

Trelstar® (triptorelin pamoate) (Intramuscular)

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I. Length of Authorization

- Initial: Prior authorization validity will be provided initially for 12 months (365 days), unless otherwise specified.
 - Endometriosis/Uterine Leiomyomata (fibroids): Prior authorization validity will be provided initially for 6 months (180 days).
- Renewal: Prior authorization validity may be renewed every 12 months (365 days) thereafter, unless otherwise specified.
 - Endometriosis/Uterine Leiomyomata (fibroids): Prior authorization validity may NOT be renewed.
 - Fertility Preservation: Prior authorization validity may be renewed every 12 months (365 days) thereafter, while member is receiving concomitant cytotoxic chemotherapy.

II. Dosing Limits

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

- Prostate Cancer: 6 billable units (22.5 mg) every 168 days
- Gender Dysphoria: 1 billable unit (3.75 mg) at weeks 0, 2, and 4 and up to 6 billable units (22.5 mg) every 168 days thereafter
- Breast Cancer, Head and Neck Cancer: 3 billable units (11.25 mg) every 84 days
- All Other Indications: 1 billable unit (3.75 mg) every 28 days

III. Initial Approval Criteria

Prior authorization validity is provided in the following conditions:

- Member is at least 18 years of age (unless otherwise specified); **AND**

Prostate Cancer † ‡^{1,2}

Central Precocious Puberty (CPP) ‡^{9-12,16}

- Member is less than 13 years of age; **AND**
- Onset of secondary sexual characteristics earlier than age 8 for females and 9 for males associated with pubertal pituitary gonadotropin activation; **AND**
- Diagnosis is confirmed by pubertal gonadal sex steroid levels and a pubertal luteinizing hormone (LH) response to stimulation by native gonadotropin-releasing hormone (GnRH); **AND**
- Bone age advanced greater than 2 standard deviations (SD) beyond chronological age; **AND**
- Tumor has been ruled out by lab tests such as diagnostic imaging of the brain (to rule out intracranial tumor), pelvic/testicular/adrenal ultrasound (to rule out steroid secreting tumors), and human chorionic gonadotropin levels (to rule out a chorionic gonadotropin secreting tumor); **AND**
- Will not be used in combination with growth hormone

Gender Dysphoria (formerly Gender Identity Disorder) ‡^{13,17,18}

- Member has experienced puberty development to at least Tanner stage 2 (*Note: this applies only to members <18 yrs of age*); **AND**
- Member has a diagnosis of gender dysphoria as confirmed by a qualified mental health professional (MHP)** OR the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) Criteria §; **AND**
- A qualified MHP** has confirmed all of the following:
 - Member has demonstrated a long-lasting and intense pattern of gender nonconformity or gender dysphoria (whether suppressed or expressed); **AND**
 - Gender dysphoria worsened with the onset of puberty; **AND**
 - Any coexisting psychological, medical, or social problems that could interfere with treatment (e.g., that may compromise treatment adherence) have been addressed, such that the member's situation and functioning are stable enough to start treatment; **AND**
 - Member has sufficient mental capacity to give informed consent to this (reversible) treatment; **AND**
- Member has been informed of the effects and side effects of treatment (including potential loss of fertility if the individual subsequently continues with sex hormone treatment) and options to preserve fertility; **AND**
- Member has given informed consent and (particularly when the adolescent has not reached the age of legal medical consent, depending on applicable legislation) the parents or other

caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process; **AND**

- For adolescent members, a pediatric endocrinologist or other clinician experienced in pubertal assessment has confirmed all of the following:
 - Agreement in the indication for treatment; **AND**
 - There are no medical contraindications to treatment

**** Definition of a qualified mental health professional ¹⁸**

- Are licensed by their statutory body and hold, at a minimum, a master's degree or equivalent training in a clinical field relevant to this role and granted by a nationally accredited statutory institution; **AND**
- For countries requiring a diagnosis for access to care, the health care professional should be competent using the latest edition of the World Health Organization's International Classification of Diseases (ICD) for diagnosis. In countries that have not implemented the latest ICD, other taxonomies may be used; efforts should be undertaken to utilize the latest ICD as soon as practicable; **AND**
- Are able to identify co-existing mental health or other psychosocial concerns and distinguish these from gender dysphoria, incongruence, and diversity; **AND**
- Are able to assess capacity to consent for treatment; **AND**
- Have experience or be qualified to assess clinical aspects of gender dysphoria, incongruence, and diversity; **AND**
- Undergo continuing education in health care relating to gender dysphoria, incongruence, and diversity

