

Reimbursement Resource Guide

Dysport® (abobotulinumtoxinA)

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



IPSENCARES®
Coverage, Access, Reimbursement & Education Support

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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 on pages 3-4 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.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

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

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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, or to any of the components in the formulation, or infection at the proposed injection site(s). Serious hypersensitivity reactions including anaphylaxis, serum sickness, urticaria, soft tissue edema, and dyspnea have been reported. If such a serious 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 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. Treatment of cervical dystonia with botulinum toxins may weaken accessory muscles of ventilation, which may result in a critical loss of breathing capacity in patients with respiratory disorders who may have become dependent upon these muscles. 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.

Please see additional Important Safety Information on pages 3-4 and full [Prescribing Information](#), including **BOXED WARNING**.

Important Safety Information (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, vCJD, or CJD 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® (abobotulinumtoxinA) for the treatment of hyperhidrosis has not been established. Dysport is approved only for intramuscular injection.

Pre-existing Conditions at the Injection Site

Caution should be exercised when Dysport is used where the targeted muscle shows excessive weakness or atrophy.

Adverse Reactions

- The most common adverse reactions ($\geq 4\%$) in adults with upper limb spasticity include muscular weakness; in adults with lower limb spasticity ($\geq 5\%$) include falls, muscular weakness, and pain in extremity
- The most common adverse reactions ($\geq 10\%$) in pediatric patients with upper limb spasticity include upper respiratory tract infection and pharyngitis; in pediatric patients with lower limb spasticity include nasopharyngitis, cough, and pyrexia
- The most common adverse reactions ($\geq 5\%$) in adults with cervical dystonia include 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) should only be performed with caution because the effect of the 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 and after administration of Dysport.

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.

Please see full Prescribing Information, including **BOXED WARNING and Medication Guide.**

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

Acquiring Dysport® (abobotulinumtoxinA)

Product Information

Two Strengths Available for Dysport



500-Unit vial NDC 15054-0500-1^a

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 (injection, abobotulinumtoxinA, 5 units)

Billing units for entire vial: 100^b

^aPlease 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.

^bOne billing unit represents 5 Dysport dosing Units.



300-Unit vial NDC 15054-0530-6^a

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 (injection, abobotulinumtoxinA, 5 units)

Billing units for entire vial: 60^b

Pack Dimensions

Approximate Dimensions – Unit

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

Storage and Handling Information

Dysport for Injection is supplied in a sterile, single-use, 3-mL glass vial. Dysport must be stored under refrigeration at 2° to 8 C° (36° to 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.

Important Safety Information (Continued)

Contraindications

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

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

Acquiring Dysport® (abobotulinumtoxinA) (Continued)

Product Information (Continued)

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° to 8 C° (36° to 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. Please contact [Returns.USA@Ipsen.com](mailto>Returns.USA@Ipsen.com) for more information or to receive a Return Goods Authorization.

IMPORTANT SAFETY INFORMATION (CONTINUED)

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.

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Acquiring Dysport® (abobotulinumtoxinA) (Continued)

Authorized Specialty Distributors

When setting up a new account with specialty distributor, please communicate that this is for **Dysport therapeutic**.

