

# Local Coverage Article: Billing and Coding: Botulinum Toxins (A52848)

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**General Information**

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## **CMS National Coverage Policy**

N/A

## **Article Guidance**

### **Article Text:**

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

### **Coding Information:**

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

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

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

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

**Specific coding guidelines for this policy:**

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

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

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

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

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

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

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

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

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

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

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

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

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

## For claims submitted to the Part B MAC:

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

### Documentation Requirements:

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

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

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

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

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

### Utilization Guidelines:

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

## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

| CODE  | DESCRIPTION   |
|-------|---|
| 43201 | ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE              |
| 43236 | ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE |
| 46505 | CHEMODENERVATION OF INTERNAL ANAL SPHINCTER   |
| 52287 | CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER                              |

|       |   |
|-------|---|
| 64611 | CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL  |
| 64612 | CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL (EG, FOR BLEPHAROSPASM, HEMIFACIAL SPASM)                                   |
| 64615 | CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)       |
| 64616 | CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX, UNILATERAL (EG, FOR CERVICAL DYSTONIA, SPASMODIC TORTICOLLIS)               |
| 64617 | CHEMODENERVATION OF MUSCLE(S); LARYNX, UNILATERAL, PERCUTANEOUS (EG, FOR SPASMODIC DYSPHONIA), INCLUDES GUIDANCE BY NEEDLE ELECTROMYOGRAPHY, WHEN PERFORMED |
| 64642 | CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)  |
| 64643 | CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 1-4 MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                     |
| 64644 | CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLES  |
| 64645 | CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                 |
| 64646 | CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)  |
| 64647 | CHEMODENERVATION OF TRUNK MUSCLE(S); 6 OR MORE MUSCLES  |
| 64650 | CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE  |
| 64653 | CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER DAY  |
| 67345 | CHEMODENERVATION OF EXTRAOCULAR MUSCLE  |

**Group 2 Paragraph:**

N/A

**Group 2 Codes:**

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

**CPT/HCPCS Modifiers**

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

N/A

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

**Group 1 Paragraph:**

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

**Group 1 Codes:**

| ICD-10 CODE | DESCRIPTION                        |
|-------------|------------------------------------|
| K11.7       | Disturbances of salivary secretion |

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**Group 2 Paragraph:**

**For CPT codes 43201, 43236**

**Group 2 Codes:**

| ICD-10 CODE | DESCRIPTION         |
|-------------|---------------------|
| K22.0       | Achalasia of cardia |

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**Group 3 Paragraph:**

**For CPT code 46505**

**Group 3 Codes:**

| ICD-10 CODE | DESCRIPTION               |
|-------------|---------------------------|
| K60.0       | Acute anal fissure        |
| K60.1       | Chronic anal fissure      |
| K60.2       | Anal fissure, unspecified |

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**Group 4 Paragraph:**

**For CPT code 52287**

**Group 4 Codes:**

| ICD-10 CODE | DESCRIPTION   |
|-------------|---|
| G83.4       | Cauda equina syndrome                                     |
| N31.0       | Uninhibited neuropathic bladder, not elsewhere classified |
| N31.1       | Reflex neuropathic bladder, not elsewhere classified      |
| N31.8       | Other neuromuscular dysfunction of bladder                |
| N31.9       | Neuromuscular dysfunction of bladder, unspecified         |
| N32.81      | Overactive bladder  |
| N36.44      | Muscular disorders of urethra                             |

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**Group 5 Paragraph:**

**For CPT code 64612**

**Group 5 Codes:**

| ICD-10 CODE | DESCRIPTION                        |
|-------------|------------------------------------|
| G24.4       | Idiopathic orofacial dystonia      |
| G24.5       | Blepharospasm                      |
| G51.2       | Melkersson's syndrome              |
| G51.31      | Clonic hemifacial spasm, right     |
| G51.32      | Clonic hemifacial spasm, left      |
| G51.33      | Clonic hemifacial spasm, bilateral |
| G51.4       | Facial myokymia                    |
| G51.8       | Other disorders of facial nerve    |

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**Group 6 Paragraph:**

**For CPT code 64616**

**Group 6 Codes:**

| ICD-10 CODE | DESCRIPTION           |
|-------------|-----------------------|
| G24.3       | Spasmodic torticollis |
| M43.6       | Torticollis           |

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**Group 7 Paragraph:**

**For CPT code 64617**

**Group 7 Codes:**

| ICD-10 CODE | DESCRIPTION |
|-------------|-------------|
|-------------|-------------|



| ICD-10 CODE | DESCRIPTION     |
|-------------|-----------------|
| J38.5       | Laryngeal spasm |