§ DSM-5-TR Criteria for Gender Dysphoria in Adolescents and Adults ¹⁷

- A marked incongruence between one's experienced/expressed gender and natal gender of at least 6mo in duration, as manifested by at least TWO of the following:
 - A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
 - A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
 - A strong desire for the primary and/or secondary sex characteristics of the other gender
 - A strong desire to be of the other gender (or some alternative gender different from one's designated gender)
 - A strong desire to be treated as the other gender (or some alternative gender different from one's designated gender)
 - A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's designated gender); **AND**
- The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning

Endometriosis ‡ ^{3,4}

- Member's diagnosis has been confirmed by a workup/evaluation (versus presumptive treatment)

Uterine Leiomyomata (fibroids) ‡^{8,19}

- Member's diagnosis has been confirmed by a workup/evaluation (versus presumptive treatment); **AND**
- Member is receiving iron therapy

Breast Cancer ‡^{2,23}

- Member is a premenopausal woman; **AND**
 - Disease is hormone receptor-positive; **AND**
 - Used in combination with adjuvant endocrine therapy; **OR**
 - Used in combination with endocrine therapy for recurrent unresectable (local or regional) or stage IV (M1) disease; **OR**
- Member is a male (sex assigned at birth); **AND**
 - Used in combination with aromatase inhibitor therapy

Fertility Preservation While Receiving Chemotherapy ‡^{2,20}

- Member is premenopausal; **AND**
- Member is receiving treatment with cytotoxic chemotherapy with the potential to cause ovarian damage/toxicity (e.g., cyclophosphamide, melphalan, procarbazine, vinblastine, imatinib, etc.); **AND**
- Member has failed or is not a candidate for other fertility preservation methods (e.g., cryopreservation, etc.)

Head and Neck Cancer ‡^{2,21}

- Member has salivary gland tumors; **AND**
- Used in combination with abiraterone and prednisone; **AND**
- Member has androgen-receptor positive recurrent disease with one of the following:
 - Distant metastases
 - Unresectable locoregional recurrence with prior radiation therapy (RT)
 - Unresectable second primary with prior RT

Uterine Neoplasms – Uterine Sarcoma ‡²

- Member has a diagnosis of low-grade stage II-IV endometrial stromal sarcoma (ESS) or adenosarcoma without sarcomatous overgrowth; **AND**

- Member has estrogen receptor/progesterone receptor positive (ER/PR+) disease; **AND**
- Member is premenopausal and not suitable for surgery (i.e. bilateral salpingo-oophorectomy); **AND**
- Used for members with small tumor volume or an indolent growth pace as additional therapy following total hysterectomy; **AND**
- Used in combination with anastrozole, letrozole or exemestane

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Ⓢ Orphan Drug

IV. Renewal Criteria ¹

Prior authorization validity may be renewed based upon the following criteria:

- Member continues to meet the indication-specific relevant criteria identified in section III; **AND**
- Duration of authorization has not been exceeded (*refer to Section I*); **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: hypersensitivity reactions, tumor flare, severe QT/QTc interval prolongation, metabolic syndrome (hyperglycemia, diabetes mellitus, hyperlipidemia), cardiovascular diseases (e.g., myocardial infarction, stroke, etc.), convulsions, severe cutaneous adverse reactions (including Stevens-Johnson syndrome/toxic epidermal necrolysis [SJS/TEN], drug reaction with eosinophilia and systemic symptoms [DRESS], and acute generalized exanthematous pustulosis [AGEP]), etc.; **AND**

Prostate Cancer; Head and Neck Cancer; Breast Cancer; Uterine Neoplasms – Uterine Sarcoma ^{1,2}

- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread

Central Precocious Puberty (CPP) ^{9-12,16}

- Member is less than 13 years of age; **AND**
- Disease response as indicated by lack of progression or stabilization of secondary sexual characteristics, decrease in height velocity, and a decrease in the ratio of bone age to chronological age (BA:CA), and improvement in final height prediction

Gender Dysphoria ^{13,17}

- Member has shown a beneficial response to treatment as evidenced by routine monitoring of clinical pubertal development (if applicable) and applicable laboratory parameters

Fertility Preservation While Receiving Chemotherapy ^{2,20}

- Member is still receiving treatment with cytotoxic chemotherapy

V. Dosage/Administration^{1,2,18,22,23}

Indication	Dose
Prostate Cancer	3.75 mg intramuscularly (IM) once every 4 weeks, 11.25 mg IM once every 12 weeks, or 22.5 mg IM once every 24 weeks
Breast Cancer, Head and Neck Cancer	3.75 mg intramuscularly (IM) every 4 weeks or 11.25 mg IM every 12 weeks
Gender Dysphoria	3.75 mg intramuscularly (IM) at weeks 0, 2, 4 and every 4 weeks thereafter, OR 11.25 mg IM once every 12 weeks, OR 22.5 mg IM once every 24 weeks
All other indications	3.75 mg intramuscularly (IM) every 4 weeks

VI. Billing Code/Availability Information

HCPCS Code:

- J3315 – Injection, triptorelin pamoate, 3.75 mg; 1 billable unit = 3.75 mg

NDC(s):

- Trelstar 3.75 mg single-dose injection kit: 74676-5902-xx
- Trelstar 11.25 mg single-dose injection kit: 74676-5904-xx
- Trelstar 22.5 mg single-dose injection kit: 74676-5906-xx

VII. References

1. Trelstar [package insert]. Ewing, NJ; Verity Pharmaceuticals, Inc; September 2025. Accessed May 2026.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for triptorelin pamoate. National Comprehensive Cancer Network, 2026. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed May 2026.
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Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription

Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	No: PA not a priority
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C06.9	Malignant neoplasm of mouth, unspecified
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C08.9	Malignant neoplasm of major salivary gland, unspecified
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right female breast
C50.022	Malignant neoplasm of nipple and areola, left female breast
C50.029	Malignant neoplasm of nipple and areola, unspecified female breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast

C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast

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C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C50.A0	Malignant inflammatory neoplasm of unspecified breast
C50.A1	Malignant inflammatory neoplasm of right breast
C50.A2	Malignant inflammatory neoplasm of left breast
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C61	Malignant neoplasm of prostate
D25.0	Submucous leiomyoma of uterus
D25.1	Intramural leiomyoma of uterus
D25.2	Subserosal leiomyoma of uterus
D25.9	Leiomyoma of uterus, unspecified
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified
E30.1	Precocious puberty
E30.8	Other disorders of puberty
F64.0	Transsexualism
F64.1	Dual role transvestism
F64.2	Gender identity disorder of childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified (<i>Discontinued effective 10/1/26</i>)
F64.A	Gender identity disorder, in remission (<i>Effective 10/1/26</i>)
N80.00	Endometriosis of the uterus, unspecified

