# Botox® (onabotulinumtoxinA)
## (Intramuscular/Intradetrusor/Intradermal)

Document Number: M-0238

**Last Review Date: 07/01/2026**
**Date of Origin:** 06/21/2011
**Dates Reviewed: 09/2011, 12/2011, 03/2012, 06/2012, 09/2012, 12/2012, 02/2013, 03/2013, 06/2013, 09/2013, 12/2013, 03/2014, 03/2015, 06/2015, 09/2015, 12/2015, 03/2016, 06/2016, 09/2016, 12/2016, 03/2017, 06/2017, 09/2017, 12/2017, 03/2018, 06/2018, 10/2018, 04/2019, 07/2019, 09/2019, 12/2019, 01/2020, 05/2020, 08/2020, 03/2021, 05/2021, 05/2022, 05/2023, 11/2023, 12/2024, 12/2025, 07/2026**

## I. Length of Authorization [65]

- Initial: Prior authorization validity will be provided initially for 6 months (180 days).
- Renewal: Prior authorization validity may be renewed every 12 months (365 days) thereafter, unless otherwise specified.
  - Ventral Hernia: Prior authorization validity may NOT be renewed.
  - Strabismus, Esophageal Achalasia, Temporomandibular Disorders, Chronic Anal Fissures: Prior authorization validity may be renewed every 6 months (180 days) thereafter.

## II. Dosing Limits

**Max Units (per dose and over time) [HCPCS Unit]:**

| Indication | Billable Units | Per # days |
|---|---|---|
| **Blepharospasm** | 200 | 84 |
| **Cervical Dystonia** | 300 | 84 |
| **Strabismus** | 100 | 84 |
| **Esophageal Achalasia** | 100 | 168 |
| **Upper Limb Spasticity** | 400 | 84 |
| **Lower Limb Spasticity** | 400 | 84 |
| **Chronic Migraine** | 200 | 84 |
| **Severe Primary Axillary Hyperhidrosis** | 100 | 112 |
| **Sialorrhea** | 100 | 84 |
| **Neurogenic Bladder/Detrusor Overactivity** | 200 | 84 |
| **Overactive Bladder** | 100 | 84 |
| **Chronic Anal Fissures** | 100 | 84 |
| **Palmar Hyperhidrosis** | 200 | 168 |
| **Laryngeal Dystonia** | 100 | 84 |
| **Hemifacial Spasms** | 100 | 84 |
| **Oromandibular Dystonia** | 200 | 84 |
| **Ventral Hernia** | 500 | N/A |
| **Temporomandibular Disorders** | 200 | 84 |
| **All other indications** | 400 | 84 |

## III. Initial Approval Criteria [1]

Prior authorization validity is provided in the following conditions:

- Member is at least 18 years of age (unless otherwise specified); **AND**

**Universal Criteria** [1]

- Member does NOT have any FDA labeled contraindications to the requested agent (e.g., hypersensitivity to any botulinum toxin product or any of its components, active infection at the proposed injection site, use as intradetrusor injections in members with urinary tract infection and/or urinary retention); **AND**
- Member is not on concurrent treatment with another botulinum toxin; **AND**

**Blepharospasms † Φ** [1]

- Member is at least 12 years of age

**Cervical Dystonia † Φ** [1,44,86]

- Member is at least 16 years of age; **AND**
- Member has a history of recurrent involuntary contraction of one or more muscles in the neck and upper shoulders; **AND**
  - Member has sustained head tilt; **OR**
  - Member has abnormal posturing with limited range of motion in the neck

**Strabismus † Φ** [1]

- Member is at least 12 years of age

**Spastic Conditions** [1,32,33,44,46,49-51,69,81,88]

- Member has one of the following:
  - Upper/Lower Limb spasticity in adults **† ‡**
  - Pediatric upper limb spasticity in members at least 2 years of age **† ‡ Φ**
  - Pediatric lower limb spasticity in members at least 2 years of age **†**
  - Spastic Plegic conditions including Monoplegia, Diplegia, Hemiplegia, Paraplegia (including Hereditary spastic paraplegia) and Quadriplegia **‡**
  - Hemifacial Spasm **‡**

**Severe Primary Axillary Hyperhidrosis †** [1,15,52,59,60,79,84]

- Member has tried and failed ≥ 1 month trial of a topical agent (e.g., 20% aluminum chloride, glycopyrronium, aluminum zirconium trichlorohydrate, sofpironium, etc.); **AND**
    - Member has a history of medical complications such as skin infections or significant functional impairments; **OR**
    - Member has had a significant burden of disease or impact to activities of daily living due to condition (e.g., impairment in work performance/productivity, frequent change of clothing, difficulty in relationships and/or social gatherings, etc.)

