

Medical Policy: BOTULINUM TOXINS

Benefit Type: Medi-Cal

Original Date: July 24, 2019 | **Last Review Date:** May 15, 2026 | **Effective Date:** June 4, 2026

Policy Statement

In accordance with the state Department of Health Care Services (DHCS), it is the policy of Gold Coast Health Plan (GCHP) to include medically necessary Botulinum Toxins A and B as a covered benefit under Medi-Cal for all eligible beneficiaries.

Medical necessity for the use of Botulinum Toxins (OnabotulinumtoxinA (Botox), AbobotulinumtoxinA (Dysport), IncobotulinumtoxinA (Xeomin), and RimabotulinumtoxinB (Myobloc) is based on the DHCS Provider Manual Criteria, MCG Ambulatory Care Guidelines, and/or UpToDate as outlined in Utilization Management and Decision Making policy.

The use of botulinum toxins for cosmetic indications is not a covered benefit.

Purpose

To provide guidance related to the medical necessity and indications for Botulinum Toxins.

Health Equity Statement

GCHP is committed to the vision in which all Californians equitably benefit from resources and systems that give everyone the opportunity to achieve their optimal health, resulting in communities that thrive.

GCHP adopts the American Medical Association (AMA) and DHCS commitments to whole-person centered, evidence-based, and integrated strategies to advance health equity, addressing social and structural drivers of health. Decisions are therefore based on the evidence-based criteria as well as considerations of the member's social and structural drivers of health, and considerations that the decisions create no harm nor exacerbate existing harms.^{1,2}

Indications

Medical indications for the use of Botulinum Toxins may include, but is not limited to:

Specialty	Indication
Dermatology	Severe Primary Axillary Hyperhidrosis
ENT/Otolaryngology	Laryngeal Dystonia Sialorrhea
Gastroenterology	Achalasia Anal Fissure
Nephrology	Overactive Bladder with/without urgency urinary incontinence



Specialty	Indication
Neurology	Blepharospasm Cervical Dystonia Hemifacial Spasm Laryngeal Dystonia Chronic Migraine Prevention Motor Tics Urinary Incontinence due to Neurogenic Detrusor Overactivity Sialorrhea Spasticity Upper Extremity Focal Dystonia
Ophthalmology	Blepharospasm Associated with Dystonia Strabismus Associated with Dystonia
Physical Medicine and Rehabilitation	Chronic Migraine Prevention Cervical Dystonia Spasticity Motor Tics
Urology	Interstitial Cystitis/Bladder Pain Syndrome Overactive Bladder with or without urgency urinary incontinence Urinary Incontinence due to Detrusor Overactivity

References

1. American Medical Association (AMA). (2023, December 21). [AMA Center for Health Equity Mission and Guiding Principles](#).
2. DHCS Comprehensive Quality Strategy. (PDF), published Feb. 4, 2022.
3. [DHCS Medi-Cal Provider Manual – Pharmacy - Injections: Code List](#)
4. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Botulinum Toxin Type A & Type B (L35170). CMS Medicare Coverage Database. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35170>

Disclaimer

Guidelines provide references identified at the time of review. New guidelines or medical literature may emerge and/or been published. Treating healthcare professionals are solely responsible for diagnosis, treatment and medical guidance. GCHP regularly reviews and updates these guidelines to provide the most current information.



History

MEDICAL ADVISORY COMMITTEE GUIDELINE HISTORY			
Adopted By MAC	Reapproved	Revised	Retired
January 24, 2019			
		April 25, 2019	
	April 23, 2020		
	April 22, 2021		
	April 21, 2022		
		April 20, 2023	
MAC Sunset on July 18, 2024			
CREDENTIALING PEER REVIEW COMMITTEE (C/PRC) GUIDELINE HISTORY			
Adopted By CPRC	Reapproved	Revised	Retired
		March 6, 2025	
		June 4, 2026	