is only covered for apraxia of the eyelid. Added to Coding Guidelines #5: "Medicare will allow payment for one injection per site regardless of the number of injections made into the site. The site description is included in the CPT code description. Payment will be based on the Medicare Physician Fee Schedule and National Correct Coding Initiative." Revised #7 under documentation: "Medical Record must support the treatment of chronic migraine with a history of migraine and experiencing headaches on most days of the month" was changed to "The Medical Record must support the treatment of chronic migraine headaches, with a history of 15 or more headache days a month, 8 which have migraine

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		features.” Moved CPT codes 31570 & 31571 to ICD-10 Codes that support Medical Necessity Group 1 Paragraph . Moved all of the diagnosis codes that were covered for CPT 31570 & 31571 into Group 1 Codes .
04/01/2021	R5	04/01/2021-Revised information on billing an E/M in our Coding guidelines section. #2. Removed No E&M code will be allowed in conjunction with the procedure, unless there is a clear indication that the patient was seen for an entirely different reason. Modifier 25 must be appended to the E&M code to indicate that the visit was for an unrelated condition. Review completed 02/24/2021.
01/28/2021	R4	01/28/2021 To Group 7 ICD-10 Codes added: G24.1; to Group 9 Codes added: G24.1 and G24.4 to Group 10 added: F45.8 and G47.63 due to a Provider’s request.
11/26/2020	R3	11/26/2020 Reasons for Denial Number 6. “Use of HCPCS code J0588 incobotulinumtoxinA for treatment of blepharospasm without prior history of treatment with onabotulinumtoxinA.” removed because current literature does not support the statement. Group 7 Codes: Added ICD-10 H02.59 and R25.8. Relocated Documentation Requirements from LCD L34635 Botulinum Toxin Type A & B to this article.
08/27/2020	R2	08/27/2020 Added the following to Article Guidance: “In most cases it should be established that the patient has been unresponsive to conventional methods of treatments such as medication, physical therapy and other methods used to control and/or treat spastic condition. This documentation is not necessary for medical conditions where Botulinum Toxin Type A or Type B is considered a first line treatment or subsequent injections after Botulinum Toxins. The Medical Record or submitted documentation should support the effectiveness of the previous injections of Botulinum Toxin Type A or Type B.”
12/26/2019	R1	The following sentence was removed from Coding Guidelines: “It is acceptable for the provider to bill for the discarded drug on the last patient of the day when more than one patient is treated with one single use vial of Botulinum toxin.”

Associated Documents

Related Local Coverage Documents

Articles

[DA57474 - \(MCD Archive Site\)](#)

LCDs

[DL34635 - \(MCD Archive Site\)](#)

[L34635 - Botulinum Toxin Type A & Type B](#)

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

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