**Prophylaxis for Chronic Migraines †** [1,6,7,53,56,58,75,80,82,83]

- Physician has assessed baseline disease severity utilizing an objective measure/tool (e.g., Headache Impact Test [HIT-6]; monthly headache day [MHD]; Migraine Disability Assessment [MIDAS]; Migraine Physical Function Impact Diary [MPFID]); **AND**
- Member is utilizing prophylactic intervention modalities (e.g., avoiding migraine triggers, pharmacotherapy, behavioral therapy, neuromodulation, physical therapy, etc.); **AND**
- Other causes of headaches have been ruled out; **AND**
- Member has a diagnosis of chronic migraines defined as 15 or more headache (tension-type-like and/or migraine-like) days per month for > 3 months; **AND**
- On at least 8 days per month for > 3 months, headaches have one of the following features consistent with migraine:
    - Headache is relieved by triptans or ergot derivatives; **OR**
    - Headache is presenting as migraine with aura; **OR**
    - Headache is without aura but has characteristics of a migraine as determined by the provider (e.g., unilateral, pulsating, nausea/vomiting, photophobia/phonophobia, etc.); **AND**
- One of the following apply:
    - Patient has failed at least an 8-week trial of any two oral medications for the prevention of migraines (see list of migraine-prophylactic medications below for examples **±**); **OR**
    - Patient had previous treatment with a CGRP antagonist used for prevention of migraines

**Esophageal Achalasia ‡** [3-5,68,70]

- Member is not a candidate for or has had treatment failure with definitive therapy [e.g., pneumatic dilation, surgical myotomy, or peroral endoscopic myotomy (POEM)]; **OR**
- Member has had perforation from pneumatic dilation; **OR**
- Member has an epiphrenic diverticulum or hiatal hernia; **OR**
- Member has esophageal varices

**Focal Dystonias ‡** [23-25,34-41,71-73]

- Focal upper limb dystonia
  - Member has functional impairment; **OR**
  - Member has pain as a result
- Laryngeal dystonia
- Oromandibular dystonia
  - Member has functional impairment; **OR**
  - Member has pain as a result

**Sialorrhea associated with Neurological Disorders ‡** [16-20,42,43]

- Member has a history of troublesome sialorrhea for at least a 3 month period; **AND**
  - Member has Parkinson's disease; **OR**
  - Member has severe developmental delays; **OR**
  - Member has cerebral palsy; **OR**
  - Member has amyotrophic lateral sclerosis (ALS)

**Incontinence due to Detrusor Overactivity †** [1,55,64,67]

- Member is at least 5 years of age; **AND**
- Member does not have a current, untreated urinary tract infection; **AND**
- Member has detrusor overactivity associated with a neurologic condition (e.g., spinal cord injury, multiple sclerosis, etc.) that is confirmed by urodynamic testing; **AND**
- Member has failed a 1 month or longer trial of **two** medications from either the antimuscarinic (e.g., darifenacin, fesoterodine, oxybutynin, solifenacin, tolterodine, trospium, etc.) or beta-adrenergic (e.g., mirabegron, vibegron, etc.) classes

**Overactive Bladder (OAB) †** [1,55]

- Member does not have a current, untreated urinary tract infection; **AND**
- Member has symptoms of urge urinary incontinence, urgency, and frequency; **AND**
- Member has failed a 1 month or longer trial of **two** medications from either the antimuscarinic (e.g., darifenacin, fesoterodine, oxybutynin, solifenacin, tolterodine, trospium, etc.) or beta-adrenergic (e.g., mirabegron, vibegron, etc.) classes

**Severe Palmar Hyperhidrosis ‡** [21,52,74]

- Member has tried and failed ≥ 1 month trial of a topical agent (e.g., 20% aluminum chloride, etc.); **AND**
- Member has failed with iontophoresis; **AND**

