

Policy Name	Clinical Policy - Botulinum Toxin
Policy Number	1325.00
Department	Clinical Product & Development
Subcategory	Medical Management
Original Approval Date	05/01/2018
Current MPC/CCO Approval Date	04/03/2024
Current Effective Date	07/01/2024

Company Entities Supported (Select All that Apply) <input checked="" type="checkbox"/> Superior Vision Benefit Management <input checked="" type="checkbox"/> Superior Vision Services <input checked="" type="checkbox"/> Superior Vision of New Jersey, Inc. <input checked="" type="checkbox"/> Block Vision of Texas, Inc. d/b/a Superior Vision of Texas <input checked="" type="checkbox"/> Davis Vision (Collectively referred to as 'Versant Health' or 'the Company')

ACRONYMS or DEFINITIONS	
n/a	

PURPOSE

To provide the medical criteria to support the indication(s) for botulinum toxin therapy. Applicable procedure codes are also defined.

POLICY

A. BACKGROUND

Botulinum toxin is used for strabismus and chemodeneration of facial muscles for blepharospasm and hemifacial spasm. Botulinum toxins produce presynaptic neuromuscular blockade by preventing release of acetylcholine from nerve endings and is used to treat overactive skeletal muscles.

There are several botulinum toxin products in the US market – Botox® (onabotulinumtoxinA), Dysport® (abobotulinumtoxinA), Xeomin® (incobotulinumtoxinA), and Myobloc® (rimabotulinumtoxinB). Each product has unique characteristics, dosing, and preparation specific to individual neurotoxin.

Blepharospasm, also known as benign essential blepharospasm, is a progressive neurologic disorder characterized by involuntary eyelid muscle contractions. In some patients the eyelid muscle spasms are associated with other facial muscle spasms. It is usually bilateral but may initially be unilateral. It is distinguished from temporary eyelid twitching due to other factors such as stress, caffeine, fatigue, dry eyes, and other unrelated eyelid muscle spasms such as that associated with spastic entropion.

Hemifacial spasm is a nervous system disorder in which the muscles on one side of the face twitch involuntarily. Strabismus is a condition where the two eyes do not align causing double vision. In some cases of hemifacial spasm or strabismus, botulinum toxin is an effective treatment.

B. Medically Necessary

1. The use of botulinum toxin A drugs may be medically necessary for strabismus, blepharospasm, hemifacial spasm and related seventh nerve disease.
2. All botulinum toxin A and B products are not equivalent or interchangeable. At present, only Botox® (onabotulinumtoxinA) and Xeomin® (incobotulinumtoxinA) are FDA-approved for blepharospasm. Xeomin use is only FDA-approved in patients previously treated with Botox®. Botox® is currently the only FDA-approved botulinum toxin product for use on hemifacial spasms.

C. Not Medically Necessary

1. Injections of botulinum toxin for spastic conditions more frequently than every 90 days¹ may not be medically necessary except in extraordinary circumstances.
2. Ongoing treatment with botulinum toxin may be medically necessary if there is documentation of treatment success. Failure to produce a satisfactory response to two consecutive treatments at the appropriate or maximum dose is considered treatment failure and further treatments may not be considered medically necessary.
3. Myobloc® (RimabotulinumtoxinB) is not currently approved for either blepharospasm or hemifacial spasm. Medical necessity for Myobloc® is determined on an individual case-by-case basis. There must be documentation of prior treatment failure with one of the other commercially available botulinum toxin A drugs.
4. Use of botulinum toxin for cosmetic purposes may not be a medically necessary service.
5. Multiple injections on the same side are classified as a single procedure.

D. Documentation

Medical necessity must be supported by adequate and complete documentation in the patient's medical record that describes the procedure and the medical rationale as in the requirements above. For any retrospective review, a full operative report and/or the clinical care plan is needed.

All items must be available upon request to initiate or sustain previous payments. Every page of the record must be legible and include appropriate patient identification information

¹ FDA Prescribing Information 4086832; update 4/2017.

(e.g., complete name, date(s) of service). Services provided or ordered must be authenticated by the physician, in a handwritten or electronic signature. Stamped signatures are not acceptable.

Documentation for botulinum toxin therapeutics includes all of the following:

1. Eye exam with description of medical justification for injection of botulinum toxin and absence of contraindications for the procedure.
2. For repeat injections, description of effectiveness of prior injection(s).
3. Allied diagnostic testing with physician's order, medical rationale, findings, interpretation and report.
4. Detailed operative report that incorporates:
 - a. Indication(s)
 - b. Product name, dosage, site(s), and frequency of injections
 - c. Total amount of botulinum toxin used, and the amount discarded.