Specialty Distributor	Customer Service/Ordering	New Accounts	Order Times
ASD Healthcare	Phone: 1-800-746-6273 amerisourcebergen.com	Phone: 1-800-746-6273	Mon – Thurs: 8:00 AM – 7:30 PM ET Fri: 8:00 AM – 7:00 PM ET
Besse® Medical	Phone: 1-800-543-2111 www.besse.com	Phone: 1-800-543-2111	Mon – Thurs: 8:30 AM – 7:00 PM ET Fri: 8:30 AM – 5:00 PM ET Sat: Delivery Available by Prior Arrangement
Cardinal Health Specialty Pharmacy	Phone: Pharmaceutical Customer Service: 1-800-926-3161 https://www.cardinalhealth.com/en/solutions/specialty-distribution.html	Phone: 1-866-677-4844 https://www.cardinalhealth.com/en/solutions/specialty-distribution-services/distribution-services-form.html	Mon – Fri: 8:00 AM – 5:00 PM ET
CuraScript SD®	Phone: 1-877-599-7748 https://curascriptsd.com/online-ordering-experience	Phone: 1-877-599-7748 https://curascriptsd.com/new-accounts	Mon – Fri: 8:30 AM – 7:00 PM ET
McKesson Specialty Health	Phone: 1-800-482-6700 mcs.mckesson.com/CustomerCenter/MckessonWebStore.html#PRELOGIN_VIEW	Phone: 1-800-482-6700 https://www.surveygizmo.com/s3/5301291/Customer-Center-Registration-Form	Mon – Fri: 8:00 AM – 8:00 PM ET
McKesson Medical-Surgical	Phone: 1-800-422-0280 https://mms.mckesson.com	Phone: 1-800-422-0280 https://mms.mckesson.com	Mon – Fri: 8:00 AM – 8:00 PM ET
Metro® Medical	Phone: 1-800-768-2002 www.metromedicalorder.com	Phone: 1-800-768-2002 www.metromedicalorder.com	Mon – Fri: 8:00 AM – 8:00 PM ET

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.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including BOXED WARNING.

Acquiring Dysport® (abobotulinumtoxinA) (Continued)

Dysport Acquisition Options

Purchase Dysport Directly (Buy and Bill)



- Your office acquires Dysport directly from an authorized specialty distributor
- Your office collects copay/coinsurance directly from the patient
- Your office submits claim to patient's payer(s) for reimbursement
- It is important to verify with each patient's insurance plan to determine whether buy and bill is allowed

Specialty Pharmacy



- Your office submits prescription to specialty pharmacy for a specific patient
- Specialty pharmacy submits claim to patient's payer(s) for reimbursement
- Patient pays copay/coinsurance directly to specialty pharmacy
- Specialty pharmacy ships product directly to your office
- IPSEN CARES® can provide helpful information on selection of the appropriate specialty pharmacy for the patient by calling 1-866-435-5677

Dysport DIRECT™

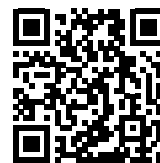


Dysport DIRECT™ allows you to order Dysport for therapeutic use by following 3 easy steps:

1. Register
2. Get account approval
3. Start buying directly

Dysport DIRECT™ offers easy account management, multiple billing options, and integrated shipping and tracking.

Get started today at www.dysportdirect.com.



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 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.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

Dysport® (abobotulinumtoxinA) 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

Dysport J code is J0586 (J code represents 5 drug units)

Table below shows some example dosage amounts showing drug units compared to billing units.

Drug Amount Administered	Vial Size(s)	Number of Billing Units*
300 drug units	300-unit vial	60 billing units
500 drug units	500-unit vial	100 billing units
600 drug units	2 – 300-unit vials	120 billing units
800 drug units	1 – 300-unit vial & 1 – 500-unit vial	160 billing units
900 drug units	3 – 300-unit vials	180 billing units
1000 drug units	2 – 500-unit vials	200 billing units
1200 drug units	4 – 300-unit vials	240 billing units
1500 drug units	3 – 500-unit vials	300 billing units

*Tip – Divide drug units by 5 to get your billing units.

IMPORTANT SAFETY INFORMATION (CONTINUED)

Warnings and Precautions (Continued)

Dysphagia and Breathing Difficulties (Continued)

Treatment of cervical dystonia with botulinum toxins may weaken accessory muscles of ventilation, which may result in a critical loss of breathing capacity in patients with respiratory disorders who may have become dependent upon these muscles. 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.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

Dysport® (abobotulinumtoxinA) Billing and Coding

(Continued)

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.

JZ Modifier

Effective July 1, 2023, providers and suppliers are required to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable under Medicare Part B when there are no discarded amounts.

Please note, the claim can be denied if both JW & JZ Modifiers are submitted. Please utilize only 1 of these modifiers per claim.

