# Xeomin® (incobotulinumtoxinA)
## (Intramuscular/Intradetrusor/Intradermal)

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## I. Length of Authorization

- Coverage will be provided for six months and may be renewed.
- Preoperative use in Ventral Hernia may NOT be renewed.

## II. Dosing Limits

**A. Quantity Limit (max daily dose) [NDC Unit]:**

- Xeomin 50 unit Injection: 1 vial per 84 day supply
- Xeomin 100 unit Injection: 1 vial per 84 day supply (*per 112 days for severe primary axillary hyperhidrosis*)
- Xeomin 100 unit Injection: 5 vials once (for Ventral Hernia only)
- Xeomin 200 unit Injection: 2 vials per 84 day supply

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

| Indication | Billable Units | Per # days |
|---|---|---|
| **Cervical dystonia** | 200 | 84 |
| **Blepharospasms** | 100 | 84 |
| **Upper limb spasticity** | 400 | 84 |
| **Prophylaxis for chronic migraines** | 200 | 84 |
| **Incontinence due to neurogenic detrusor overactivity** | 200 | 84 |
| **Overactive bladder (OAB)** | 100 | 84 |
| **Severe primary axillary hyperhidrosis** | 100 | 112 |
| **Sialorrhea** | 100 | 112 |
| **Ventral Hernia** | 500 | N/A |

## III. Initial Approval Criteria[1]

Coverage is provided in the following conditions:

- Patient is at least 18 years of age (unless otherwise noted); **AND**

**Universal Criteria**

- Patient evaluated for any disorders which may contribute to respiratory or swallowing difficulty; **AND**
- Patient does not have a hypersensitivity to any botulinum toxin product; **AND**
- Patient does not have an active infection at the proposed injection site; **AND**
- Patient is not on concurrent treatment with another botulinum toxin (i.e., abobotulinumtoxinA, onabotulinumtoxinA, rimabotulinumtoxinB, etc.); **AND**

**Cervical Dystonia †**

- Patient has a history of recurrent involuntary contraction of one or more muscles in the neck; **AND**
    - Patient has sustained head tilt; **OR**
    - Patient has abnormal posturing with limited range of motion in the neck

**Blepharospasms †**

**Spastic Conditions**

- Patient has one of the following:
    - Upper Limb spasticity in adults (i.e., used post-stroke for spasms) **†**
    - Pediatric upper limb spasticity in patients aged 2 years to 17 years of age, excluding spasticity caused by cerebral palsy **†**

**Prophylaxis for Chronic Migraines [3,8,10] ‡**

- Not used in combination with calcitonin gene-related peptide (CGRP) inhibitors (e.g. eptinezumab, erenumab, galcanezumab, fremanezumab, etc.); **AND**
- Patient is utilizing prophylactic intervention modalities (i.e., pharmacotherapy, behavioral therapy, or physical therapy, etc.); **AND**
- Patient has 15 or more headache (tension-type-like and/or migraine-like) days per month for at least 3 months; **AND**
    - Patient has had at least five attacks with features consistent with migraine (with and/or without aura)§; **AND**
    - On at least 8 days per month for at least 3 months:
        - Headaches have characteristics and symptoms consistent with migraine§; **OR**
        - Patient suspected migraines are relieved by a triptan or ergot derivative medication; **AND**
- Patient has failed at least an 8-week trial of any two oral medications for the prevention of migraines (see list of migraine-prophylactic medications below for examples)

**Incontinence due to neurogenic detrusor overactivity [7,9,19] ‡**

- Patient has detrusor overactivity associated with a neurologic condition (i.e., spinal cord injury, multiple sclerosis, etc.) that is confirmed by urodynamic testing; **AND**
- Patient has failed a 1 month or longer trial of **two** medications from either the antimuscarinic (i.e., darifenacin, fesoterodine, oxybutynin, solifenacin, tolterodine or trospium) or beta-adrenergic (i.e., mirabegron) classes.

**Overactive Bladder (OAB) [7,9,19] ‡**

- Patient has symptoms of urge urinary incontinence, urgency, and frequency; **AND**
- Patient has failed a 1 month or longer trial of **two** medications from either the antimuscarinic (i.e., darifenacin, fesoterodine, oxybutynin, solifenacin, tolterodine or trospium) or beta-adrenergic (i.e., mirabegron) classes.

**Severe Primary Axillary Hyperhidrosis [4,5,6] ‡**

- Patient has tried and failed ≥ 1 month trial of a topical agent (e.g., aluminum chloride, glycopyrronium, etc.); **AND**
    - Patient has a history of medical complications such as skin infections or significant functional impairments; **OR**
    - Patient has had a significant burden of disease or impact to activities of daily living due to condition (e.g., impairment in work performance/productivity, frequent change of clothing, difficulty in relationships and/or social gatherings, etc.)

**Chronic Sialorrhea [1,13,22] †**

- Patient has a history of troublesome sialorrhea for at least a 3 month period; **AND**
    - Patient has Parkinson's disease, atypical Parkinsonism, stroke, or traumatic brain injury **†; OR**
    - Patient has a severe developmental delay **‡; OR**
    - Patient has cerebral palsy, other genetic or congenital disorders, or traumatic brain injury **†; AND**
        - Patient is at least 2 years of age

**Ventral Hernia [20,21] ‡**

- Patient has a large ventral hernia with loss of domain or contaminated ventral hernia; **AND**
- Used preoperatively in patients scheduled to receive abdominal wall reconstruction (AWR)

† FDA Approved Indication(s); ‡ Literature Supported Indication

| **Migraine-Prophylaxis Oral Medications *(list not all-inclusive)*** |
|---|
| • Antidepressants (e.g., amitriptyline, fluoxetine, nortriptyline, etc.)<br>• Beta blockers (e.g., propranolol, metoprolol, nadolol, timolol, atenolol, pindolol, etc.)<br>• Angiotensin converting enzyme inhibitors/angiotensin II receptor blockers (ex. lisinopril, candesartan, etc.)<br>• Anti-epileptics (e.g., divalproex, valproate, topiramate, etc.)<br>• Calcium channels blockers (e.g., verapamil, etc.) |
| **Migraine Features §** |
| **Migraine without aura**<br>• At least five attacks have the following:<br>o Headache attacks lasting 4-72 hours (untreated or unsuccessfully treated)<br>o Headache has at least two of the following characteristics:<br>– Unilateral location<br>– Pulsating quality<br>– Moderate or severe pain intensity<br>– Aggravation by or causing avoidance of routine physical activity (e.g., walking or climbing stairs); **AND**<br>o During headache at least one of the following:<br>– Nausea and/or vomiting |

| |
|---|
| – Photophobia and phonophobia |
| **Migraine with aura**<br>• At least two attacks have the following:<br>○ One or more of the following fully reversible aura symptoms:<br>– Visual<br>– Sensory<br>– Speech and/or language<br>– Motor<br>– Brainstem<br>– Retinal; **AND**<br>○ At least two of the following characteristics:<br>– At least one aura symptom spreads gradually over ≥5 minutes, and/or two or more symptoms occur in succession<br>– Each individual aura symptom lasts 5 to 60 minutes<br>– At least one aura symptom is unilateral<br>– The aura is accompanied, or followed within 60 minutes, by headache |

## IV. Renewal Criteria[1]

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and indication-specific criteria as identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: symptoms of a toxin spread effect (e.g. asthenia, generalized muscle weakness, diplopia, blurred vision, ptosis, dysphagia, dysphonia, dysarthria, breathing difficulties, etc.), hypersensitivity reactions, corneal exposure/ulceration, ectropion in patients treated for blepharospasm, etc.; **AND**
- Disease response as evidenced by the following:

### Blepharospasms

- Improvement of severity and/or frequency of eyelid spasms

### Cervical dystonia

- Improvement in the severity and frequency of pain; **AND**
- Improvement of abnormal head positioning

### Upper Limb Spasticity

- Decrease in tone and/or resistance, of affected areas, based on a validated measuring tool (e.g., Ashworth Scale, Physician Global Assessment, Clinical Global Impression (CGI), etc.)

### Severe primary axillary hyperhidrosis

- Significant reduction in spontaneous axillary sweat production; **AND**
- Patient has a significant improvement in activities of daily living

**Prophylaxis for chronic migraines[10]**

- Significant decrease in the number, frequency, and/or intensity of headaches; **AND**
- Improvement in function; **AND**
- Patient continues to utilize prophylactic intervention modalities (i.e. pharmacotherapy, behavioral therapy, physical therapy, etc.)

**Incontinence due to detrusor overactivity**

- Significant improvements in weekly frequency of incontinence episodes; **AND**
- Patient's post-void residual (PVR) periodically assessed as medically appropriate

**Overactive bladder (OAB)**

- Significant improvement in daily frequency of urinary incontinence or micturition episodes and/or volume voided per micturition; **AND**
- Patient's post-void residual (PVR) periodically assessed as medically appropriate

**Chronic Sialorrhea**

- Significant decrease in saliva production

**Ventral Hernias**

- May not be renewed.