- Member has a history of medical complications such as skin infections or significant functional impairments; **OR**
- Member has had a significant impact to activities of daily living due to condition

**Chronic Anal Fissure ‡** [27-31,47,61-63,87]

- Other causes of disease have been ruled out (e.g., Crohn's Disease, etc.); **AND**
- Member has failed on non-pharmacologic supportive measures (e.g., sitz baths, psyllium fiber, bulking agents, etc.); **AND**
- Member has tried and failed a ≥ 1 month trial of conventional pharmacologic therapy (e.g. oral/topical nifedipine, diltiazem, topical nitroglycerin, bethanechol, etc.)

**Ventral Hernia ‡** [65,66]

- Member has a large ventral hernia with loss of domain or contaminated ventral hernia; **AND**
- Used preoperatively in members scheduled to receive abdominal wall reconstruction (AWR)

**Temporomandibular disorders (TMD) ‡** [76-78,85]

- Member has a diagnosis of TMD with painful symptoms (e.g., pain upon opening the mouth and chewing, headache, joint clicking/noise, etc.) lasting > 3 months; **AND**
- Member has tried and failed a 3-month trial of conventional noninvasive therapy (e.g., cognitive behavior therapy, pharmacotherapy, physical therapy, occlusal devices, etc.)

† FDA Approved Indication; ‡ Compendia Recommended Indication(s); Φ Orphan Drug

| ± Migraine-Prophylaxis Oral Medications *(list not all-inclusive)*[6,53,58, 80] |
|---|
| • Antidepressants (e.g., amitriptyline, nortriptyline, venlafaxine, duloxetine, etc.)<br>• Beta blockers (e.g., propranolol, metoprolol, nadolol, timolol, atenolol, pindolol etc.)<br>• Angiotensin converting enzyme inhibitors/angiotensin II receptor blockers (ex. lisinopril, candesartan, etc.)<br>• Anti-epileptics (e.g., divalproex, valproate, topiramate, etc.) |

## IV. Renewal Criteria [1]

Prior authorization validity can be renewed based upon the following criteria:

- Member continues to meet the universal and indication specific criteria as identified in section III; **AND**
- Duration of authorization has not been exceeded *(refer to Section I)*; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: symptoms of a toxin spread effect and clinically significant effects with pre-existing neuromuscular disorders (e.g., asthenia, generalized muscle weakness, diplopia, ptosis,

dysphagia, dysphonia, dysarthria, urinary incontinence, swallowing/breathing difficulties, etc.), severe hypersensitivity reactions (e.g., anaphylaxis, serum sickness, urticaria, soft tissue edema, dyspnea, etc.), severe pulmonary effects (e.g., reduced pulmonary function), corneal exposure/ulceration, retrobulbar hemorrhage, bronchitis/upper-respiratory tract infections, autonomic dysreflexia, urinary tract infection, urinary retention, etc.; **AND**

- Disease response as evidenced by the following:

**Blepharospasms** [1]

- Improvement of severity and/or frequency of eyelid spasms

**Cervical Dystonia** [1]

- Improvement in the severity and frequency of pain; **AND**
- Improvement of abnormal head positioning

**Strabismus** [1]

- Improvement in alignment of prism diopters compared to pre-treatment baseline

**Upper/Lower Limb Spasticity** [1]

- Decrease in tone and/or resistance, of affected areas, based on a validated measuring tool (e.g., Ashworth Scale, Physician Global Assessment, Clinical Global Impression (CGI), etc.)

**Hemifacial Spasms** [32,33,49-51]

- Decrease in frequency and/or severity of spasm, or a decrease in tone and/or improvement in asymmetry to the affected side of the face

**Severe Primary Axillary Hyperhidrosis** [1,59]

- Significant reduction in spontaneous axillary sweat production; **AND**
- Member has a significant improvement in activities of daily living

**Prophylaxis for Chronic Migraines** [1,53,56,58]

- Significant decrease in the number, frequency, and/or intensity of headaches compared to baseline on an objective measure/tool (e.g., Headache Impact Test [HIT-6]; monthly headache day [MHD]; Migraine Disability Assessment [MIDAS]; Migraine Physical Function Impact Diary [MPFID]); **AND**
- Improvement in function; **AND**
- Member continues to utilize prophylactic intervention modalities (e.g., avoiding migraine triggers, pharmacotherapy, behavioral therapy, neuromodulation, physical therapy, etc.)