340B Modifier

In 2024, hospitals and healthcare centers in the 340B Drug Pricing Program were instructed to use the "JG" or "TB" code when submitting claims for certain drugs purchased at a discount. Starting in 2025, you must use the "TB" code, even if you used the "JG" code before. This helps identify drugs from the 340B program, which do not qualify for certain rebates under the Inflation Reduction Act of 2022. The 340B Modifier is only applicable for Medicare Part B claims.

Medicare Medically Unlikely Edits (MUEs)

Centers for Medicare & Medicaid Services (CMS) developed MUEs to reduce the paid claims error rate for Part B claims. A MUE for a HCPCS/CPT code is the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service. Not all HCPCS/CPT codes have a MUE. Dysport has a MUE of 300 billing units or 1500 drug units.

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 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 CMS website at www.cms.gov.

IMPORTANT SAFETY INFORMATION (CONTINUED)

Warnings and Precautions (Continued)

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.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including BOXED WARNING.

Dysport® (abobotulinumtoxinA) 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	Notes
G24.3	Spasmodic torticollis	Billable/specific code that can be used to indicate a diagnosis for reimbursement purposes

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, vCJD, or CJD have ever been identified for licensed albumin or albumin contained in other licensed products.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

Dysport® (abobotulinumtoxinA) 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	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 muscle(s)
+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	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 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

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.

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.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including BOXED WARNING.

Dysport® (abobotulinumtoxinA) 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	G82.54	Quadriplegia, C5-C7, incomplete
G81.11	Spastic hemiplegia affecting right dominant side	G83.0	Diplegia of upper limbs, diplegia (upper), paralysis of both upper limbs
G81.12	Spastic hemiplegia affecting left dominant side	G83.21	Monoplegia of upper limb affecting right dominant side
G81.13	Spastic hemiplegia affecting right nondominant side	G83.22	Monoplegia of upper limb affecting left dominant side
G81.14	Spastic hemiplegia affecting left nondominant side	G83.23	Monoplegia of upper limb affecting right nondominant side
G80.1	Spastic diplegic cerebral palsy	G83.24	Monoplegia of upper limb affecting left nondominant side
G80.2	Spastic hemiplegic cerebral palsy	I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
G80.0	Spastic quadriplegic cerebral palsy	I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
G82.53	Quadriplegia, C5-C7, complete	I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side

IMPORTANT SAFETY INFORMATION (CONTINUED)

Warnings and Precautions (Continued)

Pre-existing Conditions at the Injection Site

Caution should be exercised when DYSPORT is used where the targeted muscle shows excessive weakness or atrophy.

Please see additional Important Safety Information on pages 3-4 and full [Prescribing Information](#), including **BOXED WARNING**.

Dysport® (abobotulinumtoxinA) 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
169.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side	169.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
169.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side	169.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
169.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side	169.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
169.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side	169.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
169.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side	169.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
169.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side	169.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right nondominant side
169.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side	169.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left nondominant 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
169.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	169.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left nondominant side

IMPORTANT SAFETY INFORMATION (CONTINUED)

Adverse Reactions

- The most common adverse reactions ($\geq 4\%$) in adults with upper limb spasticity include muscular weakness; in adults with lower limb spasticity ($\geq 5\%$) include falls, muscular weakness, and pain in extremity

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

Dysport® (abobotulinumtoxinA) 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
169.253	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
169.354	Hemiplegia and hemiparesis following cerebral infarction affecting left nondominant side	169.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side
169.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right nondominant side	169.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side
169.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left nondominant side	169.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side
169.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right nondominant side	169.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
169.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left nondominant side	169.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side

IMPORTANT SAFETY INFORMATION (CONTINUED)

Adverse Reactions

- The most common adverse reactions ($\geq 10\%$) in pediatric patients with upper limb spasticity include upper respiratory tract infection and pharyngitis; in pediatric patients with lower limb spasticity include nasopharyngitis, cough, and pyrexia

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

Dysport® (abobotulinumtoxinA) 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
169.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side	169.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side
169.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side	169.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side
169.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side	169.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side
169.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side	169.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right nondominant side
169.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side	169.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left nondominant side
169.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side	169.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right nondominant side
169.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side	169.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left nondominant side

IMPORTANT SAFETY INFORMATION (CONTINUED)

Adverse Reactions

- The most common adverse reactions ($\geq 5\%$) in adults with cervical dystonia include muscular weakness, dysphagia, dry mouth, injection site discomfort, fatigue, headache, musculoskeletal pain, dysphonia, injection site pain, and eye disorders

Please see additional Important Safety Information on pages 3-4 and full [Prescribing Information](#), including **BOXED WARNING**.