## V. Dosage/Administration

| Indication | Dose |
|---|---|
| Cervical Dystonia | The recommended initial total dose for cervical dystonia is 120 units. Initial dose is divided among the affected muscles every 12 weeks or longer, as necessary |
| Blepharospasm | 1.25-5.6 units per injection site, not to exceed 50 units per eye (maximum of 35 units per eye for initial dose), every 12 weeks or longer, as necessary |
| Upper limb spasticity | The dosage, frequency, and number of injection sites should be tailored to the individual patient based on the size, number, and location of muscles to be treated, severity of spasticity, presence of local muscle weakness, patient's response to previous treatment, and adverse event history with Xeomin. Localization of the involved muscles with electromyographic guidance, nerve stimulation, or ultrasound techniques is recommended.<br>Adults<br>Up to 400 units total, repeated no sooner than every 12 weeks<br>Pediatrics |

| | |
|---|---|
| | 8 units/kg, divided among affected muscles, up to a maximum dose of 200 units per single upper limb. If both upper limbs are treated, total XEOMIN dosage should not exceed 16 Units/kg, up to a maximum of 400 units, repeated no sooner than every 12 weeks |
| Chronic Migraine | Up to 200 units divided among the affected muscles every 12 weeks |
| Severe primary axillary hyperhidrosis | 50 units intradermally per axilla every 16 weeks |
| Neurogenic bladder/ Detrusor overactivity | Up to 200 units per treatment divided among the affected muscles every 12 weeks. |
| Overactive Bladder (OAB) | Up to 100 units per treatment divided among the affected muscles every 12 weeks |
| Sialorrhea | <u>Adults</u><br>30 units per parotid gland and 20 units per submandibular gland (50 units per each side of the face for a total recommended dose of 100 units per treatment session), repeated no sooner than every 16 weeks<br><u>Pediatrics:</u> Dosing is based on body weight as noted below and is repeated no sooner than every 16 weeks<br>– 12 kg to <15 kg: 6 units per parotid gland and 4 units per submandibular gland (10 units per each side of the face for a total recommended dose of 20 units per treatment session)<br>– 15 kg to <19 kg: 9 units per parotid gland and 6 units per submandibular gland (15 units per each side of the face for a total recommended dose of 30 units per treatment session)<br>– 19 kg to <23 kg: 12 units per parotid gland and 8 units per submandibular gland (20 units per each side of the face for a total recommended dose of 40 units per treatment session)<br>– 23 kg to <27 kg: 15 units per parotid gland and 10 units per submandibular gland (25 units per each side of the face for a total recommended dose of 50 units per treatment session)<br>– 27 kg to <30 kg: 18 units per parotid gland and 12 units per submandibular gland (30 units per each side of the face for a total recommended dose of 60 units per treatment session)<br>– 30 kg or more: 22.5 units per parotid gland and 15 units per submandibular gland (37.5 units per each side of the face for a total recommended dose of 75 units per treatment session) |
| Ventral Hernia | 500 units divided among abdominal muscles, injected 2-4 weeks prior to AWR surgery. *May not be renewed.* |
| *Note: The recommended maximum cumulative dose for any indication should not exceed 400 Units in a treatment session (unless used for Ventral Hernia).* | |

## VI. Billing Code/Availability Information

HCPCS Code:

- J0588 – Injection, incobotulinumtoxinA, 1 unit; 1 billable unit = 1 unit

NDC:

- Xeomin 50 unit Injection: 00259-1605-xx
- Xeomin 100 unit Injection: 00259-1610-xx
- Xeomin 200 unit Injection: 00259-1620-xx

## VII. References


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## Appendix 1 – Covered Diagnosis Codes

| ICD-10 | ICD-10 Description |
|---|---|
| G24.3 | Spasmodic torticollis |
| G24.5 | Blepharospasm |
| G25.89 | Other specified extrapyramidal and movement disorders |
| G35 | Multiple sclerosis |
| G37.0 | Diffuse sclerosis of central nervous system |
| G43.709 | Chronic migraine without aura, not intractable, without status migrainosus |
| G43.719 | Chronic migraine without aura, intractable, without status migrainosus |
| G43.701 | Chronic migraine without aura, not intractable, with status migrainosus |
| G43.711 | Chronic migraine without aura, intractable, with status migrainosus |
| G80.0 | Spastic quadriplegic cerebral palsy |
| G80.1 | Spastic diplegic cerebral palsy |
| G80.2 | Spastic hemiplegic cerebral palsy |
| G81.10 | Spastic hemiplegia affecting unspecified side |
| G81.11 | Spastic hemiplegia affecting right dominant side |
| G81.12 | Spastic hemiplegia affecting left dominant side |
| G81.13 | Spastic hemiplegia affecting right nondominant side |
| G81.14 | Spastic hemiplegia affecting left nondominant side |
| G82.53 | Quadriplegia, C5-C7, complete |
| G82.54 | Quadriplegia, C5-C7, incomplete |
| G83.0 | Diplegia of upper limbs, Diplegia (Upper), Paralysis of both upper limbs |