**Esophageal Achalasia** [3-5,68,70]

- Improvement and/or relief in symptoms (e.g., dysphagia, pain, etc.); **OR**
- Improvement in esophageal emptying as evidenced by functional testing

**Focal Dystonias** [23-25,34-41,71]

- **Focal upper limb dystonia**
  - Improvement in pain and/or function
- **Laryngeal dystonia**
  - Improvement in voice function or quality
- **Oromandibular dystonia**
  - Improvement in pain and function

**Sialorrhea associated with Neurological Disorders** [16-19,42,43]

- Significant decrease in saliva production

**Incontinence due to Detrusor Overactivity** [1]

- Member does not have a current, untreated urinary tract infection; **AND**
- Significant improvements in weekly frequency of incontinence episodes; **AND**
- Member's post-void residual (PVR) periodically assessed as medically appropriate

**Overactive Bladder (OAB)** [1]

- Member does not have a current, untreated urinary tract infection; **AND**
- Significant improvement in daily frequency of urinary incontinence or micturition episodes and/or volume voided per micturition; **AND**
- Member's post-void residual (PVR) periodically assessed as medically appropriate

**Severe Palmar Hyperhidrosis** [52,74]

- Significant reduction in spontaneous palmar sweat production; **AND**
- Member has a significant improvement in activities of daily living

**Chronic Anal Fissure** [27-31,47,61-63,87]

- Complete healing of anal fissure; **OR**
- Symptomatic improvement of persistent fissures

**Spastic Conditions, Other (Plegias, etc.)** [32,33,44,46,49-51,69]

- Decrease in tone and/or resistance, of affected areas, based on a validated measuring tool (e.g., Ashworth Scale, Physician Global Assessment, Clinical Global Impression (CGI), etc.)

**Temporomandibular Disorders (TMD)** [76-78,85]

- Member has significant improvement in symptoms (e.g., pain upon opening the mouth and chewing, headache, joint clicking/noise, etc.)

## V. Dosage/Administration [1,17,21,25,27-30,32,36-38,50,52,65,70,72-74,78,85,87]

| Indication | Dose |
|---|---|
| Blepharospasm | 1.25 to 2.5 Units (0.05 to 0.1 ml per site) injected into each of 3 sites per affected eye every three months. There appears to be little benefit obtainable from injecting more than 5 Units per site. The effect of treatment lasts an average of 12 weeks. Cumulative dose in 30 days should not exceed 200 units. |
| Cervical Dystonia | 198 to 300 Units divided among the affected muscles. No more than 50 Units per site. May re-treat in 12 weeks. |
| Strabismus | Based on muscle(s) affected, 1.25 to 5 Units in any one muscle initially. Subsequent doses may be increased up to two-fold compared to previously administered dose. No more than 25 Units in any one muscle for recurrent cases. The effect of treatment usually lasts about 12 weeks. |
| Esophageal Achalasia | 100 Units (20 to 25 Units per quadrant) per administration, dose may be repeated in 6 months (24 weeks). |
| Upper Limb Spasticity | Dosing in initial and sequential treatment sessions should be tailored to the individual based on the size, number and location of muscles involved, severity of spasticity, the presence of local muscle weakness, the member's response to previous treatment, or adverse event history with Botox. For pediatrics, localization of the involved muscles with techniques such as needle electromyographic guidance, nerve stimulation, or ultrasound is recommended.<br>Adults<br>– In clinical trials, doses ranging from 75 to 400 Units were divided among selected muscles at a given treatment session. Re-treat no sooner than every 12 weeks.<br>Pediatrics<br>– The recommended dose for treating pediatric upper limb spasticity is 3 Units/kg to 6 Units/kg divided among the affected muscles. The total dose of Botox administered per treatment session in the upper limb should not exceed 6 Units/kg or 200 Units, whichever is lower. When treating both lower limbs or the upper and lower limbs in combination, the maximum cumulative dose should not exceed the lower of 10 Units/kg body weight or 340 Units, in a 3-month interval. |
| Lower Limb Spasticity | Adults<br>– 300 to 400 Units divided among 5 muscle groups (gastrocnemius, soleus, tibialis posterior, flexor hallucis longus, and flexor digitorum longus). Re-treat no sooner than every 12 weeks.<br>Pediatrics |

