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**MARYLAND NEUROLOGICAL CENTER, LLC**

*Adolescent and Adult Neurology, EMG/NCV  
EEG Studies, Epilepsy Extended Monitoring, Sleep Studies  
Non-Invasive Vascular Studies – STAT Vascular Lab*

## **Botox Injection Prior Authorization Process**

Information regarding the prior authorization process for Botox:

1. Complete the Detailed Migraine Diary and fax to our office 410-730-2812 Attn: Jill. The diary will be sent to your insurance carrier with the prior authorization request. Insurance carriers usually request three months of migraine diary entries in order to process the authorization request.
2. Our billing department will verify coverage, copayment, and deductible amounts. Your medical records will be reviewed for medical necessity based on the criteria of the insurance carrier.
3. Our billing department will start the prior authorization process with your insurance carrier. We will send them medical records along with the migraine diary and letter of medical necessity, if needed. Your insurance company will either approve or deny the procedure. **PRIOR AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.**
4. If approved, we will order the Botox through your insurance carrier's Specialty Pharmacy for delivery of Botox before your appointment. The Specialty Pharmacy will contact you for copayment and permission to ship the medication.
5. Once we receive a delivery date from the Specialty Pharmacy, we will call you and set up the injection date.
6. After you receive the Botox injection, it is important to continue to fill out the Detailed Migraine Diary every month in order for the insurance carrier to continue to approve the Botox injections. Bring your completed diaries to your next Botox appointment. They can also be faxed to 410-730-2812 (Attn: Jill) before the appointment.

Botox is considered to be an alternative therapy for chronic migraines and insurance carriers do not consider it a medical necessity unless we can prove this. The prior authorization process along with the shipment of the Botox from the specialty pharmacy can take up to a month.

If the authorization is denied, you can still receive Botox as a self-pay patient. Payment will be due before the service is provided. Please contact the billing department at 410-730-1212 for the price.

Thank you,

Billing Department

# Detailed Migraine Diary

Name \_\_\_\_\_ Month/Date \_\_\_\_\_

Part 1: Headache severity (0= no pain, 10 = highest pain level)

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Morning																															
Afternoon																															
Evening																															

Part 2: Headache duration

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time headache began																															
Time headache ended																															
Total hours																															

Part 3: Headache symptoms (Please check all that apply)

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aura																															
Nausea																															
Sensitivity to light																															
Sensitivity to sound																															
Inability to work/function																															
Throbbing																															

Part 4: Please list the name and dose of medication used

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