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**Group 8 Paragraph:**

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

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

**Group 8 Codes:**

| ICD-10 CODE | DESCRIPTION  |
|-------------|--|
| G11.4*      | Hereditary spastic paraplegia  |
| G24.1       | Genetic torsion dystonia   |
| G24.2*      | Idiopathic nonfamilial dystonia  |
| G24.8*      | Other dystonia   |
| G24.9       | Dystonia, unspecified  |
| G25.89      | Other specified extrapyramidal and movement disorders                        |
| G35*        | Multiple sclerosis   |
| G36.0*      | Neuromyelitis optica [Devic]   |
| G36.1*      | Acute and subacute hemorrhagic leukoencephalitis [Hurst]                     |
| G36.8*      | Other specified acute disseminated demyelination                             |
| G36.9*      | Acute disseminated demyelination, unspecified                                |
| G37.0*      | Diffuse sclerosis of central nervous system                                  |
| G37.1*      | Central demyelination of corpus callosum                                     |
| G37.2*      | Central pontine myelinolysis   |
| G37.3*      | Acute transverse myelitis in demyelinating disease of central nervous system |
| G37.4*      | Subacute necrotizing myelitis of central nervous system                      |

| <b>ICD-10 CODE</b> | <b>DESCRIPTION</b>   |
|--------------------|--|
| G37.5*             | Concentric sclerosis [Balo] of central nervous system            |
| G37.8*             | Other specified demyelinating diseases of central nervous system |
| G37.9*             | Demyelinating disease of central nervous system, unspecified     |
| G80.0*             | Spastic quadriplegic cerebral palsy                              |
| G80.1*             | Spastic diplegic cerebral palsy                                  |
| G80.2*             | Spastic hemiplegic cerebral palsy                                |
| G80.3*             | Athetoid cerebral palsy  |
| G80.4*             | Ataxic cerebral palsy  |
| G80.8*             | Other cerebral palsy   |
| G80.9*             | Cerebral palsy, unspecified                                      |
| G81.10*            | Spastic hemiplegia affecting unspecified side                    |
| G81.11*            | Spastic hemiplegia affecting right dominant side                 |
| G81.12*            | Spastic hemiplegia affecting left dominant side                  |
| G81.13*            | Spastic hemiplegia affecting right nondominant side              |
| G81.14*            | Spastic hemiplegia affecting left nondominant side               |
| G82.21*            | Paraplegia, complete   |
| G82.22*            | Paraplegia, incomplete   |
| 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           |

| ICD-10 CODE | DESCRIPTION   |
|-------------|---|
| G83.12*     | Monoplegia of lower limb affecting left dominant side   |
| G83.13*     | Monoplegia of lower limb affecting right nondominant side   |
| G83.14*     | Monoplegia of lower limb affecting left nondominant side  |
| G83.20*     | Monoplegia of upper limb affecting unspecified side   |
| G83.21*     | Monoplegia of upper limb affecting right dominant side  |
| G83.22*     | Monoplegia of upper limb affecting left dominant side   |
| G83.23*     | Monoplegia of upper limb affecting right nondominant side   |
| G83.24*     | Monoplegia of upper limb affecting left nondominant side  |
| G83.81*     | Brown-Sequard syndrome  |
| G83.82*     | Anterior cord syndrome  |
| G83.89*     | Other specified paralytic syndromes   |
| I69.031*    | Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side     |
| I69.032*    | Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side      |
| I69.033*    | Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side |
| I69.034*    | Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side  |
| I69.041*    | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side     |
| I69.042*    | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side      |
| I69.043*    | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side |
| I69.044*    | Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting 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    |

| ICD-10 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     |

| ICD-10 CODE | DESCRIPTION   |
|-------------|---|
| I69.153*    | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side    |
| I69.154*    | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side     |
| I69.161*    | Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side          |
| I69.162*    | Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side           |
| I69.163*    | Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side      |
| I69.164*    | Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side       |
| I69.165*    | Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral                             |
| I69.231*    | Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side     |
| I69.232*    | Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side      |
| I69.233*    | Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side |
| I69.234*    | Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side  |
| I69.241*    | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side     |
| I69.242*    | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side      |
| I69.243*    | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side |
| I69.244*    | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side  |
| I69.251*    | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side   |
| I69.252*    | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side    |

| ICD-10 CODE  | DESCRIPTION   |
|--|---|
| 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        |
| <b>Group 8 Medical Necessity ICD-10 Codes Asterisk</b><br><b>Explanation:</b><br><i>*ICD-10-CM codes with an asterisk (*) are to be used only when there is spasticity of central nervous system origin.</i> |   |

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**Group 9 Paragraph:**

**For CPT codes 64650, 64653**

Indication is for severe primary axillary hyperhidrosis

**Group 9 Codes:**

| ICD-10 CODE | DESCRIPTION                         |
|-------------|-------------------------------------|
| L74.510     | Primary focal hyperhidrosis, axilla |