| Indication | Dose |
|---|---|
| | – The recommended dose for treating pediatric lower limb spasticity is 4 Units/kg to 8 Units/kg divided among the affected muscles. The total dose of Botox administered per treatment session in the lower limb should not exceed 8 Units/kg or 300 Units, whichever is lower. When treating both lower limbs or the upper and lower limbs in combination, the maximum cumulative dose should not exceed the lower of 10 Units/kg body weight or 340 Units, in a 3-month interval. |
| Chronic Migraine | 155 Units administered intramuscularly (IM) as 0.1 mL (5 Units) injections per each site. Injections should be divided across 7 specific head/neck muscle areas. The recommended re-treatment schedule is every 12 weeks. |
| Severe Primary Axillary Hyperhidrosis | 50 Units intradermally per axilla every 16 weeks |
| Sialorrhea | 15 to 40 Units in the parotid gland injected in two places and 10 to 15 Units in the submandibular glands (total dose from 50 to 100 Units per member/administration), repeated in 3 months (12 weeks), if needed. |
| Neurogenic Bladder/Detrusor Overactivity | Adults<br>– 200 Units per treatment injected into the detrusor muscle using 30 injections (~6.7 Units each).<br>Pediatrics<br>– Weight ≥ 34 kg: 200 Units per treatment injected into the detrusor muscle using 20 injections.<br>– Weight < 34 kg: 6 Units/kg per treatment injected into the detrusor muscle using 20 injections.<br>** Re-inject no sooner than 12 weeks from the prior bladder injection. |
| Overactive Bladder (OAB) | 100 Units per treatment injected into the detrusor muscle using 20 injections (5 units each). Re-inject no sooner than 12 weeks from the prior bladder injection. |
| Palmar Hyperhidrosis | 50 to 100 Units per hand, repeated every 6 months (24 weeks), as needed. |
| Hemifacial Spasms | Recommended dose of 12 to 40 Units, divided among affected muscles. May re-treat every 12 weeks. |
| Oromandibular Dystonia | 80 Units per side (~40 Units injected into both the masseter and submentalis complex muscles) every 12 weeks. |
| Laryngeal Dystonia | Starting dose of 1.25 to 5 Units into affected muscles. Dose may be titrated up to 25 Units based on response and side effects. Re-treat every 3 months (12 weeks). |
| Chronic Anal Fissures | Recommended doses of up to 100 Units, injected into the anal sphincter. Re-treat every 3 months (12 weeks), as needed. |
| Ventral Hernia | 500 Units divided among abdominal muscles, injected 2-4 weeks prior to AWR surgery. |
| Temporomandibular disorders (TMD) | Up to a total of 100 Units per side divided among affected muscles (e.g., masseter, medial pterygoid, lateral pterygoid, temporalis) every 12 weeks |

| Indication | Dose |
|---|---|
| All other indications (unless otherwise specified) | Not to exceed a cumulative dose of 400 Units (for one or more indications) every 12 weeks. |
| – When initiating treatment, the lowest recommended dose should be used.<br>– In treating adult members for one or more indications, the maximum cumulative dose should not exceed 400 Units, in a 3-month (12-week) interval (unless used for Ventral Hernia).<br>– In treating pediatric members, the total should not exceed the lower of 10 Units/kg body weight or 340 Units, in a 3-month (12-week) interval.<br>– Unless otherwise stated, re-treatment should occur no sooner than 12 weeks from the prior injection.<br>– Units of Botox are specific to the preparation and assay method utilized and are not interchangeable with other preparations of botulinum toxin products and cannot be compared to or converted into units of any other botulinum toxin products. | |

## VI. Billing Code/Availability Information

HCPCS Code:

- J0585 – Injection, onabotulinumtoxin a, 1 unit; 1 billable unit = 1 unit

NDC(s):

- Botox 100 unit powder for injection; single-dose vial: 00023-1145-xx
- Botox 200 unit powder for injection; single-dose vial: 00023-3921-xx

