

# **LCD for Botulinum Toxin Type A & Type B (L28555)**

## **Contractor Information**

### **Contractor Name**

Wisconsin Physicians Service Insurance Corporation

### **Contractor Number**

00951, 00952, 00953, 00954, 05101, 05201, 05301, 05401, 05102, 05202, 05302, 05402

### **Contractor Type**

Carrier – MAC

## **LCD Information**

### **LCD ID Number**

L28555

### **LCD Title**

Botulinum Toxin Type A & Type B

### **Contractor's Determination Number**

INJ-018

### **AMA CPT / ADA CDT Copyright Statement**

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### **CMS National Coverage Policy**

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

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

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

### **Oversight Region**

Region V

## **Original Determination Effective Date**

For services performed on or after 05/16/2009

## **Original Determination Ending Date**

## **Revision Effective Date**

For services performed on or after 02/01/2010

## **Revision Ending Date**

## **Indications and Limitations of Coverage and/or Medical Necessity**

### Indications and Limitations of Coverage and/or Medical Necessity

Voluntary muscular contraction depends upon the release of acetylcholine from vesicles within a nerve ending following stimulation of the nerve. The acetylcholine is released into the neuromuscular junction, binding to specific proteins called receptors in the membrane of the muscle fiber. The effect of the acetylcholine at these receptors is to cause the muscle to contract. When a sufficient amount of acetylcholine has been released with subsequent binding to the muscle fiber proteins, muscle contraction occurs. Botulinum toxin type A and Botulinum toxin type B create a chemical blockade by inhibiting the release of acetylcholine from the nerve ending vesicles thereby preventing the acetylcholine from binding to the proteins in the receptor site on the muscle. Localized weakness or paralysis occurs in the muscle injected with Botulinum toxin.

Approved indications for Botulinum toxin type A and Botulinum toxin type B differ. WPS has determined that the separate accepted indications for the two botulinum toxin products will be combined into a single list of covered indications in this Local Coverage Determination (LCD) policy. It is the responsibility of providers, however, to use each drug in accordance with approved indications unless there are valid and documented reasons stating why the unapproved or unaccepted form is used. While this policy contains a single list of covered indications, this is not meant to imply that the two botulinum toxin products are interchangeable”.

In clinical conditions, such as cervical dystonia, excessive and abnormal regional muscle contraction causes torsion, spasticity and pain. Botulinum toxin, injected in a local fashion, can produce neuromuscular blockade and/or paralysis; symptoms abate, although repeat injections may be required. Eventual loss of response to repeated injections may occur in some patients who have received Botulinum toxin treatment.

Immuno-resistance may be one of the reasons for this development. As experience accumulates, with other toxin types also similar resistance could be observed.

Before consideration of coverage may be made:

1. In most cases it should be established that the patient has been unresponsive to conventional methods of treatments such as medication, physical therapy and other methods used to control and/or treat spastic condition.

2. Coverage of Botulinum toxin for certain spastic conditions (e.g., cerebral palsy, stroke, head trauma, spinal cord injuries, and multiple sclerosis) will be limited to those conditions listed in the ICD-9 Codes that Support Medical Necessity section of this policy. All other uses in the treatment of other types of spasm will be considered as investigational and therefore, noncovered by Medicare.

3. Since organic writer's cramp is uncommon, Medicare would not expect to see the treatment of this condition to be billed frequently.

4. The patient who has a spastic or excessive muscular contraction condition is usually started with a low dose of Botulinum toxin. Other spastic or muscular contraction conditions, such as eye muscle disorders, (e.g., blepharospasm) may require lesser amounts of Botulinum toxin. For larger muscle groups, it is generally agreed that once a maximum dose per site has been reached and there is no response, the treatment is discontinued. The treatments may be resumed at a later date. With response, the effect of the injections generally lasts for three months at which time the patient may need repeat injections to control the spastic or excessive muscular condition.

5. It is usually considered not medically necessary to give Botulinum toxin injections for spastic conditions more frequently than every 90 days.