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N80.01	Superficial endometriosis of the uterus
N80.02	Deep endometriosis of the uterus
N80.03	Adenomyosis of the uterus
N80.101	Endometriosis of right ovary, unspecified depth
N80.102	Endometriosis of left ovary, unspecified depth
N80.103	Endometriosis of bilateral ovaries, unspecified depth
N80.109	Endometriosis of ovary, unspecified side, unspecified depth
N80.111	Superficial endometriosis of right ovary
N80.112	Superficial endometriosis of left ovary
N80.113	Superficial endometriosis of bilateral ovaries
N80.119	Superficial endometriosis of ovary, unspecified ovary
N80.121	Deep endometriosis of right ovary
N80.122	Deep endometriosis of left ovary
N80.123	Deep endometriosis of bilateral ovaries
N80.129	Deep endometriosis of ovary, unspecified ovary
N80.201	Endometriosis of right fallopian tube, unspecified depth
N80.202	Endometriosis of left fallopian tube, unspecified depth
N80.203	Endometriosis of bilateral fallopian tubes, unspecified depth
N80.209	Endometriosis of unspecified fallopian tube, unspecified depth
N80.211	Superficial endometriosis of right fallopian tube
N80.212	Superficial endometriosis of left fallopian tube
N80.213	Superficial endometriosis of bilateral fallopian tubes
N80.219	Superficial endometriosis of unspecified fallopian tube
N80.221	Deep endometriosis of right fallopian tube
N80.222	Deep endometriosis of left fallopian tube
N80.223	Deep endometriosis of bilateral fallopian tubes
N80.229	Deep endometriosis of unspecified fallopian tube
N80.30	Endometriosis of pelvic peritoneum, unspecified
N80.311	Superficial endometriosis of the anterior cul-de-sac
N80.312	Deep endometriosis of the anterior cul-de-sac
N80.319	Endometriosis of the anterior cul-de-sac, unspecified depth
N80.321	Superficial endometriosis of the posterior cul-de-sac

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N80.322	Deep endometriosis of the posterior cul-de-sac
N80.329	Endometriosis of the posterior cul-de-sac, unspecified depth
N80.331	Superficial endometriosis of the right pelvic sidewall
N80.332	Superficial endometriosis of the left pelvic sidewall
N80.333	Superficial endometriosis of bilateral pelvic sidewall
N80.339	Superficial endometriosis of pelvic sidewall, unspecified side
N80.341	Deep endometriosis of the right pelvic sidewall
N80.342	Deep endometriosis of the left pelvic sidewall
N80.343	Deep endometriosis of the bilateral pelvic sidewall
N80.349	Deep endometriosis of the pelvic sidewall, unspecified side
N80.351	Endometriosis of the right pelvic sidewall, unspecified depth
N80.352	Endometriosis of the left pelvic sidewall, unspecified depth
N80.353	Endometriosis of bilateral pelvic sidewall, unspecified depth
N80.359	Endometriosis of pelvic sidewall, unspecified side, unspecified depth
N80.361	Superficial endometriosis of the right pelvic brim
N80.362	Superficial endometriosis of the left pelvic brim
N80.363	Superficial endometriosis of bilateral pelvic brim
N80.369	Superficial endometriosis of the pelvic brim, unspecified side
N80.371	Deep endometriosis of the right pelvic brim
N80.372	Deep endometriosis of the left pelvic brim
N80.373	Deep endometriosis of bilateral pelvic brim
N80.379	Deep endometriosis of the pelvic brim, unspecified side
N80.381	Endometriosis of the right pelvic brim, unspecified depth
N80.382	Endometriosis of the left pelvic brim, unspecified depth
N80.383	Endometriosis of bilateral pelvic brim, unspecified depth
N80.389	Endometriosis of the pelvic brim, unspecified side, unspecified depth
N80.3A1	Superficial endometriosis of the right uterosacral ligament
N80.3A2	Superficial endometriosis of the left uterosacral ligament
N80.3A3	Superficial endometriosis of the bilateral uterosacral ligament(s)
N80.3A9	Superficial endometriosis of the uterosacral ligament(s), unspecified side
N80.3B1	Deep endometriosis of the right uterosacral ligament
N80.3B2	Deep endometriosis of the left uterosacral ligament

