

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Fentanyl Agents**

This criteria was recommended for review by the Vendor Drug Program to ensure appropriate and safe utilization.

Actiq (Oral Transmucosal Fentanyl)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Transdermal Fentanyl

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Fentora (Buccal Fentanyl)

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Revision Notes

Added GCN for morphine (58333) to opioid supporting tables



Actiq (Transmucosal Fentanyl)

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
FENTANYL CIT OTFC 1,200 MCG	19193
FENTANYL CIT OTFC 1,600 MCG	19194
FENTANYL CITRATE OTFC 200 MCG	19204
FENTANYL CITRATE OTFC 400 MCG	19206
FENTANYL CITRATE OTFC 600 MCG	19191
FENTANYL CITRATE OTFC 800 MCG	19192



Actiq (Transmucosal Fentanyl)

Clinical Criteria Logic

1. Is the client less than (<) 16 years of age?
☐ Yes (Deny)
☐ No (Go to #2)
2. Does the client have a diagnosis of **cancer** or **fibrotic lung disease** in the last 730 days?
☐ Yes (Go to #5)
☐ No (Go to #3)
3. Does the client have a history of **antineoplastic therapy** in the last 365 days?
☐ Yes (Go to #5)
☐ No (Go to #4)
4. Does the client have a diagnosis of **CNMP** in the last 365 days?
☐ Yes (Go to #5)
☐ No (Deny)
5. Does the client have less than or equal to ($\leq$) 7 days of **opioid therapy** in the last 30 days?
☐ Yes (Deny)
☐ No (Go to #6)
6. Does the client have a claim for an **MAOI or a strong/moderate CYP3A4 inhibitor** in the last 30 days?
☐ Yes (Deny)
☐ No (Go to #7)
7. Is the request for transmucosal fentanyl 200mcg?
☐ Yes (Go to #10)
☐ No (Go to #8)
8. Is the request for transmucosal fentanyl greater than or equal to ($\geq$) 400mcg?
☐ Yes (Go to #9)
☐ No (Deny)
9. Does the client have a history of transmucosal fentanyl therapy in the last 30 days with the dose greater than or equal to ($\geq$) 200mcg?
☐ Yes (Go to #10)
☐ No (Deny)

10. Is the request for less than or equal ($\leq$) to 4 units per day?

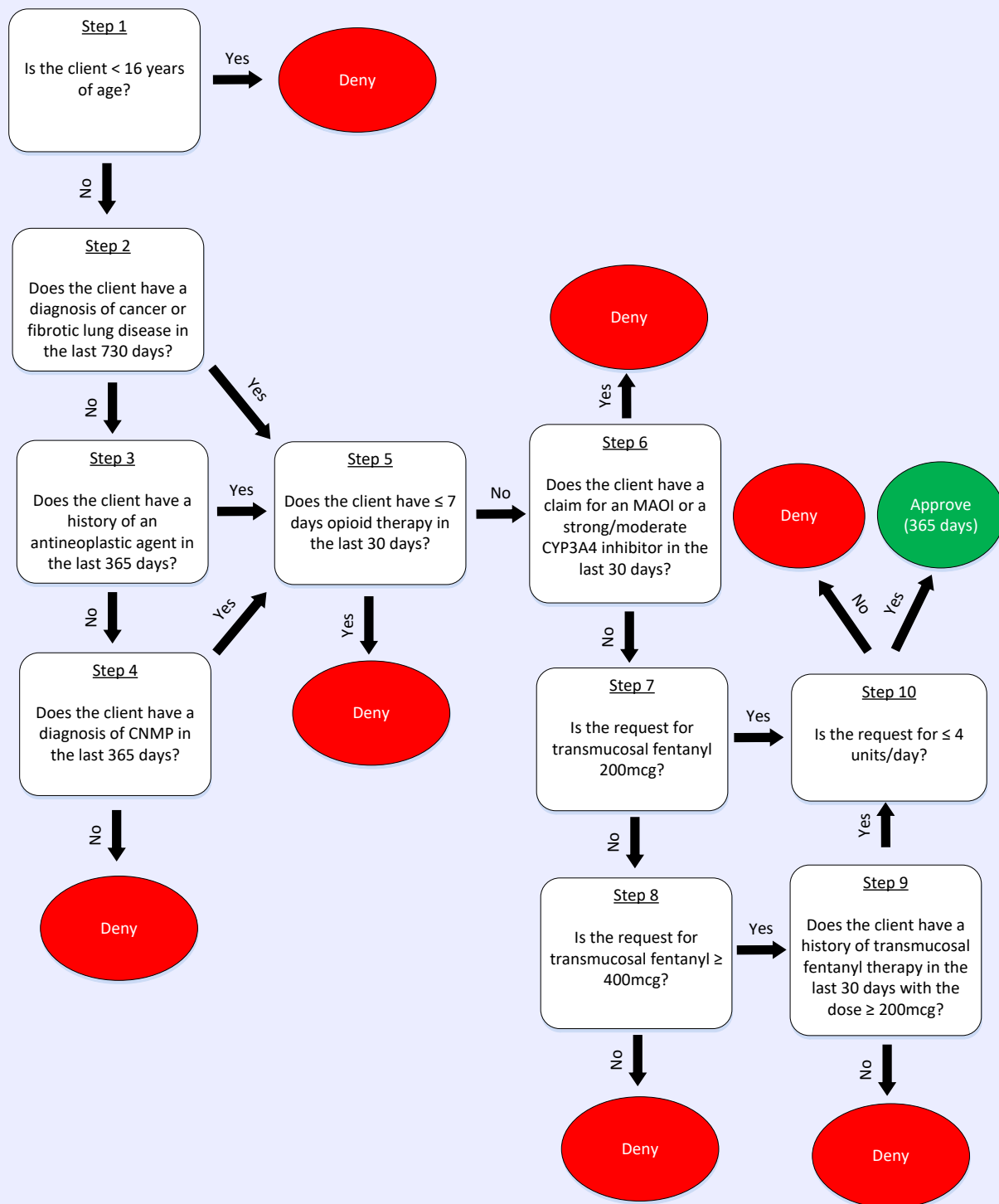
☐ Yes (Approve – 365 days)

☐ No (Deny)



Actiq (Transmucosal Fentanyl)

Clinical Criteria Logic Diagram





Transdermal Fentanyl

Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
FENTANYL 100 MCG/HR PATCH	19203
FENTANYL 12 MCG/HR PATCH	24635
FENTANYL 25 MCG/HR PATCH	19200
FENTANYL 37.5 MCG/HR PATCH	37952
FENTANYL 50 MCG/HR PATCH	19201
FENTANYL 62.5 MCG/HR PATCH	37947
FENTANYL 75 MCG/HR PATCH	19202
FENTANYL 87.5 MCG/HR PATCH	37948



Transdermal Fentanyl

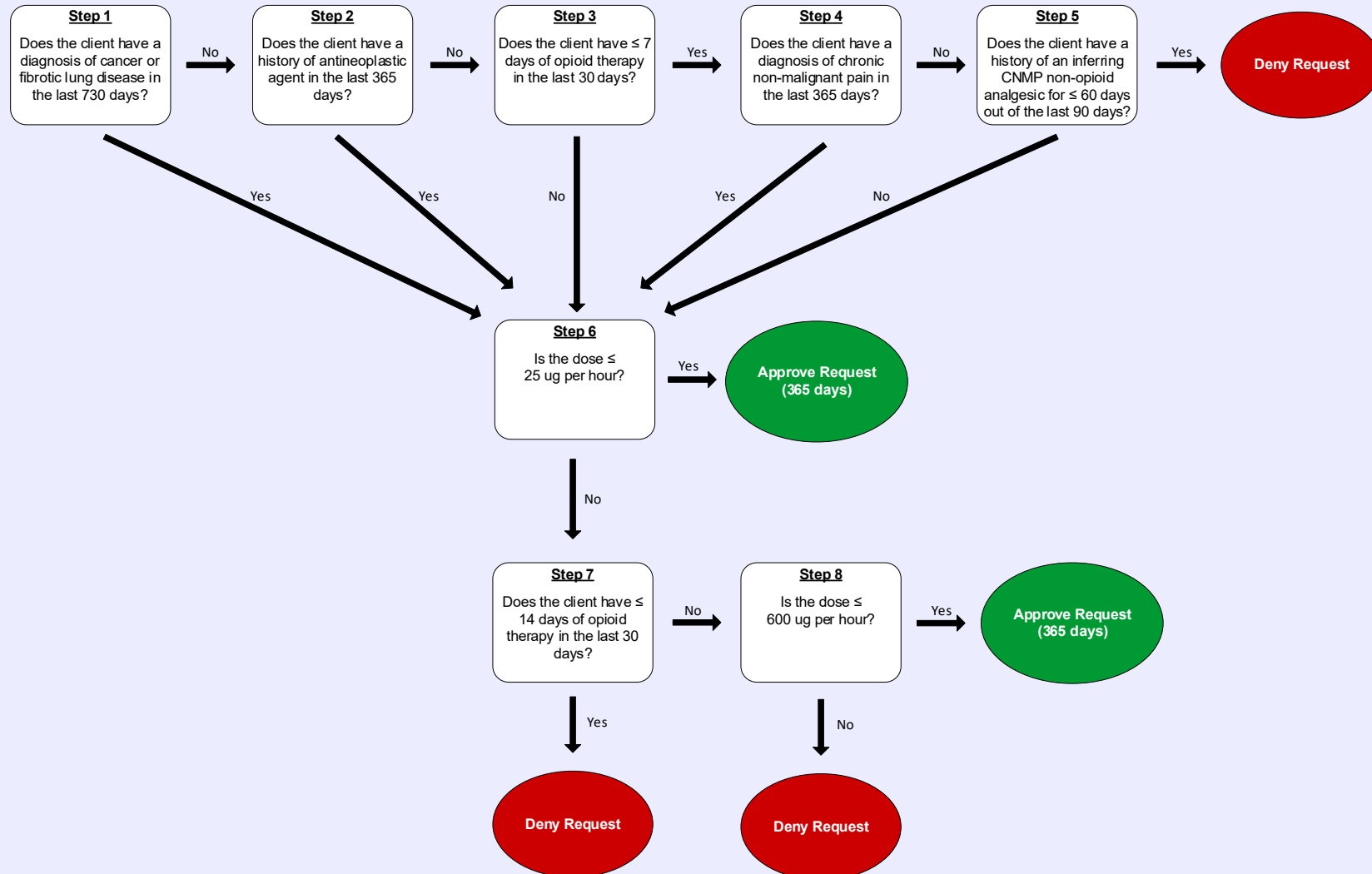
Clinical Criteria Logic

1. Does the client have a diagnosis of **cancer** or **fibrotic lung disease** in the last 730 days?
☐ Yes (Go to #6)
☐ No (Go to #2)
2. Does the client have a history of an **antineoplastic agent** in the last 365 days?
☐ Yes (Go to #6)
☐ No (Go to #3)
3. Does the client have less than or equal to ($\leq$) 7 days of **opioid therapy** in the last 30 days?
☐ Yes (Go to #4)
☐ No (Go to #6)
4. Does the client have a diagnosis of **chronic non-malignant pain** in the last 365 days?
☐ Yes (Go to #6)
☐ No (Go to #5)
5. Does the client have a history of an **inferring CNMP non-opioid analgesic** for less than or equal to ($\leq$) 60 days out of the last 90 days?
☐ Yes (Deny)
☐ No (Go to #6)
6. Is the dose less than or equal to ($\leq$) 25ug per hour?
☐ Yes (Approve – 365 days)
☐ No (Go to #7)
7. Does the client have less than or equal to ($\leq$) 14 days of **opioid therapy** in the last 30 days?
☐ Yes (Deny)
☐ No (Go to #8)
8. Is the dose less than or equal to ($\leq$) 600ug per hour?
☐ Yes (Approve – 365 days)
☐ No (Deny)



Transdermal Fentanyl

Clinical Criteria Logic Diagram





Fentora (Buccal Fentanyl)

Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	GCN
FENTORA 100 MCG BUCCAL TABLET	97280
FENTORA 200 MCG BUCCAL TABLET	97281
FENTORA 400 MCG BUCCAL TABLET	97283
FENTORA 600 MCG BUCCAL TABLET	97284
FENTORA 800 MCG BUCCAL TABLET	97285
FENTANYL CIT 100 MCG BUCCAL TABLET	97280
FENTANYL CIT 200 MCG BUCCAL TABLET	97281
FENTANYL CIT 400 MCG BUCCAL TABLET	97283
FENTANYL CIT 600 MCG BUCCAL TABLET	97284
FENTANYL CIT 800 MCG BUCCAL TABLET	97285



Fentora (Buccal Fentanyl)

Clinical Criteria Logic

1. Is the client greater than or equal to ($\geq$) 18 years of age?
☐ Yes (Go to #2)
☐ No (Deny)
2. Does the client have a diagnosis of **malignant cancer** in the last 730 days?
☐ Yes (Go to #4)
☐ No (Go to #3)
3. Does the client have a history of an **antineoplastic agent** in the last 365 days?
☐ Yes (Go to #4)
☐ No (Deny)
4. Does the client have a claim for an **MAOI or CYP3A4 inhibitor** in the last 30 days?
☐ Yes (Deny)
☐ No (Go to #5)
5. Does the client have at least 12 days supply of **opioid therapy** in the last 14 days?
☐ Yes (Go to #6)
☐ No (Deny)
6. Does the client have a history of **buccal fentanyl** in the last 35 days?
☐ Yes (Go to #13)
☐ No (Go to #7)
7. Does the client have a history of opioid tolerance with defined oral **morphine, transdermal fentanyl, oxycodone, hydromorphone**, OR **oxymorphone** therapy in the last 30 days?
☐ Yes (Go to #8)
☐ No (Deny)
8. Is the request for buccal fentanyl 100mcg?
☐ Yes (Go to #13)
☐ No (Go to #9)
9. Is the request for buccal fentanyl 200mcg?
☐ Yes (Go to #10)
☐ No (Go to #11)

10. Does the client have a claim for **Actiq 600, 800, 1200 or 1600mcg** in the last 35 days?

☐ Yes (Go to #13)

☐ No (Deny)

11. Is the request for buccal fentanyl 400mcg?

☐ Yes (Go to #12)

☐ No (Deny)

12. Does the client have a history of **Actiq 1200 or 1600mcg** in the last 35 days?

☐ Yes (Go to #13)

☐ No (Deny)

13. Is the request for less than or equal to ($\leq$) 4 units/day?

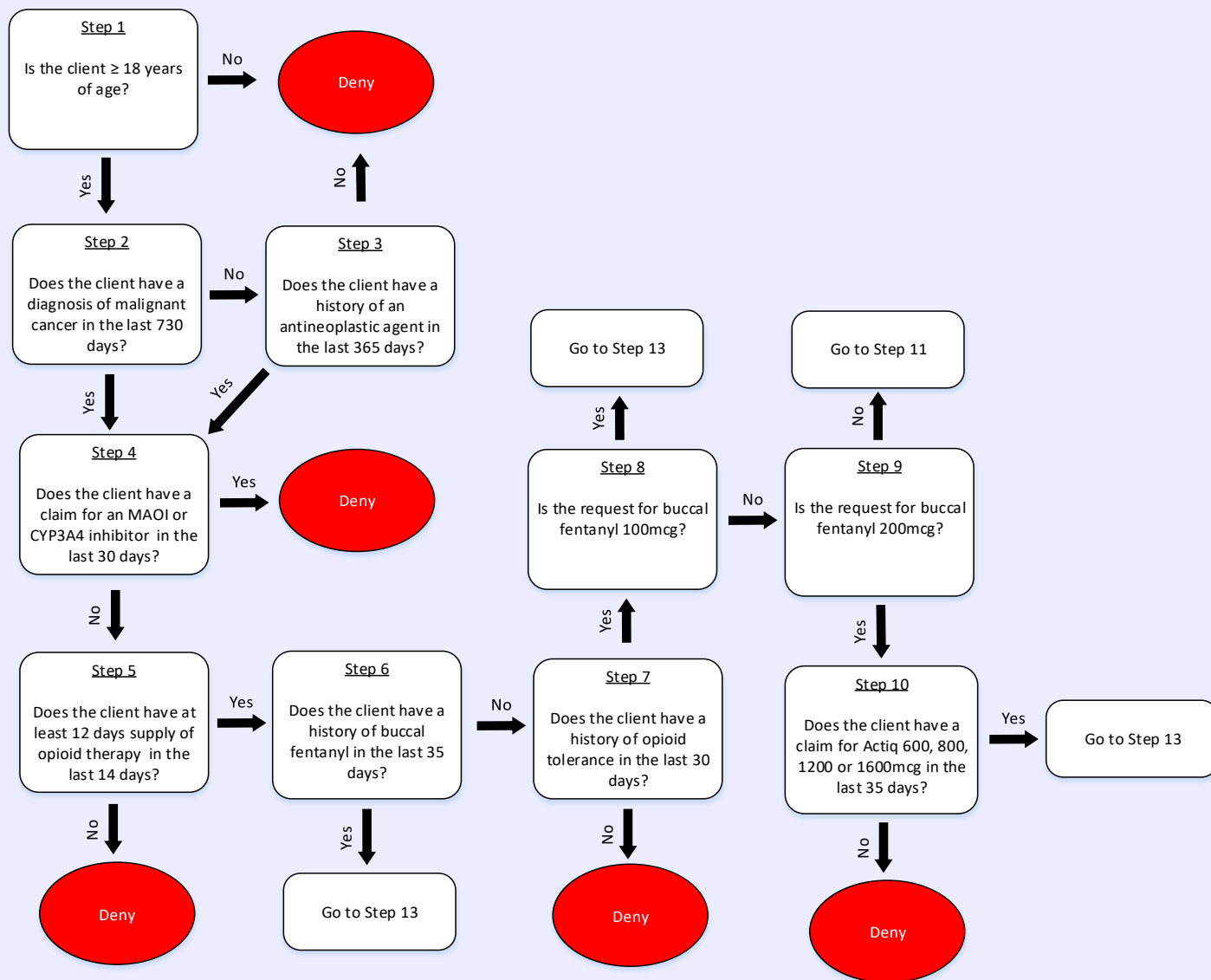
☐ Yes (Approve – 365 days)

☐ No (Deny)



Fentora (Buccal Fentanyl)

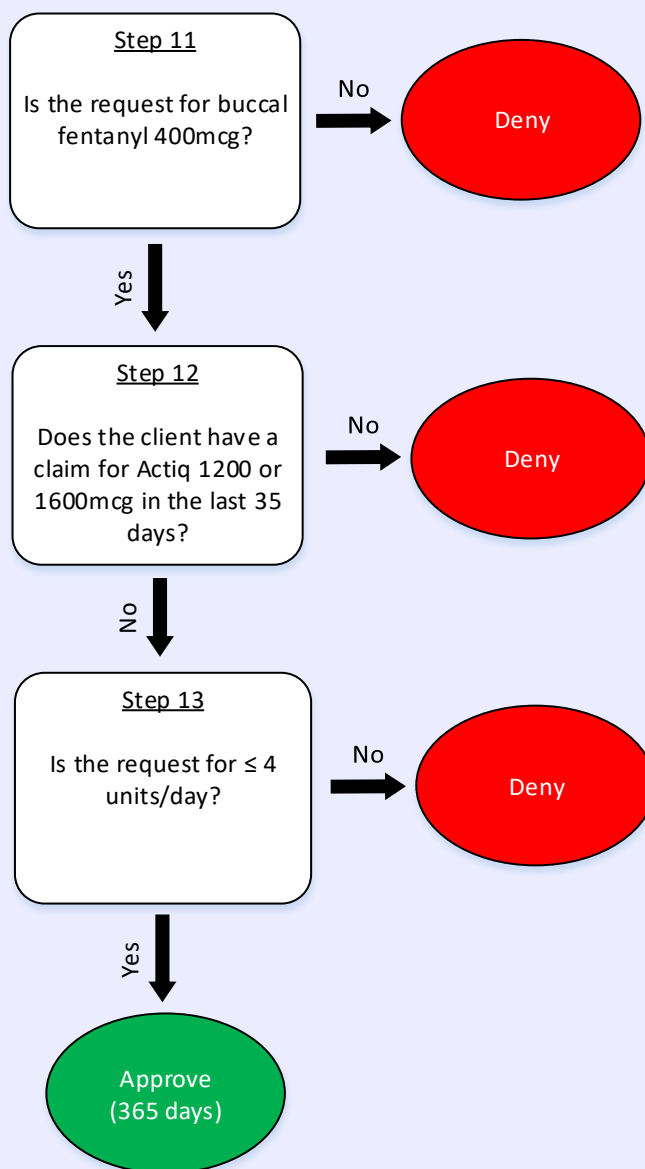
Clinical Criteria Logic Diagram – Page 1





Fentora (Buccal Fentanyl)

Clinical Criteria Logic Diagram – Page 2





Fentanyl Agents

Clinical Criteria Supporting Tables

Table 1 (diagnosis of malignant cancer) Required Diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
C000	MALIGNANT NEOPLASM OF EXTERNAL UPPER LIP
C001	MALIGNANT NEOPLASM OF EXTERNAL LOWER LIP
C002	MALIGNANT NEOPLASM OF EXTERNAL LIP, UNSPECIFIED
C003	MALIGNANT NEOPLASM OF UPPER LIP, INNER ASPECT
C004	MALIGNANT NEOPLASM OF LOWER LIP, INNER ASPECT
C005	MALIGNANT NEOPLASM OF LIP, UNSPECIFIED, INNER ASPECT
C006	MALIGNANT NEOPLASM OF COMMISSURE OF LIP, UNSPECIFIED
C008	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LIP
C009	MALIGNANT NEOPLASM OF LIP, UNSPECIFIED
C01	MALIGNANT NEOPLASM OF BASE OF TONGUE
C020	MALIGNANT NEOPLASM OF DORSAL SURFACE OF TONGUE
C021	MALIGNANT NEOPLASM OF BORDER OF TONGUE
C022	MALIGNANT NEOPLASM OF VENTRAL SURFACE OF TONGUE
C023	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED
C024	MALIGNANT NEOPLASM OF LINGUAL TONSIL
C028	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONGUE
C029	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED
C030	MALIGNANT NEOPLASM OF UPPER GUM
C031	MALIGNANT NEOPLASM OF LOWER GUM
C039	MALIGNANT NEOPLASM OF GUM, UNSPECIFIED
C040	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH
C041	MALIGNANT NEOPLASM OF LATERAL FLOOR OF MOUTH
C048	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF FLOOR OF MOUTH
C049	MALIGNANT NEOPLASM OF FLOOR OF MOUTH, UNSPECIFIED
C050	MALIGNANT NEOPLASM OF HARD PALATE
C051	MALIGNANT NEOPLASM OF SOFT PALATE
C052	MALIGNANT NEOPLASM OF UVULA
C058	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PALATE
C059	MALIGNANT NEOPLASM OF PALATE, UNSPECIFIED
C060	MALIGNANT NEOPLASM OF CHEEK MUCOSA
C061	MALIGNANT NEOPLASM OF VESTIBULE OF MOUTH
C062	MALIGNANT NEOPLASM OF RETROMOLAR AREA

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C0680	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED PARTS OF MOUTH
C0689	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OTHER PARTS OF MOUTH
C069	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED
C07	MALIGNANT NEOPLASM OF PAROTID GLAND
C080	MALIGNANT NEOPLASM OF SUBMANDIBULAR GLAND
C081	MALIGNANT NEOPLASM OF SUBLINGUAL GLAND
C089	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND, UNSPECIFIED
C090	MALIGNANT NEOPLASM OF TONSILLAR FOSSA
C091	MALIGNANT NEOPLASM OF TONSILLAR PILLAR (ANTERIOR) (POSTERIOR)
C098	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL
C099	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED
C100	MALIGNANT NEOPLASM OF VALLECULA
C101	MALIGNANT NEOPLASM OF ANTERIOR SURFACE OF EPIGLOTTIS
C102	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX
C103	MALIGNANT NEOPLASM OF POSTERIOR WALL OF OROPHARYNX
C104	MALIGNANT NEOPLASM OF BRANCHIAL CLEFT
C108	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX
C109	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED
C110	MALIGNANT NEOPLASM OF SUPERIOR WALL OF NASOPHARYNX
C111	MALIGNANT NEOPLASM OF POSTERIOR WALL OF NASOPHARYNX
C112	MALIGNANT NEOPLASM OF LATERAL WALL OF NASOPHARYNX
C113	MALIGNANT NEOPLASM OF ANTERIOR WALL OF NASOPHARYNX
C118	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF NASOPHARYNX
C119	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED
C12	MALIGNANT NEOPLASM OF PYRIFORM SINUS
C130	MALIGNANT NEOPLASM OF POSTCRICOID REGION
C131	MALIGNANT NEOPLASM OF ARYEPIGLOTTIC FOLD, HYPOPHARYNGEAL ASPECT
C132	MALIGNANT NEOPLASM OF POSTERIOR WALL OF HYPOPHARYNX
C138	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF HYPOPHARYNX
C139	MALIGNANT NEOPLASM OF HYPOPHARYNX, UNSPECIFIED
C140	MALIGNANT NEOPLASM OF PHARYNX, UNSPECIFIED
C142	MALIGNANT NEOPLASM OF WALDEYER'S RING
C148	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LIP, ORAL CAVITY AND PHARYNX
C153	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS
C154	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS
C155	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C158	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF ESOPHAGUS
C159	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED
C160	MALIGNANT NEOPLASM OF CARDIA
C161	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH
C162	MALIGNANT NEOPLASM OF BODY OF STOMACH
C163	MALIGNANT NEOPLASM OF PYLORIC ANTRUM
C164	MALIGNANT NEOPLASM OF PYLORUS
C165	MALIGNANT NEOPLASM OF LESSER CURVATURE OF STOMACH, UNSPECIFIED
C166	MALIGNANT NEOPLASM OF GREATER CURVATURE OF STOMACH, UNSPECIFIED
C168	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH
C169	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED
C170	MALIGNANT NEOPLASM OF DUODENUM
C171	MALIGNANT NEOPLASM OF JEJUNUM
C172	MALIGNANT NEOPLASM OF ILEUM
C173	MECKEL'S DIVERTICULUM, MALIGNANT
C178	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF SMALL INTESTINE
C179	MALIGNANT NEOPLASM OF SMALL INTESTINE, UNSPECIFIED
C180	MALIGNANT NEOPLASM OF CECUM
C181	MALIGNANT NEOPLASM OF APPENDIX
C182	MALIGNANT NEOPLASM OF ASCENDING COLON
C183	MALIGNANT NEOPLASM OF HEPATIC FLEXURE
C184	MALIGNANT NEOPLASM OF TRANSVERSE COLON
C185	MALIGNANT NEOPLASM OF SPLENIC FLEXURE
C186	MALIGNANT NEOPLASM OF DESCENDING COLON
C187	MALIGNANT NEOPLASM OF SIGMOID COLON
C188	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON
C189	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED
C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION
C20	MALIGNANT NEOPLASM OF RECTUM
C210	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED
C211	MALIGNANT NEOPLASM OF ANAL CANAL
C212	MALIGNANT NEOPLASM OF CLOACOGENIC ZONE
C218	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RECTUM, ANUS AND ANAL CANAL
C220	LIVER CELL CARCINOMA
C221	INTRAHEPATIC BILE DUCT CARCINOMA
C222	HEPATOBLASTOMA
C223	ANGIOSARCOMA OF LIVER

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C224	OTHER SARCOMAS OF LIVER
C227	OTHER SPECIFIED CARCINOMAS OF LIVER
C228	MALIGNANT NEOPLASM OF LIVER, PRIMARY, UNSPECIFIED AS TO TYPE
C229	MALIGNANT NEOPLASM OF LIVER, NOT SPECIFIED AS PRIMARY OR SECONDARY
C23	MALIGNANT NEOPLASM OF GALLBLADDER
C240	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT
C241	MALIGNANT NEOPLASM OF AMPULLA OF VATER
C248	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BILIARY TRACT
C249	MALIGNANT NEOPLASM OF BILIARY TRACT, UNSPECIFIED
C250	MALIGNANT NEOPLASM OF HEAD OF PANCREAS
C251	MALIGNANT NEOPLASM OF BODY OF PANCREAS
C252	MALIGNANT NEOPLASM OF TAIL OF PANCREAS
C253	MALIGNANT NEOPLASM OF PANCREATIC DUCT
C254	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS
C257	MALIGNANT NEOPLASM OF OTHER PARTS OF PANCREAS
C258	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PANCREAS
C259	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED
C260	MALIGNANT NEOPLASM OF INTESTINAL TRACT, PART UNSPECIFIED
C261	MALIGNANT NEOPLASM OF SPLEEN
C269	MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE DIGESTIVE SYSTEM
C300	MALIGNANT NEOPLASM OF NASAL CAVITY
C301	MALIGNANT NEOPLASM OF MIDDLE EAR
C310	MALIGNANT NEOPLASM OF MAXILLARY SINUS
C311	MALIGNANT NEOPLASM OF ETHMOIDAL SINUS
C312	MALIGNANT NEOPLASM OF FRONTAL SINUS
C313	MALIGNANT NEOPLASM OF SPHENOID SINUS
C318	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF ACCESSORY SINUSES
C319	MALIGNANT NEOPLASM OF ACCESSORY SINUS, UNSPECIFIED
C320	MALIGNANT NEOPLASM OF GLOTTIS
C321	MALIGNANT NEOPLASM OF SUPRAGLOTTIS
C322	MALIGNANT NEOPLASM OF SUBGLOTTIS
C323	MALIGNANT NEOPLASM OF LARYNGEAL CARTILAGE
C328	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LARYNX
C329	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED
C33	MALIGNANT NEOPLASM OF TRACHEA
C3400	MALIGNANT NEOPLASM OF UNSPECIFIED MAIN BRONCHUS
C3401	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS

Table 1 (diagnosis of malignant cancer) Required Diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
C3402	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS
C3410	MALIGNANT NEOPLASM OF UPPER LOBE, UNSPECIFIED BRONCHUS OR LUNG
C3411	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG
C3412	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG
C342	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG
C3430	MALIGNANT NEOPLASM OF LOWER LOBE, UNSPECIFIED BRONCHUS OR LUNG
C3431	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG
C3432	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG
C3480	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED BRONCHUS AND LUNG
C3481	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG
C3482	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT BRONCHUS AND LUNG
C3490	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG
C3491	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG
C3492	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT BRONCHUS OR LUNG
C37	MALIGNANT NEOPLASM OF THYMUS
C380	MALIGNANT NEOPLASM OF HEART
C381	MALIGNANT NEOPLASM OF ANTERIOR MEDIASTINUM
C382	MALIGNANT NEOPLASM OF POSTERIOR MEDIASTINUM
C383	MALIGNANT NEOPLASM OF MEDIASTINUM, PART UNSPECIFIED
C384	MALIGNANT NEOPLASM OF PLEURA
C388	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF HEART, MEDIASTINUM AND PLEURA
C390	MALIGNANT NEOPLASM OF UPPER RESPIRATORY TRACT, PART UNSPECIFIED
C399	MALIGNANT NEOPLASM OF LOWER RESPIRATORY TRACT, PART UNSPECIFIED
C4000	MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES OF UNSPECIFIED UPPER LIMB
C4001	MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES OF RIGHT UPPER LIMB
C4002	MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES OF LEFT UPPER LIMB
C4010	MALIGNANT NEOPLASM OF SHORT BONES OF UNSPECIFIED UPPER LIMB

Table 1 (diagnosis of malignant cancer) Required Diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
C4011	MALIGNANT NEOPLASM OF SHORT BONES OF RIGHT UPPER LIMB
C4012	MALIGNANT NEOPLASM OF SHORT BONES OF LEFT UPPER LIMB
C4020	MALIGNANT NEOPLASM OF LONG BONES OF UNSPECIFIED LOWER LIMB
C4021	MALIGNANT NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB
C4022	MALIGNANT NEOPLASM OF LONG BONES OF LEFT LOWER LIMB
C4030	MALIGNANT NEOPLASM OF SHORT BONES OF UNSPECIFIED LOWER LIMB
C4031	MALIGNANT NEOPLASM OF SHORT BONES OF RIGHT LOWER LIMB
C4032	MALIGNANT NEOPLASM OF SHORT BONES OF LEFT LOWER LIMB
C4080	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BONE AND ARTICULAR CARTILAGE OF UNSPECIFIED LIMB
C4081	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BONE AND ARTICULAR CARTILAGE OF RIGHT LIMB
C4082	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BONE AND ARTICULAR CARTILAGE OF LEFT LIMB
C4090	MALIGNANT NEOPLASM OF UNSPECIFIED BONES AND ARTICULAR CARTILAGE OF UNSPECIFIED LIMB
C4091	MALIGNANT NEOPLASM OF UNSPECIFIED BONES AND ARTICULAR CARTILAGE OF RIGHT LIMB
C4092	MALIGNANT NEOPLASM OF UNSPECIFIED BONES AND ARTICULAR CARTILAGE OF LEFT LIMB
C410	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE
C411	MALIGNANT NEOPLASM OF MANDIBLE
C412	MALIGNANT NEOPLASM OF VERTEBRAL COLUMN
C413	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE
C414	MALIGNANT NEOPLASM OF PELVIC BONES, SACRUM AND COCCYX
C419	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED
C430	MALIGNANT MELANOMA OF LIP
C4310	MALIGNANT MELANOMA OF UNSPECIFIED EYELID, INCLUDING CANTHUS
C4311	MALIGNANT MELANOMA OF RIGHT EYELID, INCLUDING CANTHUS
C4312	MALIGNANT MELANOMA OF LEFT EYELID, INCLUDING CANTHUS
C4320	MALIGNANT MELANOMA OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
C4321	MALIGNANT MELANOMA OF RIGHT EAR AND EXTERNAL AURICULAR CANAL
C4322	MALIGNANT MELANOMA OF LEFT EAR AND EXTERNAL AURICULAR CANAL
C4330	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE
C4331	MALIGNANT MELANOMA OF NOSE

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C4339	MALIGNANT MELANOMA OF OTHER PARTS OF FACE
C434	MALIGNANT MELANOMA OF SCALP AND NECK
C4351	MALIGNANT MELANOMA OF ANAL SKIN
C4352	MALIGNANT MELANOMA OF SKIN OF BREAST
C4359	MALIGNANT MELANOMA OF OTHER PART OF TRUNK
C4360	MALIGNANT MELANOMA OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C4361	MALIGNANT MELANOMA OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C4362	MALIGNANT MELANOMA OF LEFT UPPER LIMB, INCLUDING SHOULDER
C4370	MALIGNANT MELANOMA OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C4371	MALIGNANT MELANOMA OF RIGHT LOWER LIMB, INCLUDING HIP
C4372	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP
C438	MALIGNANT MELANOMA OF OVERLAPPING SITES OF SKIN
C439	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED
C450	MESOTHELIOMA OF PLEURA
C451	MESOTHELIOMA OF PERITONEUM
C452	MESOTHELIOMA OF PERICARDIUM
C457	MESOTHELIOMA OF OTHER SITES
C459	MESOTHELIOMA, UNSPECIFIED
C460	KAPOSI'S SARCOMA OF SKIN
C461	KAPOSI'S SARCOMA OF SOFT TISSUE
C462	KAPOSI'S SARCOMA OF PALATE
C463	KAPOSI'S SARCOMA OF LYMPH NODES
C464	KAPOSI'S SARCOMA OF GASTROINTESTINAL SITES
C4650	KAPOSI'S SARCOMA OF UNSPECIFIED LUNG
C4651	KAPOSI'S SARCOMA OF RIGHT LUNG
C4652	KAPOSI'S SARCOMA OF LEFT LUNG
C467	KAPOSI'S SARCOMA OF OTHER SITES
C469	KAPOSI'S SARCOMA, UNSPECIFIED
C470	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF HEAD, FACE AND NECK
C4710	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C4711	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C4712	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF LEFT UPPER LIMB, INCLUDING SHOULDER
C4720	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF UNSPECIFIED LOWER LIMB, INCLUDING HIP

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C4721	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF RIGHT LOWER LIMB, INCLUDING HIP
C4722	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF LEFT LOWER LIMB, INCLUDING HIP
C473	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF THORAX
C474	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF ABDOMEN
C475	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF PELVIS
C476	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF TRUNK, UNSPECIFIED
C478	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM
C479	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED
C480	MALIGNANT NEOPLASM OF RETROPERITONEUM
C481	MALIGNANT NEOPLASM OF SPECIFIED PARTS OF PERITONEUM
C482	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED
C488	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RETROPERITONEUM AND PERITONEUM
C490	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF HEAD, FACE AND NECK
C4910	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C4911	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C4912	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF LEFT UPPER LIMB, INCLUDING SHOULDER
C4920	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C4921	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP
C4922	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF LEFT LOWER LIMB, INCLUDING HIP
C493	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF THORAX
C494	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF ABDOMEN
C495	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF PELVIS
C496	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF TRUNK, UNSPECIFIED
C498	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CONNECTIVE AND SOFT TISSUE
C499	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED

Table 1 (diagnosis of malignant cancer) Required Diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
C50011	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST
C50012	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST
C50019	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, UNSPECIFIED FEMALE BREAST
C50021	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT MALE BREAST
C50022	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST
C50029	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, UNSPECIFIED MALE BREAST
C50111	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST
C50112	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST
C50119	MALIGNANT NEOPLASM OF CENTRAL PORTION OF UNSPECIFIED FEMALE BREAST
C50121	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT MALE BREAST
C50122	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST
C50129	MALIGNANT NEOPLASM OF CENTRAL PORTION OF UNSPECIFIED MALE BREAST
C50211	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST
C50212	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST
C50219	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF UNSPECIFIED FEMALE BREAST
C50221	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT MALE BREAST
C50222	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT MALE BREAST
C50229	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF UNSPECIFIED MALE BREAST
C50311	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST
C50312	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST
C50319	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF UNSPECIFIED FEMALE BREAST
C50321	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT MALE BREAST

Table 1 (diagnosis of malignant cancer) Required Diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
C50322	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT MALE BREAST
C50329	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF UNSPECIFIED MALE BREAST
C50411	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST
C50412	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST
C50419	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF UNSPECIFIED FEMALE BREAST
C50421	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT MALE BREAST
C50422	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT MALE BREAST
C50429	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF UNSPECIFIED MALE BREAST
C50511	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST
C50512	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST
C50519	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF UNSPECIFIED FEMALE BREAST
C50521	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT MALE BREAST
C50522	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT MALE BREAST
C50529	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF UNSPECIFIED MALE BREAST
C50611	MALIGNANT NEOPLASM OF AXILLARY TAIL OF RIGHT FEMALE BREAST
C50612	MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT FEMALE BREAST
C50619	MALIGNANT NEOPLASM OF AXILLARY TAIL OF UNSPECIFIED FEMALE BREAST
C50621	MALIGNANT NEOPLASM OF AXILLARY TAIL OF RIGHT MALE BREAST
C50622	MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT MALE BREAST
C50629	MALIGNANT NEOPLASM OF AXILLARY TAIL OF UNSPECIFIED MALE BREAST
C50811	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST
C50812	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST
C50819	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C50821	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT MALE BREAST
C50822	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT MALE BREAST
C50829	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED MALE BREAST
C50911	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST
C50912	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST
C50919	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST
C50921	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT MALE BREAST
C50922	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT MALE BREAST
C50929	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED MALE BREAST
C510	MALIGNANT NEOPLASM OF LABIUM MAJUS
C511	MALIGNANT NEOPLASM OF LABIUM MINUS
C512	MALIGNANT NEOPLASM OF CLITORIS
C518	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF VULVA
C519	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED
C52	MALIGNANT NEOPLASM OF VAGINA
C530	MALIGNANT NEOPLASM OF ENDOCERVIX
C531	MALIGNANT NEOPLASM OF EXOCERVIX
C538	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI
C539	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED
C540	MALIGNANT NEOPLASM OF ISTHMUS UTERI
C541	MALIGNANT NEOPLASM OF ENDOMETRIUM
C542	MALIGNANT NEOPLASM OF MYOMETRIUM
C543	MALIGNANT NEOPLASM OF FUNDUS UTERI
C548	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CORPUS UTERI
C549	MALIGNANT NEOPLASM OF CORPUS UTERI, UNSPECIFIED
C55	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED
C561	MALIGNANT NEOPLASM OF RIGHT OVARY
C562	MALIGNANT NEOPLASM OF LEFT OVARY
C569	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY
C5700	MALIGNANT NEOPLASM OF UNSPECIFIED FALLOPIAN TUBE
C5701	MALIGNANT NEOPLASM OF RIGHT FALLOPIAN TUBE
C5702	MALIGNANT NEOPLASM OF LEFT FALLOPIAN TUBE
C5710	MALIGNANT NEOPLASM OF UNSPECIFIED BROAD LIGAMENT

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C5711	MALIGNANT NEOPLASM OF RIGHT BROAD LIGAMENT
C5712	MALIGNANT NEOPLASM OF LEFT BROAD LIGAMENT
C5720	MALIGNANT NEOPLASM OF UNSPECIFIED ROUND LIGAMENT
C5721	MALIGNANT NEOPLASM OF RIGHT ROUND LIGAMENT
C5722	MALIGNANT NEOPLASM OF LEFT ROUND LIGAMENT
C573	MALIGNANT NEOPLASM OF PARAMETRIUM
C574	MALIGNANT NEOPLASM OF UTERINE ADNEXA, UNSPECIFIED
C577	MALIGNANT NEOPLASM OF OTHER SPECIFIED FEMALE GENITAL ORGANS
C578	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF FEMALE GENITAL ORGANS
C579	MALIGNANT NEOPLASM OF FEMALE GENITAL ORGAN, UNSPECIFIED
C58	MALIGNANT NEOPLASM OF PLACENTA
C600	MALIGNANT NEOPLASM OF PREPUCE
C601	MALIGNANT NEOPLASM OF GLANS PENIS
C602	MALIGNANT NEOPLASM OF BODY OF PENIS
C608	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PENIS
C609	MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED
C61	MALIGNANT NEOPLASM OF PROSTATE
C6200	MALIGNANT NEOPLASM OF UNSPECIFIED UNDESCENDED TESTIS
C6201	MALIGNANT NEOPLASM OF UNDESCENDED RIGHT TESTIS
C6202	MALIGNANT NEOPLASM OF UNDESCENDED LEFT TESTIS
C6210	MALIGNANT NEOPLASM OF UNSPECIFIED DESCENDED TESTIS
C6211	MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS
C6212	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS
C6290	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED
C6291	MALIGNANT NEOPLASM OF RIGHT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED
C6292	MALIGNANT NEOPLASM OF LEFT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED
C6300	MALIGNANT NEOPLASM OF UNSPECIFIED EPIDIDYMIS
C6301	MALIGNANT NEOPLASM OF RIGHT EPIDIDYMIS
C6302	MALIGNANT NEOPLASM OF LEFT EPIDIDYMIS
C6310	MALIGNANT NEOPLASM OF UNSPECIFIED SPERMATIC CORD
C6311	MALIGNANT NEOPLASM OF RIGHT SPERMATIC CORD
C6312	MALIGNANT NEOPLASM OF LEFT SPERMATIC CORD
C632	MALIGNANT NEOPLASM OF SCROTUM
C637	MALIGNANT NEOPLASM OF OTHER SPECIFIED MALE GENITAL ORGANS

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C638	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF MALE GENITAL ORGANS
C639	MALIGNANT NEOPLASM OF MALE GENITAL ORGAN, UNSPECIFIED
C641	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS
C642	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS
C649	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS
C651	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS
C652	MALIGNANT NEOPLASM OF LEFT RENAL PELVIS
C659	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS
C661	MALIGNANT NEOPLASM OF RIGHT URETER
C662	MALIGNANT NEOPLASM OF LEFT URETER
C669	MALIGNANT NEOPLASM OF UNSPECIFIED URETER
C670	MALIGNANT NEOPLASM OF TRIGONE OF BLADDER
C671	MALIGNANT NEOPLASM OF DOME OF BLADDER
C672	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER
C673	MALIGNANT NEOPLASM OF ANTERIOR WALL OF BLADDER
C674	MALIGNANT NEOPLASM OF POSTERIOR WALL OF BLADDER
C675	MALIGNANT NEOPLASM OF BLADDER NECK
C676	MALIGNANT NEOPLASM OF URETERIC ORIFICE
C677	MALIGNANT NEOPLASM OF URACHUS
C678	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER
C679	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED
C680	MALIGNANT NEOPLASM OF URETHRA
C681	MALIGNANT NEOPLASM OF PARAURETHRAL GLANDS
C688	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF URINARY ORGANS
C689	MALIGNANT NEOPLASM OF URINARY ORGAN, UNSPECIFIED
C6900	MALIGNANT NEOPLASM OF UNSPECIFIED CONJUNCTIVA
C6901	MALIGNANT NEOPLASM OF RIGHT CONJUNCTIVA
C6902	MALIGNANT NEOPLASM OF LEFT CONJUNCTIVA
C6910	MALIGNANT NEOPLASM OF UNSPECIFIED CORNEA
C6911	MALIGNANT NEOPLASM OF RIGHT CORNEA
C6912	MALIGNANT NEOPLASM OF LEFT CORNEA
C6920	MALIGNANT NEOPLASM OF UNSPECIFIED RETINA
C6921	MALIGNANT NEOPLASM OF RIGHT RETINA
C6922	MALIGNANT NEOPLASM OF LEFT RETINA
C6930	MALIGNANT NEOPLASM OF UNSPECIFIED CHOROID
C6931	MALIGNANT NEOPLASM OF RIGHT CHOROID
C6932	MALIGNANT NEOPLASM OF LEFT CHOROID
C6940	MALIGNANT NEOPLASM OF UNSPECIFIED CILIARY BODY

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C6941	MALIGNANT NEOPLASM OF RIGHT CILIARY BODY
C6942	MALIGNANT NEOPLASM OF LEFT CILIARY BODY
C6950	MALIGNANT NEOPLASM OF UNSPECIFIED LACRIMAL GLAND AND DUCT
C6951	MALIGNANT NEOPLASM OF RIGHT LACRIMAL GLAND AND DUCT
C6952	MALIGNANT NEOPLASM OF LEFT LACRIMAL GLAND AND DUCT
C6960	MALIGNANT NEOPLASM OF UNSPECIFIED ORBIT
C6961	MALIGNANT NEOPLASM OF RIGHT ORBIT
C6962	MALIGNANT NEOPLASM OF LEFT ORBIT
C6980	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED EYE AND ADNEXA
C6981	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT EYE AND ADNEXA
C6982	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT EYE AND ADNEXA
C6990	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED EYE
C6991	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT EYE
C6992	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT EYE
C700	MALIGNANT NEOPLASM OF CEREBRAL MENINGES
C701	MALIGNANT NEOPLASM OF SPINAL MENINGES
C709	MALIGNANT NEOPLASM OF MENINGES, UNSPECIFIED
C710	MALIGNANT NEOPLASM OF CEREBRUM, EXCEPT LOBES AND VENTRICLES
C711	MALIGNANT NEOPLASM OF FRONTAL LOBE
C712	MALIGNANT NEOPLASM OF TEMPORAL LOBE
C713	MALIGNANT NEOPLASM OF PARIETAL LOBE
C714	MALIGNANT NEOPLASM OF OCCIPITAL LOBE
C715	MALIGNANT NEOPLASM OF CEREBRAL VENTRICLE
C716	MALIGNANT NEOPLASM OF CEREBELLUM
C717	MALIGNANT NEOPLASM OF BRAIN STEM
C718	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN
C719	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED
C720	MALIGNANT NEOPLASM OF SPINAL CORD
C721	MALIGNANT NEOPLASM OF CAUDA EQUINA
C7220	MALIGNANT NEOPLASM OF UNSPECIFIED OLFACTORY NERVE
C7221	MALIGNANT NEOPLASM OF RIGHT OLFACTORY NERVE
C7222	MALIGNANT NEOPLASM OF LEFT OLFACTORY NERVE
C7230	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE
C7231	MALIGNANT NEOPLASM OF RIGHT OPTIC NERVE
C7232	MALIGNANT NEOPLASM OF LEFT OPTIC NERVE
C7240	MALIGNANT NEOPLASM OF UNSPECIFIED ACOUSTIC NERVE

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C7241	MALIGNANT NEOPLASM OF RIGHT ACOUSTIC NERVE
C7242	MALIGNANT NEOPLASM OF LEFT ACOUSTIC NERVE
C7250	MALIGNANT NEOPLASM OF UNSPECIFIED CRANIAL NERVE
C7259	MALIGNANT NEOPLASM OF OTHER CRANIAL NERVES
C729	MALIGNANT NEOPLASM OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED
C73	MALIGNANT NEOPLASM OF THYROID GLAND
C7400	MALIGNANT NEOPLASM OF CORTEX OF UNSPECIFIED ADRENAL GLAND
C7401	MALIGNANT NEOPLASM OF CORTEX OF RIGHT ADRENAL GLAND
C7402	MALIGNANT NEOPLASM OF CORTEX OF LEFT ADRENAL GLAND
C7410	MALIGNANT NEOPLASM OF MEDULLA OF UNSPECIFIED ADRENAL GLAND
C7411	MALIGNANT NEOPLASM OF MEDULLA OF RIGHT ADRENAL GLAND
C7412	MALIGNANT NEOPLASM OF MEDULLA OF LEFT ADRENAL GLAND
C7490	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND
C7491	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT ADRENAL GLAND
C7492	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT ADRENAL GLAND
C750	MALIGNANT NEOPLASM OF PARATHYROID GLAND
C751	MALIGNANT NEOPLASM OF PITUITARY GLAND
C752	MALIGNANT NEOPLASM OF CRANIOPHARYNGEAL DUCT
C753	MALIGNANT NEOPLASM OF PINEAL GLAND
C754	MALIGNANT NEOPLASM OF CAROTID BODY
C755	MALIGNANT NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA
C758	MALIGNANT NEOPLASM WITH PLURIGLANDULAR INVOLVEMENT, UNSPECIFIED
C759	MALIGNANT NEOPLASM OF ENDOCRINE GLAND, UNSPECIFIED
C760	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK
C761	MALIGNANT NEOPLASM OF THORAX
C762	MALIGNANT NEOPLASM OF ABDOMEN
C763	MALIGNANT NEOPLASM OF PELVIS
C7640	MALIGNANT NEOPLASM OF UNSPECIFIED UPPER LIMB
C7641	MALIGNANT NEOPLASM OF RIGHT UPPER LIMB
C7642	MALIGNANT NEOPLASM OF LEFT UPPER LIMB
C7650	MALIGNANT NEOPLASM OF UNSPECIFIED LOWER LIMB
C7651	MALIGNANT NEOPLASM OF RIGHT LOWER LIMB
C7652	MALIGNANT NEOPLASM OF LEFT LOWER LIMB
C768	MALIGNANT NEOPLASM OF OTHER SPECIFIED ILL-DEFINED SITES

Table 1 (diagnosis of malignant cancer) Required Diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
C770	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK
C771	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRATHORACIC LYMPH NODES
C772	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES
C773	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES
C774	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INGUINAL AND LOWER LIMB LYMPH NODES
C775	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRAPELVIC LYMPH NODES
C778	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS
C779	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODE, UNSPECIFIED
C7800	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG
C7801	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG
C7802	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG
C781	SECONDARY MALIGNANT NEOPLASM OF MEDIASTINUM
C782	SECONDARY MALIGNANT NEOPLASM OF PLEURA
C7830	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED RESPIRATORY ORGAN
C7839	SECONDARY MALIGNANT NEOPLASM OF OTHER RESPIRATORY ORGANS
C784	SECONDARY MALIGNANT NEOPLASM OF SMALL INTESTINE
C785	SECONDARY MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM
C786	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM
C787	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT
C7880	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED DIGESTIVE ORGAN
C7889	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS
C7900	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY AND RENAL PELVIS
C7901	SECONDARY MALIGNANT NEOPLASM OF RIGHT KIDNEY AND RENAL PELVIS
C7902	SECONDARY MALIGNANT NEOPLASM OF LEFT KIDNEY AND RENAL PELVIS
C7910	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED URINARY ORGANS

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C7911	SECONDARY MALIGNANT NEOPLASM OF BLADDER
C7919	SECONDARY MALIGNANT NEOPLASM OF OTHER URINARY ORGANS
C792	SECONDARY MALIGNANT NEOPLASM OF SKIN
C7931	SECONDARY MALIGNANT NEOPLASM OF BRAIN
C7932	SECONDARY MALIGNANT NEOPLASM OF CEREBRAL MENINGES
C7940	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED PART OF NERVOUS SYSTEM
C7949	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM
C7951	SECONDARY MALIGNANT NEOPLASM OF BONE
C7952	SECONDARY MALIGNANT NEOPLASM OF BONE MARROW
C7960	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED OVARY
C7961	SECONDARY MALIGNANT NEOPLASM OF RIGHT OVARY
C7962	SECONDARY MALIGNANT NEOPLASM OF LEFT OVARY
C7970	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED ADRENAL GLAND
C7971	SECONDARY MALIGNANT NEOPLASM OF RIGHT ADRENAL GLAND
C7972	SECONDARY MALIGNANT NEOPLASM OF LEFT ADRENAL GLAND
C7981	SECONDARY MALIGNANT NEOPLASM OF BREAST
C7982	SECONDARY MALIGNANT NEOPLASM OF GENITAL ORGANS
C7989	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES
C799	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE
C800	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED
C801	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED
C802	MALIGNANT NEOPLASM ASSOCIATED WITH TRANSPLANTED ORGAN
C8100	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8101	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8102	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8103	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8104	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8105	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8106	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8107	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, SPLEEN

Table 1 (diagnosis of malignant cancer) Required Diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
C8108	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8109	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8110	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8111	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8112	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8113	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8114	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8115	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8116	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8117	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, SPLEEN
C8118	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8119	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8120	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8121	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8122	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8123	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8124	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8125	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8126	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8127	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, SPLEEN
C8128	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8129	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8130	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C8131	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8132	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8133	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8134	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8135	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8136	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8137	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, SPLEEN
C8138	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8139	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8140	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8141	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8142	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8143	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8144	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8145	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8146	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8147	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, SPLEEN
C8148	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8149	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8170	OTHER CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8171	OTHER CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8172	OTHER CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8173	OTHER CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES

Table 1 (diagnosis of malignant cancer) Required Diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
C8174	OTHER CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8175	OTHER CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8176	OTHER CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8177	OTHER CLASSICAL HODGKIN LYMPHOMA, SPLEEN
C8178	OTHER CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8179	OTHER CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8190	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE
C8191	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8192	HODGKIN LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8193	HODGKIN LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C8194	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8195	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8196	HODGKIN LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8197	HODGKIN LYMPHOMA, UNSPECIFIED, SPLEEN
C8198	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8199	HODGKIN LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C8200	FOLLICULAR LYMPHOMA GRADE I, UNSPECIFIED SITE
C8201	FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF HEAD, FACE, AND NECK
C8202	FOLLICULAR LYMPHOMA GRADE I, INTRATHORACIC LYMPH NODES
C8203	FOLLICULAR LYMPHOMA GRADE I, INTRA-ABDOMINAL LYMPH NODES
C8204	FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF AXILLA AND UPPER LIMB
C8205	FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8206	FOLLICULAR LYMPHOMA GRADE I, INTRAPELVIC LYMPH NODES
C8207	FOLLICULAR LYMPHOMA GRADE I, SPLEEN
C8208	FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF MULTIPLE SITES
C8209	FOLLICULAR LYMPHOMA GRADE I, EXTRANODAL AND SOLID ORGAN SITES
C8210	FOLLICULAR LYMPHOMA GRADE II, UNSPECIFIED SITE

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C8211	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF HEAD, FACE, AND NECK
C8212	FOLLICULAR LYMPHOMA GRADE II, INTRATHORACIC LYMPH NODES
C8213	FOLLICULAR LYMPHOMA GRADE II, INTRA-ABDOMINAL LYMPH NODES
C8214	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF AXILLA AND UPPER LIMB
C8215	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8216	FOLLICULAR LYMPHOMA GRADE II, INTRAPELVIC LYMPH NODES
C8217	FOLLICULAR LYMPHOMA GRADE II, SPLEEN
C8218	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF MULTIPLE SITES
C8219	FOLLICULAR LYMPHOMA GRADE II, EXTRANODAL AND SOLID ORGAN SITES
C8220	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, UNSPECIFIED SITE
C8221	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8222	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8223	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C8224	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8225	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8226	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8227	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, SPLEEN
C8228	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8229	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C8230	FOLLICULAR LYMPHOMA GRADE IIIA, UNSPECIFIED SITE
C8231	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF HEAD, FACE, AND NECK
C8232	FOLLICULAR LYMPHOMA GRADE IIIA, INTRATHORACIC LYMPH NODES
C8233	FOLLICULAR LYMPHOMA GRADE IIIA, INTRA-ABDOMINAL LYMPH NODES
C8234	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8235	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB

Table 1 (diagnosis of malignant cancer) Required Diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
C8236	FOLLICULAR LYMPHOMA GRADE IIIA, INTRAPELVIC LYMPH NODES
C8237	FOLLICULAR LYMPHOMA GRADE IIIA, SPLEEN
C8238	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF MULTIPLE SITES
C8239	FOLLICULAR LYMPHOMA GRADE IIIA, EXTRANODAL AND SOLID ORGAN SITES
C8240	FOLLICULAR LYMPHOMA GRADE IIIB, UNSPECIFIED SITE
C8241	FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF HEAD, FACE, AND NECK
C8242	FOLLICULAR LYMPHOMA GRADE IIIB, INTRATHORACIC LYMPH NODES
C8243	FOLLICULAR LYMPHOMA GRADE IIIB, INTRA-ABDOMINAL LYMPH NODES
C8244	FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF AXILLA AND UPPER LIMB
C8245	FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8246	FOLLICULAR LYMPHOMA GRADE IIIB, INTRAPELVIC LYMPH NODES
C8247	FOLLICULAR LYMPHOMA GRADE IIIB, SPLEEN
C8248	FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF MULTIPLE SITES
C8249	FOLLICULAR LYMPHOMA GRADE IIIB, EXTRANODAL AND SOLID ORGAN SITES
C8250	DIFFUSE FOLLICLE CENTER LYMPHOMA, UNSPECIFIED SITE
C8251	DIFFUSE FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8252	DIFFUSE FOLLICLE CENTER LYMPHOMA, INTRATHORACIC LYMPH NODES
C8253	DIFFUSE FOLLICLE CENTER LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8254	DIFFUSE FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8255	DIFFUSE FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8256	DIFFUSE FOLLICLE CENTER LYMPHOMA, INTRAPELVIC LYMPH NODES
C8257	DIFFUSE FOLLICLE CENTER LYMPHOMA, SPLEEN
C8258	DIFFUSE FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8259	DIFFUSE FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8260	CUTANEOUS FOLLICLE CENTER LYMPHOMA, UNSPECIFIED SITE
C8261	CUTANEOUS FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C8262	CUTANEOUS FOLLICLE CENTER LYMPHOMA, INTRATHORACIC LYMPH NODES
C8263	CUTANEOUS FOLLICLE CENTER LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8264	CUTANEOUS FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8265	CUTANEOUS FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8266	CUTANEOUS FOLLICLE CENTER LYMPHOMA, INTRAPELVIC LYMPH NODES
C8267	CUTANEOUS FOLLICLE CENTER LYMPHOMA, SPLEEN
C8268	CUTANEOUS FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8269	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8280	OTHER TYPES OF FOLLICULAR LYMPHOMA, UNSPECIFIED SITE
C8281	OTHER TYPES OF FOLLICULAR LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8282	OTHER TYPES OF FOLLICULAR LYMPHOMA, INTRATHORACIC LYMPH NODES
C8283	OTHER TYPES OF FOLLICULAR LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8284	OTHER TYPES OF FOLLICULAR LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8285	OTHER TYPES OF FOLLICULAR LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8286	OTHER TYPES OF FOLLICULAR LYMPHOMA, INTRAPELVIC LYMPH NODES
C8287	OTHER TYPES OF FOLLICULAR LYMPHOMA, SPLEEN
C8288	OTHER TYPES OF FOLLICULAR LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8289	OTHER TYPES OF FOLLICULAR LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8290	FOLLICULAR LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE
C8291	FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8292	FOLLICULAR LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8293	FOLLICULAR LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C8294	FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8295	FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C8296	FOLLICULAR LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8297	FOLLICULAR LYMPHOMA, UNSPECIFIED, SPLEEN
C8298	FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8299	FOLLICULAR LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C8300	SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE
C8301	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8302	SMALL CELL B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
C8303	SMALL CELL B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8304	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8305	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8306	SMALL CELL B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
C8307	SMALL CELL B-CELL LYMPHOMA, SPLEEN
C8308	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8309	SMALL CELL B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8310	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE
C8311	MANTLE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8312	MANTLE CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
C8313	MANTLE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8314	MANTLE CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8315	MANTLE CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8316	MANTLE CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
C8317	MANTLE CELL LYMPHOMA, SPLEEN
C8318	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8319	MANTLE CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8330	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE
C8331	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8332	DIFFUSE LARGE B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
C8333	DIFFUSE LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8334	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8335	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C8336	DIFFUSE LARGE B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
C8337	DIFFUSE LARGE B-CELL LYMPHOMA, SPLEEN
C8338	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8339	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8350	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, UNSPECIFIED SITE
C8351	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8352	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, INTRATHORACIC LYMPH NODES
C8353	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8354	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8355	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8356	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, INTRAPELVIC LYMPH NODES
C8357	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, SPLEEN
C8358	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8359	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8370	BURKITT LYMPHOMA, UNSPECIFIED SITE
C8371	BURKITT LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8372	BURKITT LYMPHOMA, INTRATHORACIC LYMPH NODES
C8373	BURKITT LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8374	BURKITT LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8375	BURKITT LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8376	BURKITT LYMPHOMA, INTRAPELVIC LYMPH NODES
C8377	BURKITT LYMPHOMA, SPLEEN
C8378	BURKITT LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8379	BURKITT LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8380	OTHER NON-FOLLICULAR LYMPHOMA, UNSPECIFIED SITE
C8381	OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8382	OTHER NON-FOLLICULAR LYMPHOMA, INTRATHORACIC LYMPH NODES
C8383	OTHER NON-FOLLICULAR LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8384	OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C8385	OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8386	OTHER NON-FOLLICULAR LYMPHOMA, INTRAPELVIC LYMPH NODES
C8387	OTHER NON-FOLLICULAR LYMPHOMA, SPLEEN
C8388	OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8389	OTHER NON-FOLLICULAR LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8390	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE
C8391	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8392	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8393	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C8394	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8395	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8396	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8397	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, SPLEEN
C8398	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8399	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C8400	MYCOSIS FUNGOIDES, UNSPECIFIED SITE
C8401	MYCOSIS FUNGOIDES, LYMPH NODES OF HEAD, FACE, AND NECK
C8402	MYCOSIS FUNGOIDES, INTRATHORACIC LYMPH NODES
C8403	MYCOSIS FUNGOIDES, INTRA-ABDOMINAL LYMPH NODES
C8404	MYCOSIS FUNGOIDES, LYMPH NODES OF AXILLA AND UPPER LIMB
C8405	MYCOSIS FUNGOIDES, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8406	MYCOSIS FUNGOIDES, INTRAPELVIC LYMPH NODES
C8407	MYCOSIS FUNGOIDES, SPLEEN
C8408	MYCOSIS FUNGOIDES, LYMPH NODES OF MULTIPLE SITES
C8409	MYCOSIS FUNGOIDES, EXTRANODAL AND SOLID ORGAN SITES
C8410	SEZARY DISEASE, UNSPECIFIED SITE
C8411	SEZARY DISEASE, LYMPH NODES OF HEAD, FACE, AND NECK
C8412	SEZARY DISEASE, INTRATHORACIC LYMPH NODES
C8413	SEZARY DISEASE, INTRA-ABDOMINAL LYMPH NODES

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C8414	SEZARY DISEASE, LYMPH NODES OF AXILLA AND UPPER LIMB
C8415	SEZARY DISEASE, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8416	SEZARY DISEASE, INTRAPELVIC LYMPH NODES
C8417	SEZARY DISEASE, SPLEEN
C8418	SEZARY DISEASE, LYMPH NODES OF MULTIPLE SITES
C8419	SEZARY DISEASE, EXTRANODAL AND SOLID ORGAN SITES
C8440	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE
C8441	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8442	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, INTRATHORACIC LYMPH NODES
C8443	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, INTRA-ABDOMINAL LYMPH NODES
C8444	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8445	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8446	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, INTRAPELVIC LYMPH NODES
C8447	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, SPLEEN
C8448	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF MULTIPLE SITES
C8449	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, EXTRANODAL AND SOLID ORGAN SITES
C8460	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, UNSPECIFIED SITE
C8461	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF HEAD, FACE, AND NECK
C8462	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, INTRATHORACIC LYMPH NODES
C8463	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, INTRA-ABDOMINAL LYMPH NODES
C8464	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF AXILLA AND UPPER LIMB
C8465	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8466	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, INTRAPELVIC LYMPH NODES
C8467	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, SPLEEN
C8468	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF MULTIPLE SITES

Table 1 (diagnosis of malignant cancer) Required Diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
C8469	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, EXTRANODAL AND SOLID ORGAN SITES
C8470	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, UNSPECIFIED SITE
C8471	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF HEAD, FACE, AND NECK
C8472	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, INTRATHORACIC LYMPH NODES
C8473	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, INTRA-ABDOMINAL LYMPH NODES
C8474	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF AXILLA AND UPPER LIMB
C8475	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8476	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, INTRAPELVIC LYMPH NODES
C8477	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, SPLEEN
C8478	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF MULTIPLE SITES
C8479	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, EXTRANODAL AND SOLID ORGAN SITES
C8490	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, UNSPECIFIED SITE
C8491	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8492	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8493	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C8494	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8495	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8496	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8497	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, SPLEEN
C8498	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8499	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C84A0	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE
C84A1	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED LYMPH NODES OF HEAD, FACE, AND NECK
C84A2	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C84A3	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C84A4	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C84A5	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C84A6	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C84A7	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, SPLEEN
C84A8	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C84A9	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C84Z0	OTHER MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED SITE
C84Z1	OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF HEAD, FACE, AND NECK
C84Z2	OTHER MATURE T/NK-CELL LYMPHOMAS, INTRATHORACIC LYMPH NODES
C84Z3	OTHER MATURE T/NK-CELL LYMPHOMAS, INTRA-ABDOMINAL LYMPH NODES
C84Z4	OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF AXILLA AND UPPER LIMB
C84Z5	OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C84Z6	OTHER MATURE T/NK-CELL LYMPHOMAS, INTRAPELVIC LYMPH NODES
C84Z7	OTHER MATURE T/NK-CELL LYMPHOMAS, SPLEEN
C84Z8	OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF MULTIPLE SITES
C84Z9	OTHER MATURE T/NK-CELL LYMPHOMAS, EXTRANODAL AND SOLID ORGAN SITES
C8510	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE
C8511	UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8512	UNSPECIFIED B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
C8513	UNSPECIFIED B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8514	UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8515	UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8516	UNSPECIFIED B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
C8517	UNSPECIFIED B-CELL LYMPHOMA, SPLEEN
C8518	UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES

Table 1 (diagnosis of malignant cancer)**Required Diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
C8519	UNSPECIFIED B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8520	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE
C8521	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8522	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
C8523	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8524	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8525	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8526	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
C8527	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, SPLEEN
C8528	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8529	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8580	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8581	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8582	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8583	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8584	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8585	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8586	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8587	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, SPLEEN
C8588	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8589	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8590	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE
C8591	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK

Table 1 (diagnosis of malignant cancer) Required Diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
C8592	NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8593	NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C8594	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8595	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8596	NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8597	NON-HODGKIN LYMPHOMA, UNSPECIFIED, SPLEEN
C8598	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8599	NON-HODGKIN LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C860	EXTRANODAL NK/T-CELL LYMPHOMA, NASAL TYPE
C861	HEPATOSPLENIC T-CELL LYMPHOMA
C862	ENTEROPATHY-TYPE (INTESTINAL) T-CELL LYMPHOMA
C863	SUBCUTANEOUS PANNICULITIS-LIKE T-CELL LYMPHOMA
C864	BLASTIC NK-CELL LYMPHOMA
C865	ANGIOIMMUNOBLASTIC T-CELL LYMPHOMA
C866	PRIMARY CUTANEOUS CD30-POSITIVE T-CELL PROLIFERATIONS
C882	HEAVY CHAIN DISEASE
C883	IMMUNOPROLIFERATIVE SMALL INTESTINAL DISEASE
C884	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MUCOSA-ASSOCIATED LYMPHOID TISSUE [MALT-LYMPHOMA]
C888	OTHER MALIGNANT IMMUNOPROLIFERATIVE DISEASES
C889	MALIGNANT IMMUNOPROLIFERATIVE DISEASE, UNSPECIFIED
C9000	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION
C9001	MULTIPLE MYELOMA IN REMISSION
C9002	MULTIPLE MYELOMA IN RELAPSE
C9010	PLASMA CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9011	PLASMA CELL LEUKEMIA IN REMISSION
C9012	PLASMA CELL LEUKEMIA IN RELAPSE
C9020	EXTRAMEDULLARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION
C9021	EXTRAMEDULLARY PLASMACYTOMA IN REMISSION
C9022	EXTRAMEDULLARY PLASMACYTOMA IN RELAPSE
C9030	SOLITARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION
C9031	SOLITARY PLASMACYTOMA IN REMISSION
C9032	SOLITARY PLASMACYTOMA IN RELAPSE

Table 1 (diagnosis of malignant cancer) Required Diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
C9100	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9101	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION
C9102	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE
C9110	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION
C9111	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN REMISSION
C9112	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN RELAPSE
C9130	PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION
C9131	PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE, IN REMISSION
C9132	PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE, IN RELAPSE
C9140	HAIRY CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9141	HAIRY CELL LEUKEMIA, IN REMISSION
C9142	HAIRY CELL LEUKEMIA, IN RELAPSE
C9150	ADULT T-CELL LYMPHOMA/LEUKEMIA (HTLV-1-ASSOCIATED) NOT HAVING ACHIEVED REMISSION
C9151	ADULT T-CELL LYMPHOMA/LEUKEMIA (HTLV-1-ASSOCIATED), IN REMISSION
C9152	ADULT T-CELL LYMPHOMA/LEUKEMIA (HTLV-1-ASSOCIATED), IN RELAPSE
C9160	PROLYMPHOCYTIC LEUKEMIA OF T-CELL TYPE NOT HAVING ACHIEVED REMISSION
C9161	PROLYMPHOCYTIC LEUKEMIA OF T-CELL TYPE, IN REMISSION
C9162	PROLYMPHOCYTIC LEUKEMIA OF T-CELL TYPE, IN RELAPSE
C9190	LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION
C9191	LYMPHOID LEUKEMIA, UNSPECIFIED, IN REMISSION
C9192	LYMPHOID LEUKEMIA, UNSPECIFIED, IN RELAPSE
C91A0	MATURE B-CELL LEUKEMIA BURKITT-TYPE NOT HAVING ACHIEVED REMISSION
C91A1	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION
C91A2	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN RELAPSE
C91Z0	OTHER LYMPHOID LEUKEMIA NOT HAVING ACHIEVED REMISSION
C91Z1	OTHER LYMPHOID LEUKEMIA, IN REMISSION
C91Z2	OTHER LYMPHOID LEUKEMIA, IN RELAPSE
C9200	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9201	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION
C9202	ACUTE MYELOBLASTIC LEUKEMIA, IN RELAPSE
C9210	CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, NOT HAVING ACHIEVED REMISSION

Table 1 (diagnosis of malignant cancer) Required Diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
C9211	CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, IN REMISSION
C9212	CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, IN RELAPSE
C9220	ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, NOT HAVING ACHIEVED REMISSION
C9221	ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, IN REMISSION
C9222	ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, IN RELAPSE
C9230	MYELOID SARCOMA, NOT HAVING ACHIEVED REMISSION
C9231	MYELOID SARCOMA, IN REMISSION
C9232	MYELOID SARCOMA, IN RELAPSE
C9240	ACUTE PROMYELOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9241	ACUTE PROMYELOCYTIC LEUKEMIA, IN REMISSION
C9242	ACUTE PROMYELOCYTIC LEUKEMIA, IN RELAPSE
C9250	ACUTE MYELOMONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9251	ACUTE MYELOMONOCYTIC LEUKEMIA, IN REMISSION
C9252	ACUTE MYELOMONOCYTIC LEUKEMIA, IN RELAPSE
C9260	ACUTE MYELOID LEUKEMIA WITH 11Q23-ABNORMALITY NOT HAVING ACHIEVED REMISSION
C9261	ACUTE MYELOID LEUKEMIA WITH 11Q23-ABNORMALITY IN REMISSION
C9262	ACUTE MYELOID LEUKEMIA WITH 11Q23-ABNORMALITY IN RELAPSE
C9290	MYELOID LEUKEMIA, UNSPECIFIED, NOT HAVING ACHIEVED REMISSION
C9291	MYELOID LEUKEMIA, UNSPECIFIED IN REMISSION
C9292	MYELOID LEUKEMIA, UNSPECIFIED IN RELAPSE
C92A0	ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE DYSPLASIA, NOT HAVING ACHIEVED REMISSION
C92A1	ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE DYSPLASIA, IN REMISSION
C92A2	ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE DYSPLASIA, IN RELAPSE
C92Z0	OTHER MYELOID LEUKEMIA NOT HAVING ACHIEVED REMISSION
C92Z1	OTHER MYELOID LEUKEMIA, IN REMISSION
C92Z2	OTHER MYELOID LEUKEMIA, IN RELAPSE
C9300	ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9301	ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, IN REMISSION
C9302	ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, IN RELAPSE

Table 1 (diagnosis of malignant cancer) Required Diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
C9310	CHRONIC MYELOMONOCYTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9311	CHRONIC MYELOMONOCYTIC LEUKEMIA, IN REMISSION
C9312	CHRONIC MYELOMONOCYTIC LEUKEMIA, IN RELAPSE
C9330	JUVENILE MYELOMONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9331	JUVENILE MYELOMONOCYTIC LEUKEMIA, IN REMISSION
C9332	JUVENILE MYELOMONOCYTIC LEUKEMIA, IN RELAPSE
C9390	MONOCYTIC LEUKEMIA, UNSPECIFIED, NOT HAVING ACHIEVED REMISSION
C9391	MONOCYTIC LEUKEMIA, UNSPECIFIED IN REMISSION
C9392	MONOCYTIC LEUKEMIA, UNSPECIFIED IN RELAPSE
C93Z0	OTHER MONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C93Z1	OTHER MONOCYTIC LEUKEMIA, IN REMISSION
C93Z2	OTHER MONOCYTIC LEUKEMIA, IN RELAPSE
C9400	ACUTE ERYTHROID LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9401	ACUTE ERYTHROID LEUKEMIA, IN REMISSION
C9402	ACUTE ERYTHROID LEUKEMIA, IN RELAPSE
C9420	ACUTE MEGAKARYOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9421	ACUTE MEGAKARYOBLASTIC LEUKEMIA, IN REMISSION
C9422	ACUTE MEGAKARYOBLASTIC LEUKEMIA, IN RELAPSE
C9430	MAST CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9431	MAST CELL LEUKEMIA, IN REMISSION
C9432	MAST CELL LEUKEMIA, IN RELAPSE
C9480	OTHER SPECIFIED LEUKEMIAS NOT HAVING ACHIEVED REMISSION
C9481	OTHER SPECIFIED LEUKEMIAS, IN REMISSION
C9482	OTHER SPECIFIED LEUKEMIAS, IN RELAPSE
C9500	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE NOT HAVING ACHIEVED REMISSION
C9501	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN REMISSION
C9502	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
C9510	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE NOT HAVING ACHIEVED REMISSION
C9511	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, IN REMISSION
C9512	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
C9590	LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION
C9591	LEUKEMIA, UNSPECIFIED, IN REMISSION
C9592	LEUKEMIA, UNSPECIFIED, IN RELAPSE
C960	MULTIFOCAL AND MULTISYSTEMIC (DISSEMINATED) LANGERHANS-CELL HISTIOCYTOSIS

Table 1 (diagnosis of malignant cancer) Required Diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
C962	MALIGNANT MAST CELL TUMOR
C964	SARCOMA OF DENDRITIC CELLS (ACCESSORY CELLS)
C969	MALIGNANT NEOPLASM OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE, UNSPECIFIED
C96A	HISTIOCYTIC SARCOMA
C96Z	OTHER SPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE
D030	MELANOMA IN SITU OF LIP
D0310	MELANOMA IN SITU OF UNSPECIFIED EYELID, INCLUDING CANTHUS
D0311	MELANOMA IN SITU OF RIGHT EYELID, INCLUDING CANTHUS
D0312	MELANOMA IN SITU OF LEFT EYELID, INCLUDING CANTHUS
D0320	MELANOMA IN SITU OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
D0321	MELANOMA IN SITU OF RIGHT EAR AND EXTERNAL AURICULAR CANAL
D0322	MELANOMA IN SITU OF LEFT EAR AND EXTERNAL AURICULAR CANAL
D0330	MELANOMA IN SITU OF UNSPECIFIED PART OF FACE
D0339	MELANOMA IN SITU OF OTHER PARTS OF FACE
D034	MELANOMA IN SITU OF SCALP AND NECK
D0351	MELANOMA IN SITU OF ANAL SKIN
D0352	MELANOMA IN SITU OF BREAST (SKIN) (SOFT TISSUE)
D0359	MELANOMA IN SITU OF OTHER PART OF TRUNK
D0360	MELANOMA IN SITU OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
D0361	MELANOMA IN SITU OF RIGHT UPPER LIMB, INCLUDING SHOULDER
D0362	MELANOMA IN SITU OF LEFT UPPER LIMB, INCLUDING SHOULDER
D0370	MELANOMA IN SITU OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
D0371	MELANOMA IN SITU OF RIGHT LOWER LIMB, INCLUDING HIP
D0372	MELANOMA IN SITU OF LEFT LOWER LIMB, INCLUDING HIP
D038	MELANOMA IN SITU OF OTHER SITES
D039	MELANOMA IN SITU, UNSPECIFIED
D45	POLYCYTHEMIA VERA

Table 2 (history of antineoplastic agent) Required quantity: 1 Look back timeframe: 365 days	
Label Name	GCN
ABIRATERONE ACETATE 250 MG TAB	29886
ABIRATERONE 500 MG TABLET	43205

Table 2 (history of antineoplastic agent) Required quantity: 1 Look back timeframe: 365 days	
Label Name	GCN
AFINITOR 10 MG TABLET	20844
AFINITOR 2.5 MG TABLET	28783
AFINITOR 5 MG TABLET	20784
AFINITOR 7.5 MG TABLET	31396
AFINITOR DISPERZ 2 MG TABLET	34589
AFINITOR DISPERZ 3 MG TABLET	34590
AFINITOR DISPERZ 5 MG TABLET	34592
ALECENSA 150 MG CAPSULE	40299
ALKERAN 2 MG TABLET	38380
ALUNBRIG 180 MG TABLET	44305
ALUNBRIG 30 MG TABLET	43325
ALUNBRIG 90 MG TABLET	43326
ALUNBRIG 90 MG-180 MG TAB PACK	44306
ANASTROZOLE 1 MG TABLET	24410
ARIMIDEX 1 MG TABLET	24410
AROMASIN 25 MG TABLET	92896
AYVAKIT 100MG TABLET	47516
AYVAKIT 200 MG TABLET	47517
AYVAKIT 25 MG TABLET	49825
AYVAKIT 300 MG TABLET	47518
AYVAKIT 50 MG TABLET	49826
AZACITIDINE 100 MG VIAL	22663
BALVERSA 3 MG TABLET	46189
BALVERSA 4 MG TABLET	46192
BALVERSA 5 MG TABLET	46193
BEXAROTENE 75 MG CAPSULE	92373
BICALUTAMIDE 50 MG TABLET	00450
BOSULIF 100 MG TABLET	33199
BOSULIF 500 MG TABLET	33202
BRAFTOVI 75 MG CAPSULE	44925
BRUKINSA 80 MG CAPSULE	47336
CABOMETYX 20 MG TABLET	41146
CABOMETYX 40 MG TABLET	41147
CABOMETYX 60 MG TABLET	41148
CALQUENCE 100 MG CAPSULE	44011
CAPECITABINE 150 MG TABLET	31611

Table 2 (history of antineoplastic agent) Required quantity: 1 Look back timeframe: 365 days	
Label Name	GCN
CAPECITABINE 500 MG TABLET	31612
CAPRELSA 100 MG TABLET	29817
CAPRELSA 300 MG TABLET	29818
CASODEX 50 MG TABLET	00450
COMETRIQ 140 MG DAILY-DOSE PK	33903
COMETRIQ 100 MG DAILY-DOSE PK	33904
COMETRIQ 60 MG DAILY-DOSE PK	33905
COSMEGEN 0.5 MG VIAL	96679
COTELLIC 20 MG TABLET	40123
CYCLOPHOSPHAMIDE 25 MG CAPSULE	35317
CYCLOPHOSPHAMIDE 25 MG TABLET	38360
CYCLOPHOSPHAMIDE 50 MG CAPSULE	35318
CYCLOPHOSPHAMIDE 50 MG TABLET	38361
CYTARABINE 20 MG/ML VIAL	27365
CYTARABINE 20 MG/ML VIAL	34230
CYTARABINE 20 MG/ML VIAL	97825
CYTARABINE 2 G/20 ML VIAL	34231
DACTINOMYCIN 500 MCG VIAL	96679
DAURISMO 100 MG TABLET	45798
DAURISMO 25 MG TABLET	45797
DROXIA 200 MG CAPSULE	38402
DROXIA 300 MG CAPSULE	38403
DROXIA 400 MG CAPSULE	38404
EFUDEX 5% CREAM	30781
EMCYT 140 MG CAPSULE	38700
ERIVEDGE 150 MG CAPSULE	31307
ERLEADA 240 MG TABLET	53749
ERLEADA 60 MG TABLET	44446
ERLOTINIB HCL 100 MG TABLET	23794
ERLOTINIB HCL 150 MG TABLET	23793
ERLOTINIB HCL 25 MG TABLET	23795
ETOPOSIDE 50 MG CAPSULE	07560
ETOPOSIDE 100 MG/5 ML VIAL	07481
ETOPOSIDE 500 MG/25 ML VIAL	07481
ETOPOSIDE 1,000 MG/50 ML VIAL	07481
EVEROLIMUS 10 MG TABLET	20844

Table 2 (history of antineoplastic agent) Required quantity: 1 Look back timeframe: 365 days	
Label Name	GCN
EVEROLIMUS 2.5 MG TABLET	28783
EVEROLIMUS 5 MG TABLET	20784
EVEROLIMUS 7.5 MG TABLET	31396
EXEMESTANE 25MG TABLET	92896
EXKIVITY 40 MG CAPSULE	50987
FARESTON 60 MG TABLET	42721
FARYDAK 10 MG CAPSULE	38008
FARYDAK 15 MG CAPSULE	38009
FARYDAK 20 MG CAPSULE	38011
FEMARA 2.5 MG TABLET	49541
FLUOROURACIL 5% CREAM	30781
FLUTAMIDE 125 MG CAPSULE	25740
FOTIVDA 1.34 MG CAPSULE	46287
FOTIVDA 0.89 MG CAPSULE	46162
GAVRETO 100 MG CAPSULE	48566
GAZYVA 1,000 MG/40 ML VIAL	35532
GILOTRIF 20 MG TABLET	34956
GILOTRIF 30 MG TABLET	34957
GILOTRIF 40 MG TABLET	34958
GLEEVEC 100 MG TABLET	19908
GLEEVEC 400 MG TABLET	19907
HYCAMTIN 1 MG CAPSULE	14256
HYDROXYUREA 500 MG CAPSULE	38400
IBRANCE 75 MG CAPSULE	37825
IBRANCE 100 MG CAPSULE	37826
IBRANCE 125 MG CAPSULE	37827
IBRANCE 75 MG TABLET	47256
IBRANCE 100 MG TABLET	47257
IBRANCE 125 MG TABLET	47258
ICLUSIG 10 MG TABLET	49081
ICLUSIG 30 MG TABLET	42806
ICLUSIG 45 MG TABLET	33874
ICLUSIG 15 MG TABLET	33873
IDHIFA 100 MG TABLET	43689
IDHIFA 50MG TABLET	43688
IMATINIB MESYLATE 100 MG TABLET	19908

Table 2 (history of antineoplastic agent) Required quantity: 1 Look back timeframe: 365 days	
Label Name	GCN
IMATINIB MESYLATE 400 MG TABLET	19907
IMBRUVICA 140 MG CAPSULE	35599
IMBRUVICA 70 MG CAPSULE	44475
IMBRUVICA 140 MG TABLET	44465
IMBRUVICA 280 MG TABLET	44466
IMBRUVICA 420 MG TABLET	44467
IMBRUVICA 560 MG TABLET	44468
INLYTA 1 MG TABLET	31294
INLYTA 5 MG TABLET	31295
INQOVI 35 MG-100 MG TABLET	48323
INREBIC 100 MG CAPSULE	46818
IRESSA 250 MG TABLET	19586
JAKAFI 5 MG TABLET	30892
JAKAFI 10 MG TABLET	30893
JAKAFI 15 MG TABLET	30894
JAKAFI 20 MG TABLET	30895
JAKAFI 25 MG TABLET	30896
JAYPIRCA 100 MG TABLET	53627
JAYPIRCA 50 MG TABLET	53626
KISQALI 200 MG DAILY DOSE	43162
KISQALI 400 MG DAILY DOSE	43166
KISQALI 600 MG DAILY DOSE	43167
KISQALI FEMARA 200 MG CO-PACK	43366
KISQALI FEMARA 400 MG CO-PACK	43368
KISQALI FEMARA 600 MG CO-PACK	43369
KOSELUGO 10 MG CAPSULE	47908
KOSELUGO 25 MG CAPSULE	47909
KRAZATI 200 MG TABLET	53379
LAPATINIB 250 MG TABLET	98140
LENALIDOMIDE 10 MG CAPSULE	26315
LENALIDOMIDE 15 MG CAPSULE	27276
LENALIDOMIDE 2.5 MG CAPSULE	31911
LENALIDOMIDE 20 MG CAPSULE	34743
LENALIDOMIDE 25 MG CAPSULE	27277
LENALIDOMIDE 5 MG CAPSULE	26314
LENVIMA 4 MG CAPSULE	38885

Table 2 (history of antineoplastic agent) Required quantity: 1 Look back timeframe: 365 days	
Label Name	GCN
LENVIMA 10 MG DAILY DOSE	37888
LENVIMA 12 MG DAILY DOSE	45161
LENVIMA 14 MG DAILY DOSE	37887
LENVIMA 18 MG DAILY DOSE	41404
LENVIMA 20 MG DAILY DOSE	37889
LENVIMA 24 MG DAILY DOSE	37886
LENVIMA 8 MG DAILY DOSE	41403
LETROZOLE 2.5 MG TABLET	49541
LEUKERAN 2 MG TABLET	38370
LONSURF 15-6.14 MG TABLET	39596
LONSURF 20-8.19 MG TABLET	39597
LORBRENA 100 MG TABLET	45988
LORBRENA 25 MG TABLET	45687
LYNPARZA 100 MG TABLET	43766
LYNPARZA 150 MG TABLET	43765
LYSODREN 500 MG TABLET	38710
LYTGOBI 12 MG DOSE (3X 4MG TB)	52947
LYTGOBI 16 MG DOSE (4X 4MG TB)	52947
LYTGOBI 20 MG DOSE (5X 4MG TB)	52947
MATULANE 50 MG CAPSULE	38740
MEGESTROL 20 MG TABLET	38680
MEGESTROL 40 MG TABLET	38681
MEGESTROL ACET 40 MG/ML SUSP	40381
MEGESTROL 625 MG/5 ML SUSP	24948
MEKINIST 2 MG TABLET	34727
MEKINIST 0.5 MG TABLET	34726
MEKTOVI 15 MG TABLET	44926
MELPHALAN 2 MG TABLET	38380
MERCAPTOPYRINE 50 MG TABLET	38520
METHOTREXATE 2.5 MG TABLET	38489
METHOTREXATE 50 MG/2 ML VIAL	18936
METHOTREXATE 250 MG/10 ML VIAL	38466
METHOTREXATE 50 MG/2 ML VIAL	38466
METHOTREXATE 250 MG/10 ML VIAL	18396
METHOTREXATE 1 GRAM/40 ML VIAL	18396
MITOMYCIN 5 MG VIAL	38601

Table 2 (history of antineoplastic agent) Required quantity: 1 Look back timeframe: 365 days	
Label Name	GCN
MITOMYCIN 20 MG VIAL	38600
MITOXANTRONE 20 MG/10 ML VIAL	07544
MITOXANTRONE 25 MG/12.5 ML VL	07544
MITOXANTRONE 30 MG/15 ML VIAL	07544
MYLERAN 2 MG TABLET	38420
NERLYNX 40 MG TABLET	43613
NEXAVAR 200 MG TABLET	26263
NILUTAMIDE 150 MG TABLET	22645
NINLARO 2.3 MG CAPSULE	40189
NINLARO 3 MG CAPSULE	40193
NINLARO 4 MG CAPSULE	40194
NUBEQA 300 MG TABLET	46746
OFEV 150 MG CAPSULE	37273
ONUREG 200 MG TABLET	48545
ONUREG 300 MG TABLET	48450
ORGOVYX 120 MG TABLET	49005
ORSERDU 345 MG TABLET	53629
ORSERDU 86 MG TABLET	53628
PANRETIN 0.1% GEL	94350
PEMAZYRE 13.5 MG TABLET	47935
PEMAZYRE 4.5 MG TABLET	47933
PEMAZYRE 9 MG TABLET	47934
PIQRAY 200 MG DAILY DOSE PACK	46362
PIQRAY 250 MG DAILY DOSE PACK	46359
PIQRAY 300 MG DAILY DOSE PACK	46358
POMALYST 1 MG CAPSULE	34147
POMALYST 2 MG CAPSULE	34148
POMALYST 3 MG CAPSULE	34149
POMALYST 4 MG CAPSULE	34150
PURIXAN 20 MG/ML ORAL SUSP	33277
QINLOCK 50 MG TABLET	48075
RETEVMO 40 MG CAPSULE	48025
RETEVMO 80 MG CAPSULE	48026
REVLIMID 10 MG CAPSULE	26315
REVLIMID 15 MG CAPSULE	27276
REVLIMID 2.5 MG CAPSULE	31911

Table 2 (history of antineoplastic agent)**Required quantity: 1****Look back timeframe: 365 days**

Label Name	GCN
REVLIMID 20 MG CAPSULE	34743
REVLIMID 25 MG CAPSULE	27277
REVLIMID 5 MG CAPSULE	26314
ROZLYTREK 100 MG CAPSULE	46815
ROZLYTREK 200 MG CAPSULE	46816
RUBRACA 200 MG TABLET	42795
RUBRACA 250 MG TABLET	77432
RUBRACA 300 MG TABLET	42796
RYDAPT 25 MG CAPSULE	43327
SCSEMBLIX 20 MG TABLET	51417
SCSEMBLIX 40 MG TABLET	51418
SOLTAMOX 10 MG/5 ML SOLN	50377
SOMATULINE DEPOT 120 MG/0.5 ML	15132
SOMATULINE DEPOT 60 MG/0.2 ML	98956
SOMATULINE DEPOT 90 MG/0.3 ML	15127
SORAFENIB 200 MG TABLET	26263
SPRYCEL 20 MG TABLET	27257
SPRYCEL 50 MG TABLET	27258
SPRYCEL 70 MG TABLET	27259
SPRYCEL 80 MG TABLET	29405
SPRYCEL 100 MG TABLET	99867
SPRYCEL 140MG TABLET	29406
STIVARGA 40MG TABLET	33363
SUNITINIB MALATE 12.5 MG CAP	26452
SUNITINIB MALATE 25 MG CAPSULE	26453
SUNITINIB MALATE 37.5 MG CAP	35596
SUNITINIB MALATE 50 MG CAPSULE	26454
SUTENT 12.5 MG CAPSULE	26452
SUTENT 25 MG CAPSULE	26453
SUTENT 37.5 MG CAPSULE	35596
SUTENT 50 MG CAPSULE	26454
SYNRIBO 3.5 MG/ML VIAL	33734
TABLOID 40 MG TABLET	10290
TABRECTA 150 MG TABLET	48012
TABRECTA 200 MG TABLET	48013
TAFINLAR 50 MG CAPSULE	34723

Table 2 (history of antineoplastic agent) Required quantity: 1 Look back timeframe: 365 days	
Label Name	GCN
TAFINLAR 75 MG CAPSULE	34724
TAGRISSO 40 MG TABLET	40132
TAGRISSO 80 MG TABLET	40133
TALZENNA 1 MG CAPSULE	45596
TALZENNA 0.25 MG CAPSULE	45595
TAMOXIFEN 10 MG TABLET	38720
TAMOXIFEN 20 MG TABLET	38721
TARCEVA 25 MG TABLET	23795
TARCEVA 100 MG TABLET	23794
TARCEVA 150 MG TABLET	23793
TARGRETIN 75 MG SOFTGEL	92373
TASIGNA 150 MG CAPSULE	28737
TASIGNA 200 MG CAPSULE	99070
TAZVERIK 200 MG TABLET	47619
TEMODAR 20 MG CAPSULE	92903
TEMODAR 100 MG CAPSULE	92913
TEMODAR 140 MG CAPSULE	98310
TEMODAR 180 MG CAPSULE	98311
TEMODAR 250 MG CAPSULE	92933
TEMOZOLOMIDE 5 MG CAPSULE	92893
TEMOZOLOMIDE 20 MG CAPSULE	92903
TEMOZOLOMIDE 100 MG CAPSULE	92913
TEMOZOLOMIDE 250 MG CAPSULE	92933
TEMOZOLOMIDE 140 MG CAPSULE	98310
TEMOZOLOMIDE 180 MG CAPSULE	98311
TEPMETKO 225 MG TABLET	49154
THALOMID 100 MG CAPSULE	95392
THALOMID 150 MG CAPSULE	98220
THALOMID 200 MG CAPSULE	19321
THALOMID 50 MG CAPSULE	28301
TIBSOVO 250 MG TABLET	45016
TOREMIFENE CITRATE 60 MG TABLET	42721
TREXALL 5 MG TABLET	13134
TREXALL 7.5 MG TABLET	38485
TREXALL 10 MG TABLET	06484
TREXALL 15 MG TABLET	13135

Table 2 (history of antineoplastic agent) Required quantity: 1 Look back timeframe: 365 days	
Label Name	GCN
TRUSELTIQ 100 MG DAILY DOSE PK	49714
TRUSELTIQ 125 MG DAILY DOSE PK	49715
TRUSELTIQ 50 MG DAILY DOSE PK	49708
TRUSELTIQ 75 MG DAILY DOSE PK	49713
TUKYSA 150 MG TABLET	47931
TUKYSA 50 MG TABLET	47929
TYKERB 250 MG TABLET	98140
VANFLYTA 17.7 MG TABLET	54518
VANFLYTA 26.5 MG TABLET	54517
VENCLEXTA 10 MG TABLET	41049
VENCLEXTA 50 MG TABLET	41051
VENCLEXTA 100 MG TABLET	41052
VENCLEXTA STARTING PACK	41048
VERZENIO 100 MG TABLET	43917
VERZENIO 150 MG TABLET	43916
VERZENIO 200 MG TABLET	43915
VERZENIO 50 MG TABLET	43918
VINBLASTINE 1 MG/ML VIAL	38970
VINCRISTINE 1 MG/ML VIAL	38572
VINCRISTINE 2 MG/2 ML VIAL	97630
VITRAKVI 100 MG CAPSULE	45794
VITRAKVI 20 MG/ML SOLUTION	45789
VITRAKVI 25 MG CAPSULE	45793
VIZIMPRO 15 MG TABLET	40421
VIZIMPRO 30 MG TABLET	40422
VIZIMPRO 45 MG TABLET	40423
VONJO 100 MG CAPSULE	51982
VOTRIENT 200 MG TABLET	27829
WELIREG 40 MG TABLET	50046
XALKORI 250 MG CAPSULE	30457
XALKORI 200 MG CAPSULE	30458
XELODA 150 MG TABLET	31611
XELODA 500 MG TABLET	31612
XOSPATA 40 MG TABLET	45803
XPOVIO 100 MG ONCE WEEKLY DOSE	46635
XPOVIO 100 MG ONCE WEEKLY DOSE	49539

Table 2 (history of antineoplastic agent) Required quantity: 1 Look back timeframe: 365 days	
Label Name	GCN
XPOVIO 40 MG ONCE WEEKLY DOSE	49534
XPOVIO 40 MG TWICE WEEKLY DOSE	49533
XPOVIO 60 MG ONCE WEEKLY DOSE	46637
XPOVIO 60 MG ONCE WEEKLY DOSE	49537
XPOVIO 80 MG ONCE WEEKLY DOSE	46636
XPOVIO 80 MG ONCE WEEKLY DOSE	49538
XPOVIO 80 MG TWICE WEEKLY DOSE	46634
XTANDI 40MG CAPSULE	33183
XTANDI 40 MG TABLET	46626
XTANDI 80 MG TABLET	48452
YONSA 125 MG TABLET	44795
ZEJULA 100 MG CAPSULE	43217
ZELBORAF 240 MG TABLET	30332
ZOLINZA 100 MG CAPSULE	97345
ZORTRESS 0.25 MG TABLET	24825
ZORTRESS 0.5 MG TABLET	24826
ZORTRESS 0.75 MG TABLET	24827
ZYDELIG 100 MG TABLET	36884
ZYDELIG 150 MG TABLET	36885
ZYKADIA 150 MG TABLET	46119
ZYTIGA 250 MG TABLET	29886
ZYTIGA 500 MG TABLET	43205

Table 3 (claim for an MAOI or CYP3A4 inhibitor) Required quantity: 1 Look back timeframe: 30 days	
Label Name	GCN
AKYNZEO 300-0.5 MG CAPSULE	37239
APREPITANT 125 MG CAPSULE	19366
APREPITANT 125-80-80 MG PACK	19367
APREPITANT 40 MG CAPSULE	27278
APREPITANT 80 MG CAPSULE	19365
AZILECT 0.5 MG TABLET	27081
AZILECT 1 MG TABLET	24654

Table 3 (claim for an MAOI or CYP3A4 inhibitor)**Required quantity: 1****Look back timeframe: 30 days**

Label Name	GCN
ATAZANAVIR SULFATE 150MG CAP	19952
ATAZANAVIR SULFATE 200MG CAP	19953
ATAZANAVIR SULFATE 300MG CAP	97430
CALAN SR 120 MG CAPLET	32472
CALAN SR 180 MG CAPLET	32471
CALAN SR 240 MG CAPLET	32470
CARDIZEM 120 MG TABLET	02363
CARDIZEM 30 MG TABLET	02360
CARDIZEM 60 MG TABLET	02361
CARDIZEM CD 120 MG CAPSULE	02326
CARDIZEM CD 180 MG CAPSULE	02323
CARDIZEM CD 240 MG CAPSULE	02324
CARDIZEM CD 300 MG CAPSULE	02325
CARDIZEM CD 360 MG CAPSULE	07460
CARDIZEM LA 180 MG TABLET	19183
CARTIA XT 120MG CAPSULE	02326
CARTIA XT 180MG CAPSULE	02323
CARTIA XT 240MG CAPSULE	02324
CARTIA XT 300MG CAPSULE	02325
CLARITHROMYCIN 125 MG/5 ML SUS	11670
CLARITHROMYCIN 250 MG TABLET	48852
CLARITHROMYCIN 250 MG/5 ML SUS	11671
CLARITHROMYCIN 500 MG TABLET	48851
CLARITHROMYCIN ER 500 MG TAB	48850
CRIXIVAN 200 MG CAPSULE	26820
CRIXIVAN 400 MG CAPSULE	26822
COPIKTRA 15 MG CAPSULE	45424
COPIKTRA 25 MG CAPSULE	45425
CRESEMBA 186 MG CAPSULE	38095
CRESEMBA 372 MG VIAL	38094
DIFLUCAN 10 MG/ML SUSPENSION	60822
DIFLUCAN 100 MG TABLET	42190
DIFLUCAN 150 MG TABLET	42193
DIFLUCAN 200 MG TABLET	42191
DIFLUCAN 40 MG/ML SUSPENSION	60821
DIFLUCAN 50 MG TABLET	42192

Table 3 (claim for an MAOI or CYP3A4 inhibitor)**Required quantity: 1****Look back timeframe: 30 days**

Label Name	GCN
DILT XR 120 MG CAPSULE	07463
DILT XR 180 MG CAPSULE	07461
DILT XR 240 MG CAPSULE	07462
DILTIAZEM 120 MG TABLET	02363
DILTIAZEM 12HR ER 120 MG CAP	02321
DILTIAZEM 12HR ER 60 MG CAP	02322
DILTIAZEM 12HR ER 90 MG CAP	02320
DILTIAZEM 24HR ER 120 MG CAP	02326
DILTIAZEM 24HR ER 180 MG CAP	02323
DILTIAZEM 24HR ER 240 MG CAP	02324
DILTIAZEM 24HR ER 300 MG CAP	02325
DILTIAZEM 24HR ER 360 MG CAP	07460
DILTIAZEM 30 MG TABLET	02360
DILTIAZEM 60 MG TABLET	02361
DILTIAZEM 90 MG TABLET	02362
DILTIAZEM ER 120 MG CAPSULE	02330
DILTIAZEM ER 180 MG CAPSULE	02329
DILTIAZEM ER 240 MG CAPSULE	07462
DILTIAZEM HCL ER 240 MG CAP	02332
DILTIAZEM HCL ER 300 MG CAP	02333
DILTIAZEM HCL ER 360 MG CAP	02328
DILTIAZEM HCL ER 420 MG CAP	94691
E.E.S. 200 MG/5 ML GRANULES	40523
E.E.S. 400 FILMTAB	40560
EMEND 125MG CAPSULE	19366
EMEND 40MG CAPSULE	27278
EMEND 80MG CAPSULE	19365
EMEND TRIPACK	19367
EMSAM 12MG/24 HOURS PATCH	26614
EMSAM 6MG/24 HOURS PATCH	26612
ERYPED 200 MG/5 ML SUSPENSION	40523
ERYPED 400 MG/5 ML SUSPENSION	40524
ERY-TAB EC 250 MG TABLET	40730
ERY-TAB EC 333 MG TABLET	40731
ERY-TAB EC 500 MG TABLET	40732
ERYTHROCIN 250 MG FILMTAB	40642

Table 3 (claim for an MAOI or CYP3A4 inhibitor)**Required quantity: 1****Look back timeframe: 30 days**

Label Name	GCN
ERYTHROCIN 500 MG ADDVNT VL	25529
ERYTHROCIN 500 MG VIAL	40601
ERYTHROMYCIN 250 MG FILMTAB	40720
ERYTHROMYCIN 500 MG FILMTAB	40721
ERYTHROMYCIN EC 250 MG CAP	40660
ERYTHROMYCIN ES 400 MG TAB	40560
EVOTAZ 300-150MG TABLET	37797
FLUCONAZOLE 10 MG/ML SUSP	60822
FLUCONAZOLE 100 MG TABLET	42190
FLUCONAZOLE 150 MG TABLET	42193
FLUCONAZOLE 200 MG TABLET	42191
FLUCONAZOLE 40 MG/ML SUSP	60821
FLUCONAZOLE 50 MG TABLET	42192
FLUCONAZOLE-NACL 200 MG/100 ML	69790
FLUCONAZOLE-NACL 400 MG/200 ML	69791
FLUCONAZOLE-NS 200 MG/100 ML	25303
FOSAMPRENAVIR 700 MG TABLET	20553
GENVOYA TABLET	40092
GLEEVEC 100MG TABLET	19908
GLEEVEC 400MG TABLET	19907
INVIRASE 500 MG TABLET	23952
ITRACONAZOLE 10 MG/ML SOLUTION	49100
ITRACONAZOLE 100 MG CAPSULE	49101
KALETRA 100-25 MG TABLET	99101
KALETRA 200-50 MG TABLET	25919
KALETRA 400-100/5 ML ORAL SOLU	31782
KETEK 300 MG TABLET	25905
KETEK 400 MG TABLET	15175
KETOCONAZOLE 200 MG TABLET	42590
KISQALI 200 MG DAILY DOSE	43162
KISQALI 400 MG DAILY DOSE	43166
KISQALI 600 MG DAILY DOSE	43167
KISQALI FEMARA 200 MG CO-PACK	43366
KISQALI FEMARA 400 MG CO-PACK	43368
KISQALI FEMARA 600 MG CO-PACK	43369
KORLYM 300 MG TABLET	31485

Table 3 (claim for an MAOI or CYP3A4 inhibitor)**Required quantity: 1****Look back timeframe: 30 days**

Label Name	GCN
LANSOPRAZOL-AMOXICIL-CLARITHRO	64269
LEXIVA 50MG/ML SUSPENSION	23783
LEXIVA 700MG TABLET	20553
LINEZOLID 600MG TABLET	26870
LINEZOLID 600MG/300ML IV SOLN	26873
LINEZOLID 100MG/5ML SUSP	26871
MARPLAN 10 MG TABLET	16416
MATZIM LA 180MG TABLET	19183
MATZIM LA 240MG TABLET	19184
MATZIM LA 300MG TABLET	19185
MATZIM LA 360MG TABLET	19186
MATZIM LA 420MG TABLET	19187
MULTAQ 400 MG TABLET	26586
NARDIL 15 MG TABLET	16417
NEFAZODONE 100MG TABLET	16406
NEFAZODONE 150MG TABLET	16407
NEFAZODONE 200MG TABLET	16408
NEFAZODONE 250MG TABLET	16409
NEFAZODONE 50MG TABLET	16404
NORVIR 100 MG POWDER PACKET	40309
NORVIR 100 MG TABLET	28224
NORVIR 80 MG/ML SOLUTION	26810
NOXAFIL 40 MG/ML SUSPENSION	26502
NOXAFIL DR 100 MG TABLET	35649
OMECLAMOX-PAK COMBO PACK	32137
PARNATE 10 MG TABLET	16418
PCE 333 MG TABLET	40741
PCE 500 MG TABLET	40742
PHENELZINE SULFATE 15 MG TAB	16417
PREVYMIS 240 MG TABLET	44049
PREVYMIS 480 MG TABLET	44061
PREVPAC PATIENT PACK	64269
PREZCOBIX 800-150MG TABLET	37367
PREZISTA 100MG/ML SUSPENSION	31201
PREZISTA 150MG TABLET	23489
PREZISTA 600MG TABLET	99434

Table 3 (claim for an MAOI or CYP3A4 inhibitor) Required quantity: 1 Look back timeframe: 30 days	
Label Name	GCN
PREZISTA 75MG TABLET	16759
PREZISTA 800MG TABLET	33723
REYATAZ 150MG CAPSULE	19952
REYATAZ 200MG CAPSULE	19953
REYATAZ 300MG CAPSULE	97430
REYATAZ 50MG POWDER PACK	36647
RITONAVIR 100 MG TABLET	28224
SELEGILINE 5MG CAPSULE	15603
SELEGILINE 5MG TABLET	15600
SPORANOX 10 MG/ML SOLUTION	49100
SPORANOX 100 MG CAPSULE	49101
STRIBILD TABLET	33130
SUBOXONE 12 MG-3 MG SL FILM	33744
SUBOXONE 2 MG-0.5 MG SL FILM	28958
SUBOXONE 4 MG-1 MG SL FILM	33741
SUBOXONE 8 MG-2 MG SL FILM	28959
SYM TUZA 800-150-200-10 MG TAB	43968
TASIGNA 150 MG CAPSULE	28737
TASIGNA 200 MG CAPSULE	99070
TAZTIA XT 120MG CAPSULE	02330
TAZTIA XT 180MG CAPSULE	02329
TAZTIA XT 240MG CAPSULE	02332
TAZTIA XT 300MG CAPSULE	02333
TAZTIA XT 360MG CAPSULE	02328
TECHNIVIE DOSE PACK	37844
TIAZAC ER 120MG CAPSULE	02330
TIAZAC ER 180MG CAPSULE	02329
TIAZAC ER 240MG CAPSULE	02332
TIAZAC ER 300MG CAPSULE	02333
TIAZAC ER 360MG CAPSULE	02328
TIAZAC ER 420MG CAPSULE	94691
TOLSURA 65 MG CAPSULE	45848
TRANDOLAPR-VERAPAM ER 1-240 MG	32112
TRANDOLAPR-VERAPAM ER 2-180 MG	32111
TRANDOLAPR-VERAPAM ER 2-240 MG	32113
TRANDOLAPR-VERAPAM ER 4-240 MG	32114

Table 3 (claim for an MAOI or CYP3A4 inhibitor) Required quantity: 1 Look back timeframe: 30 days	
Label Name	GCN
TRANLYCYPROMINE SULF 10 MG TAB	16418
TYBOST 150MG TABLET	36468
VERAPAMIL 120 MG TABLET	02341
VERAPAMIL 360 MG CAP PELLET	03004
VERAPAMIL 40 MG TABLET	47110
VERAPAMIL 80 MG TABLET	02342
VERAPAMIL ER 120 MG CAPSULE	03003
VERAPAMIL ER 120 MG TABLET	32472
VERAPAMIL ER 180 MG CAPSULE	03001
VERAPAMIL ER 180 MG TABLET	32471
VERAPAMIL ER 240 MG CAPSULE	03002
VERAPAMIL ER 240 MG TABLET	32470
VERAPAMIL ER PM 100 MG CAPSULE	94122
VERAPAMIL ER PM 200 MG CAPSULE	94123
VERAPAMIL ER PM 300 MG CAPSULE	94124
VERELAN 120 MG CAP PELLET	03003
VERELAN 180 MG CAP PELLET	03001
VERELAN 240 MG CAP PELLET	03002
VERELAN 360 MG CAP PELLET	03004
VERELAN PM 100 MG CAP PELLET	94122
VERELAN PM 200 MG CAP PELLET	94123
VERELAN PM 300 MG CAP PELLET	94124
VFEND 200 MG TABLET	17498
VFEND 40 MG/ML SUSPENSION	21513
VFEND 50 MG TABLET	17497
VFEND IV 200 MG VIAL	17499
VICTRELIS 200 MG CAPSULE	29941
VIEKIRA PAK	37614
VIRACEPT 250 MG TABLET	40312
VIRACEPT 625 MG TABLET	19717
VORICONAZOLE 200 MG TABLET	17498
VORICONAZOLE 200 MG VIAL	17499
VORICONAZOLE 40 MG/ML SUSP	21513
VORICONAZOLE 50 MG TABLET	17497
ZELAPAR 1.25MG ODT TABLET	22783
ZYDELIG 100MG TABLET	36884

Table 3 (claim for an MAOI or CYP3A4 inhibitor)**Required quantity: 1****Look back timeframe: 30 days**

Label Name	GCN
ZYDELIG 150MG TABLET	36885
ZYVOX 100 MG/5 ML SUSPENSION	26871
ZYVOX 600 MG TABLET	26870
ZYVOX 600 MG/300 ML IV SOLN	26873

Table 4 (diagnosis of fibrotic lung disease)**Required diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
A150	TUBERCULOSIS OF LUNG
J60	COALWORKER'S PNEUMOCONIOSIS
J61	PNEUMOCONIAOSIS DUE TO ASBESTOS AND OTHER MINERAL FIBERS
J628	PNEUMOCONIOSIS DUE TO OTHER DUST CONTAINING SILICA
J630	ALUMINOSIS OF LUNG
J631	BAUXITE FIBROSIS OF LUNG
J632	BERYLLIOSIS
J633	GRAPHITE FIBROSIS OF LUNG
J634	SIDEROSIS
J635	STANNOSIS
J636	PNEUMOCONIOSIS DUE TO OTHER SPECIFIED INORGANIC DUSTS
J64	UNSPECIFIED PNEUMOCONIOSIS
J65	PNEUMOCONIOSIS ASSOCIATED WITH TUBERCULOSIS
J660	BYSSINOSIS
J661	FLAX-DRESSERS' DISEASE
J668	AIRWAY DISEASE DUE TO OTHER SPECIFIC ORGANIC DUSTS
J684	CHRONIC RESPIRATORY CONDITIONS DUE TO CHEMICALS, GASES, FUMES AND VAPORS
J701	CHRONIC AND OTHER PULMONARY MANIFESTATIONS DUE TO RADIATION
J705	RESPIRATORY CONDITIONS DUE TO SMOKE INHALATION
J708	RESPIRATORY CONDITIONS DUE TO OTHER SPECIFIED EXTERNAL AGENTS
J709	RESPIRATORY CONDITIONS DUE TO UNSPECIFIED EXTERNAL AGENT
J8410	PULMONARY FIBROSIS, UNSPECIFIED
J8489	OTHER SPECIFIED INTERSTITIAL PULMONARY DISEASES
J849	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
A1801	TUBERCULOSIS OF SPINE
A1802	TUBERCULOUS ARTHRITIS OF OTHER JOINTS
A1803	TUBERCULOSIS OF OTHER BONES
A5216	CHARCOT'S ARTHROPATHY (TABETIC)
B451	CEREBRAL CRYPTOCOCCOSIS
D474	OSTEOMYELOFIBROSIS
D550	ANEMIA DUE TO GLUCOSE-6-PHOSPHATE DEHYDROGENASE [G6PD] DEFICIENCY
D551	ANEMIA DUE TO OTHER DISORDERS OF GLUTATHIONE METABOLISM
D552	ANEMIA DUE TO DISORDERS OF GLYCOLYTIC ENZYMES
D553	ANEMIA DUE TO DISORDERS OF NUCLEOTIDE METABOLISM
D558	OTHER ANEMIAS DUE TO ENZYME DISORDERS
D559	ANEMIA DUE TO ENZYME DISORDER, UNSPECIFIED
D564	HEREDITARY PERSISTENCE OF FETAL HEMOGLOBIN [HPFH]
D568	OTHER THALASSEMIAS
D5700	HB-SS DISEASE WITH CRISIS, UNSPECIFIED
D5701	HB-SS DISEASE WITH ACUTE CHEST SYNDROME
D5702	HB-SS DISEASE WITH SPLENIC SEQUESTRATION
D571	SICKLE-CELL DISEASE WITHOUT CRISIS
D5720	SICKLE-CELL/HB-C DISEASE WITHOUT CRISIS
D57211	SICKLE-CELL/HB-C DISEASE WITH ACUTE CHEST SYNDROME
D57212	SICKLE-CELL/HB-C DISEASE WITH SPLENIC SEQUESTRATION
D57219	SICKLE-CELL/HB-C DISEASE WITH CRISIS, UNSPECIFIED
D573	SICKLE-CELL TRAIT
D5740	SICKLE-CELL THALASSEMIA WITHOUT CRISIS
D57411	SICKLE-CELL THALASSEMIA WITH ACUTE CHEST SYNDROME
D57412	SICKLE-CELL THALASSEMIA WITH SPLENIC SEQUESTRATION
D57419	SICKLE-CELL THALASSEMIA WITH CRISIS, UNSPECIFIED
D5780	OTHER SICKLE-CELL DISORDERS WITHOUT CRISIS
D57811	OTHER SICKLE-CELL DISORDERS WITH ACUTE CHEST SYNDROME
D57812	OTHER SICKLE-CELL DISORDERS WITH SPLENIC SEQUESTRATION
D57819	OTHER SICKLE-CELL DISORDERS WITH CRISIS, UNSPECIFIED
D580	HEREDITARY SPHEROCYTOSIS
D581	HEREDITARY ELLIPTOCYTOSIS
D582	OTHER HEMOGLOBINOPATHIES
D588	OTHER SPECIFIED HEREDITARY HEMOLYTIC ANEMIAS