Dysport® (abobotulinumtoxinA) 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
169.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right nondominant side	169.833	Monoplegia of upper limb following other cerebrovascular disease affecting right nondominant side
169.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left nondominant side	169.834	Monoplegia of upper limb following other cerebrovascular disease affecting left nondominant side
169.333	Monoplegia of upper limb following cerebral infarction affecting right nondominant side	169.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right nondominant side
169.334	Monoplegia of upper limb following cerebral infarction affecting left nondominant side	169.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left nondominant side

IMPORTANT SAFETY INFORMATION (CONTINUED)

Drug Interactions

Co-administration of DYSPORT and aminoglycosides or other agents interfering with neuromuscular transmission (e.g., curare-like agents) should only be performed with caution because the effect of the 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 and after administration of DYSPORT.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including BOXED WARNING.

Dysport® (abobotulinumtoxinA) 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
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	Each additional extremity, 1-5 muscle(s)
64647	Chemodenervation of trunk muscle(s); 6 or more muscles	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

IMPORTANT SAFETY INFORMATION (CONTINUED)

Contraindications

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

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

Dysport® (abobotulinumtoxinA) 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	G81.13	Spastic hemiplegic affecting right nondominant side
G80.0	Spastic quadriplegic cerebral palsy Congenital spastic paralysis (cerebral)	G81.14	Spastic hemiplegic affecting left nondominant side
G80.1	Spastic diplegic cerebral palsy Spastic cerebral palsy, not otherwise specified	G82.20	Paraplegia, unspecified
G80.2	Spastic hemiplegic cerebral palsy	G82.21	Paraplegia, complete
G80.8	Other cerebral palsy Mixed cerebral palsy syndromes	G82.22	Paraplegia, incomplete
G80.9	Cerebral palsy, unspecified Cerebral palsy, not otherwise specified	G82.51	Quadriplegia, C1-C4 complete
G81.10	Spastic hemiplegia affecting unspecified side	G82.52	Quadriplegia, C1-C4 incomplete
G81.11	Spastic hemiplegic affecting right dominant side	G83.10	Monoplegia of lower limb affecting unspecified side
G81.12	Spastic hemiplegic affecting left dominant side	G83.11	Monoplegia of lower limb affecting right dominant side

IMPORTANT SAFETY INFORMATION (CONTINUED)

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.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

Dysport® (abobotulinumtoxinA) 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
G83.12	Monoplegia of lower limb affecting left dominant side	169.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
G83.13	Monoplegia of lower limb affecting right nondominant side	169.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right nondominant side
G83.14	Monoplegia of lower limb affecting left nondominant side	169.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left nondominant side
G83.31	Monoplegia, unspecified affecting right dominant side	169.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
G83.32	Monoplegia, unspecified affecting left dominant side	169.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
G83.33	Monoplegia, unspecified affecting right nondominant side	169.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right nondominant side
G83.34	Monoplegia, unspecified affecting left nondominant side	169.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left nondominant side
169.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	169.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side

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 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.

Please see additional Important Safety Information on pages 3-4 and full [Prescribing Information](#), including **BOXED WARNING**.

Dysport® (abobotulinumtoxinA) 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
169.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side	169.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side
169.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right nondominant side	169.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side
169.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left nondominant side	169.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right nondominant side
169.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side	169.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left nondominant side
169.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side	169.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
169.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right nondominant side	169.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
169.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left nondominant side	169.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right nondominant side

IMPORTANT SAFETY INFORMATION (CONTINUED)

Warnings and Precautions (Continued)

Dysphagia and Breathing Difficulties (Continued)

Aspiration may result from severe dysphagia and is a particular risk when treating patients in whom swallowing or respiratory function is already compromised. Treatment of cervical dystonia with botulinum toxins may weaken accessory muscles of ventilation, which may result in a critical loss of breathing capacity in patients with respiratory disorders who may have become dependent upon these muscles. 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.