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N80.3B3	Deep endometriosis of bilateral uterosacral ligament(s)
N80.3B9	Deep endometriosis of the uterosacral ligament(s), unspecified side
N80.3C1	Endometriosis of the right uterosacral ligament, unspecified depth
N80.3C2	Endometriosis of the left uterosacral ligament, unspecified depth
N80.3C3	Endometriosis of bilateral uterosacral ligament(s), unspecified depth
N80.3C9	Endometriosis of the uterosacral ligament(s), unspecified side, unspecified depth
N80.391	Superficial endometriosis of the pelvic peritoneum, other specified sites
N80.392	Deep endometriosis of the pelvic peritoneum, other specified sites
N80.399	Endometriosis of the pelvic peritoneum, other specified sites, unspecified depth
N80.40	Endometriosis of rectovaginal septum, unspecified involvement of vagina
N80.41	Endometriosis of rectovaginal septum without involvement of vagina
N80.42	Endometriosis of rectovaginal septum with involvement of vagina
N80.50	Endometriosis of intestine, unspecified
N80.511	Superficial endometriosis of the rectum
N80.512	Deep endometriosis of the rectum
N80.519	Endometriosis of the rectum, unspecified depth
N80.521	Superficial endometriosis of the sigmoid colon
N80.522	Deep endometriosis of the sigmoid colon
N80.529	Endometriosis of the sigmoid colon, unspecified depth
N80.531	Superficial endometriosis of the cecum
N80.532	Deep endometriosis of the cecum
N80.539	Endometriosis of the cecum, unspecified depth
N80.541	Superficial endometriosis of the appendix
N80.542	Deep endometriosis of the appendix
N80.549	Endometriosis of the appendix, unspecified depth
N80.551	Superficial endometriosis of other parts of the colon
N80.552	Deep endometriosis of other parts of the colon
N80.559	Endometriosis of other parts of the colon, unspecified depth
N80.561	Superficial endometriosis of the small intestine
N80.562	Deep endometriosis of the small intestine
N80.569	Endometriosis of the small intestine, unspecified depth
N80.6	Endometriosis in cutaneous scar

N80.9	Endometriosis, unspecified
N80.A0	Endometriosis of bladder, unspecified depth
N80.A1	Superficial endometriosis of bladder
N80.A2	Deep endometriosis of bladder
N80.A41	Superficial endometriosis of right ureter
N80.A42	Superficial endometriosis of left ureter
N80.A43	Superficial endometriosis of bilateral ureters
N80.A49	Superficial endometriosis of unspecified ureter
N80.A51	Deep endometriosis of right ureter
N80.A52	Deep endometriosis of left ureter
N80.A53	Deep endometriosis of bilateral ureters
N80.A59	Deep endometriosis of unspecified ureter
N80.A61	Endometriosis of right ureter, unspecified depth
N80.A62	Endometriosis of left ureter, unspecified depth
N80.A63	Endometriosis of bilateral ureters, unspecified depth
N80.A69	Endometriosis of unspecified ureter, unspecified depth
N80.B1	Endometriosis of pleura
N80.B2	Endometriosis of lung
N80.B31	Superficial endometriosis of diaphragm
N80.B32	Deep endometriosis of diaphragm
N80.B39	Endometriosis of diaphragm, unspecified depth
N80.B4	Endometriosis of the pericardial space
N80.B5	Endometriosis of the mediastinal space
N80.B6	Endometriosis of cardiothoracic space
N80.C0	Endometriosis of the abdomen, unspecified
N80.C10	Endometriosis of the anterior abdominal wall, subcutaneous tissue
N80.C11	Endometriosis of the anterior abdominal wall, fascia and muscular layers
N80.C19	Endometriosis of the anterior abdominal wall, unspecified depth
N80.C2	Endometriosis of the umbilicus
N80.C3	Endometriosis of the inguinal canal
N80.C4	Endometriosis of extra-pelvic abdominal peritoneum
N80.C9	Endometriosis of other site of abdomen

Medical Necessity Criteria

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N80.D0	Endometriosis of the pelvic nerves, unspecified
N80.D1	Endometriosis of the sacral splanchnic nerves
N80.D2	Endometriosis of the sacral nerve roots
N80.D3	Endometriosis of the obturator nerve
N80.D4	Endometriosis of the sciatic nerve
N80.D5	Endometriosis of the pudendal nerve
N80.D6	Endometriosis of the femoral nerve
N80.D9	Endometriosis of other pelvic nerve
Z31.84	Encounter for fertility preservation procedure
Z85.3	Personal history of malignant neoplasm of breast
Z85.42	Personal history of malignant neoplasm of other parts of uterus
Z85.46	Personal history of malignant neoplasm of prostate

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes		
Jurisdiction	NCD/LCA/LCD Document (s)	Contractor
6, K	A52453	National Government Services, Inc
J, M	A59160	Palmetto GBA

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC