



UHealth
Ophthalmology Department

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September 12, 2022

To,

Office of the Contractor Medical Director

Novitas Solutions

Medical Affairs Department

Re: LCD Reconsideration request - LCD number L38809 - Botulium Toxins - Billing and Coding A58423

Requesting - Diagnosis of Blepharospasm (G24.5) added to HCPCS J0587 - Inj.rimabotulinumtoxinb Group 4 codes.

To Whom it May Concern

I am writing to review, briefly, the use of RimabotulinumB in focal dystonia that is not responsive to BoNT/A type for blepharospasm. All types of BoNT/A have a level of immunogenicity that can render a patient unresponsive to treatment with BoNT/A. Standard of care is to test responsiveness with a 20-unit injection into one of the corrugator supercilli muscles and evaluate response approximately 2 to 3.5 weeks after the injection. Our program does receive referrals for poor response to BoNT/A and the usual approach is to be certain past injections occurred in usual pattern that included corrugators, procerus, and injections on the orbicularis oculi pretarsal regions. Lack of injections in those locations can result in decreased responsiveness. If this has been the pattern, then the next step is to determine if there is resistance with the corrugator injection described above. For patients who have no response to BoNT/A and have disabling blepharospasm, then the only recourse is RimabotulinumB. If that fails, then the patient becomes a surgical candidate (i.e., myectomy).

I have included an article Myobloc for the treatment of benign essential blepharospasm in patients refractory to botox.

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Thank you for your time and attention to this matter. Please feel free to e-mail me if you need further clarification or would like to set up a conference call. You can reach out to my office contact Nandini Surender, CPC, contact number 720-848-2020 or e-mail her at Nandini.surender@uchelath.org if I can't be reached.

Sincerely,



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