

## Dysport® (abobotulinumtoxinA) (Intramuscular/Intradetrusor/Intradermal)

Document Number: IC-0239

Last Review Date: 08/04/2020

Date of Origin: 06/21/2011

Dates Reviewed: 09/2011, 12/2011, 03/2012, 06/2012, 09/2012, 12/2012, 02/2013, 03/2013, 06/2013, 09/2013, 12/2013, 03/2014, 03/2015, 06/2015, 08/2015, 12/2015, 03/2016, 06/2016, 09/2016, 12/2016, 03/2017, 06/2017, 09/2017, 12/2017, 03/2018, 06/2018, 10/2018, 04/2019, 09/2019, 10/2019, 01/2020, 05/2020, 08/2020

### I. Length of Authorization

- Coverage will be provided for six months and may be renewed.
- Preoperative use in Ventral Hernia may NOT be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- Dysport 300 unit Injection: 1 vial per 84 day supply
- Dysport 500 unit Injection: 3 vials per 84 day supply
- Dysport 500 unit Injection: 1 vial once (for Ventral Hernia only)

#### B. Max Units (per dose and over time) [HCPCS Unit]:

| Indication                            | Billable Units | Per # days |
|---------------------------------------|----------------|------------|
| Cervical Dystonia                     | 200            | 84         |
| Chronic Migraine Prophylaxis          | 60             | 84         |
| Sialorrhea                            | 100            | 84         |
| Chronic Anal Fissure                  | 60             | 84         |
| Blepharospasms                        | 100            | 84         |
| Upper Limb Spasticity                 | 200            | 84         |
| Upper Limb Spasticity (Pediatric)     | 160            | 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         |
| Ventral Hernia                        | 500            | N/A        |

### III. Initial Approval Criteria <sup>1</sup>

Coverage is provided in the following conditions:

- Patient aged 18 years or greater (unless otherwise noted); **AND**

### Universal Criteria <sup>1</sup>

- Patient does not have a hypersensitivity to any botulinum toxin product; **AND**
- Patient does not have a hypersensitivity to cow's milk protein; **AND**
- Patient does not have an active infection at the proposed injection site; **AND**
- Patient evaluated for any disorders which may contribute to respiratory or swallowing difficulty; **AND**
- Patient is not on concurrent treatment with another botulinum toxin (i.e., incobotulinumtoxinA, onabotulinumtoxinA, rimabotulinumtoxinB, etc.) [*Note: Use of both onabotulinumtoxinA and abobotulinumtoxinA are allowed for pediatric patients with cerebral palsy*]; **AND**

### Cervical Dystonia <sup>1 †</sup>

- 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 <sup>1,2,12,13,14,28</sup>

- Patient has one of the following:
  - Upper/Lower Limb Spasticity in adults † (i.e., spasticity post-stroke, traumatic brain or spinal cord injuries)
  - Upper/Lower Limb Spasticity in pediatric patients † ; **AND**
    - Patient aged 2 years or older
  - Spasticity of the lower limbs due to multiple sclerosis or Schilder's disease ‡

### Blepharospasms <sup>2,9,10,11 ‡</sup>

### Prophylaxis for Chronic Migraines <sup>3,22,27 ‡</sup>

- Not used in combination with prophylactic calcitonin gene-related peptide (CGRP) inhibitors (e.g. eptinezumab, erenumab, galcanezumab, fremanezumab, etc.); **AND**
- Patient is utilizing prophylactic intervention modalities (i.e. pharmacotherapy, behavioral therapy, or physical therapy, etc.); **AND**
- Patient has 15 or more headache (tension-type-like and/or migraine-like) days per month for at least 3 months; **AND**
  - Patient has had at least five attacks with features consistent with migraine (with and/or without aura)§; **AND**
  - On at least 8 days per month for at least 3 months:
    - Headaches have characteristics and symptoms consistent with migraine§; **OR**

- Patient suspected migraines are relieved by a triptan or ergot derivative medication; **AND**
- Patient has failed at least an 8-week trial of any two oral medications for the prevention of migraines (see list of migraine-prophylactic medications below for examples)

#### **Sialorrhea associated with neurological disorders <sup>4,5</sup>†**

- Patient has a history of troublesome sialorrhea for at least a 3-month period; **AND**
  - Patient has Parkinson’s disease; **OR**
  - Patient has severe developmental delays; **OR**
  - Patient has cerebral palsy

#### **Chronic Anal Fissure <sup>6,7,8</sup>†**

- 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  $\geq 1$  month trial of conventional pharmacologic therapy (e.g. oral/topical nifedipine, diltiazem, and/or topical nitroglycerin, bethanechol, etc.)