## VII. References


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## Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

| Factor | Conclusion |
|---|---|
| Indication | Yes: Consider for PA |
| Safety and efficacy | Yes: Consider for PA |
| Potential for misuse/abuse | No: PA not a priority |
| Cost of drug | Yes: Consider for PA |

## Appendix 1 – Covered Diagnosis Codes

| ICD-10 | ICD-10 Description |
|---|---|
| G11.4 | Hereditary spastic paraplegia |
| G24.3 | Spasmodic torticollis |
| G24.4 | Idiopathic orofacial dystonia |
| G24.5 | Blepharospasm |

| ICD-10 | ICD-10 Description |
|---|---|
| G24.8 | Other dystonia |
| G24.9 | Dystonia, unspecified |
| G25.89 | Other specified extrapyramidal and movement disorders |
| G35.A | Relapsing-remitting multiple sclerosis |
| G35.B0 | Primary progressive multiple sclerosis, unspecified |
| G35.B1 | Active primary progressive multiple sclerosis |
| G35.B2 | Non-active primary progressive multiple sclerosis |
| G35.C0 | Secondary progressive multiple sclerosis, unspecified |
| G35.C1 | Active secondary progressive multiple sclerosis |
| G35.C2 | Non-active secondary progressive multiple sclerosis |
| G35.D | Multiple sclerosis, unspecified |
| G37.0 | Diffuse sclerosis of central nervous system |
| G43.701 | Chronic migraine without aura, not intractable, with status migrainosus |
| G43.709 | Chronic migraine without aura, not intractable, without status migrainosus |
| G43.711 | Chronic migraine without aura, intractable, with status migrainosus |
| G43.719 | Chronic migraine without aura, intractable, without status migrainosus |
| G43.E01 | Chronic migraine with aura, not intractable, with status migrainosus |
| G43.E09 | Chronic migraine with aura, not intractable, without status migrainosus |
| G43.E11 | Chronic migraine with aura, intractable, with status migrainosus |
| G43.E19 | Chronic migraine with aura, intractable, without status migrainosus |
| G51.3 | Clonic hemifacial spasm |
| G51.31 | Clonic hemifacial spasm, right |
| G51.32 | Clonic hemifacial spasm, left |
| G51.33 | Clonic hemifacial spasm, bilateral |
| G51.39 | Clonic hemifacial spasm, 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 |

| ICD-10 | ICD-10 Description |
|---|---|
| G81.13 | Spastic hemiplegia affecting right nondominant side |
| G81.14 | Spastic hemiplegia affecting left nondominant side |
| G82.20 | Paraplegia, unspecified |
| G82.21 | Paraplegia, complete |
| G82.22 | Paraplegia, incomplete |
| G82.50 | Quadriplegia, unspecified |
| G82.51 | Quadriplegia, C1-C4 complete |
| G82.52 | Quadriplegia, C1-C4 incomplete |
| G82.53 | Quadriplegia, C5-C7 complete |
| G82.54 | Quadriplegia, C5-C7 incomplete |
| G83.0 | Diplegia of upper limbs |
| G83.10 | Monoplegia of lower limb affecting unspecified side |
| G83.11 | Monoplegia of lower limb affecting right dominant side |
| G83.12 | Monoplegia of lower limb affecting left dominant side |
| G83.13 | Monoplegia of lower limb affecting right nondominant side |
| G83.14 | Monoplegia of lower limb affecting left nondominant side |
| G83.20 | Monoplegia of upper limb affecting unspecified side |
| G83.21 | Monoplegia of upper limb affecting right dominant side |
| G83.22 | Monoplegia of upper limb affecting left dominant side |
| G83.23 | Monoplegia of upper limb affecting right nondominant side |
| G83.24 | Monoplegia of upper limb affecting left nondominant side |
| G83.4 | Cauda equina syndrome |
| H49.00 | Third [oculomotor] nerve palsy, unspecified eye |
| H49.01 | Third [oculomotor] nerve palsy, right eye |
| H49.02 | Third [oculomotor] nerve palsy, left eye |
| H49.03 | Third [oculomotor] nerve palsy, bilateral |
| H49.10 | Fourth [trochlear] nerve palsy, unspecified eye |
| H49.11 | Fourth [trochlear] nerve palsy, right eye |
| H49.12 | Fourth [trochlear] nerve palsy, left eye |
| H49.13 | Fourth [trochlear] nerve palsy, bilateral |
| H49.20 | Sixth [abducent] nerve palsy, unspecified eye |
| H49.21 | Sixth [abducent] nerve palsy, right eye |
| H49.22 | Sixth [abducent] nerve palsy, left eye |
| H49.23 | Sixth [abducent] nerve palsy, bilateral |
| H49.30 | Total (external) ophthalmoplegia, unspecified eye |

