Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Growth Hormone

Revisions were recommended by MCOs and VDP to ensure appropriate utilization.

Clinical Criteria Information included in this Document

Growth Hormone Agents – Excluding Serostim / Sogroya

- 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

Serostim (Somatropin)

- 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

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Sogroya (Somapacitan-beco)

- 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.

Revision Notes

Updated Sogroya's maximum dose check to apply to clients ≥ 18 years of age

Added testing requirements for Sogroya use in SGA

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Growth Hormone

Excluding Serostim / Sogroya

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
GENOTROPIN 12 MG CARTRIDGE	10554
GENOTROPIN MINIQUICK 0.2 MG	50177
GENOTROPIN MINIQUICK 0.4 MG	50187
GENOTROPIN MINIQUICK 0.8 MG	50207
GENOTROPIN MINIQUICK 1.2 MG	21450
GENOTROPIN MINIQUICK 1.4 MG	21451
GENOTROPIN MINIQUICK 1.6 MG	21452
GENOTROPIN MINIQUICK 1.8 MG	21453
GENOTROPIN MINIQUICK 2 MG	21454
GENOTROPIN MINIQUICK 0.6 MG	50197
GENOTROPIN 5 MG CARTRIDGE	63408
GENOTROPIN MINIQUICK 1 MG	50217
HUMATROPE 6 MG CARTRIDGE	25969
HUMATROPE 12 MG CARTRIDGE	00575
HUMATROPE 24 MG CARTRIDGE	25957
NGENLA PEN 24 MG/1.2 ML	52062
NGENLA PEN 60 MG/1.2 ML	52063
NORDITROPIN FLEXPRO 5 MG/1.5	24145
NORDITROPIN FLEXPRO 15 MG/1.5	24147

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Drugs Requiring Prior Authorization	
Label Name	**GCN**
NORDITROPIN FLEXPRO 10 MG/1.5	24146
NORDITROPIN FLEXPRO 30 MG/3 ML	25816
NUTROPIN AQ NUSPIN 10 INJECTOR	39695
NUTROPIN AQ NUSPIN 5 INJECTOR	27846
NUTROPIN AQ NUSPIN 20 INJECTOR	39698
OMNITROPE 5 MG/1.5 ML CRTG	92386
OMNITROPE 10 MG/1.5 ML CRTG	92366
OMNITROPE 5.8 MG VIAL	93215
SKYTROFA 0.7 MG CARTRIDGE	58338
SKYTROFA 1.4 MG CARTRIDGE	58341
SKYTROFA 1.8 MG CARTRIDGE	58342
SKYTROFA 2.1 MG CARTRIDGE	58343
SKYTROFA 2.5 MG CARTRIDGE	58344
SKYTROFA 3 MG CARTRIDGE	50164
SKYTROFA 3.6 MG CARTRIDGE	50174
SKYTROFA 4.3 MG CARTRIDGE	50184
SKYTROFA 5.2 MG CARTRIDGE	50194
SKYTROFA 6.3 MG CARTRIDGE	50204
SKYTROFA 7.6 MG CARTRIDGE	50215
SKYTROFA 9.1 MG CARTRIDGE	50225
SKYTROFA 11 MG CARTRIDGE	50235
SKYTROFA 13.3 MG CARTRIDGE	50245

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Growth Hormone
Excluding Serostim / Sogroya
Clinical Criteria Logic

1. Is the client 0 to 16 (> 0 and ≤ 16) years of age?

   [ ] Yes (And the request is for an agent other than Skytrofa) – Go to #3

   [ ] Yes (And the request is for Skytrofa) – Go to #2

   [ ] No – Go to #14

2. Is the client greater than or equal to (≥) 1 year of age and weight greater than or equal to (≥) 11.5 kg?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Does the client have a diagnosis of growth hormone deficiency (GHD) in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #13

   [ ] No – Go to #4

4. Does the client have a diagnosis of panhypopituitarism in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #5

   [ ] No (And the request is for an agent other than Skytrofa) – Go to #6

   [ ] No (And the request is for Skytrofa) – Deny

5. Has the client had at least 2 claims for the requested medication in the last 90 days (stable therapy)?

   [ ] Yes – Go to #18

   [ ] No – Go to #13

6. Does the client have a diagnosis of idiopathic short stature (ISS) in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #13

   [ ] No – Go to #7

7. Does the client have a diagnosis of SHOX deficiency, Turner syndrome, or Noonan syndrome in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #18

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[ ] No – Go to #8

8. Does the client have a diagnosis of Prader-Willi syndrome in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #9

   [ ] No – Go to #11

9. Does the client have a diagnosis of obstructive sleep apnea in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #10

   [ ] No – Go to #18

10. Does the client have a history of CPAP or BiPAP in past medical and/or pharmacy claims history?

    [ ] Yes – Go to #18

    [ ] No – Deny

11. Does the client have a diagnosis of chronic kidney disease (CKD) in past medical and/or pharmacy claims history?

    [ ] Yes – Go to #12

    [ ] No – Deny

12. Does the client have a history of a renal transplant (CPT) in past medical and/or pharmacy claims history?

    [ ] Yes – Deny

    [ ] No – Go to #13

13. Does the submitted documentation support the requested diagnosis?

    [ ] Yes – Go to #18

    [ ] No – Deny

14. Does the client have a diagnosis of panhypopituitarism in past medical and/or pharmacy claims history?

    [ ] Yes – Go to #16

    [ ] No – Go to #15

15. Does the client have a diagnosis of GHD or ISS in past medical and/or pharmacy claims history?

    [ ] Yes – Go to #17

    [ ] No – Deny

16. Has the client had at least 2 claims for the requested medication in the last 90 days (stable therapy)?

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[ ] Yes – Go to #18

[ ] No – Go to #17

17. Does the submitted documentation support the requested diagnosis?

    [ ] Yes – Go to #18

    [ ] No – Deny

18. Does the client have a diagnosis of active malignancy in the last 180 days?

    [ ] Yes – Deny

    [ ] No – Go to #19

19. Does the client have a history of chemotherapy/radiation (CPTs) in the last 180 days?

    [ ] Yes – Deny

    [ ] No – Go to #20

20. Does the client have a diagnosis of active proliferative or severe non-proliferative diabetic retinopathy in the last 365 days?

    [ ] Yes – Deny

    [ ] No – Go to #21

21. Does the client have a diagnosis of papilledema in the last 180 days?

    [ ] Yes – Deny

    [ ] No – Approve (365 days)

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Growth Hormone
Excluding Serostim / Sogroya
Clinical Criteria Logic Diagram

Page 1:

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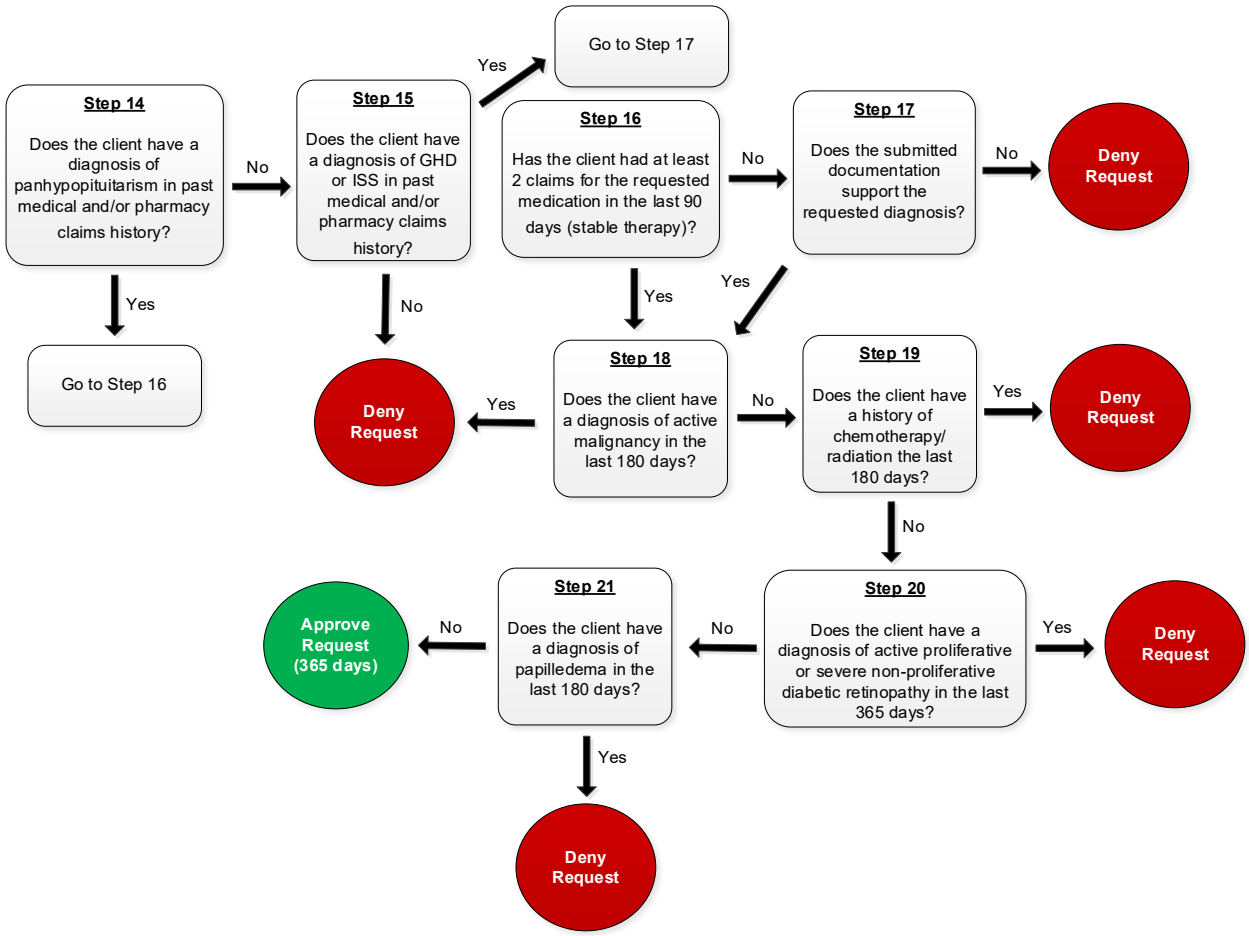
Page 2:



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Growth Hormone
Excluding Serostim / Sogroya
Clinical Criteria Supporting Tables

Table 3 (diagnosis of GHD)	
ICD-10 Code	**Description**
E230	HYPOPITUITARISM
E343	SHORT STATURE DUE TO ENDOCRINE DISORDER
P059	NEWBORN AFFECTED BY SLOW INTRAUTERINE GROWTH, UNSPECIFIED

Table 4 (diagnosis of panhypopituitarism)	
ICD-10 Code	**Description**
E230	HYPOPITUITARISM
E231	DRUG-INDUCED HYPOPITUITARISM
E893	POSTPROCEDURAL HYPOPITUITARISM

Table 6 (diagnosis of ISS)	
ICD-10 Code	**Description**
R6252	SHORT STATURE (CHILD)

Table 7 (diagnosis of SHOX deficiency, Turner syndrome, or Noonan syndrome)	
ICD-10 Code	**Description**
Q788	OTHER SPECIFIED OSTEOCHONDRODYSPLASIAS
Q8719	OTHER CONGENITAL MALFORMATION SYNDROMES PREDOMINANTLY ASSOCIATED WITH SHORT STATURE
Q960	KARYOTYPE 45, X

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Table 7 (diagnosis of SHOX deficiency, Turner syndrome, or Noonan syndrome)	
ICD-10 Code	**Description**
Q961	KARYOTYPE 46, X ISO (XQ)
Q962	KARYOTYPE 46, X WITH ABNORMAL SEX CHROMOSOME, EXCEPT ISO (XQ)
Q963	MOSAICISM, 45, X/46, XX OR XY
Q964	MOSAICISM, 45, X/OTHER CELL LINE(S) WITH ABNORMAL SEX CHROMOSOME
Q968	OTHER VARIANTS OF TURNER'S SYNDROME
Q969	TURNER'S SYNDROME, UNSPECIFIED

Table 8 (diagnosis of Prader-Willi syndrome)	
ICD-10 Code	**Description**
Q8711	PRADER-WILLI SYNDROME

Table 9 (diagnosis of obstructive sleep apnea)	
ICD-10 Code	**Description**
G4730	SLEEP APNEA, UNSPECIFIED
G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)
G4737	CENTRAL SLEEP APNEA IN CONDITIONS CLASSIFIED ELSEWHERE
G4739	OTHER SLEEP APNEA

Table 10 (procedure code for CPAP or BiPAP)	
CPT Code	**Description**
9390	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)
94660	CPAP INITIATION AND MANAGEMENT
95811	SLEEP STAGING WITH INITIATION OF CPAP
E0601	CPAP DEVICE

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Table 10 (procedure code for CPAP or BiPAP)	
CPT Code	**Description**
E0470	CPAP WITH BI-LEVEL FAILURE
E0471	CPAP WITH BI-LEVEL FAILURE
E0472	CPAP WITH BI-LEVEL FAILURE

Table 11 (diagnosis of CKD)	
ICD-10 Code	**Description**
B520	PLASMODIUM MALARIAE MALARIA WITH NEPHROPATHY
E0821	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC NEPHROPATHY
E0822	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC CHRONIC KIDNEY DISEASE
E0829	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH OTHER DIABETIC KIDNEY COMPLICATION
E0921	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E0922	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E0929	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
M3214	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS
M3215	TUBULO-INTERSTITIAL NEPHROPATHY IN SYSTEMIC LUPUS ERYTHEMATOSUS
M3504	SICCA SYNDROME WITH TUBULO-INTERSTITIAL NEPHROPATHY
N020	RECURRENT AND PERSISTENT HEMATURIA WITH MINOR GLOMERULAR ABNORMALITY
N021	RECURRENT AND PERSISTENT HEMATURIA WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N022	RECURRENT AND PERSISTENT HEMATURIA WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS

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Table 11 (diagnosis of CKD)	
ICD-10 Code	**Description**
N023	RECURRENT AND PERSISTENT HEMATURIA WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N024	RECURRENT AND PERSISTENT HEMATURIA WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N025	RECURRENT AND PERSISTENT HEMATURIA WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N026	RECURRENT AND PERSISTENT HEMATURIA WITH DENSE DEPOSIT DISEASE
N027	RECURRENT AND PERSISTENT HEMATURIA WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N028	RECURRENT AND PERSISTENT HEMATURIA WITH OTHER MORPHOLOGIC CHANGES
N029	RECURRENT AND PERSISTENT HEMATURIA WITH UNSPECIFIED MORPHOLOGIC CHANGES
N030	CHRONIC NEPHRITIC SYNDROME WITH MINOR GLOMERULAR ABNORMALITY
N031	CHRONIC NEPHRITIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N032	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N033	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N034	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N035	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N036	CHRONIC NEPHRITIC SYNDROME WITH DENSE DEPOSIT DISEASE
N037	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N038	CHRONIC NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N039	CHRONIC NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
N041	NEPHROTIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS

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Table 11 (diagnosis of CKD)	
ICD-10 Code	**Description**
N042	NEPHROTIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N043	NEPHROTIC SYNDROME WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N044	NEPHROTIC SYNDROME WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N045	NEPHROTIC SYNDROME WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N046	NEPHROTIC SYNDROME WITH DENSE DEPOSIT DISEASE
N047	NEPHROTIC SYNDROME WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N048	NEPHROTIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N049	NEPHROTIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
N050	UNSPECIFIED NEPHRITIC SYNDROME WITH MINOR GLOMERULAR ABNORMALITY
N051	UNSPECIFIED NEPHRITIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N052	UNSPECIFIED NEPHRITIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N053	UNSPECIFIED NEPHRITIC SYNDROME WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N054	UNSPECIFIED NEPHRITIC SYNDROME WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N055	UNSPECIFIED NEPHRITIC SYNDROME WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N056	UNSPECIFIED NEPHRITIC SYNDROME WITH DENSE DEPOSIT DISEASE
N057	UNSPECIFIED NEPHRITIC SYNDROME WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N058	UNSPECIFIED NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N059	UNSPECIFIED NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES

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Table 11 (diagnosis of CKD)	
ICD-10 Code	**Description**
N061	ISOLATED PROTEINURIA WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N062	ISOLATED PROTEINURIA WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N063	ISOLATED PROTEINURIA WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N064	ISOLATED PROTEINURIA WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N065	ISOLATED PROTEINURIA WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N066	ISOLATED PROTEINURIA WITH DENSE DEPOSIT DISEASE
N067	ISOLATED PROTEINURIA WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N068	ISOLATED PROTEINURIA WITH OTHER MORPHOLOGIC LESION
N069	ISOLATED PROTEINURIA WITH UNSPECIFIED MORPHOLOGIC LESION
N071	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N072	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N073	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N074	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N075	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N076	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DENSE DEPOSIT DISEASE
N077	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N078	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH OTHER MORPHOLOGIC LESIONS

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Table 11 (diagnosis of CKD)	
ICD-10 Code	**Description**
N079	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH UNSPECIFIED MORPHOLOGIC LESIONS
N08	GLOMERULAR DISORDERS IN DISEASES CLASSIFIED ELSEWHERE
N150	BALKAN NEPHROPATHY
N158	OTHER SPECIFIED RENAL TUBULO-INTERSTITIAL DISEASES
N159	RENAL TUBULO-INTERSTITIAL DISEASE, UNSPECIFIED
N16	RENAL TUBULO-INTERSTITIAL DISORDERS IN DISEASES CLASSIFIED ELSEWHERE
N181	CHRONIC KIDNEY DISEASE, STATE 1
N182	CHRONIC KIDNEY DISEASE, STAGE 2 (MILD)
N183	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)
N185	CHRONIC KIDNEY DISEASE, STAGE 5
N186	END STAGE RENAL DISEASE
N189	CHRONIC KIDNEY DISEASE, UNSPECIFIED
N19	UNSPECIFIED KIDNEY FAILURE
N250	RENAL OSTEODYSTROPHY
N251	NEPHROGENIC DIABETES INSIPIDUS
N259	DISORDER RESULTING FROM IMPAIRED RENAL TUBULAR FUNCTION, UNSPECIFIED
N261	ATROPHY OF KIDNEY (TERMINAL)
N269	RENAL SCLEROSIS, UNSPECIFIED

Table 12 (history of renal transplant procedural code)	
CPT Code	**Description**
50300	REMOVAL OF DONOR KIDNEY

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Table 12 (history of renal transplant procedural code)	
CPT Code	**Description**
50300	REMOVE CADAVER DONOR KIDNEY
50320	REMOVE KIDNEY, LIVING DONOR
50340	REMOVAL OF KIDNEY
50360	TRANSPLANTATION OF KIDNEY
50365	TRANSPLANTATION OF KIDNEY
50370	REMOVE TRANSPLANTED KIDNEY
50380	REIMPLANTATION OF KIDNEY

Testing Requirements **Growth Hormone Deficiency, Idiopathic Short Stature, Panhypopituitarism, Chronic Kidney Disease, SHOX deficiency, Turner syndrome, Noonan syndrome and Prader-Willi syndrome in Children**	
Diagnosis	**Testing Requirements**
Panhypopituitarism	Initiation of GH Therapy: • IGF-1 level < 160 ng/mL, AND • Failure to respond (response ≤ 5ng/mL) to one growth hormone stimulation test (Note: children < 12 months of age are excluded from provocative testing) Renewal of GH Therapy: • No additional testing is required
Growth Hormone Deficiency	Initiation of GH Therapy: • Failure to respond (response < 10ng/mL) to at least 2 growth hormone stimulation tests (Note: children < 12 months of age are excluded from provocative testing), AND • Patient's height > 2.25 SD below the mean for age OR patient's height > 2 SD below the midparental height percentile, AND • Growth velocity < 25th percentile for bone age Renewal of GH Therapy: • Patient's growth should exceed 2 cm/year, AND • Epiphyses are open

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Testing Requirements Growth Hormone Deficiency, Idiopathic Short Stature, Panhypopituitarism, Chronic Kidney Disease, SHOX deficiency, Turner syndrome, Noonan syndrome and Prader-Willi syndrome in Children	
Diagnosis	**Testing Requirements**
Idiopathic Short Stature	Initiation of GH Therapy: • Height > 2.25 SD below the mean for age, AND • Predicted adult height < 63 inches for males and < 59 inches for females Renewal of GH Therapy: • Patient's growth should exceed 2 cm/year, OR show an increase in height velocity of 50%, OR an increase of at least 2.5cm/year above the baseline height velocity, AND • Epiphyses are open
Chronic Kidney Disease	Initiation of GH Therapy: • GFR ≤ 75mL/min/1.73m^2, AND • Patient's height > 2.25 SD below the mean for age OR patient's height > 2 SD below the midparental height percentile OR patient's Z score < -1.88, AND • Pre-transplant Renewal of GH Therapy: • Patient's growth should exceed 2 cm/year, AND • Pre-transplant, AND • Epiphyses are open
SHOX deficiency, Turner syndrome, Noonan syndrome and Prader-Willi syndrome	• Diagnosis only is required; no additional testing is requested

Table 14 (diagnosis of panhypopituitarism)	
ICD-10 Code	**Description**
E230	HYPOPITUITARISM
E231	DRUG-INDUCED HYPOPITUITARISM
E893	POSTPROCEDURAL HYPOPITUITARISM

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Table 15 (diagnosis of GHD or ISS)	
ICD-10 Code	**Description**
E230	HYPOPITUITARISM
E343	SHORT STATURE DUE TO ENDOCRINE DISORDER
P059	NEWBORN AFFECTED BY SLOW INTRAUTERINE GROWTH, UNSPECIFIED
R6252	SHORT STATURE (CHILD)

Testing Requirements Panhypopituitarism, Growth Hormone Deficiency or Idiopathic Short Stature in patients > 16 years of age	
Diagnosis	**Testing Requirements**
Panhypopituitarism	Initiation of GH Therapy: • IGF-1 level < 160 ng/mL, AND • Failure to respond to one growth hormone stimulation test (response ≤ 5ng/mL) Renewal of GH Therapy: • No additional testing is required
ISS	Renewal of GH Therapy: • If patient has been treated as a pediatric patient (≤ 16 years of age) and is requesting a refill, patient's growth should exceed 2 cm/year, AND • Bone age < 16 years, AND • Epiphyses are open
GHD with no other pituitary deficiency	Initiation of GH Therapy: • IGF-1 level < 160 ng/mL, AND • Failure to respond to two growth hormone stimulation tests (response ≤ 5ng/mL) Renewal of GH Therapy: • No additional testing is required

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Table 18 (diagnosis of active malignancy)	
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
C3402	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS
C3410	MALIGNANT NEOPLASM OF UPPER LOBE, UNSPECIFIED BRONCHUS OR LUNG

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
C4720	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
C8335	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
C8467	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, SPLEEN
C8468	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF MULTIPLE SITES
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
C8591	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
C9300	ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9301	ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, IN REMISSION
C9302	ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, IN RELAPSE
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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
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

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Table 18 (diagnosis of active malignancy)	
ICD-10 Code	**Description**
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 19 (history of chemotherapy / radiation procedural code)	
CPT Code	**Description**
77261	RADIATION THERAPY PLANNING
77262	RADIATION THERAPY PLANNING

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Table 19 (history of chemotherapy / radiation procedural code)	
CPT Code	**Description**
77263	RADIATION THERAPY PLANNING
77280	SET RADIATION THERAPY FIELD
77285	SET RADIATION THERAPY FIELD
77290	SET RADIATION THERAPY FIELD
77295	SET RADIATION THERAPY FIELD
77299	RADIATION THERAPY PLANNING
77300	RADIATION THERAPY DOSE PLAN
77301	RADIOLTHERAPY DOS PLAN, IMRT
77305	RADIATION THERAPY DOSE PLAN
77310	RADIATION THERAPY DOSE PLAN
77315	RADIATION THERAPY DOSE PLAN
77321	RADIATION THERAPY PORT PLAN
77326	RADIATION THERAPY DOSE PLAN
77327	RADIATION THERAPY DOSE PLAN
77328	RADIATION THERAPY DOSE PLAN
77331	SPECIAL RADIATION DOSIMETRY
77332	RADIATION TREATMENT AID(S)
77333	RADIATION TREATMENT AID(S)
77334	RADIATION TREATMENT AID(S)
77336	RADIATION PHYSICS CONSULT
77338	DESIGN MLC DEVICE FOR IMRT
77370	RADIATION PHYSICS CONSULT
77371	SRS, MULTISOURCE
77372	SRS, LINEAR BASED

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Table 19 (history of chemotherapy / radiation procedural code)	
CPT Code	**Description**
77373	SBRT DELIVERY
77399	EXTERNAL RADIATION DOSIMETRY
77401	RADIATION TREATMENT DELIVERY
77402	RADIATION TREATMENT DELIVERY
77403	RADIATION TREATMENT DELIVERY
77404	RADIATION TREATMENT DELIVERY
77406	RADIATION TREATMENT DELIVERY
77407	RADIATION TREATMENT DELIVERY
77408	RADIATION TREATMENT DELIVERY
77409	RADIATION TREATMENT DELIVERY
77411	RADIATION TREATMENT DELIVERY
77412	RADIATION TREATMENT DELIVERY
77413	RADIATION TREATMENT DELIVERY
77414	RADIATION TREATMENT DELIVERY
77416	RADIATION TREATMENT DELIVERY
77417	RADIOLOGY PORT FILM(S)
77418	RADIATION TX DELIVERY, IMRT
77421	STEREOSCOPIC X-RAY GUIDANCE
77422	NEUTRON BEAM TX, SIMPLE
77423	NEUTRON BEAM TX, COMPLEX
77427	RADIATION TX MANAGEMENT, X5
77431	RADIATION THERAPY MANAGEMENT
77432	STEREOTACTIC RADIATION TRMT
77435	SBRT MANAGEMENT

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Table 19 (history of chemotherapy / radiation procedural code)	
CPT Code	**Description**
77470	SPECIAL RADIATION TREATMENT
77499	RADIATION THERAPY MANAGEMENT
77520	PROTON TRMT, SIMPLE W/O COMP
77522	PROTON TRMT, SIMPLE W/COMP
77523	PROTON TRMT, INTERMEDIATE
77525	PROTON TREATMENT, COMPLEX
96401	CHEMO, ANTI-NEOPL, SQ/IM
96402	CHEMO HORMON ANTINEOPL SQ/IM
96405	CHEMO INTRALESIONAL, UP TO 7
96406	CHEMO INTRALESIONAL OVER 7
96409	CHEMO, IV PUSH, SNGL DRUG
96411	CHEMO, IV PUSH, ADDL DRUG
96413	CHEMO, IV INFUSION, 1 HR
96415	CHEMO, IV INFUSION, ADDL HR
96416	CHEMO PROLONG INFUSE W/PUMP
96417	CHEMO IV INFUS EACH ADDL SEQ
96420	CHEMO, IA, PUSH TECNIQUE
96422	CHEMO IA INFUSION UP TO 1 HR
96423	CHEMO IA INFUSE EACH ADDL HR
96425	CHEMOTHERAPY INFUSION METHOD
96440	CHEMOTHERAPY, INTRACAVITARY
96445	CHEMOTHERAPY, INTRACAVITARY
96450	CHEMOTHERAPY, INTO CNS
96521	REFILL/MAINT, PORTABLE PUMP

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Table 19 (history of chemotherapy / radiation procedural code)	
CPT Code	**Description**
96542	CHEMOTHERAPY INJECTION
96549	CHEMOTHERAPY, UNSPECIFIED
J9000	DOXORUBICIN HCL INJECTION
J9001	DOXORUBICIN HCL LIPOSOME INJ
J9010	ALEMTUZUMAB INJECTION
J9015	ALDESLEUKIN INJECTION
J9020	ASPARAGINASE INJECTION
J9027	CLOFARABINE INJECTION
J9033	BENDAMUSTINE INJECTION
J9040	BLEOMYCIN SULFATE INJECTION
J9041	BORTEZOMIB INJECTION
J9045	CARBOPLATIN INJECTION
J9050	CARMUSTINE INJECTION
J9055	CETUXIMAB INJECTION
J9060	CISPLATIN 10 MG INJECTION
J9062	CISPLATIN 50 MG INJECTION
J9065	INJ CLADRIBINE PER 1 MG
J9070	CYCLOPHOSPHAMIDE 100 MG INJ
J9080	CYCLOPHOSPHAMIDE 200 MG INJ
J9090	CYCLOPHOSPHAMIDE 500 MG INJ
J9091	CYCLOPHOSPHAMIDE 1.0 GRM INJ
J9092	CYCLOPHOSPHAMIDE 2.0 GRM INJ
J9093	CYCLOPHOSPHAMIDE LYOPHILIZED
J9094	CYCLOPHOSPHAMIDE LYOPHILIZED

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Table 19 (history of chemotherapy / radiation procedural code)	
CPT Code	**Description**
J9095	CYCLOPHOSPHAMIDE LYOPHILIZED
J9096	CYCLOPHOSPHAMIDE LYOPHILIZED
J9097	CYCLOPHOSPHAMIDE LYOPHILIZED
J9098	CYTARABINE LIPOSOME INJ
J9100	CYTARABINE HCL 100 MG INJ
J9110	CYTARABINE HCL 500 MG INJ
J9120	DACTINOMYCIN INJECTION
J9130	DACARBAZINE 10 MG INJ
J9140	DACARBAZINE 200 MG INJ
J9150	DAUNORUBICIN INJECTION
J9151	DAUNORUBICIN CITRATE INJ
J9155	DEGARELIX INJECTION
J9160	DENILEUKIN DIFTITOX INJ
J9170	DOCETAXEL INJECTION
J9171	DOCETAXEL INJECTION
J9178	INJ, EPIRUBICIN HCL, 2 MG
J9181	ETOPOSIDE INJECTION
J9182	ETOPOSIDE 100 MG INJ
J9185	FLUDARABINE PHOSPHATE INJ
J9190	FLUOROURACIL INJECTION
J9200	FLOXURIDINE INJECTION
J9201	GEMCITABINE HCL INJECTION
J9206	IRINOTECAN INJECTION
J9207	IXABEPILONE INJECTION

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Table 19 (history of chemotherapy / radiation procedural code)	
CPT Code	**Description**
J9208	IFOSFOMIDE INJECTION
J9211	IDARUBICIN HCL INJECTION
J9261	NELARABINE INJECTION
J9263	OXALIPLATIN
J9264	PACLITAXEL PROTEIN BOUND
J9265	PACLITAXEL INJECTION
J9266	PEGASPARGASE INJECTION
J9268	PENTOSTATIN INJECTION
J9280	MITOMYCIN 5 MG INJ
J9290	MITOMYCIN 20 MG INJ
J9291	MITOMYCIN 40 MG INJ
J9303	PANITUMUMAB INJECTION
J9305	PEMETREXED INJECTION
J9320	STREPTOZOCIN INJECTION
J9328	TEMOZOLOMIDE INJECTION
J9330	TEMSIROLIMUS INJECTION
J9340	THIOTEPA INJECTION
J9350	TOPOTECAN INJECTION
J9355	TRASTUZUMAB INJECTION
J9357	VALRUBICIN INJECTION
J9360	VINBLASTINE SULFATE INJ
J9370	VINCRISTINE SULFATE 1 MG INJ
J9375	VINCRISTINE SULFATE 2 MG INJ
J9380	VINCRISTINE SULFATE 5 MG INJ

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Table 19 (history of chemotherapy / radiation procedural code)	
CPT Code	**Description**
J9390	VINORELBINE TARTRATE INJ
J9600	PORFIMER SODIUM INJECTION
J9999	CHEMOTHERAPY DRUG

Table 20 (diagnosis of active proliferative or severe non-proliferative diabetic retinopathy)	
ICD-10 Code	**Description**
E103411	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E103412	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E103413	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E103419	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E103491	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E103492	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E103493	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E103499	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E103511	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E103512	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E103513	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E103519	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE

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Table 20 (diagnosis of active proliferative or severe non-proliferative diabetic retinopathy)	
ICD-10 Code	**Description**
E103521	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA, RIGHT EYE
E103522	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA, LEFT EYE
E103523	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA, BILATERAL
E103529	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA, UNSPECIFIED EYE
E103531	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, RIGHT EYE
E103532	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, LEFT EYE
E103533	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, BILATERAL
E103539	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, UNSPECIFIED EYE
E103541	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, RIGHT EYE
E103542	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, LEFT EYE
E103543	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, BILATERAL
E103549	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, UNSPECIFIED EYE

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Table 20 (diagnosis of active proliferative or severe non-proliferative diabetic retinopathy)	
ICD-10 Code	**Description**
E103551	TYPE 1 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, RIGHT EYE
E103552	TYPE 1 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, LEFT EYE
E103553	TYPE 1 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, BILATERAL
E103559	TYPE 1 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, UNSPECIFIED EYE
E103591	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E103592	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E103593	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E103599	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E113411	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E113412	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E113413	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E113419	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E113491	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E113492	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E113493	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E113499	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE

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Table 20 (diagnosis of active proliferative or severe non-proliferative diabetic retinopathy)	
ICD-10 Code	**Description**
E113511	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E113512	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E113513	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E113519	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E113521	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E113522	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E113523	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E113529	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E113531	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, RIGHT EYE
E113532	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, LEFT EYE
E113533	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, BILATERAL
E113539	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, UNSPECIFIED EYE
E113541	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, RIGHT EYE
E113542	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, LEFT EYE

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Table 20 (diagnosis of active proliferative or severe non-proliferative diabetic retinopathy)	
ICD-10 Code	**Description**
E113543	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, BILATERAL
E113549	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, UNSPECIFIED EYE
E113551	TYPE 2 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, RIGHT EYE
E113552	TYPE 2 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, LEFT EYE
E113553	TYPE 2 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, BILATERAL
E113559	TYPE 2 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, UNSPECIFIED EYE
E113591	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E113592	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E113593	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E113599	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E133411	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E133412	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E133413	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E133419	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E133491	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE

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Table 20 (diagnosis of active proliferative or severe non-proliferative diabetic retinopathy)	
ICD-10 Code	**Description**
E133492	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E133493	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E133499	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E133511	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E133512	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E133513	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E133519	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E133521	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA, RIGHT EYE
E133522	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA, LEFT EYE
E133523	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA, BILATERAL
E133529	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA, UNSPECIFIED EYE
E133531	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, RIGHT EYE
E133532	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, LEFT EYE
E133533	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, BILATERAL

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Table 20 (diagnosis of active proliferative or severe non-proliferative diabetic retinopathy)	
ICD-10 Code	**Description**
E133539	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, UNSPECIFIED EYE
E133541	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, RIGHT EYE
E133542	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, LEFT EYE
E133543	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, BILATERAL
E133549	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, UNSPECIFIED EYE
E133551	OTHER SPECIFIED DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, RIGHT EYE
E133552	OTHER SPECIFIED DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, LEFT EYE
E133553	OTHER SPECIFIED DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, BILATERAL
E133559	OTHER SPECIFIED DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, UNSPECIFIED EYE
E133591	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E133592	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E133593	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E133599	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E13359	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA

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Table 21 (diagnosis of papilledema)	
ICD-10 Code	**Description**
H4710	UNSPECIFIED PAPILLEDEMA
H4711	UNSPECIFIED PAPILLEDEMA ASSOCIATED WITH INCREASED INTRACRANIAL PRESSURE
H4712	UNSPECIFIED PAPILLEDEMA ASSOCIATED WITH DECREASED OCULAR PRESSURE
H4713	UNSPECIFIED PAPILLEDEMA ASSOCIATED WITH RETINAL DISORDER

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Serostim (Somatropin)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
SEROSTIM 4 MG VIAL	63405
SEROSTIM 5 MG VIAL	25955
SEROSTIM 6 MG VIAL	25960

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Serostim (Somatropin)

Clinical Criteria Logic

1. Is the client greater than or equal to (≥) 17 years of age?

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Does the client have a diagnosis of HIV in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Does the client have a diagnosis of cachexia in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #4

   [ ] No – Deny

4. Does the client have claims for greater than or equal to (≥) 2 single ingredient antiretroviral agents or a claim for a combination ingredient antiretroviral agent in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #5

   [ ] No – Deny

5. Does the client have a diagnosis of active malignancy in the last 180 days?

   [ ] Yes – Deny

   [ ] No – Go to #6

6. Does the client have a history of chemotherapy/radiation (CPTs) in the last 180 days?

   [ ] Yes – Deny

   [ ] No – Go to #7

7. Does the client have a diagnosis of active proliferative or severe non-proliferative diabetic retinopathy in the last 365 days?

   [ ] Yes – Deny

   [ ] No – Approve (48 weeks)

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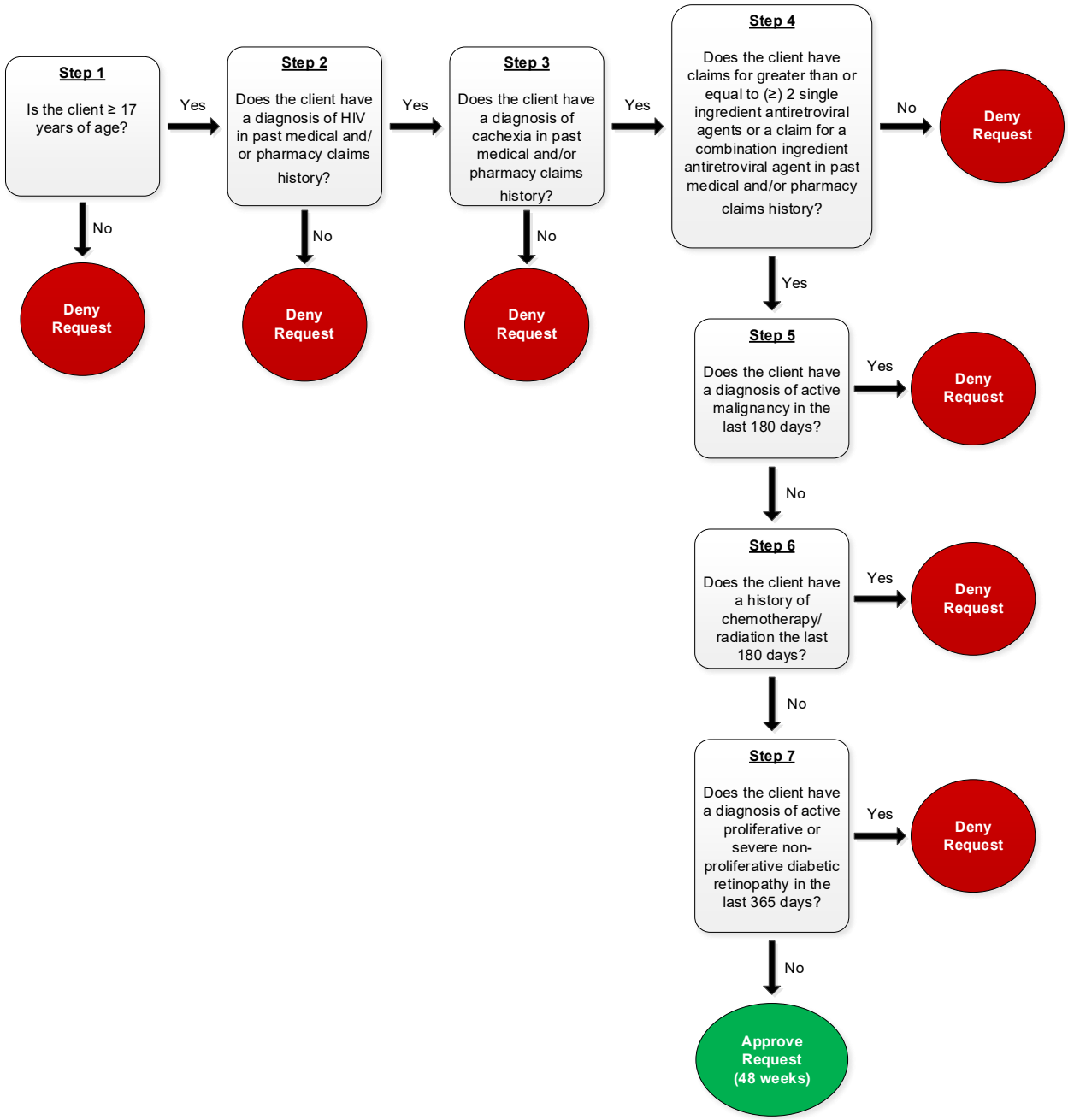
Serostim (Somatropin)

Clinical Criteria Logic Diagram



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Serostim (Somatropin)

Clinical Criteria Supporting Tables

Table 2 (diagnosis of HIV)	
ICD-10 Code	**Description**
B20	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE

Table 3 (diagnosis of cachexia)	
ICD-10 Code	**Description**
E88A	WASTING DISEASE (SYNDROME) DUE TO UNDERLYING CONDITION
R64	CACHEXIA

Table 4a (claim for a single-agent antiretroviral)	
GCN	**Label Name**
94678	ABACAVIR 20 MG/ML SOLUTION
94668	ABACAVIR 300MG TABLET
24906	APTIVUS 250MG CAPSULE
19952	ATAZANAVIR SULFATE 150 MG CAP
19953	ATAZANAVIR SULFATE 200 MG CAP
97430	ATAZANAVIR SULFATE 300 MG CAP
99434	DARUNAVIR 600 MG TABLET
33723	DARUNAVIR 800 MG TABLET
14559	DIDANOSINE DR 200MG CAPSULE
14556	DIDANOSINE DR 250MG CAPSULE
14557	DIDANOSINE DR 400MG CAPSULE
29963	EDURANT 25MG TABLET

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Table 4a (claim for a single-agent antiretroviral)	
GCN	**Label Name**
55441	EDURANT PED 2.5MG TAB FOR SUSP
15555	EFAVIRENZ 600 MG TABLET
20019	EMTRICITABINE 200 MG CAPSULE
24494	EMTRIVA 10 MG/ML SOLUTION
20019	EMTRIVA 200MG CAPSULE
26722	EPIVIR 10MG/ML ORAL SOLUTION
26720	EPIVIR 150MG TABLET
15709	EPIVIR 300MG TABLET
50912	EPIVIR HBV 100 MG TABLET
50911	EPIVIR HBV 25 MG/5ML SOLN
99318	ETRAVIRINE 100 MG TABLET
29424	ETRAVIRINE 200 MG TABLET
20553	FOSAMPRENAVIR 700 MG TABLET
31488	FUZEON 90MG VIAL
99318	INTELENCE 100MG TABLET
29424	INTELENCE 200MG TABLET
32035	INTELENCE 25MG TABLET
26760	INVIRASE 200MG CAPSULE
23952	INVIRASE 500MG TABLET
35788	ISENTRESS 100MG POWDER PACKET
31095	ISENTRESS 100MG TABLET CHEW
31097	ISENTRESS 25MG TABLET CHEW
98986	ISENTRESS 400MG TABLET
43517	ISENTRESS HD 600 MG TABLET

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Table 4a (claim for a single-agent antiretroviral)	
GCN	**Label Name**
26722	LAMIVUDINE 10MG/ML ORAL SOLUTION
50912	LAMIVUDINE 100MG TABLET
26720	LAMIVUDINE 150MG TABLET
15709	LAMIVUDINE 300MG TABLET
23783	LEXIVA 50MG/ML SUSPENSION
20553	LEXIVA 700MG TABLET
98734	MARAVIROC 150 MG TABLET
98739	MARAVIROC 300 MG TABLET
31420	NEVIRAPINE 200MG TABLET
31421	NEVIRAPINE 50MG/5ML SUSP
29767	NEVIRAPINE ER 400MG TABLET
40309	NORVIR 100 MG POWDER PACKET
26812	NORVIR 100MG SOFTGEL CAP
28224	NORVIR 100MG TABLET
26810	NORVIR 80MG/ML SOLUTION
45294	PIFELTRO 100 MG TABLET
31201	PREZISTA 100MG/ML SUSPENSION
23489	PREZISTA 150MG TABLET
99434	PREZISTA 600MG TABLET
16759	PREZISTA 75MG TABLET
33723	PREZISTA 800MG TABLET
19953	REYATAZ 200 MG CAPSULE
97430	REYATAZ 300 MG CAPSULE
36647	REYATAZ 50 MG POWDER PACKET

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Table 4a (claim for a single-agent antiretroviral)	
GCN	**Label Name**
43560	RESCRIPTOR 100MG TABLET
51631	RESCRIPTOR 200MG TABLET
44410	RETROVIR 10MG/ML SYRUP
44530	RETROVIR 100MG CAPSULE
43960	RETROVIR 200MG/20ML VIAL
19952	REYATAZ 150MG CAPSULE
19953	REYATAZ 200MG CAPSULE
97430	REYATAZ 300MG CAPSULE
36647	REYATAZ 50MG POWDER PACKET
52015	RILPIVIRINE ER 600 MG/2 ML VL
49498	RILPIVIRINE ER 900 MG/3 ML VL
48315	RUKOBIA ER 600 MG TABLET
98734	SELZENTRY 150MG TABLET
98739	SELZENTRY 300MG TABLET
42976	SELZENTRY 25 MG TABLET
42977	SELZENTRY 75 MG TABLET
42655	SELZENTRY 20 MG/ML ORAL SOLN
26711	STAVUDINE 15MG CAPSULE
26716	STAVUDINE 1MG/ML SOLUTION
26712	STAVUDINE 20MG CAPSULE
26713	STAVUDINE 30MG CAPSULE
26714	STAVUDINE 40MG CAPSULE
43303	SUSTIVA 200MG CAPSULE
43301	SUSTIVA 50MG CAPSULE

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Table 4a (claim for a single-agent antiretroviral)	
GCN	**Label Name**
15555	SUSTIVA 600MG TABLET
14822	TENOFOVIR DISOP FUM 300 MG TB
41564	TIVICAY 10MG TABLET
41566	TIVICAY 25MG TABLET
35079	TIVICAY 50MG TABLET
48218	TIVICAY PD 5 MG TAB FOR SUSP
36468	TYBOST 150MG TABLET
13361	VIDEX 2GM PEDIATRIC SOLN
13361	VIDEX 4GM PEDIATRIC SOLN
14558	VIDEX EC 125MG CAPSULE
14559	VIDEX EC 200MG CAPSULE
14556	VIDEX EC 250MG CAPSULE
14557	VIDEX EC 400MG CAPSULE
40312	VIRACEPT 250MG TABLET
19717	VIRACEPT 625MG TABLET
31420	VIRAMUNE 200MG TABLET
31421	VIRAMUNE 50MG/5ML SUSP
30935	VIRAMUNE XR 100MG TABLET
29767	VIRAMUNE XR 400MG TABLET
31228	VIREAD 150MG TABLET
31229	VIREAD 200MG TABLET
31234	VIREAD 250MG TABLET
14822	VIREAD 300MG TABLET
31227	VIREAD POWDER

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Table 4a (claim for a single-agent antiretroviral)	
GCN	**Label Name**
26711	ZERIT 15MG CAPSULE
26716	ZERIT 1MG/ML SOLUTION
26712	ZERIT 20MG CAPSULE
26713	ZERIT 30MG CAPSULE
26714	ZERIT 40MG CAPSULE
94678	ZIAGEN 20MG/ML SOLUTION
94668	ZIAGEN 300MG TABLET
44530	ZIDOVUDINE 100MG CAPSULE
44533	ZIDOVUDINE 300MG TABLET
44410	ZIDOVUDINE 50MG/5ML SYRUP

Table 4b (claim for a combination-agent antiretroviral)	
GCN	**Label Name**
23167	ABACAVIR-LAMIVUDINE 600-300MG
87691	ABACAVIR-LAMIVUDINE-ZIDOVUDINE TAB
27346	ATRIPLA TABLET
51578	BIKTARVY 30-120-15 MG TABLET
44426	BIKTARVY 50-200-25 MG TABLET
44512	CIMDUO 300-300 MG TABLET
89621	COMBIVIR TABLET
30288	COMPLERA TABLET
45217	DELSTRIGO 100-300-300 MG TAB
40953	DESCOVY 200-25MG TABLET
46175	DOVATO 50-300 MG TABLET

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Table 4b (claim for a combination-agent antiretroviral)	
GCN	**Label Name**
27346	EFAVIR-EMTRI-TENOF 600-200-300
44425	EFAVIR-LAMIV-TENOF 400-300-300
44548	EFAVIR-LAMIV-TENOF 600-300-300
30288	EMTRICIT-RILP-TENOF 200-25-300
23152	EMTRICITABINE-TENOFV 200-300MG
41369	EMTRICITABINE-TENOFV 100-150MG
41375	EMTRICITABINE-TENOFV 133-200MG
41376	EMTRICITABINE-TENOFV 167-250MG
23167	EPZICOM TABLET
37797	EVOTAZ 300-150MG TABLET
40092	GENVOYA TABLET
44119	JULUCA 50-25 MG TABLET
99101	KALETRA 100-25MG TABLET
25919	KALETRA 200-50MG TABLET
31782	KALETRA 80-20MG/ML SOLN
89621	LAMIVUDINE-ZIDOVUDINE TABLET
99101	LOPINAVIR-RITONAVR 100-25MG TB
25919	LOPINAVIR-RITONAVR 200-50MG TB
37633	ODEFSEY TABLET
37367	PREZCOBIX 800-150MG TABLET
33130	STRIBILD TABLET
44548	SYMFI 600-300-300 MG TABLET
44425	SYMFI LO 400-300-300 MG TABLET
43968	SYMTUZA 800-150-200-10 MG TAB

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Table 4b (claim for a combination-agent antiretroviral)	
GCN	**Label Name**
36999	TRIUMEQ TABLET
52144	TRIUMEQ PD
87691	TRIZIVIR TABLET
41369	TRUVADA 100-150MG TABLET
41375	TRUVADA 133-200MG TABLET
41376	TRUVADA 167-250MG TABLET
23152	TRUVADA 200-300MG TABLET

Table 5 (diagnosis of active malignancy)

For the list of diagnosis codes that pertain to this step, see the Active Malignancy Diagnoses table in the previous “Supporting Tables” section.

Note: Click the hyperlink to navigate directly to the table.

Table 6 (history of a chemotherapy / radiation procedural code)

For the list of procedures that pertain to this step, see the Chemotherapy / Radiation Procedures table in the previous “Supporting Tables” section.

Note: Click the hyperlink to navigate directly to the table.

Table 7 (diagnosis of active proliferative or severe non-proliferative diabetic retinopathy)

For the list of procedures that pertain to this step, see the Active Proliferative or Severe Non-Proliferative Diabetic Retinopathy table in the previous “Supporting Tables” section.

Note: Click the hyperlink to navigate directly to the table.

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Sogroya (Somapacitan-beco)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
SOGROYA 10 MG/1.5 ML PEN	48603
SOGROYA 15 MG/1.5 ML PEN	54124
SOGROYA 5 MG/1.5 ML PEN	52946

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Sogroya (Somapacitan-beco)

Clinical Criteria Logic

1. Is the client greater than or equal to (≥) 2.5 years of age?

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Does the client have a diagnosis of growth hormone deficiency (GHD) in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #5

   [ ] No – Go to #3

3. Does the client have a diagnosis of short stature born small for gestational age (SGA), Noonan syndrome, or idiopathic short stature (ISS) in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #4

   [ ] No – Deny

4. Is the client less than (<) 18 years of age?

   [ ] Yes – Go to #5

   [ ] No – Deny

5. Has the client had at least 2 claims for the requested medication in the last 90 days (stable therapy)?

   [ ] Yes – Go to #6

   [ ] No – Go to #7

6. Does the documentation, if required, support the renewal request?

   [ ] Yes – Go to #8

   [ ] No – Deny

7. Does the submitted documentation support the requested diagnosis?

   [ ] Yes – Go to #8

   [ ] No – Deny

8. Does the client have a diagnosis of Prader-Willi syndrome in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #9

   [ ] No – Go to #10

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9. Does the client have a diagnosis of severe obesity or severe respiratory impairment in the last 365 days?

    [ ] Yes – Deny

    [ ] No – Go to #10

10. Does the client have a diagnosis of active malignancy in the last 180 days?

    [ ] Yes – Deny

    [ ] No – Go to #11

11. Does the client have a history of chemotherapy/radiation (CPTs) in the last 180 days?

    [ ] Yes – Deny

    [ ] No – Go to #12

12. Does the client have a diagnosis of active proliferative or severe non-proliferative diabetic retinopathy in the last 365 days?

    [ ] Yes – Deny

    [ ] No – Go to #13

13. Does the client have a diagnosis of papilledema in the last 180 days?

    [ ] Yes – Deny

    [ ] No – Go to #14

14. Is the client greater than or equal to (≥) 18 years of age?

    [ ] Yes – Go to #15

    [ ] No – Approve (365 days)

15. Is the requested dose less than or equal to (≤) 8 mg weekly?

    [ ] Yes – Approve (365 days)

    [ ] No – Deny

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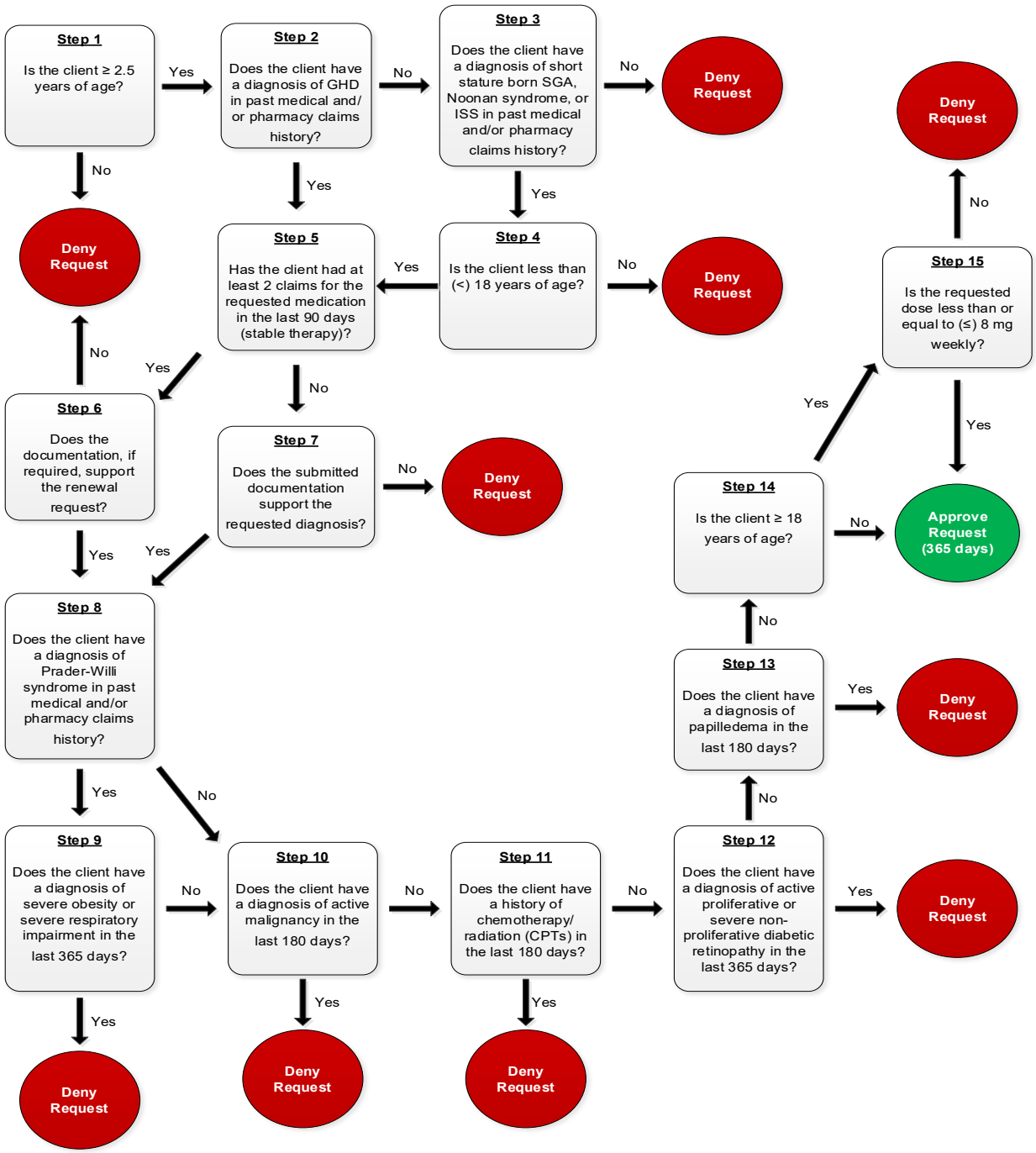
Clinical Criteria Logic Diagram



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Clinical Criteria Supporting Tables

Table 2 (diagnosis of GHD)	
ICD-10 Code	**Description**
E230	HYPOPITUITARISM
E231	DRUG-INDUCED HYPOPITUITARISM
E343	SHORT STATURE DUE TO ENDOCRINE DISORDER
E893	POSTPROCEDURAL HYPOPITUITARISM

Table 3 (diagnosis of short stature born small for gestational age (SGA), Noonan syndrome, or idiopathic short stature (ISS))	
ICD-10 Code	**Description**
P051	NEWBORN SMALL FOR GESTATIONAL AGE
P0510	NEWBORN SMALL FOR GESTATIONAL AGE, UNSPECIFIED WEIGHT
P0519	NEWBORN SMALL FOR GESTATIONAL AGE, OTHER
Q8719	OTHER CONGENITAL MALFORMATION SYNDROMES PREDOMINANTLY ASSOCIATED WITH SHORT STATURE
R6252	SHORT STATURE (CHILD)

Testing Requirements Growth Hormone Deficiency, Idiopathic Short Stature, Panhypopituitarism, Noonan syndrome, Prader-Willi syndrome, or Small for Gestational Age in Children	
Diagnosis	**Testing Requirements**
Panhypopituitarism	Initiation of GH Therapy: • IGF-1 level < 160 ng/mL, AND • Failure to respond (response ≤ 5 ng/mL) to one growth hormone stimulation test (Note: children < 12 months of age are excluded from provocative testing) Renewal of GH Therapy:

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Testing Requirements Growth Hormone Deficiency, Idiopathic Short Stature, Panhypopituitarism, Noonan syndrome, Prader-Willi syndrome, or Small for Gestational Age in Children	
Diagnosis	**Testing Requirements**
	• No additional testing is required
Growth Hormone Deficiency	Initiation of GH Therapy: • Failure to respond (response < 10 ng/mL) to at least 2 growth hormone stimulation tests (Note: children < 12 months of age are excluded from provocative testing), AND • Patient's height > 2.25 SD below the mean for age OR patient's height > 2 SD below the midparental height percentile, AND • Growth velocity < 25th percentile for bone age Renewal of GH Therapy: • Patient's growth should exceed 2 cm/year, AND • Epiphyses are open
Idiopathic Short Stature	Initiation of GH Therapy: • Height > 2.25 SD below the mean for age, AND • Predicted adult height < 63 inches for males and < 59 inches for females Renewal of GH Therapy: • Patient's growth should exceed 2 cm/year, OR show an increase in height velocity of 50%, OR an increase of at least 2.5 cm/year above the baseline height velocity, AND • Epiphyses are open
Noonan syndrome or Prader-Willi syndrome	• Diagnosis only is required; no additional testing is requested
Small for Gestational Age	Initiation of GH Therapy: • Height > 2 SD below the mean for age and sex at two years of age Renewal of GH Therapy: • Patient's growth should exceed 2 cm/year, AND • Epiphyses are open

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Testing Requirements Growth Hormone Deficiency, Idiopathic Short Stature, Panhypopituitarism, Noonan syndrome, Prader-Willi syndrome, or Small for Gestational Age in patients > 16 years of age	
Diagnosis	**Testing Requirements**
Panhypopituitarism	Initiation of GH Therapy: • IGF-1 level < 160 ng/mL, AND • Failure to respond to one growth hormone stimulation test (response ≤ 5 ng/mL) Renewal of GH Therapy: • No additional testing is required
ISS	Renewal of GH Therapy: • If patient has been treated as a pediatric patient (≤ 16 years of age) and is requesting a refill, patient's growth should exceed 2 cm/year, AND • Bone age < 16 years, AND • Epiphyses are open
GHD with no other pituitary deficiency	Initiation of GH Therapy: • IGF-1 level < 160 ng/mL, AND • Failure to respond to two growth hormone stimulation tests (response ≤ 5 ng/mL) Renewal of GH Therapy: • No additional testing is required
Noonan syndrome or Prader-Willi syndrome	• Diagnosis only is required; no additional testing is requested
Small for Gestational Age	Initiation of GH Therapy: • Height > 2 SD below the mean for age and sex at two years of age Renewal of GH Therapy: • Patient's growth should exceed 2 cm/year, AND • Epiphyses are open

Table 8 (diagnosis of Prader-Willi syndrome)	
ICD-10 Code	**Description**
Q8711	PRADER-WILLI SYNDROME

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Table 9 (diagnosis of severe obesity or severe respiratory impairment)	
ICD-10 Code	**Description**
E6601	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES
E6609	OTHER OBESITY DUE TO EXCESS CALORIES
E668	OTHER OBESITY
E669	OBESITY, UNSPECIFIED
G4730	SLEEP APNEA, UNSPECIFIED
G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)
G4737	CENTRAL SLEEP APNEA IN CONDITIONS CLASSIFIED ELSEWHERE
G4739	OTHER SLEEP APNEA

Table 10 (diagnosis of active malignancy)

For the list of diagnosis codes that pertain to this step, see the Active Malignancy Diagnoses table in the previous “Supporting Tables” section.

Note: Click the hyperlink to navigate directly to the table.

Table 11 (history of a chemotherapy / radiation procedural code)

For the list of procedures that pertain to this step, see the Chemotherapy / Radiation Procedures table in the previous “Supporting Tables” section.

Note: Click the hyperlink to navigate directly to the table.

Table 12 (diagnosis of active proliferative or severe non-proliferative diabetic retinopathy)

For the list of procedures that pertain to this step, see the Active Proliferative or Severe Non-Proliferative Diabetic Retinopathy table in the previous “Supporting Tables” section.

Note: Click the hyperlink to navigate directly to the table.

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Table 13 (diagnosis of papilledema)

For the list of procedures that pertain to this step, see the Papilledema table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

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Growth Hormone

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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
01/31/2011	• Initial publication and posting to website
02/04/2011	• Corrected steps 3 and 4 in the "Clinical Edit Criteria Logic" section for Growth Hormones Excluding Serostim/Zorbtive
02/23/2011	• Corrected step 2 in the "Clinical Edit Criteria Logic" section for Growth Hormones Excluding Serostim/Zorbtive
05/03/2012	• Added new section to specify the drugs requiring prior authorization for each form of Zorbtive • In the "Clinical Edit Supporting Tables" section for Growth Hormone Excluding Serostim / Zorbtive, revised tables to specify the diagnosis codes pertinent to steps 2, 3, 4, 7, and 8 of the logic diagram • In the "Clinical Edit Supporting Tables" section for Growth Hormone Excluding Serostim / Zorbtive, revised tables to specify the procedure codes pertinent to steps 5, 6, and 9 of the logic diagram • In the "Clinical Edit Supporting Tables" section for Serostim, revised tables to specify the diagnosis codes pertinent to steps 3, 4, and 5 of the logic diagram • In the "Clinical Edit Supporting Tables" section for Serostim, revised table to specify the procedure codes pertinent to step 6 • In the "Clinical Edit Supporting Tables" section for Zorbtive, revised tables to specify the diagnosis codes pertinent to steps 3 and 4 of the logic diagram • In the "Clinical Edit Supporting Tables" section for Zorbtive, revised table to specify the procedure codes pertinent to step 5
05/22/2012	• In the "Clinical Edit Supporting Tables" section for Growth Hormone Excluding Serostim/Zorbtive, updated table pertinent to step 2 to include Turner's Syndrome for ICD-9 code 7586
08/14/2013	• Added step 9 in the "Clinical Edit Criteria Logic" section for Growth Hormones Excluding Serostim/Zorbtive
02/06/2014	• Added Omnitrope 5.8mg vial and Omnitrope 10mg/1.5mL cartridge to the "Drugs Requiring Prior Authorization" section for Growth Hormone Excluding Serostim/Zorbtive

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Publication Date	Notes
10/21/2014	• Updated document to include NDCs for "Drugs Requiring Prior Authorization"
04/03/2015	• Updated to include ICD-10s
04/25/2017	• Updated for presentation to DUR Board
05/11/2017	• Updated Criteria Guide with DUR Board Recommendations, including testing criteria • Updated Serostim criteria logic. Question 4 now asks for claims for 2 or more single ingredient antiretroviral agents OR 1 claim for a combination ingredient antiretroviral agent in the last 90 days • Updated Serostim criteria logic diagram, page 79 • Updated Table 4. Table 4a contains single ingredient antiretroviral agents and Table 4b contains combination ingredient antiretroviral agents
09/29/2017	• Added testing criteria for adults with growth hormone deficiency (GHD)
03/29/2019	• 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
02/05/2020	• Reviewed and updated Table 3
02/20/2020	• Criteria updated to ensure documentation is provided for diagnosis of panhypopituitarism for children ages 0-16 • Removed E343 diagnosis from Table 3
06/08/2021	• Added diagnosis (ICD-10) code for hypopituitarism (E230) to Table 2 for growth hormone agents excluding Serostim/Zorbtive
01/12/2022	• Annual review by staff • Removed GCN for Tev-Tropin (25955) from drug table – this product is no longer available • Added GCNs for Isentress HD (43517), Selzentry (42976, 42977, 42655) and Tivicay PD (48218) to Serostim criteria, table 4a • Updated references
06/03/2022	• Added GCNs and criteria for Skytrofa (50164, 50174, 50184, 50194, 50204, 50215, 50225, 50235, 50245) • Added check for existing papilledema to criteria logic • Added check for obstructive sleep apnea and negating check for CPAP/BiPAP usage for clients with Prader-Willi syndrome to criteria logic • Updated references

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Publication Date	Notes
07/21/2023	• Added GCNs and criteria for Sogroya (48603, 54124, 52946) as approved by the DUR Board
02/13/2024	• Annual review by staff • Added GCNs for Ngenla (52062, 52063) • Updated references
07/25/2024	• Removed ICD-10 for Prader-Willi syndrome from Table 7, in criteria set for Growth Hormone Agents (Except Serostim / Sogroya / Zorbtive)
01/17/2025	• Annual review by staff • Removed criteria for Zorbtive – product has been discontinued • Updated references
08/29/2025	• Annual review by staff • Added GCN for Norditropin Flexpro (25816) to the Drugs Requiring PA table • Removed GCNs for Humatrope (25963), Norditropin Nordiflex (25816), and Saizen (25955, 12767) from the Drugs Requiring PA table – products discontinued • Removed GCNs for Crixivan (26820, 26822) from the Single-Agent Antiretroviral supporting table – products discontinued • Added GCNs for Edurant (55441), rilpivirine (49498, 52015), Emtriva (24494), emtricitabine (20019), etravirine (29424, 99318), fosamprenavir (20553), Norvir (40309), Pifeltro (45294), darunavir (33723, 99434), Reyataz (19953, 36647, 97430), atazanavir (19952, 19953, 97430), Rukobia (48315), efavirenz (15555), tenofovir (14822), and abacavir (94678) to the Single-Agent Antiretroviral supporting table • Added GCNs for Biktarvy (44426, 51578), Cimduo (44512), Delstrigo (45217), Dovato (46175), Juluca (44119), Symfi (44548), Symfi Lo (44425), Symtuza (43968), Triumeq PD (52144), emtricitabine/tenofovir (23152, 41369, 41375, 41376), emtricitabine/rilpivirine/tenofovir (30288), efavirenz/emtricitabine/tenofovir (27346), efavirenz/lamivudine/tenofovir (44425, 44548), and lopinavir/ritonavir (25919, 99101) to the Combination-Agent Antiretroviral supporting table • Added ICD-10 codes G4737 and G4739 to the Diagnosis of Obstructive Sleep Apnea supporting table • Added ICD-10 code E88A to Diagnosis of Cachexia supporting table • Added ICD-10 code G4739 to the Diagnosis of Severe Obesity or Severe Respiratory Impairment supporting table • Updated references
10/01/2025	• Added GCNs for Skytrofa (58338, 58341, 58342, 58343, 58344) to the Drugs Requiring PA table

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Publication Date	Notes
06/08/2026	• Updated criteria lookback language to say, “in past medical and/or pharmacy claims history?” • Added diagnosis check for short stature born small for gestational age, Noonan syndrome, and idiopathic short stature to the Sogroya criteria logic • Updated references
08/20/2026	• Updated Sogroya’s maximum dose check to apply to clients ≥ 18 years of age • Added testing requirements for Sogroya use in SGA

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