6. Coverage of treatments provided may be continued unless any two treatments in a row, utilizing an appropriate or maximum dose of Botulinum toxin failed to produce satisfactory clinical response.

7. Requests may be considered for continued treatment during a treatment period or for resumption at a later date if satisfactory results have not been obtained, if compelling clinical evidence of medical necessity is presented.

8. Medicare will allow payment for one injection per site regardless of the number of injections made into the site. A site is defined as including all muscles of a single contiguous body part such as, a single limb, eyelid, face, neck, back, or chest.

NOTE:

WPS has confirmed with National Correct Coding Initiative (CCI), Centers for Medicare and Medicaid Services (CMS) and the AMA, if the description of the code is plural, regardless of the number of services performed, only one injection may be billed. On the Medicare Fee Schedule Data Base, CPT code 64613 may be billed as bilateral procedure (payment is based on the lower of: (a) the total actual charge for both sides or (b) 150% of the fee schedule amount of a single code).

9. Botulinum toxin may be covered in the treatment of achalasia. This use appears to be safe and effective. Two-thirds of patients respond within six months of treatment and effectiveness lasts an average of more than one year for the initial treatment, although shorter and longer durations have been reported.

The use of Botulinum toxin should not be endorsed for all patients but it can be considered individually in patients who:

- a. has failed conventional therapy;
- b. are at high risk of complications of pneumatic dilation or surgical myotomy;
- c. have failed a prior myotomy or dilation;
- d. has had a previous dilation-induced perforation;
- e. has an epiphrenic diverticulum or hiatal hernia, both of which increase the risk of dilation-induced perforation.

Some patients may fail a first injection and respond to a second. Further therapy should be questioned if two treatments in a row fail. Therapy can be repeated later in those who fail after an initial response

This service should be reported using CPT codes 43201 or 43236 and an ICD-9-CM code 530.0 - Achalasia and cardiospasm.

10. Botulinum toxin type A is FDA-approved for the treatment of treatment of cervical dystonia (2000), strabismus (1989), blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorders in patients 12 years of age and above (1989), and severe primary axillary hyperhidrosis that is inadequately managed with topical agents (2004).

Botulinum toxin type B received FDA approval in December 2000 for the .treatment of patients with cervical dystonia to reduce the severity of abnormal head position and neck pain associated with cervical dystonia. Botulinum toxin type B has not received FDA approval for other indications.

#### NOTE EXCEPTION

Primary axillary hyperhidrosis ICD-9 705.21, will only be covered for Botulinum toxin type A.

### Coding Information

#### 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 policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.**

#### 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 policy 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 policy should be assumed to apply equally to all Revenue Codes.**

#### CPT/HCPCS Codes

31513	LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE OR TELESCOPE
43201	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE
43236	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE
53899	UNLISTED PROCEDURE, URINARY SYSTEM

64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (EG, FOR BLEPHAROSPASM, HEMIFACIAL SPASM)
64613	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S) (EG, FOR SPASMODIC TORTICOLLIS, SPASMODIC DYSPHONIA)
64614	CHEMODENERVATION OF MUSCLE(S); EXTREMITY(S) AND/OR TRUNK MUSCLE(S) (EG, FOR DYSTONIA, CEREBRAL PALSY, MULTIPLE SCLEROSIS)
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE
92265	NEEDLE OCULOELECTROMYOGRAPHY, 1 OR MORE EXTRAOCULAR MUSCLES, 1 OR BOTH EYES, WITH INTERPRETATION AND REPORT
95860	NEEDLE ELECTROMYOGRAPHY; 1 EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS
95861	NEEDLE ELECTROMYOGRAPHY; 2 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS
95863	NEEDLE ELECTROMYOGRAPHY; 3 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS
95865	NEEDLE ELECTROMYOGRAPHY; LARYNX
95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM
95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL
95868	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL
95869	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES (EXCLUDING T1 OR T12)
95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN 1 EXTREMITY OR NON-LIMB (AXIAL) MUSCLES (UNILATERAL OR BILATERAL), OTHER THAN THORACIC PARASPINAL, CRANIAL NERVE SUPPLIED MUSCLES, OR SPHINCTERS
95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT

J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS
J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS

### ICD-9 Codes that Support Medical Necessity

**Note: ICD-9 Codes must be coded to the highest level of specificity.**

#### **For ONLY Botulinum Toxin Type A:**

705.21	PRIMARY FOCAL HYPERHIDROSIS
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#### **For both Botulinum Toxins Type A and Type B**

\*Botulinum toxin type B will be covered only when a candidate for botulinum toxin type A and there is some published literature to support the use. Note that there are no published data on the use of botulinum toxin type B for the following medically accepted indications of botulinum toxin type A: strabismus, achalasia, organic writer's cramp, and multiple sclerosis.

333.1	ESSENTIAL AND OTHER SPECIFIED FORMS OF TREMOR
333.3	TICS OF ORGANIC ORIGIN
333.6	GENETIC TORSION DYSTONIA
333.71	ATHETOID CEREBRAL PALSY
333.72	ACUTE DYSTONIA DUE TO DRUGS
333.79	OTHER ACQUIRED TORSION DYSTONIA
333.81	BLEPHAROSPASM
333.82	OROFACIAL DYSKINESIA
333.83	SPASMODIC TORTICOLLIS
333.84	ORGANIC WRITERS' CRAMP
333.89	OTHER FRAGMENTS OF TORSION DYSTONIA
334.1	HEREDITARY SPASTIC PARAPLEGIA
340	MULTIPLE SCLEROSIS
341.0	NEUROMYELITIS OPTICA
341.1	SCHILDER'S DISEASE
341.8	OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM
341.9	DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM UNSPECIFIED
342.10	SPASTIC HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE
342.11	SPASTIC HEMIPLEGIA AND HEMIPARESIS AFFECTING DOMINANT SIDE
342.12	

SPASTIC HEMIPLEGIA AND HEMIPARESIS  
AFFECTING NONDOMINANT SIDE

- 343.0 CONGENITAL DIPLEGIA
- 343.1 CONGENITAL HEMIPLEGIA
- 343.2 CONGENITAL QUADRIPEGIA
- 343.3 CONGENITAL MONOPEGIA
- 343.4 INFANTILE HEMIPLEGIA
- 343.8 OTHER SPECIFIED INFANTILE CEREBRAL PALSY
- 343.9 INFANTILE CEREBRAL PALSY UNSPECIFIED
- 344.00 QUADRIPEGIA UNSPECIFIED
- 344.01 QUADRIPEGIA C1-C4 COMPLETE
- 344.02 QUADRIPEGIA C1-C4 INCOMPLETE
- 344.03 QUADRIPEGIA C5-C7 COMPLETE
- 344.04 QUADRIPEGIA C5-C7 INCOMPLETE
- 344.09 OTHER QUADRIPEGIA
- 344.1 PARAPLEGIA
- 344.2 DIPLEGIA OF UPPER LIMBS
- 344.30 MONOPEGIA OF LOWER LIMB AFFECTING  
UNSPECIFIED SIDE
- 344.31 MONOPEGIA OF LOWER LIMB AFFECTING  
DOMINANT SIDE
- 344.32 MONOPEGIA OF LOWER LIMB AFFECTING  
NONDOMINANT SIDE
- 344.40 MONOPEGIA OF UPPER LIMB AFFECTING  
UNSPECIFIED SIDE
- 344.41 MONOPEGIA OF UPPER LIMB AFFECTING  
DOMINANT SIDE
- 344.42 MONOPEGIA OF UPPER LIMB AFFECTING  
NONDOMINANT SDE
- 344.5 UNSPECIFIED MONOPEGIA
- 351.8 OTHER FACIAL NERVE DISORDERS
- 374.03 SPASTIC ENTROPION
- 374.13 SPASTIC ECTROPION
- 378.00 ESOTROPIA UNSPECIFIED
- 378.01 MONOCULAR ESOTROPIA
- 378.02 MONOCULAR ESOTROPIA WITH A PATTERN
- 378.03 MONOCULAR ESOTROPIA WITH V PATTERN
- 378.04 MONOCULAR ESOTROPIA WITH OTHER  
NONCOMITANCIES