| ICD-10 | ICD-10 Description |
|---|---|
| H49.31 | Total (external) ophthalmoplegia, right eye |
| H49.32 | Total (external) ophthalmoplegia, left eye |
| H49.33 | Total (external) ophthalmoplegia, bilateral |
| H49.40 | Progressive external ophthalmoplegia, unspecified eye |
| 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 |
| H49.889 | Other paralytic strabismus, unspecified eye |
| 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 |

| ICD-10 | ICD-10 Description |
|---|---|
| H50.16 | Alternating exotropia with A pattern |
| H50.17 | Alternating exotropia with V pattern |
| H50.18 | Alternating exotropia with other noncomitancies |
| H50.21 | Vertical strabismus, right eye |
| H50.22 | Vertical strabismus, left eye |
| H50.30 | Unspecified intermittent heterotropia |
| H50.311 | Intermittent monocular esotropia, right eye |
| H50.312 | Intermittent monocular esotropia, left eye |
| H50.32 | Intermittent alternating esotropia |
| H50.331 | Intermittent monocular exotropia, right eye |
| H50.332 | Intermittent monocular exotropia, left eye |
| H50.34 | Intermittent alternating exotropia |
| H50.40 | Unspecified heterotropia |
| H50.411 | Cyclotropia, right eye |
| H50.412 | Cyclotropia, left eye |
| H50.42 | Monofixation syndrome |
| 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 hyperphoria |
| 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 |
| H50.629 | Inferior oblique muscle entrapment, unspecified eye |
| H50.631 | Inferior rectus muscle entrapment, right eye |
| H50.632 | Inferior rectus muscle entrapment, left eye |
| H50.639 | Inferior rectus muscle entrapment, unspecified eye |
| H50.641 | Lateral rectus muscle entrapment, right eye |
| H50.642 | Lateral rectus muscle entrapment, left eye |
| H50.649 | Lateral rectus muscle entrapment, unspecified eye |

| ICD-10 | ICD-10 Description |
|---|---|
| H50.651 | Medial rectus muscle entrapment, right eye |
| H50.652 | Medial rectus muscle entrapment, left eye |
| H50.659 | Medial rectus muscle entrapment, unspecified eye |
| H50.661 | Superior oblique muscle entrapment, right eye |
| H50.662 | Superior oblique muscle entrapment, left eye |
| H50.669 | Superior oblique muscle entrapment, unspecified eye |
| H50.671 | Superior rectus muscle entrapment, right eye |
| H50.672 | Superior rectus muscle entrapment, left eye |
| H50.679 | Superior rectus muscle entrapment, unspecified eye |
| H50.681 | Extraocular muscle entrapment, unspecified, right eye |
| H50.682 | Extraocular muscle entrapment, unspecified, left eye |
| H50.689 | Extraocular muscle entrapment, unspecified, unspecified eye |
| 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 |
| H51.20 | Internuclear ophthalmoplegia, unspecified eye |
| 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 |
| 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 |
| I69.039 | Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified 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 |

| ICD-10 | ICD-10 Description |
|---|---|
| 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 |
| 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 |
| I69.059 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side |
| 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 |
| I69.139 | Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified site |
| 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 |
| I69.149 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified site |
| 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 |
| I69.159 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side |
| 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 |

