CENTENE Corporation

Clinical Policy: Chemodenervation of the Eyelid

Reference Number: CP.VP.10
Last Review Date: 01/2022

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Chemodenervation and neurolysis interrupt neuronal signaling are typically used to treat spasticity of focal origin. This policy describes the medical necessity requirements for chemodenervation of the eyelid.

Policy/Criteria

I. It is the policy of health plans affiliated with Centene Corporation® (Centene) that chemodenervation of the eyelid is **medically necessary** for the following indications:
   A. Blepharospasm causing visual impairment or ocular surface discomfort;
   B. Hemifacial spasm causing visual impairment or ocular surface discomfort;
   C. Oromandibular dystonia (Meige's Syndrome) or ocular surface discomfort;
   D. Strabismus causing visual impairment.

II. It is the policy of health plans affiliated with Centene that chemodenervation of the eyelid is **not medically necessary** for the following indications:
   A. Cosmetic or aesthetic improvement;
   B. Management of headaches.

Background

Chemodenervation refers to a blockade of neuronal signaling, while neurolysis refers to destruction of nerve tissue. In the context of spasticity treatment, chemodenervation is accomplished with botulinum toxin (BoNT), injected directly into the affected muscle, preferably as close as possible to the motor end plates. Neurolysis is accomplished with either phenol or ethyl alcohol, injected either onto a motor nerve (nerve block) or into the muscle near the motor end plates (motor point block). Most chemodenervation patients require treatment three to four times each year.

Coding Implications

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CPT® Codes	Description
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (e.g., for blepharospasm, hemifacial spasm)

ICD-10-CM Diagnosis Codes that Support Coverage Criteria
+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
G24.4	Idiopathic orofacial dystonia
G24.5	Blepharospasm
G50.0	Trigeminal neuralgia
G50.1	Atypical facial pain
G50.8	Other disorders of trigeminal nerve
G51.0	Bell’s palsy
G51.31	Clonic hemifacial spasm, right
G51.32	Clonic hemifacial spasm, left
G51.33	Clonic hemifacial spasm, bilateral
G51.4	Facial myokymia
H02.041	Spastic entropion of right upper eyelid
H02.042	Spastic entropion of right lower eyelid
H02.044	Spastic entropion of left upper eyelid
H02.045	Spastic entropion of left lower eyelid
H02.141	Spastic ectropion of right upper eyelid
H02.142	Spastic ectropion of right lower eyelid
H02.144	Spastic ectropion of left upper eyelid
H02.045	Spastic ectropion of left lower eyelid
H04.211	Epiphora due to excess lacrimation, right lacrimal gland
H04.212	Epiphora due to excess lacrimation, left lacrimal gland
H04.213	Epiphora due to excess lacrimation, bilateral lacrimal glands
H49.01	Third [oculomotor] nerve palsy, right eye
H49.02	Third [oculomotor] nerve palsy, left eye
H49.03	Third [oculomotor] nerve palsy, bilateral
H49.11	Fourth [trochlear] nerve palsy, right eye
H49.12	Fourth [trochlear] nerve palsy, left eye
H49.13	Fourth [trochlear] nerve palsy, bilateral
H49.21	Sixth [abducent] nerve palsy, right eye
H49.22	Sixth [abducent] nerve palsy, left eye
H49.23	Sixth [abducent] nerve palsy, bilateral
H49.31	Total (external) ophthalmoplegia, right eye
H49.32	Total (external) ophthalmoplegia, left eye
H49.33	Total (external) ophthalmoplegia, bilateral
H49.41	Progressive external ophthalmoplegia, right eye
H49.42	Progressive external ophthalmoplegia, left eye
H49.43	Progressive external ophthalmoplegia, bilateral

ICD-10-CM Code	Description
H49.811	Kearns-Sayre syndrome, right eye
H49.812	Kearns-Sayre syndrome, left eye
H49.813	Kearns-Sayre syndrome, bilateral
H49.881	Other paralytic strabismus, right eye
H49.882	Other paralytic strabismus, left eye
H49.883	Other paralytic strabismus, bilateral
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 noncomitancies
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
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
H50.311	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
H50.411	Cyclotropia, right eye
H50.412	Cyclotropia, left eye
H50.51	Esophoria
H50.52	Exophoria
H50.53	Vertical heterophoria

ICD-10-CM Code	Description
H50.54	Cyclophoria
H50.55	Alternating heterophoria
H50.611	Brown's sheath syndrome, right eye
H50.612	Brown's sheath syndrome, left eye
H50.811	Duane's syndrome, right eye
H50.812	Duane's syndrome, left eye
H51.0	Palsy (spasm) of conjugate gaze
H51.11	Convergence insufficiency
H51.12	Convergence excess
H51.21	Internuclear ophthalmoplegia, right eye
H51.22	Internuclear ophthalmoplegia, left eye
H51.23	Internuclear ophthalmoplegia, bilateral

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date	12/2019	12/2019
Converted to new template	04/2020	06/2020
Annual Review; Added indications not considered medically necessary for eyelid chemodenervation; Added applicable CPT® codes; Updated references	12/2020	12/2020
Annual Review	12/2021	01/2022

References

1. Elston, J.S. The management of blepharospasm and hemifacial spasm. J Neurol 239, 5–8 (1992).
2. Jankovic J, Havins WE, Wilkins RB. Blinking and Blepharospasm: Mechanism, Diagnosis, and Management. *JAMA.* 1982;248(23):3160–3164.
3. Fahn S. Blepharospasm: A focal dystonia. In: Bosniak S, ed. Advances in Ophthalmic Plastic and Reconstructive Surgery. Vol 4. Elsevier Science. 1985:87-91.
4. Jankovic J. Etiology and differential diagnosis of blepharospasm and oromandibular dystonia. Adv Neurol. 1988. 49:103-16.
5. Ababneh OH, Cetinkaya A, Kulwin DR. Long-term efficacy and safety of botulinum toxin A injections to treat blepharospasm and hemifacial spasm. Clin Experiment Ophthalmol. 2014 Apr. 42 (3):254-61.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical

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This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs,

and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.

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