378.05	ALTERNATING ESOTROPIA
378.06	ALTERNATING ESOTROPIA WITH A PATTERN
378.07	ALTERNATING ESOTROPIA WITH V PATTERN
378.08	ALTERNATING ESOTROPIA WITH OTHER NONCOMITANCIES
378.10	EXOTROPIA UNSPECIFIED
378.11	MONOCULAR EXOTROPIA
378.12	MONOCULAR EXOTROPIA WITH A PATTERN
378.13	MONOCULAR EXOTROPIA WITH V PATTERN
378.14	MONOCULAR EXOTROPIA WITH OTHER NONCOMITANCIES
378.15	ALTERNATING EXOTROPIA
378.16	ALTERNATING EXOTROPIA WITH A PATTERN
378.17	ALTERNATING EXOTROPIA WITH V PATTERN
378.18	ALTERNATING EXOTROPIA WITH OTHER NONCOMITANCIES
378.20	INTERMITTENT HETEROTROPIA UNSPECIFIED
378.21	INTERMITTENT ESOTROPIA MONOCULAR
378.22	INTERMITTENT ESOTROPIA ALTERNATING
378.23	INTERMITTENT EXOTROPIA MONOCULAR
378.24	INTERMITTENT EXOTROPIA ALTERNATING
378.30	HETEROTROPIA UNSPECIFIED
378.31	HYPERTROPIA
378.32	HYPOTROPIA
378.33	CYCLOTROPIA
378.34	MONOFIXATION SYNDROME
378.35	ACCOMMODATIVE COMPONENT IN ESOTROPIA
378.40	HETEROPHORIA UNSPECIFIED
378.41	ESOPHORIA
378.42	EXOPHORIA
378.43	VERTICAL HETEROPHORIA
378.44	CYCLOPHORIA
378.45	ALTERNATING HYPERPHORIA
378.50	PARALYTIC STRABISMUS UNSPECIFIED
378.51	THIRD OR OCULOMOTOR NERVE PALSY PARTIAL
378.52	THIRD OR OCULOMOTOR NERVE PALSY TOTAL
378.53	FOURTH OR TROCHLEAR NERVE PALSY

378.54	SIXTH OR ABDUCENS NERVE PALSY
378.55	EXTERNAL OPHTHALMOPLEGIA
378.56	TOTAL OPHTHALMOPLEGIA
378.60	MECHANICAL STRABISMUS UNSPECIFIED
378.61	BROWN'S (TENDON) SHEATH SYNDROME
378.62	MECHANICAL STRABISMUS FROM OTHER MUSCULOFASCIAL DISORDERS
378.63	LIMITED DUCTION ASSOCIATED WITH OTHER CONDITIONS
378.71	DUANE'S SYNDROME
378.72	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA
378.73	STRABISMUS IN OTHER NEUROMUSCULAR DISORDERS
378.81	PALSY OF CONJUGATE GAZE
378.82	SPASM OF CONJUGATE GAZE
378.83	CONVERGENCE INSUFFICIENCY OR PALSY
378.84	CONVERGENCE EXCESS OR SPASM
378.85	ANOMALIES OF DIVERGENCE
378.86	INTERNUCLEAR OPHTHALMOPLEGIA
378.87	OTHER DISSOCIATED DEVIATION OF EYE MOVEMENTS
378.9	UNSPECIFIED DISORDER OF EYE MOVEMENTS
438.0	COGNITIVE DEFICITS
438.31	MONOPLÉGIA OF UPPER LIMB AFFECTING DOMINANT SIDE
438.32	MONOPLÉGIA OF UPPER LIMB AFFECTING NONDOMINANT SIDE
438.41	MONOPLÉGIA OF LOWER LIMB AFFECTING DOMINANT SIDE
438.42	MONOPLÉGIA OF LOWER LIMB AFFECTING NONDOMINANT SIDE
478.30	UNSPECIFIED PARALYSIS OF VOCAL CORDS
478.31	PARTIAL UNILATERAL PARALYSIS OF VOCAL CORDS
478.32	COMPLETE UNILATERAL PARALYSIS OF VOCAL CORDS
478.33	PARTIAL BILATERAL PARALYSIS OF VOCAL CORDS
478.34	COMPLETE BILATERAL PARALYSIS OF VOCAL CORDS
478.75	LARYNGEAL SPASM

