

Dysport™ (abobotulinumtoxinA) (Intramuscular/Intradetrusor/Intradermal)

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I. Length of Authorization

Coverage will be provided for six months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [Pharmacy Benefit]:

- Dysport 300 unit Injection: 1 vial per 84 day supply
- Dysport 500 unit Injection: 3 vials per 84 day supply

B. Max Units (per dose and over time) [Medical Benefit]:

Indication	Billable Units	Per # days
Cervical Dystonia	200	84
Upper Limb Spasticity	200	84
Chronic Migraine Prophylaxis	60	84
Sialorrhea	100	84
Chronic Anal Fissure	60	84
Blepharospasms	100	84
Lower Limb Spasticity	300	84
Lower Limb Spasticity (Pediatric)	200	84
Neurogenic detrusor overactivity/OAB	160	84
Severe Primary Axillary Hyperhidrosis	100	84
Hemifacial Spasms	60	84

III. Initial Approval Criteria

Coverage is provided in the following conditions:

- Patient aged 18 years or greater (unless otherwise noted); AND
- Patient evaluated for any disorders which may contribute to respiratory or swallowing difficulty; AND

Cervical Dystonia †

- Patient has a history of recurrent involuntary contraction of one or more muscles in the neck; AND
 - Patient has sustained head tilt; OR
 - Patient has abnormal posturing with limited range of motion in the neck

Spastic Conditions

- Upper/Lower Limb Spasticity † (i.e., spasticity post-stroke, traumatic brain or spinal cord injuries)
- Lower Limb Spasticity † (i.e., spasticity related to cerebral palsy with equinus gait) †
 - Patient aged 2 years or older
- Spasticity of the lower limbs due to multiple sclerosis or Schilder's disease ‡

Blepharospasms ‡

Prophylaxis for Chronic Migraines ‡

- Not used in combination with calcitonin gene-related peptide (CGRP) inhibitors (e.g. erenumab, etc); AND
- Patient is utilizing prophylactic intervention modalities (i.e. pharmacotherapy, behavioral therapy, or physical therapy, etc); AND
- Patient has failed at least an 8-week trial of any two oral medications for the prevention of migraines (see list of prophylactic medications below for examples); AND
- Patient has 15 or more migraine-like headache days per month for at least 3 months; AND
 - Headaches have diagnostic migraine-features, on at least 8 days per month for at least 3 months (see list of diagnostic migraine features with and without aura below) §; OR
 - Patient suspected migraines are relieved by a triptan or ergot derivative medication

Sialorrhea associated with neurological disorders ‡

- Patient has Parkinson's disease; OR
- Patient has severe developmental delays; AND
 - Patient has tried and failed, is unable to tolerate or has a contraindication to an adequate trial of oral therapy (e.g., glycopyrrolate, benztropine, atropine, etc.); OR
- Patient has cerebral palsy; AND
 - Patient has tried and failed, is unable to tolerate or has a contraindication to an adequate trial of oral therapy (e.g., glycopyrrolate, benztropine, atropine, etc.)

Chronic Anal Fissure ‡

- Other causes of disease have been ruled out (i.e., Crohn's Disease, etc); AND
- Patient has failed on non-pharmacologic supportive measures (i.e., sitz baths, psyllium fiber, bulking agents, etc.); AND

- Patient has tried and failed a ≥ 1 month trial of conventional pharmacologic therapy (e.g. oral/topical nifedipine, diltiazem, and/or topical nitroglycerin, bethanechol, etc.)

Incontinence due to neurogenic detrusor overactivity ‡

- Patient has detrusor overactivity associated with a neurologic condition (i.e., spinal cord injury, multiple sclerosis, etc.) that is confirmed by urodynamic testing; AND
- Patient has failed a 1 month or longer trial of two medications from either the antimuscarinic (i.e., darifenacin, fesoterodine, oxybutynin, solifenacin, tolterodine or trospium) or beta-adrenergic (i.e., mirabegron) classes.

Overactive Bladder (OAB) ‡

- Patient has symptoms of urge urinary incontinence, urgency, and frequency; AND
- Patient has failed a 1 month or longer trial of two medications from either the antimuscarinic (i.e., darifenacin, fesoterodine, oxybutynin, solifenacin, tolterodine or trospium) or beta-adrenergic (i.e., mirabegron) classes.

