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. Neuromuscular Disorders
Acceptable ICD-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 (ie the following are NOT accepted):

G80  Cerebral Palsy
G40.3  Generalized Convulsive epilepsy
G40.3  Grand mal seizures
G40-G47  Epilepsy
Q05  Spina bifida
P90  Newborn seizures
G40.909  Infantile seizures

II. Congenital Abnormalities of the Airways
Acceptable ICD-10 codes 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 limited to) the following (ie the following are NOT accepted):

Q33.9  Anomaly of lung, unspecified
Q33  Other anomaly of the lung

III. Chronic Lung Disease
Acceptable ICD-10 code:

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 (ie the following are NOT accepted):

J05  Croup
J06-J06.9  URI
J20  Bronchitis
J21  Bronchiolitis
J44  Asthma
R06.2  Wheezing
IV. Congenital Heart Diseases (CHD)

Acceptable ICD-10 codes:

A. Acyanotic CHD: Must currently be receiving medication to control CHF (see below) and will require cardiac surgical procedures

- Q23 Aortic stenosis*
- Q22 Pulmonary valve disorders (incompetence, insufficiency, regurgitation, stenosis)
- I42.9 Cardiomyopathy (must be moderate to severe)
- Q21 Ventricular septal defect*
- Q21 Atrial septal defect*
- Q21.2 Atrioventricular canal (endocardial cushion defect)
- Q22.3 Anomalies of pulmonary valve congenital
- Q24.3 Pulmonic stenosis*
- Q23.0 Congenital stenosis of aortic valve (congenital aortic stenosis) Excludes: congenital subaortic stenosis; supravalvular aortic stenosis
- Q23.3 Congenital mitral insufficiency
- Q25 Patent ductus arteriosus*
- Q25.1/Q25.2 Coarctation of the aorta*
- Q25.4 Atresia and stenosis of aorta (absence, aplasia, hypoplasia, stricture of the aorta) Supra (valvar) aortic stenosis Excludes: congenital aortic (valvar) stenosis or stricture; hypoplasia of aorta in hypoplastic left heart syndrome

B. Cyanotic CHD: Does not require use of medication

- Q20 Truncus arteriosus
- Q20.3 Transposition of the great vessels
- Q21.3 Tetralogy of Fallot
- Q22.0 Atresia, congenital
- Q22.4 Tricuspid atresia and stenosis, congenital
- Q22.5 Ebstein’s anomaly
- Q23.4 Hypoplastic left heart
- Q22.6 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
- ACE Inhibitors
- Supplemental oxygen
- Beta Blockers
- Nitroglycerin
- Diuretics
- Calcium Channel Blockers
- Anti-Coagulants

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