527.7	DISTURBANCE OF SALIVARY SECRETION
530.0	ACHALASIA AND CARDIOSPASM
596.59*	OTHER FUNCTIONAL DISORDER OF BLADDER
723.5	TORTICOLLIS UNSPECIFIED
728.85	SPASM OF MUSCLE
729.89	OTHER MUSCULOSKELETAL SYMPTOMS REFERABLE TO LIMBS
754.1	CONGENITAL MUSCULOSKELETAL DEFORMITIES OF STERNOCLEIDOMASTOID MUSCLE
781.0	ABNORMAL INVOLUNTARY MOVEMENTS
784.40 - 784.49	VOICE AND RESONANCE DISORDER, UNSPECIFIED - OTHER VOICE AND RESONANCE DISORDERS
784.51	DYSARTHRIA
784.59	OTHER SPEECH DISTURBANCE
788.41*	URINARY FREQUENCY

### **Diagnoses that Support Medical Necessity**

See ICD-9 Listed above

### **ICD-9 Codes that DO NOT Support Medical Necessity**

ICD-9 codes not listed in this policy

### **ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation**

### **Diagnoses that DO NOT Support Medical Necessity**

Diagnoses not listed in this policy.

## **General Information**

### **Documentation Requirements**

Documentation should include the following elements:

1. Support for the medical necessity of the Botulinum toxin (type A or type B) injection
2. A covered diagnosis
3. Dosage and frequency of the injections
4. Support for the medical necessity of electromyography procedures performed in conjunction with Botulinum toxin type A injections to determine the proper injection site(s)

5. Support of the clinical effectiveness of the injections
6. Specific site(s) injected

## Appendices

### Utilization Guidelines

NA

This policy replaces all previous WPS and other contractors for these states LCDs on this subject. This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from all states.

\* - An asterisk indicates a revision to that section of the policy.

### Sources of Information and Basis for Decision

- AMA Drug Evaluation, Vol 1, Neurolytic Drugs, 2:21-23
- Annals OtoRhinoLaryngology, 103(1):31-35, Jan. >94, (Cricopharyngeal)
- Annals Neurology, 28:512-5, 1990 (spasticity)
- Neurology, 184(43):183-185, Jan. >93 (Writer's Cramp)
- NEJM, 332(12):774-816, Mar >95 (Achalasia)
- Brashear, MD et al. "Safety and Efficacy of Neurobloc (Botulinum toxin type B) in type A-responsive cervical dystonia" in Neurology 1999; 53:1439-1446,
- M.F. Brin, MD et al. "Safety and Efficacy of Neurobloc (Botulinum toxin type B) in type A-resistant cervical dystonia," in Neurology 1999; 53:1431-1438
- Pasricha, Pankaj et al., Botulinum toxin for Achalasia
- Long-term Outcome and Predictors of Response, Gastroenterology 1996; 1410-1415
- Naumann M, So Y, Argoff CE, Childers MK, Dykstra DD, Gronseth GS, Jabbari B, Kaufmann HC, Schurch B, Silberstein SD, Simpson DM; Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology.
- Assessment: Botulinum neurotoxin in the treatment of autonomic disorders and pain (an evidence-based review): report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. Neurology. 2008 May 6;70(19):1707-14.
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- The use of botulinum toxin type A in the treatment of Frey and crocodile tears syndromes. J Oral Maxillofac Surg. 2004 Jul;62(7):840-4.
- Restivo DA, Lanza S, Patti F, Giuffrida S, Marchese-Ragona R, Bramanti P, Palmeri A.
- Improvement of diabetic autonomic gustatory sweating by botulinum toxin type A. Neurology. 2002 Dec 24;59(12):1971-3.
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- Botulinum toxin type A in primary palmar hyperhidrosis: randomized, single-blind, two-dose study. Neurology. 2001 Dec 11;57(11):2095-9.

