

Reference number(s)
2164-A

JURISDICTION SPECIFIC MEDICARE PART B

DYSPORE (abobotulinumtoxin A)

POLICY

I. COVERED USES

The indications below are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

- A. Cervical dystonia
- B. Spasticity
- C. Blepharospasm
- D. Hemifacial spasm
- E. Isolated oromandibular dystonia

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. EXCLUSIONS

Coverage will not be provided for cosmetic use.

III. DOCUMENTATION

The following documentation must be available, upon request, for all submissions:

- A. Medical record must support the use of the selected ICD-10-CM code(s). Submitted CPT/HCPCS code must describe the service performed
- B. Documentation of unsuccessful, inadequate response, or not a candidate for conventional methods of treatment and/or other appropriate methods used to control condition as applicable (a statement outlining relevant medical history is acceptable)
- C. Results of pertinent tests/procedures
- D. Type of botulinum toxin used, strength of toxin, dosage and frequency of injections
- E. Support for the clinical effectiveness of the injections
- F. Support for the medical necessity of localization procedures if performed
- G. Site(s) injected

IV. CRITERIA FOR APPROVAL

A. Cervical Dystonia

Authorization of 12 months may be granted for the treatment of adults with cervical dystonia.

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B. Spasticity

Authorization of 12 months may be granted for the treatment of spasticity in members 2 years of age and older.

C. Blepharospasm

Authorization of 12 months may be granted for the treatment of blepharospasm in adults.

D. Hemifacial spasm

Authorization of 12 months may be granted for hemifacial spasm (cranial nerve VII disorder) in adults.

E. Isolated oromandibular dystonia

Authorization of 12 months may be granted for the treatment of isolated oromandibular dystonia in adults.

V. DOSAGE AND ADMINISTRATION

The lowest effective dose and longest dosing interval that produces the desired clinical effect should be used.

VI. REFERENCES

1. Botulinum Toxins LCD (L33274) Version R11. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed August 5, 2022.
2. Billing and Coding: Botulinum Toxins (A57715) Version R4. Available at: Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed August 5, 2022.
3. Dysport [package insert]. Cambridge, MA: Ipsen Biopharmaceuticals, Inc.; July 2020.