E. Procedural Detail

CPT/HCPCS CODES	
64612	Chemodeneration of muscles innervated by facial nerve e.g., blepharospasm, hemifacial spasm
67345	Chemodeneration of extraocular muscle
J0585	injection onabotulinumtoxinA 1 unit
J0586	injection abobotulinumtoxinA 5 units
J0587	injection rimabotulinumtoxinB 100 units
J0588	injection incobotulinumtoxinA 1 unit
Required Modifiers	
RT	Right side
LT	Left side
50	Bilateral procedure
Case Specific Modifier	
JW or JZ	Discarded drug or no discarded drug
Invalid Modifiers	
24	EM visit during post-op
25	EM visit same day as minor procedure
57	EM Visit same day as major procedure

Disclaimer and Copyrights

This clinical policy is provided for information purposes only and does not constitute medical advice. Versant Health, Inc., and its affiliates (the “Company”) do not provide health care services and cannot guarantee any results or outcomes. Treating doctors are solely responsible for determining what services or treatments to provide to their patients. Patients (members) should always consult their doctor before making any decisions about medical care.

Subject to applicable law, compliance with this clinical policy is not a guarantee of coverage or payment. Coverage is based on the terms of an individual’s particular benefit plan document, which may not cover the service(s) or procedure(s) addressed in this clinical policy. The terms of the individual’s specific benefit plan are always determinative.

Every effort has been made to ensure that the information in this clinical policy is accurate and complete, however the Company does not guarantee that there are no errors in this policy or that the display of this file on a website is without error. The company and its employees are not liable for any errors, omissions, or other inaccuracies in the information, product, or processes disclosed herein. Neither the Company nor its employees represent that the use of such information, products, or processes will not infringe on privately owned rights. In no event shall the Company be liable for direct, indirect, special, incidental, or consequential damages arising out of the use of such information, product, or process.

COMPANY’S COPYRIGHT STATEMENT Except for any copyrights described below, this clinical policy is confidential and proprietary, and no part of this clinical policy may be copied, distributed, or used without Versant Health, or its applicable affiliates, express prior written approval.

AMA COPYRIGHT STATEMENT CPT© is the 2002-2024 copyright of the American Medical Association. All Rights Reserved. CPT™ is a registered trademark of the American Medical Association. Applicable FARS/DFARS apply for government use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

DOCUMENT HISTORY		
<i>Approval Date</i>	<i>Revision History</i>	<i>Effective Date</i>
05/01/2018	Initial Policy	05/01/2018
07/25/2019	Annual review; no criteria changes	08/01/2019
06/03/2020	Annual review; no criteria changes	10/01/2020
04/07/2021	Annual review; no criteria changes	07/01/2021
04/01/2022	Annual review; no criteria changes	07/01/2022

04/12/2023	Annual review; no criteria changes	07/01/2023
04/03/2024	Annual review; no criteria changes	07/01/2024

REFERENCES AND SOURCES

1. Alsuhaibani AH, Eid SA. Botulinum toxin injection and tear production. *Curr Opin Ophthalmol*. 2018 Sep;29(5):428-433. doi: 10.1097/ICU.0000000000000506. PMID: 29994851.
2. Bentivoglio AR, Del Grande A, Petracca M, et.al. Clinical differences between botulinum neurotoxin type A and B. *Toxicon*. 2015;107(Pt A):77-84. doi: 10.1016/j.toxicon.2015.08.001.
3. Bentivoglio AR, Fasano A, Ialongo T et al. Fifteen-year experience in treating blepharospasm with Botox or Dysport: Same toxin, two drugs. *Neurotox Res* 2009; 15:224-231.
4. Choi MG, Yeo JH, Kang JW, et.al. Effects of botulinum toxin type A on the treatment of dry eye disease and tear cytokines. *Graefes Arch Clin Exp Ophthalmol*. 2019; 257(2):331–338.
5. Choudhury S, Baker MR, Chatterjee S, et.al. Botulinum Toxin: An Update on Pharmacology and Newer Products in Development. *Toxins (Basel)*. 2021 Jan 14;13(1):58. doi: 10.3390/toxins13010058. PMID: 33466571; PMCID: PMC7828686.
6. Dua HS, Said DG, Messmer EM, et al. Neurotrophic keratopathy. *Prog Retin Eye Res*. 2018; 66:107–131.
7. Coscarelli JM. Essential blepharospasm. *Semin Ophthalmol*. 2010 May;25(3):104-8. doi:10.3109/08820538.2010.488564. PMID: 20590421.
8. Dressler D, Adib Saberi F, Rosales RL. Botulinum toxin therapy of dystonia. *J Neural Transm (Vienna)*. 2021 Apr;128(4):531-537. doi: 10.1007/s00702-020-02266-z. Epub 2020 Oct 30. PMID: 33125571; PMCID: PMC8099791.
9. Dressler D. Therapeutically relevant features of botulinum toxin drugs. *Toxicon*. 2020 Feb; 175:64-68. doi: 10.1016/j.toxicon.2019.12.005. Epub 2019 Dec 7. PMID: 32056697.
10. Duarte GS, Rodrigues FB, Marques RE, et al. Botulinum toxin type A therapy for blepharospasm. *Cochrane Database Syst Rev*. 2020;11:CD004900. Published 2020 Nov 19. doi: 10.1002/14651858.CD004900.pub3
11. Dutton JJ, White JJ, Richard MJ. Myobloc for the treatment of benign essential blepharospasm in patients that are refractory to botox. *Ophthal Plast Reconstr Surg*. May-Jun 2006; 22(3):173-177.
12. Escuder AG, Hunter DG. The Role of Botulinum Toxin in the Treatment of Strabismus. *Semin Ophthalmol*. 2019;34(4):198-204. doi: 10.1080/08820538.2019.1620795. Epub 2019 Jun 8. PMID: 31177893.
13. Ferrazzano G, Conte A, Fabbrini G, et.al. Botulinum toxin and blink rate in patients with blepharospasm and increased blinking. *J Neurol Neurosurg Psychiatry*. 2015 Mar;86(3):336-40. doi: 10.1136/jnnp-2014-307821. Epub 2014 Jun 24. PMID: 24963123.
14. Flores-Reyes EM, Castillo-López MG, Toledo-Silva R, et.al. Botulinum toxin type A as treatment of partially accommodative esotropia. *Arch Soc Esp Oftalmol*. 2016; 91(3):120–124.

