



AMERICAN ACADEMY  
OF OPHTHALMOLOGY®



July 12, 2024

CGS Administrators, LLC  
26 Century Blvd.  
Ste ST610  
Nashville, TN 37214-3685

Dear Earl Berman, MD: Meredith Loveless, MD: and Neil Sandler, MD:

We are reaching out on behalf of the more than 70,000 physician members of the American Academy of Neurology, American Academy of Ophthalmology, and American Academy of Physical Medicine & Rehabilitation (AAPM&R), as well as on behalf of the Medicare beneficiaries our members treat, represented by the undersigned patient advocacy and resource organizations to voice our concerns with the draft local coverage determination (LCD), DL39857, on Botulinum Toxin Injections and the associated draft coding and billing article, DA59726. We appreciate your consideration of the following comments as well as the comments submitted by our individual organizations, which provide more detailed recommendations and relevant citations.

The Botulinum Toxin Injections LCD addresses care critical to beneficiaries with a wide range of potentially debilitating conditions. Conditions which impact a beneficiary's independence, function, and quality of life. If implemented as currently written, we anticipate this LCD will result in discontinued care for a significant number of Medicare beneficiaries impacted by blepharospasm, chronic migraine, dystonia, spasticity, and strabismus, all of which can be incapacitating. We strongly encourage you to substantially revise the draft LCD to ensure beneficiaries do not lose access to the care they rely on.

Our organizations are concerned that the draft LCD and associated coding and billing article ignore standard of care amongst physicians treating the range of conditions addressed in the LCD. For example, the dosing guidelines are significantly lower than what many beneficiaries may require and fall well below the Medically Unlikely Edit (MUE) amount. Similarly, the ICD-10-CM codes supporting medical necessity as described in the draft coding and billing article reflect a far more limited list of diagnoses for many conditions than is currently accepted by physicians. In combination, these changes will result in beneficiaries being undertreated for their conditions, or not treated at all.

Collectively, our organizations appreciate your consideration of these comments and would appreciate the chance to serve as resources to you as you refine your draft. For support in edits to the draft LCD please contact:

- American Academy of Neurology: Matt Kerschner, Director of Regulatory Affairs and Policy at [mkerschner@aan.com](mailto:mkerschner@aan.com) or (202) 601-7696.
- American Academy of Ophthalmology: Brandy Keys, MPH, Director of Health Policy at [bkeys@aaopt.org](mailto:bkeys@aaopt.org) or (202) 587-5830.
- American Academy of Physical Medicine & Rehabilitation: Carolyn Millett, Director of Reimbursement and Regulatory Affairs at [cmillett@aapmr.org](mailto:cmillett@aapmr.org) or (847) 737-6024.

Sincerely,

American Academy of Neurology  
American Academy of Ophthalmology  
American Academy of Physical Medicine and Rehabilitation  
Alliance for Headache Disorders Advocacy  
ALS Association  
American Congress of Rehabilitation Medicine  
American Therapeutic Recreation Association  
Association of Academic Physiatrists  
Benign Essential Blepharospasm Research Foundation  
Brain Injury Association of America  
Christopher & Dana Reeve Foundation  
Dystonia Advocacy Network  
Dysphonia International  
Dystonia Medical Research Foundation  
National Disability Rights Network  
Spina Bifida Association