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**Group 10 Paragraph:**

**For CPT code 67345**

**Group 10 Codes:**

| ICD-10 CODE | DESCRIPTION                             |
|-------------|---|
| H02.041     | Spastic entropion of right upper eyelid |
| H02.042     | Spastic entropion of right lower eyelid |

| ICD-10 CODE | DESCRIPTION                                     |
|-------------|---|
| H02.044     | Spastic entropion of left upper eyelid          |
| H02.045     | Spastic entropion of left lower eyelid          |
| H02.141     | Spastic ectropion of right upper eyelid         |
| H02.142     | Spastic ectropion of right lower eyelid         |
| H02.144     | Spastic ectropion of left upper eyelid          |
| H02.145     | Spastic ectropion of left lower eyelid          |
| H49.01      | Third [oculomotor] nerve palsy, right eye       |
| H49.02      | Third [oculomotor] nerve palsy, left eye        |
| H49.03      | Third [oculomotor] nerve palsy, bilateral       |
| H49.11      | Fourth [trochlear] nerve palsy, right eye       |
| H49.12      | Fourth [trochlear] nerve palsy, left eye        |
| H49.13      | Fourth [trochlear] nerve palsy, bilateral       |
| H49.21      | Sixth [abducent] nerve palsy, right eye         |
| H49.22      | Sixth [abducent] nerve palsy, left eye          |
| H49.23      | Sixth [abducent] nerve palsy, bilateral         |
| H49.31      | Total (external) ophthalmoplegia, right eye     |
| H49.32      | Total (external) ophthalmoplegia, left eye      |
| H49.33      | Total (external) ophthalmoplegia, bilateral     |
| H49.41      | Progressive external ophthalmoplegia, right eye |
| H49.42      | Progressive external ophthalmoplegia, left eye  |
| H49.43      | Progressive external ophthalmoplegia, bilateral |
| H49.881     | Other paralytic strabismus, right eye           |
| H49.882     | Other paralytic strabismus, left eye            |
| H49.883     | Other paralytic strabismus, bilateral           |
| H50.00      | Unspecified esotropia                           |

| <b>ICD-10 CODE</b> | <b>DESCRIPTION</b>                                       |
|--------------------|--|
| 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                     |
| H50.18             | Alternating exotropia with other noncomitancies          |



| ICD-10 CODE | DESCRIPTION                                 |
|-------------|---|
| 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           |
| H50.69      | Other mechanical strabismus                 |
| H50.811     | Duane's syndrome, right eye                 |

| ICD-10 CODE | DESCRIPTION                                     |
|-------------|---|
| H50.812     | Duane's syndrome, left eye                      |
| H50.89      | Other specified strabismus                      |
| H51.0       | Palsy (spasm) of conjugate gaze                 |
| H51.11      | Convergence insufficiency                       |
| H51.12      | Convergence excess                              |
| H51.21      | Internuclear ophthalmoplegia, right eye         |
| H51.22      | Internuclear ophthalmoplegia, left eye          |
| H51.23      | Internuclear ophthalmoplegia, bilateral         |
| H51.8       | Other specified disorders of binocular movement |
| H51.9       | Unspecified disorder of binocular movement      |

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#### Group 11 Paragraph:

#### For CPT code 64615

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

#### Group 11 Codes:

| ICD-10 CODE | DESCRIPTION  |
|-------------|--|
| G43.011     | Migraine without aura, intractable, with status migrainosus    |
| G43.019     | Migraine without aura, intractable, without status migrainosus |
| G43.119     | Migraine with aura, intractable, without status migrainosus    |

| ICD-10 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     |
| G43.901     | 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             |
| G44.221     | Chronic tension-type headache, intractable                                 |
| G44.229     | Chronic tension-type headache, not intractable                             |

Showing 1 to 13 of 13 entries in Group 11

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

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

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

N/A

## Revision History Information

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION  |
|-----------------------|-------------------------|---|
| 10/31/2019            | R4                      | This article was converted to the new Billing and Coding Article format. Bill types and Revenue codes have been removed from this article. Guidance on these codes is available in the Bill type and Revenue code sections. |
| 02/21/2019            | R3                      | Outdated information has been removed from the article including all references to CPT code 53899.  |
| 10/01/2015            | R2                      | The place of service guideline for the Part B MAC has been removed.   |
| 10/01/2015            | R1                      | Updated the "Specific coding guidelines for this policy" section to coincide with the current ICD-9 version.  |

## Associated Documents

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LCD(s)

[L33646 - Botulinum Toxins \(/medicare-coverage-database/details/lcd-details.aspx?LCDId=33646&ver=33&articleId=52848&bc=AAAAAAAAQAAA&\)](#)

**Related National Coverage Document(s)**

N/A

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## Other URL(s)

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## Public Version(s)

Updated on 10/25/2019 with effective dates 10/31/2019 - N/A

Updated on 02/16/2019 with effective dates 02/21/2019 - N/A (<http://medicare-coverage-database/details/article-details.aspx?articleId=52848&ver=10&LCDId=33646&bc=AAAAAAAAQAAA&>)

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