



May 15, 2026

Meredith Loveless, MD  
CGS  
Attn: Medical Review  
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**Note:** ASHA also sent this letter to the following Medicare Administrative Contractors:

- WPS
- Noridian
- Palmetto
- NGS

RE: Botulinum Toxin Injections (DL39857)

Dear Dr. Loveless:

The American Speech-Language-Hearing Association (ASHA) writes to offer comments on the draft local coverage determination (LCD) for botulinum toxin injections (BTIs).

ASHA is the national professional, scientific, and credentialing association for 247,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students.

SLPs treat patients with orofacial and hemifacial dystonias and focal laryngeal dystonia as members of multidisciplinary care teams that include the physicians who provide these injections. Focal laryngeal dystonia is a neurological voice condition that impacts every aspect of a person's life because it significantly impairs their ability to communicate functional daily needs, hence the involvement of SLPs. SLPs recognize the tremendous value BTIs have for these patients and are concerned with numerous provisions in the draft LCD. Therefore, ASHA opposes the draft LCD in its current form and encourages CGS to engage clinicians with expertise in the treatment of these patients.

### **Dosing Guidelines for Laryngeal Dystonia**

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Treatment of focal laryngeal dystonia, also referred to as spasmodic dystonia (SD), using BTIs varies greatly in dosing, site of injection, and unilateral or bilateral dosing intervals depending on the different forms of this voice condition and the patient's age and sex.<sup>1,2</sup>

In the draft LCD, use of BTI for SD is restricted to up to seven units over 12 weeks. The proposed guidelines limit a physician's ability to determine the appropriate course of treatment. While most patients respond well to injections at a three-month interval, some need higher or lower frequency as well as dosing depending on their specific clinical presentation. Setting a rigid dosing structure impedes the physician's ability to develop a patient-centered approach to care.

### **Adductor and Abductor Spasmodic Dystonia**

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The draft LCD states that there is insufficient evidence for coverage of BTIs for patients with abductor SD. ASHA disagrees with this assessment. It is not that there is insufficient evidence of the efficacy of BTIs or other forms of treatment for patients with abductor SD but rather that a small percentage of patients—less than 5%—suffer from this form of SD.

For this subset of the population, it is a well-characterized clinical condition, and BTI into the posterior cricoarytenoid muscle is widely recognized as a standard and effective treatment approach in appropriately selected patients. Though there is a lack of large-scale studies supporting BTI for abductor SD, this scarcity reflects the rarity of the condition rather than a lack of clinical efficacy. Therefore, we recommend that the LCD include treatment protocols for both adductor and abductor SD.

Thank you in advance for considering our comments. If you have additional questions, please contact Sarah Warren, MA, ASHA's director for health care policy for Medicare, at [swarren@asha.org](mailto:swarren@asha.org).

Submitted on behalf of the  
American Speech-Language-Hearing Association

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<sup>1</sup> Heyes, R., Adler, C. H., Zhang, N., Lott, D. G., & Bansberg, S. F. (2023, January 29). Significance of age and sex in botulinum neurotoxin dosing for adductor spasmodic dysphonia. *World Journal of Otorhinolaryngology- Head and Neck Surgery*. <https://doi.org/10.1002/wjo2.88>

<sup>2</sup> Kang, M. S., Lee, S. J., Choi, H-S, & Lim, J-Y. (2020). Factors influencing long-term treatment response to botulinum toxin injection for spasmodic dysphonia. *Clinical Otolaryngology*. <https://onlinelibrary.wiley.com/doi/10.1111/coa.13678>