Severe Primary Axillary Hyperhidrosis ‡

- Patient has tried and failed ≥ 1 month trial of a topical agent (e.g., aluminum chloride, glycopyrronium, etc); AND
 - Patient has a history of medical complications such as skin infections or significant functional impairments; OR
 - Patient has had a significant burden of disease or impact to activities of daily living due to condition (e.g., impairment in work performance/productivity, frequent change of clothing, difficulty in relationships and/or social gatherings, etc)

Hemifacial Spasms ‡

† FDA approved indication(s); ‡ Literature Supported Recommendation

Migraine-Prophylaxis Oral Medications (<i>list not all-inclusive</i>)
<ul style="list-style-type: none"> • Antidepressants (e.g., amitriptyline, fluoxetine, nortriptyline, etc.) • Beta blockers (e.g., propranolol, metoprolol, nadolol, timolol, atenolol, pindolol, etc.) • Angiotensin converting enzyme inhibitors/angiotensin II receptor blockers (ex. lisinopril, candesartan, etc.) • Anti-epileptics (e.g., divalproex, valproate, topiramate, etc) • Calcium channels blockers (e.g., verapamil, etc)
Migraine Features
<p><u>Migraine without aura</u></p> <ul style="list-style-type: none"> • At least five attacks have the following: <ul style="list-style-type: none"> ○ Headache attacks lasting 4-72 hours (untreated or unsuccessfully treated) ○ Headache has at least two of the following characteristics: <ul style="list-style-type: none"> <input type="checkbox"/> Unilateral location <input type="checkbox"/> Pulsating quality <input type="checkbox"/> Moderate or severe pain intensity <input type="checkbox"/> Aggravation by or causing avoidance of routine physical activity (e.g., walking or climbing stairs); AND ○ During headache at least one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Nausea and/or vomiting <input type="checkbox"/> Photophobia and phonophobia

Migraine with aura

- At least two attacks have the following:
 - One or more of the following fully reversible aura symptoms:
 - Visual
 - Sensory
 - Speech and/or language
 - Motor
 - Brainstem
 - Retinal; **AND**
 - At least two of the following characteristics:
 - At least one aura symptom spreads gradually over ≥ 5 minutes, and/or two or more symptoms occur in succession
 - Each individual aura symptom lasts 5 to 60 minutes
 - At least one aura symptom is unilateral
 - The aura is accompanied, or followed within 60 minutes, by headache

IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Patient continues to meet criteria identified in section III; AND
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: symptoms of a toxin spread effect (e.g., asthenia, diplopia, ptosis, dysphagia, dysphonia, dysarthria, breathing difficulties, etc.); AND
- Disease response as evidenced by the following:

Blepharospasms

- Improvement of severity and/or frequency of eyelid spasms

Cervical dystonia

- Improvement in the severity and frequency of pain; AND
- Improvement of abnormal head positioning

Spasticity

- Decrease in tone and/or resistance, of affected areas, based on a validated measuring tool (e.g. Ashworth Scale, etc.)

Lower Limb Spasticity

- Decrease in tone and/or resistance, of affected areas, based on a validated measuring tool (e.g. Ashworth Scale, etc.)

Severe primary axillary hyperhidrosis

- Significant reduction in spontaneous axillary sweat production; AND
- Patient has a significant improvement in activities of daily living

Prophylaxis for chronic migraines

- Significant decrease in the number, frequency, and/or intensity of headaches; AND

- Improvement in function; AND
- Patient continues to utilize prophylactic intervention modalities (i.e., pharmacotherapy, behavioral therapy, physical therapy, etc.)

Sialorrhea associated with neurological disorders

- Significant decrease in saliva production

Incontinence due to detrusor overactivity

- Significant improvements in weekly frequency of incontinence episodes; AND
- Patient’s post-void residual (PVR) periodically assessed as medically appropriate

Overactive bladder (OAB)

- Significant improvement in daily frequency of urinary incontinence or micturition episodes and/or volume voided per micturition; AND
- Patient’s post-void residual (PVR) periodically assessed as medically appropriate

Hemifacial Spasms

- Decrease in frequency and/or severity of spasm, or a decrease in tone and/or improvement in asymmetry to the affected side of the face

Chronic anal fissure

- Complete healing of anal fissure; OR
- Symptomatic improvement of persistent fissures

V. Dosage/Administration

Indication	Dose
Cervical Dystonia	Initial dose: 500 units divided among the affected muscles. Re-treatment: 250-1000 units every 12 -16 weeks or longer as necessary
Upper Limb Spasticity	Initial dose: 500 – 1000 units based on muscles affected, severity of muscle spasticity, prior response and adverse reaction history Re-treatment: 500 – 1000 units every 12 – 16 weeks or longer, as necessary
Chronic Migraine Prophylaxis	Up to 240 units divided among the affected muscles every 12 weeks
Sialorrhea	Up to 450 units divided among the affected muscles every 12 weeks
Chronic anal fissure	Up to 150 units divided among the affected muscles every 12 weeks
Lower Limb Spasticity	<u>Adults</u> Up to 1500 units divided among the affected muscles every 12 weeks <u>Pediatrics</u> Up to 10-15 units/kg divided among gastrocnemius-soleus complex muscles, per limb, every 12 weeks. Maximum dose per treatment session is 1000 units, total.

