



CLINICAL GUIDELINES

CMM-205 ~ Chemodeneration-Botulinum Toxin

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Imaging requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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CMM-205~Chemodenervation-Botulinium Toxin Injection

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CMM-205~Chemodenervation-Botulinum Toxin Injection

CMM-205.1 Definition

- ✓ **Chemodenervations** (i.e., botulinum toxin injections) are intramuscular injections of neurotoxins. The toxin acts by blocking release of acetylcholine at the neuromuscular junction thus reducing the tone of overactive muscles. There are several commercial products (consisting of either serotype-A or serotype-B) currently available for use. Each differs in its unit potency, side effects, and duration of action. The clinical goals for utilizing neurotoxin injections are to result in a temporary chemodenervation of the effected muscle at the neuromuscular junction thus: reducing pain or increasing comfort, improving function, preventing or treating musculoskeletal complications, facilitating ease of care, and/or for improving the general appearance, mobility and/or phonation in patients presenting with spasticity or dystonia.

CMM-205.2 General Guidelines

- ✓ The determination of medical necessity for the use of chemodenervation (i.e., botulinum toxin injections) is always made on a case-by-case basis.

CMM-205.3 Indications and Non-Indications

- ✓ Chemodenervation utilizing botulinum toxin-A **may be considered medically necessary** for the treatment of patients presenting with the following conditions:
 - Spasticity
 - Cervical Dystonia (spasmodic torticollis)
 - Focal Dystonia
 - Blepharospasm
 - Laryngeal dystonia/spasm
 - Hemifascial spasm
 - Upper extremity essential tremor
 - Upper or lower extremity focal dystonia
 - Motor tics
 - Strabismus
 - Vesicourethral spasm
 - Headache
- ✓ Repeat chemodenervations are typically not indicated unless there is documented evidence that all types of improvement noted must be clinically meaningful and should include: functional improvement, clinically meaningful reduction in pain, reduction of the need for treatment of musculoskeletal complications, facilitating ease of care, and/or for improving the general appearance, mobility and/or phonation in patients presenting with spasticity or dystonia for a minimum of eight (8) weeks following the injection(s). Based on the typical response of properly administered chemodenervations injections are typically performed every three (3) months. Injections performed on a more frequent basis **may be considered not medically necessary**. In addition, more than four (4) injections per region per year **may be considered not medically necessary**.
- ✓ The use of electrical muscle stimulation (CPT[®]95873) or needle electromyography (CPT[®]95874) **may be considered medically necessary** for guidance in conjunction with chemodenervation.

- ✓ Chemodenervations are not without risk, and can expose individuals to potential serious complications. As a result, certain individuals may not be optimal candidates for chemodenervation. Optimal candidates include those:
 - With a limited number of muscles that need treatment;
 - Who do not have fixed contracture.
- ✓ In individuals who may not fulfill the criteria above, the use of chemodenervation **may be considered not medically necessary**.
- ✓ Based on the limited evidence of efficacy and the increased side-effects profile, the use of botulinum toxin type-B **may be considered medically necessary** only in the management of patients who have become non-responsive to botulinum toxin type-A.
- ✓ Chemodenervation **are considered not medically necessary** for the treatment of:
 - Myofascial trigger points
 - Myofascial tender points (Myofascitis or Fibromyositis or Fibromyalgia)
 - Neck Pain
 - Low Back Pain
- ✓ The use of chemodenervation is considered **not medically necessary** for cosmetic purposes as well as all other indications.

CMM-205.4 Procedure (CPT[®]) Codes

This guideline relates to the CPT[®] code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required. Pre-authorization requirements vary by individual payor.

CPT [®]	Code Description/Definition
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (e.g., blepharospasm, hemifacial spasm)
64613	Chemodenervation of muscle(s); neck muscle(s) (e.g., for spasmodic torticollis, spasmodic dysphonia)
64614	Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code from primary procedure)

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the individual payor (health insurance company, etc.) and is based on the member/patient/client/beneficiary's policy or benefit entitlement structure as well as any third party payor guidelines and/or claims processing rules. Providers are strongly urged to contact each payor for individual requirements if they have not already done so.

CMM-205.5 References

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