Please see additional Important Safety Information on pages 3-4 and full [Prescribing Information](#), including **BOXED WARNING**.

Dysport® (abobotulinumtoxinA) 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
169.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left nondominant side	169.353	Hemiplegia and hemiparesis following cerebral infarction affecting right nondominant side
169.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side	169.354	Hemiplegia and hemiparesis following cerebral infarction affecting left nondominant side
169.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side	169.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side
169.343	Monoplegia of lower limb following cerebral infarction affecting right nondominant side	169.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side
169.344	Monoplegia of lower limb following cerebral infarction affecting left nondominant side	169.843	Monoplegia of lower limb following other cerebrovascular disease affecting right nondominant side
169.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	169.844	Monoplegia of lower limb following other cerebrovascular disease affecting left nondominant side
169.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	169.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side

IMPORTANT SAFETY INFORMATION (CONTINUED)

Warnings and Precautions (Continued)

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.

Please see additional Important Safety Information on pages 3-4 and full [Prescribing Information](#), including **BOXED WARNING**.

Dysport® (abobotulinumtoxinA) 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
169.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	169.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
169.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right nondominant side	169.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right nondominant side
169.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left nondominant side	169.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left nondominant side
169.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side	M62.451	Contracture of muscle, right thigh
169.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side	M62.452	Contracture of muscle, left thigh
169.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right nondominant side	M62.461	Contracture of muscle, right lower leg
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

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, vCJD, or CJD have ever been identified for licensed albumin or albumin contained in other licensed products.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including BOXED WARNING.

Dysport® (abobotulinumtoxinA) 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
M62.472	Contracture of muscle, left ankle and foot	M62.831	Muscle spasm of calf
M62.48	Contracture of muscle, other site	M62.838	Other muscle spasm
M62.49	Contracture of muscle, multiple sites	R25.2	Cramp and spasm

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.

Pre-existing Conditions at the Injection Site

Caution should be exercised when DYSPORT is used where the targeted muscle shows excessive weakness or atrophy.

Adverse Reactions

- The most common adverse reactions ($\geq 4\%$) in adults with upper limb spasticity include muscular weakness; in adults with lower limb spasticity ($\geq 5\%$) include falls, muscular weakness, and pain in extremity
- The most common adverse reactions ($\geq 10\%$) in pediatric patients with upper limb spasticity include upper respiratory tract infection and pharyngitis; in pediatric patients with lower limb spasticity include nasopharyngitis, cough, and pyrexia
- The most common adverse reactions ($\geq 5\%$) in adults with cervical dystonia include 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) should only be performed with caution because the effect of the 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 and after administration of DYSPORT.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including BOXED WARNING.

Dysport® (abobotulinumtoxinA) 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	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

IMPORTANT SAFETY INFORMATION (CONTINUED)

Contraindications

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

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

Dysport® (abobotulinumtoxinA) 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	G83.22	Monoplegia of upper limb affecting left dominant side
G81.10	Spastic hemiplegia affecting unspecified side	G83.23	Monoplegia of upper limb affecting right nondominant side
G81.11	Spastic hemiplegic affecting right dominant side	G83.24	Monoplegia of upper limb affecting left nondominant side
G81.12	Spastic hemiplegic affecting left dominant side	169.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
G81.13	Spastic hemiplegic affecting right nondominant side	169.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
G81.14	Spastic hemiplegic affecting left nondominant side	169.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
G83.2	Monoplegia of upper limb	169.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
G82.53	Quadriplegia, C5-C7, incomplete	169.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
G83.0	Diplegia of upper limbs, diplegia (upper), paralysis of both upper limbs	169.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
G83.21	Monoplegia of upper limb affecting right dominant side	169.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side

IMPORTANT SAFETY INFORMATION (CONTINUED)

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.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including BOXED WARNING.

Dysport® (abobotulinumtoxinA) 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
169.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side	169.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side
169.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side	169.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side
169.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side	M62.40	Contracture of muscle, unspecified site
169.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	M62.49	Contracture of muscle, multiple sites
169.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	M62.838	Other muscle spasm
169.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side	M62.429	Contracture of muscle, unspecified upper arm
169.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	M62.421	Contracture of muscle, upper right arm
169.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left nondominant side	M62.422	Contracture of muscle, upper left arm
169.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side		

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 effects occur, additional respiratory muscles may be involved.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including BOXED WARNING.

Dysport® (abobotulinumtoxinA) 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

IMPORTANT SAFETY INFORMATION (CONTINUED)

Warnings and Precautions (Continued)

Dysphagia and Breathing Difficulties (Continued)

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. Treatment of cervical dystonia with botulinum toxins may weaken accessory muscles of ventilation, which may result in a critical loss of breathing capacity in patients with respiratory disorders who may have become dependent upon these muscles.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

Dysport® (abobotulinumtoxinA) 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, not otherwise specified	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, not otherwise specified	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

IMPORTANT SAFETY INFORMATION (CONTINUED)

Warnings and Precautions (Continued)

Dysphagia and Breathing Difficulties (Continued)

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.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

Dysport® (abobotulinumtoxinA) 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	169.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left nondominant side
G83.31	Monoplegia, unspecified affecting right dominant side	169.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
G83.32	Monoplegia, unspecified affecting left dominant side	169.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
G83.33	Monoplegia, unspecified affecting right nondominant side	169.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right nondominant side
G83.34	Monoplegia, unspecified affecting left nondominant side	169.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left nondominant side
169.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	169.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
169.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	169.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side
169.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right nondominant side	169.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right nondominant side

IMPORTANT SAFETY INFORMATION (CONTINUED)

Warnings and Precautions (Continued)

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 DYSPOST.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

Dysport® (abobotulinumtoxinA) 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
169.144	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

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, vCJD, or CJD have ever been identified for licensed albumin or albumin contained in other licensed products.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including BOXED WARNING.

Dysport® (abobotulinumtoxinA) 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
169.344	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

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.

Pre-existing Conditions at the Injection Site

Caution should be exercised when DYSPORT is used where the targeted muscle shows excessive weakness or atrophy.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including BOXED WARNING.

Dysport® (abobotulinumtoxinA) 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
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left nondominant side	M62.462	Contracture of muscle, left lower leg
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side	M62.471	Contracture of muscle, right ankle and foot
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side	M62.472	Contracture of muscle, left ankle and foot
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right nondominant side	M62.48	Contracture of muscle, other site
I69.954	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

IMPORTANT SAFETY INFORMATION (CONTINUED)

Adverse Reactions

- The most common adverse reactions ($\geq 4\%$) in adults with upper limb spasticity include muscular weakness; in adults with lower limb spasticity ($\geq 5\%$) include falls, muscular weakness, and pain in extremity
- The most common adverse reactions ($\geq 10\%$) in pediatric patients with upper limb spasticity include upper respiratory tract infection and pharyngitis; in pediatric patients with lower limb spasticity include nasopharyngitis, cough, and pyrexia
- The most common adverse reactions ($\geq 5\%$) in adults with cervical dystonia include muscular weakness, dysphagia, dry mouth, injection site discomfort, fatigue, headache, musculoskeletal pain, dysphonia, injection site pain, and eye disorders

Please see additional Important Safety Information on pages 3-4 and full [Prescribing Information](#), including **BOXED WARNING**.

Sample CMS-1500 Claim Form

Physician Office

Dysport® (abobotulinumtoxinA) 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.