#### **Incontinence due to neurogenic detrusor overactivity <sup>15,16,17,23,36,55</sup>†**

- 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) <sup>15,16,17,23,36,55</sup>†**

- 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 <sup>18,19</sup>†**

- Patient has tried and failed  $\geq 1$  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 <sup>20,21</sup>†**

## Ventral Hernia <sup>37,38†</sup>

- Patient has a large ventral hernia with loss of domain or contaminated ventral hernia;  
**AND**
- Used preoperatively in patients scheduled to receive abdominal wall reconstruction (AWR)

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

| Migraine-Prophylaxis Oral Medications ( <i>list not all-inclusive</i> )   |
|---|
| <ul style="list-style-type: none"><li>• Antidepressants (e.g., amitriptyline, fluoxetine, nortriptyline, etc.)</li><li>• Beta blockers (e.g., propranolol, metoprolol, nadolol, timolol, atenolol, pindolol, etc.)</li><li>• Angiotensin converting enzyme inhibitors/angiotensin II receptor blockers (ex. lisinopril, candesartan, etc.)</li><li>• Anti-epileptics (e.g., divalproex, valproate, topiramate, etc.)</li><li>• Calcium channels blockers (e.g., verapamil, etc.)</li></ul>  |
| Migraine Features §   |
| <b>Migraine without aura</b> <ul style="list-style-type: none"><li>• At least five attacks have the following:<ul style="list-style-type: none"><li>○ Headache attacks lasting 4-72 hours (untreated or unsuccessfully treated)</li><li>○ Headache has at least two of the following characteristics:<ul style="list-style-type: none"><li>– Unilateral location</li><li>– Pulsating quality</li><li>– Moderate or severe pain intensity</li><li>– Aggravation by or causing avoidance of routine physical activity (e.g., walking or climbing stairs); <b>AND</b></li></ul></li><li>○ During headache at least one of the following:<ul style="list-style-type: none"><li>– Nausea and/or vomiting</li><li>– Photophobia and phonophobia</li></ul></li></ul></li></ul>   |
| <b>Migraine with aura</b> <ul style="list-style-type: none"><li>• At least two attacks have the following:<ul style="list-style-type: none"><li>○ One or more of the following fully reversible aura symptoms:<ul style="list-style-type: none"><li>– Visual</li><li>– Sensory</li><li>– Speech and/or language</li><li>– Motor</li><li>– Brainstem</li><li>– Retinal; <b>AND</b></li></ul></li><li>○ At least two of the following characteristics:<ul style="list-style-type: none"><li>– At least one aura symptom spreads gradually over ≥5 minutes, and/or two or more symptoms occur in succession</li><li>– Each individual aura symptom lasts 5 to 60 minutes</li><li>– At least one aura symptom is unilateral</li><li>– The aura is accompanied, or followed within 60 minutes, by headache</li></ul></li></ul></li></ul> |

## IV. Renewal Criteria <sup>1-38</sup>

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and indication specific criteria as 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, Physician Global Assessment, Clinical Global Impression (CGI), 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

### Ventral Hernias

- May not be renewed

## V. Dosage/Administration

| Indication  | Dose   |
|---|--|
| Cervical Dystonia   | Initial dose: 500 units divided among the affected muscles.<br>Re-treatment: 250-1000 units every 12 -16 weeks or longer as necessary  |
| Upper Limb Spasticity   | <u>Adults</u> <ul style="list-style-type: none"> <li>• Initial dose: 500 – 1000 units based on muscles affected, severity of muscle spasticity, prior response and adverse reaction history</li> <li>• Re-treatment: 500 – 1000 units every 12 – 16 weeks or longer, as necessary</li> </ul> <u>Pediatrics</u><br>Up to 8-16 units/kg per limb every 12 weeks. Maximum dose per treatment session is 16 units/kg or 640 units, whichever is lower. |
| 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><br>Up to 1500 units divided among the affected muscles every 12 weeks<br><u>Pediatrics</u><br>Up to 10-15 units/kg divided among gastrocnemius-soleus complex muscles, per limb, every 12 weeks. Maximum dose per treatment session is 15 Units/kg for unilateral lower limb injections, 30 Units/kg for bilateral lower limb injections, or 1000 units, whichever is lower.   |
| Blepharospasms  | Up to 180 units per affected eye every 12 weeks  |
| Neurogenic Detrusor Overactivity/<br>Overactive Bladder (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.  |
| Ventral Hernia  | 500 units divided among abdominal muscles, injected 2-4 weeks prior to AWR surgery. <i>May not be renewed.</i>   |

## VI. Billing Code/Availability Information

### HCP/PCS Code:

- 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

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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  |
| G80.1   | Spastic diplegic cerebral palsy  |
| G80.2   | Spastic hemiplegic cerebral palsy  |

### DYSPO<sup>®</sup> (abobotulinumtoxinA) Prior Auth Criteria

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|         |   |
|---------|---|
| 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  |

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| 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                        |

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| 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         |
| I69.141 | Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side     |

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| 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   |
| K43.6   | Other and unspecified ventral hernia with obstruction, without gangrene   |
| K43.7   | Other and unspecified ventral hernia with gangrene  |
| K43.9   | Ventral hernia without obstruction or gangrene  |
| 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   |

**Dual coding requirements:**

- Primary G and M codes require a secondary G or I code in order to be payable

**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), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) 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/LCA):**

|   |   |
|---|---|
| <b>Jurisdiction(s):</b> 5, 8  | <b>NCD/LCD/LCA Document (s):</b> A57474 |
| <a href="https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A57474&amp;bc=gAAAAAAAAAAAA">https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A57474&amp;bc=gAAAAAAAAAAAA</a> |   |

|   |   |
|---|---|
| <b>Jurisdiction(s):</b> 9; N  | <b>NCD/LCD/LCA Document (s):</b> A57715 |
| <a href="https://www.cms.gov/medicare-coverage-database/search/document-id-search-results.aspx?DocID=A57715&amp;bc=gAAAAAAAAAAAA&amp;">https://www.cms.gov/medicare-coverage-database/search/document-id-search-results.aspx?DocID=A57715&amp;bc=gAAAAAAAAAAAA&amp;</a> |   |

|   |   |
|---|---|
| <b>Jurisdiction(s):</b> 6; K  | <b>NCD/LCD/Article Document (s):</b> A52848 |
| <a href="https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A52848&amp;bc=gAAAAAAAAAAAA">https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A52848&amp;bc=gAAAAAAAAAAAA</a> |   |

|   |   |
|---|---|
| <b>Jurisdiction(s):</b> 15  | <b>NCD/LCD/LCA Document (s):</b> A56472 |
| <a href="https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A56472&amp;bc=gAAAAAAAAAAAAA==">https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A56472&amp;bc=gAAAAAAAAAAAAA==</a> |   |

|   |   |
|---|---|
| <b>Jurisdiction(s):</b> F   | <b>NCD/LCD/LCA Document (s):</b> A57186 |
| <a href="https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A57186&amp;bc=gAAAAAAAAAAAAA==">https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A57186&amp;bc=gAAAAAAAAAAAAA==</a> |   |

|                           |   |
|---------------------------|---|
| <b>Jurisdiction(s):</b> E | <b>NCD/LCD/LCA Document (s):</b> A57185 |
|---------------------------|---|



<https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A57185&bc=gAAAAAAAAAAAAAA>==

**Jurisdiction(s): J & M**      **NCD/LCD/LCA Document (s): A56646**

<https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A56646&bc=gAAAAAAAAAAAAAA>==

**Jurisdiction(s): J & M**      **NCD/LCD/LCA Document (s): A56389**

<https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A56389&bc=gAAAAAAAAAAAAAA>==

**Medicare Part B Administrative Contractor (MAC) Jurisdictions**

| <b>Jurisdiction</b> | <b>Applicable State/US Territory</b>  | <b>Contractor</b>                                 |
|---------------------|---|---|
| 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                           |