<u>APPENDIX A</u> <u>ALABAMA MEDICAID AGENCY</u> <u>SYNAGIS® PA INSTRUCTION WORKSHEET</u>

ICD-10 CODE and MEDICATION LIST FOR USE WITH SYNAGIS® CRITERIA

Note: ANY accepted diagnosis/ICD-10 Code listed on the prior authorization form MUST have supporting documentation attached. Supporting Documentation is supplemental information submitted to support the patient meeting the criteria and may include copies of hospital discharge notes, progress notes, pharmacy profiles, etc.

I. <u>Neuromuscular Disorders</u>

Acceptable ICD-1	10 codes include:
G80.1	Infantile paralysis
G31.9	Cerebral degenerations
G25.3	Myoclonus
G11.1, G11.4	Spinocerebellar disease
G12.0	Werdnig-Hoffman disease (Infantile spinal muscular atrophy)
G12.1	Spinal muscular atrophy
G12.2	Motor neuron disease

Exclude (but not limited to) the following (i.e., the following are NOT accepted):G80Cerebral PalsyG40.3Generalized Convulsive epilepsyG40-G47EpilepsyQ05Spina bifidaP90Newborn seizuresG40.909Infantile seizures

II. Congenital Abnormalities of the Airways

	Congenitar Abnor mantles of the Am ways	
	Acceptable ICD-10 c	odes include:
	G47.35	Congenital Central Alveolar Hypoventilation Syndrome
	Q32.0	Other diseases of the trachea and bronchus, not elsewhere classified
		(Must specify Tracheomalacia or tracheal stenosis)
	Q31.5, Q31.8, Q32.0, Q32	.1 Other anomalies of larynx, trachea, and bronchus (Must specify
		congenital tracheal stenosis, subglottic stenosis, atresia of trachea, laryngomalacia, or
		absence or agenesis of bronchus, trachea)
	Q33.0	Congenital cystic lung
	Q33.3	Agenesis, hypoplasia, and dysplasia of the lung
	Q33.4	Congenital bronchiectasis
	Q38.2	Macroglossia
	Q38.5	Uvula anomaly
	J98.6	Diaphragmatic Paralysis
	Q87.3	Beckwith-Wiedemann Syndrome
	Exclude (but not limi Q33.9 Q33	ted to) the following (i.e., the following are NOT accepted): Anomaly of lung, unspecified Other anomaly of the lung
III.	Chronic Lung Disease	
	Acceptable ICD-10 c	
	P27, P27.0	Chronic respiratory disease arising in the perinatal period (CLD/BPD/Interstitial pulmonary fibrosis of prematurity/Wilson-Mikity syndrome)
	Exclude (but not limited to) the following (i.e., the following are NOT accepted):	
	J05	Croup
	J06-J06.9	URI
	J20	Bronchitis
	J21	Bronchiolitis
	J44	Asthma
	R06.2	Wheezing

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IV. Congenital Heart Diseases (CHD) Acceptable ICD-10 codes include: A. Acyanotic CHD: Must currently be receiving medication to control CHF (see below) and will require cardiac surgical procedures Q23 Aortic stenosis* O22 Pulmonary valve disorders (incompetence, insufficiency, regurgitation, stenosis) I42.9 Cardiomyopathy (must be moderate to severe) Ventricular septal defect* Q21 O21 Atrial septal defect* O21.2 Atrioventricular canal (endocardial cushion defect) Q22.3 Anomalies of pulmonary valve congenital O24.3 Pulmonic stenosis* Q23.0 Congenital stenosis of aortic valve (congenital aortic stenosis) Excludes: congenital subaortic stenosis; supravalvular aortic stenosis O23.3 Congenital mitral insufficiency Q25 Patent ductus arteriosus* Q25.1/Q25.2 Coarctation of the aorta* O25.4 Atresia and stenosis of aorta (absence, aplasia, hypoplasia, stricture of the aorta) Supra (valvular) aortic stenosis Excludes: congenital aortic (valvular) stenosis or stricture; hypoplasia of aorta in hypoplastic left heart syndrome B. Cyanotic CHD: Does not require use of medication Q20 Truncus arteriosus O20.3 Transposition of the great vessels O21.3 Tetralogy of Fallot Q22.0 Atresia, congenital Tricuspid atresia and stenosis, congenital O22.4 Q22.5 Ebstein's anomaly Q23.4 Hypoplastic left heart O22.6 Hypoplastic right heart Q25.79 Pulmonary atresia Q26.2 Total anomalous pulmonary venous return C. Pulmonary Hypertension: I26.0 Acute cor pulmonale I27.0 Primary pulmonary hypertension I27.2 Other chronic pulmonary heart disease (pulmonary hypertension, secondary) P29.3 Persistent fetal circulation (persistent pulmonary hypertension/primary pulmonary hypertension of newborn) *Per AAP guidelines, prophylaxis with Synagis[®] in children with CHD should be made on the degree of cardiovascular compromise. CHD that is deemed hemodynamically insignificant will not meet criteria. Documentation must specifically support CHD being hemodynamically significant (e.g., medications, etc.).

ACCEPTABLE MEDICATIONS USED IN CHD

Digoxin Beta Blockers Calcium Channel Blockers ACE Inhibitors Nitroglycerin Anti-Coagulants Supplemental oxygen Diuretics

NOTE: Additional ICD-10 codes and/or medications may be acceptable but will require Medical Director review.