## **Advisory Committee Meeting Notes**

### **Meeting Date:**

Wisconsin 09/26/2008

Illinois 09/17/2008

Michigan 09/24/2008

Minnesota 09/11/2008

Iowa 10/16/2008

Kansas 10/16/2008

Missouri 10/17/2008

Nebraska 10/16/2008

### **Start Date of Comment Period**

10/18/2008

### **End Date of Comment Period**

12/03/2008

### **Start Date of Notice Period**

02/01/2010

### **Revision History Number**

5

### **Revision History Explanation**

\*02/01/2010, added CPT code 53899, added ICD-9 596.59 and 788.41 with an effective date of 05/16/2009;

\*01/01/2010, annual HCPCS update change in description of CPT code 95860, J0585, J0587, added J0586, removed reference to brand names in text of LCD;

\*10/01/2009 annual ICD-9, 2010 code update description change 784.40, 784.49 codes 784.42,784.43,784.44 added to range, added new codes 784.51,784.59 Deleted code 784.5

\*07/01/2009, one, added ICD-9 code 374.03 and 333.1 to CPT codes 64614 and 64640;

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from all relevant medical specialties.

Correctly removed contract number 05392 effective 8/1/2009, as it is being combined with contractor number 05302 (WPS Part B MAC Missouri - Entire State.) JS 07/30/09

08/08/2009 - This policy was updated by the ICD-9 2009-2010 Annual Update.

09/08/2009 - Sent to approved due to ICD-9 update (see above).

10/01/2009 article; annual ICD-9, 2010 code update description change 784.40, 784.49 codes 784.42,784.43,784.44 added to range, added new codes 784.51,784.59 Deleted code 784.5.

11/15/2009 - The description for CPT/HCPCS code 95860 was changed in group 1

11/15/2009 - The description for CPT/HCPCS code 95870 was changed in group 1

11/15/2009 - The description for CPT/HCPCS code J0585 was changed in group 1

11/15/2009 - The description for CPT/HCPCS code J0587 was changed in group 1

## **Reason for Change**

## **Last Reviewed On Date**

02/01/2010

## **Related Documents**

This LCD has no Related Documents.

## **LCD Attachments**

[Coding and Billing 02/01/2010 \(PDF - 40,645 bytes\)](#)

## **All Versions**

Updated on 01/06/2010 with effective dates 02/01/2010 - N/A

Updated on 12/11/2009 with effective dates 01/01/2010 - 01/31/2010

Updated on 11/15/2009 with effective dates 10/01/2009 - 12/31/2009

Updated on 10/23/2009 with effective dates 10/01/2009 - N/A

Updated on 09/25/2009 with effective dates 10/01/2009 - N/A

Updated on 09/18/2009 with effective dates 08/01/2009 - 09/30/2009

Updated on 09/08/2009 with effective dates 08/01/2009 - N/A

Updated on 07/30/2009 with effective dates 08/01/2009 - N/A

Updated on 07/30/2009 with effective dates 07/01/2009 - 07/31/2009

Updated on 07/17/2009 with effective dates 07/01/2009 - N/A

Updated on 06/19/2009 with effective dates 07/01/2009 - N/A

Updated on 04/24/2009 with effective dates 05/16/2009 - 06/30/2009

Updated on 04/22/2009 with effective dates 05/16/2009 - N/A

Updated on 04/08/2009 with effective dates 05/16/2009 - N/A