August 31, 2026

Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1850-P
P.O. Box 8013
Baltimore, MD 21244-8013

Re: CMS-1850-P, Calendar Year 2027 Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule — Prior Authorization for Additional Botulinum Toxin Injection Services

Dear Administrator Oz:

The American Parkinson Disease Association[1] (APDA) appreciates the opportunity to write in response to the Center for Medicare & Medicaid Services' (CMS) proposed CY 2027 Hospital Outpatient Prospective Payment System proposed rule. We are specifically responding to the proposed policy to expand the hospital outpatient department prior authorization process to additional botulinum toxin injection services. CMS established the prior authorization process in 2020 for selected services that the Agency determined were experiencing high rates of unnecessary utilization, and botulinum toxin injections were included among the initial services subject to prior authorization.

In the CY 2027 proposed rule, CMS proposes to add additional Botulinum Toxin Injection codes to the existing category of services subject to the prior authorization process for dates of service on or after July 1, 2027. The chart below identifies the existing codes and the proposed additions:

[1]The American Parkinson Disease Association (APDA) is a nonprofit organization dedicated to fighting Parkinson's disease (PD) by providing the support, education, research, and community that helps everyone impacted by PD live life to the fullest. Through a nationwide grassroots network of Chapters and Information & Referral (I&R) Centers, APDA works tirelessly to raise public awareness of this chronic neurologic movement disorder and deliver outstanding patient services, resources, and educational and wellness programs to the approximately one million people living with PD in the United States and their care partners and families. Envisioning a world without PD, APDA's national research program and Centers for Advanced Research aim to provide better treatments and unlock the mysteries of the disease. APDA is also committed to advancing public policy solutions that improve lives and move us toward a cure. Founded in 1961, APDA has raised and invested more than $338 million in its efforts to support the PD community.

CPT Code	Descriptor	Proposed/Existing
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	Proposed
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	Existing
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	Existing
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	Proposed
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed.	Proposed
64642	Chemodenervation of one extremity; 1-4 muscle(s)	Proposed
64644	64644 Chemodenervation of one extremity; 5 or more muscles	Proposed
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	Proposed
64647	Chemodenervation of trunk muscle(s); 6 or more muscles	Proposed
J0585	Injection, onabotulinumtoxina, 1 unit	Existing
J0586	Injection, abobotulinumtoxina, 5 units	Existing
J0587	Injection, rimabotulinumtoxinb, 100 units	Existing
J0588	Injection, incobotulinumtoxin a, 1 unit	Existing
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	Proposed

CMS states that it is proposing to add these codes because utilization of botulinum toxin injection codes has grown at a higher rate than overall hospital outpatient department utilization. According to CMS, between 2017 and 2024, overall OPD claims decreased annually by 8.3%, while OPD claims for botulinum toxin injections increased by 42.8%, with a 4.6% average annualized growth rate in Medicare payment. CMS also acknowledges that new FDA-approved indications may have contributed to this growth.

APDA urges CMS to not finalize this proposed expansion. Increased utilization, alone, does not establish unnecessary utilization, inappropriate billing, or lack of medical necessity. Botulinum toxin injections are used to treat a range of serious and often debilitating conditions experienced by people living with Parkinson's disease, including cervical dystonia, spasticity, blepharospasm, hemifacial spasm, sialorrhea, and other neuromuscular disorders. For many people living with Parkinson's disease, timely access to

these services can be essential to maintaining function, reducing pain, preventing deterioration, and avoiding more costly care.

Expanding prior authorization to additional botulinum toxin injection services risks delaying medically necessary care for patients who may already experience significant functional limitations. Even when prior authorization requests are ultimately approved, the process can postpone treatment, disrupt established care plans, and create avoidable uncertainty for patients and clinicians. These delays are particularly concerning where treatment intervals are clinically important and missed or postponed injections can result in symptom recurrence or worsening disability.

The proposal would also impose additional administrative burden on hospitals, physicians, and clinical staff without sufficient evidence that the added requirements would meaningfully reduce inappropriate care. Hospitals would need to devote additional resources to documentation, submission, tracking, and appeals, diverting staff time from patient care. Providers already document medical necessity through clinical evaluation, diagnosis, treatment history, dosing, and applicable coverage requirements; adding prior authorization to more services should be supported by clear evidence of inappropriate use, not merely aggregate utilization growth.

If CMS remains concerned about utilization trends, it should pursue more targeted, evidence-based alternatives. These could include additional education regarding documentation expectations, focused post payment medical review, or analysis that distinguishes growth attributable to new FDA-approved indications and evolving standards of care from potentially unnecessary utilization. A broad prior authorization expansion across additional botulinum toxin injection codes is not appropriately tailored to the clinical complexity of these services.

For these reasons, the APDA respectfully requests that CMS not finalize the proposal to expand prior authorization to additional botulinum toxin injection services. At a minimum, CMS should delay implementation and provide additional data demonstrating that the specific proposed codes are associated with unnecessary utilization, that prior authorization would reduce inappropriate services without harming access, and that safeguards will be in place to prevent treatment delays for beneficiaries with established clinical need.

Thank you for the opportunity to comment on this important proposal. If you have any questions or require additional information, please contact Emma Plourde, Health Policy Director, at XXX or eplourde@apdaparkinson.org.

Sincerely,

Leslie A. Chambers
President and Chief Executive Officer