JZ
Modifier

JW
Modifier

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)												22. RESUBMISSION CODE		ORIGINAL REF. NO.				
Dysport, abobotulinumtoxinA												<input type="checkbox"/> YES <input type="checkbox"/> NO						
A. G81.11																		
B. _____																		
C. _____																		
D. _____																		
E. _____																		
F. _____																		
G. _____																		
H. _____																		
I. _____																		
J. _____																		
												23. PRIOR AUTHORIZATION NUMBER		00000000				
24. A.		DATE(S) OF SERVICE				B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.	
		From To				PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)				DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EPSON Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #	
		MM DD YY MM DD YY																
1		N415054050001UN500.00				02012402012411		J0586 JZ				A		100				
2						02012402012411		64642				A		1				

24. A.												24. B.		24. C.		24. D. PROCEDURES, SERVICES, OR SUPPLIES				24. E.	24. F.	24. G.	24. H.	24. I.	24. J.	
												DATE(S) OF SERVICE		PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)				DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EPSON Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #	
												From To														
												MM DD YY MM DD YY														
1		N415054050001UN500.00				02012402012411		J0586				A		95												
2						02012410012411		J0586 JW				A		5												

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). Please note, this example shows usage of 475-unit vials = 95 billing units and a wastage of 25-unit vials = 5 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.

IMPORTANT SAFETY INFORMATION (CONTINUED)

Drug Interactions

Co-administration of DYSPORT and aminoglycosides or other agents interfering with neuromuscular transmission (e.g., curare-like agents) should only be performed with caution because the effect of the 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.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including BOXED WARNING.

Sample CMS-1450 Claim Form

Hospital Outpatient Setting

Dysport® (abobotulinumtoxinA) 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 when 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 / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0510	Clinic	64642	020124	1			1
0636	N415054050001UN500.00	J0586	020124	100			2
							3
							4
							5
							6
							7
							8

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, then 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

66 DX	G81.11	68
69 ADMIT DX		70 PATIENT REASON DX
74 PRINCIPAL PROCEDURE CODE		75 DATE
c OTHER PROCEDURE CODE		d 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.

IMPORTANT SAFETY INFORMATION (CONTINUED)

Drug Interactions (Continued)

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 and after administration of DYSPORT.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including BOXED WARNING.

IPSEN CARES® Overview

Dedicated Support for Your Dysport® (abobotulinumtoxinA) Patients and Their Families

IPSEN CARES serves as a central point of contact among patients/caregivers, healthcare providers, insurance companies, and specialty pharmacies during treatment with Dysport.



Phone: 1-866-435-5677
Fax: 1-888-525-2416



Hours: Monday – Friday,
8:00 AM – 8:00 PM ET



Website:
IPSENCARES.com

The IPSEN CARES Program is staffed by dedicated Patient Access Managers who can assist in a variety of ways:

Reimbursement Assistance

- **Benefits Verification** – Benefits investigation to help understand the patient's health insurance coverage
- **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 appeals process
- **Billing and Coding Information** – IPSEN CARES can provide information to assist with questions regarding billing and coding

Financial Support

- **Copayment Assistance** – The Dysport Copay Assistance Program may help eligible,^a commercially insured patients with the cost of their treatment. Patients may pay as little as \$0 per prescription
- **Patient Assistance Program (PAP)** – Free drug through the Patient Assistance Program for eligible^b patients

Patient Support

- **Communication With Providers and Patients** – IPSEN CARES serves as a central point of contact among patients/caregivers, healthcare providers, insurance companies, and specialty pharmacies during treatment with Dysport
- **Medication Support Nurse Program**
 - Patients prescribed Dysport who are enrolled in IPSEN CARES can receive individualized support provided by an IPSEN CARES nurse to help them through their treatment journey
 - Medication Support Nurses are provided by Ipsen and do not work under the direction of the patient's healthcare provider or give medical advice
 - Medication Support Nurses are available Monday – Friday, 9:00 AM – 5:00 PM ET
- **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

^aSee page 38 for Copay Assistance Program Patient Eligibility & Terms and Conditions.

^bPatients may be eligible for free medication through our PAP. Patients may be eligible to receive free drug if they 1) are experiencing financial hardship, 2) are uninsured or functionally uninsured, 3) are US residents, 4) received a prescription for an on-label use of an Ipsen medication as supported by information provided in the program application, and 5) meet income criteria based on Experian soft credit check. 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.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

IPSENCARES®
Coverage, Access, Reimbursement & Education Support

Dysport®
(abobotulinumtoxinA)

IPSEN CARES® Overview (Continued)

Dysport® (abobotulinumtoxinA) Copay Assistance Program



Eligible^a patients may pay as little as \$0 per prescription

Steps for Patients to Receive Dysport Assistance

- 1** Provider and patient complete the Enrollment Form and send to IPSEN CARES
 - Patient can also enroll via online enrollment
- 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 1-833-671-1087 or via the upload function at IPSENCARES.com
 - Completed CMS-1500 or CMS-1450 form
 - Explanation of benefits (EOB)/remittance from the patient's primary commercial insurance showing itemized allowed charges and remaining cost share for Dysport therapy
- 5** IPSEN CARES typically processes eligible claim payments to a patient's provider within 7-10 business days via EFT (wire transfer) or check

^aSee page 38 for Copay Assistance Program Patient Eligibility & Terms and Conditions.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

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 must be United States residents (including its territories) and enrolled in IPSEN CARES® to receive copay program benefits. Patients residing in Massachusetts 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.

An annual calendar year maximum copay benefit applies. Patients may remain enrolled in copay assistance as long as eligibility criteria is met.

Patients or guardians are 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 or guardians may not submit any benefit provided by this program for reimbursement through a Flexible Spending Account, Health Savings Account, Health Reimbursement Account, or otherwise to a government or private payor. Ipsen reserves the right to rescind, revoke, or amend these offers without notice at any time. Ipsen and/or its copay assistance vendor are not responsible for any transactions processed under this program where Medicaid, Medicare, or Medigap payment in part or full has been applied. Claim reimbursement requests must be submitted within 180 days of treatment date. 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 cannot be sold, purchased, traded, or counterfeited. Void if reproduced.

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

Copay Assistance Program

Frequently Asked Questions

Q: What are the Dysport® (abobotulinumtoxinA) Copay Assistance Program eligibility criteria?*

A: 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 must be United States residents (including its territories) and enrolled in IPSEN CARES to receive copay program benefits. 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.

Q: What does the Dysport Copay Assistance Program cover?

A: The Copay Assistance Program covers the patient's out-of-pocket cost for the prescription medicine, and its applicable administration copay, where allowed by state law up to the annual calendar year maximum copay program benefit amount. Any surgical, physician, and/or laboratory expenses will be excluded from payment.

Q: How do patients know that they have been enrolled?

A: Patients will receive notification of copay enrollment and will be mailed a welcome letter. The provider will also be sent a welcome fax.

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 using the patient's medical benefits. The Copay Assistance Program is also available when using the patient's pharmacy benefit and obtaining the prescription through a specialty pharmacy.

Q: Are cash-pay patients allowed to use the Dysport Copay Assistance Program?

A: No. Patients must be enrolled in a commercial insurance plan to be eligible for the Copay Assistance Program.

Q: Are patients with government insurance eligible for the Dysport Copay Assistance 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: What is the timely filing submission requirement for reimbursement requests?

A: Claim reimbursement requests must be submitted within 180 days of treatment date.

Q: When does the program reset? What do the patient and provider have to do to remain enrolled?

A: The program resets on January 1. Patients may remain enrolled in copay assistance as long as eligibility criteria are met.

*See page 38 for Patient Eligibility & Terms and Conditions.

For questions about the Dysport Copay Assistance Program, call us:

1-866-435-5677

Monday – Friday, 8:00 AM – 8:00 PM ET
For additional information, visit us online at IPSENCARES.com

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.

IPSENCARES®
Coverage, Access, Reimbursement & Education Support

 **Dysport®**
(abobotulinumtoxinA)

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® support offerings for patients and healthcare professionals
- Review national and regional payer-specific coverage policies

Please see additional Important Safety Information on pages 3-4 and full Prescribing Information, including **BOXED WARNING**.



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To learn more about Dysport[®] (abobotulinumtoxinA), visit dysport.com/en-us/hcp.

Please see full Prescribing Information, including **BOXED WARNING**.