| | |
|---|---|
| G83.20 | Monoplegia of upper limb affecting unspecified side |
| G83.21 | Monoplegia of upper limb affecting right dominant side |
| G83.22 | Monoplegia of upper limb affecting left dominant side |
| G83.23 | Monoplegia of upper limb affecting right nondominant side |
| G83.24 | Monoplegia of upper limb affecting left nondominant side |
| I69.031 | Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side |
| I69.032 | Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side |
| I69.033 | Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side |
| I69.034 | Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side |
| I69.039 | Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side |
| I69.051 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side |
| I69.052 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side |
| I69.053 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side |
| I69.054 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side |
| I69.059 | Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side |
| I69.131 | Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side |
| I69.132 | Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side |
| I69.133 | Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side |
| I69.134 | Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side |
| I69.139 | Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified site |
| I69.151 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side |
| I69.152 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side |
| I69.153 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side |
| I69.154 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side |
| I69.159 | Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side |
| I69.231 | Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side |
| I69.232 | Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side |
| I69.233 | Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side |
| I69.234 | Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side |

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|---|---|
| I69.239 | Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified site |
| I69.251 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side |
| I69.252 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side |
| I69.253 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side |
| I69.254 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side |
| I69.259 | Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side |
| I69.331 | Monoplegia of upper limb following cerebral infarction affecting right dominant side |
| I69.332 | Monoplegia of upper limb following cerebral infarction affecting left dominant side |
| I69.333 | Monoplegia of upper limb following cerebral infarction affecting right non-dominant side |
| I69.334 | Monoplegia of upper limb following cerebral infarction affecting left non-dominant side |
| I69.339 | Monoplegia of upper limb following cerebral infarction affecting unspecified site |
| I69.351 | Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side |
| I69.352 | Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side |
| I69.353 | Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side |
| I69.354 | Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side |
| I69.359 | Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side |
| I69.831 | Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side |
| I69.832 | Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side |
| I69.833 | Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side |
| I69.834 | Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side |
| I69.839 | Monoplegia of upper limb following other cerebrovascular disease affecting unspecified site |
| I69.851 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side |
| I69.852 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side |
| I69.853 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side |
| I69.854 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side |
| I69.859 | Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side |
| I69.931 | Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side |
| I69.932 | Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side |
| I69.933 | Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side |
| I69.934 | Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side |
| I69.939 | Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side |

| | |
|---|---|
| I69.951 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side |
| I69.952 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side |
| I69.953 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side |
| I69.954 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side |
| I69.959 | Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side |
| K11.7 | Disturbances of salivary secretion |
| K43.6 | Other and unspecified ventral hernia with obstruction, without gangrene |
| K43.7 | Other and unspecified ventral hernia with gangrene |
| K43.9 | Ventral hernia without obstruction or gangrene |
| M43.6 | Torticollis |
| N31.0 | Uninhibited neuropathic bladder, not elsewhere classified |
| N31.1 | Reflex neuropathic bladder, not elsewhere classified |
| N31.8 | Other neuromuscular dysfunction of bladder |
| N31.9 | Neuromuscular dysfunction of bladder, unspecified |
| N32.81 | Overactive bladder |
| L74.510 | Primary focal hyperhidrosis, axilla |

**Dual coding requirements:**

- Primary G and M codes require a secondary G or I code in order to be payable

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

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 Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA):

| **Jurisdiction(s):** J & M | **NCD/LCD/LCA Document (s):** A56646 |
|---|---|
| https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A56646&bc=gAAAAAAAAAAAAA== | |

| **Jurisdiction(s):** 5, 8 | **NCD/LCD/LCA Document (s):** A57474 |
|---|---|
| https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A57474&bc=gAAAAAAAAAAA | |

| **Jurisdiction(s):** 6; K | **NCD/LCD/LCA Document (s):** A52848 |
|---|---|

| |
|---|
| https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A52848&bc=gAAAAAAAAAAA |

| Jurisdiction(s): 15 | NCD/LCD/LCA Document (s): A56472 |
|---|---|
| https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A56472&bc=gAAAAAAAAAAAAA== | |

| Jurisdiction(s): F | NCD/LCD/LCA Document (s): A57186 |
|---|---|
| https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A57186&bc=gAAAAAAAAAAAAA== | |

| Jurisdiction(s): E | NCD/LCD/LCA Document (s): A57185 |
|---|---|
| https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A57185&bc=gAAAAAAAAAAAAA== | |

| Jurisdiction(s): J & M | NCD/LCD/LCA Document (s): A56646 |
|---|---|
| https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A56646&bc=gAAAAAAAAAAAAA== | |

| Jurisdiction(s): J & M | NCD/LCD/LCA Document (s): A56389 |
|---|---|
| https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A56389&bc=gAAAAAAAAAAAAA== | |

| 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 |
| 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, LLC |
| M (11) | NC, SC, WV, VA (excluding below) | Palmetto GBA, LLC |
| 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 |