Blepharospasms	Up to 180 units per affected eye every 12 weeks
Neurogenic detrusor overactivity; OAB	Up to 750 units divided among the affected muscles every 12 weeks
Severe primary axillary hyperhidrosis	Up to 200 units per axilla not more often than every 12 weeks
Hemifacial Spasms	Up to 220 units per treatment session based on sites and severity of the spasm. Subsequent injections administered upon recurrence of spasm, every 12 weeks, if needed.

VI. Billing Code/Availability Information

Jcode:

- J0586 – Injection, abobotulinumtoxinA, 5 units; 1 billable unit = 5 units

NDC:

- Dysport 300 unit Injection: 15054-0530-xx
- Dysport 500 unit Injection: 15054-0500-xx

VII. References

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
G11.4	Hereditary spastic paraplegia
G24.3	Spasmodic torticollis
G24.5	Blepharospasm
G35	Multiple sclerosis
G37.0	Diffuse sclerosis of central nervous system
G43.709	Chronic migraine without aura, not intractable, without status migrainosus
G43.719	Chronic migraine without aura, intractable, without status migrainosus
G43.701	Chronic migraine without aura, not intractable, with status migrainosus
G43.711	Chronic migraine without aura, intractable, with status migrainosus
G51.3	Clonic hemifacial spasm
G51.31	Clonic hemifacial spasm, right
G51.32	Clonic hemifacial spasm, left
G51.33	Clonic hemifacial spasm, bilateral
G51.39	Clonic hemifacial spasm, unspecified
G80.0	Spastic quadriplegic cerebral palsy

DYSPO™ (abobotulinumtoxinA) Prior Auth Criteria

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G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G81.10	Spastic hemiplegia affecting unspecified side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side
G82.20	Paraplegia, unspecified
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.50	Quadriplegia, unspecified
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7, complete
G82.54	Quadriplegia, C5-C7, incomplete
G83.0	Diplegia of upper limbs, Diplegia (Upper), Paralysis of both upper limbs
G83.10	Monoplegia of lower limb affecting unspecified side
G83.11	Monoplegia of lower limb affecting right dominant side
G83.12	Monoplegia of lower limb affecting left dominant side
G83.13	Monoplegia of lower limb affecting right nondominant side
G83.14	Monoplegia of lower limb affecting left nondominant side
G83.20	Monoplegia of upper limb affecting unspecified side
G83.21	Monoplegia of upper limb affecting right dominant side
G83.22	Monoplegia of upper limb affecting left dominant side
G83.23	Monoplegia of upper limb affecting right nondominant side
G83.24	Monoplegia of upper limb affecting left nondominant side
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side

I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified site
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified site
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified site
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side

I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side
I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side
I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified site
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side
I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side
I69.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side
I69.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side
I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side

DYSPO™ (abobotulinumtoxinA) Prior Auth Criteria

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I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified site
I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified site
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified site
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified site
I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
K11.7	Disturbances of salivary secretions
K60.1	Chronic anal fissure
N31.0	Uninhibited neuropathic bladder, not elsewhere classified
N31.1	Reflex neuropathic bladder, not elsewhere classified

N31.8	Other neuromuscular dysfunction of bladder
N31.9	Neuromuscular dysfunction of bladder, unspecified
N32.81	Overactive bladder
L74.510	Primary focal hyperhidrosis, axilla
M43.6	Torticollis

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 15	NCD/LCD Document (s): L33949
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=L33949&bc=gAAAAAAAAAAAAAAAA==	
Jurisdiction(s): N	NCD/LCD Document (s): L33274
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=L33274&bc=gAAAAAAAAAAAAAAAA==	
Jurisdiction(s): J, M	NCD/LCD Document (s): L33458
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=L33458&bc=gAAAAAAAAAAAAAAAA==	
Jurisdiction(s): 6; K	NCD/LCD Document (s): L33646
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=L33646&bc=gAAAAAAAAAAAAAAAA==	
Jurisdiction(s): F	NCD/LCD Document (s): L35172
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=L35172&bc=gAAAAAAAAAAAAAAAA==	
Jurisdiction(s): E	NCD/LCD Document (s): L35170
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=L35170&bc=gAAAAAAAAAAAAAAAA==	

Jurisdiction(s): 5, 8	NCD/LCD Document (s): L34635
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=L34635&bc=gAAAAAAAAAAAAAAAA==	

Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC