

# Reimbursement Resource Guide

## DYSPORT® (ABOBOTULINUMTOXINA)

- Indications and Important Safety Information
- Acquiring Dysport
- Dysport Billing and Coding
- IPSEN CARES Overview



**IPSENCARES™**  
Coverage, Access, Reimbursement & Education Support

Hours: 8:00 AM - 8:00 PM ET, Monday - Friday  
Phone: 1-866-435-5677  
Fax: 1-888-525-2416  
Mail: 11800 Weston Parkway, Cary, NC 27513  
[www.ipsencares.com](http://www.ipsencares.com)

## Important Safety Information

### Warning: Distant Spread of Toxin Effect

Postmarketing reports indicate that the effects of Dysport and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These may include asthenia, generalized muscle weakness, diplopia, blurred vision, ptosis, dysphagia, dysphonia, dysarthria, urinary incontinence, and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death. The risk of symptoms is probably greatest in children treated for spasticity, but symptoms can also occur in adults treated for spasticity and other conditions, particularly in those patients who have underlying conditions that would predispose them to these symptoms. In unapproved uses and in approved indications, cases of spread of effect have been reported at doses comparable to or lower than the maximum recommended total dose.

Please see additional [Important Safety Information](#) and full [Prescribing Information](#), including **Boxed Warning**.

 **Dysport®**  
(abobotulinumtoxinA)

This guide is provided for informational purposes only. Correct coding is the responsibility of the provider submitting the claim for the item or service. Please check with the payer to verify codes and specific billing requirements. Ipsen Biopharmaceuticals, Inc. (Ipsen) does not make any representation or guarantees concerning reimbursement or coverage for any service or item, nor does Ipsen guarantee patient assistance to the limits described.

# Indications

Dysport® (abobotulinumtoxinA) for injection is indicated for the treatment of:

- Spasticity in patients 2 years of age and older
- Cervical dystonia in adults

## Important Safety Information

### Warning: Distant Spread of Toxin Effect

Postmarketing reports indicate that the effects of Dysport and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These may include asthenia, generalized muscle weakness, diplopia, blurred vision, ptosis, dysphagia, dysphonia, dysarthria, urinary incontinence, and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death. The risk of symptoms is probably greatest in children treated for spasticity, but symptoms can also occur in adults treated for spasticity and other conditions, particularly in those patients who have underlying conditions that would predispose them to these symptoms. In unapproved uses and in approved indications, cases of spread of effect have been reported at doses comparable to or lower than the maximum recommended total dose.

### Contraindications

Dysport is contraindicated in patients with known hypersensitivity to any botulinum toxin products, cow's milk protein, components in the formulation or infection at the injection site(s). Serious hypersensitivity reactions including anaphylaxis, serum sickness, urticaria, soft tissue edema, and dyspnea have been reported. If such a reaction occurs, discontinue Dysport and institute appropriate medical therapy immediately.

### Warnings and Precautions

#### Lack of Interchangeability Between Botulinum Toxin Products

The potency Units of Dysport are specific to the preparation and assay method utilized. They are not interchangeable with other preparations of botulinum toxin products, and, therefore, units of biological activity of Dysport cannot be compared to or converted into units of any other botulinum toxin products assessed with any other specific assay method.

#### Dysphagia and Breathing Difficulties

Treatment with Dysport and other botulinum toxin products can result in swallowing or breathing difficulties. Patients with pre-existing swallowing or breathing difficulties may be more susceptible to these complications. In most cases, this is a consequence of weakening of muscles in the area of injection that are involved in breathing or swallowing. When distant side effects occur, additional respiratory muscles may be involved. Deaths as a complication of severe dysphagia have been reported after treatment with botulinum toxin. Dysphagia may persist for several weeks, and require use of a feeding tube to maintain adequate nutrition and hydration. Aspiration may result from severe dysphagia and is a particular risk when treating patients in whom swallowing or respiratory function is already compromised. Patients treated with botulinum toxin may require immediate medical attention should they develop problems with swallowing, speech, or respiratory disorders. These reactions can occur within hours to weeks after injection with botulinum toxin.

#### Pre-existing Neuromuscular Disorders

Individuals with peripheral motor neuropathic diseases, amyotrophic lateral sclerosis, or neuromuscular junction disorders (e.g., myasthenia gravis or Lambert-Eaton syndrome) should be monitored particularly closely when given botulinum toxin. Patients with neuromuscular disorders may be at increased risk of clinically significant effects including severe dysphagia and respiratory compromise from typical doses of Dysport.

# Important Safety Information (Continued)

## Warnings and Precautions (continued)

### Human Albumin and Transmission of Viral Diseases

This product contains albumin, a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases and variant Creutzfeldt-Jakob disease (vCJD). There is a theoretical risk for transmission of Creutzfeldt-Jakob disease (CJD), but if that risk actually exists, the risk of transmission would also be considered extremely remote. No cases of transmission of viral diseases, CJD, or vCJD have ever been identified for licensed albumin or albumin contained in other licensed products.

### Intradermal Immune Reaction

The possibility of an immune reaction when injected intradermally is unknown. The safety of Dysport for the treatment of hyperhidrosis has not been established. Dysport is approved only for intramuscular injection.

## Most Common Adverse Reactions

**Adults with lower limb spasticity** ( $\geq 5\%$ ): falls, muscular weakness, and pain in extremity and with **upper limb spasticity** ( $\geq 4\%$ ): muscular weakness.

**Pediatric patients with lower limb spasticity** ( $\geq 10\%$ ): nasopharyngitis, cough and pyrexia and with **upper limb spasticity** ( $\geq 10\%$ ): upper respiratory tract infection and pharyngitis.

**Adults with cervical dystonia** ( $\geq 5\%$ ): muscular weakness, dysphagia, dry mouth, injection site discomfort, fatigue, headache, musculoskeletal pain, dysphonia, injection site pain, and eye disorders.

## Drug Interactions

Co-administration of Dysport and aminoglycosides or other agents interfering with neuromuscular transmission (e.g., curare-like agents), or muscle relaxants, should be observed closely because the effect of botulinum toxin may be potentiated. Use of anticholinergic drugs after administration of Dysport may potentiate systemic anticholinergic effects, such as blurred vision. The effect of administering different botulinum neurotoxins at the same time or within several months of each other is unknown. Excessive weakness may be exacerbated by another administration of botulinum toxin prior to the resolution of the effects of a previously administered botulinum toxin. Excessive weakness may also be exaggerated by administration of a muscle relaxant before or after administration of Dysport.

## Special Populations

### Use in Pregnancy

There are no adequate and well-controlled studies in pregnant women. Dysport should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Based on animal data, Dysport may cause fetal harm.

### Pediatric Use

The safety and effectiveness of Dysport injected into proximal muscles of the lower limb for the treatment of spasticity in pediatric patients has not been established. Based on animal data Dysport may cause atrophy of injected and adjacent muscles; decreased bone growth, length, and mineral content; delayed sexual maturation; and decreased fertility.

### Geriatric Use

In general, elderly patients should be observed to evaluate their tolerability of Dysport, due to the greater frequency of concomitant disease and other drug therapy. Subjects aged 65 years and over who were treated with Dysport for lower limb spasticity reported a greater percentage of fall and asthenia as compared to those younger (10% vs. 6% and 4% vs. 2%, respectively).

To report SUSPECTED ADVERSE REACTIONS or product complaints, contact Ipsen at 1-855-463-5127. You may also report SUSPECTED ADVERSE REACTIONS to the FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

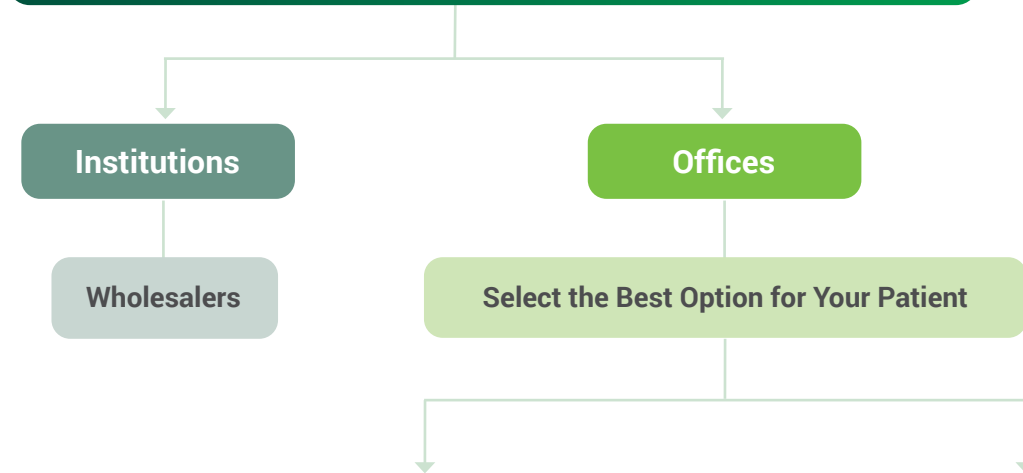
Please see full [Prescribing Information](#), including **Boxed Warning** and [Medication Guide](#).



Please see additional [Important Safety Information](#) and full [Prescribing Information](#), including **Boxed Warning**.

# Acquiring Dysport

## Dysport Acquisition Options



### If Dysport Is Covered Under the **MEDICAL BENEFIT**

#### Purchase Dysport Directly (Buy and Bill)

- Your office pays for Dysport and seeks reimbursement
- Your office acquires Dysport directly from a select group of specialty distributors
- Your office collects copay/coinsurance directly from the patient
- Your office seeks reimbursement from the patient's payer(s)
- It is important to verify with each patient's insurance plan to determine if buy and bill is allowed

#### Specialty Pharmacy Assignment of Benefit (AOB)

- Does not require an upfront financial investment
- Your office orders Dysport from a Specialty Pharmacy for a specific patient
- Patient pays copay/coinsurance directly to Specialty Pharmacy
- Specialty Pharmacy ships product directly to your office
- Specialty Pharmacy seeks reimbursement from the patient's payer(s)
- IPSEN CARES can provide helpful information on selection of the appropriate Specialty Pharmacy for the patient by calling 1-866-435-5677



### If Dysport Is Covered Under the **PHARMACY BENEFIT**

#### Specialty Pharmacy

- Does not require an upfront financial investment
- Your office orders Dysport from a Specialty Pharmacy for a specific patient
- Patient pays copay/coinsurance directly to Specialty Pharmacy
- Specialty Pharmacy ships product directly to your office
- Specialty Pharmacy seeks reimbursement from the patient's payer(s)
- IPSEN CARES can provide helpful information on selection of the appropriate Specialty Pharmacy for the patient by calling 1-866-435-5677

# Acquiring Dysport (Continued)

## Authorized Specialty Distributors

Specialty Distributor	Customer Service/Ordering	New Accounts	Order Times
Besse Medical	<b>Phone:</b> 1-800-543-2111 <b>www.besse.com</b>	<b>Phone:</b> 1-800-543-2111 <b>https://www.besse.com/create-an-account</b>	<b>Mon – Thurs:</b> 8:30 AM – 7:00 PM ET <b>Fri:</b> 8:30 AM – 5:00 PM ET <b>Sat:</b> Delivery Available by Prior Arrangement
Cardinal Specialty	<b>Phone:</b> 1-855-855-0708 <b>https://www.cardinalhealth.com/en/services/acute/pharmacy-services/specialty-distribution.html</b>	<b>Phone:</b> 1-866-677-4844 <b>https://www.cardinalhealth.com/en/services/acute/pharmacy-services/specialty-distribution/ordering/creating-an-account.html</b>	<b>Mon – Fri:</b> 7:00 AM – 6:00 PM CT
CuraScript SD®	<b>Phone:</b> 1-877-599-7748 <b>www.curascriptsd.com</b>	<b>Phone:</b> 1-877-599-7748 <b>https://curascriptsd.com/new-accounts</b>	<b>Mon – Fri:</b> 8:30 AM – 7:00 PM ET
McKesson Specialty Health	<b>Phone:</b> 1-855-477-9800 <b>mcs.mckesson.com/CustomerCenter/MckessonWebStore.html#PRELOGIN_VIEW</b>	<b>Phone:</b> 1-855-477-9800 <b>https://www.surveygizmo.com/s3/3357810/MSH-Customer-Center-Registration-Form</b>	<b>Mon – Fri:</b> 7:00 AM – 7:00 PM CT
Metro® Medical	<b>Phone:</b> 1-800-768-2002 <b>www.metromedicalorder.com</b>	<b>Phone:</b> 1-800-768-2002 <b>www.metromedicalorder.com</b>	<b>Mon – Fri:</b> 7:00 AM – 7:00 PM CT

The specialty distributors listed above are not associated with Ipsen Biopharmaceuticals, Inc. ("Ipsen"), nor do they represent Ipsen. These specialty distributors have been selected by Ipsen to distribute Dysport given their reputation, capabilities, and customer satisfaction ratings. Our goal is to provide you with options to select the specialty distributors that will meet your needs. You are free to engage any of the above specialty distributors. You may also open an account with more than one of the above distributors if you wish.

# Acquiring Dysport (Continued)

## Product Information

### Two Strengths Available for Dysport



#### 500-Unit vial NDC 15054-0500-1<sup>a</sup>

Box containing 1 sterile, single-use vial.

Each single-use vial contains 500 Units of freeze-dried abobotulinumtoxinA, 125 µg human serum albumin, and 2.5 mg lactose.

HCPCS: J0586<sup>b</sup>

Billing units for entire vial: 100<sup>c</sup>



#### 300-Unit vial NDC 15054-0530-6<sup>a</sup>

Box containing 1 sterile, single-use vial.

Each single-use vial contains 300 Units of freeze-dried abobotulinumtoxinA, 125 µg human serum albumin, and 2.5 mg lactose.

HCPCS: J0586<sup>b</sup>

Billing units for entire vial: 60<sup>c</sup>

<sup>a</sup>Please note that for billing purposes, the NDC number requires 11 digits. Therefore, a zero must be entered into the 10th position (eg, "15054-0500-01"). This is consistent with Red Book and First DataBank listings.

<sup>b</sup>J0586 effective as of January 1, 2010.

<sup>c</sup>One billing unit represents 5 Dysport dosing Units.

## HCPCS Coding

J0586 (injection, abobotulinumtoxinA, 5 units)

## JW Modifier

Effective January 1, 2017, Medicare required providers to use the JW modifier (drug amount discarded/not administered to any patient) for all claims with unused drugs or biologicals from single-use vials that are appropriately discarded, and to document the discarded drug or biological in the patient's medical record.

Wastage-reporting requirements for payers other than Medicare may vary—providers should check with their specific plans about policies related to use of the JW modifier.

## Important Safety Information

### Warnings and Precautions

#### Lack of Interchangeability Between Botulinum Toxin Products

The potency Units of Dysport are specific to the preparation and assay method utilized. They are not interchangeable with other preparations of botulinum toxin products, and, therefore, units of biological activity of Dysport cannot be compared to or converted into units of any other botulinum toxin products assessed with any other specific assay method.

**IPSENCARES**<sup>™</sup>  
Coverage, Access, Reimbursement & Education Support

**Dysport**<sup>®</sup>  
(abobotulinumtoxinA)

Please see additional [Important Safety Information](#) and full [Prescribing Information](#), including **Boxed Warning**.



# Acquiring Dysport (Continued)

## Product Information (Continued)

### Pack Dimensions

Approximate Dimensions – Unit

Box Containing 1 Unit: Depth: 1", Height: 1 7/8", Width: 3"

### Handling and Storage Information

Dysport for Injection is supplied in a sterile, single-use, 3 mL glass vial. Dysport must be stored under refrigeration at 2°C–8°C (36°F–46°F). Protect from light.

Do not use after the expiration date on the vial. All vials, including expired vials, or equipment used with Dysport should be disposed of carefully as is done with all medical waste. Dysport contains a unique hologram on the carton. If you do not see the hologram, do not use the product. Instead contact 1-855-463-5127.

### Sales Unit to Trade

One dispensing pack.

### Product Expiration

The expiration date is printed on each dispensing pack and the vial.

### Special Shipping Requirement

Dysport is labeled with specific transportation and storage requirements. Care should be taken to ensure that temperature control at 2°C–8°C (36°F–46°F) is maintained during these activities. Ipsen will ship Dysport in a manner that maintains this temperature during transport from Ipsen to the product destination. Specialty distributors and specialty pharmacies should also package and ship Dysport in a manner that maintains this same environment. Customers should call **1-855-463-5127** if they have any questions pertaining to proper shipping.

### Product Returns

Credit for returns is subject to Ipsen's current Return Goods Policy. Returns and Return Authorizations must meet Ipsen's Return Goods Policy requirements. Phone: **1-844-944-7736**.



# Dysport Billing and Coding

Payers require providers to include standard CPT, HCPCS, and ICD-10-CM codes on claims for Dysport treatments.

## Coding

Please refer to the following tables to support appropriate claims processing for Dysport. This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

### Healthcare Common Procedure Coding System (HCPCS) Level II Code

A permanent HCPCS Code has been assigned to report the use of Dysport:

Dysport HCPCS Code	Description
J0586	Injection, abobotulinumtoxinA, 5 units

## Important Safety Information (Continued)

### Warnings and Precautions (Continued)

#### Dysphagia and Breathing Difficulties

Treatment with Dysport and other botulinum toxin products can result in swallowing or breathing difficulties. Patients with pre-existing swallowing or breathing difficulties may be more susceptible to these complications. In most cases, this is a consequence of weakening of muscles in the area of injection that are involved in breathing or swallowing. When distant side effects occur, additional respiratory muscles may be involved. Deaths as a complication of severe dysphagia have been reported after treatment with botulinum toxin. Dysphagia may persist for several weeks, and require use of a feeding tube to maintain adequate nutrition and hydration. Aspiration may result from severe dysphagia and is a particular risk when treating patients in whom swallowing or respiratory function is already compromised. Patients treated with botulinum toxin may require immediate medical attention should they develop problems with swallowing, speech, or respiratory disorders. These reactions can occur within hours to weeks after injection with botulinum toxin.

#### Pre-existing Neuromuscular Disorders

Individuals with peripheral motor neuropathic diseases, amyotrophic lateral sclerosis, or neuromuscular junction disorders (e.g., myasthenia gravis or Lambert-Eaton syndrome) should be monitored particularly closely when given botulinum toxin. Patients with neuromuscular disorders may be at increased risk of clinically significant effects including severe dysphagia and respiratory compromise from typical doses of Dysport.

**IPSENCARES™**  
Coverage, Access, Reimbursement & Education Support

 **Dysport®**  
(abobotulinumtoxinA)

Please see additional [Important Safety Information](#) and full [Prescribing Information](#), including **Boxed Warning**.

# Dysport Billing and Coding (Continued)

## Adults With Cervical Dystonia

### Current Procedure Terminology (CPT) Drug Administration Code

The following CPT codes may be appropriate to report Dysport administration services. This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

CPT Code	Description	Notes
64616	Chemodeneration of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis). For bilateral procedure, report 64616 with modifier 50. For chemodeneration guided by needle electromyography or muscle electrical stimulation, see 95873, 95874. Do not report more than one guidance code for any unit of 64616	To describe the injection procedure
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Ultrasound guidance may be used independently or together with electromyography or electrical stimulation based on clinical necessity
95873	Electrical stimulation for guidance in conjunction with chemodeneration (list separately in addition to code for primary procedure)	To account for guidance using electrical stimulation, use CPT code 95873 in addition to the CPT code for the injection
95874	Needle electromyography for guidance in conjunction with chemodeneration (list separately in addition to code for primary procedure)	To account for the EMG guidance, use CPT code 95874 in addition to the CPT code for the injection. Do not report 95874 in conjunction with 95873

### Common Diagnostic Code

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description
G24.3	Spasmodic torticollis

# Dysport Billing and Coding (Continued)

## Adults With Upper Limb Spasticity

### Current Procedure Terminology (CPT) Drug Administration Code

The following CPT codes may be appropriate to report Dysport administration services. This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

CPT Code	Description	Notes
64642	Chemodeneration of one extremity, 1-4 muscle(s)	Each additional extremity, 1-4 muscle(s)
+64643	Chemodeneration of one extremity; each additional extremity, 1-4 muscle(s)	List separately in addition to code for primary procedure
64644	Chemodeneration of one extremity, 5 or more muscles	Each additional extremity, 5 or more muscle(s)
+64645	Chemodeneration of one extremity; each additional extremity, 5 or more muscles	List separately in addition to code for primary procedure
64646	Destruction by neurolytic agent (eg, chemical, thermal, electrical, or radiofrequency) procedures on the somatic nerves	1-5 muscle(s)
+64647	Destruction by neurolytic agent (eg, chemical, thermal, electrical, or radiofrequency) procedures on the somatic nerves	6 or more muscles
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Ultrasound guidance may be used independently or together with electromyography or electrical stimulation based on clinical necessity
95873	Electrical stimulation for guidance in conjunction with chemodeneration (list separately in addition to code for primary procedure)	To account for guidance using electrical stimulation, use CPT code 95873 in addition to the CPT code for the injection
95874	Needle electromyography for guidance in conjunction with chemodeneration (list separately in addition to code for primary procedure)	To account for the EMG guidance, use CPT code 95874 in addition to the CPT code for the injection. Do not report 95874 in conjunction with 95873

Modifier 50 is not reported with any of the new CPT codes from code range 64642–64647 but needle-guided EMG or muscle electrical stimulation can additionally be reported with codes 95873 or 95874.

# Dysport Billing and Coding (Continued)

## Adults With Upper Limb Spasticity

### Common Diagnostic Codes

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description	ICD-10 CM Code	ICD-10 Description
G81.10	Spastic hemiplegia affecting unspecified side	G82.53	Quadriplegia, C5-C7, complete
G81.11	Spastic hemiplegia affecting right dominant side	G82.54	Quadriplegia, C5-C7, incomplete
G81.12	Spastic hemiplegia affecting left dominant side	G83.0	Diplegia of upper limbs, Diplegia (Upper), Paralysis of both upper limbs
G81.13	Spastic hemiplegia affecting right nondominant side	G83.20	Monoplegia of upper limb affecting unspecified side
G81.14	Spastic hemiplegia affecting left nondominant side	G83.21	Monoplegia of upper limb affecting right dominant side
G80.1	Spastic diplegic cerebral palsy	G83.22	Monoplegia of upper limb affecting left dominant side
G80.2	Spastic hemiplegic cerebral palsy	G83.23	Monoplegia of upper limb affecting right nondominant side
G80.0	Spastic quadriplegic cerebral palsy	G83.24	Monoplegia of upper limb affecting left nondominant side

# Dysport Billing and Coding (Continued)

## Adults With Upper Limb Spasticity

### Common Diagnostic Codes (Continued)

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description	ICD-10 CM Code	ICD-10 Description
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side	I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side	I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side	I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side	I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side	I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side	I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side	I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side	I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side

# Dysport Billing and Coding (Continued)

## Adults With Upper Limb Spasticity

### Common Diagnostic Codes (Continued)

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description	ICD-10 CM Code	ICD-10 Description
169.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side	169.354	Hemiplegia and hemiparesis following cerebral infarction affecting left nondominant side
169.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right nondominant side	169.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right nondominant side
169.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left nondominant side	169.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left nondominant side
169.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right nondominant side	169.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right nondominant side
169.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left nondominant side	169.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left nondominant side
169.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right nondominant side	169.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
169.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left nondominant side	169.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side
169.353	Hemiplegia and hemiparesis following cerebral infarction affecting right nondominant side	169.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side

# Dysport Billing and Coding (Continued)

## Adults With Upper Limb Spasticity

### Common Diagnostic Codes (Continued)

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description	ICD-10 CM Code	ICD-10 Description
169.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side	169.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side
169.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side	169.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side
169.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side	169.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side
169.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	169.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side
169.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	169.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side
169.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side	169.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side
169.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side	169.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side
169.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side	169.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right nondominant side



# Dysport Billing and Coding (Continued)

## Adults With Upper Limb Spasticity

### Common Diagnostic Codes (Continued)

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description	ICD-10 CM Code	ICD-10 Description
169.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left nondominant side	169.334	Monoplegia of upper limb following cerebral infarction affecting left nondominant side
169.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right nondominant side	169.833	Monoplegia of upper limb following other cerebrovascular disease affecting right nondominant side
169.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left nondominant side	169.834	Monoplegia of upper limb following other cerebrovascular disease affecting left nondominant side
169.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right nondominant side	169.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right nondominant side
169.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left nondominant side	169.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left nondominant side
169.333	Monoplegia of upper limb following cerebral infarction affecting right nondominant side		

## Important Safety Information (Continued)

### Warnings and Precautions (Continued)

#### Human Albumin and Transmission of Viral Diseases

This product contains albumin, a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases and variant Creutzfeldt-Jakob disease (vCJD). There is a theoretical risk for transmission of Creutzfeldt-Jakob disease (CJD), but if that risk actually exists, the risk of transmission would also be considered extremely remote. No cases of transmission of viral diseases, CJD, or vCJD have ever been identified for licensed albumin or albumin contained in other licensed products.

# Dysport Billing and Coding (Continued)

## Adults With Lower Limb Spasticity

### Current Procedure Terminology (CPT) Drug Administration Code

The following CPT codes may be appropriate to report Dysport administration services. This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

CPT Code	Description	Notes
64642	Chemodenervation of one extremity, 1-4 muscle(s)	Each additional extremity, 1-4 muscle(s)
+64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s)	List separately in addition to code for primary procedure
64644	Chemodenervation of one extremity, 5 or more muscles	Each additional extremity, 5 or more muscles
+64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles	List separately in addition to code for primary procedure
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Ultrasound guidance may be used independently or together with electromyography or electrical stimulation based on clinical necessity
95873	Electrical stimulation for guidance in conjunction with chemodenervation (list separately in addition to code for primary procedure)	To account for guidance using electrical stimulation, use CPT code 95873 in addition to the CPT code for the injection
95874	Needle electromyography for guidance in conjunction with chemodenervation (list separately in addition to code for primary procedure)	To account for the EMG guidance, use CPT code 95874 in addition to the CPT code for the injection. Do not report 95874 in conjunction with 95873

## Important Safety Information (Continued)

### Warnings and Precautions (Continued)

#### Intradermal Immune Reaction

The possibility of an immune reaction when injected intradermally is unknown. The safety of Dysport for the treatment of hyperhidrosis has not been established. Dysport is approved only for intramuscular injection.

**IPSENCARES**<sup>™</sup>  
Coverage, Access, Reimbursement & Education Support

 **Dysport**<sup>®</sup>  
(abobotulinumtoxinA)

Please see additional [Important Safety Information](#) and full [Prescribing Information](#), including **Boxed Warning**.

# Dysport Billing and Coding (Continued)

## Adults With Lower Limb Spasticity

### Common Diagnostic Codes

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description	ICD-10 CM Code	ICD-10 Description
G11.4	Hereditary spastic paraplegia	G81.14	Spastic hemiplegic affecting left nondominant side
G80.0	Spastic quadriplegic cerebral palsy Congenital spastic paralysis (cerebral)	G82.20	Paraplegia, unspecified
G80.1	Spastic diplegic cerebral palsy Spastic cerebral palsy NOS	G82.21	Paraplegia, complete
G80.2	Spastic hemiplegic cerebral palsy	G82.22	Paraplegia, incomplete
G80.8	Other cerebral palsy Mixed cerebral palsy syndromes	G82.51	Quadriplegia, C1-C4 complete
G80.9	Cerebral palsy, unspecified Cerebral palsy NOS	G82.52	Quadriplegia, C1-C4 incomplete
G81.10	Spastic hemiplegia affecting unspecified side	G83.10	Monoplegia of lower limb affecting unspecified side
G81.11	Spastic hemiplegic affecting right dominant side	G83.11	Monoplegia of lower limb affecting right dominant side
G81.12	Spastic hemiplegic affecting left dominant side	G83.12	Monoplegia of lower limb affecting left dominant side
G81.13	Spastic hemiplegic affecting right nondominant side	G83.13	Monoplegia of lower limb affecting right nondominant side

# Dysport Billing and Coding (Continued)

## Adults With Lower Limb Spasticity

### Common Diagnostic Codes (Continued)

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description	ICD-10 CM Code	ICD-10 Description
G83.14	Monoplegia of lower limb affecting left nondominant side	I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left nondominant side
G83.31	Monoplegia, unspecified affecting right dominant side	I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
G83.32	Monoplegia, unspecified affecting left dominant side	I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
G83.33	Monoplegia, unspecified affecting right nondominant side	I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right nondominant side
G83.34	Monoplegia, unspecified affecting left nondominant side	I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left nondominant side
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right nondominant side	I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right nondominant side

# Dysport Billing and Coding (Continued)

## Adults With Lower Limb Spasticity

### Common Diagnostic Codes (Continued)

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description	ICD-10 CM Code	ICD-10 Description
169.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left nondominant side	169.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left nondominant side
169.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side	169.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
169.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side	169.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
169.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right nondominant side	169.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right nondominant side
169.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left nondominant side	169.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left nondominant side
169.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side	169.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side
169.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side	169.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side
169.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right nondominant side	169.343	Monoplegia of lower limb following cerebral infarction affecting right nondominant side

# Dysport Billing and Coding (Continued)

## Adults With Lower Limb Spasticity

### Common Diagnostic Codes (Continued)

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description	ICD-10 CM Code	ICD-10 Description
169.344	Monoplegia of lower limb following cerebral infarction affecting left nondominant side	169.844	Monoplegia of lower limb following other cerebrovascular disease affecting left nondominant side
169.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	169.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
169.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	169.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
169.353	Hemiplegia and hemiparesis following cerebral infarction affecting right nondominant side	169.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right nondominant side
169.354	Hemiplegia and hemiparesis following cerebral infarction affecting left nondominant side	169.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left nondominant side
169.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side	169.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
169.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side	169.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
169.843	Monoplegia of lower limb following other cerebrovascular disease affecting right nondominant side	169.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right nondominant side

# Dysport Billing and Coding (Continued)

## Adults With Lower Limb Spasticity

### Common Diagnostic Codes (Continued)

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description	ICD-10 CM Code	ICD-10 Description
169.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left nondominant side	M62.462	Contracture of muscle, left lower leg
169.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side	M62.471	Contracture of muscle, right ankle and foot
169.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side	M62.472	Contracture of muscle, left ankle and foot
169.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right nondominant side	M62.48	Contracture of muscle, other site
169.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left nondominant side	M62.49	Contracture of muscle, multiple sites
M62.451	Contracture of muscle, right thigh	M62.831	Muscle spasm of calf
M62.452	Contracture of muscle, left thigh	M62.838	Other muscle spasm
M62.461	Contracture of muscle, right lower leg	R25.2	Cramp and spasm



# Dysport Billing and Coding (Continued)

## Pediatric Upper Limb Spasticity 2 Years of Age and Older

### Current Procedure Terminology (CPT) Drug Administration Code

The following CPT codes may be appropriate to report Dysport administration services. This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

CPT Code	Description	Notes
64642	Chemodeneration of one extremity, 1-4 muscle(s)	Each additional extremity, 1-4 muscle(s)
+64643	Chemodeneration of one extremity; each additional extremity, 1-4 muscle(s)	List separately in addition to code for primary procedure
64644	Chemodeneration of one extremity, 5 or more muscles	Each additional extremity, 5 or more muscles
+64645	Chemodeneration of one extremity; each additional extremity, 5 or more muscles	List separately in addition to code for primary procedure
64646	Destruction by neurolytic agent (eg, chemical, thermal, electrical, or radiofrequency) procedures on the somatic nerves	Each additional extremity, 1-5 muscle(s)
+64647	Destruction by neurolytic agent (eg, chemical, thermal, electrical, or radiofrequency) procedures on the somatic nerves	Each additional extremity, 6 or more muscles
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Ultrasound guidance may be used independently or together with electromyography or electrical stimulation based on clinical necessity
95873	Electrical stimulation for guidance in conjunction with chemodeneration (list separately in addition to code for primary procedure)	To account for guidance using electrical stimulation, use CPT code 95873 in addition to the CPT code for the injection
95874	Needle electromyography for guidance in conjunction with chemodeneration (list separately in addition to code for primary procedure)	To account for the EMG guidance, use CPT code 95874 in addition to the CPT code for the injection. Do not report 95874 in conjunction with 95873

# Dysport Billing and Coding (Continued)

## Pediatric Upper Limb Spasticity 2 Years of Age and Older

### Common Diagnostic Codes

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description	ICD-10 CM Code	ICD-10 Description
G11.4	Hereditary spastic paraplegia	G83.21	Monoplegia of upper limb affecting right dominant side
G81.10	Spastic hemiplegia affecting unspecified side	G83.22	Monoplegia of upper limb affecting left dominant side
G81.11	Spastic hemiplegic affecting right dominant side	G83.23	Monoplegia of upper limb affecting right nondominant side
G81.12	Spastic hemiplegic affecting left dominant side	G83.24	Monoplegia of upper limb affecting left nondominant side
G81.13	Spastic hemiplegic affecting right nondominant side	I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
G81.14	Spastic hemiplegic affecting left nondominant side	I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
G83.2	Monoplegia of upper limb	I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
G82.53	Quadriplegia, C5-C7, incomplete	I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
G83.0	Diplegia of upper limbs, diplegia (upper), paralysis of both upper limbs	I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
G83.20	Monoplegia of upper limb affecting unspecified side	I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side

# Dysport Billing and Coding (Continued)

## Pediatric Upper Limb Spasticity 2 Years of Age and Older

### Common Diagnostic Codes (Continued)

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description	ICD-10 CM Code	ICD-10 Description
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side	I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side	I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side	I69.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side	M62.40	Contracture of muscle, unspecified site
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	M62.49	Contracture of muscle, multiple sites
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	M62.838	Other muscle spasm
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side	M62.429	Contracture of muscle, unspecified upper arm
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	M62.421	Contracture of muscle, upper right arm
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left nondominant side	M62.422	Contracture of muscle, upper left arm

# Dysport Billing and Coding (Continued)

## Pediatric Lower Limb Spasticity 2 Years of Age and Older

### Current Procedure Terminology (CPT) Drug Administration Code

The following CPT codes may be appropriate to report Dysport administration services. This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

CPT Code	Description	Notes
64642	Chemodenervation of one extremity, 1-4 muscle(s)	Each additional extremity, 1-4 muscle(s)
+64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s)	List separately in addition to code for primary procedure
64644	Chemodenervation of one extremity, 5 or more muscles	Each additional extremity, 5 or more muscles
+64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles	List separately in addition to code for primary procedure
64646	Destruction by neurolytic agent (eg, chemical, thermal, electrical, or radiofrequency) procedures on the somatic nerves	Each additional extremity, 1-5 muscle(s)
+64647	Destruction by neurolytic agent (eg, chemical, thermal, electrical, or radiofrequency) procedures on the somatic nerves	Each additional extremity, 6 or more muscles
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Ultrasound guidance may be used independently or together with electromyography or electrical stimulation based on clinical necessity
95873	Electrical stimulation for guidance in conjunction with chemodenervation (list separately in addition to code for primary procedure)	To account for guidance using electrical stimulation, use CPT code 95873 in addition to the CPT code for the injection
95874	Needle electromyography for guidance in conjunction with chemodenervation (list separately in addition to code for primary procedure)	To account for the EMG guidance, use CPT code 95874 in addition to the CPT code for the injection. Do not report 95874 in conjunction with 95873

# Dysport Billing and Coding (Continued)

## Pediatric Lower Limb Spasticity 2 Years of Age and Older

### Common Diagnostic Codes

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description	ICD-10 CM Code	ICD-10 Description
G11.4	Hereditary spastic paraplegia	G81.14	Spastic hemiplegic affecting left nondominant side
G80.0	Spastic quadriplegic cerebral palsy Congenital spastic paralysis (cerebral)	G82.20	Paraplegia, unspecified
G80.1	Spastic diplegic cerebral palsy Spastic cerebral palsy NOS	G82.21	Paraplegia, complete
G80.2	Spastic hemiplegic cerebral palsy	G82.22	Paraplegia, incomplete
G80.8	Other cerebral palsy Mixed cerebral palsy syndromes	G82.51	Quadriplegia, C1-C4 complete
G80.9	Cerebral palsy, unspecified Cerebral palsy NOS	G82.52	Quadriplegia, C1-C4 incomplete
G81.10	Spastic hemiplegia affecting unspecified side	G83.10	Monoplegia of lower limb affecting unspecified side
G81.11	Spastic hemiplegic affecting right dominant side	G83.11	Monoplegia of lower limb affecting right dominant side
G81.12	Spastic hemiplegic affecting left dominant side	G83.12	Monoplegia of lower limb affecting left dominant side
G81.13	Spastic hemiplegic affecting right nondominant side	G83.13	Monoplegia of lower limb affecting right nondominant side

# Dysport Billing and Coding (Continued)

## Pediatric Lower Limb Spasticity 2 Years of Age and Older

### Common Diagnostic Codes (Continued)

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description	ICD-10 CM Code	ICD-10 Description
G83.14	Monoplegia of lower limb affecting left nondominant side	169.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
G83.31	Monoplegia, unspecified affecting right dominant side	169.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right nondominant side
G83.32	Monoplegia, unspecified affecting left dominant side	169.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left nondominant side
G83.33	Monoplegia, unspecified affecting right nondominant side	169.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
G83.34	Monoplegia, unspecified affecting left nondominant side	169.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side
169.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	169.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right nondominant side
169.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	169.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left nondominant side
169.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right nondominant side	169.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
169.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left nondominant side	169.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
169.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side	169.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right nondominant side

# Dysport Billing and Coding (Continued)

## Pediatric Lower Limb Spasticity 2 Years of Age and Older

### Common Diagnostic Codes (Continued)

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description	ICD-10 CM Code	ICD-10 Description
169.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left nondominant side	169.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side
169.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side	169.343	Monoplegia of lower limb following cerebral infarction affecting right nondominant side
169.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side	169.344	Monoplegia of lower limb following cerebral infarction affecting left nondominant side
169.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right nondominant side	169.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
169.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left nondominant side	169.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
169.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side	169.353	Hemiplegia and hemiparesis following cerebral infarction affecting right nondominant side
169.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side	169.354	Hemiplegia and hemiparesis following cerebral infarction affecting left nondominant side
169.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right nondominant side	169.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side
169.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left nondominant side	169.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side
169.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side	169.843	Monoplegia of lower limb following other cerebrovascular disease affecting right nondominant side



# Dysport Billing and Coding (Continued)

## Pediatric Lower Limb Spasticity 2 Years of Age and Older

### Common Diagnostic Codes (Continued)

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description	ICD-10 CM Code	ICD-10 Description
169.844	Monoplegia of lower limb following other cerebrovascular disease affecting left nondominant side	169.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
169.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side	169.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right nondominant side
169.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	169.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left nondominant side
169.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right nondominant side	M62.451	Contracture of muscle, right thigh
169.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left nondominant side	M62.452	Contracture of muscle, left thigh
169.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side	M62.461	Contracture of muscle, right lower leg
169.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side	M62.462	Contracture of muscle, left lower leg
169.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right nondominant side	M62.471	Contracture of muscle, right ankle and foot
169.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left nondominant side	M62.472	Contracture of muscle, left ankle and foot
169.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side	M62.48	Contracture of muscle, other site

# Dysport Billing and Coding (Continued)

## Pediatric Lower Limb Spasticity 2 Years of Age and Older

### Common Diagnostic Codes (Continued)

This list is for informational purposes only. It is the responsibility of the physician or facility to determine and submit appropriate codes, charges, and modifiers for services rendered to the patient.

ICD-10 CM Code	ICD-10 Description	ICD-10 CM Code	ICD-10 Description
M62.49	Contracture of muscle, multiple sites	M62.838	Other muscle spasm
M62.831	Muscle spasm of calf	R25.2	Cramp and spasm

### Additional Information: Consult With Individual Payers as Appropriate

- **Evaluation and Management (E&M) Services:** E&M or office visit services in addition to injection may be appropriate. Most payers require documentation of a separate and identifiable procedure
- **Use of Modifiers:** Document procedure modifier codes on the claim form. Coding advice from the American Academy of Neurology may differ from the payer's requirements
- **Average Sales Price (ASP):** ASP is reported by the manufacturer and published by the Centers for Medicare & Medicaid Services (CMS) quarterly

For additional medical information about Dysport, please call **1-855-463-5127**.

Always verify the patient's health insurance benefits prior to injecting neurotoxins. Medicare contractor coverage policies for neurotoxins vary and are publicly available on the Centers for Medicare & Medicaid Services (CMS) website at [www.cms.gov](http://www.cms.gov).

CPT is ©2021 American Medical Association (AMA). All rights reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein.

# Sample CMS-1500 Claim Form

## Physician Office

Dysport and the associated services provided in a physician's office are billed on the CMS-1500 claim form or its electronic equivalent. A sample CMS-1500 claim form for billing Dysport is provided below.

The sample claim form provided below is only an example. It is always the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims for the products and services rendered.

Providers should contact third-party payers for specific information regarding their coding, coverage, and payment policies.

### Box 21

Enter the appropriate ICD-10-CM diagnosis code, eg, G81.11 for spastic hemiplegia affecting right dominant side (upper limb spasticity).

Code to the highest level of specificity. ICD-10-CM diagnosis codes contain 3-7 digits. It is recommended that providers verify each payer's specific coding requirements prior to injecting.

### Box 23

Input the authorization number if obtained from the insurance provider.

### Box 24E

For each code, insert the number corresponding to the appropriate diagnosis code in field 21.

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) <b>Dysport, abobotulinumtoxinA</b>										20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/>		\$ CHARGES		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) A. <b>G81.11</b> B. C. D. E. F. G. H. I. J. K. L.										22. RESUBMISSION CODE		ORIGINAL REF. NO.		
										23. PRIOR AUTHORIZATION NUMBER <b>00000000</b>				
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. ICD-9-CM Family Pos	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY									
02	01	19	02	01	19			J0586	A		100		NPI	
02	01	19	10	01	19			64642	A		1		NPI	
													NPI	
													NPI	

### Box 24A

In the shaded area, list the N4 qualifier, the 11-digit drug NDC#, the unit of measurement qualifier, and dosage.

**Example:**

15054050001UN500.00  
(Note: some payers may request the NDC number be listed in box 19.)

In the non-shaded area, list the date of service.

### Box 24D

Include the appropriate CPT codes to report administration procedures, eg, 64642 (chemodenervation of 1 extremity, 1-4 muscle[s], eg, for upper limb spasticity).

For Dysport, use the unique HCPCS code required by payer. Also, include appropriate modifiers as instructed by payer.

### Box 24G

Report the appropriate number of units actually administered and the appropriate number of HCPCS units for Dysport J0586 (500-unit vial = 100 billing units, and 300-unit vial = 60 billing units).

**Note:** For Dysport obtained through a Specialty Pharmacy, no charges for the drug should be billed by the provider. However, inclusion of the HCPCS code (J0586) is recommended to designate the drug administered and number of units administered. Consult with the individual payer to determine the appropriate method of documenting and billing for drugs obtained through a Specialty Pharmacy.

The diagnosis and procedure codes listed on this sample claim form are provided as examples only.



Please see additional [Important Safety Information](#) and full [Prescribing Information](#), including **Boxed Warning**.

# Sample CMS-1450 Claim Form

## Hospital Outpatient Setting

Dysport and the associated services provided in a hospital outpatient setting are billed on the CMS-1450 claim form or its electronic equivalent. A sample CMS-1450 claim form for billing Dysport is provided below.

The sample claim form provided below is only an example. It is always the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims for the products and services rendered.

Providers should contact third-party payers for specific information regarding their coding, coverage, and payment policies.

### Box 42

**Revenue Code:** Enter the appropriate numeric code to identify specific accommodations and/or ancillary service in ascending numeric order by date of service if applicable.

For the administration, list the revenue code for the cost center where services were performed (eg, 0510, clinic, 500, outpatient services).

For Dysport, most often revenue code 0636, drugs requiring detailed coding, will be used. Use revenue code 0250, general pharmacy for payers that do not recognize the 0636 revenue code.

### Box 45

**Service Date:** Enter the date on which the service was performed using MMDDYY format.

### Box 46

**Service Units:** Report the appropriate number of units actually administered and the appropriate number of HCPCS Units for Dysport, J0586 (500-unit vial = 100 billing units, and 300-unit vial = 60 billing units).

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0510	Clinic	64642	020119	1			1
0636	N415054050001UN500.00	J0586	020119	100			2
							3
							4
							5
							6
							7
							8
							9

### Box 43

**Revenue Description:** Enter the narrative description of the related room and board and/or ancillary categories shown in field 42. For payers that require a detailed drug description, a drug description can be input. The N4 indicator is listed first, followed by the appropriate Dysport 11-digit NDC number, next a code describing the unit of measurement qualifier is listed and followed by the unit quantity.

### Box 44

Use the appropriate CPT code to report the administration procedure and unique HCPCS code for Dysport (J0586).

**Note:** For Dysport obtained through a Specialty Pharmacy, no charges for the drug should be billed by the provider.

However, inclusion of the HCPCS code (J0586) is recommended to designate the drug administered and number of units administered. Consult with the individual payer to determine the appropriate method of documenting and billing for drugs obtained through a Specialty Pharmacy.

### Box 67

68 DX	G81.11	68
69 ADMIT DX		70 PATIENT REASON DX
74	PRINCIPAL PROCEDURE CODE	DATE
c.	OTHER PROCEDURE CODE	DATE
80	REMARKS	

Enter the appropriate primary ICD-10-CM diagnosis code, eg, G81.11 for Spastic hemiplegia affecting right dominant side (upper limb spasticity).

**Code to the highest level of specificity.** ICD-10-CM diagnosis codes contain 3-7 digits. It is recommended that providers verify each payer's specific coding requirements prior to injecting.

The diagnosis and procedure codes listed on this sample claim form are provided as examples only.

**IPSENCARES™**  
Coverage, Access, Reimbursement & Education Support

**Dysport®**  
(abobotulinumtoxinA)

Please see additional [Important Safety Information](#) and full [Prescribing Information](#), including **Boxed Warning**.

# IPSEN CARES Overview

## IPSEN CARES Provides Support for Patients and Providers

The IPSEN CARES Patient Access Specialists are fully dedicated to:

- Facilitating patients' access to their prescribed medications
- Providing information and support for the interactions among offices, patients, and insurance companies for Ipsen medications

IPSEN CARES provides a single point-of-contact dedicated to assisting patients, providers, and staff.



**Phone:** 1-866-435-5677  
**Fax:** 1-866-525-2416



**Hours:** 8:00 am – 8:00 pm ET  
Monday – Friday



**Website:**  
[www.ipsencares.com](http://www.ipsencares.com)

### REIMBURSEMENT ASSISTANCE

- **Benefits Verification**—verifies patients' coverage, restrictions (if applicable), and copayment/coinsurance amounts
- **Prior Authorization (PA)/Appeals**
  - Provides information on documentation required by payers on PA specifics, and recommendations for next steps based on payer policy
  - Provides information on the payer-specific processes required to submit a level I or a level II appeal, as well as provides guidance as needed through the process

### FINANCIAL SUPPORT

- **Copayment Assistance**—offers copayment assistance to eligible<sup>a</sup> patients. This includes referring to the Dysport Commercial Copay Program or referring to an independent non-profit organization if available
- **Patient Assistance Program (PAP)**—determines patients' eligibility<sup>b</sup> for PAP and dispenses free product to eligible patients

### PRODUCT DISTRIBUTION

- **Institutions**—Dysport can be acquired from wholesaler
- **Private Practices**
  - Direct (buy-and-bill) acquisition from a select group of specialty distributors
  - Specialty Pharmacy delivery (IPSEN CARES can provide helpful information on selection of the appropriate Specialty Pharmacy for the patient by calling 1-866-435-5677)

### PATIENT SUPPORT

- **360° Communication**—conducts calls to both healthcare provider and patient with status updates about patient's IPSEN CARES enrollment, benefits verification results, coverage status, dispense date, etc

### HCP ONLINE PORTAL

Ipsen realizes that more work is now being done by computer rather than paper and fax machines. We hope this online portal will be a convenient resource for you and your office. After you register and create a profile, your profile will be validated within 1 business day.

Through the online portal you can:

- Submit enrollments and check their status
- Download additional forms and materials
- Send a message to the IPSEN CARES team
- Obtain Specialty Pharmacy dispensing information (if applicable)

Visit [www.ipsencares.com/hcp-resources](http://www.ipsencares.com/hcp-resources) to learn more.

<sup>a</sup>See page 36 for Copay Assistance Program Patient Eligibility & Terms and Conditions.

<sup>b</sup>Patients may be eligible to receive free drug if they are experiencing financial hardship, are uninsured or functionally uninsured, are US residents, and received a valid prescription for Dysport as supported by information provided in the program application. Eligibility does not guarantee approval for participation in the program. The PAP provides Dysport product only, and does not cover the cost of previously purchased product or medical services.

**IPSENCARES**<sup>™</sup>  
Coverage, Access, Reimbursement & Education Support

**Dysport**<sup>®</sup>  
(abobotulinumtoxinA)

Please see additional [Important Safety Information](#) and full [Prescribing Information](#), including **Boxed Warning**.

# Dysport Copay Assistance Program

## Assistance With Private Insurance Copay or Coinsurance Costs for Dysport

### EASE PATIENTS' OUT-OF-POCKET COST FOR DYSPORT

- Eligible<sup>a</sup> patients can pay as little as **\$0 per prescription**
- Annual maximum of **\$5,000 per calendar year** in copay assistance
- Program exhausts after 4 injection treatments, or a maximum annual copay benefit of \$5,000, whichever comes first
- Program resets every January 1<sup>st</sup>
- IPSEN CARES will confirm with patient on an annual basis that patient still meets criteria for program

### Simple Steps for Patients to Receive Their Dysport Assistance

- 1 Provider and patient complete Enrollment Form and send to IPSEN CARES.
- 2 Patient is administered Dysport.
- 3 Provider submits claim to patient's insurance company.
- 4 Once claim is paid, provider submits the following documents via fax (253-395-8028)
  - a. Completed CMS-1500 or CMS-1450 form
  - b. Explanation of benefits (EOB)/remittance from the patient's primary private insurance showing itemized allowed charges and remaining cost share for the Dysport therapy
- 5 IPSEN CARES processes eligible claim payment to patient's provider typically within 7-10 business days via either ACH (wire transfer) or check.

<sup>a</sup>See page 36 for Copay Assistance Program Patient Eligibility & Terms and Conditions.



# Copay Assistance Program

**Patient Eligibility & Terms and Conditions:** Patients are not eligible for copay assistance through IPSEN CARES® if they are enrolled in any state or federally funded programs for which drug prescriptions or coverage could be paid in part or in full, including, but not limited to, Medicare Part B, Medicare Part D, Medicaid, Medigap, VA, DoD, or TRICARE (collectively, "Government Programs"), or where prohibited by law. Patients residing in Massachusetts, Minnesota, Michigan, or Rhode Island can only receive assistance with the cost of Ipsen products but not the cost of related medical services (injection). Patients receiving assistance through another assistance program or foundation, free trial, or other similar offer or program, are not eligible for the copay assistance program during the current enrollment year.

Cash-pay patients are eligible to participate. "Cash-pay" patients are defined for purposes of this program as patients without insurance coverage or who have commercial insurance that does not cover Dysport®. Medicare Part D enrollees who are in the prescription drug coverage gap (the "donut hole") are not considered cash-pay patients and are not eligible for copay assistance through IPSEN CARES®. For patients with commercial insurance who are not considered to be cash-pay patients, the maximum copay benefit amount per prescription is an amount equal to the difference between the annual maximum copay benefit of \$5,000 and the total amount of copay benefit provided to the patient in the Dysport® Copay Program. In any calendar year commencing January 1, the maximum copay benefit amount paid by Ipsen Biopharmaceuticals, Inc. will be \$5,000, covering no more than four (4) Dysport® treatments. For cash-pay patients, the maximum copay benefit amount per eligible Dysport® treatment is \$1,250, subject to the annual maximum of \$5,000 in total. There could be additional financial responsibility depending on the patient's insurance plan.

Patient or guardian is responsible for reporting receipt of copay savings benefit to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled through the program, as may be required. Additionally, patients may not submit any benefit provided by this program for reimbursement through a Flexible Spending Account, Health Savings Account, or Health Reimbursement Account. Ipsen reserves the right to rescind, revoke, or amend these offers without notice at any time. Ipsen and/or RxCrossroads by McKesson are not responsible for any transactions processed under this program where Medicaid, Medicare, or Medigap payment in part or full has been applied. Data related to patient participation may be collected, analyzed, and shared with Ipsen for market research and other purposes related to assessing the program. Data shared with Ipsen will be de-identified, meaning it will not identify the patient. Void outside of the United States and its territories or where prohibited by law, taxed, or restricted. This program is not health insurance. No other purchase is necessary.



# Copay Assistance Program

## Frequently Asked Questions

### Q: How do patients receive Dysport Copay Assistance?

A: First, a patient must satisfy the requirements of eligibility and then be enrolled in IPSEN CARES. Once an eligible<sup>a</sup> patient has successfully enrolled in the program, their doctor's office can then submit a secondary copay assistance claim to IPSEN CARES following treatment.

### Q: Where can the Dysport Copay Assistance Program be used?

A: The Dysport Copay Assistance program is available to be used in the physician's office/practice or hospital when utilizing the patient's medical benefits. The copay assistance program is also available when utilizing the patient's pharmacy benefit and obtaining the prescription via Specialty Pharmacy.

### Q: A patient is enrolled in Medicaid. Are they eligible<sup>a</sup> for the Dysport Assistance Copay Program?

A: No. Patients are not eligible for copay assistance if they are enrolled in any state or federally funded programs for which drug prescription or coverage could be paid in part or in full, including but not limited to Medicare Part B, Medicare Part D, Medicaid, Medigap, VA, DoD, or Tricare (collectively, "Government Programs").

### Q: A patient does not have insurance. Are they eligible<sup>a</sup> for the Dysport Copay Assistance Program?

A: Yes, uninsured patients who are not eligible to participate in state or federally funded programs are eligible for the Dysport Copay Assistance Program. For cash-pay patients, the maximum copay benefit amount per treatment is \$1,250, subject to the annual maximum of \$5,000 in total.

### Q: What if the patient is unable to use the Dysport Copay Assistance Program at their physician's office/practice or pharmacy?

A: The patient must submit a Member Reimbursement Form and a valid Explanation of Benefits (EOB) which includes, but is not limited to, quantity dispensed, days' supply, drug name and NDC, and patient's copay. This information can be faxed to 888-525-2416 or mailed to IPSEN CARES, 11800 Weston Parkway, Cary, NC 27513. Once verified, a check for the patient's savings amount will be mailed to the patient within 7-10 business days.

### Q: A patient has multiple EOBs that need payment. Can multiple EOB submissions be sent for payment at one time?

A: Yes. Subject to the maximum annual cap and other program restrictions, multiple EOBs can be submitted for consideration at one time, including EOBs 180 days prior to the patient's enrollment date.

### Q: I have a patient who has 2 separate documentations (ie, an EOB and a Specialty Pharmacy receipt) for the same date of service. Will this patient be paid for both documents?

A: This depends on which services were provided to the patient. Subject to the maximum annual benefit and other restrictions, the Dysport Copay Assistance Program will cover the cost of the drug and injections (this also includes the physician's visit the same day of injection) where allowable by the state. Our processors will calculate the associated Dysport costs and reimburse accordingly. Any surgical, physician, and/or laboratory expenses will be excluded from payment.

### Q: What if the physician has already been reimbursed in full for cost of the drug and the service but later the patient receives an EOB indicating out-of-pocket expenses are due; can they submit this for reimbursement?

A: Yes, our processors can adjust previous claims if the documentation is valid. The patient should submit this information along with a new Member Reimbursement Form for the adjustment changes.

### Q: How does the physician receive funds for the program?

A: A payment will be made directly to the physician on the patient's behalf. Payments will either be via ACH (wire transfer) or check.

<sup>a</sup>See page 36 for Copay Assistance Program Patient Eligibility & Terms and Conditions

# Overview of Important IPSEN CARES Forms

## ENROLLMENT FORM

Completion and submission of the Enrollment Form is the first step for enrolling in IPSEN CARES. The form needs to be printed, filled out completely by the Provider and the Patient/Legal Guardian, signed, and faxed back to IPSEN CARES. The step-by-step instructions ensure that all relevant sections are completed and signed.

**IPSEN CARES® ENROLLMENT FORM** Questions? Call IPSEN CARES at 1-866-435-5677

Please print the form, fill it out completely, sign it, and fax to: 1-888-525-2416  
IPSEN CARES must receive pages 2, 3, 4, and 5 in order for the form to be complete.

**STEP 1** **PATIENT INFORMATION** Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_  
Patient Name (First & Last) \_\_\_\_\_  
Patient Address \_\_\_\_\_ Caregiver/Legal Guardian (First & Last Name) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Male  Female Date of Birth (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Caregiver/Legal Guardian Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Would you like to enroll in the Ipsen adherence text messaging program as outlined on Page 5, in Step 8 under Additional Product and Support Information? I give permission to Ipsen to contact me by SMS/text message for the Ipsen adherence text messaging program. Carriers, text, and data rates may apply.  Yes  No  
Would you like to receive marketing information from Ipsen as described on Page 5, in Step 8 under Additional Product and Support Information? I give permission to Ipsen to contact me with information via mail, email, phone or SMS/text message, all of which may include telemarketing, advertisements, disease state awareness materials and educational material about DYSPOORT and programs that support patients. Automatic dialing may be used. Carrier, text, and data rates may apply. I understand that I am not required to provide this consent as a condition of purchasing any goods or services.  Yes  No

**STEP 2** **INSURANCE INFORMATION** Complete or attach front and back copy of patient's primary and secondary insurance cards for pharmacy and medical benefits.  
Is patient insured?  Yes  No Does patient have secondary insurance?  Yes  No  
Primary Insurance Co. \_\_\_\_\_ Secondary Insurance Co. \_\_\_\_\_  
Insurance Co. Phone # \_\_\_\_\_ Insurance Co. Phone # \_\_\_\_\_  
Subscriber Policy ID # \_\_\_\_\_ Subscriber Policy ID # \_\_\_\_\_  
Policy/Employer/Group # \_\_\_\_\_ Policy/Employer/Group # \_\_\_\_\_  
Is Physician a Participating Provider? (check one)  Participating  Non-Participating

**PATIENT AUTHORIZATION AND ADDITIONAL PRODUCT AND SUPPORT INFORMATION**  
I have read and understand the IPSEN CARES Patient Authorization and Additional Product and Support Information on Pages 4 and 5, in Step 8 and agree to the terms.  
Signature of Patient or Caregiver/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**STEP 3** **PRESCRIBER INFORMATION** Street Address \_\_\_\_\_  
Prescriber Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
DEA # \_\_\_\_\_ State License # \_\_\_\_\_ Office Contact and Title \_\_\_\_\_  
Tax ID # \_\_\_\_\_ NPI # \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Medicaid Provider # (Required if Medicaid Patient) \_\_\_\_\_ Email \_\_\_\_\_  
Medicare PTAN # (Required if Medicare Patient) \_\_\_\_\_  
Office/Institution \_\_\_\_\_ Preferred Method of Contact  Phone  Fax  Email  
Specialty  Neurology  Psychiatry Best time to contact  Morning  Afternoon  Evening  
 Other \_\_\_\_\_

**STEP 4** **PATIENT SUPPORT**  
Would you like us to provide Temporary Patient Assistance if patient is eligible?  Yes  No

Please see accompanying full Prescribing Information, including Boxed Warning and Medication Guide. **IPSENCARES** 2  
Coverage, Access, Reimbursement & Education Support

## PATIENT AUTHORIZATION FORM

Once a patient is enrolled in IPSEN CARES, a Patient Authorization Form needs to be completed by the Patient/Legal Guardian every 3 years\* in order to maintain participation in IPSEN CARES. The form needs to be printed, filled out completely by the Patient/Legal Guardian, signed, and faxed back to IPSEN CARES. It is important that the Patient/Legal Guardian review the original IPSEN CARES Enrollment Form prior to signing the Authorization Form.

\*NOTE: The patient authorization will expire sooner than 3 years where required by state law.

**IPSEN CARES® PATIENT AUTHORIZATION FORM** Questions? Call IPSEN CARES at 1-866-435-5677

Please print the form, fill it out completely, sign it, and fax to: 1-888-525-2416.  
IPSEN CARES must receive pages 1 and 2 in order for the form to be complete.

**PLEASE BE SURE TO REVIEW ORIGINAL IPSEN CARES ENROLLMENT FORM**

**PATIENT AUTHORIZATION IPSEN CARES® PROGRAM**  
I authorize my/the patient's healthcare providers (including those pharmacies that may receive my prescription for Dysport®) to disclose personal health information ("PHI") about me/the patient, including health information relating to my/the patient's medical condition, prescription, and insurance coverage, to Ipsen Biopharmaceuticals, Inc. its affiliates, and its agents that have been hired to administer the Ipsen Coverage, Access, Reimbursement & Education Support (IPSEN CARES®) program on its behalf (collectively "Ipsen") in order for Ipsen to: (1) enroll me/the patient in IPSEN CARES®; (2) establish my/the patient's benefit eligibility and potential out-of-pocket costs for Dysport®; (3) communicate with my/the patient's healthcare providers and health plans about my/the patient's treatment plan; (4) provide support services, including patient education and financial assistance for Dysport®; (5) help get Dysport® shipped to my/the patient's healthcare provider; and (6) facilitate my/the patient's participation in Dysport® patients programs as I have requested or may request. I agree that, using the contact information I provide, Ipsen may contact me for reasons related to the IPSEN CARES® program and support services and may leave messages for me that may disclose that I/the patient am on Dysport® therapy. I consent to being contacted by an IPSEN CARES® program representative in order for the program to obtain further information or clarification regarding any adverse event I/the patient may experience.  
I understand that once my/the patient's PHI has been disclosed to Ipsen, privacy laws may no longer restrict its use or disclosure; however, Ipsen agrees to protect my/the patient's information by using and disclosing it only for the purposes described above or as required by law. I understand that my/the patient's healthcare providers may receive remuneration from Ipsen in exchange for my/the patient's PHI and/or for any therapy support services provided to me/the patient. I can withdraw this authorization by calling IPSEN CARES® at 1-866-435-5677 or mailing a letter requesting such revocation to IPSEN CARES®, 11800 Weston Parkway, Cary, NC 27513, but it will not change any actions taken before I withdraw authorization. Withdrawal of authorization will end further uses and disclosures of PHI by the parties identified in this form except to the extent those uses and disclosures have been made in reliance upon my authorization. I understand that I may refuse to sign this form and, if I do so, I/the patient will not be able to participate in IPSEN CARES® programs, but it will not affect my/the patient's eligibility to obtain medical treatment, my/the patient's ability to seek payment for this treatment or affect my/the patient's insurance enrollment or eligibility for insurance coverage. This authorization expires three years from the date signed unless a shorter time is required by law or unless I revoke my authorization before that time. I understand that I will receive a copy of the signed authorization.

Patient Name (First & Last) \_\_\_\_\_ Legal Guardian (First & Last Name) \_\_\_\_\_  
Patient Date of Birth (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone # \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Signature of Patient or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**IPSENCARES** 1  
Coverage, Access, Reimbursement & Education Support

**IPSENCARES™**  
Coverage, Access, Reimbursement & Education Support

**Dysport®**  
(abobotulinumtoxinA)

Please see additional [Important Safety Information](#) and full [Prescribing Information](#), including **Boxed Warning**.

# Overview of Important IPSEN CARES Forms

## PATIENT ASSISTANCE PROGRAM (PAP) APPLICATION

The Patient Assistance Program (PAP) is designed to provide Dysport at no cost to eligible patients. Patients may be eligible to receive free drug if they are experiencing financial hardship, are uninsured or functionally uninsured, are US residents, and received a valid prescription for Dysport as supported by information provided in the program application. Eligibility does not guarantee approval for participation in the program. The PAP provides Dysport product only, and does not cover the cost of previously purchased product or medical services.

IPSEN CARES Patient Assistance Program Application Questions? Call IPSEN CARES at 1-866-435-5677

Please print the form, fill it out completely, sign it, and fax to: 1-888-525-2416  
IPSEN CARES must receive pages 1, 2, and 3 in order for the form to be complete.

The Patient Assistance Program (PAP) is designed to provide Dysport at no cost to eligible patients. Patients may be eligible to receive free drug if they are experiencing financial hardship, are uninsured or functionally uninsured, are US residents, and received a valid prescription for Dysport as supported by information provided in the program application. Eligibility does not guarantee approval for participation in the program. The PAP provides Dysport product only, and does not cover the cost of previously purchased product or medical services.

Completed by the patient/legal guardian

**STEP 1**

**PATIENT INFORMATION**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  Male  Female

Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Are you a US resident?  Yes  No

Email Address \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Treating Facility \_\_\_\_\_

**INSURANCE INFORMATION**

Complete or attach front and back copy of patient's primary and secondary insurance cards for pharmacy and medical benefits.

Primary Insurance Co. \_\_\_\_\_ Secondary Insurance Co. \_\_\_\_\_

Insurance Co. Phone # \_\_\_\_\_ Insurance Co. Phone # \_\_\_\_\_

Subscriber Policy ID # \_\_\_\_\_ Subscriber Policy ID # \_\_\_\_\_

Policy/Employer/Group # \_\_\_\_\_ Policy/Employer/Group # \_\_\_\_\_

Is Physician a Participating Provider (check one)  Participating  Non-Participating

**Uninsured** - Patient does not have commercial health insurance and is not eligible for public health insurance, including but not limited to Medicare or Medicaid, or has been denied coverage by their health insurance.

**STEP 2**

**PROOF OF INCOME\***

My estimated annual household income currently is \$ \_\_\_\_\_ Number of people in household \_\_\_\_\_

\*Examples of income can include, but are not limited to, Social Security Disability Income, Supplemental Security Income, aid from the Department of Public Welfare, unemployment benefits, workers' compensation benefits, dividends, interest or investment account, employment (myself and/or my spouse), other (includes assistance from friends, family, charity, or church).

## REGIONAL REIMBURSEMENT DIRECTORS ARE AVAILABLE TO EDUCATE HEALTHCARE PROFESSIONALS

- Increase healthcare professionals' knowledge about reimbursement of Ipsen products
- Provide information to help address complex reimbursement issues for healthcare professionals
- Explain IPSEN CARES services and support offerings for patients and healthcare professionals



**IPSENCARES™**  
Coverage, Access, Reimbursement & Education Support

Hours: 8:00 AM - 8:00 PM ET, Monday - Friday  
Phone: 1-866-435-5677  
Fax: 1-888-525-2416  
Mail: 11800 Weston Parkway, Cary, NC 27513  
[www.ipsencares.com](http://www.ipsencares.com)

To learn more about Dysport® (abobotulinumtoxinA), visit [Dysport.com](http://Dysport.com).

Please see accompanying full [Prescribing Information](#), including **Boxed Warning**.

Dysport® (abobotulinumtoxinA) for injection, for intramuscular use 300- and 500-Unit vials.  
DYSPORT is a registered trademark of Ipsen Biopharm Limited.  
IPSEN CARES is a registered trademark of Ipsen S.A.  
All other trademarks are property of their respective owners.  
© 2021 Ipsen Biopharmaceuticals, Inc.  
May 2021 DYS-US-005869

 **Dysport®**  
(abobotulinumtoxinA)