

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201359    DECEMBER 17, 2013



## Botulinum toxin coverage updated to include additional diagnosis codes

The Indiana Health Coverage Programs (IHCP) covers four types of botulinum toxin injections: Botox (J0585), Dysport (J0586), Myobloc (J0587), and Xeomin (J0588). To ensure that injections are medically necessary, reimbursement for botulinum toxin injections is limited to specific diagnosis codes. Effective December 1, 2013, the IHCP added the ICD-9 diagnosis codes for botulinum toxin injections in Table 1 and removed the ICD-9 diagnosis codes for botulinum toxin injections in Table 2. These changes apply to dates of service on or after December 1, 2013; however, notice of these changes was not previously announced.

*Table 1 – ICD-9 diagnosis codes added for botulinum toxin injections – effective for dates of service on or after December 1, 2013*

<b>ICD-9 Diagnosis Code</b>	<b>Description</b>
346.70	Chronic migraine without aura, without mention of intractable migraine without mention of status migrainosus
346.71	Chronic migraine without aura, with intractable migraine, so stated, without mention of status migrainosus
346.72	Chronic migraine without aura, without mention of intractable migraine with status migrainosus
346.73	Chronic migraine without aura, with intractable migraine, so stated, with status migrainosus

*Table 2 – ICD-9 diagnosis codes removed for botulinum toxin injections – effective for dates of service on or after December 1, 2013*

ICD-9 Diagnosis Code	Description
333.7	Acquired torsion dystonia
344.3	Monoplegia of lower limb

Reimbursement of botulinum toxin injections is allowed for the treatment of chronic migraines when the following conditions are met:

- The member is at least 18 years of age.
- The service is ordered by a neurologist who has evaluated the member and diagnosed the member as experiencing chronic migraines using the revised International Headache Society criteria for chronic migraines.
- The member has experienced headaches (tension-type and/or migraine) for **three or more** months that have lasted **four or more** hours per day on **15 or more** days per month, with **eight or more** headache days per month being migraines or probable migraines (and that are not due to medication overuse or attributed to another causative disorder).
- The member scored a grade indicating moderate to severe disability on the Migraine Disability Assessment (MIDAS) test or on a similar validated tool.
- The neurologist has discussed alternative nonpharmacological treatment options, such as behavioral therapies, physical therapies, and lifestyle modifications, with the member.
- **One** of the following is true:
  - The member has tried migraine prophylaxis medications from **three or more** of the following drug categories and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction:
    - ◆ Antidepressants
    - ◆ Anticonvulsants
    - ◆ Beta blockers
    - ◆ Calcium channel blockers
    - ◆ Other drugs
  - The member has a medical condition that prevents him or her from trying migraine prophylaxis medications from **three or more** of the drug categories listed above, or there is a clinically significant drug interaction with a medication the member is currently taking that prevents him or her from trying migraine prophylaxis medications from **three or more** of the drug categories listed above.



Reimbursement is limited to no more than two treatments in a six-month period.

Reimbursement is not available for treatment of chronic migraines that occur 14 days or less per month or to treat other forms of headache.

For additional information regarding coverage and reimbursement of botulinum toxin injections, see [Chapter 8](#) of the *IHCP Provider Manual*.

#### QUESTIONS?

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