

Prior Authorization for Focal Spasticity Patients

First name _____ Middle _____ Last name _____ DOB _____

Diagnosis of Upper Limb and/or Lower Limb Spasticity

ICD-10-CM Code:

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Multiple ICD-10-CM codes are available for upper limb and/or lower limb spasticity in adult patients; providers should use the most appropriate code. Please check your current ICD-10-CM code book for a complete list of codes.

Disease Etiology

Procedure Code

64642*

- Report only one base code (64642 or 64644) per session

64644*

Report one Unit of additional extremity code(s) for each additional extremity injected:

_____ + 64643*

➡ Use with 64642 or 64644

_____ + 64645*

➡ Use with 64644

*CPT® codes are derived from the American Medical Association (AMA) 2016 CPT® manual.

Guidance Code (check if applicable)

95873 95874 Other:

Expected re-treatment date

History of Symptoms

Date when symptoms began _____

Increased muscle tone in upper limb muscle(s) (eg, elbow flexors (biceps), wrist flexors, finger flexors, and/or thumb) is impacting the patient in the following manner:

Increased muscle tone in lower limb muscle(s) (ankle and toe flexors (eg, gastrocnemius, soleus, tibialis posterior, flexor hallucis longus and/or flexor digitorum longus) is impacting the patient in the following manner:

Treatment will allow additional therapeutic modalities to be employed in the following manner:

Other relevant details (eg, limb flexibility, limb rigidity, etc).

Medication History

Drug name:

Class:

Duration:

Outcome:

Drug name:

Class:

Duration:

Outcome:

Drug name:

Class:

Duration:

Outcome:

Other Clinical Assessments (eg, functional impairment, PT/OT, other treatment modalities)

Physician signature: _____

Date: _____

Note: This form provides information commonly used by payer plans to determine prior authorization. It is intended for reference only and does not guarantee approval. Please be sure to check payer policies for the most up-to-date information.



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