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
D589	HEREDITARY HEMOLYTIC ANEMIA, UNSPECIFIED
D590	DRUG-INDUCED AUTOIMMUNE HEMOLYTIC ANEMIA
D591	OTHER AUTOIMMUNE HEMOLYTIC ANEMIAS
D592	DRUG-INDUCED NONAUTOIMMUNE HEMOLYTIC ANEMIA
D593	HEMOLYTIC-UREMIC SYNDROME
D594	OTHER NONAUTOIMMUNE HEMOLYTIC ANEMIAS
D595	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA [MARCHIAFAVA-MICHELI]
D596	HEMOGLOBINURIA DUE TO HEMOLYSIS FROM OTHER EXTERNAL CAUSES
D598	OTHER ACQUIRED HEMOLYTIC ANEMIAS
D599	ACQUIRED HEMOLYTIC ANEMIA, UNSPECIFIED
D600	CHRONIC ACQUIRED PURE RED CELL APLASIA
D601	TRANSIENT ACQUIRED PURE RED CELL APLASIA
D608	OTHER ACQUIRED PURE RED CELL APLASIAS
D609	ACQUIRED PURE RED CELL APLASIA, UNSPECIFIED
D6101	CONSTITUTIONAL (PURE) RED BLOOD CELL APLASIA
D6109	OTHER CONSTITUTIONAL APLASTIC ANEMIA
D611	DRUG-INDUCED APLASTIC ANEMIA
D612	APLASTIC ANEMIA DUE TO OTHER EXTERNAL AGENTS
D613	IDIOPATHIC APLASTIC ANEMIA
D6182	MYELOPHTHISIS
D6189	OTHER SPECIFIED APLASTIC ANEMIAS AND OTHER BONE MARROW FAILURE SYNDROMES
D619	APLASTIC ANEMIA, UNSPECIFIED
D62	ACUTE POSTHEMORRHAGIC ANEMIA
D630	ANEMIA IN NEOPLASTIC DISEASE
D631	ANEMIA IN CHRONIC KIDNEY DISEASE
D638	ANEMIA IN OTHER CHRONIC DISEASES CLASSIFIED ELSEWHERE
D640	HEREDITARY SIDEROBLASTIC ANEMIA
D641	SECONDARY SIDEROBLASTIC ANEMIA DUE TO DISEASE
D642	SECONDARY SIDEROBLASTIC ANEMIA DUE TO DRUGS AND TOXINS
D643	OTHER SIDEROBLASTIC ANEMIAS
D644	CONGENITAL DYSERYTHROPOIETIC ANEMIA
D6489	OTHER SPECIFIED ANEMIAS
D649	ANEMIA, UNSPECIFIED
D65	DISSEMINATED INTRAVASCULAR COAGULATION [DEFIBRATION SYNDROME]

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
D66	HEREDITARY FACTOR VIII DEFICIENCY
D67	HEREDITARY FACTOR IX DEFICIENCY
D680	VON WILLEBRAND'S DISEASE
D681	HEREDITARY FACTOR XI DEFICIENCY
D682	HEREDITARY DEFICIENCY OF OTHER CLOTTING FACTORS
D6832	HEMORRHAGIC DISORDER DUE TO EXTRINSIC CIRCULATING ANTICOAGULANTS
D684	ACQUIRED COAGULATION FACTOR DEFICIENCY
D6851	ACTIVATED PROTEIN C RESISTANCE
D6852	PROTHROMBIN GENE MUTATION
D6859	OTHER PRIMARY THROMBOPHILIA
D6861	ANTIPHOSPHOLIPID SYNDROME
D6862	LUPUS ANTICOAGULANT SYNDROME
D6869	OTHER THROMBOPHILIA
D688	OTHER SPECIFIED COAGULATION DEFECTS
D689	COAGULATION DEFECT, UNSPECIFIED
D690	ALLERGIC PURPURA
D691	QUALITATIVE PLATELET DEFECTS
D692	OTHER NONTHROMBOCYTOPENIC PURPURA
D693	IMMUNE THROMBOCYTOPENIC PURPURA
D6941	EVANS SYNDROME
D6942	CONGENITAL AND HEREDITARY THROMBOCYTOPENIA PURPURA
D6949	OTHER PRIMARY THROMBOCYTOPENIA
D696	THROMBOCYTOPENIA, UNSPECIFIED
D698	OTHER SPECIFIED HEMORRHAGIC CONDITIONS
D699	HEMORRHAGIC CONDITION, UNSPECIFIED
D700	CONGENITAL AGRANULOCYTOSIS
D701	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY
D702	OTHER DRUG-INDUCED AGRANULOCYTOSIS
D703	NEUTROPENIA DUE TO INFECTION
D704	CYCLIC NEUTROPENIA
D708	OTHER NEUTROPENIA
D709	NEUTROPENIA, UNSPECIFIED
D71	FUNCTIONAL DISORDERS OF POLYMORPHONUCLEAR NEUTROPHILS
D720	GENETIC ANOMALIES OF LEUKOCYTES
D721	EOSINOPHILIA

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
D72810	LYMPHOCYTOPENIA
D72818	OTHER DECREASED WHITE BLOOD CELL COUNT
D72819	DECREASED WHITE BLOOD CELL COUNT, UNSPECIFIED
D72820	LYMPHOCYTOSIS (SYMPTOMATIC)
D72821	MONOCYTOSIS (SYMPTOMATIC)
D72822	PLASMACYTOSIS
D72823	LEUKEMOID REACTION
D72824	BASOPHILIA
D72825	BANDEMIA
D72828	OTHER ELEVATED WHITE BLOOD CELL COUNT
D72829	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED
D7289	OTHER SPECIFIED DISORDERS OF WHITE BLOOD CELLS
D729	DISORDER OF WHITE BLOOD CELLS, UNSPECIFIED
D730	HYPOSPLENISM
D731	HYPERSPLENISM
D732	CHRONIC CONGESTIVE SPLENOMEGALY
D733	ABSCESS OF SPLEEN
D734	CYST OF SPLEEN
D735	INFARCTION OF SPLEEN
D7381	NEUTROPENIC SPLENOMEGALY
D7389	OTHER DISEASES OF SPLEEN
D739	DISEASE OF SPLEEN, UNSPECIFIED
D740	CONGENITAL METHEMOGLOBINEMIA
D748	OTHER METHEMOGLOBINEMIAS
D749	METHEMOGLOBINEMIA, UNSPECIFIED
D750	FAMILIAL ERYTHROCYTOSIS
D751	SECONDARY POLYCYTHEMIA
D7581	MYELOFIBROSIS
D7582	HEPARIN INDUCED THROMBOCYTOPENIA (HIT)
D7589	OTHER SPECIFIED DISEASES OF BLOOD AND BLOOD-FORMING ORGANS
D759	DISEASE OF BLOOD AND BLOOD-FORMING ORGANS, UNSPECIFIED
D761	HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS
D762	HEMOPHAGOCYTIC SYNDROME, INFECTION-ASSOCIATED
D763	OTHER HISTIOCYTOSIS SYNDROMES
D77	OTHER DISORDERS OF BLOOD AND BLOOD-FORMING ORGANS IN DISEASES CLASSIFIED ELSEWHERE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
D892	HYPERGAMMAGLOBULINEMIA, UNSPECIFIED
E0844	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC AMYOTROPHY
E0849	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E08610	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC NEUROPATHIC ARTHROPATHY
E08618	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH OTHER DIABETIC ARTHROPATHY
E0944	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC AMYOTROPHY
E0949	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E09610	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E09618	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E1040	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1041	TYPE 1 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1042	TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1043	TYPE 1 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1044	TYPE 1 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1049	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E10610	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E10618	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E1140	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1141	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1142	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1143	TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1144	TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1149	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E11610	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E11618	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E1340	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
E1341	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1342	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1343	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1344	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1349	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E13610	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E13618	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E7500	GM2 GANGLIOSIDOSIS, UNSPECIFIED
E7501	SANDHOFF DISEASE
E7502	TAY-SACHS DISEASE
E7509	OTHER GM2 GANGLIOSIDOSIS
E7510	UNSPECIFIED GANGLIOSIDOSIS
E7511	MUCOLIPIDOSIS IV
E7519	OTHER GANGLIOSIDOSIS
E7523	KRABBE DISEASE
E7525	METACHROMATIC LEUKODYSTROPHY
E7529	OTHER SPHINGOLIPIDOSIS
E754	NEURONAL CEROID LIPOFUSCINOSIS
F842	RETT'S SYNDROME
G000	HEMOPHILUS MENINGITIS
G001	PNEUMOCOCCAL MENINGITIS
G002	STREPTOCOCCAL MENINGITIS
G003	STAPHYLOCOCCAL MENINGITIS
G008	OTHER BACTERIAL MENINGITIS
G009	BACTERIAL MENINGITIS, UNSPECIFIED
G01	MENINGITIS IN BACTERIAL DISEASES CLASSIFIED ELSEWHERE
G02	MENINGITIS IN OTHER INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
G030	NONPYOGENIC MENINGITIS
G031	CHRONIC MENINGITIS
G038	MENINGITIS DUE TO OTHER SPECIFIED CAUSES
G039	MENINGITIS, UNSPECIFIED
G0400	ACUTE DISSEMINATED ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
G0401	POSTINFECTIOUS ACUTE DISSEMINATED ENCEPHALITIS AND ENCEPHALOMYELITIS (POSTINFECTIOUS ADEM)
G0402	POSTIMMUNIZATION ACUTE DISSEMINATED ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS
G041	TROPICAL SPASTIC PARAPLEGIA
G042	BACTERIAL MENINGOENCEPHALITIS AND MENINGOMYELITIS, NOT ELSEWHERE CLASSIFIED
G0430	ACUTE NECROTIZING HEMORRHAGIC ENCEPHALOPATHY, UNSPECIFIED
G0431	POSTINFECTIOUS ACUTE NECROTIZING HEMORRHAGIC ENCEPHALOPATHY
G0432	POSTIMMUNIZATION ACUTE NECROTIZING HEMORRHAGIC ENCEPHALOPATHY
G0439	OTHER ACUTE NECROTIZING HEMORRHAGIC ENCEPHALOPATHY
G0481	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS
G0489	OTHER MYELITIS
G0490	ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED
G0491	MYELITIS, UNSPECIFIED
G053	ENCEPHALITIS AND ENCEPHALOMYELITIS IN DISEASES CLASSIFIED ELSEWHERE
G054	MYELITIS IN DISEASES CLASSIFIED ELSEWHERE
G060	INTRACRANIAL ABSCESS AND GRANULOMA
G061	INTRASPINAL ABSCESS AND GRANULOMA
G062	EXTRADURAL AND SUBDURAL ABSCESS, UNSPECIFIED
G07	INTRACRANIAL AND INTRASPINAL ABSCESS AND GRANULOMA IN DISEASES CLASSIFIED ELSEWHERE
G08	INTRACRANIAL AND INTRASPINAL PHLEBITIS AND THROMBOPHLEBITIS
G09	SEQUELAE OF INFLAMMATORY DISEASES OF CENTRAL NERVOUS SYSTEM
G10	HUNTINGTON'S DISEASE
G110	CONGENITAL NONPROGRESSIVE ATAXIA
G111	EARLY-ONSET CEREBELLAR ATAXIA
G112	LATE-ONSET CEREBELLAR ATAXIA
G113	CEREBELLAR ATAXIA WITH DEFECTIVE DNA REPAIR
G114	HEREDITARY SPASTIC PARAPLEGIA
G118	OTHER HEREDITARY ATAXIAS
G119	HEREDITARY ATAXIA, UNSPECIFIED
G120	INFANTILE SPINAL MUSCULAR ATROPHY, TYPE I [WERDNIG-HOFFMAN]
G121	OTHER INHERITED SPINAL MUSCULAR ATROPHY

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
G1220	MOTOR NEURON DISEASE, UNSPECIFIED
G1221	AMYOTROPHIC LATERAL SCLEROSIS
G1222	PROGRESSIVE BULBAR PALSY
G1229	OTHER MOTOR NEURON DISEASE
G128	OTHER SPINAL MUSCULAR ATROPHIES AND RELATED SYNDROMES
G129	SPINAL MUSCULAR ATROPHY, UNSPECIFIED
G132	SYSTEMIC ATROPHY PRIMARILY AFFECTING THE CENTRAL NERVOUS SYSTEM IN MYXEDEMA
G138	SYSTEMIC ATROPHY PRIMARILY AFFECTING CENTRAL NERVOUS SYSTEM IN OTHER DISEASES CLASSIFIED ELSEWHERE
G20	PARKINSON'S DISEASE
G210	MALIGNANT NEUROLEPTIC SYNDROME
G2111	NEUROLEPTIC INDUCED PARKINSONISM
G2119	OTHER DRUG INDUCED SECONDARY PARKINSONISM
G212	SECONDARY PARKINSONISM DUE TO OTHER EXTERNAL AGENTS
G213	POSTENCEPHALITIC PARKINSONISM
G214	VASCULAR PARKINSONISM
G218	OTHER SECONDARY PARKINSONISM
G219	SECONDARY PARKINSONISM, UNSPECIFIED
G230	HALLERVORDEN-SPATZ DISEASE
G231	PROGRESSIVE SUPRANUCLEAR OPHTHALMOPLEGIA [STEELE-RICHARDSON-OLSZEWSKI]
G232	STRIATONIGRAL DEGENERATION
G238	OTHER SPECIFIED DEGENERATIVE DISEASES OF BASAL GANGLIA
G239	DEGENERATIVE DISEASE OF BASAL GANGLIA, UNSPECIFIED
G2401	DRUG INDUCED SUBACUTE DYSKINESIA
G2402	DRUG INDUCED ACUTE DYSTONIA
G2409	OTHER DRUG INDUCED DYSTONIA
G241	GENETIC TORSION DYSTONIA
G242	IDIOPATHIC NONFAMILIAL DYSTONIA
G243	SPASMODIC TORTICOLLIS
G244	IDIOPATHIC OROFACIAL DYSTONIA
G245	BLEPHAROSPASM
G248	OTHER DYSTONIA
G249	DYSTONIA, UNSPECIFIED
G250	ESSENTIAL TREMOR
G251	DRUG-INDUCED TREMOR

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
G252	OTHER SPECIFIED FORMS OF TREMOR
G253	MYOCLONUS
G254	DRUG-INDUCED CHOREA
G255	OTHER CHOREA
G2561	DRUG INDUCED TICS
G2569	OTHER TICS OF ORGANIC ORIGIN
G2570	DRUG INDUCED MOVEMENT DISORDER, UNSPECIFIED
G2571	DRUG INDUCED AKATHISIA
G2579	OTHER DRUG INDUCED MOVEMENT DISORDERS
G2581	RESTLESS LEGS SYNDROME
G2582	STIFF-MAN SYNDROME
G2583	BENIGN SHUDDERING ATTACKS
G2589	OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVEMENT DISORDERS
G259	EXTRAPYRAMIDAL AND MOVEMENT DISORDER, UNSPECIFIED
G26	EXTRAPYRAMIDAL AND MOVEMENT DISORDERS IN DISEASES CLASSIFIED ELSEWHERE
G300	ALZHEIMER'S DISEASE WITH EARLY ONSET
G301	ALZHEIMER'S DISEASE WITH LATE ONSET
G308	OTHER ALZHEIMER'S DISEASE
G309	ALZHEIMER'S DISEASE, UNSPECIFIED
G3101	PICK'S DISEASE
G3109	OTHER FRONTOTEMPORAL DEMENTIA
G311	SENILE DEGENERATION OF BRAIN, NOT ELSEWHERE CLASSIFIED
G312	DEGENERATION OF NERVOUS SYSTEM DUE TO ALCOHOL
G3181	ALPERS DISEASE
G3182	LEIGH'S DISEASE
G3183	DEMENTIA WITH LEWY BODIES
G3184	MILD COGNITIVE IMPAIRMENT, SO STATED
G3189	OTHER SPECIFIED DEGENERATIVE DISEASES OF NERVOUS SYSTEM
G319	DEGENERATIVE DISEASE OF NERVOUS SYSTEM, UNSPECIFIED
G320	SUBACUTE COMBINED DEGENERATION OF SPINAL CORD IN DISEASES CLASSIFIED ELSEWHERE
G3281	CEREBELLAR ATAXIA IN DISEASES CLASSIFIED ELSEWHERE
G3289	OTHER SPECIFIED DEGENERATIVE DISORDERS OF NERVOUS SYSTEM IN DISEASES CLASSIFIED ELSEWHERE
G35	MULTIPLE SCLEROSIS
G360	NEUROMYELITIS OPTICA [DEVIC]

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
G361	ACUTE AND SUBACUTE HEMORRHAGIC LEUKOENCEPHALITIS [HURST]
G368	OTHER SPECIFIED ACUTE DISSEMINATED DEMYELINATION
G369	ACUTE DISSEMINATED DEMYELINATION, UNSPECIFIED
G370	DIFFUSE SCLEROSIS OF CENTRAL NERVOUS SYSTEM
G371	CENTRAL DEMYELINATION OF CORPUS CALLOSUM
G372	CENTRAL PONTINE MYELINOLYSIS
G373	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM
G374	SUBACUTE NECROTIZING MYELITIS OF CENTRAL NERVOUS SYSTEM
G375	CONCENTRIC SCLEROSIS [BALO] OF CENTRAL NERVOUS SYSTEM
G378	OTHER SPECIFIED DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM
G379	DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED
G43001	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
G43009	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43011	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43019	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43101	MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
G43109	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43111	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43119	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43401	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
G43409	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43411	HEMIPLEGIC MIGRAINE, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43419	HEMIPLEGIC MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43501	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
G43509	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43511	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43519	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
G43601	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
G43609	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43611	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43619	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43701	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
G43709	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43711	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43719	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43801	OTHER MIGRAINE, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
G43809	OTHER MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43811	OTHER MIGRAINE, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43819	OTHER MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43821	MENSTRUAL MIGRAINE, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
G43829	MENSTRUAL MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43831	MENSTRUAL MIGRAINE, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43839	MENSTRUAL MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43901	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
G43909	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43911	MIGRAINE, UNSPECIFIED, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43919	MIGRAINE, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43A0	CYCLICAL VOMITING, NOT INTRACTABLE
G43A1	CYCLICAL VOMITING, INTRACTABLE
G43B0	OPHTHALMOPLAGIC MIGRAINE, NOT INTRACTABLE
G43B1	OPHTHALMOPLAGIC MIGRAINE, INTRACTABLE
G43C0	PERIODIC HEADACHE SYNDROMES IN CHILD OR ADULT, NOT INTRACTABLE
G43C1	PERIODIC HEADACHE SYNDROMES IN CHILD OR ADULT, INTRACTABLE
G43D0	ABDOMINAL MIGRAINE, NOT INTRACTABLE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
G43D1	ABDOMINAL MIGRAINE, INTRACTABLE
G44001	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, INTRACTABLE
G44009	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, NOT INTRACTABLE
G44011	EPISODIC CLUSTER HEADACHE, INTRACTABLE
G44019	EPISODIC CLUSTER HEADACHE, NOT INTRACTABLE
G44021	CHRONIC CLUSTER HEADACHE, INTRACTABLE
G44029	CHRONIC CLUSTER HEADACHE, NOT INTRACTABLE
G44031	EPISODIC PAROXYSMAL HEMICRANIA, INTRACTABLE
G44039	EPISODIC PAROXYSMAL HEMICRANIA, NOT INTRACTABLE
G44041	CHRONIC PAROXYSMAL HEMICRANIA, INTRACTABLE
G44049	CHRONIC PAROXYSMAL HEMICRANIA, NOT INTRACTABLE
G44051	SHORT LASTING UNILATERAL NEURALGIFORM HEADACHE WITH CONJUNCTIVAL INJECTION AND TEARING (SUNCT), INTRACTABLE
G44059	SHORT LASTING UNILATERAL NEURALGIFORM HEADACHE WITH CONJUNCTIVAL INJECTION AND TEARING (SUNCT), NOT INTRACTABLE
G44091	OTHER TRIGEMINAL AUTONOMIC CEPHALGIAS (TAC), INTRACTABLE
G44099	OTHER TRIGEMINAL AUTONOMIC CEPHALGIAS (TAC), NOT INTRACTABLE
G44201	TENSION-TYPE HEADACHE, UNSPECIFIED, INTRACTABLE
G44209	TENSION-TYPE HEADACHE, UNSPECIFIED, NOT INTRACTABLE
G44211	EPISODIC TENSION-TYPE HEADACHE, INTRACTABLE
G44219	EPISODIC TENSION-TYPE HEADACHE, NOT INTRACTABLE
G44221	CHRONIC TENSION-TYPE HEADACHE, INTRACTABLE
G44229	CHRONIC TENSION-TYPE HEADACHE, NOT INTRACTABLE
G44301	POST-TRAUMATIC HEADACHE, UNSPECIFIED, INTRACTABLE
G44309	POST-TRAUMATIC HEADACHE, UNSPECIFIED, NOT INTRACTABLE
G44311	ACUTE POST-TRAUMATIC HEADACHE, INTRACTABLE
G44319	ACUTE POST-TRAUMATIC HEADACHE, NOT INTRACTABLE
G44321	CHRONIC POST-TRAUMATIC HEADACHE, INTRACTABLE
G44329	CHRONIC POST-TRAUMATIC HEADACHE, NOT INTRACTABLE
G4440	DRUG-INDUCED HEADACHE, NOT ELSEWHERE CLASSIFIED, NOT INTRACTABLE
G4441	DRUG-INDUCED HEADACHE, NOT ELSEWHERE CLASSIFIED, INTRACTABLE
G4451	HEMICRANIA CONTINUA
G4452	NEW DAILY PERSISTENT HEADACHE (NDPH)
G4453	PRIMARY THUNDERCLAP HEADACHE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
G4459	OTHER COMPLICATED HEADACHE SYNDROME
G4481	HYPNIC HEADACHE
G4482	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY
G4483	PRIMARY COUGH HEADACHE
G4484	PRIMARY EXERTIONAL HEADACHE
G4485	PRIMARY STABBING HEADACHE
G4489	OTHER HEADACHE SYNDROME
G500	TRIGEMINAL NEURALGIA
G501	ATYPICAL FACIAL PAIN
G508	OTHER DISORDERS OF TRIGEMINAL NERVE
G509	DISORDER OF TRIGEMINAL NERVE, UNSPECIFIED
G510	BELL'S PALSY
G511	GENICULATE GANGLIONITIS
G512	MELKERSSON'S SYNDROME
G513	CLONIC HEMIFACIAL SPASM
G514	FACIAL MYOKYMIA
G518	OTHER DISORDERS OF FACIAL NERVE
G519	DISORDER OF FACIAL NERVE, UNSPECIFIED
G520	DISORDERS OF OLFACTORY NERVE
G521	DISORDERS OF GLOSSOPHARYNGEAL NERVE
G522	DISORDERS OF VAGUS NERVE
G523	DISORDERS OF HYPOGLOSSAL NERVE
G527	DISORDERS OF MULTIPLE CRANIAL NERVES
G528	DISORDERS OF OTHER SPECIFIED CRANIAL NERVES
G529	CRANIAL NERVE DISORDER, UNSPECIFIED
G53	CRANIAL NERVE DISORDERS IN DISEASES CLASSIFIED ELSEWHERE
G540	BRACHIAL PLEXUS DISORDERS
G541	LUMBOSACRAL PLEXUS DISORDERS
G542	CERVICAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED
G543	THORACIC ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED
G544	LUMBOSACRAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED
G545	NEURALGIC AMYOTROPHY
G546	PHANTOM LIMB SYNDROME WITH PAIN
G547	PHANTOM LIMB SYNDROME WITHOUT PAIN
G548	OTHER NERVE ROOT AND PLEXUS DISORDERS
G549	NERVE ROOT AND PLEXUS DISORDER, UNSPECIFIED

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
G55	NERVE ROOT AND PLEXUS COMPRESSIONS IN DISEASES CLASSIFIED ELSEWHERE
G5600	CARPAL TUNNEL SYNDROME, UNSPECIFIED UPPER LIMB
G5601	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB
G5602	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB
G5610	OTHER LESIONS OF MEDIAN NERVE, UNSPECIFIED UPPER LIMB
G5611	OTHER LESIONS OF MEDIAN NERVE, RIGHT UPPER LIMB
G5612	OTHER LESIONS OF MEDIAN NERVE, LEFT UPPER LIMB
G5620	LESION OF ULNAR NERVE, UNSPECIFIED UPPER LIMB
G5621	LESION OF ULNAR NERVE, RIGHT UPPER LIMB
G5622	LESION OF ULNAR NERVE, LEFT UPPER LIMB
G5630	LESION OF RADIAL NERVE, UNSPECIFIED UPPER LIMB
G5631	LESION OF RADIAL NERVE, RIGHT UPPER LIMB
G5632	LESION OF RADIAL NERVE, LEFT UPPER LIMB
G5640	CAUSALGIA OF UNSPECIFIED UPPER LIMB
G5641	CAUSALGIA OF RIGHT UPPER LIMB
G5642	CAUSALGIA OF LEFT UPPER LIMB
G5680	OTHER SPECIFIED MONONEUROPATHIES OF UNSPECIFIED UPPER LIMB
G5681	OTHER SPECIFIED MONONEUROPATHIES OF RIGHT UPPER LIMB
G5682	OTHER SPECIFIED MONONEUROPATHIES OF LEFT UPPER LIMB
G5690	UNSPECIFIED MONONEUROPATHY OF UNSPECIFIED UPPER LIMB
G5691	UNSPECIFIED MONONEUROPATHY OF RIGHT UPPER LIMB
G5692	UNSPECIFIED MONONEUROPATHY OF LEFT UPPER LIMB
G580	INTERCOSTAL NEUROPATHY
G587	MONONEURITIS MULTIPLEX
G600	HEREDITARY MOTOR AND SENSORY NEUROPATHY
G601	REFSUM'S DISEASE
G602	NEUROPATHY IN ASSOCIATION WITH HEREDITARY ATAXIA
G603	IDIOPATHIC PROGRESSIVE NEUROPATHY
G608	OTHER HEREDITARY AND IDIOPATHIC NEUROPATHIES
G609	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED
G800	SPASTIC QUADRIPLAGIC CEREBRAL PALSY
G801	SPASTIC DIPLEGIC CEREBRAL PALSY
G802	SPASTIC HEMIPLEGIC CEREBRAL PALSY
G803	ATHETOID CEREBRAL PALSY
G804	ATAXIC CEREBRAL PALSY

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
G808	OTHER CEREBRAL PALSY
G809	CEREBRAL PALSY, UNSPECIFIED
G8100	FLACCID HEMIPLEGIA AFFECTING UNSPECIFIED SIDE
G8101	FLACCID HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE
G8102	FLACCID HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE
G8103	FLACCID HEMIPLEGIA AFFECTING RIGHT NONDOMINANT SIDE
G8104	FLACCID HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE
G8110	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE
G8111	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE
G8112	SPASTIC HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE
G8113	SPASTIC HEMIPLEGIA AFFECTING RIGHT NONDOMINANT SIDE
G8114	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE
G8190	HEMIPLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE
G8191	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE
G8192	HEMIPLEGIA, UNSPECIFIED AFFECTING LEFT DOMINANT SIDE
G8193	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT NONDOMINANT SIDE
G8194	HEMIPLEGIA, UNSPECIFIED AFFECTING LEFT NONDOMINANT SIDE
G8220	PARAPLEGIA, UNSPECIFIED
G8221	PARAPLEGIA, COMPLETE
G8222	PARAPLEGIA, INCOMPLETE
G8250	QUADRIPLEGIA, UNSPECIFIED
G8251	QUADRIPLEGIA, C1-C4 COMPLETE
G8252	QUADRIPLEGIA, C1-C4 INCOMPLETE
G8253	QUADRIPLEGIA, C5-C7 COMPLETE
G8254	QUADRIPLEGIA, C5-C7 INCOMPLETE
G830	DIPLEGIA OF UPPER LIMBS
G8310	MONOPLÉGIA OF LOWER LIMB AFFECTING UNSPECIFIED SIDE
G8311	MONOPLÉGIA OF LOWER LIMB AFFECTING RIGHT DOMINANT SIDE
G8312	MONOPLÉGIA OF LOWER LIMB AFFECTING LEFT DOMINANT SIDE
G8313	MONOPLÉGIA OF LOWER LIMB AFFECTING RIGHT NONDOMINANT SIDE
G8314	MONOPLÉGIA OF LOWER LIMB AFFECTING LEFT NONDOMINANT SIDE
G8320	MONOPLÉGIA OF UPPER LIMB AFFECTING UNSPECIFIED SIDE
G8321	MONOPLÉGIA OF UPPER LIMB AFFECTING RIGHT DOMINANT SIDE
G8322	MONOPLÉGIA OF UPPER LIMB AFFECTING LEFT DOMINANT SIDE
G8323	MONOPLÉGIA OF UPPER LIMB AFFECTING RIGHT NONDOMINANT SIDE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
G8324	MONOPLÉGIA OF UPPER LIMB AFFECTING LEFT NONDOMINANT SIDE
G8330	MONOPLÉGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE
G8331	MONOPLÉGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE
G8332	MONOPLÉGIA, UNSPECIFIED AFFECTING LEFT DOMINANT SIDE
G8333	MONOPLÉGIA, UNSPECIFIED AFFECTING RIGHT NONDOMINANT SIDE
G8334	MONOPLÉGIA, UNSPECIFIED AFFECTING LEFT NONDOMINANT SIDE
G834	CAUDA EQUINA SYNDROME
G835	LOCKED-IN STATE
G8381	BROWN-SEQUARD SYNDROME
G8382	ANTERIOR CORD SYNDROME
G8383	POSTERIOR CORD SYNDROME
G8384	TODD'S PARALYSIS (POSTEPILEPTIC)
G8389	OTHER SPECIFIED PARALYTIC SYNDROMES
G839	PARALYTIC SYNDROME, UNSPECIFIED
G890	CENTRAL PAIN SYNDROME
G8921	CHRONIC PAIN DUE TO TRAUMA
G8922	CHRONIC POST-THORACOTOMY PAIN
G8928	OTHER CHRONIC POSTPROCEDURAL PAIN
G8929	OTHER CHRONIC PAIN
G893	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)
G894	CHRONIC PAIN SYNDROME
G9001	CAROTID SINUS SYNCOPE
G9009	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY
G902	HORNER'S SYNDROME
G903	MULTI-SYSTEM DEGENERATION OF THE AUTONOMIC NERVOUS SYSTEM
G904	AUTONOMIC DYSREFLEXIA
G9050	COMPLEX REGIONAL PAIN SYNDROME I, UNSPECIFIED
G90511	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT UPPER LIMB
G90512	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT UPPER LIMB
G90513	COMPLEX REGIONAL PAIN SYNDROME I OF UPPER LIMB, BILATERAL
G90519	COMPLEX REGIONAL PAIN SYNDROME I OF UNSPECIFIED UPPER LIMB
G90521	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB
G90522	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT LOWER LIMB
G90523	COMPLEX REGIONAL PAIN SYNDROME I OF LOWER LIMB, BILATERAL
G90529	COMPLEX REGIONAL PAIN SYNDROME I OF UNSPECIFIED LOWER LIMB

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
G9059	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE
G908	OTHER DISORDERS OF AUTONOMIC NERVOUS SYSTEM
G909	DISORDER OF THE AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED
G910	COMMUNICATING HYDROCEPHALUS
G911	OBSTRUCTIVE HYDROCEPHALUS
G912	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS
G913	POST-TRAUMATIC HYDROCEPHALUS, UNSPECIFIED
G914	HYDROCEPHALUS IN DISEASES CLASSIFIED ELSEWHERE
G918	OTHER HYDROCEPHALUS
G919	HYDROCEPHALUS, UNSPECIFIED
G92	TOXIC ENCEPHALOPATHY
G930	CEREBRAL CYSTS
G931	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED
G932	BENIGN INTRACRANIAL HYPERTENSION
G9340	ENCEPHALOPATHY, UNSPECIFIED
G9341	METABOLIC ENCEPHALOPATHY
G9349	OTHER ENCEPHALOPATHY
G935	COMPRESSION OF BRAIN
G936	CEREBRAL EDEMA
G937	REYE'S SYNDROME
G939	DISORDER OF BRAIN, UNSPECIFIED
G94	OTHER DISORDERS OF BRAIN IN DISEASES CLASSIFIED ELSEWHERE
G950	SYRINGOMYELIA AND SYRINGOBULBIA
G9511	ACUTE INFARCTION OF SPINAL CORD (EMBOLIC) (NONEMBOLIC)
G9519	OTHER VASCULAR MYELOPATHIES
G9520	UNSPECIFIED CORD COMPRESSION
G9529	OTHER CORD COMPRESSION
G9581	CONUS MEDULLARIS SYNDROME
G9589	OTHER SPECIFIED DISEASES OF SPINAL CORD
G959	DISEASE OF SPINAL CORD, UNSPECIFIED
G960	CEREBROSPINAL FLUID LEAK
G9611	DURAL TEAR
G9612	MENINGEAL ADHESIONS (CEREBRAL) (SPINAL)
G9619	OTHER DISORDERS OF MENINGES, NOT ELSEWHERE CLASSIFIED
G968	OTHER SPECIFIED DISORDERS OF CENTRAL NERVOUS SYSTEM
G969	DISORDER OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
G971	OTHER REACTION TO SPINAL AND LUMBAR PUNCTURE
G9741	ACCIDENTAL PUNCTURE OR LACERATION OF DURA DURING A PROCEDURE
G9782	OTHER POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF NERVOUS SYSTEM
G980	NEUROGENIC ARTHRITIS, NOT ELSEWHERE CLASSIFIED
G988	OTHER DISORDERS OF NERVOUS SYSTEM
G990	AUTONOMIC NEUROPATHY IN DISEASES CLASSIFIED ELSEWHERE
G992	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE
G998	OTHER SPECIFIED DISORDERS OF NERVOUS SYSTEM IN DISEASES CLASSIFIED ELSEWHERE
I6783	POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME
I70231	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION OF THIGH
I70232	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION OF CALF
I70233	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION OF ANKLE
I70234	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION OF HEEL AND MIDFOOT
I70235	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION OF OTHER PART OF FOOT
I70238	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION OF OTHER PART OF LOWER RIGHT LEG
I70239	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION OF UNSPECIFIED SITE
I70241	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION OF THIGH
I70242	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION OF CALF
I70243	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION OF ANKLE
I70244	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION OF HEEL AND MIDFOOT
I70245	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION OF OTHER PART OF FOOT
I70248	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION OF OTHER PART OF LOWER LEFT LEG
I70249	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION OF UNSPECIFIED SITE
I7025	ATHEROSCLEROSIS OF NATIVE ARTERIES OF OTHER EXTREMITIES WITH ULCERATION
I70331	ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF THIGH
I70332	ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF CALF

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
I70333	ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF ANKLE
I70334	ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF HEEL AND MIDFOOT
I70335	ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF FOOT
I70338	ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG
I70339	ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF UNSPECIFIED SITE
I70341	ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF THIGH
I70342	ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF CALF
I70343	ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF ANKLE
I70344	ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF HEEL AND MIDFOOT
I70345	ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF FOOT
I70348	ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG
I70349	ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF UNSPECIFIED SITE
I7035	ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF OTHER EXTREMITY WITH ULCERATION
I70431	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF THIGH
I70432	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF CALF
I70433	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF ANKLE
I70434	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF HEEL AND MIDFOOT
I70435	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF FOOT
I70438	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG
I70439	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF UNSPECIFIED SITE
I70441	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF THIGH
I70442	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF CALF
I70443	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF ANKLE
I70444	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF HEEL AND MIDFOOT

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
I70445	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF FOOT
I70448	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG
I70449	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF UNSPECIFIED SITE
I7045	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF OTHER EXTREMITY WITH ULCERATION
I70531	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF THIGH
I70532	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF CALF
I70533	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF ANKLE
I70534	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF HEEL AND MIDFOOT
I70535	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF FOOT
I70538	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG
I70539	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF UNSPECIFIED SITE
I70541	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF THIGH
I70542	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF CALF
I70543	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF ANKLE
I70544	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF HEEL AND MIDFOOT
I70545	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF FOOT
I70548	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG
I70549	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF UNSPECIFIED SITE
I7055	ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF OTHER EXTREMITY WITH ULCERATION
I70631	ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF THIGH

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
I70632	ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF CALF
I70633	ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF ANKLE
I70634	ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF HEEL AND MIDFOOT
I70635	ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF FOOT
I70638	ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG
I70639	ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF UNSPECIFIED SITE
I70641	ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF THIGH
I70642	ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF CALF
I70643	ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF ANKLE
I70644	ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF HEEL AND MIDFOOT
I70645	ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF FOOT
I70648	ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG
I70649	ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF UNSPECIFIED SITE
I7065	ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF OTHER EXTREMITY WITH ULCERATION
I70731	ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF THIGH
I70732	ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF CALF
I70733	ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF ANKLE
I70734	ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF HEEL AND MIDFOOT
I70735	ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF FOOT
I70738	ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG
I70739	ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF UNSPECIFIED SITE
I70741	ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF THIGH
I70742	ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF CALF
I70743	ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF ANKLE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
I70744	ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF HEEL AND MIDFOOT
I70745	ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF FOOT
I70748	ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG
I70749	ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF UNSPECIFIED SITE
I7075	ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF OTHER EXTREMITY WITH ULCERATION
I880	NONSPECIFIC MESENTERIC LYMPHADENITIS
I881	CHRONIC LYMPHADENITIS, EXCEPT MESENTERIC
I888	OTHER NONSPECIFIC LYMPHADENITIS
I889	NONSPECIFIC LYMPHADENITIS, UNSPECIFIED
L89000	PRESSURE ULCER OF UNSPECIFIED ELBOW, UNSTAGEABLE
L89001	PRESSURE ULCER OF UNSPECIFIED ELBOW, STAGE 1
L89002	PRESSURE ULCER OF UNSPECIFIED ELBOW, STAGE 2
L89003	PRESSURE ULCER OF UNSPECIFIED ELBOW, STAGE 3
L89004	PRESSURE ULCER OF UNSPECIFIED ELBOW, STAGE 4
L89009	PRESSURE ULCER OF UNSPECIFIED ELBOW, UNSPECIFIED STAGE
L89010	PRESSURE ULCER OF RIGHT ELBOW, UNSTAGEABLE
L89011	PRESSURE ULCER OF RIGHT ELBOW, STAGE 1
L89012	PRESSURE ULCER OF RIGHT ELBOW, STAGE 2
L89013	PRESSURE ULCER OF RIGHT ELBOW, STAGE 3
L89014	PRESSURE ULCER OF RIGHT ELBOW, STAGE 4
L89019	PRESSURE ULCER OF RIGHT ELBOW, UNSPECIFIED STAGE
L89020	PRESSURE ULCER OF LEFT ELBOW, UNSTAGEABLE
L89021	PRESSURE ULCER OF LEFT ELBOW, STAGE 1
L89022	PRESSURE ULCER OF LEFT ELBOW, STAGE 2
L89023	PRESSURE ULCER OF LEFT ELBOW, STAGE 3
L89024	PRESSURE ULCER OF LEFT ELBOW, STAGE 4
L89029	PRESSURE ULCER OF LEFT ELBOW, UNSPECIFIED STAGE
L89100	PRESSURE ULCER OF UNSPECIFIED PART OF BACK, UNSTAGEABLE
L89101	PRESSURE ULCER OF UNSPECIFIED PART OF BACK, STAGE 1
L89102	PRESSURE ULCER OF UNSPECIFIED PART OF BACK, STAGE 2
L89103	PRESSURE ULCER OF UNSPECIFIED PART OF BACK, STAGE 3
L89104	PRESSURE ULCER OF UNSPECIFIED PART OF BACK, STAGE 4
L89109	PRESSURE ULCER OF UNSPECIFIED PART OF BACK, UNSPECIFIED STAGE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
L89110	PRESSURE ULCER OF RIGHT UPPER BACK, UNSTAGEABLE
L89111	PRESSURE ULCER OF RIGHT UPPER BACK, STAGE 1
L89112	PRESSURE ULCER OF RIGHT UPPER BACK, STAGE 2
L89113	PRESSURE ULCER OF RIGHT UPPER BACK, STAGE 3
L89114	PRESSURE ULCER OF RIGHT UPPER BACK, STAGE 4
L89119	PRESSURE ULCER OF RIGHT UPPER BACK, UNSPECIFIED STAGE
L89120	PRESSURE ULCER OF LEFT UPPER BACK, UNSTAGEABLE
L89121	PRESSURE ULCER OF LEFT UPPER BACK, STAGE 1
L89122	PRESSURE ULCER OF LEFT UPPER BACK, STAGE 2
L89123	PRESSURE ULCER OF LEFT UPPER BACK, STAGE 3
L89124	PRESSURE ULCER OF LEFT UPPER BACK, STAGE 4
L89129	PRESSURE ULCER OF LEFT UPPER BACK, UNSPECIFIED STAGE
L89130	PRESSURE ULCER OF RIGHT LOWER BACK, UNSTAGEABLE
L89131	PRESSURE ULCER OF RIGHT LOWER BACK, STAGE 1
L89132	PRESSURE ULCER OF RIGHT LOWER BACK, STAGE 2
L89133	PRESSURE ULCER OF RIGHT LOWER BACK, STAGE 3
L89134	PRESSURE ULCER OF RIGHT LOWER BACK, STAGE 4
L89139	PRESSURE ULCER OF RIGHT LOWER BACK, UNSPECIFIED STAGE
L89140	PRESSURE ULCER OF LEFT LOWER BACK, UNSTAGEABLE
L89141	PRESSURE ULCER OF LEFT LOWER BACK, STAGE 1
L89142	PRESSURE ULCER OF LEFT LOWER BACK, STAGE 2
L89143	PRESSURE ULCER OF LEFT LOWER BACK, STAGE 3
L89144	PRESSURE ULCER OF LEFT LOWER BACK, STAGE 4
L89149	PRESSURE ULCER OF LEFT LOWER BACK, UNSPECIFIED STAGE
L89150	PRESSURE ULCER OF SACRAL REGION, UNSTAGEABLE
L89151	PRESSURE ULCER OF SACRAL REGION, STAGE 1
L89152	PRESSURE ULCER OF SACRAL REGION, STAGE 2
L89153	PRESSURE ULCER OF SACRAL REGION, STAGE 3
L89154	PRESSURE ULCER OF SACRAL REGION, STAGE 4
L89159	PRESSURE ULCER OF SACRAL REGION, UNSPECIFIED STAGE
L89200	PRESSURE ULCER OF UNSPECIFIED HIP, UNSTAGEABLE
L89201	PRESSURE ULCER OF UNSPECIFIED HIP, STAGE 1
L89202	PRESSURE ULCER OF UNSPECIFIED HIP, STAGE 2
L89203	PRESSURE ULCER OF UNSPECIFIED HIP, STAGE 3
L89204	PRESSURE ULCER OF UNSPECIFIED HIP, STAGE 4
L89209	PRESSURE ULCER OF UNSPECIFIED HIP, UNSPECIFIED STAGE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
L89210	PRESSURE ULCER OF RIGHT HIP, UNSTAGEABLE
L89211	PRESSURE ULCER OF RIGHT HIP, STAGE 1
L89212	PRESSURE ULCER OF RIGHT HIP, STAGE 2
L89213	PRESSURE ULCER OF RIGHT HIP, STAGE 3
L89214	PRESSURE ULCER OF RIGHT HIP, STAGE 4
L89219	PRESSURE ULCER OF RIGHT HIP, UNSPECIFIED STAGE
L89220	PRESSURE ULCER OF LEFT HIP, UNSTAGEABLE
L89221	PRESSURE ULCER OF LEFT HIP, STAGE 1
L89222	PRESSURE ULCER OF LEFT HIP, STAGE 2
L89223	PRESSURE ULCER OF LEFT HIP, STAGE 3
L89224	PRESSURE ULCER OF LEFT HIP, STAGE 4
L89229	PRESSURE ULCER OF LEFT HIP, UNSPECIFIED STAGE
L89300	PRESSURE ULCER OF UNSPECIFIED BUTTOCK, UNSTAGEABLE
L89301	PRESSURE ULCER OF UNSPECIFIED BUTTOCK, STAGE 1
L89302	PRESSURE ULCER OF UNSPECIFIED BUTTOCK, STAGE 2
L89303	PRESSURE ULCER OF UNSPECIFIED BUTTOCK, STAGE 3
L89304	PRESSURE ULCER OF UNSPECIFIED BUTTOCK, STAGE 4
L89309	PRESSURE ULCER OF UNSPECIFIED BUTTOCK, UNSPECIFIED STAGE
L89310	PRESSURE ULCER OF RIGHT BUTTOCK, UNSTAGEABLE
L89311	PRESSURE ULCER OF RIGHT BUTTOCK, STAGE 1
L89312	PRESSURE ULCER OF RIGHT BUTTOCK, STAGE 2
L89313	PRESSURE ULCER OF RIGHT BUTTOCK, STAGE 3
L89314	PRESSURE ULCER OF RIGHT BUTTOCK, STAGE 4
L89319	PRESSURE ULCER OF RIGHT BUTTOCK, UNSPECIFIED STAGE
L89320	PRESSURE ULCER OF LEFT BUTTOCK, UNSTAGEABLE
L89321	PRESSURE ULCER OF LEFT BUTTOCK, STAGE 1
L89322	PRESSURE ULCER OF LEFT BUTTOCK, STAGE 2
L89323	PRESSURE ULCER OF LEFT BUTTOCK, STAGE 3
L89324	PRESSURE ULCER OF LEFT BUTTOCK, STAGE 4
L89329	PRESSURE ULCER OF LEFT BUTTOCK, UNSPECIFIED STAGE
L8940	PRESSURE ULCER OF CONTIGUOUS SITE OF BACK, BUTTOCK AND HIP, UNSPECIFIED STAGE
L8941	PRESSURE ULCER OF CONTIGUOUS SITE OF BACK, BUTTOCK AND HIP, STAGE 1
L8942	PRESSURE ULCER OF CONTIGUOUS SITE OF BACK, BUTTOCK AND HIP, STAGE 2
L8943	PRESSURE ULCER OF CONTIGUOUS SITE OF BACK, BUTTOCK AND HIP, STAGE 3

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
L8944	PRESSURE ULCER OF CONTIGUOUS SITE OF BACK, BUTTOCK AND HIP, STAGE 4
L8945	PRESSURE ULCER OF CONTIGUOUS SITE OF BACK, BUTTOCK AND HIP, UNSTAGEABLE
L89500	PRESSURE ULCER OF UNSPECIFIED ANKLE, UNSTAGEABLE
L89501	PRESSURE ULCER OF UNSPECIFIED ANKLE, STAGE 1
L89502	PRESSURE ULCER OF UNSPECIFIED ANKLE, STAGE 2
L89503	PRESSURE ULCER OF UNSPECIFIED ANKLE, STAGE 3
L89504	PRESSURE ULCER OF UNSPECIFIED ANKLE, STAGE 4
L89509	PRESSURE ULCER OF UNSPECIFIED ANKLE, UNSPECIFIED STAGE
L89510	PRESSURE ULCER OF RIGHT ANKLE, UNSTAGEABLE
L89511	PRESSURE ULCER OF RIGHT ANKLE, STAGE 1
L89512	PRESSURE ULCER OF RIGHT ANKLE, STAGE 2
L89513	PRESSURE ULCER OF RIGHT ANKLE, STAGE 3
L89514	PRESSURE ULCER OF RIGHT ANKLE, STAGE 4
L89519	PRESSURE ULCER OF RIGHT ANKLE, UNSPECIFIED STAGE
L89520	PRESSURE ULCER OF LEFT ANKLE, UNSTAGEABLE
L89521	PRESSURE ULCER OF LEFT ANKLE, STAGE 1
L89522	PRESSURE ULCER OF LEFT ANKLE, STAGE 2
L89523	PRESSURE ULCER OF LEFT ANKLE, STAGE 3
L89524	PRESSURE ULCER OF LEFT ANKLE, STAGE 4
L89529	PRESSURE ULCER OF LEFT ANKLE, UNSPECIFIED STAGE
L89600	PRESSURE ULCER OF UNSPECIFIED HEEL, UNSTAGEABLE
L89601	PRESSURE ULCER OF UNSPECIFIED HEEL, STAGE 1
L89602	PRESSURE ULCER OF UNSPECIFIED HEEL, STAGE 2
L89603	PRESSURE ULCER OF UNSPECIFIED HEEL, STAGE 3
L89604	PRESSURE ULCER OF UNSPECIFIED HEEL, STAGE 4
L89609	PRESSURE ULCER OF UNSPECIFIED HEEL, UNSPECIFIED STAGE
L89610	PRESSURE ULCER OF RIGHT HEEL, UNSTAGEABLE
L89611	PRESSURE ULCER OF RIGHT HEEL, STAGE 1
L89612	PRESSURE ULCER OF RIGHT HEEL, STAGE 2
L89613	PRESSURE ULCER OF RIGHT HEEL, STAGE 3
L89614	PRESSURE ULCER OF RIGHT HEEL, STAGE 4
L89619	PRESSURE ULCER OF RIGHT HEEL, UNSPECIFIED STAGE
L89620	PRESSURE ULCER OF LEFT HEEL, UNSTAGEABLE
L89621	PRESSURE ULCER OF LEFT HEEL, STAGE 1
L89622	PRESSURE ULCER OF LEFT HEEL, STAGE 2

Table 5 (diagnosis of chronic non-malignant pain) Required quantity: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
L89623	PRESSURE ULCER OF LEFT HEEL, STAGE 3
L89624	PRESSURE ULCER OF LEFT HEEL, STAGE 4
L89629	PRESSURE ULCER OF LEFT HEEL, UNSPECIFIED STAGE
L89810	PRESSURE ULCER OF HEAD, UNSTAGEABLE
L89811	PRESSURE ULCER OF HEAD, STAGE 1
L89812	PRESSURE ULCER OF HEAD, STAGE 2
L89813	PRESSURE ULCER OF HEAD, STAGE 3
L89814	PRESSURE ULCER OF HEAD, STAGE 4
L89819	PRESSURE ULCER OF HEAD, UNSPECIFIED STAGE
L89890	PRESSURE ULCER OF OTHER SITE, UNSTAGEABLE
L89891	PRESSURE ULCER OF OTHER SITE, STAGE 1
L89892	PRESSURE ULCER OF OTHER SITE, STAGE 2
L89893	PRESSURE ULCER OF OTHER SITE, STAGE 3
L89894	PRESSURE ULCER OF OTHER SITE, STAGE 4
L89899	PRESSURE ULCER OF OTHER SITE, UNSPECIFIED STAGE
L8990	PRESSURE ULCER OF UNSPECIFIED SITE, UNSPECIFIED STAGE
L8991	PRESSURE ULCER OF UNSPECIFIED SITE, STAGE 1
L8992	PRESSURE ULCER OF UNSPECIFIED SITE, STAGE 2
L8993	PRESSURE ULCER OF UNSPECIFIED SITE, STAGE 3
L8994	PRESSURE ULCER OF UNSPECIFIED SITE, STAGE 4
L8995	PRESSURE ULCER OF UNSPECIFIED SITE, UNSTAGEABLE
L97101	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED THIGH LIMITED TO BREAKDOWN OF SKIN
L97102	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED THIGH WITH FAT LAYER EXPOSED
L97103	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED THIGH WITH NECROSIS OF MUSCLE
L97104	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED THIGH WITH NECROSIS OF BONE
L97109	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED THIGH WITH UNSPECIFIED SEVERITY
L97111	NON-PRESSURE CHRONIC ULCER OF RIGHT THIGH LIMITED TO BREAKDOWN OF SKIN
L97112	NON-PRESSURE CHRONIC ULCER OF RIGHT THIGH WITH FAT LAYER EXPOSED
L97113	NON-PRESSURE CHRONIC ULCER OF RIGHT THIGH WITH NECROSIS OF MUSCLE
L97114	NON-PRESSURE CHRONIC ULCER OF RIGHT THIGH WITH NECROSIS OF BONE
L97119	NON-PRESSURE CHRONIC ULCER OF RIGHT THIGH WITH UNSPECIFIED SEVERITY

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
L97121	NON-PRESSURE CHRONIC ULCER OF LEFT THIGH LIMITED TO BREAKDOWN OF SKIN
L97122	NON-PRESSURE CHRONIC ULCER OF LEFT THIGH WITH FAT LAYER EXPOSED
L97123	NON-PRESSURE CHRONIC ULCER OF LEFT THIGH WITH NECROSIS OF MUSCLE
L97124	NON-PRESSURE CHRONIC ULCER OF LEFT THIGH WITH NECROSIS OF BONE
L97129	NON-PRESSURE CHRONIC ULCER OF LEFT THIGH WITH UNSPECIFIED SEVERITY
L97201	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED CALF LIMITED TO BREAKDOWN OF SKIN
L97202	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED CALF WITH FAT LAYER EXPOSED
L97203	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED CALF WITH NECROSIS OF MUSCLE
L97204	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED CALF WITH NECROSIS OF BONE
L97209	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED CALF WITH UNSPECIFIED SEVERITY
L97211	NON-PRESSURE CHRONIC ULCER OF RIGHT CALF LIMITED TO BREAKDOWN OF SKIN
L97212	NON-PRESSURE CHRONIC ULCER OF RIGHT CALF WITH FAT LAYER EXPOSED
L97213	NON-PRESSURE CHRONIC ULCER OF RIGHT CALF WITH NECROSIS OF MUSCLE
L97214	NON-PRESSURE CHRONIC ULCER OF RIGHT CALF WITH NECROSIS OF BONE
L97219	NON-PRESSURE CHRONIC ULCER OF RIGHT CALF WITH UNSPECIFIED SEVERITY
L97221	NON-PRESSURE CHRONIC ULCER OF LEFT CALF LIMITED TO BREAKDOWN OF SKIN
L97222	NON-PRESSURE CHRONIC ULCER OF LEFT CALF WITH FAT LAYER EXPOSED
L97223	NON-PRESSURE CHRONIC ULCER OF LEFT CALF WITH NECROSIS OF MUSCLE
L97224	NON-PRESSURE CHRONIC ULCER OF LEFT CALF WITH NECROSIS OF BONE
L97229	NON-PRESSURE CHRONIC ULCER OF LEFT CALF WITH UNSPECIFIED SEVERITY
L97301	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED ANKLE LIMITED TO BREAKDOWN OF SKIN
L97302	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED ANKLE WITH FAT LAYER EXPOSED
L97303	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED ANKLE WITH NECROSIS OF MUSCLE
L97304	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED ANKLE WITH NECROSIS OF BONE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
L97309	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED ANKLE WITH UNSPECIFIED SEVERITY
L97311	NON-PRESSURE CHRONIC ULCER OF RIGHT ANKLE LIMITED TO BREAKDOWN OF SKIN
L97312	NON-PRESSURE CHRONIC ULCER OF RIGHT ANKLE WITH FAT LAYER EXPOSED
L97313	NON-PRESSURE CHRONIC ULCER OF RIGHT ANKLE WITH NECROSIS OF MUSCLE
L97314	NON-PRESSURE CHRONIC ULCER OF RIGHT ANKLE WITH NECROSIS OF BONE
L97319	NON-PRESSURE CHRONIC ULCER OF RIGHT ANKLE WITH UNSPECIFIED SEVERITY
L97321	NON-PRESSURE CHRONIC ULCER OF LEFT ANKLE LIMITED TO BREAKDOWN OF SKIN
L97322	NON-PRESSURE CHRONIC ULCER OF LEFT ANKLE WITH FAT LAYER EXPOSED
L97323	NON-PRESSURE CHRONIC ULCER OF LEFT ANKLE WITH NECROSIS OF MUSCLE
L97324	NON-PRESSURE CHRONIC ULCER OF LEFT ANKLE WITH NECROSIS OF BONE
L97329	NON-PRESSURE CHRONIC ULCER OF LEFT ANKLE WITH UNSPECIFIED SEVERITY
L97401	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED HEEL AND MIDFOOT LIMITED TO BREAKDOWN OF SKIN
L97402	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED HEEL AND MIDFOOT WITH FAT LAYER EXPOSED
L97403	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED HEEL AND MIDFOOT WITH NECROSIS OF MUSCLE
L97404	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED HEEL AND MIDFOOT WITH NECROSIS OF BONE
L97409	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED HEEL AND MIDFOOT WITH UNSPECIFIED SEVERITY
L97411	NON-PRESSURE CHRONIC ULCER OF RIGHT HEEL AND MIDFOOT LIMITED TO BREAKDOWN OF SKIN
L97412	NON-PRESSURE CHRONIC ULCER OF RIGHT HEEL AND MIDFOOT WITH FAT LAYER EXPOSED
L97413	NON-PRESSURE CHRONIC ULCER OF RIGHT HEEL AND MIDFOOT WITH NECROSIS OF MUSCLE
L97414	NON-PRESSURE CHRONIC ULCER OF RIGHT HEEL AND MIDFOOT WITH NECROSIS OF BONE
L97419	NON-PRESSURE CHRONIC ULCER OF RIGHT HEEL AND MIDFOOT WITH UNSPECIFIED SEVERITY
L97421	NON-PRESSURE CHRONIC ULCER OF LEFT HEEL AND MIDFOOT LIMITED TO BREAKDOWN OF SKIN
L97422	NON-PRESSURE CHRONIC ULCER OF LEFT HEEL AND MIDFOOT WITH FAT LAYER EXPOSED
L97423	NON-PRESSURE CHRONIC ULCER OF LEFT HEEL AND MIDFOOT WITH NECROSIS OF MUSCLE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
L97424	NON-PRESSURE CHRONIC ULCER OF LEFT HEEL AND MIDFOOT WITH NECROSIS OF BONE
L97429	NON-PRESSURE CHRONIC ULCER OF LEFT HEEL AND MIDFOOT WITH UNSPECIFIED SEVERITY
L97501	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED FOOT LIMITED TO BREAKDOWN OF SKIN
L97502	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED FOOT WITH FAT LAYER EXPOSED
L97503	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED FOOT WITH NECROSIS OF MUSCLE
L97504	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED FOOT WITH NECROSIS OF BONE
L97509	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED FOOT WITH UNSPECIFIED SEVERITY
L97511	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT FOOT LIMITED TO BREAKDOWN OF SKIN
L97512	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT FOOT WITH FAT LAYER EXPOSED
L97513	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT FOOT WITH NECROSIS OF MUSCLE
L97514	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT FOOT WITH NECROSIS OF BONE
L97519	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT FOOT WITH UNSPECIFIED SEVERITY
L97521	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT FOOT LIMITED TO BREAKDOWN OF SKIN
L97522	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT FOOT WITH FAT LAYER EXPOSED
L97523	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT FOOT WITH NECROSIS OF MUSCLE
L97524	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT FOOT WITH NECROSIS OF BONE
L97529	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT FOOT WITH UNSPECIFIED SEVERITY
L97801	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED LOWER LEG LIMITED TO BREAKDOWN OF SKIN
L97802	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED LOWER LEG WITH FAT LAYER EXPOSED
L97803	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED LOWER LEG WITH NECROSIS OF MUSCLE
L97804	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED LOWER LEG WITH NECROSIS OF BONE
L97809	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED LOWER LEG WITH UNSPECIFIED SEVERITY
L97811	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT LOWER LEG LIMITED TO BREAKDOWN OF SKIN
L97812	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT LOWER LEG WITH FAT LAYER EXPOSED

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
L97813	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT LOWER LEG WITH NECROSIS OF MUSCLE
L97814	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT LOWER LEG WITH NECROSIS OF BONE
L97819	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT LOWER LEG WITH UNSPECIFIED SEVERITY
L97821	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT LOWER LEG LIMITED TO BREAKDOWN OF SKIN
L97822	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT LOWER LEG WITH FAT LAYER EXPOSED
L97823	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT LOWER LEG WITH NECROSIS OF MUSCLE
L97824	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT LOWER LEG WITH NECROSIS OF BONE
L97829	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT LOWER LEG WITH UNSPECIFIED SEVERITY
L97901	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF UNSPECIFIED LOWER LEG LIMITED TO BREAKDOWN OF SKIN
L97902	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF UNSPECIFIED LOWER LEG WITH FAT LAYER EXPOSED
L97903	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF UNSPECIFIED LOWER LEG WITH NECROSIS OF MUSCLE
L97904	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF UNSPECIFIED LOWER LEG WITH NECROSIS OF BONE
L97909	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF UNSPECIFIED LOWER LEG WITH UNSPECIFIED SEVERITY
L97911	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF RIGHT LOWER LEG LIMITED TO BREAKDOWN OF SKIN
L97912	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF RIGHT LOWER LEG WITH FAT LAYER EXPOSED
L97913	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF RIGHT LOWER LEG WITH NECROSIS OF MUSCLE
L97914	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF RIGHT LOWER LEG WITH NECROSIS OF BONE
L97919	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF RIGHT LOWER LEG WITH UNSPECIFIED SEVERITY
L97921	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF LEFT LOWER LEG LIMITED TO BREAKDOWN OF SKIN
L97922	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF LEFT LOWER LEG WITH FAT LAYER EXPOSED
L97923	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF LEFT LOWER LEG WITH NECROSIS OF MUSCLE
L97924	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF LEFT LOWER LEG WITH NECROSIS OF BONE
L97929	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF LEFT LOWER LEG WITH UNSPECIFIED SEVERITY
L98411	NON-PRESSURE CHRONIC ULCER OF BUTTOCK LIMITED TO BREAKDOWN OF SKIN

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
L98412	NON-PRESSURE CHRONIC ULCER OF BUTTOCK WITH FAT LAYER EXPOSED
L98413	NON-PRESSURE CHRONIC ULCER OF BUTTOCK WITH NECROSIS OF MUSCLE
L98414	NON-PRESSURE CHRONIC ULCER OF BUTTOCK WITH NECROSIS OF BONE
L98419	NON-PRESSURE CHRONIC ULCER OF BUTTOCK WITH UNSPECIFIED SEVERITY
L98421	NON-PRESSURE CHRONIC ULCER OF BACK LIMITED TO BREAKDOWN OF SKIN
L98422	NON-PRESSURE CHRONIC ULCER OF BACK WITH FAT LAYER EXPOSED
L98423	NON-PRESSURE CHRONIC ULCER OF BACK WITH NECROSIS OF MUSCLE
L98424	NON-PRESSURE CHRONIC ULCER OF BACK WITH NECROSIS OF BONE
L98429	NON-PRESSURE CHRONIC ULCER OF BACK WITH UNSPECIFIED SEVERITY
L98491	NON-PRESSURE CHRONIC ULCER OF SKIN OF OTHER SITES LIMITED TO BREAKDOWN OF SKIN
L98492	NON-PRESSURE CHRONIC ULCER OF SKIN OF OTHER SITES WITH FAT LAYER EXPOSED
L98493	NON-PRESSURE CHRONIC ULCER OF SKIN OF OTHER SITES WITH NECROSIS OF MUSCLE
L98494	NON-PRESSURE CHRONIC ULCER OF SKIN OF OTHER SITES WITH NECROSIS OF BONE
L98499	NON-PRESSURE CHRONIC ULCER OF SKIN OF OTHER SITES WITH UNSPECIFIED SEVERITY
M0000	STAPHYLOCOCCAL ARTHRITIS, UNSPECIFIED JOINT
M00011	STAPHYLOCOCCAL ARTHRITIS, RIGHT SHOULDER
M00012	STAPHYLOCOCCAL ARTHRITIS, LEFT SHOULDER
M00019	STAPHYLOCOCCAL ARTHRITIS, UNSPECIFIED SHOULDER
M00021	STAPHYLOCOCCAL ARTHRITIS, RIGHT ELBOW
M00022	STAPHYLOCOCCAL ARTHRITIS, LEFT ELBOW
M00029	STAPHYLOCOCCAL ARTHRITIS, UNSPECIFIED ELBOW
M00031	STAPHYLOCOCCAL ARTHRITIS, RIGHT WRIST
M00032	STAPHYLOCOCCAL ARTHRITIS, LEFT WRIST
M00039	STAPHYLOCOCCAL ARTHRITIS, UNSPECIFIED WRIST
M00041	STAPHYLOCOCCAL ARTHRITIS, RIGHT HAND
M00042	STAPHYLOCOCCAL ARTHRITIS, LEFT HAND
M00049	STAPHYLOCOCCAL ARTHRITIS, UNSPECIFIED HAND
M00051	STAPHYLOCOCCAL ARTHRITIS, RIGHT HIP
M00052	STAPHYLOCOCCAL ARTHRITIS, LEFT HIP
M00059	STAPHYLOCOCCAL ARTHRITIS, UNSPECIFIED HIP

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M00061	STAPHYLOCOCCAL ARTHRITIS, RIGHT KNEE
M00062	STAPHYLOCOCCAL ARTHRITIS, LEFT KNEE
M00069	STAPHYLOCOCCAL ARTHRITIS, UNSPECIFIED KNEE
M00071	STAPHYLOCOCCAL ARTHRITIS, RIGHT ANKLE AND FOOT
M00072	STAPHYLOCOCCAL ARTHRITIS, LEFT ANKLE AND FOOT
M00079	STAPHYLOCOCCAL ARTHRITIS, UNSPECIFIED ANKLE AND FOOT
M0008	STAPHYLOCOCCAL ARTHRITIS, VERTEBRAE
M0009	STAPHYLOCOCCAL POLYARTHRITIS
M0010	PNEUMOCOCCAL ARTHRITIS, UNSPECIFIED JOINT
M00111	PNEUMOCOCCAL ARTHRITIS, RIGHT SHOULDER
M00112	PNEUMOCOCCAL ARTHRITIS, LEFT SHOULDER
M00119	PNEUMOCOCCAL ARTHRITIS, UNSPECIFIED SHOULDER
M00121	PNEUMOCOCCAL ARTHRITIS, RIGHT ELBOW
M00122	PNEUMOCOCCAL ARTHRITIS, LEFT ELBOW
M00129	PNEUMOCOCCAL ARTHRITIS, UNSPECIFIED ELBOW
M00131	PNEUMOCOCCAL ARTHRITIS, RIGHT WRIST
M00132	PNEUMOCOCCAL ARTHRITIS, LEFT WRIST
M00139	PNEUMOCOCCAL ARTHRITIS, UNSPECIFIED WRIST
M00141	PNEUMOCOCCAL ARTHRITIS, RIGHT HAND
M00142	PNEUMOCOCCAL ARTHRITIS, LEFT HAND
M00149	PNEUMOCOCCAL ARTHRITIS, UNSPECIFIED HAND
M00151	PNEUMOCOCCAL ARTHRITIS, RIGHT HIP
M00152	PNEUMOCOCCAL ARTHRITIS, LEFT HIP
M00159	PNEUMOCOCCAL ARTHRITIS, UNSPECIFIED HIP
M00161	PNEUMOCOCCAL ARTHRITIS, RIGHT KNEE
M00162	PNEUMOCOCCAL ARTHRITIS, LEFT KNEE
M00169	PNEUMOCOCCAL ARTHRITIS, UNSPECIFIED KNEE
M00171	PNEUMOCOCCAL ARTHRITIS, RIGHT ANKLE AND FOOT
M00172	PNEUMOCOCCAL ARTHRITIS, LEFT ANKLE AND FOOT
M00179	PNEUMOCOCCAL ARTHRITIS, UNSPECIFIED ANKLE AND FOOT
M0018	PNEUMOCOCCAL ARTHRITIS, VERTEBRAE
M0019	PNEUMOCOCCAL POLYARTHRITIS
M0020	OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED JOINT
M00211	OTHER STREPTOCOCCAL ARTHRITIS, RIGHT SHOULDER
M00212	OTHER STREPTOCOCCAL ARTHRITIS, LEFT SHOULDER
M00219	OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED SHOULDER

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M00221	OTHER STREPTOCOCCAL ARTHRITIS, RIGHT ELBOW
M00222	OTHER STREPTOCOCCAL ARTHRITIS, LEFT ELBOW
M00229	OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED ELBOW
M00231	OTHER STREPTOCOCCAL ARTHRITIS, RIGHT WRIST
M00232	OTHER STREPTOCOCCAL ARTHRITIS, LEFT WRIST
M00239	OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED WRIST
M00241	OTHER STREPTOCOCCAL ARTHRITIS, RIGHT HAND
M00242	OTHER STREPTOCOCCAL ARTHRITIS, LEFT HAND
M00249	OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED HAND
M00251	OTHER STREPTOCOCCAL ARTHRITIS, RIGHT HIP
M00252	OTHER STREPTOCOCCAL ARTHRITIS, LEFT HIP
M00259	OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED HIP
M00261	OTHER STREPTOCOCCAL ARTHRITIS, RIGHT KNEE
M00262	OTHER STREPTOCOCCAL ARTHRITIS, LEFT KNEE
M00269	OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED KNEE
M00271	OTHER STREPTOCOCCAL ARTHRITIS, RIGHT ANKLE AND FOOT
M00272	OTHER STREPTOCOCCAL ARTHRITIS, LEFT ANKLE AND FOOT
M00279	OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED ANKLE AND FOOT
M0028	OTHER STREPTOCOCCAL ARTHRITIS, VERTEBRAE
M0029	OTHER STREPTOCOCCAL POLYARTHRITIS
M0080	ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED JOINT
M00811	ARTHRITIS DUE TO OTHER BACTERIA, RIGHT SHOULDER
M00812	ARTHRITIS DUE TO OTHER BACTERIA, LEFT SHOULDER
M00819	ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED SHOULDER
M00821	ARTHRITIS DUE TO OTHER BACTERIA, RIGHT ELBOW
M00822	ARTHRITIS DUE TO OTHER BACTERIA, LEFT ELBOW
M00829	ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED ELBOW
M00831	ARTHRITIS DUE TO OTHER BACTERIA, RIGHT WRIST
M00832	ARTHRITIS DUE TO OTHER BACTERIA, LEFT WRIST
M00839	ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED WRIST
M00841	ARTHRITIS DUE TO OTHER BACTERIA, RIGHT HAND
M00842	ARTHRITIS DUE TO OTHER BACTERIA, LEFT HAND
M00849	ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED HAND
M00851	ARTHRITIS DUE TO OTHER BACTERIA, RIGHT HIP
M00852	ARTHRITIS DUE TO OTHER BACTERIA, LEFT HIP
M00859	ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED HIP

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M00861	ARTHRITIS DUE TO OTHER BACTERIA, RIGHT KNEE
M00862	ARTHRITIS DUE TO OTHER BACTERIA, LEFT KNEE
M00869	ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED KNEE
M00871	ARTHRITIS DUE TO OTHER BACTERIA, RIGHT ANKLE AND FOOT
M00872	ARTHRITIS DUE TO OTHER BACTERIA, LEFT ANKLE AND FOOT
M00879	ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED ANKLE AND FOOT
M0088	ARTHRITIS DUE TO OTHER BACTERIA, VERTEBRAE
M0089	POLYARTHRITIS DUE TO OTHER BACTERIA
M009	PYOGENIC ARTHRITIS, UNSPECIFIED
M01X0	DIRECT INFECTION OF UNSPECIFIED JOINT IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X11	DIRECT INFECTION OF RIGHT SHOULDER IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X12	DIRECT INFECTION OF LEFT SHOULDER IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X19	DIRECT INFECTION OF UNSPECIFIED SHOULDER IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X21	DIRECT INFECTION OF RIGHT ELBOW IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X22	DIRECT INFECTION OF LEFT ELBOW IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X29	DIRECT INFECTION OF UNSPECIFIED ELBOW IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X31	DIRECT INFECTION OF RIGHT WRIST IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X32	DIRECT INFECTION OF LEFT WRIST IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X39	DIRECT INFECTION OF UNSPECIFIED WRIST IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X41	DIRECT INFECTION OF RIGHT HAND IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X42	DIRECT INFECTION OF LEFT HAND IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X49	DIRECT INFECTION OF UNSPECIFIED HAND IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X51	DIRECT INFECTION OF RIGHT HIP IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X52	DIRECT INFECTION OF LEFT HIP IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X59	DIRECT INFECTION OF UNSPECIFIED HIP IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X61	DIRECT INFECTION OF RIGHT KNEE IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M01X62	DIRECT INFECTION OF LEFT KNEE IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X69	DIRECT INFECTION OF UNSPECIFIED KNEE IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X71	DIRECT INFECTION OF RIGHT ANKLE AND FOOT IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X72	DIRECT INFECTION OF LEFT ANKLE AND FOOT IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X79	DIRECT INFECTION OF UNSPECIFIED ANKLE AND FOOT IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X8	DIRECT INFECTION OF VERTEBRAE IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M01X9	DIRECT INFECTION OF MULTIPLE JOINTS IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE
M0200	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, UNSPECIFIED SITE
M02011	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, RIGHT SHOULDER
M02012	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, LEFT SHOULDER
M02019	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, UNSPECIFIED SHOULDER
M02021	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, RIGHT ELBOW
M02022	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, LEFT ELBOW
M02029	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, UNSPECIFIED ELBOW
M02031	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, RIGHT WRIST
M02032	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, LEFT WRIST
M02039	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, UNSPECIFIED WRIST
M02041	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, RIGHT HAND
M02042	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, LEFT HAND
M02049	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, UNSPECIFIED HAND
M02051	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, RIGHT HIP
M02052	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, LEFT HIP
M02059	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, UNSPECIFIED HIP
M02061	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, RIGHT KNEE
M02062	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, LEFT KNEE
M02069	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, UNSPECIFIED KNEE
M02071	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, RIGHT ANKLE AND FOOT
M02072	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, LEFT ANKLE AND FOOT
M02079	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, UNSPECIFIED ANKLE AND FOOT

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M0208	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, VERTEBRAE
M0209	ARTHROPATHY FOLLOWING INTESTINAL BYPASS, MULTIPLE SITES
M0210	POSTDYSENTERIC ARTHROPATHY, UNSPECIFIED SITE
M02111	POSTDYSENTERIC ARTHROPATHY, RIGHT SHOULDER
M02112	POSTDYSENTERIC ARTHROPATHY, LEFT SHOULDER
M02119	POSTDYSENTERIC ARTHROPATHY, UNSPECIFIED SHOULDER
M02121	POSTDYSENTERIC ARTHROPATHY, RIGHT ELBOW
M02122	POSTDYSENTERIC ARTHROPATHY, LEFT ELBOW
M02129	POSTDYSENTERIC ARTHROPATHY, UNSPECIFIED ELBOW
M02131	POSTDYSENTERIC ARTHROPATHY, RIGHT WRIST
M02132	POSTDYSENTERIC ARTHROPATHY, LEFT WRIST
M02139	POSTDYSENTERIC ARTHROPATHY, UNSPECIFIED WRIST
M02141	POSTDYSENTERIC ARTHROPATHY, RIGHT HAND
M02142	POSTDYSENTERIC ARTHROPATHY, LEFT HAND
M02149	POSTDYSENTERIC ARTHROPATHY, UNSPECIFIED HAND
M02151	POSTDYSENTERIC ARTHROPATHY, RIGHT HIP
M02152	POSTDYSENTERIC ARTHROPATHY, LEFT HIP
M02159	POSTDYSENTERIC ARTHROPATHY, UNSPECIFIED HIP
M02161	POSTDYSENTERIC ARTHROPATHY, RIGHT KNEE
M02162	POSTDYSENTERIC ARTHROPATHY, LEFT KNEE
M02169	POSTDYSENTERIC ARTHROPATHY, UNSPECIFIED KNEE
M02171	POSTDYSENTERIC ARTHROPATHY, RIGHT ANKLE AND FOOT
M02172	POSTDYSENTERIC ARTHROPATHY, LEFT ANKLE AND FOOT
M02179	POSTDYSENTERIC ARTHROPATHY, UNSPECIFIED ANKLE AND FOOT
M0218	POSTDYSENTERIC ARTHROPATHY, VERTEBRAE
M0219	POSTDYSENTERIC ARTHROPATHY, MULTIPLE SITES
M0220	POSTIMMUNIZATION ARTHROPATHY, UNSPECIFIED SITE
M02211	POSTIMMUNIZATION ARTHROPATHY, RIGHT SHOULDER
M02212	POSTIMMUNIZATION ARTHROPATHY, LEFT SHOULDER
M02219	POSTIMMUNIZATION ARTHROPATHY, UNSPECIFIED SHOULDER
M02221	POSTIMMUNIZATION ARTHROPATHY, RIGHT ELBOW
M02222	POSTIMMUNIZATION ARTHROPATHY, LEFT ELBOW
M02229	POSTIMMUNIZATION ARTHROPATHY, UNSPECIFIED ELBOW
M02231	POSTIMMUNIZATION ARTHROPATHY, RIGHT WRIST
M02232	POSTIMMUNIZATION ARTHROPATHY, LEFT WRIST
M02239	POSTIMMUNIZATION ARTHROPATHY, UNSPECIFIED WRIST

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M02241	POSTIMMUNIZATION ARTHROPATHY, RIGHT HAND
M02242	POSTIMMUNIZATION ARTHROPATHY, LEFT HAND
M02249	POSTIMMUNIZATION ARTHROPATHY, UNSPECIFIED HAND
M02251	POSTIMMUNIZATION ARTHROPATHY, RIGHT HIP
M02252	POSTIMMUNIZATION ARTHROPATHY, LEFT HIP
M02259	POSTIMMUNIZATION ARTHROPATHY, UNSPECIFIED HIP
M02261	POSTIMMUNIZATION ARTHROPATHY, RIGHT KNEE
M02262	POSTIMMUNIZATION ARTHROPATHY, LEFT KNEE
M02269	POSTIMMUNIZATION ARTHROPATHY, UNSPECIFIED KNEE
M02271	POSTIMMUNIZATION ARTHROPATHY, RIGHT ANKLE AND FOOT
M02272	POSTIMMUNIZATION ARTHROPATHY, LEFT ANKLE AND FOOT
M02279	POSTIMMUNIZATION ARTHROPATHY, UNSPECIFIED ANKLE AND FOOT
M0228	POSTIMMUNIZATION ARTHROPATHY, VERTEBRAE
M0229	POSTIMMUNIZATION ARTHROPATHY, MULTIPLE SITES
M0230	REITER'S DISEASE, UNSPECIFIED SITE
M02311	REITER'S DISEASE, RIGHT SHOULDER
M02312	REITER'S DISEASE, LEFT SHOULDER
M02319	REITER'S DISEASE, UNSPECIFIED SHOULDER
M02321	REITER'S DISEASE, RIGHT ELBOW
M02322	REITER'S DISEASE, LEFT ELBOW
M02329	REITER'S DISEASE, UNSPECIFIED ELBOW
M02331	REITER'S DISEASE, RIGHT WRIST
M02332	REITER'S DISEASE, LEFT WRIST
M02339	REITER'S DISEASE, UNSPECIFIED WRIST
M02341	REITER'S DISEASE, RIGHT HAND
M02342	REITER'S DISEASE, LEFT HAND
M02349	REITER'S DISEASE, UNSPECIFIED HAND
M02351	REITER'S DISEASE, RIGHT HIP
M02352	REITER'S DISEASE, LEFT HIP
M02359	REITER'S DISEASE, UNSPECIFIED HIP
M02361	REITER'S DISEASE, RIGHT KNEE
M02362	REITER'S DISEASE, LEFT KNEE
M02369	REITER'S DISEASE, UNSPECIFIED KNEE
M02371	REITER'S DISEASE, RIGHT ANKLE AND FOOT
M02372	REITER'S DISEASE, LEFT ANKLE AND FOOT
M02379	REITER'S DISEASE, UNSPECIFIED ANKLE AND FOOT

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M0238	REITER'S DISEASE, VERTEBRAE
M0239	REITER'S DISEASE, MULTIPLE SITES
M0280	OTHER REACTIVE ARTHROPATHIES, UNSPECIFIED SITE
M02811	OTHER REACTIVE ARTHROPATHIES, RIGHT SHOULDER
M02812	OTHER REACTIVE ARTHROPATHIES, LEFT SHOULDER
M02819	OTHER REACTIVE ARTHROPATHIES, UNSPECIFIED SHOULDER
M02821	OTHER REACTIVE ARTHROPATHIES, RIGHT ELBOW
M02822	OTHER REACTIVE ARTHROPATHIES, LEFT ELBOW
M02829	OTHER REACTIVE ARTHROPATHIES, UNSPECIFIED ELBOW
M02831	OTHER REACTIVE ARTHROPATHIES, RIGHT WRIST
M02832	OTHER REACTIVE ARTHROPATHIES, LEFT WRIST
M02839	OTHER REACTIVE ARTHROPATHIES, UNSPECIFIED WRIST
M02841	OTHER REACTIVE ARTHROPATHIES, RIGHT HAND
M02842	OTHER REACTIVE ARTHROPATHIES, LEFT HAND
M02849	OTHER REACTIVE ARTHROPATHIES, UNSPECIFIED HAND
M02851	OTHER REACTIVE ARTHROPATHIES, RIGHT HIP
M02852	OTHER REACTIVE ARTHROPATHIES, LEFT HIP
M02859	OTHER REACTIVE ARTHROPATHIES, UNSPECIFIED HIP
M02861	OTHER REACTIVE ARTHROPATHIES, RIGHT KNEE
M02862	OTHER REACTIVE ARTHROPATHIES, LEFT KNEE
M02869	OTHER REACTIVE ARTHROPATHIES, UNSPECIFIED KNEE
M02871	OTHER REACTIVE ARTHROPATHIES, RIGHT ANKLE AND FOOT
M02872	OTHER REACTIVE ARTHROPATHIES, LEFT ANKLE AND FOOT
M02879	OTHER REACTIVE ARTHROPATHIES, UNSPECIFIED ANKLE AND FOOT
M0288	OTHER REACTIVE ARTHROPATHIES, VERTEBRAE
M0289	OTHER REACTIVE ARTHROPATHIES, MULTIPLE SITES
M029	REACTIVE ARTHROPATHY, UNSPECIFIED
M0500	FELTY'S SYNDROME, UNSPECIFIED SITE
M05011	FELTY'S SYNDROME, RIGHT SHOULDER
M05012	FELTY'S SYNDROME, LEFT SHOULDER
M05019	FELTY'S SYNDROME, UNSPECIFIED SHOULDER
M05021	FELTY'S SYNDROME, RIGHT ELBOW
M05022	FELTY'S SYNDROME, LEFT ELBOW
M05029	FELTY'S SYNDROME, UNSPECIFIED ELBOW
M05031	FELTY'S SYNDROME, RIGHT WRIST
M05032	FELTY'S SYNDROME, LEFT WRIST

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M05039	FELTY'S SYNDROME, UNSPECIFIED WRIST
M05041	FELTY'S SYNDROME, RIGHT HAND
M05042	FELTY'S SYNDROME, LEFT HAND
M05049	FELTY'S SYNDROME, UNSPECIFIED HAND
M05051	FELTY'S SYNDROME, RIGHT HIP
M05052	FELTY'S SYNDROME, LEFT HIP
M05059	FELTY'S SYNDROME, UNSPECIFIED HIP
M05061	FELTY'S SYNDROME, RIGHT KNEE
M05062	FELTY'S SYNDROME, LEFT KNEE
M05069	FELTY'S SYNDROME, UNSPECIFIED KNEE
M05071	FELTY'S SYNDROME, RIGHT ANKLE AND FOOT
M05072	FELTY'S SYNDROME, LEFT ANKLE AND FOOT
M05079	FELTY'S SYNDROME, UNSPECIFIED ANKLE AND FOOT
M0509	FELTY'S SYNDROME, MULTIPLE SITES
M0510	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE
M05111	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER
M05112	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER
M05119	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER
M05121	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW
M05122	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW
M05129	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW
M05131	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST
M05132	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT WRIST
M05139	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST
M05141	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HAND
M05142	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HAND
M05149	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND
M05151	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HIP

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M05152	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HIP
M05159	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP
M05161	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE
M05162	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT KNEE
M05169	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE
M05171	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT
M05172	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT
M05179	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT
M0519	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES
M0520	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE
M05211	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER
M05212	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER
M05219	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER
M05221	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW
M05222	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW
M05229	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW
M05231	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST
M05232	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT WRIST
M05239	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST
M05241	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT HAND
M05242	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT HAND
M05249	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND
M05251	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT HIP
M05252	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT HIP

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M05259	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP
M05261	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE
M05262	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT KNEE
M05269	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE
M05271	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT
M05272	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT
M05279	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT
M0529	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES
M0530	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE
M05311	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER
M05312	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER
M05319	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER
M05321	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW
M05322	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW
M05329	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW
M05331	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST
M05332	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT WRIST
M05339	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST
M05341	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HAND
M05342	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HAND
M05349	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND
M05351	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HIP
M05352	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HIP
M05359	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M05361	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE
M05362	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT KNEE
M05369	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE
M05371	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT
M05372	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT
M05379	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT
M0539	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES
M0540	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE
M05411	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER
M05412	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER
M05419	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER
M05421	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW
M05422	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW
M05429	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW
M05431	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST
M05432	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT WRIST
M05439	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST
M05441	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HAND
M05442	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HAND
M05449	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND
M05451	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HIP
M05452	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HIP
M05459	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP
M05461	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M05462	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT KNEE
M05469	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE
M05471	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT
M05472	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT
M05479	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT
M0549	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES
M0550	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE
M05511	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER
M05512	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER
M05519	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER
M05521	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW
M05522	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW
M05529	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW
M05531	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST
M05532	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT WRIST
M05539	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST
M05541	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HAND
M05542	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HAND
M05549	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND
M05551	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HIP
M05552	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HIP
M05559	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP
M05561	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE
M05562	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT KNEE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M05569	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE
M05571	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT
M05572	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT
M05579	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT
M0559	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES
M0560	RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05611	RHEUMATOID ARTHRITIS OF RIGHT SHOULDER WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05612	RHEUMATOID ARTHRITIS OF LEFT SHOULDER WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05619	RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05621	RHEUMATOID ARTHRITIS OF RIGHT ELBOW WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05622	RHEUMATOID ARTHRITIS OF LEFT ELBOW WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05629	RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05631	RHEUMATOID ARTHRITIS OF RIGHT WRIST WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05632	RHEUMATOID ARTHRITIS OF LEFT WRIST WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05639	RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05641	RHEUMATOID ARTHRITIS OF RIGHT HAND WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05642	RHEUMATOID ARTHRITIS OF LEFT HAND WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05649	RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05651	RHEUMATOID ARTHRITIS OF RIGHT HIP WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05652	RHEUMATOID ARTHRITIS OF LEFT HIP WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05659	RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05661	RHEUMATOID ARTHRITIS OF RIGHT KNEE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05662	RHEUMATOID ARTHRITIS OF LEFT KNEE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05669	RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M05671	RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05672	RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05679	RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M0569	RHEUMATOID ARTHRITIS OF MULTIPLE SITES WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M0570	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SITE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05711	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT SHOULDER WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05712	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT SHOULDER WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05719	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SHOULDER WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05721	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ELBOW WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05722	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ELBOW WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05729	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ELBOW WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05731	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT WRIST WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05732	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT WRIST WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05739	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED WRIST WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05741	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HAND WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05742	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HAND WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05749	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HAND WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05751	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HIP WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05752	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HIP WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05759	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HIP WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05761	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT KNEE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05762	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT KNEE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05769	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED KNEE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M05771	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ANKLE AND FOOT WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05772	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ANKLE AND FOOT WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05779	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ANKLE AND FOOT WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M0579	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M0580	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SITE
M05811	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT SHOULDER
M05812	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT SHOULDER
M05819	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SHOULDER
M05821	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ELBOW
M05822	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ELBOW
M05829	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ELBOW
M05831	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT WRIST
M05832	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT WRIST
M05839	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED WRIST
M05841	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HAND
M05842	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HAND
M05849	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HAND
M05851	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HIP
M05852	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HIP
M05859	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HIP
M05861	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT KNEE
M05862	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT KNEE
M05869	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED KNEE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M05871	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ANKLE AND FOOT
M05872	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ANKLE AND FOOT
M05879	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ANKLE AND FOOT
M0589	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES
M059	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED
M0600	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED SITE
M06011	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT SHOULDER
M06012	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT SHOULDER
M06019	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED SHOULDER
M06021	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT ELBOW
M06022	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT ELBOW
M06029	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED ELBOW
M06031	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT WRIST
M06032	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT WRIST
M06039	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED WRIST
M06041	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND
M06042	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT HAND
M06049	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED HAND
M06051	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HIP
M06052	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT HIP
M06059	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED HIP
M06061	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT KNEE
M06062	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT KNEE
M06069	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED KNEE
M06071	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT ANKLE AND FOOT

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M06072	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT ANKLE AND FOOT
M06079	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED ANKLE AND FOOT
M0608	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, VERTEBRAE
M0609	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES
M061	ADULT-ONSET STILL'S DISEASE
M0620	RHEUMATOID BURSITIS, UNSPECIFIED SITE
M06211	RHEUMATOID BURSITIS, RIGHT SHOULDER
M06212	RHEUMATOID BURSITIS, LEFT SHOULDER
M06219	RHEUMATOID BURSITIS, UNSPECIFIED SHOULDER
M06221	RHEUMATOID BURSITIS, RIGHT ELBOW
M06222	RHEUMATOID BURSITIS, LEFT ELBOW
M06229	RHEUMATOID BURSITIS, UNSPECIFIED ELBOW
M06231	RHEUMATOID BURSITIS, RIGHT WRIST
M06232	RHEUMATOID BURSITIS, LEFT WRIST
M06239	RHEUMATOID BURSITIS, UNSPECIFIED WRIST
M06241	RHEUMATOID BURSITIS, RIGHT HAND
M06242	RHEUMATOID BURSITIS, LEFT HAND
M06249	RHEUMATOID BURSITIS, UNSPECIFIED HAND
M06251	RHEUMATOID BURSITIS, RIGHT HIP
M06252	RHEUMATOID BURSITIS, LEFT HIP
M06259	RHEUMATOID BURSITIS, UNSPECIFIED HIP
M06261	RHEUMATOID BURSITIS, RIGHT KNEE
M06262	RHEUMATOID BURSITIS, LEFT KNEE
M06269	RHEUMATOID BURSITIS, UNSPECIFIED KNEE
M06271	RHEUMATOID BURSITIS, RIGHT ANKLE AND FOOT
M06272	RHEUMATOID BURSITIS, LEFT ANKLE AND FOOT
M06279	RHEUMATOID BURSITIS, UNSPECIFIED ANKLE AND FOOT
M0628	RHEUMATOID BURSITIS, VERTEBRAE
M0629	RHEUMATOID BURSITIS, MULTIPLE SITES
M0630	RHEUMATOID NODULE, UNSPECIFIED SITE
M06311	RHEUMATOID NODULE, RIGHT SHOULDER
M06312	RHEUMATOID NODULE, LEFT SHOULDER
M06319	RHEUMATOID NODULE, UNSPECIFIED SHOULDER
M06321	RHEUMATOID NODULE, RIGHT ELBOW

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M06322	RHEUMATOID NODULE, LEFT ELBOW
M06329	RHEUMATOID NODULE, UNSPECIFIED ELBOW
M06331	RHEUMATOID NODULE, RIGHT WRIST
M06332	RHEUMATOID NODULE, LEFT WRIST
M06339	RHEUMATOID NODULE, UNSPECIFIED WRIST
M06341	RHEUMATOID NODULE, RIGHT HAND
M06342	RHEUMATOID NODULE, LEFT HAND
M06349	RHEUMATOID NODULE, UNSPECIFIED HAND
M06351	RHEUMATOID NODULE, RIGHT HIP
M06352	RHEUMATOID NODULE, LEFT HIP
M06359	RHEUMATOID NODULE, UNSPECIFIED HIP
M06361	RHEUMATOID NODULE, RIGHT KNEE
M06362	RHEUMATOID NODULE, LEFT KNEE
M06369	RHEUMATOID NODULE, UNSPECIFIED KNEE
M06371	RHEUMATOID NODULE, RIGHT ANKLE AND FOOT
M06372	RHEUMATOID NODULE, LEFT ANKLE AND FOOT
M06379	RHEUMATOID NODULE, UNSPECIFIED ANKLE AND FOOT
M0638	RHEUMATOID NODULE, VERTEBRAE
M0639	RHEUMATOID NODULE, MULTIPLE SITES
M064	INFLAMMATORY POLYARTHRITIS
M0680	OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED SITE
M06811	OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT SHOULDER
M06812	OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT SHOULDER
M06819	OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED SHOULDER
M06821	OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT ELBOW
M06822	OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT ELBOW
M06829	OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED ELBOW
M06831	OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT WRIST
M06832	OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT WRIST
M06839	OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED WRIST
M06841	OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT HAND
M06842	OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT HAND
M06849	OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED HAND
M06851	OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT HIP
M06852	OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT HIP

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M06859	OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED HIP
M06861	OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT KNEE
M06862	OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT KNEE
M06869	OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED KNEE
M06871	OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT ANKLE AND FOOT
M06872	OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT ANKLE AND FOOT
M06879	OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED ANKLE AND FOOT
M0688	OTHER SPECIFIED RHEUMATOID ARTHRITIS, VERTEBRAE
M0689	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES
M069	RHEUMATOID ARTHRITIS, UNSPECIFIED
M0760	ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED SITE
M07611	ENTEROPATHIC ARTHROPATHIES, RIGHT SHOULDER
M07612	ENTEROPATHIC ARTHROPATHIES, LEFT SHOULDER
M07619	ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED SHOULDER
M07621	ENTEROPATHIC ARTHROPATHIES, RIGHT ELBOW
M07622	ENTEROPATHIC ARTHROPATHIES, LEFT ELBOW
M07629	ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED ELBOW
M07631	ENTEROPATHIC ARTHROPATHIES, RIGHT WRIST
M07632	ENTEROPATHIC ARTHROPATHIES, LEFT WRIST
M07639	ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED WRIST
M07641	ENTEROPATHIC ARTHROPATHIES, RIGHT HAND
M07642	ENTEROPATHIC ARTHROPATHIES, LEFT HAND
M07649	ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED HAND
M07651	ENTEROPATHIC ARTHROPATHIES, RIGHT HIP
M07652	ENTEROPATHIC ARTHROPATHIES, LEFT HIP
M07659	ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED HIP
M07661	ENTEROPATHIC ARTHROPATHIES, RIGHT KNEE
M07662	ENTEROPATHIC ARTHROPATHIES, LEFT KNEE
M07669	ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED KNEE
M07671	ENTEROPATHIC ARTHROPATHIES, RIGHT ANKLE AND FOOT
M07672	ENTEROPATHIC ARTHROPATHIES, LEFT ANKLE AND FOOT
M07679	ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED ANKLE AND FOOT
M0768	ENTEROPATHIC ARTHROPATHIES, VERTEBRAE
M0769	ENTEROPATHIC ARTHROPATHIES, MULTIPLE SITES
M0800	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M08011	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT SHOULDER
M08012	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT SHOULDER
M08019	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED SHOULDER
M08021	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT ELBOW
M08022	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT ELBOW
M08029	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED ELBOW
M08031	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT WRIST
M08032	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT WRIST
M08039	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED WRIST
M08041	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT HAND
M08042	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT HAND
M08049	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED HAND
M08051	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT HIP
M08052	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT HIP
M08059	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED HIP
M08061	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT KNEE
M08062	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT KNEE
M08069	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED KNEE
M08071	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT ANKLE AND FOOT
M08072	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT ANKLE AND FOOT
M08079	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED ANKLE AND FOOT
M0808	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, VERTEBRAE
M0809	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, MULTIPLE SITES
M081	JUVENILE ANKYLOSING SPONDYLITIS
M0820	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED SITE
M08211	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT SHOULDER
M08212	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT SHOULDER
M08219	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED SHOULDER
M08221	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT ELBOW

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M08222	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT ELBOW
M08229	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED ELBOW
M08231	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT WRIST
M08232	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT WRIST
M08239	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED WRIST
M08241	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT HAND
M08242	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT HAND
M08249	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED HAND
M08251	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT HIP
M08252	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT HIP
M08259	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED HIP
M08261	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT KNEE
M08262	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT KNEE
M08269	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED KNEE
M08271	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT ANKLE AND FOOT
M08272	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT ANKLE AND FOOT
M08279	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED ANKLE AND FOOT
M0828	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, VERTEBRAE
M0829	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, MULTIPLE SITES
M083	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)
M0840	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED SITE
M08411	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT SHOULDER
M08412	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT SHOULDER
M08419	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED SHOULDER
M08421	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT ELBOW

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M08422	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT ELBOW
M08429	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED ELBOW
M08431	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT WRIST
M08432	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT WRIST
M08439	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED WRIST
M08441	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT HAND
M08442	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT HAND
M08449	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED HAND
M08451	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT HIP
M08452	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT HIP
M08459	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED HIP
M08461	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT KNEE
M08462	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT KNEE
M08469	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED KNEE
M08471	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT ANKLE AND FOOT
M08472	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT ANKLE AND FOOT
M08479	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED ANKLE AND FOOT
M0848	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, VERTEBRAE
M0880	OTHER JUVENILE ARTHRITIS, UNSPECIFIED SITE
M08811	OTHER JUVENILE ARTHRITIS, RIGHT SHOULDER
M08812	OTHER JUVENILE ARTHRITIS, LEFT SHOULDER
M08819	OTHER JUVENILE ARTHRITIS, UNSPECIFIED SHOULDER
M08821	OTHER JUVENILE ARTHRITIS, RIGHT ELBOW
M08822	OTHER JUVENILE ARTHRITIS, LEFT ELBOW
M08829	OTHER JUVENILE ARTHRITIS, UNSPECIFIED ELBOW
M08831	OTHER JUVENILE ARTHRITIS, RIGHT WRIST
M08832	OTHER JUVENILE ARTHRITIS, LEFT WRIST
M08839	OTHER JUVENILE ARTHRITIS, UNSPECIFIED WRIST
M08841	OTHER JUVENILE ARTHRITIS, RIGHT HAND
M08842	OTHER JUVENILE ARTHRITIS, LEFT HAND
M08849	OTHER JUVENILE ARTHRITIS, UNSPECIFIED HAND
M08851	OTHER JUVENILE ARTHRITIS, RIGHT HIP

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M08852	OTHER JUVENILE ARTHRITIS, LEFT HIP
M08859	OTHER JUVENILE ARTHRITIS, UNSPECIFIED HIP
M08861	OTHER JUVENILE ARTHRITIS, RIGHT KNEE
M08862	OTHER JUVENILE ARTHRITIS, LEFT KNEE
M08869	OTHER JUVENILE ARTHRITIS, UNSPECIFIED KNEE
M08871	OTHER JUVENILE ARTHRITIS, RIGHT ANKLE AND FOOT
M08872	OTHER JUVENILE ARTHRITIS, LEFT ANKLE AND FOOT
M08879	OTHER JUVENILE ARTHRITIS, UNSPECIFIED ANKLE AND FOOT
M0888	OTHER JUVENILE ARTHRITIS, OTHER SPECIFIED SITE
M0889	OTHER JUVENILE ARTHRITIS, MULTIPLE SITES
M0890	JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED SITE
M08911	JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT SHOULDER
M08912	JUVENILE ARTHRITIS, UNSPECIFIED, LEFT SHOULDER
M08919	JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED SHOULDER
M08921	JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT ELBOW
M08922	JUVENILE ARTHRITIS, UNSPECIFIED, LEFT ELBOW
M08929	JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED ELBOW
M08931	JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT WRIST
M08932	JUVENILE ARTHRITIS, UNSPECIFIED, LEFT WRIST
M08939	JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED WRIST
M08941	JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT HAND
M08942	JUVENILE ARTHRITIS, UNSPECIFIED, LEFT HAND
M08949	JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED HAND
M08951	JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT HIP
M08952	JUVENILE ARTHRITIS, UNSPECIFIED, LEFT HIP
M08959	JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED HIP
M08961	JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT KNEE
M08962	JUVENILE ARTHRITIS, UNSPECIFIED, LEFT KNEE
M08969	JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED KNEE
M08971	JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT ANKLE AND FOOT
M08972	JUVENILE ARTHRITIS, UNSPECIFIED, LEFT ANKLE AND FOOT
M08979	JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED ANKLE AND FOOT
M0898	JUVENILE ARTHRITIS, UNSPECIFIED, VERTEBRAE
M0899	JUVENILE ARTHRITIS, UNSPECIFIED, MULTIPLE SITES
M1100	HYDROXYAPATITE DEPOSITION DISEASE, UNSPECIFIED SITE
M11011	HYDROXYAPATITE DEPOSITION DISEASE, RIGHT SHOULDER

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M11012	HYDROXYAPATITE DEPOSITION DISEASE, LEFT SHOULDER
M11019	HYDROXYAPATITE DEPOSITION DISEASE, UNSPECIFIED SHOULDER
M11021	HYDROXYAPATITE DEPOSITION DISEASE, RIGHT ELBOW
M11022	HYDROXYAPATITE DEPOSITION DISEASE, LEFT ELBOW
M11029	HYDROXYAPATITE DEPOSITION DISEASE, UNSPECIFIED ELBOW
M11031	HYDROXYAPATITE DEPOSITION DISEASE, RIGHT WRIST
M11032	HYDROXYAPATITE DEPOSITION DISEASE, LEFT WRIST
M11039	HYDROXYAPATITE DEPOSITION DISEASE, UNSPECIFIED WRIST
M11041	HYDROXYAPATITE DEPOSITION DISEASE, RIGHT HAND
M11042	HYDROXYAPATITE DEPOSITION DISEASE, LEFT HAND
M11049	HYDROXYAPATITE DEPOSITION DISEASE, UNSPECIFIED HAND
M11051	HYDROXYAPATITE DEPOSITION DISEASE, RIGHT HIP
M11052	HYDROXYAPATITE DEPOSITION DISEASE, LEFT HIP
M11059	HYDROXYAPATITE DEPOSITION DISEASE, UNSPECIFIED HIP
M11061	HYDROXYAPATITE DEPOSITION DISEASE, RIGHT KNEE
M11062	HYDROXYAPATITE DEPOSITION DISEASE, LEFT KNEE
M11069	HYDROXYAPATITE DEPOSITION DISEASE, UNSPECIFIED KNEE
M11071	HYDROXYAPATITE DEPOSITION DISEASE, RIGHT ANKLE AND FOOT
M11072	HYDROXYAPATITE DEPOSITION DISEASE, LEFT ANKLE AND FOOT
M11079	HYDROXYAPATITE DEPOSITION DISEASE, UNSPECIFIED ANKLE AND FOOT
M1108	HYDROXYAPATITE DEPOSITION DISEASE, VERTEBRAE
M1109	HYDROXYAPATITE DEPOSITION DISEASE, MULTIPLE SITES
M1110	FAMILIAL CHONDROCALCINOSIS, UNSPECIFIED SITE
M11111	FAMILIAL CHONDROCALCINOSIS, RIGHT SHOULDER
M11112	FAMILIAL CHONDROCALCINOSIS, LEFT SHOULDER
M11119	FAMILIAL CHONDROCALCINOSIS, UNSPECIFIED SHOULDER
M11121	FAMILIAL CHONDROCALCINOSIS, RIGHT ELBOW
M11122	FAMILIAL CHONDROCALCINOSIS, LEFT ELBOW
M11129	FAMILIAL CHONDROCALCINOSIS, UNSPECIFIED ELBOW
M11131	FAMILIAL CHONDROCALCINOSIS, RIGHT WRIST
M11132	FAMILIAL CHONDROCALCINOSIS, LEFT WRIST
M11139	FAMILIAL CHONDROCALCINOSIS, UNSPECIFIED WRIST
M11141	FAMILIAL CHONDROCALCINOSIS, RIGHT HAND
M11142	FAMILIAL CHONDROCALCINOSIS, LEFT HAND
M11149	FAMILIAL CHONDROCALCINOSIS, UNSPECIFIED HAND

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M11151	FAMILIAL CHONDROCALCINOSIS, RIGHT HIP
M11152	FAMILIAL CHONDROCALCINOSIS, LEFT HIP
M11159	FAMILIAL CHONDROCALCINOSIS, UNSPECIFIED HIP
M11161	FAMILIAL CHONDROCALCINOSIS, RIGHT KNEE
M11162	FAMILIAL CHONDROCALCINOSIS, LEFT KNEE
M11169	FAMILIAL CHONDROCALCINOSIS, UNSPECIFIED KNEE
M11171	FAMILIAL CHONDROCALCINOSIS, RIGHT ANKLE AND FOOT
M11172	FAMILIAL CHONDROCALCINOSIS, LEFT ANKLE AND FOOT
M11179	FAMILIAL CHONDROCALCINOSIS, UNSPECIFIED ANKLE AND FOOT
M1118	FAMILIAL CHONDROCALCINOSIS, VERTEBRAE
M1119	FAMILIAL CHONDROCALCINOSIS, MULTIPLE SITES
M1120	OTHER CHONDROCALCINOSIS, UNSPECIFIED SITE
M11211	OTHER CHONDROCALCINOSIS, RIGHT SHOULDER
M11212	OTHER CHONDROCALCINOSIS, LEFT SHOULDER
M11219	OTHER CHONDROCALCINOSIS, UNSPECIFIED SHOULDER
M11221	OTHER CHONDROCALCINOSIS, RIGHT ELBOW
M11222	OTHER CHONDROCALCINOSIS, LEFT ELBOW
M11229	OTHER CHONDROCALCINOSIS, UNSPECIFIED ELBOW
M11231	OTHER CHONDROCALCINOSIS, RIGHT WRIST
M11232	OTHER CHONDROCALCINOSIS, LEFT WRIST
M11239	OTHER CHONDROCALCINOSIS, UNSPECIFIED WRIST
M11241	OTHER CHONDROCALCINOSIS, RIGHT HAND
M11242	OTHER CHONDROCALCINOSIS, LEFT HAND
M11249	OTHER CHONDROCALCINOSIS, UNSPECIFIED HAND
M11251	OTHER CHONDROCALCINOSIS, RIGHT HIP
M11252	OTHER CHONDROCALCINOSIS, LEFT HIP
M11259	OTHER CHONDROCALCINOSIS, UNSPECIFIED HIP
M11261	OTHER CHONDROCALCINOSIS, RIGHT KNEE
M11262	OTHER CHONDROCALCINOSIS, LEFT KNEE
M11269	OTHER CHONDROCALCINOSIS, UNSPECIFIED KNEE
M11271	OTHER CHONDROCALCINOSIS, RIGHT ANKLE AND FOOT
M11272	OTHER CHONDROCALCINOSIS, LEFT ANKLE AND FOOT
M11279	OTHER CHONDROCALCINOSIS, UNSPECIFIED ANKLE AND FOOT
M1128	OTHER CHONDROCALCINOSIS, VERTEBRAE
M1129	OTHER CHONDROCALCINOSIS, MULTIPLE SITES
M1180	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, UNSPECIFIED SITE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M11811	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, RIGHT SHOULDER
M11812	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, LEFT SHOULDER
M11819	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, UNSPECIFIED SHOULDER
M11821	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, RIGHT ELBOW
M11822	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, LEFT ELBOW
M11829	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, UNSPECIFIED ELBOW
M11831	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, RIGHT WRIST
M11832	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, LEFT WRIST
M11839	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, UNSPECIFIED WRIST
M11841	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, RIGHT HAND
M11842	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, LEFT HAND
M11849	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, UNSPECIFIED HAND
M11851	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, RIGHT HIP
M11852	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, LEFT HIP
M11859	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, UNSPECIFIED HIP
M11861	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, RIGHT KNEE
M11862	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, LEFT KNEE
M11869	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, UNSPECIFIED KNEE
M11871	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, RIGHT ANKLE AND FOOT
M11872	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, LEFT ANKLE AND FOOT
M11879	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, UNSPECIFIED ANKLE AND FOOT
M1188	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, VERTEBRAE
M1189	OTHER SPECIFIED CRYSTAL ARTHROPATHIES, MULTIPLE SITES
M119	CRYSTAL ARTHROPATHY, UNSPECIFIED
M1200	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], UNSPECIFIED SITE
M12011	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT SHOULDER
M12012	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT SHOULDER
M12019	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], UNSPECIFIED SHOULDER
M12021	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT ELBOW
M12022	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT ELBOW
M12029	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], UNSPECIFIED ELBOW
M12031	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT WRIST

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M12032	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT WRIST
M12039	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], UNSPECIFIED WRIST
M12041	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT HAND
M12042	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT HAND
M12049	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], UNSPECIFIED HAND
M12051	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT HIP
M12052	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT HIP
M12059	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], UNSPECIFIED HIP
M12061	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT KNEE
M12062	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT KNEE
M12069	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], UNSPECIFIED KNEE
M12071	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT ANKLE AND FOOT
M12072	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT ANKLE AND FOOT
M12079	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], UNSPECIFIED ANKLE AND FOOT
M1208	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], OTHER SPECIFIED SITE
M1209	CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], MULTIPLE SITES
M1210	KASCHIN-BECK DISEASE, UNSPECIFIED SITE
M12111	KASCHIN-BECK DISEASE, RIGHT SHOULDER
M12112	KASCHIN-BECK DISEASE, LEFT SHOULDER
M12119	KASCHIN-BECK DISEASE, UNSPECIFIED SHOULDER
M12121	KASCHIN-BECK DISEASE, RIGHT ELBOW
M12122	KASCHIN-BECK DISEASE, LEFT ELBOW
M12129	KASCHIN-BECK DISEASE, UNSPECIFIED ELBOW
M12131	KASCHIN-BECK DISEASE, RIGHT WRIST
M12132	KASCHIN-BECK DISEASE, LEFT WRIST
M12139	KASCHIN-BECK DISEASE, UNSPECIFIED WRIST
M12141	KASCHIN-BECK DISEASE, RIGHT HAND
M12142	KASCHIN-BECK DISEASE, LEFT HAND
M12149	KASCHIN-BECK DISEASE, UNSPECIFIED HAND
M12151	KASCHIN-BECK DISEASE, RIGHT HIP
M12152	KASCHIN-BECK DISEASE, LEFT HIP

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M12159	KASCHIN-BECK DISEASE, UNSPECIFIED HIP
M12161	KASCHIN-BECK DISEASE, RIGHT KNEE
M12162	KASCHIN-BECK DISEASE, LEFT KNEE
M12169	KASCHIN-BECK DISEASE, UNSPECIFIED KNEE
M12171	KASCHIN-BECK DISEASE, RIGHT ANKLE AND FOOT
M12172	KASCHIN-BECK DISEASE, LEFT ANKLE AND FOOT
M12179	KASCHIN-BECK DISEASE, UNSPECIFIED ANKLE AND FOOT
M1218	KASCHIN-BECK DISEASE, VERTEBRAE
M1219	KASCHIN-BECK DISEASE, MULTIPLE SITES
M1220	VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED SITE
M12211	VILLONODULAR SYNOVITIS (PIGMENTED), RIGHT SHOULDER
M12212	VILLONODULAR SYNOVITIS (PIGMENTED), LEFT SHOULDER
M12219	VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED SHOULDER
M12221	VILLONODULAR SYNOVITIS (PIGMENTED), RIGHT ELBOW
M12222	VILLONODULAR SYNOVITIS (PIGMENTED), LEFT ELBOW
M12229	VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED ELBOW
M12231	VILLONODULAR SYNOVITIS (PIGMENTED), RIGHT WRIST
M12232	VILLONODULAR SYNOVITIS (PIGMENTED), LEFT WRIST
M12239	VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED WRIST
M12241	VILLONODULAR SYNOVITIS (PIGMENTED), RIGHT HAND
M12242	VILLONODULAR SYNOVITIS (PIGMENTED), LEFT HAND
M12249	VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED HAND
M12251	VILLONODULAR SYNOVITIS (PIGMENTED), RIGHT HIP
M12252	VILLONODULAR SYNOVITIS (PIGMENTED), LEFT HIP
M12259	VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED HIP
M12261	VILLONODULAR SYNOVITIS (PIGMENTED), RIGHT KNEE
M12262	VILLONODULAR SYNOVITIS (PIGMENTED), LEFT KNEE
M12269	VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED KNEE
M12271	VILLONODULAR SYNOVITIS (PIGMENTED), RIGHT ANKLE AND FOOT
M12272	VILLONODULAR SYNOVITIS (PIGMENTED), LEFT ANKLE AND FOOT
M12279	VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED ANKLE AND FOOT
M1228	VILLONODULAR SYNOVITIS (PIGMENTED), OTHER SPECIFIED SITE
M1229	VILLONODULAR SYNOVITIS (PIGMENTED), MULTIPLE SITES
M1230	PALINDROMIC RHEUMATISM, UNSPECIFIED SITE
M12311	PALINDROMIC RHEUMATISM, RIGHT SHOULDER

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M12312	PALINDROMIC RHEUMATISM, LEFT SHOULDER
M12319	PALINDROMIC RHEUMATISM, UNSPECIFIED SHOULDER
M12321	PALINDROMIC RHEUMATISM, RIGHT ELBOW
M12322	PALINDROMIC RHEUMATISM, LEFT ELBOW
M12329	PALINDROMIC RHEUMATISM, UNSPECIFIED ELBOW
M12331	PALINDROMIC RHEUMATISM, RIGHT WRIST
M12332	PALINDROMIC RHEUMATISM, LEFT WRIST
M12339	PALINDROMIC RHEUMATISM, UNSPECIFIED WRIST
M12341	PALINDROMIC RHEUMATISM, RIGHT HAND
M12342	PALINDROMIC RHEUMATISM, LEFT HAND
M12349	PALINDROMIC RHEUMATISM, UNSPECIFIED HAND
M12351	PALINDROMIC RHEUMATISM, RIGHT HIP
M12352	PALINDROMIC RHEUMATISM, LEFT HIP
M12359	PALINDROMIC RHEUMATISM, UNSPECIFIED HIP
M12361	PALINDROMIC RHEUMATISM, RIGHT KNEE
M12362	PALINDROMIC RHEUMATISM, LEFT KNEE
M12369	PALINDROMIC RHEUMATISM, UNSPECIFIED KNEE
M12371	PALINDROMIC RHEUMATISM, RIGHT ANKLE AND FOOT
M12372	PALINDROMIC RHEUMATISM, LEFT ANKLE AND FOOT
M12379	PALINDROMIC RHEUMATISM, UNSPECIFIED ANKLE AND FOOT
M1238	PALINDROMIC RHEUMATISM, OTHER SPECIFIED SITE
M1239	PALINDROMIC RHEUMATISM, MULTIPLE SITES
M1240	INTERMITTENT HYDRARTHROSIS, UNSPECIFIED SITE
M12411	INTERMITTENT HYDRARTHROSIS, RIGHT SHOULDER
M12412	INTERMITTENT HYDRARTHROSIS, LEFT SHOULDER
M12419	INTERMITTENT HYDRARTHROSIS, UNSPECIFIED SHOULDER
M12421	INTERMITTENT HYDRARTHROSIS, RIGHT ELBOW
M12422	INTERMITTENT HYDRARTHROSIS, LEFT ELBOW
M12429	INTERMITTENT HYDRARTHROSIS, UNSPECIFIED ELBOW
M12431	INTERMITTENT HYDRARTHROSIS, RIGHT WRIST
M12432	INTERMITTENT HYDRARTHROSIS, LEFT WRIST
M12439	INTERMITTENT HYDRARTHROSIS, UNSPECIFIED WRIST
M12441	INTERMITTENT HYDRARTHROSIS, RIGHT HAND
M12442	INTERMITTENT HYDRARTHROSIS, LEFT HAND
M12449	INTERMITTENT HYDRARTHROSIS, UNSPECIFIED HAND
M12451	INTERMITTENT HYDRARTHROSIS, RIGHT HIP

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M12452	INTERMITTENT HYDRARTHROSIS, LEFT HIP
M12459	INTERMITTENT HYDRARTHROSIS, UNSPECIFIED HIP
M12461	INTERMITTENT HYDRARTHROSIS, RIGHT KNEE
M12462	INTERMITTENT HYDRARTHROSIS, LEFT KNEE
M12469	INTERMITTENT HYDRARTHROSIS, UNSPECIFIED KNEE
M12471	INTERMITTENT HYDRARTHROSIS, RIGHT ANKLE AND FOOT
M12472	INTERMITTENT HYDRARTHROSIS, LEFT ANKLE AND FOOT
M12479	INTERMITTENT HYDRARTHROSIS, UNSPECIFIED ANKLE AND FOOT
M1248	INTERMITTENT HYDRARTHROSIS, OTHER SITE
M1249	INTERMITTENT HYDRARTHROSIS, MULTIPLE SITES
M1250	TRAUMATIC ARTHROPATHY, UNSPECIFIED SITE
M12511	TRAUMATIC ARTHROPATHY, RIGHT SHOULDER
M12512	TRAUMATIC ARTHROPATHY, LEFT SHOULDER
M12519	TRAUMATIC ARTHROPATHY, UNSPECIFIED SHOULDER
M12521	TRAUMATIC ARTHROPATHY, RIGHT ELBOW
M12522	TRAUMATIC ARTHROPATHY, LEFT ELBOW
M12529	TRAUMATIC ARTHROPATHY, UNSPECIFIED ELBOW
M12531	TRAUMATIC ARTHROPATHY, RIGHT WRIST
M12532	TRAUMATIC ARTHROPATHY, LEFT WRIST
M12539	TRAUMATIC ARTHROPATHY, UNSPECIFIED WRIST
M12541	TRAUMATIC ARTHROPATHY, RIGHT HAND
M12542	TRAUMATIC ARTHROPATHY, LEFT HAND
M12549	TRAUMATIC ARTHROPATHY, UNSPECIFIED HAND
M12551	TRAUMATIC ARTHROPATHY, RIGHT HIP
M12552	TRAUMATIC ARTHROPATHY, LEFT HIP
M12559	TRAUMATIC ARTHROPATHY, UNSPECIFIED HIP
M12561	TRAUMATIC ARTHROPATHY, RIGHT KNEE
M12562	TRAUMATIC ARTHROPATHY, LEFT KNEE
M12569	TRAUMATIC ARTHROPATHY, UNSPECIFIED KNEE
M12571	TRAUMATIC ARTHROPATHY, RIGHT ANKLE AND FOOT
M12572	TRAUMATIC ARTHROPATHY, LEFT ANKLE AND FOOT
M12579	TRAUMATIC ARTHROPATHY, UNSPECIFIED ANKLE AND FOOT
M1258	TRAUMATIC ARTHROPATHY, OTHER SPECIFIED SITE
M1259	TRAUMATIC ARTHROPATHY, MULTIPLE SITES
M1280	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M12811	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER
M12812	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT SHOULDER
M12819	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SHOULDER
M12821	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT ELBOW
M12822	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT ELBOW
M12829	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ELBOW
M12831	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT WRIST
M12832	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT WRIST
M12839	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED WRIST
M12841	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT HAND
M12842	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT HAND
M12849	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HAND
M12851	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT HIP
M12852	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT HIP
M12859	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HIP
M12861	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT KNEE
M12862	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT KNEE
M12869	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED KNEE
M12871	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE AND FOOT
M12872	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT ANKLE AND FOOT
M12879	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ANKLE AND FOOT
M1288	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, OTHER SPECIFIED SITE
M1289	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, MULTIPLE SITES
M129	ARTHROPATHY, UNSPECIFIED

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M130	POLYARTHRITIS, UNSPECIFIED
M1310	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE
M13111	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER
M13112	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, LEFT SHOULDER
M13119	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SHOULDER
M13121	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, RIGHT ELBOW
M13122	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, LEFT ELBOW
M13129	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ELBOW
M13131	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, RIGHT WRIST
M13132	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, LEFT WRIST
M13139	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED WRIST
M13141	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, RIGHT HAND
M13142	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, LEFT HAND
M13149	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HAND
M13151	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, RIGHT HIP
M13152	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, LEFT HIP
M13159	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HIP
M13161	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, RIGHT KNEE
M13162	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, LEFT KNEE
M13169	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED KNEE
M13171	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE AND FOOT
M13172	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, LEFT ANKLE AND FOOT
M13179	MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ANKLE AND FOOT
M1380	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED SITE
M13811	OTHER SPECIFIED ARTHRITIS, RIGHT SHOULDER
M13812	OTHER SPECIFIED ARTHRITIS, LEFT SHOULDER
M13819	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED SHOULDER
M13821	OTHER SPECIFIED ARTHRITIS, RIGHT ELBOW
M13822	OTHER SPECIFIED ARTHRITIS, LEFT ELBOW
M13829	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED ELBOW
M13831	OTHER SPECIFIED ARTHRITIS, RIGHT WRIST
M13832	OTHER SPECIFIED ARTHRITIS, LEFT WRIST
M13839	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED WRIST

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M13841	OTHER SPECIFIED ARTHRITIS, RIGHT HAND
M13842	OTHER SPECIFIED ARTHRITIS, LEFT HAND
M13849	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED HAND
M13851	OTHER SPECIFIED ARTHRITIS, RIGHT HIP
M13852	OTHER SPECIFIED ARTHRITIS, LEFT HIP
M13859	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED HIP
M13861	OTHER SPECIFIED ARTHRITIS, RIGHT KNEE
M13862	OTHER SPECIFIED ARTHRITIS, LEFT KNEE
M13869	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED KNEE
M13871	OTHER SPECIFIED ARTHRITIS, RIGHT ANKLE AND FOOT
M13872	OTHER SPECIFIED ARTHRITIS, LEFT ANKLE AND FOOT
M13879	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED ANKLE AND FOOT
M1388	OTHER SPECIFIED ARTHRITIS, OTHER SITE
M1389	OTHER SPECIFIED ARTHRITIS, MULTIPLE SITES
M1460	CHARCOT'S JOINT, UNSPECIFIED SITE
M14611	CHARCOT'S JOINT, RIGHT SHOULDER
M14612	CHARCOT'S JOINT, LEFT SHOULDER
M14619	CHARCOT'S JOINT, UNSPECIFIED SHOULDER
M14621	CHARCOT'S JOINT, RIGHT ELBOW
M14622	CHARCOT'S JOINT, LEFT ELBOW
M14629	CHARCOT'S JOINT, UNSPECIFIED ELBOW
M14631	CHARCOT'S JOINT, RIGHT WRIST
M14632	CHARCOT'S JOINT, LEFT WRIST
M14639	CHARCOT'S JOINT, UNSPECIFIED WRIST
M14641	CHARCOT'S JOINT, RIGHT HAND
M14642	CHARCOT'S JOINT, LEFT HAND
M14649	CHARCOT'S JOINT, UNSPECIFIED HAND
M14651	CHARCOT'S JOINT, RIGHT HIP
M14652	CHARCOT'S JOINT, LEFT HIP
M14659	CHARCOT'S JOINT, UNSPECIFIED HIP
M14661	CHARCOT'S JOINT, RIGHT KNEE
M14662	CHARCOT'S JOINT, LEFT KNEE
M14669	CHARCOT'S JOINT, UNSPECIFIED KNEE
M14671	CHARCOT'S JOINT, RIGHT ANKLE AND FOOT
M14672	CHARCOT'S JOINT, LEFT ANKLE AND FOOT
M14679	CHARCOT'S JOINT, UNSPECIFIED ANKLE AND FOOT

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M1468	CHARCOT'S JOINT, VERTEBRAE
M1469	CHARCOT'S JOINT, MULTIPLE SITES
M1480	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SITE
M14811	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, RIGHT SHOULDER
M14812	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, LEFT SHOULDER
M14819	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SHOULDER
M14821	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, RIGHT ELBOW
M14822	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, LEFT ELBOW
M14829	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED ELBOW
M14831	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, RIGHT WRIST
M14832	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, LEFT WRIST
M14839	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED WRIST
M14841	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, RIGHT HAND
M14842	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, LEFT HAND
M14849	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED HAND
M14851	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, RIGHT HIP
M14852	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, LEFT HIP
M14859	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED HIP
M14861	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, RIGHT KNEE
M14862	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, LEFT KNEE
M14869	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED KNEE
M14871	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, RIGHT ANKLE AND FOOT
M14872	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, LEFT ANKLE AND FOOT
M14879	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED ANKLE AND FOOT

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M1488	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, VERTEBRAE
M1489	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, MULTIPLE SITES
M150	PRIMARY GENERALIZED (OSTEO)ARTHRITIS
M151	HEBERDEN'S NODES (WITH ARTHROPATHY)
M152	BOUCHARD'S NODES (WITH ARTHROPATHY)
M153	SECONDARY MULTIPLE ARTHRITIS
M154	EROSIVE (OSTEO)ARTHRITIS
M158	OTHER POLYOSTEOARTHRITIS
M159	POLYOSTEOARTHRITIS, UNSPECIFIED
M160	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP
M1610	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED HIP
M1611	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP
M1612	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP
M162	BILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA
M1630	UNILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA, UNSPECIFIED HIP
M1631	UNILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA, RIGHT HIP
M1632	UNILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA, LEFT HIP
M164	BILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF HIP
M1650	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED HIP
M1651	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT HIP
M1652	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT HIP
M166	OTHER BILATERAL SECONDARY OSTEOARTHRITIS OF HIP
M167	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF HIP
M169	OSTEOARTHRITIS OF HIP, UNSPECIFIED
M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE
M1710	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE
M1711	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE
M1712	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE
M172	BILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF KNEE
M1730	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED KNEE
M1731	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT KNEE
M1732	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE
M174	OTHER BILATERAL SECONDARY OSTEOARTHRITIS OF KNEE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M175	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF KNEE
M179	OSTEOARTHRITIS OF KNEE, UNSPECIFIED
M180	BILATERAL PRIMARY OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINTS
M1810	UNILATERAL PRIMARY OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, UNSPECIFIED HAND
M1811	UNILATERAL PRIMARY OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, RIGHT HAND
M1812	UNILATERAL PRIMARY OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, LEFT HAND
M182	BILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINTS
M1830	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, UNSPECIFIED HAND
M1831	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, RIGHT HAND
M1832	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, LEFT HAND
M184	OTHER BILATERAL SECONDARY OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINTS
M1850	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, UNSPECIFIED HAND
M1851	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, RIGHT HAND
M1852	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, LEFT HAND
M189	OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, UNSPECIFIED
M19011	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER
M19012	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER
M19019	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER
M19021	PRIMARY OSTEOARTHRITIS, RIGHT ELBOW
M19022	PRIMARY OSTEOARTHRITIS, LEFT ELBOW
M19029	PRIMARY OSTEOARTHRITIS, UNSPECIFIED ELBOW
M19031	PRIMARY OSTEOARTHRITIS, RIGHT WRIST
M19032	PRIMARY OSTEOARTHRITIS, LEFT WRIST
M19039	PRIMARY OSTEOARTHRITIS, UNSPECIFIED WRIST
M19041	PRIMARY OSTEOARTHRITIS, RIGHT HAND
M19042	PRIMARY OSTEOARTHRITIS, LEFT HAND
M19049	PRIMARY OSTEOARTHRITIS, UNSPECIFIED HAND
M19071	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT
M19072	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT
M19079	PRIMARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M19111	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT SHOULDER
M19112	POST-TRAUMATIC OSTEOARTHRITIS, LEFT SHOULDER
M19119	POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED SHOULDER
M19121	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT ELBOW
M19122	POST-TRAUMATIC OSTEOARTHRITIS, LEFT ELBOW
M19129	POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED ELBOW
M19131	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT WRIST
M19132	POST-TRAUMATIC OSTEOARTHRITIS, LEFT WRIST
M19139	POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED WRIST
M19141	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT HAND
M19142	POST-TRAUMATIC OSTEOARTHRITIS, LEFT HAND
M19149	POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED HAND
M19171	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT ANKLE AND FOOT
M19172	POST-TRAUMATIC OSTEOARTHRITIS, LEFT ANKLE AND FOOT
M19179	POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT
M19211	SECONDARY OSTEOARTHRITIS, RIGHT SHOULDER
M19212	SECONDARY OSTEOARTHRITIS, LEFT SHOULDER
M19219	SECONDARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER
M19221	SECONDARY OSTEOARTHRITIS, RIGHT ELBOW
M19222	SECONDARY OSTEOARTHRITIS, LEFT ELBOW
M19229	SECONDARY OSTEOARTHRITIS, UNSPECIFIED ELBOW
M19231	SECONDARY OSTEOARTHRITIS, RIGHT WRIST
M19232	SECONDARY OSTEOARTHRITIS, LEFT WRIST
M19239	SECONDARY OSTEOARTHRITIS, UNSPECIFIED WRIST
M19241	SECONDARY OSTEOARTHRITIS, RIGHT HAND
M19242	SECONDARY OSTEOARTHRITIS, LEFT HAND
M19249	SECONDARY OSTEOARTHRITIS, UNSPECIFIED HAND
M19271	SECONDARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT
M19272	SECONDARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT
M19279	SECONDARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT
M1990	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE
M1991	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE
M1992	POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED SITE
M1993	SECONDARY OSTEOARTHRITIS, UNSPECIFIED SITE
M2010	HALLUX VALGUS (ACQUIRED), UNSPECIFIED FOOT
M2200	RECURRENT DISLOCATION OF PATELLA, UNSPECIFIED KNEE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M2201	RECURRENT DISLOCATION OF PATELLA, RIGHT KNEE
M2202	RECURRENT DISLOCATION OF PATELLA, LEFT KNEE
M2210	RECURRENT SUBLUXATION OF PATELLA, UNSPECIFIED KNEE
M2211	RECURRENT SUBLUXATION OF PATELLA, RIGHT KNEE
M2212	RECURRENT SUBLUXATION OF PATELLA, LEFT KNEE
M222X1	PATELLOFEMORAL DISORDERS, RIGHT KNEE
M222X2	PATELLOFEMORAL DISORDERS, LEFT KNEE
M222X9	PATELLOFEMORAL DISORDERS, UNSPECIFIED KNEE
M223X1	OTHER DERANGEMENTS OF PATELLA, RIGHT KNEE
M223X2	OTHER DERANGEMENTS OF PATELLA, LEFT KNEE
M223X9	OTHER DERANGEMENTS OF PATELLA, UNSPECIFIED KNEE
M2240	CHONDROMALACIA PATELLAE, UNSPECIFIED KNEE
M2241	CHONDROMALACIA PATELLAE, RIGHT KNEE
M2242	CHONDROMALACIA PATELLAE, LEFT KNEE
M228X1	OTHER DISORDERS OF PATELLA, RIGHT KNEE
M228X2	OTHER DISORDERS OF PATELLA, LEFT KNEE
M228X9	OTHER DISORDERS OF PATELLA, UNSPECIFIED KNEE
M2290	UNSPECIFIED DISORDER OF PATELLA, UNSPECIFIED KNEE
M2291	UNSPECIFIED DISORDER OF PATELLA, RIGHT KNEE
M2292	UNSPECIFIED DISORDER OF PATELLA, LEFT KNEE
M23000	CYSTIC MENISCUS, UNSPECIFIED LATERAL MENISCUS, RIGHT KNEE
M23001	CYSTIC MENISCUS, UNSPECIFIED LATERAL MENISCUS, LEFT KNEE
M23002	CYSTIC MENISCUS, UNSPECIFIED LATERAL MENISCUS, UNSPECIFIED KNEE
M23003	CYSTIC MENISCUS, UNSPECIFIED MEDIAL MENISCUS, RIGHT KNEE
M23004	CYSTIC MENISCUS, UNSPECIFIED MEDIAL MENISCUS, LEFT KNEE
M23005	CYSTIC MENISCUS, UNSPECIFIED MEDIAL MENISCUS, UNSPECIFIED KNEE
M23006	CYSTIC MENISCUS, UNSPECIFIED MENISCUS, RIGHT KNEE
M23007	CYSTIC MENISCUS, UNSPECIFIED MENISCUS, LEFT KNEE
M23009	CYSTIC MENISCUS, UNSPECIFIED MENISCUS, UNSPECIFIED KNEE
M23011	CYSTIC MENISCUS, ANTERIOR HORN OF MEDIAL MENISCUS, RIGHT KNEE
M23012	CYSTIC MENISCUS, ANTERIOR HORN OF MEDIAL MENISCUS, LEFT KNEE
M23019	CYSTIC MENISCUS, ANTERIOR HORN OF MEDIAL MENISCUS, UNSPECIFIED KNEE
M23021	CYSTIC MENISCUS, POSTERIOR HORN OF MEDIAL MENISCUS, RIGHT KNEE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M23022	CYSTIC MENISCUS, POSTERIOR HORN OF MEDIAL MENISCUS, LEFT KNEE
M23029	CYSTIC MENISCUS, POSTERIOR HORN OF MEDIAL MENISCUS, UNSPECIFIED KNEE
M23031	CYSTIC MENISCUS, OTHER MEDIAL MENISCUS, RIGHT KNEE
M23032	CYSTIC MENISCUS, OTHER MEDIAL MENISCUS, LEFT KNEE
M23039	CYSTIC MENISCUS, OTHER MEDIAL MENISCUS, UNSPECIFIED KNEE
M23041	CYSTIC MENISCUS, ANTERIOR HORN OF LATERAL MENISCUS, RIGHT KNEE
M23042	CYSTIC MENISCUS, ANTERIOR HORN OF LATERAL MENISCUS, LEFT KNEE
M23049	CYSTIC MENISCUS, ANTERIOR HORN OF LATERAL MENISCUS, UNSPECIFIED KNEE
M23051	CYSTIC MENISCUS, POSTERIOR HORN OF LATERAL MENISCUS, RIGHT KNEE
M23052	CYSTIC MENISCUS, POSTERIOR HORN OF LATERAL MENISCUS, LEFT KNEE
M23059	CYSTIC MENISCUS, POSTERIOR HORN OF LATERAL MENISCUS, UNSPECIFIED KNEE
M23061	CYSTIC MENISCUS, OTHER LATERAL MENISCUS, RIGHT KNEE
M23062	CYSTIC MENISCUS, OTHER LATERAL MENISCUS, LEFT KNEE
M23069	CYSTIC MENISCUS, OTHER LATERAL MENISCUS, UNSPECIFIED KNEE
M23200	DERANGEMENT OF UNSPECIFIED LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE
M23201	DERANGEMENT OF UNSPECIFIED LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE
M23202	DERANGEMENT OF UNSPECIFIED LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE
M23203	DERANGEMENT OF UNSPECIFIED MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE
M23204	DERANGEMENT OF UNSPECIFIED MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE
M23205	DERANGEMENT OF UNSPECIFIED MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE
M23206	DERANGEMENT OF UNSPECIFIED MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE
M23207	DERANGEMENT OF UNSPECIFIED MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE
M23209	DERANGEMENT OF UNSPECIFIED MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE
M23211	DERANGEMENT OF ANTERIOR HORN OF MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE
M23212	DERANGEMENT OF ANTERIOR HORN OF MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE
M23219	DERANGEMENT OF ANTERIOR HORN OF MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M23221	DERANGEMENT OF POSTERIOR HORN OF MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE
M23222	DERANGEMENT OF POSTERIOR HORN OF MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE
M23229	DERANGEMENT OF POSTERIOR HORN OF MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE
M23231	DERANGEMENT OF OTHER MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE
M23232	DERANGEMENT OF OTHER MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE
M23239	DERANGEMENT OF OTHER MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE
M23241	DERANGEMENT OF ANTERIOR HORN OF LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE
M23242	DERANGEMENT OF ANTERIOR HORN OF LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE
M23249	DERANGEMENT OF ANTERIOR HORN OF LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE
M23251	DERANGEMENT OF POSTERIOR HORN OF LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE
M23252	DERANGEMENT OF POSTERIOR HORN OF LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE
M23259	DERANGEMENT OF POSTERIOR HORN OF LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE
M23261	DERANGEMENT OF OTHER LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE
M23262	DERANGEMENT OF OTHER LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE
M23269	DERANGEMENT OF OTHER LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE
M23300	OTHER MENISCUS DERANGEMENTS, UNSPECIFIED LATERAL MENISCUS, RIGHT KNEE
M23301	OTHER MENISCUS DERANGEMENTS, UNSPECIFIED LATERAL MENISCUS, LEFT KNEE
M23302	OTHER MENISCUS DERANGEMENTS, UNSPECIFIED LATERAL MENISCUS, UNSPECIFIED KNEE
M23303	OTHER MENISCUS DERANGEMENTS, UNSPECIFIED MEDIAL MENISCUS, RIGHT KNEE
M23304	OTHER MENISCUS DERANGEMENTS, UNSPECIFIED MEDIAL MENISCUS, LEFT KNEE
M23305	OTHER MENISCUS DERANGEMENTS, UNSPECIFIED MEDIAL MENISCUS, UNSPECIFIED KNEE
M23306	OTHER MENISCUS DERANGEMENTS, UNSPECIFIED MENISCUS, RIGHT KNEE
M23307	OTHER MENISCUS DERANGEMENTS, UNSPECIFIED MENISCUS, LEFT KNEE
M23309	OTHER MENISCUS DERANGEMENTS, UNSPECIFIED MENISCUS, UNSPECIFIED KNEE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M23311	OTHER MENISCUS DERANGEMENTS, ANTERIOR HORN OF MEDIAL MENISCUS, RIGHT KNEE
M23312	OTHER MENISCUS DERANGEMENTS, ANTERIOR HORN OF MEDIAL MENISCUS, LEFT KNEE
M23319	OTHER MENISCUS DERANGEMENTS, ANTERIOR HORN OF MEDIAL MENISCUS, UNSPECIFIED KNEE
M23321	OTHER MENISCUS DERANGEMENTS, POSTERIOR HORN OF MEDIAL MENISCUS, RIGHT KNEE
M23322	OTHER MENISCUS DERANGEMENTS, POSTERIOR HORN OF MEDIAL MENISCUS, LEFT KNEE
M23329	OTHER MENISCUS DERANGEMENTS, POSTERIOR HORN OF MEDIAL MENISCUS, UNSPECIFIED KNEE
M23331	OTHER MENISCUS DERANGEMENTS, OTHER MEDIAL MENISCUS, RIGHT KNEE
M23332	OTHER MENISCUS DERANGEMENTS, OTHER MEDIAL MENISCUS, LEFT KNEE
M23339	OTHER MENISCUS DERANGEMENTS, OTHER MEDIAL MENISCUS, UNSPECIFIED KNEE
M23341	OTHER MENISCUS DERANGEMENTS, ANTERIOR HORN OF LATERAL MENISCUS, RIGHT KNEE
M23342	OTHER MENISCUS DERANGEMENTS, ANTERIOR HORN OF LATERAL MENISCUS, LEFT KNEE
M23349	OTHER MENISCUS DERANGEMENTS, ANTERIOR HORN OF LATERAL MENISCUS, UNSPECIFIED KNEE
M23351	OTHER MENISCUS DERANGEMENTS, POSTERIOR HORN OF LATERAL MENISCUS, RIGHT KNEE
M23352	OTHER MENISCUS DERANGEMENTS, POSTERIOR HORN OF LATERAL MENISCUS, LEFT KNEE
M23359	OTHER MENISCUS DERANGEMENTS, POSTERIOR HORN OF LATERAL MENISCUS, UNSPECIFIED KNEE
M23361	OTHER MENISCUS DERANGEMENTS, OTHER LATERAL MENISCUS, RIGHT KNEE
M23362	OTHER MENISCUS DERANGEMENTS, OTHER LATERAL MENISCUS, LEFT KNEE
M23369	OTHER MENISCUS DERANGEMENTS, OTHER LATERAL MENISCUS, UNSPECIFIED KNEE
M2340	LOOSE BODY IN KNEE, UNSPECIFIED KNEE
M2341	LOOSE BODY IN KNEE, RIGHT KNEE
M2342	LOOSE BODY IN KNEE, LEFT KNEE
M2350	CHRONIC INSTABILITY OF KNEE, UNSPECIFIED KNEE
M2351	CHRONIC INSTABILITY OF KNEE, RIGHT KNEE
M2352	CHRONIC INSTABILITY OF KNEE, LEFT KNEE
M23601	OTHER SPONTANEOUS DISRUPTION OF UNSPECIFIED LIGAMENT OF RIGHT KNEE
M23602	OTHER SPONTANEOUS DISRUPTION OF UNSPECIFIED LIGAMENT OF LEFT KNEE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M23609	OTHER SPONTANEOUS DISRUPTION OF UNSPECIFIED LIGAMENT OF UNSPECIFIED KNEE
M23611	OTHER SPONTANEOUS DISRUPTION OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE
M23612	OTHER SPONTANEOUS DISRUPTION OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE
M23619	OTHER SPONTANEOUS DISRUPTION OF ANTERIOR CRUCIATE LIGAMENT OF UNSPECIFIED KNEE
M23621	OTHER SPONTANEOUS DISRUPTION OF POSTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE
M23622	OTHER SPONTANEOUS DISRUPTION OF POSTERIOR CRUCIATE LIGAMENT OF LEFT KNEE
M23629	OTHER SPONTANEOUS DISRUPTION OF POSTERIOR CRUCIATE LIGAMENT OF UNSPECIFIED KNEE
M23631	OTHER SPONTANEOUS DISRUPTION OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE
M23632	OTHER SPONTANEOUS DISRUPTION OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE
M23639	OTHER SPONTANEOUS DISRUPTION OF MEDIAL COLLATERAL LIGAMENT OF UNSPECIFIED KNEE
M23641	OTHER SPONTANEOUS DISRUPTION OF LATERAL COLLATERAL LIGAMENT OF RIGHT KNEE
M23642	OTHER SPONTANEOUS DISRUPTION OF LATERAL COLLATERAL LIGAMENT OF LEFT KNEE
M23649	OTHER SPONTANEOUS DISRUPTION OF LATERAL COLLATERAL LIGAMENT OF UNSPECIFIED KNEE
M23671	OTHER SPONTANEOUS DISRUPTION OF CAPSULAR LIGAMENT OF RIGHT KNEE
M23672	OTHER SPONTANEOUS DISRUPTION OF CAPSULAR LIGAMENT OF LEFT KNEE
M23679	OTHER SPONTANEOUS DISRUPTION OF CAPSULAR LIGAMENT OF UNSPECIFIED KNEE
M238X1	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE
M238X2	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE
M238X9	OTHER INTERNAL DERANGEMENTS OF UNSPECIFIED KNEE
M2390	UNSPECIFIED INTERNAL DERANGEMENT OF UNSPECIFIED KNEE
M2391	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE
M2392	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE
M2400	LOOSE BODY IN UNSPECIFIED JOINT
M24011	LOOSE BODY IN RIGHT SHOULDER
M24012	LOOSE BODY IN LEFT SHOULDER
M24019	LOOSE BODY IN UNSPECIFIED SHOULDER
M24021	LOOSE BODY IN RIGHT ELBOW
M24022	LOOSE BODY IN LEFT ELBOW

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M24029	LOOSE BODY IN UNSPECIFIED ELBOW
M24031	LOOSE BODY IN RIGHT WRIST
M24032	LOOSE BODY IN LEFT WRIST
M24039	LOOSE BODY IN UNSPECIFIED WRIST
M24041	LOOSE BODY IN RIGHT FINGER JOINT(S)
M24042	LOOSE BODY IN LEFT FINGER JOINT(S)
M24049	LOOSE BODY IN UNSPECIFIED FINGER JOINT(S)
M24051	LOOSE BODY IN RIGHT HIP
M24052	LOOSE BODY IN LEFT HIP
M24059	LOOSE BODY IN UNSPECIFIED HIP
M24071	LOOSE BODY IN RIGHT ANKLE
M24072	LOOSE BODY IN LEFT ANKLE
M24073	LOOSE BODY IN UNSPECIFIED ANKLE
M24074	LOOSE BODY IN RIGHT TOE JOINT(S)
M24075	LOOSE BODY IN LEFT TOE JOINT(S)
M24076	LOOSE BODY IN UNSPECIFIED TOE JOINTS
M2408	LOOSE BODY, OTHER SITE
M2410	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED SITE
M24111	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT SHOULDER
M24112	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT SHOULDER
M24119	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED SHOULDER
M24121	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT ELBOW
M24122	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT ELBOW
M24129	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED ELBOW
M24131	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT WRIST
M24132	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT WRIST
M24139	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED WRIST
M24141	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HAND
M24142	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HAND
M24149	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED HAND
M24151	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP
M24152	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP
M24159	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED HIP
M24171	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT ANKLE
M24172	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT ANKLE
M24173	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED ANKLE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M24174	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT FOOT
M24175	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT FOOT
M24176	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED FOOT
M2420	DISORDER OF LIGAMENT, UNSPECIFIED SITE
M24211	DISORDER OF LIGAMENT, RIGHT SHOULDER
M24212	DISORDER OF LIGAMENT, LEFT SHOULDER
M24219	DISORDER OF LIGAMENT, UNSPECIFIED SHOULDER
M24221	DISORDER OF LIGAMENT, RIGHT ELBOW
M24222	DISORDER OF LIGAMENT, LEFT ELBOW
M24229	DISORDER OF LIGAMENT, UNSPECIFIED ELBOW
M24231	DISORDER OF LIGAMENT, RIGHT WRIST
M24232	DISORDER OF LIGAMENT, LEFT WRIST
M24239	DISORDER OF LIGAMENT, UNSPECIFIED WRIST
M24241	DISORDER OF LIGAMENT, RIGHT HAND
M24242	DISORDER OF LIGAMENT, LEFT HAND
M24249	DISORDER OF LIGAMENT, UNSPECIFIED HAND
M24251	DISORDER OF LIGAMENT, RIGHT HIP
M24252	DISORDER OF LIGAMENT, LEFT HIP
M24259	DISORDER OF LIGAMENT, UNSPECIFIED HIP
M24271	DISORDER OF LIGAMENT, RIGHT ANKLE
M24272	DISORDER OF LIGAMENT, LEFT ANKLE
M24273	DISORDER OF LIGAMENT, UNSPECIFIED ANKLE
M24274	DISORDER OF LIGAMENT, RIGHT FOOT
M24275	DISORDER OF LIGAMENT, LEFT FOOT
M24276	DISORDER OF LIGAMENT, UNSPECIFIED FOOT
M2428	DISORDER OF LIGAMENT, VERTEBRAE
M2430	PATHOLOGICAL DISLOCATION OF UNSPECIFIED JOINT, NOT ELSEWHERE CLASSIFIED
M24311	PATHOLOGICAL DISLOCATION OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED
M24312	PATHOLOGICAL DISLOCATION OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED
M24319	PATHOLOGICAL DISLOCATION OF UNSPECIFIED SHOULDER, NOT ELSEWHERE CLASSIFIED
M24321	PATHOLOGICAL DISLOCATION OF RIGHT ELBOW, NOT ELSEWHERE CLASSIFIED
M24322	PATHOLOGICAL DISLOCATION OF LEFT ELBOW, NOT ELSEWHERE CLASSIFIED

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M24329	PATHOLOGICAL DISLOCATION OF UNSPECIFIED ELBOW, NOT ELSEWHERE CLASSIFIED
M24331	PATHOLOGICAL DISLOCATION OF RIGHT WRIST, NOT ELSEWHERE CLASSIFIED
M24332	PATHOLOGICAL DISLOCATION OF LEFT WRIST, NOT ELSEWHERE CLASSIFIED
M24339	PATHOLOGICAL DISLOCATION OF UNSPECIFIED WRIST, NOT ELSEWHERE CLASSIFIED
M24341	PATHOLOGICAL DISLOCATION OF RIGHT HAND, NOT ELSEWHERE CLASSIFIED
M24342	PATHOLOGICAL DISLOCATION OF LEFT HAND, NOT ELSEWHERE CLASSIFIED
M24349	PATHOLOGICAL DISLOCATION OF UNSPECIFIED HAND, NOT ELSEWHERE CLASSIFIED
M24351	PATHOLOGICAL DISLOCATION OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED
M24352	PATHOLOGICAL DISLOCATION OF LEFT HIP, NOT ELSEWHERE CLASSIFIED
M24359	PATHOLOGICAL DISLOCATION OF UNSPECIFIED HIP, NOT ELSEWHERE CLASSIFIED
M24361	PATHOLOGICAL DISLOCATION OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED
M24362	PATHOLOGICAL DISLOCATION OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED
M24369	PATHOLOGICAL DISLOCATION OF UNSPECIFIED KNEE, NOT ELSEWHERE CLASSIFIED
M24371	PATHOLOGICAL DISLOCATION OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED
M24372	PATHOLOGICAL DISLOCATION OF LEFT ANKLE, NOT ELSEWHERE CLASSIFIED
M24373	PATHOLOGICAL DISLOCATION OF UNSPECIFIED ANKLE, NOT ELSEWHERE CLASSIFIED
M24374	PATHOLOGICAL DISLOCATION OF RIGHT FOOT, NOT ELSEWHERE CLASSIFIED
M24375	PATHOLOGICAL DISLOCATION OF LEFT FOOT, NOT ELSEWHERE CLASSIFIED
M24376	PATHOLOGICAL DISLOCATION OF UNSPECIFIED FOOT, NOT ELSEWHERE CLASSIFIED
M2440	RECURRENT DISLOCATION, UNSPECIFIED JOINT
M24411	RECURRENT DISLOCATION, RIGHT SHOULDER
M24412	RECURRENT DISLOCATION, LEFT SHOULDER
M24419	RECURRENT DISLOCATION, UNSPECIFIED SHOULDER
M24421	RECURRENT DISLOCATION, RIGHT ELBOW
M24422	RECURRENT DISLOCATION, LEFT ELBOW
M24429	RECURRENT DISLOCATION, UNSPECIFIED ELBOW

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M24431	RECURRENT DISLOCATION, RIGHT WRIST
M24432	RECURRENT DISLOCATION, LEFT WRIST
M24439	RECURRENT DISLOCATION, UNSPECIFIED WRIST
M24441	RECURRENT DISLOCATION, RIGHT HAND
M24442	RECURRENT DISLOCATION, LEFT HAND
M24443	RECURRENT DISLOCATION, UNSPECIFIED HAND
M24444	RECURRENT DISLOCATION, RIGHT FINGER
M24445	RECURRENT DISLOCATION, LEFT FINGER
M24446	RECURRENT DISLOCATION, UNSPECIFIED FINGER
M24451	RECURRENT DISLOCATION, RIGHT HIP
M24452	RECURRENT DISLOCATION, LEFT HIP
M24459	RECURRENT DISLOCATION, UNSPECIFIED HIP
M24461	RECURRENT DISLOCATION, RIGHT KNEE
M24462	RECURRENT DISLOCATION, LEFT KNEE
M24469	RECURRENT DISLOCATION, UNSPECIFIED KNEE
M24471	RECURRENT DISLOCATION, RIGHT ANKLE
M24472	RECURRENT DISLOCATION, LEFT ANKLE
M24473	RECURRENT DISLOCATION, UNSPECIFIED ANKLE
M24474	RECURRENT DISLOCATION, RIGHT FOOT
M24475	RECURRENT DISLOCATION, LEFT FOOT
M24476	RECURRENT DISLOCATION, UNSPECIFIED FOOT
M24477	RECURRENT DISLOCATION, RIGHT TOE(S)
M24478	RECURRENT DISLOCATION, LEFT TOE(S)
M24479	RECURRENT DISLOCATION, UNSPECIFIED TOE(S)
M2450	CONTRACTURE, UNSPECIFIED JOINT
M24511	CONTRACTURE, RIGHT SHOULDER
M24512	CONTRACTURE, LEFT SHOULDER
M24519	CONTRACTURE, UNSPECIFIED SHOULDER
M24521	CONTRACTURE, RIGHT ELBOW
M24522	CONTRACTURE, LEFT ELBOW
M24529	CONTRACTURE, UNSPECIFIED ELBOW
M24531	CONTRACTURE, RIGHT WRIST
M24532	CONTRACTURE, LEFT WRIST
M24539	CONTRACTURE, UNSPECIFIED WRIST
M24541	CONTRACTURE, RIGHT HAND
M24542	CONTRACTURE, LEFT HAND

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M24549	CONTRACTURE, UNSPECIFIED HAND
M24551	CONTRACTURE, RIGHT HIP
M24552	CONTRACTURE, LEFT HIP
M24559	CONTRACTURE, UNSPECIFIED HIP
M24561	CONTRACTURE, RIGHT KNEE
M24562	CONTRACTURE, LEFT KNEE
M24569	CONTRACTURE, UNSPECIFIED KNEE
M24571	CONTRACTURE, RIGHT ANKLE
M24572	CONTRACTURE, LEFT ANKLE
M24573	CONTRACTURE, UNSPECIFIED ANKLE
M24574	CONTRACTURE, RIGHT FOOT
M24575	CONTRACTURE, LEFT FOOT
M24576	CONTRACTURE, UNSPECIFIED FOOT
M2460	ANKYLOSIS, UNSPECIFIED JOINT
M24611	ANKYLOSIS, RIGHT SHOULDER
M24612	ANKYLOSIS, LEFT SHOULDER
M24619	ANKYLOSIS, UNSPECIFIED SHOULDER
M24621	ANKYLOSIS, RIGHT ELBOW
M24622	ANKYLOSIS, LEFT ELBOW
M24629	ANKYLOSIS, UNSPECIFIED ELBOW
M24631	ANKYLOSIS, RIGHT WRIST
M24632	ANKYLOSIS, LEFT WRIST
M24639	ANKYLOSIS, UNSPECIFIED WRIST
M24641	ANKYLOSIS, RIGHT HAND
M24642	ANKYLOSIS, LEFT HAND
M24649	ANKYLOSIS, UNSPECIFIED HAND
M24651	ANKYLOSIS, RIGHT HIP
M24652	ANKYLOSIS, LEFT HIP
M24659	ANKYLOSIS, UNSPECIFIED HIP
M24661	ANKYLOSIS, RIGHT KNEE
M24662	ANKYLOSIS, LEFT KNEE
M24669	ANKYLOSIS, UNSPECIFIED KNEE
M24671	ANKYLOSIS, RIGHT ANKLE
M24672	ANKYLOSIS, LEFT ANKLE
M24673	ANKYLOSIS, UNSPECIFIED ANKLE
M24674	ANKYLOSIS, RIGHT FOOT

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M24675	ANKYLOSIS, LEFT FOOT
M24676	ANKYLOSIS, UNSPECIFIED FOOT
M247	PROTRUSIO ACETABULI
M2480	OTHER SPECIFIC JOINT DERANGEMENTS OF UNSPECIFIED JOINT, NOT ELSEWHERE CLASSIFIED
M24811	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED
M24812	OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED
M24819	OTHER SPECIFIC JOINT DERANGEMENTS OF UNSPECIFIED SHOULDER, NOT ELSEWHERE CLASSIFIED
M24821	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT ELBOW, NOT ELSEWHERE CLASSIFIED
M24822	OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT ELBOW, NOT ELSEWHERE CLASSIFIED
M24829	OTHER SPECIFIC JOINT DERANGEMENTS OF UNSPECIFIED ELBOW, NOT ELSEWHERE CLASSIFIED
M24831	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT WRIST, NOT ELSEWHERE CLASSIFIED
M24832	OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT WRIST, NOT ELSEWHERE CLASSIFIED
M24839	OTHER SPECIFIC JOINT DERANGEMENTS OF UNSPECIFIED WRIST, NOT ELSEWHERE CLASSIFIED
M24841	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT HAND, NOT ELSEWHERE CLASSIFIED
M24842	OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT HAND, NOT ELSEWHERE CLASSIFIED
M24849	OTHER SPECIFIC JOINT DERANGEMENTS OF UNSPECIFIED HAND, NOT ELSEWHERE CLASSIFIED
M24851	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED
M24852	OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT HIP, NOT ELSEWHERE CLASSIFIED
M24859	OTHER SPECIFIC JOINT DERANGEMENTS OF UNSPECIFIED HIP, NOT ELSEWHERE CLASSIFIED
M24871	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED
M24872	OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT ANKLE, NOT ELSEWHERE CLASSIFIED
M24873	OTHER SPECIFIC JOINT DERANGEMENTS OF UNSPECIFIED ANKLE, NOT ELSEWHERE CLASSIFIED
M24874	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT FOOT, NOT ELSEWHERE CLASSIFIED
M24875	OTHER SPECIFIC JOINT DERANGEMENTS LEFT FOOT, NOT ELSEWHERE CLASSIFIED
M24876	OTHER SPECIFIC JOINT DERANGEMENTS OF UNSPECIFIED FOOT, NOT ELSEWHERE CLASSIFIED

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M249	JOINT DERANGEMENT, UNSPECIFIED
M2500	HEMARTHROSIS, UNSPECIFIED JOINT
M25011	HEMARTHROSIS, RIGHT SHOULDER
M25012	HEMARTHROSIS, LEFT SHOULDER
M25019	HEMARTHROSIS, UNSPECIFIED SHOULDER
M25021	HEMARTHROSIS, RIGHT ELBOW
M25022	HEMARTHROSIS, LEFT ELBOW
M25029	HEMARTHROSIS, UNSPECIFIED ELBOW
M25031	HEMARTHROSIS, RIGHT WRIST
M25032	HEMARTHROSIS, LEFT WRIST
M25039	HEMARTHROSIS, UNSPECIFIED WRIST
M25041	HEMARTHROSIS, RIGHT HAND
M25042	HEMARTHROSIS, LEFT HAND
M25049	HEMARTHROSIS, UNSPECIFIED HAND
M25051	HEMARTHROSIS, RIGHT HIP
M25052	HEMARTHROSIS, LEFT HIP
M25059	HEMARTHROSIS, UNSPECIFIED HIP
M25061	HEMARTHROSIS, RIGHT KNEE
M25062	HEMARTHROSIS, LEFT KNEE
M25069	HEMARTHROSIS, UNSPECIFIED KNEE
M25071	HEMARTHROSIS, RIGHT ANKLE
M25072	HEMARTHROSIS, LEFT ANKLE
M25073	HEMARTHROSIS, UNSPECIFIED ANKLE
M25074	HEMARTHROSIS, RIGHT FOOT
M25075	HEMARTHROSIS, LEFT FOOT
M25076	HEMARTHROSIS, UNSPECIFIED FOOT
M2508	HEMARTHROSIS, OTHER SPECIFIED SITE
M2510	FISTULA, UNSPECIFIED JOINT
M25111	FISTULA, RIGHT SHOULDER
M25112	FISTULA, LEFT SHOULDER
M25119	FISTULA, UNSPECIFIED SHOULDER
M25121	FISTULA, RIGHT ELBOW
M25122	FISTULA, LEFT ELBOW
M25129	FISTULA, UNSPECIFIED ELBOW
M25131	FISTULA, RIGHT WRIST
M25132	FISTULA, LEFT WRIST

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M25139	FISTULA, UNSPECIFIED WRIST
M25141	FISTULA, RIGHT HAND
M25142	FISTULA, LEFT HAND
M25149	FISTULA, UNSPECIFIED HAND
M25151	FISTULA, RIGHT HIP
M25152	FISTULA, LEFT HIP
M25159	FISTULA, UNSPECIFIED HIP
M25161	FISTULA, RIGHT KNEE
M25162	FISTULA, LEFT KNEE
M25169	FISTULA, UNSPECIFIED KNEE
M25171	FISTULA, RIGHT ANKLE
M25172	FISTULA, LEFT ANKLE
M25173	FISTULA, UNSPECIFIED ANKLE
M25174	FISTULA, RIGHT FOOT
M25175	FISTULA, LEFT FOOT
M25176	FISTULA, UNSPECIFIED FOOT
M2518	FISTULA, OTHER SPECIFIED SITE
M2520	FLAIL JOINT, UNSPECIFIED JOINT
M25211	FLAIL JOINT, RIGHT SHOULDER
M25212	FLAIL JOINT, LEFT SHOULDER
M25219	FLAIL JOINT, UNSPECIFIED SHOULDER
M25221	FLAIL JOINT, RIGHT ELBOW
M25222	FLAIL JOINT, LEFT ELBOW
M25229	FLAIL JOINT, UNSPECIFIED ELBOW
M25231	FLAIL JOINT, RIGHT WRIST
M25232	FLAIL JOINT, LEFT WRIST
M25239	FLAIL JOINT, UNSPECIFIED WRIST
M25241	FLAIL JOINT, RIGHT HAND
M25242	FLAIL JOINT, LEFT HAND
M25249	FLAIL JOINT, UNSPECIFIED HAND
M25251	FLAIL JOINT, RIGHT HIP
M25252	FLAIL JOINT, LEFT HIP
M25259	FLAIL JOINT, UNSPECIFIED HIP
M25261	FLAIL JOINT, RIGHT KNEE
M25262	FLAIL JOINT, LEFT KNEE
M25269	FLAIL JOINT, UNSPECIFIED KNEE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M25271	FLAIL JOINT, RIGHT ANKLE AND FOOT
M25272	FLAIL JOINT, LEFT ANKLE AND FOOT
M25279	FLAIL JOINT, UNSPECIFIED ANKLE AND FOOT
M2528	FLAIL JOINT, OTHER SITE
M2530	OTHER INSTABILITY, UNSPECIFIED JOINT
M25311	OTHER INSTABILITY, RIGHT SHOULDER
M25312	OTHER INSTABILITY, LEFT SHOULDER
M25319	OTHER INSTABILITY, UNSPECIFIED SHOULDER
M25321	OTHER INSTABILITY, RIGHT ELBOW
M25322	OTHER INSTABILITY, LEFT ELBOW
M25329	OTHER INSTABILITY, UNSPECIFIED ELBOW
M25331	OTHER INSTABILITY, RIGHT WRIST
M25332	OTHER INSTABILITY, LEFT WRIST
M25339	OTHER INSTABILITY, UNSPECIFIED WRIST
M25341	OTHER INSTABILITY, RIGHT HAND
M25342	OTHER INSTABILITY, LEFT HAND
M25349	OTHER INSTABILITY, UNSPECIFIED HAND
M25351	OTHER INSTABILITY, RIGHT HIP
M25352	OTHER INSTABILITY, LEFT HIP
M25359	OTHER INSTABILITY, UNSPECIFIED HIP
M25361	OTHER INSTABILITY, RIGHT KNEE
M25362	OTHER INSTABILITY, LEFT KNEE
M25369	OTHER INSTABILITY, UNSPECIFIED KNEE
M25371	OTHER INSTABILITY, RIGHT ANKLE
M25372	OTHER INSTABILITY, LEFT ANKLE
M25373	OTHER INSTABILITY, UNSPECIFIED ANKLE
M25374	OTHER INSTABILITY, RIGHT FOOT
M25375	OTHER INSTABILITY, LEFT FOOT
M25376	OTHER INSTABILITY, UNSPECIFIED FOOT
M2540	EFFUSION, UNSPECIFIED JOINT
M25411	EFFUSION, RIGHT SHOULDER
M25412	EFFUSION, LEFT SHOULDER
M25419	EFFUSION, UNSPECIFIED SHOULDER
M25421	EFFUSION, RIGHT ELBOW
M25422	EFFUSION, LEFT ELBOW
M25429	EFFUSION, UNSPECIFIED ELBOW

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M25431	EFFUSION, RIGHT WRIST
M25432	EFFUSION, LEFT WRIST
M25439	EFFUSION, UNSPECIFIED WRIST
M25441	EFFUSION, RIGHT HAND
M25442	EFFUSION, LEFT HAND
M25449	EFFUSION, UNSPECIFIED HAND
M25451	EFFUSION, RIGHT HIP
M25452	EFFUSION, LEFT HIP
M25459	EFFUSION, UNSPECIFIED HIP
M25461	EFFUSION, RIGHT KNEE
M25462	EFFUSION, LEFT KNEE
M25469	EFFUSION, UNSPECIFIED KNEE
M25471	EFFUSION, RIGHT ANKLE
M25472	EFFUSION, LEFT ANKLE
M25473	EFFUSION, UNSPECIFIED ANKLE
M25474	EFFUSION, RIGHT FOOT
M25475	EFFUSION, LEFT FOOT
M25476	EFFUSION, UNSPECIFIED FOOT
M2548	EFFUSION, OTHER SITE
M2550	PAIN IN UNSPECIFIED JOINT
M25511	PAIN IN RIGHT SHOULDER
M25512	PAIN IN LEFT SHOULDER
M25519	PAIN IN UNSPECIFIED SHOULDER
M25521	PAIN IN RIGHT ELBOW
M25522	PAIN IN LEFT ELBOW
M25529	PAIN IN UNSPECIFIED ELBOW
M25531	PAIN IN RIGHT WRIST
M25532	PAIN IN LEFT WRIST
M25539	PAIN IN UNSPECIFIED WRIST
M25551	PAIN IN RIGHT HIP
M25552	PAIN IN LEFT HIP
M25559	PAIN IN UNSPECIFIED HIP
M25561	PAIN IN RIGHT KNEE
M25562	PAIN IN LEFT KNEE
M25569	PAIN IN UNSPECIFIED KNEE
M25571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M25572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT
M25579	PAIN IN UNSPECIFIED ANKLE AND JOINTS OF UNSPECIFIED FOOT
M2560	STIFFNESS OF UNSPECIFIED JOINT, NOT ELSEWHERE CLASSIFIED
M25611	STIFFNESS OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED
M25612	STIFFNESS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED
M25619	STIFFNESS OF UNSPECIFIED SHOULDER, NOT ELSEWHERE CLASSIFIED
M25621	STIFFNESS OF RIGHT ELBOW, NOT ELSEWHERE CLASSIFIED
M25622	STIFFNESS OF LEFT ELBOW, NOT ELSEWHERE CLASSIFIED
M25629	STIFFNESS OF UNSPECIFIED ELBOW, NOT ELSEWHERE CLASSIFIED
M25631	STIFFNESS OF RIGHT WRIST, NOT ELSEWHERE CLASSIFIED
M25632	STIFFNESS OF LEFT WRIST, NOT ELSEWHERE CLASSIFIED
M25639	STIFFNESS OF UNSPECIFIED WRIST, NOT ELSEWHERE CLASSIFIED
M25641	STIFFNESS OF RIGHT HAND, NOT ELSEWHERE CLASSIFIED
M25642	STIFFNESS OF LEFT HAND, NOT ELSEWHERE CLASSIFIED
M25649	STIFFNESS OF UNSPECIFIED HAND, NOT ELSEWHERE CLASSIFIED
M25651	STIFFNESS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED
M25652	STIFFNESS OF LEFT HIP, NOT ELSEWHERE CLASSIFIED
M25659	STIFFNESS OF UNSPECIFIED HIP, NOT ELSEWHERE CLASSIFIED
M25661	STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED
M25662	STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED
M25669	STIFFNESS OF UNSPECIFIED KNEE, NOT ELSEWHERE CLASSIFIED
M25671	STIFFNESS OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED
M25672	STIFFNESS OF LEFT ANKLE, NOT ELSEWHERE CLASSIFIED
M25673	STIFFNESS OF UNSPECIFIED ANKLE, NOT ELSEWHERE CLASSIFIED
M25674	STIFFNESS OF RIGHT FOOT, NOT ELSEWHERE CLASSIFIED
M25675	STIFFNESS OF LEFT FOOT, NOT ELSEWHERE CLASSIFIED
M25676	STIFFNESS OF UNSPECIFIED FOOT, NOT ELSEWHERE CLASSIFIED
M2570	OSTEOPHYTE, UNSPECIFIED JOINT
M25711	OSTEOPHYTE, RIGHT SHOULDER
M25712	OSTEOPHYTE, LEFT SHOULDER
M25719	OSTEOPHYTE, UNSPECIFIED SHOULDER
M25721	OSTEOPHYTE, RIGHT ELBOW
M25722	OSTEOPHYTE, LEFT ELBOW
M25729	OSTEOPHYTE, UNSPECIFIED ELBOW
M25731	OSTEOPHYTE, RIGHT WRIST

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M25732	OSTEOPHYTE, LEFT WRIST
M25739	OSTEOPHYTE, UNSPECIFIED WRIST
M25741	OSTEOPHYTE, RIGHT HAND
M25742	OSTEOPHYTE, LEFT HAND
M25749	OSTEOPHYTE, UNSPECIFIED HAND
M25751	OSTEOPHYTE, RIGHT HIP
M25752	OSTEOPHYTE, LEFT HIP
M25759	OSTEOPHYTE, UNSPECIFIED HIP
M25761	OSTEOPHYTE, RIGHT KNEE
M25762	OSTEOPHYTE, LEFT KNEE
M25769	OSTEOPHYTE, UNSPECIFIED KNEE
M25771	OSTEOPHYTE, RIGHT ANKLE
M25772	OSTEOPHYTE, LEFT ANKLE
M25773	OSTEOPHYTE, UNSPECIFIED ANKLE
M25774	OSTEOPHYTE, RIGHT FOOT
M25775	OSTEOPHYTE, LEFT FOOT
M25776	OSTEOPHYTE, UNSPECIFIED FOOT
M2578	OSTEOPHYTE, VERTEBRAE
M2580	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED JOINT
M25811	OTHER SPECIFIED JOINT DISORDERS, RIGHT SHOULDER
M25812	OTHER SPECIFIED JOINT DISORDERS, LEFT SHOULDER
M25819	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED SHOULDER
M25821	OTHER SPECIFIED JOINT DISORDERS, RIGHT ELBOW
M25822	OTHER SPECIFIED JOINT DISORDERS, LEFT ELBOW
M25829	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED ELBOW
M25831	OTHER SPECIFIED JOINT DISORDERS, RIGHT WRIST
M25832	OTHER SPECIFIED JOINT DISORDERS, LEFT WRIST
M25839	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED WRIST
M25841	OTHER SPECIFIED JOINT DISORDERS, RIGHT HAND
M25842	OTHER SPECIFIED JOINT DISORDERS, LEFT HAND
M25849	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED HAND
M25851	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP
M25852	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP
M25859	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED HIP
M25861	OTHER SPECIFIED JOINT DISORDERS, RIGHT KNEE
M25862	OTHER SPECIFIED JOINT DISORDERS, LEFT KNEE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M25869	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED KNEE
M25871	OTHER SPECIFIED JOINT DISORDERS, RIGHT ANKLE AND FOOT
M25872	OTHER SPECIFIED JOINT DISORDERS, LEFT ANKLE AND FOOT
M25879	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED ANKLE AND FOOT
M259	JOINT DISORDER, UNSPECIFIED
M320	DRUG-INDUCED SYSTEMIC LUPUS ERYTHEMATOSUS
M3210	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLVEMENT UNSPECIFIED
M3211	ENDOCARDITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS
M3212	PERICARDITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS
M3213	LUNG INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS
M3214	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS
M3215	TUBULO-INTERSTITIAL NEPHROPATHY IN SYSTEMIC LUPUS ERYTHEMATOSUS
M3219	OTHER ORGAN OR SYSTEM INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS
M328	OTHER FORMS OF SYSTEMIC LUPUS ERYTHEMATOSUS
M329	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED
M3300	JUVENILE DERMATOPOLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED
M3301	JUVENILE DERMATOPOLYMYOSITIS WITH RESPIRATORY INVOLVEMENT
M3302	JUVENILE DERMATOPOLYMYOSITIS WITH MYOPATHY
M3309	JUVENILE DERMATOPOLYMYOSITIS WITH OTHER ORGAN INVOLVEMENT
M3310	OTHER DERMATOPOLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED
M3311	OTHER DERMATOPOLYMYOSITIS WITH RESPIRATORY INVOLVEMENT
M3312	OTHER DERMATOPOLYMYOSITIS WITH MYOPATHY
M3319	OTHER DERMATOPOLYMYOSITIS WITH OTHER ORGAN INVOLVEMENT
M3320	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED
M3321	POLYMYOSITIS WITH RESPIRATORY INVOLVEMENT
M3322	POLYMYOSITIS WITH MYOPATHY
M3329	POLYMYOSITIS WITH OTHER ORGAN INVOLVEMENT
M3390	DERMATOPOLYMYOSITIS, UNSPECIFIED, ORGAN INVOLVEMENT UNSPECIFIED
M3391	DERMATOPOLYMYOSITIS, UNSPECIFIED WITH RESPIRATORY INVOLVEMENT
M3392	DERMATOPOLYMYOSITIS, UNSPECIFIED WITH MYOPATHY
M3399	DERMATOPOLYMYOSITIS, UNSPECIFIED WITH OTHER ORGAN INVOLVEMENT

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M340	PROGRESSIVE SYSTEMIC SCLEROSIS
M341	CR(E)ST SYNDROME
M342	SYSTEMIC SCLEROSIS INDUCED BY DRUG AND CHEMICAL
M3481	SYSTEMIC SCLEROSIS WITH LUNG INVOLVEMENT
M3482	SYSTEMIC SCLEROSIS WITH MYOPATHY
M3483	SYSTEMIC SCLEROSIS WITH POLYNEUROPATHY
M3489	OTHER SYSTEMIC SCLEROSIS
M349	SYSTEMIC SCLEROSIS, UNSPECIFIED
M3500	SICCA SYNDROME, UNSPECIFIED
M3501	SICCA SYNDROME WITH KERATOCONJUNCTIVITIS
M3502	SICCA SYNDROME WITH LUNG INVOLVEMENT
M3503	SICCA SYNDROME WITH MYOPATHY
M3504	SICCA SYNDROME WITH TUBULO-INTERSTITIAL NEPHROPATHY
M3509	SICCA SYNDROME WITH OTHER ORGAN INVOLVEMENT
M351	OTHER OVERLAP SYNDROMES
M352	BEHCET'S DISEASE
M353	POLYMYALGIA RHEUMATICA
M354	DIFFUSE (EOSINOPHILIC) FASCIITIS
M355	MULTIFOCAL FIBROSCLEROSIS
M356	RELAPSING PANNICULITIS [WEBER-CHRISTIAN]
M357	HYPERMOBILITY SYNDROME
M358	OTHER SPECIFIED SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE
M359	SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE, UNSPECIFIED
M360	DERMATO(POLY)MYOSITIS IN NEOPLASTIC DISEASE
M361	ARTHROPATHY IN NEOPLASTIC DISEASE
M362	HEMOPHILIC ARTHROPATHY
M363	ARTHROPATHY IN OTHER BLOOD DISORDERS
M364	ARTHROPATHY IN HYPERSENSITIVITY REACTIONS CLASSIFIED ELSEWHERE
M368	SYSTEMIC DISORDERS OF CONNECTIVE TISSUE IN OTHER DISEASES CLASSIFIED ELSEWHERE
M4200	JUVENILE OSTEOCHONDROSIS OF SPINE, SITE UNSPECIFIED
M4201	JUVENILE OSTEOCHONDROSIS OF SPINE, OCCIPITO-ATLANTO-AXIAL REGION
M4202	JUVENILE OSTEOCHONDROSIS OF SPINE, CERVICAL REGION
M4203	JUVENILE OSTEOCHONDROSIS OF SPINE, CERVICOTHORACIC REGION
M4204	JUVENILE OSTEOCHONDROSIS OF SPINE, THORACIC REGION

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M4205	JUVENILE OSTEOCHONDROSIS OF SPINE, THORACOLUMBAR REGION
M4206	JUVENILE OSTEOCHONDROSIS OF SPINE, LUMBAR REGION
M4207	JUVENILE OSTEOCHONDROSIS OF SPINE, LUMBOSACRAL REGION
M4208	JUVENILE OSTEOCHONDROSIS OF SPINE, SACRAL AND SACROCOCCYGEAL REGION
M4209	JUVENILE OSTEOCHONDROSIS OF SPINE, MULTIPLE SITES IN SPINE
M4210	ADULT OSTEOCHONDROSIS OF SPINE, SITE UNSPECIFIED
M4211	ADULT OSTEOCHONDROSIS OF SPINE, OCCIPITO-ATLANTO-AXIAL REGION
M4212	ADULT OSTEOCHONDROSIS OF SPINE, CERVICAL REGION
M4213	ADULT OSTEOCHONDROSIS OF SPINE, CERVICOTHORACIC REGION
M4214	ADULT OSTEOCHONDROSIS OF SPINE, THORACIC REGION
M4215	ADULT OSTEOCHONDROSIS OF SPINE, THORACOLUMBAR REGION
M4216	ADULT OSTEOCHONDROSIS OF SPINE, LUMBAR REGION
M4217	ADULT OSTEOCHONDROSIS OF SPINE, LUMBOSACRAL REGION
M4218	ADULT OSTEOCHONDROSIS OF SPINE, SACRAL AND SACROCOCCYGEAL REGION
M4219	ADULT OSTEOCHONDROSIS OF SPINE, MULTIPLE SITES IN SPINE
M429	SPINAL OSTEOCHONDROSIS, UNSPECIFIED
M4320	FUSION OF SPINE, SITE UNSPECIFIED
M4321	FUSION OF SPINE, OCCIPITO-ATLANTO-AXIAL REGION
M4322	FUSION OF SPINE, CERVICAL REGION
M4323	FUSION OF SPINE, CERVICOTHORACIC REGION
M4324	FUSION OF SPINE, THORACIC REGION
M4325	FUSION OF SPINE, THORACOLUMBAR REGION
M4326	FUSION OF SPINE, LUMBAR REGION
M4327	FUSION OF SPINE, LUMBOSACRAL REGION
M4328	FUSION OF SPINE, SACRAL AND SACROCOCCYGEAL REGION
M433	RECURRENT ATLANTOAXIAL DISLOCATION WITH MYELOPATHY
M434	OTHER RECURRENT ATLANTOAXIAL DISLOCATION
M435X2	OTHER RECURRENT VERTEBRAL DISLOCATION, CERVICAL REGION
M435X3	OTHER RECURRENT VERTEBRAL DISLOCATION, CERVICOTHORACIC REGION
M435X4	OTHER RECURRENT VERTEBRAL DISLOCATION, THORACIC REGION
M435X5	OTHER RECURRENT VERTEBRAL DISLOCATION, THORACOLUMBAR REGION
M435X6	OTHER RECURRENT VERTEBRAL DISLOCATION, LUMBAR REGION
M435X7	OTHER RECURRENT VERTEBRAL DISLOCATION, LUMBOSACRAL REGION

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M435X8	OTHER RECURRENT VERTEBRAL DISLOCATION, SACRAL AND SACROCOCCYGEAL REGION
M435X9	OTHER RECURRENT VERTEBRAL DISLOCATION, SITE UNSPECIFIED
M436	TORTICOLLIS
M438X9	OTHER SPECIFIED DEFORMING DORSOPATHIES, SITE UNSPECIFIED
M450	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE
M451	ANKYLOSING SPONDYLITIS OF OCCIPITO-ATLANTO-AXIAL REGION
M452	ANKYLOSING SPONDYLITIS OF CERVICAL REGION
M453	ANKYLOSING SPONDYLITIS OF CERVICOTHORACIC REGION
M454	ANKYLOSING SPONDYLITIS OF THORACIC REGION
M455	ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION
M456	ANKYLOSING SPONDYLITIS LUMBAR REGION
M457	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION
M458	ANKYLOSING SPONDYLITIS SACRAL AND SACROCOCCYGEAL REGION
M459	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE
M4600	SPINAL ENTHESOPATHY, SITE UNSPECIFIED
M4601	SPINAL ENTHESOPATHY, OCCIPITO-ATLANTO-AXIAL REGION
M4602	SPINAL ENTHESOPATHY, CERVICAL REGION
M4603	SPINAL ENTHESOPATHY, CERVICOTHORACIC REGION
M4604	SPINAL ENTHESOPATHY, THORACIC REGION
M4605	SPINAL ENTHESOPATHY, THORACOLUMBAR REGION
M4606	SPINAL ENTHESOPATHY, LUMBAR REGION
M4607	SPINAL ENTHESOPATHY, LUMBOSACRAL REGION
M4608	SPINAL ENTHESOPATHY, SACRAL AND SACROCOCCYGEAL REGION
M4609	SPINAL ENTHESOPATHY, MULTIPLE SITES IN SPINE
M461	SACROILIITIS, NOT ELSEWHERE CLASSIFIED
M4620	OSTEOMYELITIS OF VERTEBRA, SITE UNSPECIFIED
M4621	OSTEOMYELITIS OF VERTEBRA, OCCIPITO-ATLANTO-AXIAL REGION
M4622	OSTEOMYELITIS OF VERTEBRA, CERVICAL REGION
M4623	OSTEOMYELITIS OF VERTEBRA, CERVICOTHORACIC REGION
M4624	OSTEOMYELITIS OF VERTEBRA, THORACIC REGION
M4625	OSTEOMYELITIS OF VERTEBRA, THORACOLUMBAR REGION
M4626	OSTEOMYELITIS OF VERTEBRA, LUMBAR REGION
M4627	OSTEOMYELITIS OF VERTEBRA, LUMBOSACRAL REGION
M4628	OSTEOMYELITIS OF VERTEBRA, SACRAL AND SACROCOCCYGEAL REGION

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M4630	INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), SITE UNSPECIFIED
M4631	INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), OCCIPITO-ATLANTO-AXIAL REGION
M4632	INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), CERVICAL REGION
M4633	INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), CERVICOTHORACIC REGION
M4634	INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), THORACIC REGION
M4635	INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), THORACOLUMBAR REGION
M4636	INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), LUMBAR REGION
M4637	INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), LUMBOSACRAL REGION
M4638	INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), SACRAL AND SACROCOCCYGEAL REGION
M4639	INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), MULTIPLE SITES IN SPINE
M4640	DISCITIS, UNSPECIFIED, SITE UNSPECIFIED
M4641	DISCITIS, UNSPECIFIED, OCCIPITO-ATLANTO-AXIAL REGION
M4642	DISCITIS, UNSPECIFIED, CERVICAL REGION
M4643	DISCITIS, UNSPECIFIED, CERVICOTHORACIC REGION
M4644	DISCITIS, UNSPECIFIED, THORACIC REGION
M4645	DISCITIS, UNSPECIFIED, THORACOLUMBAR REGION
M4646	DISCITIS, UNSPECIFIED, LUMBAR REGION
M4647	DISCITIS, UNSPECIFIED, LUMBOSACRAL REGION
M4648	DISCITIS, UNSPECIFIED, SACRAL AND SACROCOCCYGEAL REGION
M4649	DISCITIS, UNSPECIFIED, MULTIPLE SITES IN SPINE
M4650	OTHER INFECTIVE SPONDYLOPATHIES, SITE UNSPECIFIED
M4651	OTHER INFECTIVE SPONDYLOPATHIES, OCCIPITO-ATLANTO-AXIAL REGION
M4652	OTHER INFECTIVE SPONDYLOPATHIES, CERVICAL REGION
M4653	OTHER INFECTIVE SPONDYLOPATHIES, CERVICOTHORACIC REGION
M4654	OTHER INFECTIVE SPONDYLOPATHIES, THORACIC REGION
M4655	OTHER INFECTIVE SPONDYLOPATHIES, THORACOLUMBAR REGION
M4656	OTHER INFECTIVE SPONDYLOPATHIES, LUMBAR REGION
M4657	OTHER INFECTIVE SPONDYLOPATHIES, LUMBOSACRAL REGION
M4658	OTHER INFECTIVE SPONDYLOPATHIES, SACRAL AND SACROCOCCYGEAL REGION
M4659	OTHER INFECTIVE SPONDYLOPATHIES, MULTIPLE SITES IN SPINE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M4680	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, SITE UNSPECIFIED
M4681	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, OCCIPITO-ATLANTO-AXIAL REGION
M4682	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, CERVICAL REGION
M4683	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, CERVICOTHORACIC REGION
M4684	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, THORACIC REGION
M4685	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, THORACOLUMBAR REGION
M4686	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION
M4687	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBOSACRAL REGION
M4688	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, SACRAL AND SACROCOCCYGEAL REGION
M4689	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, MULTIPLE SITES IN SPINE
M4690	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, SITE UNSPECIFIED
M4691	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, OCCIPITO-ATLANTO-AXIAL REGION
M4692	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICAL REGION
M4693	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICOTHORACIC REGION
M4694	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, THORACIC REGION
M4695	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, THORACOLUMBAR REGION
M4696	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION
M4697	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBOSACRAL REGION
M4698	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, SACRAL AND SACROCOCCYGEAL REGION
M4699	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, MULTIPLE SITES IN SPINE
M47011	ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, OCCIPITO-ATLANTO-AXIAL REGION
M47012	ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, CERVICAL REGION
M47013	ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, CERVICOTHORACIC REGION
M47014	ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, THORACIC REGION
M47015	ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, THORACOLUMBAR REGION

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M47016	ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, LUMBAR REGION
M47019	ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, SITE UNSPECIFIED
M47021	VERTEBRAL ARTERY COMPRESSION SYNDROMES, OCCIPITO-ATLANTO-AXIAL REGION
M47022	VERTEBRAL ARTERY COMPRESSION SYNDROMES, CERVICAL REGION
M47029	VERTEBRAL ARTERY COMPRESSION SYNDROMES, SITE UNSPECIFIED
M4710	OTHER SPONDYLOSIS WITH MYELOPATHY, SITE UNSPECIFIED
M4711	OTHER SPONDYLOSIS WITH MYELOPATHY, OCCIPITO-ATLANTO-AXIAL REGION
M4712	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION
M4713	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICOTHORACIC REGION
M4714	OTHER SPONDYLOSIS WITH MYELOPATHY, THORACIC REGION
M4715	OTHER SPONDYLOSIS WITH MYELOPATHY, THORACOLUMBAR REGION
M4716	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION
M4720	OTHER SPONDYLOSIS WITH RADICULOPATHY, SITE UNSPECIFIED
M4721	OTHER SPONDYLOSIS WITH RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL REGION
M4722	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION
M4723	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICOTHORACIC REGION
M4724	OTHER SPONDYLOSIS WITH RADICULOPATHY, THORACIC REGION
M4725	OTHER SPONDYLOSIS WITH RADICULOPATHY, THORACOLUMBAR REGION
M4726	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION
M4727	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION
M4728	OTHER SPONDYLOSIS WITH RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION
M47811	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL REGION
M47812	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION
M47813	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICOTHORACIC REGION
M47814	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION
M47815	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACOLUMBAR REGION
M47816	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M47817	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION
M47818	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION
M47819	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSPECIFIED
M47891	OTHER SPONDYLOSIS, OCCIPITO-ATLANTO-AXIAL REGION
M47892	OTHER SPONDYLOSIS, CERVICAL REGION
M47893	OTHER SPONDYLOSIS, CERVICOTHORACIC REGION
M47894	OTHER SPONDYLOSIS, THORACIC REGION
M47895	OTHER SPONDYLOSIS, THORACOLUMBAR REGION
M47896	OTHER SPONDYLOSIS, LUMBAR REGION
M47897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION
M47898	OTHER SPONDYLOSIS, SACRAL AND SACROCOCCYGEAL REGION
M47899	OTHER SPONDYLOSIS, SITE UNSPECIFIED
M479	SPONDYLOSIS, UNSPECIFIED
M4800	SPINAL STENOSIS, SITE UNSPECIFIED
M4801	SPINAL STENOSIS, OCCIPITO-ATLANTO-AXIAL REGION
M4802	SPINAL STENOSIS, CERVICAL REGION
M4803	SPINAL STENOSIS, CERVICOTHORACIC REGION
M4804	SPINAL STENOSIS, THORACIC REGION
M4805	SPINAL STENOSIS, THORACOLUMBAR REGION
M4806	SPINAL STENOSIS, LUMBAR REGION
M4807	SPINAL STENOSIS, LUMBOSACRAL REGION
M4808	SPINAL STENOSIS, SACRAL AND SACROCOCCYGEAL REGION
M4810	ANKYLOSING HYPEROSTOSIS [FORESTIER], SITE UNSPECIFIED
M4811	ANKYLOSING HYPEROSTOSIS [FORESTIER], OCCIPITO-ATLANTO-AXIAL REGION
M4812	ANKYLOSING HYPEROSTOSIS [FORESTIER], CERVICAL REGION
M4813	ANKYLOSING HYPEROSTOSIS [FORESTIER], CERVICOTHORACIC REGION
M4814	ANKYLOSING HYPEROSTOSIS [FORESTIER], THORACIC REGION
M4815	ANKYLOSING HYPEROSTOSIS [FORESTIER], THORACOLUMBAR REGION
M4816	ANKYLOSING HYPEROSTOSIS [FORESTIER], LUMBAR REGION
M4817	ANKYLOSING HYPEROSTOSIS [FORESTIER], LUMBOSACRAL REGION
M4818	ANKYLOSING HYPEROSTOSIS [FORESTIER], SACRAL AND SACROCOCCYGEAL REGION
M4819	ANKYLOSING HYPEROSTOSIS [FORESTIER], MULTIPLE SITES IN SPINE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M4820	KISSING SPINE, SITE UNSPECIFIED
M4821	KISSING SPINE, OCCIPITO-ATLANTO-AXIAL REGION
M4822	KISSING SPINE, CERVICAL REGION
M4823	KISSING SPINE, CERVICOTHORACIC REGION
M4824	KISSING SPINE, THORACIC REGION
M4825	KISSING SPINE, THORACOLUMBAR REGION
M4826	KISSING SPINE, LUMBAR REGION
M4827	KISSING SPINE, LUMBOSACRAL REGION
M4830	TRAUMATIC SPONDYLOPATHY, SITE UNSPECIFIED
M4831	TRAUMATIC SPONDYLOPATHY, OCCIPITO-ATLANTO-AXIAL REGION
M4832	TRAUMATIC SPONDYLOPATHY, CERVICAL REGION
M4833	TRAUMATIC SPONDYLOPATHY, CERVICOTHORACIC REGION
M4834	TRAUMATIC SPONDYLOPATHY, THORACIC REGION
M4835	TRAUMATIC SPONDYLOPATHY, THORACOLUMBAR REGION
M4836	TRAUMATIC SPONDYLOPATHY, LUMBAR REGION
M4837	TRAUMATIC SPONDYLOPATHY, LUMBOSACRAL REGION
M4838	TRAUMATIC SPONDYLOPATHY, SACRAL AND SACROCOCCYGEAL REGION
M488X1	OTHER SPECIFIED SPONDYLOPATHIES, OCCIPITO-ATLANTO-AXIAL REGION
M488X2	OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION
M488X3	OTHER SPECIFIED SPONDYLOPATHIES, CERVICOTHORACIC REGION
M488X4	OTHER SPECIFIED SPONDYLOPATHIES, THORACIC REGION
M488X5	OTHER SPECIFIED SPONDYLOPATHIES, THORACOLUMBAR REGION
M488X6	OTHER SPECIFIED SPONDYLOPATHIES, LUMBAR REGION
M488X7	OTHER SPECIFIED SPONDYLOPATHIES, LUMBOSACRAL REGION
M488X8	OTHER SPECIFIED SPONDYLOPATHIES, SACRAL AND SACROCOCCYGEAL REGION
M488X9	OTHER SPECIFIED SPONDYLOPATHIES, SITE UNSPECIFIED
M489	SPONDYLOPATHY, UNSPECIFIED
M4980	SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, SITE UNSPECIFIED
M4981	SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, OCCIPITO-ATLANTO-AXIAL REGION
M4982	SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, CERVICAL REGION
M4983	SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, CERVICOTHORACIC REGION
M4984	SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, THORACIC REGION

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M4985	SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, THORACOLUMBAR REGION
M4986	SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LUMBAR REGION
M4987	SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LUMBOSACRAL REGION
M4988	SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, SACRAL AND SACROCOCCYGEAL REGION
M4989	SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, MULTIPLE SITES IN SPINE
M5000	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION
M5001	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION
M5002	CERVICAL DISC DISORDER WITH MYELOPATHY, MID-CERVICAL REGION
M5003	CERVICAL DISC DISORDER WITH MYELOPATHY, CERVICOTHORACIC REGION
M5010	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION
M5011	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION
M5012	CERVICAL DISC DISORDER WITH RADICULOPATHY, MID-CERVICAL REGION
M5013	CERVICAL DISC DISORDER WITH RADICULOPATHY, CERVICOTHORACIC REGION
M5020	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION
M5021	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION
M5022	OTHER CERVICAL DISC DISPLACEMENT, MID-CERVICAL REGION
M5023	OTHER CERVICAL DISC DISPLACEMENT, CERVICOTHORACIC REGION
M5030	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION
M5031	OTHER CERVICAL DISC DEGENERATION, HIGH CERVICAL REGION
M5032	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION
M5033	OTHER CERVICAL DISC DEGENERATION, CERVICOTHORACIC REGION
M5080	OTHER CERVICAL DISC DISORDERS, UNSPECIFIED CERVICAL REGION
M5081	OTHER CERVICAL DISC DISORDERS, HIGH CERVICAL REGION
M5082	OTHER CERVICAL DISC DISORDERS, MID-CERVICAL REGION
M5083	OTHER CERVICAL DISC DISORDERS, CERVICOTHORACIC REGION
M5090	CERVICAL DISC DISORDER, UNSPECIFIED, UNSPECIFIED CERVICAL REGION
M5091	CERVICAL DISC DISORDER, UNSPECIFIED, HIGH CERVICAL REGION
M5092	CERVICAL DISC DISORDER, UNSPECIFIED, MID-CERVICAL REGION

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M5093	CERVICAL DISC DISORDER, UNSPECIFIED, CERVICOTHORACIC REGION
M5104	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, THORACIC REGION
M5105	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, THORACOLUMBAR REGION
M5106	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION
M5114	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, THORACIC REGION
M5115	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, THORACOLUMBAR REGION
M5116	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION
M5117	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION
M5124	OTHER INTERVERTEBRAL DISC DISPLACEMENT, THORACIC REGION
M5125	OTHER INTERVERTEBRAL DISC DISPLACEMENT, THORACOLUMBAR REGION
M5126	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION
M5127	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION
M5134	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION
M5135	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACOLUMBAR REGION
M5136	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION
M5137	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION
M5144	SCHMORL'S NODES, THORACIC REGION
M5145	SCHMORL'S NODES, THORACOLUMBAR REGION
M5146	SCHMORL'S NODES, LUMBAR REGION
M5147	SCHMORL'S NODES, LUMBOSACRAL REGION
M5184	OTHER INTERVERTEBRAL DISC DISORDERS, THORACIC REGION
M5185	OTHER INTERVERTEBRAL DISC DISORDERS, THORACOLUMBAR REGION
M5186	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBAR REGION
M5187	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION
M519	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER
M530	CERVICOCRANIAL SYNDROME
M531	CERVICOBACHIAL SYNDROME
M532X1	SPINAL INSTABILITIES, OCCIPITO-ATLANTO-AXIAL REGION
M532X2	SPINAL INSTABILITIES, CERVICAL REGION

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M532X3	SPINAL INSTABILITIES, CERVICOTHORACIC REGION
M532X4	SPINAL INSTABILITIES, THORACIC REGION
M532X5	SPINAL INSTABILITIES, THORACOLUMBAR REGION
M532X6	SPINAL INSTABILITIES, LUMBAR REGION
M532X7	SPINAL INSTABILITIES, LUMBOSACRAL REGION
M532X8	SPINAL INSTABILITIES, SACRAL AND SACROCOCCYGEAL REGION
M532X9	SPINAL INSTABILITIES, SITE UNSPECIFIED
M533	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED
M5380	OTHER SPECIFIED DORSOPATHIES, SITE UNSPECIFIED
M5381	OTHER SPECIFIED DORSOPATHIES, OCCIPITO-ATLANTO-AXIAL REGION
M5382	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION
M5383	OTHER SPECIFIED DORSOPATHIES, CERVICOTHORACIC REGION
M5384	OTHER SPECIFIED DORSOPATHIES, THORACIC REGION
M5385	OTHER SPECIFIED DORSOPATHIES, THORACOLUMBAR REGION
M5386	OTHER SPECIFIED DORSOPATHIES, LUMBAR REGION
M5387	OTHER SPECIFIED DORSOPATHIES, LUMBOSACRAL REGION
M5388	OTHER SPECIFIED DORSOPATHIES, SACRAL AND SACROCOCCYGEAL REGION
M539	DORSOPATHY, UNSPECIFIED
M5400	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, SITE UNSPECIFIED
M5401	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, OCCIPITO-ATLANTO-AXIAL REGION
M5402	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, CERVICAL REGION
M5403	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, CERVICOTHORACIC REGION
M5404	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, THORACIC REGION
M5405	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, THORACOLUMBAR REGION
M5406	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, LUMBAR REGION
M5407	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, LUMBOSACRAL REGION
M5408	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, SACRAL AND SACROCOCCYGEAL REGION
M5409	PANNICULITIS AFFECTING REGIONS, NECK AND BACK, MULTIPLE SITES IN SPINE
M5410	RADICULOPATHY, SITE UNSPECIFIED
M5411	RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL REGION

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M5412	RADICULOPATHY, CERVICAL REGION
M5413	RADICULOPATHY, CERVICOTHORACIC REGION
M5414	RADICULOPATHY, THORACIC REGION
M5415	RADICULOPATHY, THORACOLUMBAR REGION
M5416	RADICULOPATHY, LUMBAR REGION
M5417	RADICULOPATHY, LUMBOSACRAL REGION
M5418	RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION
M542	CERVICALGIA
M5430	SCIATICA, UNSPECIFIED SIDE
M5431	SCIATICA, RIGHT SIDE
M5432	SCIATICA, LEFT SIDE
M5440	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE
M5441	LUMBAGO WITH SCIATICA, RIGHT SIDE
M5442	LUMBAGO WITH SCIATICA, LEFT SIDE
M545	LOW BACK PAIN
M546	PAIN IN THORACIC SPINE
M5481	OCCIPITAL NEURALGIA
M5489	OTHER DORSALGIA
M549	DORSALGIA, UNSPECIFIED
M60000	INFECTIVE MYOSITIS, UNSPECIFIED RIGHT ARM
M60001	INFECTIVE MYOSITIS, UNSPECIFIED LEFT ARM
M60002	INFECTIVE MYOSITIS, UNSPECIFIED ARM
M60003	INFECTIVE MYOSITIS, UNSPECIFIED RIGHT LEG
M60004	INFECTIVE MYOSITIS, UNSPECIFIED LEFT LEG
M60005	INFECTIVE MYOSITIS, UNSPECIFIED LEG
M60009	INFECTIVE MYOSITIS, UNSPECIFIED SITE
M60011	INFECTIVE MYOSITIS, RIGHT SHOULDER
M60012	INFECTIVE MYOSITIS, LEFT SHOULDER
M60019	INFECTIVE MYOSITIS, UNSPECIFIED SHOULDER
M60021	INFECTIVE MYOSITIS, RIGHT UPPER ARM
M60022	INFECTIVE MYOSITIS, LEFT UPPER ARM
M60029	INFECTIVE MYOSITIS, UNSPECIFIED UPPER ARM
M60031	INFECTIVE MYOSITIS, RIGHT FOREARM
M60032	INFECTIVE MYOSITIS, LEFT FOREARM
M60039	INFECTIVE MYOSITIS, UNSPECIFIED FOREARM
M60041	INFECTIVE MYOSITIS, RIGHT HAND

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M60042	INFECTIVE MYOSITIS, LEFT HAND
M60043	INFECTIVE MYOSITIS, UNSPECIFIED HAND
M60044	INFECTIVE MYOSITIS, RIGHT FINGER(S)
M60045	INFECTIVE MYOSITIS, LEFT FINGER(S)
M60046	INFECTIVE MYOSITIS, UNSPECIFIED FINGER(S)
M60051	INFECTIVE MYOSITIS, RIGHT THIGH
M60052	INFECTIVE MYOSITIS, LEFT THIGH
M60059	INFECTIVE MYOSITIS, UNSPECIFIED THIGH
M60061	INFECTIVE MYOSITIS, RIGHT LOWER LEG
M60062	INFECTIVE MYOSITIS, LEFT LOWER LEG
M60069	INFECTIVE MYOSITIS, UNSPECIFIED LOWER LEG
M60070	INFECTIVE MYOSITIS, RIGHT ANKLE
M60071	INFECTIVE MYOSITIS, LEFT ANKLE
M60072	INFECTIVE MYOSITIS, UNSPECIFIED ANKLE
M60073	INFECTIVE MYOSITIS, RIGHT FOOT
M60074	INFECTIVE MYOSITIS, LEFT FOOT
M60075	INFECTIVE MYOSITIS, UNSPECIFIED FOOT
M60076	INFECTIVE MYOSITIS, RIGHT TOE(S)
M60077	INFECTIVE MYOSITIS, LEFT TOE(S)
M60078	INFECTIVE MYOSITIS, UNSPECIFIED TOE(S)
M6008	INFECTIVE MYOSITIS, OTHER SITE
M6009	INFECTIVE MYOSITIS, MULTIPLE SITES
M6010	INTERSTITIAL MYOSITIS OF UNSPECIFIED SITE
M60111	INTERSTITIAL MYOSITIS, RIGHT SHOULDER
M60112	INTERSTITIAL MYOSITIS, LEFT SHOULDER
M60119	INTERSTITIAL MYOSITIS, UNSPECIFIED SHOULDER
M60121	INTERSTITIAL MYOSITIS, RIGHT UPPER ARM
M60122	INTERSTITIAL MYOSITIS, LEFT UPPER ARM
M60129	INTERSTITIAL MYOSITIS, UNSPECIFIED UPPER ARM
M60131	INTERSTITIAL MYOSITIS, RIGHT FOREARM
M60132	INTERSTITIAL MYOSITIS, LEFT FOREARM
M60139	INTERSTITIAL MYOSITIS, UNSPECIFIED FOREARM
M60141	INTERSTITIAL MYOSITIS, RIGHT HAND
M60142	INTERSTITIAL MYOSITIS, LEFT HAND
M60149	INTERSTITIAL MYOSITIS, UNSPECIFIED HAND
M60151	INTERSTITIAL MYOSITIS, RIGHT THIGH

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M60152	INTERSTITIAL MYOSITIS, LEFT THIGH
M60159	INTERSTITIAL MYOSITIS, UNSPECIFIED THIGH
M60161	INTERSTITIAL MYOSITIS, RIGHT LOWER LEG
M60162	INTERSTITIAL MYOSITIS, LEFT LOWER LEG
M60169	INTERSTITIAL MYOSITIS, UNSPECIFIED LOWER LEG
M60171	INTERSTITIAL MYOSITIS, RIGHT ANKLE AND FOOT
M60172	INTERSTITIAL MYOSITIS, LEFT ANKLE AND FOOT
M60179	INTERSTITIAL MYOSITIS, UNSPECIFIED ANKLE AND FOOT
M6018	INTERSTITIAL MYOSITIS, OTHER SITE
M6019	INTERSTITIAL MYOSITIS, MULTIPLE SITES
M6020	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE
M60211	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER
M60212	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, LEFT SHOULDER
M60219	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SHOULDER
M60221	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, RIGHT UPPER ARM
M60222	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, LEFT UPPER ARM
M60229	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED UPPER ARM
M60231	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, RIGHT FOREARM
M60232	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, LEFT FOREARM
M60239	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED FOREARM
M60241	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, RIGHT HAND
M60242	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, LEFT HAND
M60249	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HAND
M60251	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, RIGHT THIGH
M60252	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, LEFT THIGH
M60259	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED THIGH
M60261	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, RIGHT LOWER LEG

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M60262	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, LEFT LOWER LEG
M60269	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED LOWER LEG
M60271	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE AND FOOT
M60272	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, LEFT ANKLE AND FOOT
M60279	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ANKLE AND FOOT
M6028	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, OTHER SITE
M6080	OTHER MYOSITIS, UNSPECIFIED SITE
M60811	OTHER MYOSITIS, RIGHT SHOULDER
M60812	OTHER MYOSITIS, LEFT SHOULDER
M60819	OTHER MYOSITIS, UNSPECIFIED SHOULDER
M60821	OTHER MYOSITIS, RIGHT UPPER ARM
M60822	OTHER MYOSITIS, LEFT UPPER ARM
M60829	OTHER MYOSITIS, UNSPECIFIED UPPER ARM
M60831	OTHER MYOSITIS, RIGHT FOREARM
M60832	OTHER MYOSITIS, LEFT FOREARM
M60839	OTHER MYOSITIS, UNSPECIFIED FOREARM
M60841	OTHER MYOSITIS, RIGHT HAND
M60842	OTHER MYOSITIS, LEFT HAND
M60849	OTHER MYOSITIS, UNSPECIFIED HAND
M60851	OTHER MYOSITIS, RIGHT THIGH
M60852	OTHER MYOSITIS, LEFT THIGH
M60859	OTHER MYOSITIS, UNSPECIFIED THIGH
M60861	OTHER MYOSITIS, RIGHT LOWER LEG
M60862	OTHER MYOSITIS, LEFT LOWER LEG
M60869	OTHER MYOSITIS, UNSPECIFIED LOWER LEG
M60871	OTHER MYOSITIS, RIGHT ANKLE AND FOOT
M60872	OTHER MYOSITIS, LEFT ANKLE AND FOOT
M60879	OTHER MYOSITIS, UNSPECIFIED ANKLE AND FOOT
M6088	OTHER MYOSITIS, OTHER SITE
M6089	OTHER MYOSITIS, MULTIPLE SITES
M609	MYOSITIS, UNSPECIFIED
M6100	MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED SITE
M61011	MYOSITIS OSSIFICANS TRAUMATICA, RIGHT SHOULDER

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M61012	MYOSITIS OSSIFICANS TRAUMATICA, LEFT SHOULDER
M61019	MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED SHOULDER
M61021	MYOSITIS OSSIFICANS TRAUMATICA, RIGHT UPPER ARM
M61022	MYOSITIS OSSIFICANS TRAUMATICA, LEFT UPPER ARM
M61029	MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED UPPER ARM
M61031	MYOSITIS OSSIFICANS TRAUMATICA, RIGHT FOREARM
M61032	MYOSITIS OSSIFICANS TRAUMATICA, LEFT FOREARM
M61039	MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED FOREARM
M61041	MYOSITIS OSSIFICANS TRAUMATICA, RIGHT HAND
M61042	MYOSITIS OSSIFICANS TRAUMATICA, LEFT HAND
M61049	MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED HAND
M61051	MYOSITIS OSSIFICANS TRAUMATICA, RIGHT THIGH
M61052	MYOSITIS OSSIFICANS TRAUMATICA, LEFT THIGH
M61059	MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED THIGH
M61061	MYOSITIS OSSIFICANS TRAUMATICA, RIGHT LOWER LEG
M61062	MYOSITIS OSSIFICANS TRAUMATICA, LEFT LOWER LEG
M61069	MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED LOWER LEG
M61071	MYOSITIS OSSIFICANS TRAUMATICA, RIGHT ANKLE AND FOOT
M61072	MYOSITIS OSSIFICANS TRAUMATICA, LEFT ANKLE AND FOOT
M61079	MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED ANKLE AND FOOT
M6108	MYOSITIS OSSIFICANS TRAUMATICA, OTHER SITE
M6109	MYOSITIS OSSIFICANS TRAUMATICA, MULTIPLE SITES
M6110	MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED SITE
M61111	MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT SHOULDER
M61112	MYOSITIS OSSIFICANS PROGRESSIVA, LEFT SHOULDER
M61119	MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED SHOULDER
M61121	MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT UPPER ARM
M61122	MYOSITIS OSSIFICANS PROGRESSIVA, LEFT UPPER ARM
M61129	MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED ARM
M61131	MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT FOREARM
M61132	MYOSITIS OSSIFICANS PROGRESSIVA, LEFT FOREARM
M61139	MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED FOREARM
M61141	MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT HAND
M61142	MYOSITIS OSSIFICANS PROGRESSIVA, LEFT HAND
M61143	MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED HAND
M61144	MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT FINGER(S)

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M61145	MYOSITIS OSSIFICANS PROGRESSIVA, LEFT FINGER(S)
M61146	MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED FINGER(S)
M61151	MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT THIGH
M61152	MYOSITIS OSSIFICANS PROGRESSIVA, LEFT THIGH
M61159	MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED THIGH
M61161	MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT LOWER LEG
M61162	MYOSITIS OSSIFICANS PROGRESSIVA, LEFT LOWER LEG
M61169	MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED LOWER LEG
M61171	MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT ANKLE
M61172	MYOSITIS OSSIFICANS PROGRESSIVA, LEFT ANKLE
M61173	MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED ANKLE
M61174	MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT FOOT
M61175	MYOSITIS OSSIFICANS PROGRESSIVA, LEFT FOOT
M61176	MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED FOOT
M61177	MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT TOE(S)
M61178	MYOSITIS OSSIFICANS PROGRESSIVA, LEFT TOE(S)
M61179	MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED TOE(S)
M6118	MYOSITIS OSSIFICANS PROGRESSIVA, OTHER SITE
M6119	MYOSITIS OSSIFICANS PROGRESSIVA, MULTIPLE SITES
M6120	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED SITE
M61211	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, RIGHT SHOULDER
M61212	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, LEFT SHOULDER
M61219	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED SHOULDER
M61221	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, RIGHT UPPER ARM
M61222	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, LEFT UPPER ARM
M61229	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED UPPER ARM
M61231	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, RIGHT FOREARM
M61232	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, LEFT FOREARM
M61239	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED FOREARM
M61241	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, RIGHT HAND

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M61242	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, LEFT HAND
M61249	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED HAND
M61251	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, RIGHT THIGH
M61252	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, LEFT THIGH
M61259	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED THIGH
M61261	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, RIGHT LOWER LEG
M61262	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, LEFT LOWER LEG
M61269	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED LOWER LEG
M61271	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, RIGHT ANKLE AND FOOT
M61272	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, LEFT ANKLE AND FOOT
M61279	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED ANKLE AND FOOT
M6128	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, OTHER SITE
M6129	PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, MULTIPLE SITES
M6130	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, UNSPECIFIED SITE
M61311	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, RIGHT SHOULDER
M61312	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, LEFT SHOULDER
M61319	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, UNSPECIFIED SHOULDER
M61321	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, RIGHT UPPER ARM
M61322	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, LEFT UPPER ARM
M61329	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, UNSPECIFIED UPPER ARM
M61331	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, RIGHT FOREARM
M61332	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, LEFT FOREARM
M61339	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, UNSPECIFIED FOREARM
M61341	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, RIGHT HAND

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M61342	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, LEFT HAND
M61349	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, UNSPECIFIED HAND
M61351	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, RIGHT THIGH
M61352	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, LEFT THIGH
M61359	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, UNSPECIFIED THIGH
M61361	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, RIGHT LOWER LEG
M61362	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, LEFT LOWER LEG
M61369	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, UNSPECIFIED LOWER LEG
M61371	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, RIGHT ANKLE AND FOOT
M61372	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, LEFT ANKLE AND FOOT
M61379	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, UNSPECIFIED ANKLE AND FOOT
M6138	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, OTHER SITE
M6139	CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, MULTIPLE SITES
M6140	OTHER CALCIFICATION OF MUSCLE, UNSPECIFIED SITE
M61411	OTHER CALCIFICATION OF MUSCLE, RIGHT SHOULDER
M61412	OTHER CALCIFICATION OF MUSCLE, LEFT SHOULDER
M61419	OTHER CALCIFICATION OF MUSCLE, UNSPECIFIED SHOULDER
M61421	OTHER CALCIFICATION OF MUSCLE, RIGHT UPPER ARM
M61422	OTHER CALCIFICATION OF MUSCLE, LEFT UPPER ARM
M61429	OTHER CALCIFICATION OF MUSCLE, UNSPECIFIED UPPER ARM
M61431	OTHER CALCIFICATION OF MUSCLE, RIGHT FOREARM
M61432	OTHER CALCIFICATION OF MUSCLE, LEFT FOREARM
M61439	OTHER CALCIFICATION OF MUSCLE, UNSPECIFIED FOREARM
M61441	OTHER CALCIFICATION OF MUSCLE, RIGHT HAND
M61442	OTHER CALCIFICATION OF MUSCLE, LEFT HAND
M61449	OTHER CALCIFICATION OF MUSCLE, UNSPECIFIED HAND
M61451	OTHER CALCIFICATION OF MUSCLE, RIGHT THIGH
M61452	OTHER CALCIFICATION OF MUSCLE, LEFT THIGH
M61459	OTHER CALCIFICATION OF MUSCLE, UNSPECIFIED THIGH

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M61461	OTHER CALCIFICATION OF MUSCLE, RIGHT LOWER LEG
M61462	OTHER CALCIFICATION OF MUSCLE, LEFT LOWER LEG
M61469	OTHER CALCIFICATION OF MUSCLE, UNSPECIFIED LOWER LEG
M61471	OTHER CALCIFICATION OF MUSCLE, RIGHT ANKLE AND FOOT
M61472	OTHER CALCIFICATION OF MUSCLE, LEFT ANKLE AND FOOT
M61479	OTHER CALCIFICATION OF MUSCLE, UNSPECIFIED ANKLE AND FOOT
M6148	OTHER CALCIFICATION OF MUSCLE, OTHER SITE
M6149	OTHER CALCIFICATION OF MUSCLE, MULTIPLE SITES
M6150	OTHER OSSIFICATION OF MUSCLE, UNSPECIFIED SITE
M61511	OTHER OSSIFICATION OF MUSCLE, RIGHT SHOULDER
M61512	OTHER OSSIFICATION OF MUSCLE, LEFT SHOULDER
M61519	OTHER OSSIFICATION OF MUSCLE, UNSPECIFIED SHOULDER
M61521	OTHER OSSIFICATION OF MUSCLE, RIGHT UPPER ARM
M61522	OTHER OSSIFICATION OF MUSCLE, LEFT UPPER ARM
M61529	OTHER OSSIFICATION OF MUSCLE, UNSPECIFIED UPPER ARM
M61531	OTHER OSSIFICATION OF MUSCLE, RIGHT FOREARM
M61532	OTHER OSSIFICATION OF MUSCLE, LEFT FOREARM
M61539	OTHER OSSIFICATION OF MUSCLE, UNSPECIFIED FOREARM
M61541	OTHER OSSIFICATION OF MUSCLE, RIGHT HAND
M61542	OTHER OSSIFICATION OF MUSCLE, LEFT HAND
M61549	OTHER OSSIFICATION OF MUSCLE, UNSPECIFIED HAND
M61551	OTHER OSSIFICATION OF MUSCLE, RIGHT THIGH
M61552	OTHER OSSIFICATION OF MUSCLE, LEFT THIGH
M61559	OTHER OSSIFICATION OF MUSCLE, UNSPECIFIED THIGH
M61561	OTHER OSSIFICATION OF MUSCLE, RIGHT LOWER LEG
M61562	OTHER OSSIFICATION OF MUSCLE, LEFT LOWER LEG
M61569	OTHER OSSIFICATION OF MUSCLE, UNSPECIFIED LOWER LEG
M61571	OTHER OSSIFICATION OF MUSCLE, RIGHT ANKLE AND FOOT
M61572	OTHER OSSIFICATION OF MUSCLE, LEFT ANKLE AND FOOT
M61579	OTHER OSSIFICATION OF MUSCLE, UNSPECIFIED ANKLE AND FOOT
M6158	OTHER OSSIFICATION OF MUSCLE, OTHER SITE
M6159	OTHER OSSIFICATION OF MUSCLE, MULTIPLE SITES
M619	CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED
M6200	SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED SITE
M62011	SEPARATION OF MUSCLE (NONTRAUMATIC), RIGHT SHOULDER
M62012	SEPARATION OF MUSCLE (NONTRAUMATIC), LEFT SHOULDER

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M62019	SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED SHOULDER
M62021	SEPARATION OF MUSCLE (NONTRAUMATIC), RIGHT UPPER ARM
M62022	SEPARATION OF MUSCLE (NONTRAUMATIC), LEFT UPPER ARM
M62029	SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED UPPER ARM
M62031	SEPARATION OF MUSCLE (NONTRAUMATIC), RIGHT FOREARM
M62032	SEPARATION OF MUSCLE (NONTRAUMATIC), LEFT FOREARM
M62039	SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED FOREARM
M62041	SEPARATION OF MUSCLE (NONTRAUMATIC), RIGHT HAND
M62042	SEPARATION OF MUSCLE (NONTRAUMATIC), LEFT HAND
M62049	SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED HAND
M62051	SEPARATION OF MUSCLE (NONTRAUMATIC), RIGHT THIGH
M62052	SEPARATION OF MUSCLE (NONTRAUMATIC), LEFT THIGH
M62059	SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED THIGH
M62061	SEPARATION OF MUSCLE (NONTRAUMATIC), RIGHT LOWER LEG
M62062	SEPARATION OF MUSCLE (NONTRAUMATIC), LEFT LOWER LEG
M62069	SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED LOWER LEG
M62071	SEPARATION OF MUSCLE (NONTRAUMATIC), RIGHT ANKLE AND FOOT
M62072	SEPARATION OF MUSCLE (NONTRAUMATIC), LEFT ANKLE AND FOOT
M62079	SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED ANKLE AND FOOT
M6208	SEPARATION OF MUSCLE (NONTRAUMATIC), OTHER SITE
M6210	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), UNSPECIFIED SITE
M62111	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), RIGHT SHOULDER
M62112	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), LEFT SHOULDER
M62119	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), UNSPECIFIED SHOULDER
M62121	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), RIGHT UPPER ARM
M62122	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), LEFT UPPER ARM
M62129	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), UNSPECIFIED UPPER ARM
M62131	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), RIGHT FOREARM
M62132	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), LEFT FOREARM
M62139	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), UNSPECIFIED FOREARM
M62141	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), RIGHT HAND
M62142	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), LEFT HAND
M62149	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), UNSPECIFIED HAND

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M62151	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), RIGHT THIGH
M62152	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), LEFT THIGH
M62159	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), UNSPECIFIED THIGH
M62161	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), RIGHT LOWER LEG
M62162	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), LEFT LOWER LEG
M62169	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), UNSPECIFIED LOWER LEG
M62171	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), RIGHT ANKLE AND FOOT
M62172	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), LEFT ANKLE AND FOOT
M62179	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), UNSPECIFIED ANKLE AND FOOT
M6218	OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), OTHER SITE
M6220	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, UNSPECIFIED SITE
M62211	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, RIGHT SHOULDER
M62212	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, LEFT SHOULDER
M62219	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, UNSPECIFIED SHOULDER
M62221	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, RIGHT UPPER ARM
M62222	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, LEFT UPPER ARM
M62229	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, UNSPECIFIED UPPER ARM
M62231	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, RIGHT FOREARM
M62232	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, LEFT FOREARM
M62239	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, UNSPECIFIED FOREARM
M62241	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, RIGHT HAND
M62242	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, LEFT HAND
M62249	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, UNSPECIFIED HAND
M62251	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, RIGHT THIGH
M62252	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, LEFT THIGH
M62259	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, UNSPECIFIED THIGH
M62261	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, RIGHT LOWER LEG
M62262	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, LEFT LOWER LEG

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M62269	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, UNSPECIFIED LOWER LEG
M62271	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, RIGHT ANKLE AND FOOT
M62272	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, LEFT ANKLE AND FOOT
M62279	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, UNSPECIFIED ANKLE AND FOOT
M6228	NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, OTHER SITE
M623	IMMOBILITY SYNDROME (PARAPLEGIC)
M6240	CONTRACTURE OF MUSCLE, UNSPECIFIED SITE
M62411	CONTRACTURE OF MUSCLE, RIGHT SHOULDER
M62412	CONTRACTURE OF MUSCLE, LEFT SHOULDER
M62419	CONTRACTURE OF MUSCLE, UNSPECIFIED SHOULDER
M62421	CONTRACTURE OF MUSCLE, RIGHT UPPER ARM
M62422	CONTRACTURE OF MUSCLE, LEFT UPPER ARM
M62429	CONTRACTURE OF MUSCLE, UNSPECIFIED UPPER ARM
M62431	CONTRACTURE OF MUSCLE, RIGHT FOREARM
M62432	CONTRACTURE OF MUSCLE, LEFT FOREARM
M62439	CONTRACTURE OF MUSCLE, UNSPECIFIED FOREARM
M62441	CONTRACTURE OF MUSCLE, RIGHT HAND
M62442	CONTRACTURE OF MUSCLE, LEFT HAND
M62449	CONTRACTURE OF MUSCLE, UNSPECIFIED HAND
M62451	CONTRACTURE OF MUSCLE, RIGHT THIGH
M62452	CONTRACTURE OF MUSCLE, LEFT THIGH
M62459	CONTRACTURE OF MUSCLE, UNSPECIFIED THIGH
M62461	CONTRACTURE OF MUSCLE, RIGHT LOWER LEG
M62462	CONTRACTURE OF MUSCLE, LEFT LOWER LEG
M62469	CONTRACTURE OF MUSCLE, UNSPECIFIED LOWER LEG
M62471	CONTRACTURE OF MUSCLE, RIGHT ANKLE AND FOOT
M62472	CONTRACTURE OF MUSCLE, LEFT ANKLE AND FOOT
M62479	CONTRACTURE OF MUSCLE, UNSPECIFIED ANKLE AND FOOT
M6248	CONTRACTURE OF MUSCLE, OTHER SITE
M6249	CONTRACTURE OF MUSCLE, MULTIPLE SITES
M6250	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE
M62511	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M62512	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT SHOULDER
M62519	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SHOULDER
M62521	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT UPPER ARM
M62522	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT UPPER ARM
M62529	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED UPPER ARM
M62531	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT FOREARM
M62532	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT FOREARM
M62539	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED FOREARM
M62541	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT HAND
M62542	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT HAND
M62549	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HAND
M62551	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT THIGH
M62552	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT THIGH
M62559	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED THIGH
M62561	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT LOWER LEG
M62562	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT LOWER LEG
M62569	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED LOWER LEG
M62571	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE AND FOOT
M62572	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT ANKLE AND FOOT
M62579	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ANKLE AND FOOT
M6258	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, OTHER SITE
M6259	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, MULTIPLE SITES
M6281	MUSCLE WEAKNESS (GENERALIZED)
M6282	RHABDOMYOLYSIS
M62830	MUSCLE SPASM OF BACK

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M62831	MUSCLE SPASM OF CALF
M62838	OTHER MUSCLE SPASM
M6289	OTHER SPECIFIED DISORDERS OF MUSCLE
M629	DISORDER OF MUSCLE, UNSPECIFIED
M6380	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SITE
M63811	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, RIGHT SHOULDER
M63812	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, LEFT SHOULDER
M63819	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SHOULDER
M63821	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, RIGHT UPPER ARM
M63822	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, LEFT UPPER ARM
M63829	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED UPPER ARM
M63831	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, RIGHT FOREARM
M63832	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, LEFT FOREARM
M63839	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED FOREARM
M63841	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, RIGHT HAND
M63842	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, LEFT HAND
M63849	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED HAND
M63851	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, RIGHT THIGH
M63852	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, LEFT THIGH
M63859	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED THIGH
M63861	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, RIGHT LOWER LEG
M63862	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, LEFT LOWER LEG
M63869	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED LOWER LEG
M63871	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, RIGHT ANKLE AND FOOT
M63872	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, LEFT ANKLE AND FOOT

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M63879	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED ANKLE AND FOOT
M6388	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, OTHER SITE
M6389	DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, MULTIPLE SITES
M6500	ABSCCESS OF TENDON SHEATH, UNSPECIFIED SITE
M65011	ABSCCESS OF TENDON SHEATH, RIGHT SHOULDER
M65012	ABSCCESS OF TENDON SHEATH, LEFT SHOULDER
M65019	ABSCCESS OF TENDON SHEATH, UNSPECIFIED SHOULDER
M65021	ABSCCESS OF TENDON SHEATH, RIGHT UPPER ARM
M65022	ABSCCESS OF TENDON SHEATH, LEFT UPPER ARM
M65029	ABSCCESS OF TENDON SHEATH, UNSPECIFIED UPPER ARM
M65031	ABSCCESS OF TENDON SHEATH, RIGHT FOREARM
M65032	ABSCCESS OF TENDON SHEATH, LEFT FOREARM
M65039	ABSCCESS OF TENDON SHEATH, UNSPECIFIED FOREARM
M65041	ABSCCESS OF TENDON SHEATH, RIGHT HAND
M65042	ABSCCESS OF TENDON SHEATH, LEFT HAND
M65049	ABSCCESS OF TENDON SHEATH, UNSPECIFIED HAND
M65051	ABSCCESS OF TENDON SHEATH, RIGHT THIGH
M65052	ABSCCESS OF TENDON SHEATH, LEFT THIGH
M65059	ABSCCESS OF TENDON SHEATH, UNSPECIFIED THIGH
M65061	ABSCCESS OF TENDON SHEATH, RIGHT LOWER LEG
M65062	ABSCCESS OF TENDON SHEATH, LEFT LOWER LEG
M65069	ABSCCESS OF TENDON SHEATH, UNSPECIFIED LOWER LEG
M65071	ABSCCESS OF TENDON SHEATH, RIGHT ANKLE AND FOOT
M65072	ABSCCESS OF TENDON SHEATH, LEFT ANKLE AND FOOT
M65079	ABSCCESS OF TENDON SHEATH, UNSPECIFIED ANKLE AND FOOT
M6508	ABSCCESS OF TENDON SHEATH, OTHER SITE
M6510	OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED SITE
M65111	OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT SHOULDER
M65112	OTHER INFECTIVE (TENO)SYNOVITIS, LEFT SHOULDER
M65119	OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED SHOULDER
M65121	OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT ELBOW
M65122	OTHER INFECTIVE (TENO)SYNOVITIS, LEFT ELBOW
M65129	OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED ELBOW
M65131	OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT WRIST

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M65132	OTHER INFECTIVE (TENO)SYNOVITIS, LEFT WRIST
M65139	OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED WRIST
M65141	OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT HAND
M65142	OTHER INFECTIVE (TENO)SYNOVITIS, LEFT HAND
M65149	OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED HAND
M65151	OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT HIP
M65152	OTHER INFECTIVE (TENO)SYNOVITIS, LEFT HIP
M65159	OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED HIP
M65161	OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT KNEE
M65162	OTHER INFECTIVE (TENO)SYNOVITIS, LEFT KNEE
M65169	OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED KNEE
M65171	OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT ANKLE AND FOOT
M65172	OTHER INFECTIVE (TENO)SYNOVITIS, LEFT ANKLE AND FOOT
M65179	OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED ANKLE AND FOOT
M6518	OTHER INFECTIVE (TENO)SYNOVITIS, OTHER SITE
M6519	OTHER INFECTIVE (TENO)SYNOVITIS, MULTIPLE SITES
M6520	CALCIFIC TENDINITIS, UNSPECIFIED SITE
M65221	CALCIFIC TENDINITIS, RIGHT UPPER ARM
M65222	CALCIFIC TENDINITIS, LEFT UPPER ARM
M65229	CALCIFIC TENDINITIS, UNSPECIFIED UPPER ARM
M65231	CALCIFIC TENDINITIS, RIGHT FOREARM
M65232	CALCIFIC TENDINITIS, LEFT FOREARM
M65239	CALCIFIC TENDINITIS, UNSPECIFIED FOREARM
M65241	CALCIFIC TENDINITIS, RIGHT HAND
M65242	CALCIFIC TENDINITIS, LEFT HAND
M65249	CALCIFIC TENDINITIS, UNSPECIFIED HAND
M65251	CALCIFIC TENDINITIS, RIGHT THIGH
M65252	CALCIFIC TENDINITIS, LEFT THIGH
M65259	CALCIFIC TENDINITIS, UNSPECIFIED THIGH
M65261	CALCIFIC TENDINITIS, RIGHT LOWER LEG
M65262	CALCIFIC TENDINITIS, LEFT LOWER LEG
M65269	CALCIFIC TENDINITIS, UNSPECIFIED LOWER LEG
M65271	CALCIFIC TENDINITIS, RIGHT ANKLE AND FOOT
M65272	CALCIFIC TENDINITIS, LEFT ANKLE AND FOOT
M65279	CALCIFIC TENDINITIS, UNSPECIFIED ANKLE AND FOOT

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M6528	CALCIFIC TENDINITIS, OTHER SITE
M6529	CALCIFIC TENDINITIS, MULTIPLE SITES
M6530	TRIGGER FINGER, UNSPECIFIED FINGER
M65311	TRIGGER THUMB, RIGHT THUMB
M65312	TRIGGER THUMB, LEFT THUMB
M65319	TRIGGER THUMB, UNSPECIFIED THUMB
M65321	TRIGGER FINGER, RIGHT INDEX FINGER
M65322	TRIGGER FINGER, LEFT INDEX FINGER
M65329	TRIGGER FINGER, UNSPECIFIED INDEX FINGER
M65331	TRIGGER FINGER, RIGHT MIDDLE FINGER
M65332	TRIGGER FINGER, LEFT MIDDLE FINGER
M65339	TRIGGER FINGER, UNSPECIFIED MIDDLE FINGER
M65341	TRIGGER FINGER, RIGHT RING FINGER
M65342	TRIGGER FINGER, LEFT RING FINGER
M65349	TRIGGER FINGER, UNSPECIFIED RING FINGER
M65351	TRIGGER FINGER, RIGHT LITTLE FINGER
M65352	TRIGGER FINGER, LEFT LITTLE FINGER
M65359	TRIGGER FINGER, UNSPECIFIED LITTLE FINGER
M654	RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN]
M6580	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED SITE
M65811	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT SHOULDER
M65812	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT SHOULDER
M65819	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED SHOULDER
M65821	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT UPPER ARM
M65822	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT UPPER ARM
M65829	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED UPPER ARM
M65831	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT FOREARM
M65832	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT FOREARM
M65839	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED FOREARM
M65841	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT HAND
M65842	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT HAND
M65849	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED HAND
M65851	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT THIGH
M65852	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT THIGH
M65859	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED THIGH
M65861	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT LOWER LEG

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M65862	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT LOWER LEG
M65869	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED LOWER LEG
M65871	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT ANKLE AND FOOT
M65872	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT ANKLE AND FOOT
M65879	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED ANKLE AND FOOT
M6588	OTHER SYNOVITIS AND TENOSYNOVITIS, OTHER SITE
M6589	OTHER SYNOVITIS AND TENOSYNOVITIS, MULTIPLE SITES
M659	SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED
M660	RUPTURE OF POPLITEAL CYST
M6610	RUPTURE OF SYNOVIUM, UNSPECIFIED JOINT
M66111	RUPTURE OF SYNOVIUM, RIGHT SHOULDER
M66112	RUPTURE OF SYNOVIUM, LEFT SHOULDER
M66119	RUPTURE OF SYNOVIUM, UNSPECIFIED SHOULDER
M66121	RUPTURE OF SYNOVIUM, RIGHT ELBOW
M66122	RUPTURE OF SYNOVIUM, LEFT ELBOW
M66129	RUPTURE OF SYNOVIUM, UNSPECIFIED ELBOW
M66131	RUPTURE OF SYNOVIUM, RIGHT WRIST
M66132	RUPTURE OF SYNOVIUM, LEFT WRIST
M66139	RUPTURE OF SYNOVIUM, UNSPECIFIED WRIST
M66141	RUPTURE OF SYNOVIUM, RIGHT HAND
M66142	RUPTURE OF SYNOVIUM, LEFT HAND
M66143	RUPTURE OF SYNOVIUM, UNSPECIFIED HAND
M66144	RUPTURE OF SYNOVIUM, RIGHT FINGER(S)
M66145	RUPTURE OF SYNOVIUM, LEFT FINGER(S)
M66146	RUPTURE OF SYNOVIUM, UNSPECIFIED FINGER(S)
M66151	RUPTURE OF SYNOVIUM, RIGHT HIP
M66152	RUPTURE OF SYNOVIUM, LEFT HIP
M66159	RUPTURE OF SYNOVIUM, UNSPECIFIED HIP
M66171	RUPTURE OF SYNOVIUM, RIGHT ANKLE
M66172	RUPTURE OF SYNOVIUM, LEFT ANKLE
M66173	RUPTURE OF SYNOVIUM, UNSPECIFIED ANKLE
M66174	RUPTURE OF SYNOVIUM, RIGHT FOOT
M66175	RUPTURE OF SYNOVIUM, LEFT FOOT
M66176	RUPTURE OF SYNOVIUM, UNSPECIFIED FOOT
M66177	RUPTURE OF SYNOVIUM, RIGHT TOE(S)

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M66178	RUPTURE OF SYNOVIUM, LEFT TOE(S)
M66179	RUPTURE OF SYNOVIUM, UNSPECIFIED TOE(S)
M6618	RUPTURE OF SYNOVIUM, OTHER SITE
M6620	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, UNSPECIFIED SITE
M66211	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT SHOULDER
M66212	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, LEFT SHOULDER
M66219	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, UNSPECIFIED SHOULDER
M66221	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT UPPER ARM
M66222	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, LEFT UPPER ARM
M66229	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, UNSPECIFIED UPPER ARM
M66231	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT FOREARM
M66232	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, LEFT FOREARM
M66239	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, UNSPECIFIED FOREARM
M66241	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT HAND
M66242	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, LEFT HAND
M66249	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, UNSPECIFIED HAND
M66251	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT THIGH
M66252	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, LEFT THIGH
M66259	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, UNSPECIFIED THIGH
M66261	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT LOWER LEG
M66262	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, LEFT LOWER LEG
M66269	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, UNSPECIFIED LOWER LEG
M66271	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT ANKLE AND FOOT
M66272	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, LEFT ANKLE AND FOOT
M66279	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, UNSPECIFIED ANKLE AND FOOT
M6628	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, OTHER SITE
M6629	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, MULTIPLE SITES
M6630	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED SITE
M66311	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT SHOULDER
M66312	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT SHOULDER

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M66319	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED SHOULDER
M66321	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT UPPER ARM
M66322	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT UPPER ARM
M66329	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED UPPER ARM
M66331	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT FOREARM
M66332	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT FOREARM
M66339	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED FOREARM
M66341	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT HAND
M66342	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT HAND
M66349	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED HAND
M66351	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT THIGH
M66352	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT THIGH
M66359	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED THIGH
M66361	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT LOWER LEG
M66362	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT LOWER LEG
M66369	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED LOWER LEG
M66371	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT ANKLE AND FOOT
M66372	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT ANKLE AND FOOT
M66379	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED ANKLE AND FOOT
M6638	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, OTHER SITE
M6639	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, MULTIPLE SITES
M6680	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED SITE
M66811	SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT SHOULDER
M66812	SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT SHOULDER
M66819	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED SHOULDER
M66821	SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT UPPER ARM
M66822	SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT UPPER ARM
M66829	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED UPPER ARM
M66831	SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT FOREARM
M66832	SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT FOREARM
M66839	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED FOREARM

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M66841	SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT HAND
M66842	SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT HAND
M66849	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED HAND
M66851	SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT THIGH
M66852	SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT THIGH
M66859	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED THIGH
M66861	SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT LOWER LEG
M66862	SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT LOWER LEG
M66869	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED LOWER LEG
M66871	SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT ANKLE AND FOOT
M66872	SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT ANKLE AND FOOT
M66879	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED ANKLE AND FOOT
M6688	SPONTANEOUS RUPTURE OF OTHER TENDONS, OTHER
M6689	SPONTANEOUS RUPTURE OF OTHER TENDONS, MULTIPLE SITES
M669	SPONTANEOUS RUPTURE OF UNSPECIFIED TENDON
M6700	SHORT ACHILLES TENDON (ACQUIRED), UNSPECIFIED ANKLE
M6701	SHORT ACHILLES TENDON (ACQUIRED), RIGHT ANKLE
M6702	SHORT ACHILLES TENDON (ACQUIRED), LEFT ANKLE
M6720	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE
M67211	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER
M67212	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, LEFT SHOULDER
M67219	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SHOULDER
M67221	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT UPPER ARM
M67222	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, LEFT UPPER ARM
M67229	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED UPPER ARM
M67231	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT FOREARM
M67232	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, LEFT FOREARM
M67239	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED FOREARM

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M67241	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT HAND
M67242	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, LEFT HAND
M67249	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HAND
M67251	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT THIGH
M67252	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, LEFT THIGH
M67259	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED THIGH
M67261	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT LOWER LEG
M67262	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, LEFT LOWER LEG
M67269	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED LOWER LEG
M67271	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE AND FOOT
M67272	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, LEFT ANKLE AND FOOT
M67279	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ANKLE AND FOOT
M6728	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, OTHER SITE
M6729	SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, MULTIPLE SITES
M6730	TRANSIENT SYNOVITIS, UNSPECIFIED SITE
M67311	TRANSIENT SYNOVITIS, RIGHT SHOULDER
M67312	TRANSIENT SYNOVITIS, LEFT SHOULDER
M67319	TRANSIENT SYNOVITIS, UNSPECIFIED SHOULDER
M67321	TRANSIENT SYNOVITIS, RIGHT ELBOW
M67322	TRANSIENT SYNOVITIS, LEFT ELBOW
M67329	TRANSIENT SYNOVITIS, UNSPECIFIED ELBOW
M67331	TRANSIENT SYNOVITIS, RIGHT WRIST
M67332	TRANSIENT SYNOVITIS, LEFT WRIST
M67339	TRANSIENT SYNOVITIS, UNSPECIFIED WRIST
M67341	TRANSIENT SYNOVITIS, RIGHT HAND
M67342	TRANSIENT SYNOVITIS, LEFT HAND
M67349	TRANSIENT SYNOVITIS, UNSPECIFIED HAND
M67351	TRANSIENT SYNOVITIS, RIGHT HIP
M67352	TRANSIENT SYNOVITIS, LEFT HIP
M67359	TRANSIENT SYNOVITIS, UNSPECIFIED HIP

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M67361	TRANSIENT SYNOVITIS, RIGHT KNEE
M67362	TRANSIENT SYNOVITIS, LEFT KNEE
M67369	TRANSIENT SYNOVITIS, UNSPECIFIED KNEE
M67371	TRANSIENT SYNOVITIS, RIGHT ANKLE AND FOOT
M67372	TRANSIENT SYNOVITIS, LEFT ANKLE AND FOOT
M67379	TRANSIENT SYNOVITIS, UNSPECIFIED ANKLE AND FOOT
M6738	TRANSIENT SYNOVITIS, OTHER SITE
M6739	TRANSIENT SYNOVITIS, MULTIPLE SITES
M6740	GANGLION, UNSPECIFIED SITE
M67411	GANGLION, RIGHT SHOULDER
M67412	GANGLION, LEFT SHOULDER
M67419	GANGLION, UNSPECIFIED SHOULDER
M67421	GANGLION, RIGHT ELBOW
M67422	GANGLION, LEFT ELBOW
M67429	GANGLION, UNSPECIFIED ELBOW
M67431	GANGLION, RIGHT WRIST
M67432	GANGLION, LEFT WRIST
M67439	GANGLION, UNSPECIFIED WRIST
M67441	GANGLION, RIGHT HAND
M67442	GANGLION, LEFT HAND
M67449	GANGLION, UNSPECIFIED HAND
M67451	GANGLION, RIGHT HIP
M67452	GANGLION, LEFT HIP
M67459	GANGLION, UNSPECIFIED HIP
M67461	GANGLION, RIGHT KNEE
M67462	GANGLION, LEFT KNEE
M67469	GANGLION, UNSPECIFIED KNEE
M67471	GANGLION, RIGHT ANKLE AND FOOT
M67472	GANGLION, LEFT ANKLE AND FOOT
M67479	GANGLION, UNSPECIFIED ANKLE AND FOOT
M6748	GANGLION, OTHER SITE
M6749	GANGLION, MULTIPLE SITES
M6750	PLICA SYNDROME, UNSPECIFIED KNEE
M6751	PLICA SYNDROME, RIGHT KNEE
M6752	PLICA SYNDROME, LEFT KNEE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M6780	OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, UNSPECIFIED SITE
M67811	OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT SHOULDER
M67812	OTHER SPECIFIED DISORDERS OF SYNOVIUM, LEFT SHOULDER
M67813	OTHER SPECIFIED DISORDERS OF TENDON, RIGHT SHOULDER
M67814	OTHER SPECIFIED DISORDERS OF TENDON, LEFT SHOULDER
M67819	OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, UNSPECIFIED SHOULDER
M67821	OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT ELBOW
M67822	OTHER SPECIFIED DISORDERS OF SYNOVIUM, LEFT ELBOW
M67823	OTHER SPECIFIED DISORDERS OF TENDON, RIGHT ELBOW
M67824	OTHER SPECIFIED DISORDERS OF TENDON, LEFT ELBOW
M67829	OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, UNSPECIFIED ELBOW
M67831	OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT WRIST
M67832	OTHER SPECIFIED DISORDERS OF SYNOVIUM, LEFT WRIST
M67833	OTHER SPECIFIED DISORDERS OF TENDON, RIGHT WRIST
M67834	OTHER SPECIFIED DISORDERS OF TENDON, LEFT WRIST
M67839	OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, UNSPECIFIED FOREARM
M67841	OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT HAND
M67842	OTHER SPECIFIED DISORDERS OF SYNOVIUM, LEFT HAND
M67843	OTHER SPECIFIED DISORDERS OF TENDON, RIGHT HAND
M67844	OTHER SPECIFIED DISORDERS OF TENDON, LEFT HAND
M67849	OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, UNSPECIFIED HAND
M67851	OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT HIP
M67852	OTHER SPECIFIED DISORDERS OF SYNOVIUM, LEFT HIP
M67853	OTHER SPECIFIED DISORDERS OF TENDON, RIGHT HIP
M67854	OTHER SPECIFIED DISORDERS OF TENDON, LEFT HIP
M67859	OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, UNSPECIFIED HIP
M67861	OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT KNEE
M67862	OTHER SPECIFIED DISORDERS OF SYNOVIUM, LEFT KNEE
M67863	OTHER SPECIFIED DISORDERS OF TENDON, RIGHT KNEE
M67864	OTHER SPECIFIED DISORDERS OF TENDON, LEFT KNEE
M67869	OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, UNSPECIFIED KNEE
M67871	OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT ANKLE AND FOOT

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M67872	OTHER SPECIFIED DISORDERS OF SYNOVIUM, LEFT ANKLE AND FOOT
M67873	OTHER SPECIFIED DISORDERS OF TENDON, RIGHT ANKLE AND FOOT
M67874	OTHER SPECIFIED DISORDERS OF TENDON, LEFT ANKLE AND FOOT
M67879	OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, UNSPECIFIED ANKLE AND FOOT
M6788	OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, OTHER SITE
M6789	OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, MULTIPLE SITES
M6790	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED SITE
M67911	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT SHOULDER
M67912	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, LEFT SHOULDER
M67919	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED SHOULDER
M67921	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT UPPER ARM
M67922	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, LEFT UPPER ARM
M67929	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED UPPER ARM
M67931	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT FOREARM
M67932	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, LEFT FOREARM
M67939	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED FOREARM
M67941	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT HAND
M67942	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, LEFT HAND
M67949	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED HAND
M67951	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT THIGH
M67952	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, LEFT THIGH
M67959	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED THIGH
M67961	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT LOWER LEG
M67962	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, LEFT LOWER LEG
M67969	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED LOWER LEG
M67971	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT ANKLE AND FOOT

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M67972	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, LEFT ANKLE AND FOOT
M67979	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED ANKLE AND FOOT
M6798	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, OTHER SITE
M6799	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, MULTIPLE SITES
M70031	CREPITANT SYNOVITIS (ACUTE) (CHRONIC), RIGHT WRIST
M70032	CREPITANT SYNOVITIS (ACUTE) (CHRONIC), LEFT WRIST
M70039	CREPITANT SYNOVITIS (ACUTE) (CHRONIC), UNSPECIFIED WRIST
M70041	CREPITANT SYNOVITIS (ACUTE) (CHRONIC), RIGHT HAND
M70042	CREPITANT SYNOVITIS (ACUTE) (CHRONIC), LEFT HAND
M70049	CREPITANT SYNOVITIS (ACUTE) (CHRONIC), UNSPECIFIED HAND
M7010	BURSITIS, UNSPECIFIED HAND
M7011	BURSITIS, RIGHT HAND
M7012	BURSITIS, LEFT HAND
M7020	OLECRANON BURSITIS, UNSPECIFIED ELBOW
M7021	OLECRANON BURSITIS, RIGHT ELBOW
M7022	OLECRANON BURSITIS, LEFT ELBOW
M7030	OTHER BURSITIS OF ELBOW, UNSPECIFIED ELBOW
M7031	OTHER BURSITIS OF ELBOW, RIGHT ELBOW
M7032	OTHER BURSITIS OF ELBOW, LEFT ELBOW
M7040	PREPATELLAR BURSITIS, UNSPECIFIED KNEE
M7041	PREPATELLAR BURSITIS, RIGHT KNEE
M7042	PREPATELLAR BURSITIS, LEFT KNEE
M7050	OTHER BURSITIS OF KNEE, UNSPECIFIED KNEE
M7051	OTHER BURSITIS OF KNEE, RIGHT KNEE
M7052	OTHER BURSITIS OF KNEE, LEFT KNEE
M7060	TROCHANTERIC BURSITIS, UNSPECIFIED HIP
M7061	TROCHANTERIC BURSITIS, RIGHT HIP
M7062	TROCHANTERIC BURSITIS, LEFT HIP
M7070	OTHER BURSITIS OF HIP, UNSPECIFIED HIP
M7071	OTHER BURSITIS OF HIP, RIGHT HIP
M7072	OTHER BURSITIS OF HIP, LEFT HIP
M7080	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE OF UNSPECIFIED SITE
M70811	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT SHOULDER

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M70812	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT SHOULDER
M70819	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED SHOULDER
M70821	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT UPPER ARM
M70822	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT UPPER ARM
M70829	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED UPPER ARMS
M70831	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT FOREARM
M70832	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT FOREARM
M70839	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED FOREARM
M70841	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT HAND
M70842	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT HAND
M70849	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED HAND
M70851	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT THIGH
M70852	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT THIGH
M70859	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED THIGH
M70861	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT LOWER LEG
M70862	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT LOWER LEG
M70869	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED LEG
M70871	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT ANKLE AND FOOT
M70872	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT ANKLE AND FOOT
M70879	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED ANKLE AND FOOT
M7088	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE OTHER SITE
M7089	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE MULTIPLE SITES
M7090	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE OF UNSPECIFIED SITE
M70911	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT SHOULDER

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M70912	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT SHOULDER
M70919	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED SHOULDER
M70921	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT UPPER ARM
M70922	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT UPPER ARM
M70929	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED UPPER ARM
M70931	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT FOREARM
M70932	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT FOREARM
M70939	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED FOREARM
M70941	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT HAND
M70942	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT HAND
M70949	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED HAND
M70951	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT THIGH
M70952	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT THIGH
M70959	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED THIGH
M70961	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT LOWER LEG
M70962	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT LOWER LEG
M70969	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED LOWER LEG
M70971	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT ANKLE AND FOOT
M70972	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT ANKLE AND FOOT
M70979	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED ANKLE AND FOOT
M7098	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE OTHER
M7099	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE MULTIPLE SITES
M7100	ABSCCESS OF BURSA, UNSPECIFIED SITE
M71011	ABSCCESS OF BURSA, RIGHT SHOULDER
M71012	ABSCCESS OF BURSA, LEFT SHOULDER

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M71019	ABSCCESS OF BURSA, UNSPECIFIED SHOULDER
M71021	ABSCCESS OF BURSA, RIGHT ELBOW
M71022	ABSCCESS OF BURSA, LEFT ELBOW
M71029	ABSCCESS OF BURSA, UNSPECIFIED ELBOW
M71031	ABSCCESS OF BURSA, RIGHT WRIST
M71032	ABSCCESS OF BURSA, LEFT WRIST
M71039	ABSCCESS OF BURSA, UNSPECIFIED WRIST
M71041	ABSCCESS OF BURSA, RIGHT HAND
M71042	ABSCCESS OF BURSA, LEFT HAND
M71049	ABSCCESS OF BURSA, UNSPECIFIED HAND
M71051	ABSCCESS OF BURSA, RIGHT HIP
M71052	ABSCCESS OF BURSA, LEFT HIP
M71059	ABSCCESS OF BURSA, UNSPECIFIED HIP
M71061	ABSCCESS OF BURSA, RIGHT KNEE
M71062	ABSCCESS OF BURSA, LEFT KNEE
M71069	ABSCCESS OF BURSA, UNSPECIFIED KNEE
M71071	ABSCCESS OF BURSA, RIGHT ANKLE AND FOOT
M71072	ABSCCESS OF BURSA, LEFT ANKLE AND FOOT
M71079	ABSCCESS OF BURSA, UNSPECIFIED ANKLE AND FOOT
M7108	ABSCCESS OF BURSA, OTHER SITE
M7109	ABSCCESS OF BURSA, MULTIPLE SITES
M7110	OTHER INFECTIVE BURSITIS, UNSPECIFIED SITE
M71111	OTHER INFECTIVE BURSITIS, RIGHT SHOULDER
M71112	OTHER INFECTIVE BURSITIS, LEFT SHOULDER
M71119	OTHER INFECTIVE BURSITIS, UNSPECIFIED SHOULDER
M71121	OTHER INFECTIVE BURSITIS, RIGHT ELBOW
M71122	OTHER INFECTIVE BURSITIS, LEFT ELBOW
M71129	OTHER INFECTIVE BURSITIS, UNSPECIFIED ELBOW
M71131	OTHER INFECTIVE BURSITIS, RIGHT WRIST
M71132	OTHER INFECTIVE BURSITIS, LEFT WRIST
M71139	OTHER INFECTIVE BURSITIS, UNSPECIFIED WRIST
M71141	OTHER INFECTIVE BURSITIS, RIGHT HAND
M71142	OTHER INFECTIVE BURSITIS, LEFT HAND
M71149	OTHER INFECTIVE BURSITIS, UNSPECIFIED HAND
M71151	OTHER INFECTIVE BURSITIS, RIGHT HIP
M71152	OTHER INFECTIVE BURSITIS, LEFT HIP

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M71159	OTHER INFECTIVE BURSTITIS, UNSPECIFIED HIP
M71161	OTHER INFECTIVE BURSTITIS, RIGHT KNEE
M71162	OTHER INFECTIVE BURSTITIS, LEFT KNEE
M71169	OTHER INFECTIVE BURSTITIS, UNSPECIFIED KNEE
M71171	OTHER INFECTIVE BURSTITIS, RIGHT ANKLE AND FOOT
M71172	OTHER INFECTIVE BURSTITIS, LEFT ANKLE AND FOOT
M71179	OTHER INFECTIVE BURSTITIS, UNSPECIFIED ANKLE AND FOOT
M7118	OTHER INFECTIVE BURSTITIS, OTHER SITE
M7119	OTHER INFECTIVE BURSTITIS, MULTIPLE SITES
M7120	SYNOVIAL CYST OF POPLITEAL SPACE [BAKER], UNSPECIFIED KNEE
M7121	SYNOVIAL CYST OF POPLITEAL SPACE [BAKER], RIGHT KNEE
M7122	SYNOVIAL CYST OF POPLITEAL SPACE [BAKER], LEFT KNEE
M7130	OTHER BURSAL CYST, UNSPECIFIED SITE
M71311	OTHER BURSAL CYST, RIGHT SHOULDER
M71312	OTHER BURSAL CYST, LEFT SHOULDER
M71319	OTHER BURSAL CYST, UNSPECIFIED SHOULDER
M71321	OTHER BURSAL CYST, RIGHT ELBOW
M71322	OTHER BURSAL CYST, LEFT ELBOW
M71329	OTHER BURSAL CYST, UNSPECIFIED ELBOW
M71331	OTHER BURSAL CYST, RIGHT WRIST
M71332	OTHER BURSAL CYST, LEFT WRIST
M71339	OTHER BURSAL CYST, UNSPECIFIED WRIST
M71341	OTHER BURSAL CYST, RIGHT HAND
M71342	OTHER BURSAL CYST, LEFT HAND
M71349	OTHER BURSAL CYST, UNSPECIFIED HAND
M71351	OTHER BURSAL CYST, RIGHT HIP
M71352	OTHER BURSAL CYST, LEFT HIP
M71359	OTHER BURSAL CYST, UNSPECIFIED HIP
M71371	OTHER BURSAL CYST, RIGHT ANKLE AND FOOT
M71372	OTHER BURSAL CYST, LEFT ANKLE AND FOOT
M71379	OTHER BURSAL CYST, UNSPECIFIED ANKLE AND FOOT
M7138	OTHER BURSAL CYST, OTHER SITE
M7139	OTHER BURSAL CYST, MULTIPLE SITES
M7140	CALCIUM DEPOSIT IN BURSA, UNSPECIFIED SITE
M71421	CALCIUM DEPOSIT IN BURSA, RIGHT ELBOW
M71422	CALCIUM DEPOSIT IN BURSA, LEFT ELBOW

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M71429	CALCIUM DEPOSIT IN BURSA, UNSPECIFIED ELBOW
M71431	CALCIUM DEPOSIT IN BURSA, RIGHT WRIST
M71432	CALCIUM DEPOSIT IN BURSA, LEFT WRIST
M71439	CALCIUM DEPOSIT IN BURSA, UNSPECIFIED WRIST
M71441	CALCIUM DEPOSIT IN BURSA, RIGHT HAND
M71442	CALCIUM DEPOSIT IN BURSA, LEFT HAND
M71449	CALCIUM DEPOSIT IN BURSA, UNSPECIFIED HAND
M71451	CALCIUM DEPOSIT IN BURSA, RIGHT HIP
M71452	CALCIUM DEPOSIT IN BURSA, LEFT HIP
M71459	CALCIUM DEPOSIT IN BURSA, UNSPECIFIED HIP
M71461	CALCIUM DEPOSIT IN BURSA, RIGHT KNEE
M71462	CALCIUM DEPOSIT IN BURSA, LEFT KNEE
M71469	CALCIUM DEPOSIT IN BURSA, UNSPECIFIED KNEE
M71471	CALCIUM DEPOSIT IN BURSA, RIGHT ANKLE AND FOOT
M71472	CALCIUM DEPOSIT IN BURSA, LEFT ANKLE AND FOOT
M71479	CALCIUM DEPOSIT IN BURSA, UNSPECIFIED ANKLE AND FOOT
M7148	CALCIUM DEPOSIT IN BURSA, OTHER SITE
M7149	CALCIUM DEPOSIT IN BURSA, MULTIPLE SITES
M7150	OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE
M71521	OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, RIGHT ELBOW
M71522	OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, LEFT ELBOW
M71529	OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ELBOW
M71531	OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, RIGHT WRIST
M71532	OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, LEFT WRIST
M71539	OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED WRIST
M71541	OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, RIGHT HAND
M71542	OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, LEFT HAND
M71549	OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HAND
M71551	OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, RIGHT HIP
M71552	OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, LEFT HIP
M71559	OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HIP
M71561	OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, RIGHT KNEE
M71562	OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, LEFT KNEE
M71569	OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED KNEE

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M71571	OTHER BURSTITIS, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE AND FOOT
M71572	OTHER BURSTITIS, NOT ELSEWHERE CLASSIFIED, LEFT ANKLE AND FOOT
M71579	OTHER BURSTITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ANKLE AND FOOT
M7158	OTHER BURSTITIS, NOT ELSEWHERE CLASSIFIED, OTHER SITE
M7180	OTHER SPECIFIED BURSOPATHIES, UNSPECIFIED SITE
M71811	OTHER SPECIFIED BURSOPATHIES, RIGHT SHOULDER
M71812	OTHER SPECIFIED BURSOPATHIES, LEFT SHOULDER
M71819	OTHER SPECIFIED BURSOPATHIES, UNSPECIFIED SHOULDER
M71821	OTHER SPECIFIED BURSOPATHIES, RIGHT ELBOW
M71822	OTHER SPECIFIED BURSOPATHIES, LEFT ELBOW
M71829	OTHER SPECIFIED BURSOPATHIES, UNSPECIFIED ELBOW
M71831	OTHER SPECIFIED BURSOPATHIES, RIGHT WRIST
M71832	OTHER SPECIFIED BURSOPATHIES, LEFT WRIST
M71839	OTHER SPECIFIED BURSOPATHIES, UNSPECIFIED WRIST
M71841	OTHER SPECIFIED BURSOPATHIES, RIGHT HAND
M71842	OTHER SPECIFIED BURSOPATHIES, LEFT HAND
M71849	OTHER SPECIFIED BURSOPATHIES, UNSPECIFIED HAND
M71851	OTHER SPECIFIED BURSOPATHIES, RIGHT HIP
M71852	OTHER SPECIFIED BURSOPATHIES, LEFT HIP
M71859	OTHER SPECIFIED BURSOPATHIES, UNSPECIFIED HIP
M71861	OTHER SPECIFIED BURSOPATHIES, RIGHT KNEE
M71862	OTHER SPECIFIED BURSOPATHIES, LEFT KNEE
M71869	OTHER SPECIFIED BURSOPATHIES, UNSPECIFIED KNEE
M71871	OTHER SPECIFIED BURSOPATHIES, RIGHT ANKLE AND FOOT
M71872	OTHER SPECIFIED BURSOPATHIES, LEFT ANKLE AND FOOT
M71879	OTHER SPECIFIED BURSOPATHIES, UNSPECIFIED ANKLE AND FOOT
M7188	OTHER SPECIFIED BURSOPATHIES, OTHER SITE
M7189	OTHER SPECIFIED BURSOPATHIES, MULTIPLE SITES
M719	BURSOPATHY, UNSPECIFIED
M720	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]
M721	KNUCKLE PADS
M722	PLANTAR FASCIAL FIBROMATOSIS
M724	PSEUDOSARCOMATOUS FIBROMATOSIS
M726	NECROTIZING FASCIITIS

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M728	OTHER FIBROBLASTIC DISORDERS
M729	FIBROBLASTIC DISORDER, UNSPECIFIED
M7500	ADHESIVE CAPSULITIS OF UNSPECIFIED SHOULDER
M7501	ADHESIVE CAPSULITIS OF RIGHT SHOULDER
M7502	ADHESIVE CAPSULITIS OF LEFT SHOULDER
M75100	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF UNSPECIFIED SHOULDER, NOT SPECIFIED AS TRAUMATIC
M75101	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC
M75102	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC
M75120	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF UNSPECIFIED SHOULDER, NOT SPECIFIED AS TRAUMATIC
M75121	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC
M75122	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC
M7520	BICIPITAL TENDINITIS, UNSPECIFIED SHOULDER
M7521	BICIPITAL TENDINITIS, RIGHT SHOULDER
M7522	BICIPITAL TENDINITIS, LEFT SHOULDER
M7530	CALCIFIC TENDINITIS OF UNSPECIFIED SHOULDER
M7531	CALCIFIC TENDINITIS OF RIGHT SHOULDER
M7532	CALCIFIC TENDINITIS OF LEFT SHOULDER
M7540	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER
M7541	IMPINGEMENT SYNDROME OF RIGHT SHOULDER
M7542	IMPINGEMENT SYNDROME OF LEFT SHOULDER
M7550	BURSITIS OF UNSPECIFIED SHOULDER
M7551	BURSITIS OF RIGHT SHOULDER
M7552	BURSITIS OF LEFT SHOULDER
M7580	OTHER SHOULDER LESIONS, UNSPECIFIED SHOULDER
M7581	OTHER SHOULDER LESIONS, RIGHT SHOULDER
M7582	OTHER SHOULDER LESIONS, LEFT SHOULDER
M7590	SHOULDER LESION, UNSPECIFIED, UNSPECIFIED SHOULDER
M7591	SHOULDER LESION, UNSPECIFIED, RIGHT SHOULDER
M7592	SHOULDER LESION, UNSPECIFIED, LEFT SHOULDER
M7600	GLUTEAL TENDINITIS, UNSPECIFIED HIP
M7601	GLUTEAL TENDINITIS, RIGHT HIP
M7602	GLUTEAL TENDINITIS, LEFT HIP
M7610	PSOAS TENDINITIS, UNSPECIFIED HIP

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M7611	PSOAS TENDINITIS, RIGHT HIP
M7612	PSOAS TENDINITIS, LEFT HIP
M7620	ILIAC CREST SPUR, UNSPECIFIED HIP
M7621	ILIAC CREST SPUR, RIGHT HIP
M7622	ILIAC CREST SPUR, LEFT HIP
M7630	ILIOTIBIAL BAND SYNDROME, UNSPECIFIED LEG
M7631	ILIOTIBIAL BAND SYNDROME, RIGHT LEG
M7632	ILIOTIBIAL BAND SYNDROME, LEFT LEG
M7640	TIBIAL COLLATERAL BURSITIS [PELLEGRINI-STIEDA], UNSPECIFIED LEG
M7641	TIBIAL COLLATERAL BURSITIS [PELLEGRINI-STIEDA], RIGHT LEG
M7642	TIBIAL COLLATERAL BURSITIS [PELLEGRINI-STIEDA], LEFT LEG
M7650	PATELLAR TENDINITIS, UNSPECIFIED KNEE
M7651	PATELLAR TENDINITIS, RIGHT KNEE
M7652	PATELLAR TENDINITIS, LEFT KNEE
M7660	ACHILLES TENDINITIS, UNSPECIFIED LEG
M7661	ACHILLES TENDINITIS, RIGHT LEG
M7662	ACHILLES TENDINITIS, LEFT LEG
M7670	PERONEAL TENDINITIS, UNSPECIFIED LEG
M7671	PERONEAL TENDINITIS, RIGHT LEG
M7672	PERONEAL TENDINITIS, LEFT LEG
M76811	ANTERIOR TIBIAL SYNDROME, RIGHT LEG
M76812	ANTERIOR TIBIAL SYNDROME, LEFT LEG
M76819	ANTERIOR TIBIAL SYNDROME, UNSPECIFIED LEG
M76821	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG
M76822	POSTERIOR TIBIAL TENDINITIS, LEFT LEG
M76829	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG
M76891	OTHER SPECIFIED ENTHESOPATHIES OF RIGHT LOWER LIMB, EXCLUDING FOOT
M76892	OTHER SPECIFIED ENTHESOPATHIES OF LEFT LOWER LIMB, EXCLUDING FOOT
M76899	OTHER SPECIFIED ENTHESOPATHIES OF UNSPECIFIED LOWER LIMB, EXCLUDING FOOT
M769	UNSPECIFIED ENTHESOPATHY, LOWER LIMB, EXCLUDING FOOT
M7700	MEDIAL EPICONDYLITIS, UNSPECIFIED ELBOW
M7701	MEDIAL EPICONDYLITIS, RIGHT ELBOW
M7702	MEDIAL EPICONDYLITIS, LEFT ELBOW
M7710	LATERAL EPICONDYLITIS, UNSPECIFIED ELBOW

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M7711	LATERAL EPICONDYLITIS, RIGHT ELBOW
M7712	LATERAL EPICONDYLITIS, LEFT ELBOW
M7720	PERIARTHRITIS, UNSPECIFIED WRIST
M7721	PERIARTHRITIS, RIGHT WRIST
M7722	PERIARTHRITIS, LEFT WRIST
M7730	CALCANEAL SPUR, UNSPECIFIED FOOT
M7731	CALCANEAL SPUR, RIGHT FOOT
M7732	CALCANEAL SPUR, LEFT FOOT
M7740	METATARSALGIA, UNSPECIFIED FOOT
M7741	METATARSALGIA, RIGHT FOOT
M7742	METATARSALGIA, LEFT FOOT
M7750	OTHER ENTHESOPATHY OF UNSPECIFIED FOOT
M7751	OTHER ENTHESOPATHY OF RIGHT FOOT
M7752	OTHER ENTHESOPATHY OF LEFT FOOT
M778	OTHER ENTHESOPATHIES, NOT ELSEWHERE CLASSIFIED
M779	ENTHESOPATHY, UNSPECIFIED
M790	RHEUMATISM, UNSPECIFIED
M791	MYALGIA
M792	NEURALGIA AND NEURITIS, UNSPECIFIED
M793	PANNICULITIS, UNSPECIFIED
M794	HYPERTROPHY OF (INFRAPATELLAR) FAT PAD
M795	RESIDUAL FOREIGN BODY IN SOFT TISSUE
M79601	PAIN IN RIGHT ARM
M79602	PAIN IN LEFT ARM
M79603	PAIN IN ARM, UNSPECIFIED
M79604	PAIN IN RIGHT LEG
M79605	PAIN IN LEFT LEG
M79606	PAIN IN LEG, UNSPECIFIED
M79609	PAIN IN UNSPECIFIED LIMB
M79621	PAIN IN RIGHT UPPER ARM
M79622	PAIN IN LEFT UPPER ARM
M79629	PAIN IN UNSPECIFIED UPPER ARM
M79631	PAIN IN RIGHT FOREARM
M79632	PAIN IN LEFT FOREARM
M79639	PAIN IN UNSPECIFIED FOREARM
M79641	PAIN IN RIGHT HAND

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M79642	PAIN IN LEFT HAND
M79643	PAIN IN UNSPECIFIED HAND
M79644	PAIN IN RIGHT FINGER(S)
M79645	PAIN IN LEFT FINGER(S)
M79646	PAIN IN UNSPECIFIED FINGER(S)
M79651	PAIN IN RIGHT THIGH
M79652	PAIN IN LEFT THIGH
M79659	PAIN IN UNSPECIFIED THIGH
M79661	PAIN IN RIGHT LOWER LEG
M79662	PAIN IN LEFT LOWER LEG
M79669	PAIN IN UNSPECIFIED LOWER LEG
M79671	PAIN IN RIGHT FOOT
M79672	PAIN IN LEFT FOOT
M79673	PAIN IN UNSPECIFIED FOOT
M79674	PAIN IN RIGHT TOE(S)
M79675	PAIN IN LEFT TOE(S)
M79676	PAIN IN UNSPECIFIED TOE(S)
M797	FIBROMYALGIA
M7981	NONTRAUMATIC HEMATOMA OF SOFT TISSUE
M7989	OTHER SPECIFIED SOFT TISSUE DISORDERS
M799	SOFT TISSUE DISORDER, UNSPECIFIED
M79A11	NONTRAUMATIC COMPARTMENT SYNDROME OF RIGHT UPPER EXTREMITY
M79A12	NONTRAUMATIC COMPARTMENT SYNDROME OF LEFT UPPER EXTREMITY
M79A19	NONTRAUMATIC COMPARTMENT SYNDROME OF UNSPECIFIED UPPER EXTREMITY
M79A21	NONTRAUMATIC COMPARTMENT SYNDROME OF RIGHT LOWER EXTREMITY
M79A22	NONTRAUMATIC COMPARTMENT SYNDROME OF LEFT LOWER EXTREMITY
M79A29	NONTRAUMATIC COMPARTMENT SYNDROME OF UNSPECIFIED LOWER EXTREMITY
M79A3	NONTRAUMATIC COMPARTMENT SYNDROME OF ABDOMEN
M79A9	NONTRAUMATIC COMPARTMENT SYNDROME OF OTHER SITES
M8600	ACUTE HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED SITE
M86011	ACUTE HEMATOGENOUS OSTEOMYELITIS, RIGHT SHOULDER
M86012	ACUTE HEMATOGENOUS OSTEOMYELITIS, LEFT SHOULDER
M86019	ACUTE HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED SHOULDER

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M86021	ACUTE HEMATOGENOUS OSTEOMYELITIS, RIGHT HUMERUS
M86022	ACUTE HEMATOGENOUS OSTEOMYELITIS, LEFT HUMERUS
M86029	ACUTE HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED HUMERUS
M86031	ACUTE HEMATOGENOUS OSTEOMYELITIS, RIGHT RADIUS AND ULNA
M86032	ACUTE HEMATOGENOUS OSTEOMYELITIS, LEFT RADIUS AND ULNA
M86039	ACUTE HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED RADIUS AND ULNA
M86041	ACUTE HEMATOGENOUS OSTEOMYELITIS, RIGHT HAND
M86042	ACUTE HEMATOGENOUS OSTEOMYELITIS, LEFT HAND
M86049	ACUTE HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED HAND
M86051	ACUTE HEMATOGENOUS OSTEOMYELITIS, RIGHT FEMUR
M86052	ACUTE HEMATOGENOUS OSTEOMYELITIS, LEFT FEMUR
M86059	ACUTE HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED FEMUR
M86061	ACUTE HEMATOGENOUS OSTEOMYELITIS, RIGHT TIBIA AND FIBULA
M86062	ACUTE HEMATOGENOUS OSTEOMYELITIS, LEFT TIBIA AND FIBULA
M86069	ACUTE HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED TIBIA AND FIBULA
M86071	ACUTE HEMATOGENOUS OSTEOMYELITIS, RIGHT ANKLE AND FOOT
M86072	ACUTE HEMATOGENOUS OSTEOMYELITIS, LEFT ANKLE AND FOOT
M86079	ACUTE HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED ANKLE AND FOOT
M8608	ACUTE HEMATOGENOUS OSTEOMYELITIS, OTHER SITES
M8609	ACUTE HEMATOGENOUS OSTEOMYELITIS, MULTIPLE SITES
M8610	OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED SITE
M86111	OTHER ACUTE OSTEOMYELITIS, RIGHT SHOULDER
M86112	OTHER ACUTE OSTEOMYELITIS, LEFT SHOULDER
M86119	OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED SHOULDER
M86121	OTHER ACUTE OSTEOMYELITIS, RIGHT HUMERUS
M86122	OTHER ACUTE OSTEOMYELITIS, LEFT HUMERUS
M86129	OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED HUMERUS
M86131	OTHER ACUTE OSTEOMYELITIS, RIGHT RADIUS AND ULNA
M86132	OTHER ACUTE OSTEOMYELITIS, LEFT RADIUS AND ULNA
M86139	OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED RADIUS AND ULNA
M86141	OTHER ACUTE OSTEOMYELITIS, RIGHT HAND
M86142	OTHER ACUTE OSTEOMYELITIS, LEFT HAND
M86149	OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED HAND
M86151	OTHER ACUTE OSTEOMYELITIS, RIGHT FEMUR

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M86152	OTHER ACUTE OSTEOMYELITIS, LEFT FEMUR
M86159	OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED FEMUR
M86161	OTHER ACUTE OSTEOMYELITIS, RIGHT TIBIA AND FIBULA
M86162	OTHER ACUTE OSTEOMYELITIS, LEFT TIBIA AND FIBULA
M86169	OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED TIBIA AND FIBULA
M86171	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT
M86172	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT
M86179	OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED ANKLE AND FOOT
M8618	OTHER ACUTE OSTEOMYELITIS, OTHER SITE
M8619	OTHER ACUTE OSTEOMYELITIS, MULTIPLE SITES
M8620	SUBACUTE OSTEOMYELITIS, UNSPECIFIED SITE
M86211	SUBACUTE OSTEOMYELITIS, RIGHT SHOULDER
M86212	SUBACUTE OSTEOMYELITIS, LEFT SHOULDER
M86219	SUBACUTE OSTEOMYELITIS, UNSPECIFIED SHOULDER
M86221	SUBACUTE OSTEOMYELITIS, RIGHT HUMERUS
M86222	SUBACUTE OSTEOMYELITIS, LEFT HUMERUS
M86229	SUBACUTE OSTEOMYELITIS, UNSPECIFIED HUMERUS
M86231	SUBACUTE OSTEOMYELITIS, RIGHT RADIUS AND ULNA
M86232	SUBACUTE OSTEOMYELITIS, LEFT RADIUS AND ULNA
M86239	SUBACUTE OSTEOMYELITIS, UNSPECIFIED RADIUS AND ULNA
M86241	SUBACUTE OSTEOMYELITIS, RIGHT HAND
M86242	SUBACUTE OSTEOMYELITIS, LEFT HAND
M86249	SUBACUTE OSTEOMYELITIS, UNSPECIFIED HAND
M86251	SUBACUTE OSTEOMYELITIS, RIGHT FEMUR
M86252	SUBACUTE OSTEOMYELITIS, LEFT FEMUR
M86259	SUBACUTE OSTEOMYELITIS, UNSPECIFIED FEMUR
M86261	SUBACUTE OSTEOMYELITIS, RIGHT TIBIA AND FIBULA
M86262	SUBACUTE OSTEOMYELITIS, LEFT TIBIA AND FIBULA
M86269	SUBACUTE OSTEOMYELITIS, UNSPECIFIED TIBIA AND FIBULA
M86271	SUBACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT
M86272	SUBACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT
M86279	SUBACUTE OSTEOMYELITIS, UNSPECIFIED ANKLE AND FOOT
M8628	SUBACUTE OSTEOMYELITIS, OTHER SITE
M8629	SUBACUTE OSTEOMYELITIS, MULTIPLE SITES
M8630	CHRONIC MULTIFOCAL OSTEOMYELITIS, UNSPECIFIED SITE
M86311	CHRONIC MULTIFOCAL OSTEOMYELITIS, RIGHT SHOULDER

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M86312	CHRONIC MULTIFOCAL OSTEOMYELITIS, LEFT SHOULDER
M86319	CHRONIC MULTIFOCAL OSTEOMYELITIS, UNSPECIFIED SHOULDER
M86321	CHRONIC MULTIFOCAL OSTEOMYELITIS, RIGHT HUMERUS
M86322	CHRONIC MULTIFOCAL OSTEOMYELITIS, LEFT HUMERUS
M86329	CHRONIC MULTIFOCAL OSTEOMYELITIS, UNSPECIFIED HUMERUS
M86331	CHRONIC MULTIFOCAL OSTEOMYELITIS, RIGHT RADIUS AND ULNA
M86332	CHRONIC MULTIFOCAL OSTEOMYELITIS, LEFT RADIUS AND ULNA
M86339	CHRONIC MULTIFOCAL OSTEOMYELITIS, UNSPECIFIED RADIUS AND ULNA
M86341	CHRONIC MULTIFOCAL OSTEOMYELITIS, RIGHT HAND
M86342	CHRONIC MULTIFOCAL OSTEOMYELITIS, LEFT HAND
M86349	CHRONIC MULTIFOCAL OSTEOMYELITIS, UNSPECIFIED HAND
M86351	CHRONIC MULTIFOCAL OSTEOMYELITIS, RIGHT FEMUR
M86352	CHRONIC MULTIFOCAL OSTEOMYELITIS, LEFT FEMUR
M86359	CHRONIC MULTIFOCAL OSTEOMYELITIS, UNSPECIFIED FEMUR
M86361	CHRONIC MULTIFOCAL OSTEOMYELITIS, RIGHT TIBIA AND FIBULA
M86362	CHRONIC MULTIFOCAL OSTEOMYELITIS, LEFT TIBIA AND FIBULA
M86369	CHRONIC MULTIFOCAL OSTEOMYELITIS, UNSPECIFIED TIBIA AND FIBULA
M86371	CHRONIC MULTIFOCAL OSTEOMYELITIS, RIGHT ANKLE AND FOOT
M86372	CHRONIC MULTIFOCAL OSTEOMYELITIS, LEFT ANKLE AND FOOT
M86379	CHRONIC MULTIFOCAL OSTEOMYELITIS, UNSPECIFIED ANKLE AND FOOT
M8638	CHRONIC MULTIFOCAL OSTEOMYELITIS, OTHER SITE
M8639	CHRONIC MULTIFOCAL OSTEOMYELITIS, MULTIPLE SITES
M8640	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, UNSPECIFIED SITE
M86411	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, RIGHT SHOULDER
M86412	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, LEFT SHOULDER
M86419	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, UNSPECIFIED SHOULDER
M86421	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, RIGHT HUMERUS
M86422	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, LEFT HUMERUS
M86429	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, UNSPECIFIED HUMERUS
M86431	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, RIGHT RADIUS AND ULNA
M86432	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, LEFT RADIUS AND ULNA

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M86439	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, UNSPECIFIED RADIUS AND ULNA
M86441	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, RIGHT HAND
M86442	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, LEFT HAND
M86449	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, UNSPECIFIED HAND
M86451	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, RIGHT FEMUR
M86452	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, LEFT FEMUR
M86459	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, UNSPECIFIED FEMUR
M86461	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, RIGHT TIBIA AND FIBULA
M86462	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, LEFT TIBIA AND FIBULA
M86469	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, UNSPECIFIED TIBIA AND FIBULA
M86471	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, RIGHT ANKLE AND FOOT
M86472	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, LEFT ANKLE AND FOOT
M86479	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, UNSPECIFIED ANKLE AND FOOT
M8648	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, OTHER SITE
M8649	CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, MULTIPLE SITES
M8650	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED SITE
M86511	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, RIGHT SHOULDER
M86512	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, LEFT SHOULDER
M86519	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED SHOULDER
M86521	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, RIGHT HUMERUS
M86522	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, LEFT HUMERUS
M86529	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED HUMERUS
M86531	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, RIGHT RADIUS AND ULNA
M86532	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, LEFT RADIUS AND ULNA
M86539	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED RADIUS AND ULNA
M86541	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, RIGHT HAND
M86542	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, LEFT HAND

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M86549	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED HAND
M86551	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, RIGHT FEMUR
M86552	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, LEFT FEMUR
M86559	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED FEMUR
M86561	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, RIGHT TIBIA AND FIBULA
M86562	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, LEFT TIBIA AND FIBULA
M86569	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED TIBIA AND FIBULA
M86571	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, RIGHT ANKLE AND FOOT
M86572	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, LEFT ANKLE AND FOOT
M86579	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED ANKLE AND FOOT
M8658	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, OTHER SITE
M8659	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, MULTIPLE SITES
M8660	OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED SITE
M86611	OTHER CHRONIC OSTEOMYELITIS, RIGHT SHOULDER
M86612	OTHER CHRONIC OSTEOMYELITIS, LEFT SHOULDER
M86619	OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED SHOULDER
M86621	OTHER CHRONIC OSTEOMYELITIS, RIGHT HUMERUS
M86622	OTHER CHRONIC OSTEOMYELITIS, LEFT HUMERUS
M86629	OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED HUMERUS
M86631	OTHER CHRONIC OSTEOMYELITIS, RIGHT RADIUS AND ULNA
M86632	OTHER CHRONIC OSTEOMYELITIS, LEFT RADIUS AND ULNA
M86639	OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED RADIUS AND ULNA
M86641	OTHER CHRONIC OSTEOMYELITIS, RIGHT HAND
M86642	OTHER CHRONIC OSTEOMYELITIS, LEFT HAND
M86649	OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED HAND
M86651	OTHER CHRONIC OSTEOMYELITIS, RIGHT THIGH
M86652	OTHER CHRONIC OSTEOMYELITIS, LEFT THIGH
M86659	OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED THIGH
M86661	OTHER CHRONIC OSTEOMYELITIS, RIGHT TIBIA AND FIBULA
M86662	OTHER CHRONIC OSTEOMYELITIS, LEFT TIBIA AND FIBULA
M86669	OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED TIBIA AND FIBULA
M86671	OTHER CHRONIC OSTEOMYELITIS, RIGHT ANKLE AND FOOT

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M86672	OTHER CHRONIC OSTEOMYELITIS, LEFT ANKLE AND FOOT
M86679	OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED ANKLE AND FOOT
M8668	OTHER CHRONIC OSTEOMYELITIS, OTHER SITE
M8669	OTHER CHRONIC OSTEOMYELITIS, MULTIPLE SITES
M868X0	OTHER OSTEOMYELITIS, MULTIPLE SITES
M868X1	OTHER OSTEOMYELITIS, SHOULDER
M868X2	OTHER OSTEOMYELITIS, UPPER ARM
M868X3	OTHER OSTEOMYELITIS, FOREARM
M868X4	OTHER OSTEOMYELITIS, HAND
M868X5	OTHER OSTEOMYELITIS, THIGH
M868X6	OTHER OSTEOMYELITIS, LOWER LEG
M868X7	OTHER OSTEOMYELITIS, ANKLE AND FOOT
M868X8	OTHER OSTEOMYELITIS, OTHER SITE
M868X9	OTHER OSTEOMYELITIS, UNSPECIFIED SITES
M869	OSTEOMYELITIS, UNSPECIFIED
M880	OSTEITIS DEFORMANS OF SKULL
M881	OSTEITIS DEFORMANS OF VERTEBRAE
M88811	OSTEITIS DEFORMANS OF RIGHT SHOULDER
M88812	OSTEITIS DEFORMANS OF LEFT SHOULDER
M88819	OSTEITIS DEFORMANS OF UNSPECIFIED SHOULDER
M88821	OSTEITIS DEFORMANS OF RIGHT UPPER ARM
M88822	OSTEITIS DEFORMANS OF LEFT UPPER ARM
M88829	OSTEITIS DEFORMANS OF UNSPECIFIED UPPER ARM
M88831	OSTEITIS DEFORMANS OF RIGHT FOREARM
M88832	OSTEITIS DEFORMANS OF LEFT FOREARM
M88839	OSTEITIS DEFORMANS OF UNSPECIFIED FOREARM
M88841	OSTEITIS DEFORMANS OF RIGHT HAND
M88842	OSTEITIS DEFORMANS OF LEFT HAND
M88849	OSTEITIS DEFORMANS OF UNSPECIFIED HAND
M88851	OSTEITIS DEFORMANS OF RIGHT THIGH
M88852	OSTEITIS DEFORMANS OF LEFT THIGH
M88859	OSTEITIS DEFORMANS OF UNSPECIFIED THIGH
M88861	OSTEITIS DEFORMANS OF RIGHT LOWER LEG
M88862	OSTEITIS DEFORMANS OF LEFT LOWER LEG
M88869	OSTEITIS DEFORMANS OF UNSPECIFIED LOWER LEG
M88871	OSTEITIS DEFORMANS OF RIGHT ANKLE AND FOOT

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M88872	OSTEITIS DEFORMANS OF LEFT ANKLE AND FOOT
M88879	OSTEITIS DEFORMANS OF UNSPECIFIED ANKLE AND FOOT
M8888	OSTEITIS DEFORMANS OF OTHER BONES
M8889	OSTEITIS DEFORMANS OF MULTIPLE SITES
M889	OSTEITIS DEFORMANS OF UNSPECIFIED BONE
M8940	OTHER HYPERTROPHIC OSTEOARTHROPATHY, UNSPECIFIED SITE
M89411	OTHER HYPERTROPHIC OSTEOARTHROPATHY, RIGHT SHOULDER
M89412	OTHER HYPERTROPHIC OSTEOARTHROPATHY, LEFT SHOULDER
M89419	OTHER HYPERTROPHIC OSTEOARTHROPATHY, UNSPECIFIED SHOULDER
M89421	OTHER HYPERTROPHIC OSTEOARTHROPATHY, RIGHT UPPER ARM
M89422	OTHER HYPERTROPHIC OSTEOARTHROPATHY, LEFT UPPER ARM
M89429	OTHER HYPERTROPHIC OSTEOARTHROPATHY, UNSPECIFIED UPPER ARM
M89431	OTHER HYPERTROPHIC OSTEOARTHROPATHY, RIGHT FOREARM
M89432	OTHER HYPERTROPHIC OSTEOARTHROPATHY, LEFT FOREARM
M89439	OTHER HYPERTROPHIC OSTEOARTHROPATHY, UNSPECIFIED FOREARM
M89441	OTHER HYPERTROPHIC OSTEOARTHROPATHY, RIGHT HAND
M89442	OTHER HYPERTROPHIC OSTEOARTHROPATHY, LEFT HAND
M89449	OTHER HYPERTROPHIC OSTEOARTHROPATHY, UNSPECIFIED HAND
M89451	OTHER HYPERTROPHIC OSTEOARTHROPATHY, RIGHT THIGH
M89452	OTHER HYPERTROPHIC OSTEOARTHROPATHY, LEFT THIGH
M89459	OTHER HYPERTROPHIC OSTEOARTHROPATHY, UNSPECIFIED THIGH
M89461	OTHER HYPERTROPHIC OSTEOARTHROPATHY, RIGHT LOWER LEG
M89462	OTHER HYPERTROPHIC OSTEOARTHROPATHY, LEFT LOWER LEG
M89469	OTHER HYPERTROPHIC OSTEOARTHROPATHY, UNSPECIFIED LOWER LEG
M89471	OTHER HYPERTROPHIC OSTEOARTHROPATHY, RIGHT ANKLE AND FOOT
M89472	OTHER HYPERTROPHIC OSTEOARTHROPATHY, LEFT ANKLE AND FOOT
M89479	OTHER HYPERTROPHIC OSTEOARTHROPATHY, UNSPECIFIED ANKLE AND FOOT
M8948	OTHER HYPERTROPHIC OSTEOARTHROPATHY, OTHER SITE
M8949	OTHER HYPERTROPHIC OSTEOARTHROPATHY, MULTIPLE SITES
M8960	OSTEOPATHY AFTER POLIOMYELITIS, UNSPECIFIED SITE
M89611	OSTEOPATHY AFTER POLIOMYELITIS, RIGHT SHOULDER
M89612	OSTEOPATHY AFTER POLIOMYELITIS, LEFT SHOULDER
M89619	OSTEOPATHY AFTER POLIOMYELITIS, UNSPECIFIED SHOULDER

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M89621	OSTEOPATHY AFTER POLIOMYELITIS, RIGHT UPPER ARM
M89622	OSTEOPATHY AFTER POLIOMYELITIS, LEFT UPPER ARM
M89629	OSTEOPATHY AFTER POLIOMYELITIS, UNSPECIFIED UPPER ARM
M89631	OSTEOPATHY AFTER POLIOMYELITIS, RIGHT FOREARM
M89632	OSTEOPATHY AFTER POLIOMYELITIS, LEFT FOREARM
M89639	OSTEOPATHY AFTER POLIOMYELITIS, UNSPECIFIED FOREARM
M89641	OSTEOPATHY AFTER POLIOMYELITIS, RIGHT HAND
M89642	OSTEOPATHY AFTER POLIOMYELITIS, LEFT HAND
M89649	OSTEOPATHY AFTER POLIOMYELITIS, UNSPECIFIED HAND
M89651	OSTEOPATHY AFTER POLIOMYELITIS, RIGHT THIGH
M89652	OSTEOPATHY AFTER POLIOMYELITIS, LEFT THIGH
M89659	OSTEOPATHY AFTER POLIOMYELITIS, UNSPECIFIED THIGH
M89661	OSTEOPATHY AFTER POLIOMYELITIS, RIGHT LOWER LEG
M89662	OSTEOPATHY AFTER POLIOMYELITIS, LEFT LOWER LEG
M89669	OSTEOPATHY AFTER POLIOMYELITIS, UNSPECIFIED LOWER LEG
M89671	OSTEOPATHY AFTER POLIOMYELITIS, RIGHT ANKLE AND FOOT
M89672	OSTEOPATHY AFTER POLIOMYELITIS, LEFT ANKLE AND FOOT
M89679	OSTEOPATHY AFTER POLIOMYELITIS, UNSPECIFIED ANKLE AND FOOT
M8968	OSTEOPATHY AFTER POLIOMYELITIS, OTHER SITE
M8969	OSTEOPATHY AFTER POLIOMYELITIS, MULTIPLE SITES
M8970	MAJOR OSSEOUS DEFECT, UNSPECIFIED SITE
M89711	MAJOR OSSEOUS DEFECT, RIGHT SHOULDER REGION
M89712	MAJOR OSSEOUS DEFECT, LEFT SHOULDER REGION
M89719	MAJOR OSSEOUS DEFECT, UNSPECIFIED SHOULDER REGION
M89721	MAJOR OSSEOUS DEFECT, RIGHT HUMERUS
M89722	MAJOR OSSEOUS DEFECT, LEFT HUMERUS
M89729	MAJOR OSSEOUS DEFECT, UNSPECIFIED HUMERUS
M89731	MAJOR OSSEOUS DEFECT, RIGHT FOREARM
M89732	MAJOR OSSEOUS DEFECT, LEFT FOREARM
M89739	MAJOR OSSEOUS DEFECT, UNSPECIFIED FOREARM
M89741	MAJOR OSSEOUS DEFECT, RIGHT HAND
M89742	MAJOR OSSEOUS DEFECT, LEFT HAND
M89749	MAJOR OSSEOUS DEFECT, UNSPECIFIED HAND
M89751	MAJOR OSSEOUS DEFECT, RIGHT PELVIC REGION AND THIGH
M89752	MAJOR OSSEOUS DEFECT, LEFT PELVIC REGION AND THIGH
M89759	MAJOR OSSEOUS DEFECT, UNSPECIFIED PELVIC REGION AND THIGH

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M89761	MAJOR OSSEOUS DEFECT, RIGHT LOWER LEG
M89762	MAJOR OSSEOUS DEFECT, LEFT LOWER LEG
M89769	MAJOR OSSEOUS DEFECT, UNSPECIFIED LOWER LEG
M89771	MAJOR OSSEOUS DEFECT, RIGHT ANKLE AND FOOT
M89772	MAJOR OSSEOUS DEFECT, LEFT ANKLE AND FOOT
M89779	MAJOR OSSEOUS DEFECT, UNSPECIFIED ANKLE AND FOOT
M8978	MAJOR OSSEOUS DEFECT, OTHER SITE
M8979	MAJOR OSSEOUS DEFECT, MULTIPLE SITES
M9050	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SITE
M90511	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, RIGHT SHOULDER
M90512	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, LEFT SHOULDER
M90519	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SHOULDER
M90521	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, RIGHT UPPER ARM
M90522	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, LEFT UPPER ARM
M90529	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED UPPER ARM
M90531	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, RIGHT FOREARM
M90532	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, LEFT FOREARM
M90539	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED FOREARM
M90541	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, RIGHT HAND
M90542	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, LEFT HAND
M90549	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED HAND
M90551	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, RIGHT THIGH
M90552	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, LEFT THIGH
M90559	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED THIGH
M90561	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, RIGHT LOWER LEG
M90562	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, LEFT LOWER LEG
M90569	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED LOWER LEG