| ICD-10 | ICD-10 Description |
|---|---|
| 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 |
| I69.239 | Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified site |
| 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 |
| I69.249 | Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified site |
| 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 |
| I69.259 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side |
| 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 |
| I69.339 | Monoplegia of upper limb following cerebral infarction affecting unspecified site |
| I69.341 | Monoplegia of lower limb following cerebral infarction affecting right dominant side |
| I69.342 | Monoplegia of lower limb following cerebral infarction affecting left dominant side |
| I69.343 | Monoplegia of lower limb following cerebral infarction affecting right non-dominant side |
| I69.344 | Monoplegia of lower limb following cerebral infarction affecting left non-dominant side |
| I69.349 | Monoplegia of lower limb following cerebral infarction affecting unspecified site |
| 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 |
| I69.359 | Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side |
| I69.831 | Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side |

| ICD-10 | ICD-10 Description |
|---|---|
| I69.832 | Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side |
| I69.833 | Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side |
| I69.834 | Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side |
| I69.839 | Monoplegia of upper limb following other cerebrovascular disease affecting unspecified site |
| 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 |
| I69.849 | Monoplegia of lower limb following other cerebrovascular disease affecting unspecified site |
| I69.851 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side |
| I69.852 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side |
| I69.853 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side |
| I69.854 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side |
| I69.859 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side |
| I69.931 | Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side |
| I69.932 | Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side |
| I69.933 | Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side |
| I69.934 | Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side |
| I69.939 | Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified 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 |
| I69.949 | Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified 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 |
| I69.959 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side |

| ICD-10 | ICD-10 Description |
|---|---|
| J38.3 | Other diseases of vocal cords |
| K43.6 | Other and unspecified ventral hernia with obstruction, without gangrene |
| K43.7 | Other and unspecified ventral hernia with gangrene |
| K43.9 | Ventral hernia without obstruction or gangrene |
| K11.7 | Disturbances of salivary secretions |
| K22.0 | Achalasia of cardia |
| K60.1 | Chronic anal fissure |
| L74.510 | Primary focal hyperhidrosis, axilla |
| L74.512 | Primary focal hyperhidrosis, palms |
| M43.6 | Torticollis |
| M26.601 | Right temporomandibular joint disorder, unspecified |
| M26.602 | Left temporomandibular joint disorder, unspecified |
| M26.603 | Bilateral temporomandibular joint disorder, unspecified |
| M26.609 | Unspecified temporomandibular joint disorder, unspecified side |
| 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 |

**Dual coding requirements:**

- Primary G and M codes require a secondary G or I code in order to be payable

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

| Medicare Part B Covered Diagnosis Codes | | |
|---|---|---|
| **Jurisdiction** | **NCD/LCA/LCD Document (s)** | **Contractor** |
| 6 & K | A59707 | National Government Services, Inc. (NGS) |
| F | A57186 | Noridian Healthcare Solutions, LLC |
| E | A57185 | Noridian Healthcare Solutions, LLC |
| 5 & 8 | A59809 | Wisconsin Physicians Service Insurance Corp (WPS) |
| 15 | A59726 | CGS Administrators, LLC |
| J & M | A59714 | Palmetto GBA |
| J & M | A56389 | Palmetto GBA |
| N | A57715 | First Coast Service Options, Inc. |
| H & L | A58423 | Novitas Solutions, Inc. |

| Medicare Part B Administrative Contractor (MAC) Jurisdictions | | |
|---|---|---|
| **Jurisdiction** | **Applicable State/US Territory** | **Contractor** |
| E (1) | CA, HI, NV, AS, GU, CNMI | Noridian Healthcare Solutions, LLC |
| F (2 & 3) | AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ | Noridian Healthcare Solutions, LLC |
| 5 | KS, NE, IA, MO | Wisconsin Physicians Service Insurance Corp (WPS) |
| 6 | MN, WI, IL | National Government Services, Inc. (NGS) |
| H (4 & 7) | LA, AR, MS, TX, OK, CO, NM | Novitas Solutions, Inc. |
| 8 | MI, IN | Wisconsin Physicians Service Insurance Corp (WPS) |
| N (9) | FL, PR, VI | First Coast Service Options, Inc. |
| J (10) | TN, GA, AL | Palmetto GBA |
| M (11) | NC, SC, WV, VA (excluding below) | Palmetto GBA |
| L (12) | DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA) | Novitas Solutions, Inc. |
| K (13 & 14) | NY, CT, MA, RI, VT, ME, NH | National Government Services, Inc. (NGS) |
| 15 | KY, OH | CGS Administrators, LLC |