15. Freeman MD, Margulies IG, Sanati-Mehrziy P, et.al. Nonaesthetic Applications for Botulinum Toxin in Plastic Surgery. *Plast Reconstr Surg*. 2020 Jul;146(1):157-170. doi: 10.1097/PRS.0000000000006908. PMID: 32590660.
16. Giacometti J, Yen Michael. Comparing dose and duration of onabotulinumtoxinA and incobotulinumtoxinA in blepharospasm and hemifacial spasm. *Inv Ophthalmol & Vis Sci*; April 2014; Vol 55: 3110.
17. Gómez de Liaño R. The Use of Botulinum Toxin in Strabismus Treatment. *J Binocul Vis Ocul Motil*. 2019 Apr-Jun;69(2):51-60. doi: 10.1080/2576117X.2019.1601973. Epub 2019 May 6. PMID: 31058579.
18. Gupta S, Gan J, Jain S. Efficacy of Botulinum Toxin in the Treatment of Convergence Spasm. *Strabismus*. 2018; 26(3):122–125.
19. Jankovic J, Comella C, et al. Efficacy and safety of incobotulinumtoxinA (NT 201 Xeomin) in the treatment of blepharospasm – a randomized trial. *Mov Disord*. 2011 Jul; 26(8): 1521-87.
20. Karp BI, Alter K. Botulinum Toxin Treatment of Blepharospasm, Orofacial/Oromandibular Dystonia, and Hemifacial Spasm. *Semin Neurol*. 2016 Feb;36(1):84-91. doi: 10.1055/s-0036-1571952. Epub 2016 Feb 11. PMID: 26866500.
21. Mahan M, Engel JM. The resurgence of botulinum toxin injection for strabismus in children. *Curr Opin Ophthalmol*. 2017; 28(5):460–464.
22. Simpson DM, Hallett M, Ashman EJ, et al. Practice guideline update summary: Botulinum neurotoxin for the treatment of blepharospasm, cervical dystonia, adult spasticity, and headache: Report of the Guideline Development Subcommittee of the American Academy of Neurology. *Neurology*. 2016;86(19):1818-1826. doi:10.1212/WNL.0000000000002560
23. Talbet JH, Elnahry AG. OnabotulinumtoxinA for the treatment of headache: an updated review. *J Integr Neurosci*. 2022 Jan 28;21(1):37. doi: 10.31083/j.jin2101037. PMID: 35164473.
24. Truong D, Comella C, Fernandez HH, et al. Efficacy and safety of purified botulinum toxin type A (Dysport) for the treatment of benign essential blepharospasm: A randomized, placebo-controlled, phase II trial. *Parkinsonism Relat Disord* 2008; 14: 407-414.
25. Yen MT. Developments in the treatment of benign essential blepharospasm. *Curr Opin Ophthalmol*. 2018 Sep;29(5):440-444. doi: 10.1097/ICU.0000000000000500. PMID: 29916840.

SOURCES

1. AAO. Botulinum Toxin in Ophthalmic Practice. 2017. <https://www.aao.org/education/course/botulinum-toxin-in-ophthalmic-practice>. Accessed 2/2024.
2. Allergan Pharmaceuticals Package Insert. Botox® (Botulinum Toxin Type A) for injection, for intramuscular, intradetrusor, or intradermal use. <https://media.allergan.com/actavis/actavis/media/general/Oman-PIL-BOTOX-100U.pdf>. Accessed 2/2024.
3. FDA; Prescribing information. https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/103000s5236lbl.pdf . Accessed 2/2024.ribing Information; Botox A. https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/103000s5236lbl.pdf. Accessed 3/2024.