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M90571	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, RIGHT ANKLE AND FOOT
M90572	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, LEFT ANKLE AND FOOT
M90579	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED ANKLE AND FOOT
M9058	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, OTHER SITE
M9059	OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, MULTIPLE SITES
M9060	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, UNSPECIFIED SITE
M90611	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, RIGHT SHOULDER
M90612	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, LEFT SHOULDER
M90619	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, UNSPECIFIED SHOULDER
M90621	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, RIGHT UPPER ARM
M90622	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, LEFT UPPER ARM
M90629	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, UNSPECIFIED UPPER ARM
M90631	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, RIGHT FOREARM
M90632	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, LEFT FOREARM
M90639	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, UNSPECIFIED FOREARM
M90641	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, RIGHT HAND
M90642	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, LEFT HAND
M90649	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, UNSPECIFIED HAND
M90651	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, RIGHT THIGH
M90652	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, LEFT THIGH
M90659	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, UNSPECIFIED THIGH
M90661	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, RIGHT LOWER LEG
M90662	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, LEFT LOWER LEG
M90669	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, UNSPECIFIED LOWER LEG
M90671	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, RIGHT ANKLE AND FOOT
M90672	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, LEFT ANKLE AND FOOT
M90679	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, UNSPECIFIED ANKLE AND FOOT
M9068	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, OTHER SITE
M9069	OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, MULTIPLE SITES

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M9080	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SITE
M90811	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, RIGHT SHOULDER
M90812	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LEFT SHOULDER
M90819	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SHOULDER
M90821	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, RIGHT UPPER ARM
M90822	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LEFT UPPER ARM
M90829	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED UPPER ARM
M90831	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, RIGHT FOREARM
M90832	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LEFT FOREARM
M90839	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED FOREARM
M90841	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, RIGHT HAND
M90842	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LEFT HAND
M90849	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED HAND
M90851	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, RIGHT THIGH
M90852	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LEFT THIGH
M90859	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED THIGH
M90861	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, RIGHT LOWER LEG
M90862	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LEFT LOWER LEG
M90869	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED LOWER LEG
M90871	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, RIGHT ANKLE AND FOOT
M90872	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LEFT ANKLE AND FOOT
M90879	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED ANKLE AND FOOT
M9088	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, OTHER SITE
M9089	OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, MULTIPLE SITES
M910	JUVENILE OSTEOCHONDROSIS OF PELVIS
M9110	JUVENILE OSTEOCHONDROSIS OF HEAD OF FEMUR [LEGG-CALVE-PERTHES], UNSPECIFIED LEG

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M9111	JUVENILE OSTEOCHONDROSIS OF HEAD OF FEMUR [LEGG-CALVE-PERTHES], RIGHT LEG
M9112	JUVENILE OSTEOCHONDROSIS OF HEAD OF FEMUR [LEGG-CALVE-PERTHES], LEFT LEG
M9120	COXA PLANA, UNSPECIFIED HIP
M9121	COXA PLANA, RIGHT HIP
M9122	COXA PLANA, LEFT HIP
M9130	PSEUDOCOXALGIA, UNSPECIFIED HIP
M9131	PSEUDOCOXALGIA, RIGHT HIP
M9132	PSEUDOCOXALGIA, LEFT HIP
M9140	COXA MAGNA, UNSPECIFIED HIP
M9141	COXA MAGNA, RIGHT HIP
M9142	COXA MAGNA, LEFT HIP
M9180	OTHER JUVENILE OSTEOCHONDROSIS OF HIP AND PELVIS, UNSPECIFIED LEG
M9181	OTHER JUVENILE OSTEOCHONDROSIS OF HIP AND PELVIS, RIGHT LEG
M9182	OTHER JUVENILE OSTEOCHONDROSIS OF HIP AND PELVIS, LEFT LEG
M9190	JUVENILE OSTEOCHONDROSIS OF HIP AND PELVIS, UNSPECIFIED, UNSPECIFIED LEG
M9191	JUVENILE OSTEOCHONDROSIS OF HIP AND PELVIS, UNSPECIFIED, RIGHT LEG
M9192	JUVENILE OSTEOCHONDROSIS OF HIP AND PELVIS, UNSPECIFIED, LEFT LEG
M9200	JUVENILE OSTEOCHONDROSIS OF HUMERUS, UNSPECIFIED ARM
M9201	JUVENILE OSTEOCHONDROSIS OF HUMERUS, RIGHT ARM
M9202	JUVENILE OSTEOCHONDROSIS OF HUMERUS, LEFT ARM
M9210	JUVENILE OSTEOCHONDROSIS OF RADIUS AND ULNA, UNSPECIFIED ARM
M9211	JUVENILE OSTEOCHONDROSIS OF RADIUS AND ULNA, RIGHT ARM
M9212	JUVENILE OSTEOCHONDROSIS OF RADIUS AND ULNA, LEFT ARM
M92201	UNSPECIFIED JUVENILE OSTEOCHONDROSIS, RIGHT HAND
M92202	UNSPECIFIED JUVENILE OSTEOCHONDROSIS, LEFT HAND
M92209	UNSPECIFIED JUVENILE OSTEOCHONDROSIS, UNSPECIFIED HAND
M92211	OSTEOCHONDROSIS (JUVENILE) OF CARPAL LUNATE [KIENBOCK], RIGHT HAND
M92212	OSTEOCHONDROSIS (JUVENILE) OF CARPAL LUNATE [KIENBOCK], LEFT HAND
M92219	OSTEOCHONDROSIS (JUVENILE) OF CARPAL LUNATE [KIENBOCK], UNSPECIFIED HAND
M92221	OSTEOCHONDROSIS (JUVENILE) OF METACARPAL HEADS [MAUCLAIRE], RIGHT HAND

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M92222	OSTEOCHONDROSIS (JUVENILE) OF METACARPAL HEADS [MAUCLAIRE], LEFT HAND
M92229	OSTEOCHONDROSIS (JUVENILE) OF METACARPAL HEADS [MAUCLAIRE], UNSPECIFIED HAND
M92291	OTHER JUVENILE OSTEOCHONDROSIS, RIGHT HAND
M92292	OTHER JUVENILE OSTEOCHONDROSIS, LEFT HAND
M92299	OTHER JUVENILE OSTEOCHONDROSIS, UNSPECIFIED HAND
M9230	OTHER JUVENILE OSTEOCHONDROSIS, UNSPECIFIED UPPER LIMB
M9231	OTHER JUVENILE OSTEOCHONDROSIS, RIGHT UPPER LIMB
M9232	OTHER JUVENILE OSTEOCHONDROSIS, LEFT UPPER LIMB
M9240	JUVENILE OSTEOCHONDROSIS OF PATELLA, UNSPECIFIED KNEE
M9241	JUVENILE OSTEOCHONDROSIS OF PATELLA, RIGHT KNEE
M9242	JUVENILE OSTEOCHONDROSIS OF PATELLA, LEFT KNEE
M9250	JUVENILE OSTEOCHONDROSIS OF TIBIA AND FIBULA, UNSPECIFIED LEG
M9251	JUVENILE OSTEOCHONDROSIS OF TIBIA AND FIBULA, RIGHT LEG
M9252	JUVENILE OSTEOCHONDROSIS OF TIBIA AND FIBULA, LEFT LEG
M9260	JUVENILE OSTEOCHONDROSIS OF TARSUS, UNSPECIFIED ANKLE
M9261	JUVENILE OSTEOCHONDROSIS OF TARSUS, RIGHT ANKLE
M9262	JUVENILE OSTEOCHONDROSIS OF TARSUS, LEFT ANKLE
M9270	JUVENILE OSTEOCHONDROSIS OF METATARSUS, UNSPECIFIED FOOT
M9271	JUVENILE OSTEOCHONDROSIS OF METATARSUS, RIGHT FOOT
M9272	JUVENILE OSTEOCHONDROSIS OF METATARSUS, LEFT FOOT
M928	OTHER SPECIFIED JUVENILE OSTEOCHONDROSIS
M929	JUVENILE OSTEOCHONDROSIS, UNSPECIFIED
M93001	UNSPECIFIED SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), RIGHT HIP
M93002	UNSPECIFIED SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), LEFT HIP
M93003	UNSPECIFIED SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), UNSPECIFIED HIP
M93011	ACUTE SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), RIGHT HIP
M93012	ACUTE SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), LEFT HIP
M93013	ACUTE SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), UNSPECIFIED HIP
M93021	CHRONIC SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), RIGHT HIP
M93022	CHRONIC SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), LEFT HIP

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M93023	CHRONIC SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), UNSPECIFIED HIP
M93031	ACUTE ON CHRONIC SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), RIGHT HIP
M93032	ACUTE ON CHRONIC SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), LEFT HIP
M93033	ACUTE ON CHRONIC SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), UNSPECIFIED HIP
M931	KIENBOCK'S DISEASE OF ADULTS
M9320	OSTEOCHONDritis DISSECANS OF UNSPECIFIED SITE
M93211	OSTEOCHONDritis DISSECANS, RIGHT SHOULDER
M93212	OSTEOCHONDritis DISSECANS, LEFT SHOULDER
M93219	OSTEOCHONDritis DISSECANS, UNSPECIFIED SHOULDER
M93221	OSTEOCHONDritis DISSECANS, RIGHT ELBOW
M93222	OSTEOCHONDritis DISSECANS, LEFT ELBOW
M93229	OSTEOCHONDritis DISSECANS, UNSPECIFIED ELBOW
M93231	OSTEOCHONDritis DISSECANS, RIGHT WRIST
M93232	OSTEOCHONDritis DISSECANS, LEFT WRIST
M93239	OSTEOCHONDritis DISSECANS, UNSPECIFIED WRIST
M93241	OSTEOCHONDritis DISSECANS, JOINTS OF RIGHT HAND
M93242	OSTEOCHONDritis DISSECANS, JOINTS OF LEFT HAND
M93249	OSTEOCHONDritis DISSECANS, JOINTS OF UNSPECIFIED HAND
M93251	OSTEOCHONDritis DISSECANS, RIGHT HIP
M93252	OSTEOCHONDritis DISSECANS, LEFT HIP
M93259	OSTEOCHONDritis DISSECANS, UNSPECIFIED HIP
M93261	OSTEOCHONDritis DISSECANS, RIGHT KNEE
M93262	OSTEOCHONDritis DISSECANS, LEFT KNEE
M93269	OSTEOCHONDritis DISSECANS, UNSPECIFIED KNEE
M93271	OSTEOCHONDritis DISSECANS, RIGHT ANKLE AND JOINTS OF RIGHT FOOT
M93272	OSTEOCHONDritis DISSECANS, LEFT ANKLE AND JOINTS OF LEFT FOOT
M93279	OSTEOCHONDritis DISSECANS, UNSPECIFIED ANKLE AND JOINTS OF FOOT
M9328	OSTEOCHONDritis DISSECANS OTHER SITE
M9329	OSTEOCHONDritis DISSECANS MULTIPLE SITES
M9380	OTHER SPECIFIED OSTEOCHONDROPATHIES OF UNSPECIFIED SITE
M93811	OTHER SPECIFIED OSTEOCHONDROPATHIES, RIGHT SHOULDER
M93812	OTHER SPECIFIED OSTEOCHONDROPATHIES, LEFT SHOULDER

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M93819	OTHER SPECIFIED OSTEOCHONDROPATHIES, UNSPECIFIED SHOULDER
M93821	OTHER SPECIFIED OSTEOCHONDROPATHIES, RIGHT UPPER ARM
M93822	OTHER SPECIFIED OSTEOCHONDROPATHIES, LEFT UPPER ARM
M93829	OTHER SPECIFIED OSTEOCHONDROPATHIES, UNSPECIFIED UPPER ARM
M93831	OTHER SPECIFIED OSTEOCHONDROPATHIES, RIGHT FOREARM
M93832	OTHER SPECIFIED OSTEOCHONDROPATHIES, LEFT FOREARM
M93839	OTHER SPECIFIED OSTEOCHONDROPATHIES, UNSPECIFIED FOREARM
M93841	OTHER SPECIFIED OSTEOCHONDROPATHIES, RIGHT HAND
M93842	OTHER SPECIFIED OSTEOCHONDROPATHIES, LEFT HAND
M93849	OTHER SPECIFIED OSTEOCHONDROPATHIES, UNSPECIFIED HAND
M93851	OTHER SPECIFIED OSTEOCHONDROPATHIES, RIGHT THIGH
M93852	OTHER SPECIFIED OSTEOCHONDROPATHIES, LEFT THIGH
M93859	OTHER SPECIFIED OSTEOCHONDROPATHIES, UNSPECIFIED THIGH
M93861	OTHER SPECIFIED OSTEOCHONDROPATHIES, RIGHT LOWER LEG
M93862	OTHER SPECIFIED OSTEOCHONDROPATHIES, LEFT LOWER LEG
M93869	OTHER SPECIFIED OSTEOCHONDROPATHIES, UNSPECIFIED LOWER LEG
M93871	OTHER SPECIFIED OSTEOCHONDROPATHIES, RIGHT ANKLE AND FOOT
M93872	OTHER SPECIFIED OSTEOCHONDROPATHIES, LEFT ANKLE AND FOOT
M93879	OTHER SPECIFIED OSTEOCHONDROPATHIES, UNSPECIFIED ANKLE AND FOOT
M9388	OTHER SPECIFIED OSTEOCHONDROPATHIES OTHER
M9389	OTHER SPECIFIED OSTEOCHONDROPATHIES MULTIPLE SITES
M9390	OSTEOCHONDROPATHY, UNSPECIFIED OF UNSPECIFIED SITE
M93911	OSTEOCHONDROPATHY, UNSPECIFIED, RIGHT SHOULDER
M93912	OSTEOCHONDROPATHY, UNSPECIFIED, LEFT SHOULDER
M93919	OSTEOCHONDROPATHY, UNSPECIFIED, UNSPECIFIED SHOULDER
M93921	OSTEOCHONDROPATHY, UNSPECIFIED, RIGHT UPPER ARM
M93922	OSTEOCHONDROPATHY, UNSPECIFIED, LEFT UPPER ARM
M93929	OSTEOCHONDROPATHY, UNSPECIFIED, UNSPECIFIED UPPER ARM
M93931	OSTEOCHONDROPATHY, UNSPECIFIED, RIGHT FOREARM
M93932	OSTEOCHONDROPATHY, UNSPECIFIED, LEFT FOREARM
M93939	OSTEOCHONDROPATHY, UNSPECIFIED, UNSPECIFIED FOREARM
M93941	OSTEOCHONDROPATHY, UNSPECIFIED, RIGHT HAND
M93942	OSTEOCHONDROPATHY, UNSPECIFIED, LEFT HAND

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M93949	OSTEOCHONDROPATHY, UNSPECIFIED, UNSPECIFIED HAND
M93951	OSTEOCHONDROPATHY, UNSPECIFIED, RIGHT THIGH
M93952	OSTEOCHONDROPATHY, UNSPECIFIED, LEFT THIGH
M93959	OSTEOCHONDROPATHY, UNSPECIFIED, UNSPECIFIED THIGH
M93961	OSTEOCHONDROPATHY, UNSPECIFIED, RIGHT LOWER LEG
M93962	OSTEOCHONDROPATHY, UNSPECIFIED, LEFT LOWER LEG
M93969	OSTEOCHONDROPATHY, UNSPECIFIED, UNSPECIFIED LOWER LEG
M93971	OSTEOCHONDROPATHY, UNSPECIFIED, RIGHT ANKLE AND FOOT
M93972	OSTEOCHONDROPATHY, UNSPECIFIED, LEFT ANKLE AND FOOT
M93979	OSTEOCHONDROPATHY, UNSPECIFIED, UNSPECIFIED ANKLE AND FOOT
M9398	OSTEOCHONDROPATHY, UNSPECIFIED OTHER
M9399	OSTEOCHONDROPATHY, UNSPECIFIED MULTIPLE SITES
M961	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED
M9920	SUBLUXATION STENOSIS OF NEURAL CANAL OF HEAD REGION
M9921	SUBLUXATION STENOSIS OF NEURAL CANAL OF CERVICAL REGION
M9922	SUBLUXATION STENOSIS OF NEURAL CANAL OF THORACIC REGION
M9923	SUBLUXATION STENOSIS OF NEURAL CANAL OF LUMBAR REGION
M9924	SUBLUXATION STENOSIS OF NEURAL CANAL OF SACRAL REGION
M9925	SUBLUXATION STENOSIS OF NEURAL CANAL OF PELVIC REGION
M9926	SUBLUXATION STENOSIS OF NEURAL CANAL OF LOWER EXTREMITY
M9927	SUBLUXATION STENOSIS OF NEURAL CANAL OF UPPER EXTREMITY
M9928	SUBLUXATION STENOSIS OF NEURAL CANAL OF RIB CAGE
M9929	SUBLUXATION STENOSIS OF NEURAL CANAL OF ABDOMEN AND OTHER REGIONS
M9930	OSSEOUS STENOSIS OF NEURAL CANAL OF HEAD REGION
M9931	OSSEOUS STENOSIS OF NEURAL CANAL OF CERVICAL REGION
M9932	OSSEOUS STENOSIS OF NEURAL CANAL OF THORACIC REGION
M9933	OSSEOUS STENOSIS OF NEURAL CANAL OF LUMBAR REGION
M9934	OSSEOUS STENOSIS OF NEURAL CANAL OF SACRAL REGION
M9935	OSSEOUS STENOSIS OF NEURAL CANAL OF PELVIC REGION
M9936	OSSEOUS STENOSIS OF NEURAL CANAL OF LOWER EXTREMITY
M9937	OSSEOUS STENOSIS OF NEURAL CANAL OF UPPER EXTREMITY
M9938	OSSEOUS STENOSIS OF NEURAL CANAL OF RIB CAGE
M9939	OSSEOUS STENOSIS OF NEURAL CANAL OF ABDOMEN AND OTHER REGIONS
M9940	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF HEAD REGION

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M9941	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF CERVICAL REGION
M9942	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF THORACIC REGION
M9943	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF LUMBAR REGION
M9944	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF SACRAL REGION
M9945	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF PELVIC REGION
M9946	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF LOWER EXTREMITY
M9947	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF UPPER EXTREMITY
M9948	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF RIB CAGE
M9949	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF ABDOMEN AND OTHER REGIONS
M9950	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF HEAD REGION
M9951	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF CERVICAL REGION
M9952	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF THORACIC REGION
M9953	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF LUMBAR REGION
M9954	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF SACRAL REGION
M9955	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF PELVIC REGION
M9956	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF LOWER EXTREMITY
M9957	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF UPPER EXTREMITY
M9958	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF RIB CAGE
M9959	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF ABDOMEN AND OTHER REGIONS
M9960	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF HEAD REGION
M9961	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF CERVICAL REGION
M9962	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF THORACIC REGION
M9963	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION
M9964	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF SACRAL REGION

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
M9965	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF PELVIC REGION
M9966	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF LOWER EXTREMITY
M9967	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF UPPER EXTREMITY
M9968	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF RIB CAGE
M9969	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF ABDOMEN AND OTHER REGIONS
M9970	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF HEAD REGION
M9971	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF CERVICAL REGION
M9972	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF THORACIC REGION
M9973	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION
M9974	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF SACRAL REGION
M9975	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF PELVIC REGION
M9976	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LOWER EXTREMITY
M9977	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF UPPER EXTREMITY
M9978	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF RIB CAGE
M9979	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF ABDOMEN AND OTHER REGIONS
Q686	DISCOID MENISCUS
R252	CRAMP AND SPASM
R262	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED
R294	CLICKING HIP
R29898	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM
S061X0A	TRAUMATIC CEREBRAL EDEMA WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER
S061X1A	TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS OF 30 MINUTES OR LESS, INITIAL ENCOUNTER
S061X2A	TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS OF 31 MINUTES TO 59 MINUTES, INITIAL ENCOUNTER
S061X3A	TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS OF 1 HOUR TO 5 HOURS 59 MINUTES, INITIAL ENCOUNTER
S061X4A	TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS OF 6 HOURS TO 24 HOURS, INITIAL ENCOUNTER

Table 5 (diagnosis of chronic non-malignant pain) Required quantity: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
S061X5A	TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS GREATER THAN 24 HOURS WITH RETURN TO PRE-EXISTING CONSCIOUS LEVEL, INITIAL ENCOUNTER
S061X6A	TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS GREATER THAN 24 HOURS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL WITH PATIENT SURVIVING, INITIAL ENCOUNTER
S061X7A	TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS OF ANY DURATION WITH DEATH DUE TO BRAIN INJURY PRIOR TO REGAINING CONSCIOUSNESS, INITIAL ENCOUNTER
S061X8A	TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS OF ANY DURATION WITH DEATH DUE TO OTHER CAUSE PRIOR TO REGAINING CONSCIOUSNESS, INITIAL ENCOUNTER
S061X9A	TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER

Table 6 (history of opioid therapy) Required quantity: 1 Look back timeframe: 30 days	
Opioids	
Description	GCN
ACETAMIN-CAFF-DIHYDROCOD 320.5	37532
ACETAMINOP-CODEINE 120-12 MG/5 ML	55402
ACETAMINOPHEN-COD #2 TABLET	70131
ACETAMINOPHEN-COD #3 TABLET	70134
ACETAMINOPHEN-COD #4 TABLET	70136
APADAZ 4.08-325 MG TABLET	45987
APADAZ 6.12-325 MG TABLET	44508
APADAZ 8.16-325 MG TABLET	45986
BELBUCA 75 MCG FILM	39959
BELBUCA 150 MCG FILM	39965
BELBUCA 300 MCG FILM	39966
BELBUCA 450 MCG FILM	39967
BELBUCA 600 MCG FILM	39968
BELBUCA 750 MCG FILM	39969
BELBUCA 900 MCG FILM	39975
BENZHYDROCOD-ACETAMIN 4.08-325	45987
BENZHYDROCOD-ACETAMIN 8.16-325	45986
BENZHYDROCOD-ACETAMIN 6.12-325	44508
BUPRENORPHINE 10 MCG/HR PATCH	25309

Table 6 (history of opioid therapy) Required quantity: 1 Look back timeframe: 30 days	
Opioids	
Description	GCN
BUPRENORPHINE 15 MCG/HR PATCH	35214
BUPRENORPHINE 20 MCG/HR PATCH	25312
BUPRENORPHINE 5 MCG/HR PATCH	25308
BUPRENORPHINE 7.5 MCG/HR PATCH	36946
BUTALB-ACETAMINOPH-CAFF-CODEIN	34988
BUTALB-CAFF-ACETAMINOPH-CODEIN	70140
BUTALBITAL COMP-CODEINE #3 CAP	69500
BUTORPHANOL 10 MG/ML SPRAY	20351
BUTRANS 10 MCG/HR PATCH	25309
BUTRANS 15 MCG/HR PATCH	35214
BUTRANS 20 MCG/HR PATCH	25312
BUTRANS 5 MCG/HR PATCH	25308
BUTRANS 7.5 MCG/HR PATCH	36946
CODEINE SULFATE 15 MG TABLET	16240
CODEINE SULFATE 30 MG TABLET	16241
CODEINE SULFATE 60 MG TABLET	16242
DEMEROL 100 MG/ML AMPUL	25626
DEMEROL 100 MG/ML VIAL	15960
DEMEROL 50 MG/ML AMPUL	25605
DEMEROL 50 MG/ML AMPUL	25608
DEMEROL 50 MG/ML VIAL	15962
DEMEROL 75 MG/1.5 ML AMPUL	25607
DILAUDID 2 MG TABLET	16141
DILAUDID 4 MG TABLET	16143
DILAUDID 8 MG TABLET	16144
DILAUDID-5 MG/ 5 ML LIQUID	20251
DSUVIA 30 MCG SUBLINGUAL TAB	45928
ENDOCET 10-325 MG TABLET	14966
ENDOCET 2.5-325 MG TABLET	70492
ENDOCET 5-325 TABLET	70491
ENDOCET 7.5-325 MG TABLET	14965
FENTANYL 100 MCG/HR PATCH	19203
FENTANYL 12 MCG/HR PATCH	24635
FENTANYL 25 MCG/HR PATCH	19200
FENTANYL 37.5 MCG/HR PATCH	37952
FENTANYL 50 MCG/HR PATCH	19201
FENTANYL 62.5 MCG/HR PATCH	37947

Table 6 (history of opioid therapy)**Required quantity: 1****Look back timeframe: 30 days**

Opioids	
Description	GCN
FENTANYL 75 MCG/HR PATCH	19202
FENTANYL 87.5 MCG/HR PATCH	37948
HYDROCODON-ACETAMIN 7.5-325/15 ML	21146
HYDROCODON-ACETAMINOPH 7.5-300	26709
HYDROCODON-ACETAMINOPH 7.5-325	12488
HYDROCODON-ACETAMINOPHEN 5-300	26470
HYDROCODON-ACETAMINOPHEN 5-325	12486
HYDROCODON-ACETAMINOPHN 10-300	22929
HYDROCODON-ACETAMINOPHN 10-325	70330
HYDROCODONE-HOMATROPINE SOLN	13973
HYDROCODONE-HOMATROPINE SYRUP	13973
HYDROCODONE-CHLORPHEN ER SUSP	13974
HYDROCODONE-HOMATROPINE 5-1.5	96041
HYDROCODONE BT-IBUPROFEN TAB	63101
HYDROCODONE-IBUPROFEN 10-200	99371
HYDROCODONE-IBUPROFEN 5-200	22678
HYDROCODONE ER 10 MG CAPSULE	38057
HYDROCODONE ER 15 MG CAPSULE	38058
HYDROCODONE ER 20 MG CAPSULE	38059
HYDROCODONE ER 30 MG CAPSULE	38061
HYDROCODONE ER 40 MG CAPSULE	38062
HYDROCODONE ER 50 MG CAPSULE	38063
HYDROCODONE ER 20 MG TABLET	37539
HYDROCODONE ER 30 MG TABLET	37541
HYDROCODONE ER 40 MG TABLET	37543
HYDROCODONE ER 60 MG TABLET	37544
HYDROCODONE ER 80 MG TABLET	37545
HYDROCODONE ER 100 MG TABLET	37546
HYDROCODONE ER 120 MG TABLET	37547
HYDROMORPHONE 1 MG/ML SOLUTION	20251
HYDROMORPHONE 10 MG/ML VIAL	20451
HYDROMORPHONE 2 MG TABLET	16141
HYDROMORPHONE 3 MG SUPPOS	16130
HYDROMORPHONE 4 MG TABLET	16143
HYDROMORPHONE 8 MG TABLET	16144
HYDROMORPHONE HCL ER 12 MG TAB	28427
HYDROMORPHONE HCL ER 16 MG TAB	33142

Table 6 (history of opioid therapy)**Required quantity: 1****Look back timeframe: 30 days**

Opioids	
Description	GCN
HYDROMORPHONE HCL ER 32 MG TAB	33088
HYDROMORPHONE HCL ER 8 MG TAB	33143
HYSINGLA ER 100MG TABLET	37546
HYSINGLA ER 120MG TABLET	37547
HYSINGLA ER 20MG TABLET	37539
HYSINGLA ER 30MG TABLET	37541
HYSINGLA ER 40MG TABLET	37543
HYSINGLA ER 60MG TABLET	37544
HYSINGLA ER 80MG TABLET	37545
KADIAN ER 200 MG CAPSULE	98135
KADIAN ER 40 MG CAPSULE	33158
KADIAN ER 50 MG CAPSULE	26493
LEVORPHANOL 2 MG TABLET	16350
LORCET 5-325 MG TABLET	12486
LORCET HD 10-325 MG TABLET	70330
LORCET PLUS 7.5-325 MG TABLET	12488
MEPERIDINE 100 MG/ML VIAL	25627
MEPERIDINE 25 MG/ML VIAL	25613
MEPERIDINE 50 MG/5 ML SOLUTION	15980
MEPERIDINE 50 MG/ML VIAL	25609
METHADONE 10 MG/ML ORAL CONC	16415
METHADONE 10 MG/5 ML SOLUTION	16410
METHADONE 40 MG TABLET DISPR	16423
METHADONE 5 MG/5 ML SOLUTION	16400
METHADONE HCL 10 MG TABLET	16420
METHADONE HCL 5 MG TABLET	16422
METHADONE INTENSOL 10 MG/ML	16415
METHADOSE 10 MG/ML ORAL CONC	16415
METHADOSE 40 MG TABLET DISPR	16423
MORPHINE 5 MG/0.25ML ENFIT SYR	58333
MORPHINE 10 MG/ML CARPUJECT	33312
MORPHINE 2 MG/ML CARPUJECT	33308
MORPHINE 20 MG/ML ORAL SYRINGE	32719
MORPHINE 4 MG/ML CARPUJECT	33309
MORPHINE 8 MG/ML SYRINGE	33765
MORPHINE SULF 10 MG/5 ML SOLN	16060
MORPHINE SULF 100 MG/5 ML SOLN	16063
MORPHINE SULF 20 MG/5 ML SOLN	16062

Table 6 (history of opioid therapy) Required quantity: 1 Look back timeframe: 30 days	
Opioids	
Description	GCN
MORPHINE SULF CR 15 MG TABLET	16643
MORPHINE SULF CR 30 MG TABLET	16640
MORPHINE SULF CR 60 MG TABLET	16641
MORPHINE SULF ER 100 MG TABLET	16642
MORPHINE SULF ER 200 MG TABLET	16078
MORPHINE SULFATE 50 MG/ML VIAL	16271
MORPHINE SULFATE ER 100MG CAP	26494
MORPHINE SULFATE ER 10MG CAP	26490
MORPHINE SULFATE ER 120MG CAP	17189
MORPHINE SULFATE ER 20MG CAP	26492
MORPHINE SULFATE ER 30MG CAP	17193
MORPHINE SULFATE ER 30MG CAP	97534
MORPHINE SULFATE ER 40MG CAP	33158
MORPHINE SULFATE ER 45MG CAP	16212
MORPHINE SULFATE ER 50MG CAP	26493
MORPHINE SULFATE ER 60MG CAP	17192
MORPHINE SULFATE ER 60MG CAP	97535
MORPHINE SULFATE ER 75MG CAP	16213
MORPHINE SULFATE ER 80 MG CAP	97508
MORPHINE SULFATE ER 90MG CAP	17191
MORPHINE SULFATE IR 15 MG TAB	16070
MORPHINE SULFATE IR 30 MG TAB	16071
MS CONTIN 100 MG TABLET	16642
MS CONTIN 15 MG TABLET	16643
MS CONTIN 200 MG TABLET	16078
MS CONTIN 60 MG TABLET	16641
MS CONTIN CR 30 MG TABLET	16640
NORCO 10-325 TABLET	70330
NUCYNTA 50 MG TABLET	26163
NUCYNTA 75 MG TABLET	26164
NUCYNTA 100 MG TABLET	26165
NUCYNTA ER 100MG TABLET	29788
NUCYNTA ER 150MG TABLET	29789
NUCYNTA ER 200MG TABLET	29791
NUCYNTA ER 250MG TABLET	29792
NUCYNTA ER 50MG TABLET	29787
OXYCODONE CONC 20 MG/ML SOLN	16281
OXYCODONE HCL 10 MG TABLET	16291

Table 6 (history of opioid therapy) Required quantity: 1 Look back timeframe: 30 days	
Opioids	
Description	GCN
OXYCODONE HCL 10 MG TABLET ER	37158
OXYCODONE HCL 15 MG TABLET	20091
OXYCODONE HCL 15 MG TABLET ER	37159
OXYCODONE HCL 20 MG TABLET	21194
OXYCODONE HCL 20 MG TABLET ER	37161
OXYCODONE HCL 30 MG TABLET	20092
OXYCODONE HCL 30 MG TABLET ER	37162
OXYCODONE HCL 40 MG TABLET ER	37163
OXYCODONE HCL 5 MG CAPSULE	16285
OXYCODONE HCL 5 MG TABLET	16290
OXYCODONE HCL 5 MG/5 ML SOL	16280
OXYCODONE HCL 60 MG TABLET ER	37164
OXYCODONE HCL ER 80 MG TABLET	37165
OXYCODONE-ACETAMINOPHEN 10-325	14966
OXYCODONE-ACETAMINOPHEN 2.5-325	70492
OXYCODONE-ACETAMINOPHEN 7.5-325	14965
OXYCODONE-ACETAMINOPHEN 5-325	70491
OXYCODONE-ACETAMINOPHEN 5-325/5	70470
OXYCODONE-ASA 4.5-0.38-325 TAB	26836
OXYCODONE-IBUPROFEN 5-400 TAB	23827
OXYCONTIN 10 MG TABLET	37158
OXYCONTIN 15 MG TABLET	37159
OXYCONTIN 20 MG TABLET	37161
OXYCONTIN 30 MG TABLET	37162
OXYCONTIN 40 MG TABLET	37163
OXYCONTIN 60 MG TABLET	37164
OXYCONTIN 80 MG TABLET	37165
OXYMORPHONE HCL 5 MG TABLET	27243
OXYMORPHONE HCL 10 MG TABLET	27244
OXYMORPHONE HCL ER 10 MG TAB	27248
OXYMORPHONE HCL ER 15 MG TAB	99493
OXYMORPHONE HCL ER 20 MG TAB	27249
OXYMORPHONE HCL ER 30 MG TAB	99494
OXYMORPHONE HCL ER 40 MG TAB	27253
OXYMORPHONE HCL ER 5 MG TABLET	27247
OXYMORPHONE HCL ER 7.5 MG TAB	99492
PERCOCET 10-325 MG TABLET	14966
PERCOCET 2.5-325 MG TABLET	70492

Table 6 (history of opioid therapy) Required quantity: 1 Look back timeframe: 30 days	
Opioids	
Description	GCN
PERCOCET 5-325 MG TABLET	70491
PERCOCET 7.5-325 MG TABLET	14965
ROXICODONE 15 MG TABLET	20091
ROXICODONE 30 MG TABLET	20092
ROXYBOND 5 MG TABLET	32047
ROXYBOND 10 MG TABLET	56315
ROXYBOND 15 MG TABLET	44877
ROXYBOND 30 MG TABLET	44878
TRAMADOL ER 100 MG TABLET	99151
TRAMADOL ER 200 MG TABLET	99152
TRAMADOL ER 300 MG TABLET	99153
TRAMADOL HCL 5 MG/ML SOLUTION	48598
TRAMADOL HCL 50 MG TABLET	07221
TRAMADOL HCL 75 MG TABLET	56518
TRAMADOL HCL 100 MG TABLET	92069
TRAMADOL HCL ER 100 MG CAPSULE	30382
TRAMADOL HCL ER 100 MG TABLET	26387
TRAMADOL HCL ER 200 MG CAPSULE	30383
TRAMADOL HCL ER 200 MG TABLET	50417
TRAMADOL HCL ER 300 MG CAPSULE	30384
TRAMADOL HCL ER 300 MG TABLET	50427
TRAMADOL-ACETAMINOPHEN 37.5-325 MG	13909
XTAMPZA ER 9 MG CAPSULE	41272
XTAMPZA ER 13.5 MG CAPSULE	41273
XTAMPZA ER 18 MG CAPSULE	41274
XTAMPZA ER 27 MG CAPSULE	41275
XTAMPZA ER 36 MG CAPSULE	41276

Table 7 (history of an inferring CNMP non-opioid analgesic agent for ≤ 60 days) Required quantity: 1 Look back timeframe: 90 days	
Label Name	GCN
ALL DAY PAIN RELIEF 220 MG TAB	47132
ALL DAY RELIEF 220 MG CAPLET	47132
ARTHROTEC EC 50 MG-200 MCG TAB	62729
ARTHROTEC EC 75 MG-200 MCG TAB	06263
ASCOMP WITH CODEINE CAPSULE	69500

Table 7 (history of an inferring CNMP non-opioid analgesic agent for ≤ 60 days)**Required quantity: 1****Look back timeframe: 90 days**

Label Name	GCN
ASPIRIN 325 MG TABLET	16701
ASPIRIN 81 MG CHEWABLE TABLET	16713
ASPIRIN ADULT 81 MG CHEW TAB	16713
ASPIRIN EC 325 MG TABLET	16720
BUTALBITAL COMP-CODEINE #3 CAP	69500
BUTALBITAL-ASA-CAFFEINE CAP	71150
BUTALBITAL-ACETAMINOPHN 50-325	72711
BUTALB-ACETAMIN-CAFF 50-325-40	72530
BUTALB-ACETAMIN-CAFF 50-325-40	72510
BUTALB-ASPIRIN-CAFFE 50-325-40	71160
BUTALBITAL-ACETAMINOPHN 50-300	45029
BUTALBITAL-ACETAMINOPHN 50-300	31623
BUTALB-ACETAMIN-CAFF 50-300-40	28626
CARISOPRODL-ASPIRIN 200-325 MG	94380
CARISOPRODOL COMPOUND TAB	94380
CELEBREX 50 MG CAPSULE	97785
CELEBREX 100 MG CAPSULE	42001
CELEBREX 200 MG CAPSULE	42002
CELEBREX 400 MG CAPSULE	18127
CHILDREN IBUPROFEN 100 MG/5 ML	35930
DAYPRO 600 MG CAPLET	01750
DICLOFENAC-MISOPROST 50-0.2MG TAB	62729
DICLOFENAC-MISOPROST 75-0.2MG TAB	06263
DICLOFENAC POT 50 MG TABLET	13960
DICLOFENAC SOD DR 25 MG TAB	35850
DICLOFENAC SOD DR 50 MG TAB	35851
DICLOFENAC SOD DR 75 MG TAB	35852
DICLOFENAC SOD EC 25 MG TAB	35850
DICLOFENAC SOD EC 50 MG TAB	35851
DICLOFENAC SOD EC 75 MG TAB	35852
DICLOFENAC SOD ER 100 MG TAB	13310
DIFLUNISAL 500 MG TABLET	16851
EFFERVESCENT PAIN RELIEF TAB	25515
ETODOLAC 200 MG CAPSULE	33870
ETODOLAC 300 MG CAPSULE	33871

Table 7 (history of an inferring CNMP non-opioid analgesic agent for ≤ 60 days)**Required quantity: 1****Look back timeframe: 90 days**

Label Name	GCN
ETODOLAC 400 MG TABLET	61761
ETODOLAC 500 MG TABLET	61766
ETODOLAC ER 400 MG TABLET	61765
ETODOLAC ER 500 MG TABLET	61767
ETODOLAC ER 600 MG TABLET	61762
FELDENE 10 MG CAPSULE	35820
FELDENE 20 MG CAPSULE	35821
FENOPROFEN 600 MG TABLET	35760
FENOPROFEN CALCIUM 400 MG CAP	27999
FLECTOR 1.3% PATCH	97958
FLURBIPROFEN 100 MG TABLET	35711
IBU-DROPS 40 MG/ML SUSP DRPS	35931
IBUPROFEN 100 MG/5 ML SUSP	35930
IBUPROFEN 200 MG TABLET	35743
IBUPROFEN 400 MG TABLET	35741
IBUPROFEN 600 MG TABLET	35742
IBUPROFEN 800 MG TABLET	35744
IBUPROFEN JR STR 100 MG TB CHW	35749
INDOCIN 25MG/5 ML SUSPENSION	36490
INDOMETHACIN 25 MG CAPSULE	35680
INDOMETHACIN 50 MG CAPSULE	35681
INDOMETHACIN ER 75 MG CAPSULE	35690
INFANT IBUPROFEN SUSP DROP	35931
KETOPROFEN 50 MG CAPSULE	34420
KETOPROFEN 75 MG CAPSULE	34421
KETOPROFEN ER 200 MG CAPSULE	33792
KETOROLAC 10 MG TABLET	32531
KETOROLAC 15 MG/ML VIAL	35238
KETOROLAC 60 MG/2 ML VIAL	35236
MECLOFENAMATE 50 MG CAPSULE	35811
MECLOFENAMATE 100 MG CAPSULE	35810
MEFENAMIC ACID 250 MG CAPSULE	16530
MELOXICAM 7.5 MG TABLET	31661
MELOXICAM 15 MG TABLET	31662
MIGRAINE FORMULA CAPLET	10414
NABUMETONE 500 MG TABLET	32961

Table 7 (history of an inferring CNMP non-opioid analgesic agent for ≤ 60 days) Required quantity: 1 Look back timeframe: 90 days	
Label Name	GCN
NABUMETONE 750 MG TABLET	32962
NAPROXEN 125 MG/5 ML SUSPEN	41670
NAPROXEN 250 MG TABLET	35790
NAPROXEN 375 MG TABLET	35792
NAPROXEN 500 MG TABLET	35793
NAPROXEN EC 375 MG TABLET	61850
NAPROXEN EC 500 MG TABLET	61851
NAPROXEN SODIUM 220 MG TABLET	47132
NAPROXEN SODIUM 275 MG TAB	47130
NAPROXEN SODIUM 550 MG TAB	47131
NAPROXEN SOD ER 500 MG TABLET	92253
OXAPROZIN 600 MG TABLET	01750
PENNSAID 2% PUMP	35936
PIROXICAM 10 MG CAPSULE	35820
PIROXICAM 20 MG CAPSULE	35821
QC IBUPROFEN 200 MG SOFTGEL	35431
QC NAPROXEN SOD 220 MG TABLET	47132
SM IBUPROFEN 200 MG TABLET	35743
SULINDAC 150 MG TABLET	35800
SULINDAC 200 MG TABLET	35801
TOLMETIN SODIUM 200 MG TAB	35780
TOLMETIN SODIUM 400 MG CAP	35770
TOLMETIN SODIUM 600 MG TAB	35781
VIMOVO 375-20 MG TABLET	28572
VIMOVO 500-20 MG TABLET	28570
VOLTAREN 1% GEL	45680

Table 8 (history of opioid tolerance with defined oral morphine therapy) Required quantity: 1 Look back timeframe: 30 days	
Oral Morphine	
Label Name	GCN
EMBEDA ER 100-4MG CAPSULE	37692

Table 8 (history of opioid tolerance with defined oral morphine therapy)**Required quantity: 1****Look back timeframe: 30 days**

Oral Morphine	
Label Name	GCN
EMBEDA ER 20-0.8MG CAPSULE	37685
EMBEDA ER 30-1.2MG CAPSULE	37686
EMBEDA ER 50-2MG CAPSULE	37687
EMBEDA ER 60-2.4MG CAPSULE	37688
EMBEDA ER 80-3.2MG CAPSULE	37689
KADIAN ER 200 MG CAPSULE	98135
KADIAN ER 40 MG CAPSULE	33158
KADIAN ER 50 MG CAPSULE	26493
MORPHINE 5 MG/0.25ML ENFIT SYR	58333
MORPHINE 10 MG/ML CARPUJECT	33312
MORPHINE 2 MG/ML CARPUJECT	33308
MORPHINE 20 MG/ML ORAL SYRINGE	32719
MORPHINE 4 MG/ML CARPUJECT	33309
MORPHINE 8 MG/ML SYRINGE	33765
MORPHINE SULF 10 MG/5 ML SOLN	16060
MORPHINE SULF 20 MG/5 ML SOLN	16062
MORPHINE SULF CR 15 MG TABLET	16643
MORPHINE SULF CR 30 MG TABLET	16640
MORPHINE SULF CR 60 MG TABLET	16641
MORPHINE SULF ER 100 MG TABLET	16642
MORPHINE SULF ER 200 MG TABLET	16078
MORPHINE SULFATE 50 MG/ML VIAL	16271
MORPHINE SULFATE ER 100MG CAP	26494
MORPHINE SULFATE ER 10MG CAP	26490
MORPHINE SULFATE ER 120MG CAP	17189
MORPHINE SULFATE ER 20MG CAP	26492
MORPHINE SULFATE ER 30MG CAP	17193
MORPHINE SULFATE ER 30MG CAP	97534
MORPHINE SULFATE ER 45MG CAP	16212
MORPHINE SULFATE ER 50MG CAP	26493
MORPHINE SULFATE ER 60MG CAP	17192
MORPHINE SULFATE ER 60MG CAP	97535
MORPHINE SULFATE ER 75MG CAP	16213
MORPHINE SULFATE ER 80 MG CAP	97508
MORPHINE SULFATE ER 90MG CAP	17191
MORPHINE SULFATE IR 15 MG TAB	16070
MORPHINE SULFATE IR 30 MG TAB	16071
MS CONTIN 100 MG TABLET	16642

Table 8 (history of opioid tolerance with defined oral morphine therapy)**Required quantity: 1****Look back timeframe: 30 days**

Oral Morphine	
Label Name	GCN
MS CONTIN 15 MG TABLET	16643
MS CONTIN 200 MG TABLET	16078
MS CONTIN 60 MG TABLET	16641
MS CONTIN CR 30 MG TABLET	16640

Table 9 (history of opioid tolerance with defined transdermal fentanyl therapy)**Required quantity: 1****Look back timeframe: 30 days**

Transdermal Fentanyl	
Label Name	GCN
FENTANYL 100 MCG/HR PATCH	19203
FENTANYL 12 MCG/HR PATCH	24635
FENTANYL 25 MCG/HR PATCH	19200
FENTANYL 37.5 MCG/HR PATCH	37952
FENTANYL 50 MCG/HR PATCH	19201
FENTANYL 62.5 MCG/HR PATCH	37947
FENTANYL 75 MCG/HR PATCH	19202
FENTANYL 87.5 MCG/HR PATCH	37948

Table 10 (history of opioid tolerance with defined oxycodone therapy)**Required quantity: 1****Look back timeframe: 30 days**

Oxycodone	
Label Name	GCN
ENDOCET 10-325 MG TABLET	14966
ENDOCET 2.5-325 MG TABLET	70492
ENDOCET 5-325 TABLET	70491
ENDOCET 7.5-325 MG TABLET	14965
OXYCODONE CONC 20 MG/ML SOLN	16281
OXYCODONE HCL 10 MG TABLET	16291
OXYCODONE HCL 10 MG TABLET ER	37158
OXYCODONE HCL 15 MG TABLET	20091
OXYCODONE HCL 15 MG TABLET ER	37159
OXYCODONE HCL 20 MG TABLET	21194

Table 10 (history of opioid tolerance with defined oxycodone therapy)**Required quantity: 1****Look back timeframe: 30 days**

Oxycodone	
Label Name	GCN
OXYCODONE HCL 20 MG TABLET ER	37161
OXYCODONE HCL 30 MG TABLET	20092
OXYCODONE HCL 30 MG TABLET ER	37162
OXYCODONE HCL 40 MG TABLET ER	37163
OXYCODONE HCL 5 MG CAPSULE	16285
OXYCODONE HCL 5 MG TABLET	16290
OXYCODONE HCL 5 MG/5 ML SOL	16280
OXYCODONE HCL 60 MG TABLET ER	37164
OXYCODONE HCL ER 80 MG TABLET	37165
OXYCODONE-ACETAMINOPHEN 10-325	14966
OXYCODONE-ACETAMINOPHEN 2.5-325	70492
OXYCODONE-ACETAMINOPHEN 7.5-325	14965
OXYCODONE-ACETAMINOPHEN 5-325	70491
OXYCODONE-ASA 4.5-0.38-325 TAB	26836
OXYCODONE-IBUPROFEN 5-400 TAB	23827
OXYCONTIN 10 MG TABLET	37158
OXYCONTIN 15 MG TABLET	37159
OXYCONTIN 20 MG TABLET	37161
OXYCONTIN 30 MG TABLET	37162
OXYCONTIN 40 MG TABLET	37163
OXYCONTIN 60 MG TABLET	37164
OXYCONTIN 80 MG TABLET	37165
PERCOCET 10-325 MG TABLET	14966
PERCOCET 2.5-325 MG TABLET	70492
PERCOCET 5-325 MG TABLET	70491
PERCOCET 7.5-325 MG TABLET	14965
ROXICODONE 15 MG TABLET	20091
ROXICODONE 30 MG TABLET	20092
XTAMPZA ER 13.5 MG CAPSULE	41273
XTAMPZA ER 18 MG CAPSULE	41274
XTAMPZA ER 27 MG CAPSULE	41275
XTAMPZA ER 36 MG CAPSULE	41276
XTAMPZA ER 9 MG CAPSULE	41272

Table 11 (history of opioid tolerance with defined hydromorphone therapy) Required quantity: 1 Look back timeframe: 30 days	
Hydromorphone	
Label Name	GCN
DILAUDID 2 MG TABLET	16141
DILAUDID 4 MG TABLET	16143
DILAUDID 8 MG TABLET	16144
DILAUDID-5 1 MG/ML LIQUID	20251
HYDROMORPHONE 1 MG/ML SOLUTION	20251
HYDROMORPHONE 10 MG/ML VIAL	20451
HYDROMORPHONE 2 MG TABLET	16141
HYDROMORPHONE 3 MG SUPPOS	16130
HYDROMORPHONE 4 MG TABLET	16143
HYDROMORPHONE 8 MG TABLET	16144
HYDROMORPHONE HCL ER 12 MG TAB	28427
HYDROMORPHONE HCL ER 16 MG TAB	33142
HYDROMORPHONE HCL ER 32 MG TAB	33088
HYDROMORPHONE HCL ER 8 MG TAB	33143

Table 12 (history of opioid tolerance with defined oxymorphone therapy) Required quantity: 1 Look back timeframe: 30 days	
Oxymorphone	
Label Name	GCN
OXYMORPHONE HCL 5 MG TABLET	27243
OXYMORPHONE HCL 10 MG TABLET	27244
OXYMORPHONE HCL ER 10 MG TAB	27248
OXYMORPHONE HCL ER 15 MG TAB	99493
OXYMORPHONE HCL ER 20 MG TAB	27249
OXYMORPHONE HCL ER 30 MG TAB	99494
OXYMORPHONE HCL ER 40 MG TAB	27253
OXYMORPHONE HCL ER 5 MG TABLET	27247
OXYMORPHONE HCL ER 7.5 MG TAB	99492

Table 13 (history of buccal fentanyl)**Required quantity: 1****Look back timeframe: 30 days**

Label Name	GCN
FENTORA 100 MCG BUCCAL TABLET	97280
FENTORA 200 MCG BUCCAL TABLET	97281
FENTORA 400 MCG BUCCAL TABLET	97283
FENTORA 600 MCG BUCCAL TABLET	97284
FENTORA 800 MCG BUCCAL TABLET	97285

Table 14 (history of Actiq 200mcg or 400mcg)**Required quantity: 1****Look back timeframe: 30 days**

Label Name	GCN
ACTIQ 200 MCG LOZENGE	19204
ACTIQ 400 MCG LOZENGE	19206
FENTANYL CITRATE OTFC 200 MCG	19204
FENTANYL CITRATE OTFC 400 MCG	19206

Table 15 (history of Actiq 200, 400 600 or 800mcg)**Required quantity: 1****Look back timeframe: 30 days**

Label Name	GCN
ACTIQ 200 MCG LOZENGE	19204
ACTIQ 400 MCG LOZENGE	19206
ACTIQ 600 MCG LOZENGE	19191
ACTIQ 800 MCG LOZENGE	19192
FENTANYL CITRATE OTFC 200 MCG	19204
FENTANYL CITRATE OTFC 400 MCG	19206
FENTANYL CITRATE OTFC 600 MCG	19191
FENTANYL CITRATE OTFC 800 MCG	19192

Table 16 (history of Actiq 200, 400, 600, 800, 1200 or 1600mcg)**Required quantity: 1****Look back timeframe: 30 days**

Label Name	GCN
ACTIQ 1,200 MCG LOZENGE	19193
ACTIQ 1,600 MCG LOZENGE	19194
ACTIQ 200 MCG LOZENGE	19204
ACTIQ 400 MCG LOZENGE	19206

Table 16 (history of Actiq 200, 400, 600, 800, 1200 or 1600mcg)	
Required quantity: 1	
Look back timeframe: 30 days	
Label Name	GCN
ACTIQ 600 MCG LOZENGE	19191
ACTIQ 800 MCG LOZENGE	19192
FENTANYL CIT OTFC 1,200 MCG	19193
FENTANYL CIT OTFC 1,600 MCG	19194
FENTANYL CITRATE OTFC 200 MCG	19204
FENTANYL CITRATE OTFC 400 MCG	19206
FENTANYL CITRATE OTFC 600 MCG	19191
FENTANYL CITRATE OTFC 800 MCG	19192



Fentanyl Agents

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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
10/14/2016	Presentation to the DUR Board
12/12/2016	Updated Fentora logic diagram, page 17 Added Xtampza GCNs to Table 3, page 77 Added Xtampza GCNs to Table 7, page 279-80 Added Xtampza GCNs to Table 11, page 287 Updated References, page 291
01/20/2017	Updated Table 2, pages 70-75
05/30/2017	Updated Fentora criteria logic, pages 15-16 Updated Fentora logic diagram, pages 17-18 Updated Table 2, pages 70-75. Added: Lenvima, Gleostine, Tolak, Lonsurf, Afinitor, Odomzo, Zortress, Pomalyst, Revlamid, Thalomid and Bexarotene Updated Table 3, pages 75-78. Added: Hysingla, Hydromorphone ER and Oxycodone ER Updated Table 4, pages 78-84. Added: Genvoya, Technivie, Viekira XR, Zydrelig, Emsam, Linezolid and Zelapar Updated Table 7, pages 275-282. Added: Acetaminophen with codeine and Hydromorphone ER
03/28/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search .) on each 'Drug Requiring PA' table
02/18/2021	Annual review by staff Removed GCNs for brand name Duragesic 12, 50, 75 and 100mcg/hr patches (not currently on formulary) Added GCNs for generic fentanyl citrate buccal tablets (97280, 97281, 97283, 97284 and 97285) Updated Table 2, 3, 4, 7, 8, 9 and 12 Updated references
07/19/2021	Added GCN for Dsuvia (45928) to step table 7
07/18/2022	Annual review by staff Removed GCNs and criteria for Abstral (discontinued), Lazanda (not on formulary) and Subsys (not on formulary) Removed GCNs for Duragesic (19200) – products have been discontinued Added GCNs for abiraterone (29886,43205), Alunbrig (44305, 43325, 43326, 44306), Ayvakit (47516, 47517, 49825, 47518, 49826), azacytidine (22663), Braftovi (44925), Brukinsa (47336),

Publication Date	Notes
	Calquence (44011), Cosmegen (96679), cyclophosphamide (38360, 38361), Cytarabine (27365, 34230, 97825, 34231), dactinomycin (96679), erlotinib (23794, 23793, 23795), everolimus (20844, 28783, 20784), Exkivity (50987), fluorouracil (30781), Fotivda (46287, 46162), Gavreto (48566), Gazvya (35532), Iclusig (49081, 42806), Idhifa (43689, 43688), Inqovi (48323), Inrebic (46818), Jakafi (30892, 30893, 30894, 30895, 30896), Kisqali (43162, 43166, 43167), lapatinib (98140), Mektovi (44926), melphalan (38380), mitomycin (38601, 38600), mitoxantrone (07544), Nerlynx (43613), Nubeqa (46746), Ofev (37273), Onureg (48545, 48450), Orgovyx (49005), Pemazyre (47935, 47933, 47934), Piqray (46362, 46359, 46358), Purixan (33277), Qinlock (48075), Retevmo (48025, 48026), Rozlytrek (46815, 46816), Rydapt (43327), Soltamox (50377), Somatuline Depot (15132, 98956, 15127), sunitinib (26452, 26453, 35596, 26454), Synribo (33734), Tabrecta (48012, 48013), Talzenna (45596, 45595), Tazverik (47619), Tepmetko (49154), Tibsovo (45016), toremifene (42721), Truseltiq (49714, 49715, 49708, 49713), Tukysa (47931, 47929), Verzenio (43917, 43916, 43915, 43918), vinblastine (38970), vincristine (38572, 97630), Vitrakvi (45794, 45789, 45793), Welireg (50046), Xospata (45803), Xpovio (46635, 49539, 49534, 49533, 46637, 49537, 46636, 49538, 46634), Yonsa (44795), Zejula (43217), and Zytiga (43205) to Table 2 Added GCNs for Belbuca (39959, 39965, 39966, 39967, 39968, 39969, 39975), buprenorphine patch and Butrans (25309, 35214, 25312, 25308, 36946), hydrocodone ER (37539, 37541, 37543, 37544, 37545, 37546, 37547) to Table 3 Updated references
12/20/2022	Updated Fentanyl transdermal criteria question #6, if yes, approve
03/21/2023	Added GCNs for apap-caff-dihydrocod (37532), Belbuca (39959, 39965, 39966, 39967, 39968, 39969, 39975), buprenorphine patch (25309, 35214, 25312, 25308, 36946), Butrans (25309, 35214, 25312, 25308, 36946), hydrocodone ER (37539, 37541, 37543, 37544, 37545, 37546, 37547), levorphanol (16350), morphine (33158), oxycodone-apap solution (70470) and oxymorphone (99494) to Table 6 Removed GCNs for Duragesic (19200) and Embeda ER (37692, 37685, 37686, 37687, 37688, 37689) from Table 6 – these products have been discontinued
05/07/2024	Annual review by staff Removed GCNs for Actiq (19193, 19194, 19204, 19206, 19191, 19192) from Drugs Requiring PA table – product has been discontinued Added GCNs for Balversa (46189, 46192, 46193), Daurismo (45798, 45797), Erleada (53749, 44446), Gilotrif (34956, 34957, 34958), Jaypirca (53627, 53626), Koselugo (47908, 47909), Krazati (53379), lenalidomide (26315, 27276, 31911, 34743, 27277, 26314), Lorbrena (45988, 45687), Lytgobi (52947), nilutamide (22645), Orserdu (53629, 53628), Scemblix (51417, 51418), sorafenib (26263), Vanflyta (54518, 54517), Vizimpro (40421,

Publication Date	Notes
	40422, 40423), Vonjo (51982), Xtandi (46626, 48452), and Zykadia (46119) to antineoplastic drug table Added GCNs for Apadaz (45987, 44508, 45986) to prior opioid therapy table Updated references
06/10/2024	Added GCN for morphine sulfate (32719) to opioid supporting tables
03/12/2025	Added GCNs for Roxybond (32047, 44877, 44878, 56315), hydrocodone ER (38057, 38058, 38059, 38061, 38062, 38063), and tramadol (99151, 99152, 99153, 48598, 07221, 56518, 92069, 30382, 26387, 303863, 50417, 30384, 50427, 13909) to supporting tables
10/01/2025	Added GCN for morphine (58333) to opioid supporting tables