

Texas Prior Authorization Program  
Clinical Criteria

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**Drug/Drug Class**

**Hypoglycemics  
Glucagon-Like Peptide-1 (GLP-1) Receptor  
Agonists**

**Clinical Criteria Information included in this Document**

- [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**

Annual review by staff

Removed GCNs for Bydureon Bcise (44039) and Ozempic (44164) from the Drugs Requiring PA table, History of Requested Medication, and GLP-1 RA Containing Agents supporting table – products discontinued

Removed GCNs for Actoplus (28620), alogliptin-pioglitazone (34084), Amaryl (05830, 05832, 05833), Avandia (93203, 93193), Fortamet (21831, 21832), Glucotrol (10841, 10840), Glucotrol XL (50638), Glumetza (97067, 97061), Glynase (05713, 05714, 05715), Glyset (95254, 95252, 95253), Kombiglyze (29225, 29224, 29118), Nesina (34085, 34076,

34086), Oseni (34080, 34083, 34084, 34077, 34078, 34079), Qtern (43126), and Riomet (20808) from the Oral Antidiabetic Agent supporting table – products discontinued

Added GCNs for Actoplus (25445), Diabeta (05710, 05711, 05712), Duetact (97181, 97180), Glucotrol (10844), metformin (20808), saxagliptin-metformin (29118, 29225, 29224), Segluromet (44284, 44286, 44285, 44287), sitagliptin-metformin (54977, 54976, 56043, 56042), Synjardy (39377), and Xigduo (44304) to the Oral Antidiabetic Agent supporting table

Updated the guide's name to "Hypoglycemics - GLP-1 Receptor Agonists"

Updated references



## GLP-1 Receptor Agonists

### 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](http://txvendordrug.com/searches/formulary-drug-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
BYETTA 5 MCG DOSE PEN INJ	24613
BYETTA 10 MCG DOSE PEN INJ	24614
MOUNJARO 10 MG/0.5 ML PEN	52333
MOUNJARO 12.5 MG/0.5 ML PEN	52334
MOUNJARO 15 MG/0.5 ML PEN	52335
MOUNJARO 2.5 MG/0.5 ML PEN	52336
MOUNJARO 5 MG/0.5 ML PEN	52337
MOUNJARO 7.5 MG/0.5 ML PEN	52338
OZEMPIC 0.25-0.5 MG/DOSE PEN	53536
OZEMPIC 0.25-0.5 MG DOSE PEN	44163
OZEMPIC 1 MG/DOSE (4 MG/3 ML)	48208
OZEMPIC 2 MG/DOSE (8 MG/3 ML)	52125
RYBELSUS 1.5 MG TABLET	57035
RYBELSUS 4 MG TABLET	57037
RYBELSUS 9 MG TABLET	57038
RYBELSUS 14 MG TABLET	46966
RYBELSUS 3 MG TABLET	46964
RYBELSUS 7 MG TABLET	46965
SOLIQUA 100 UNIT-33 MCG/ML PEN	42676
TRULICITY 0.75 MG/0.5 ML PEN	37169

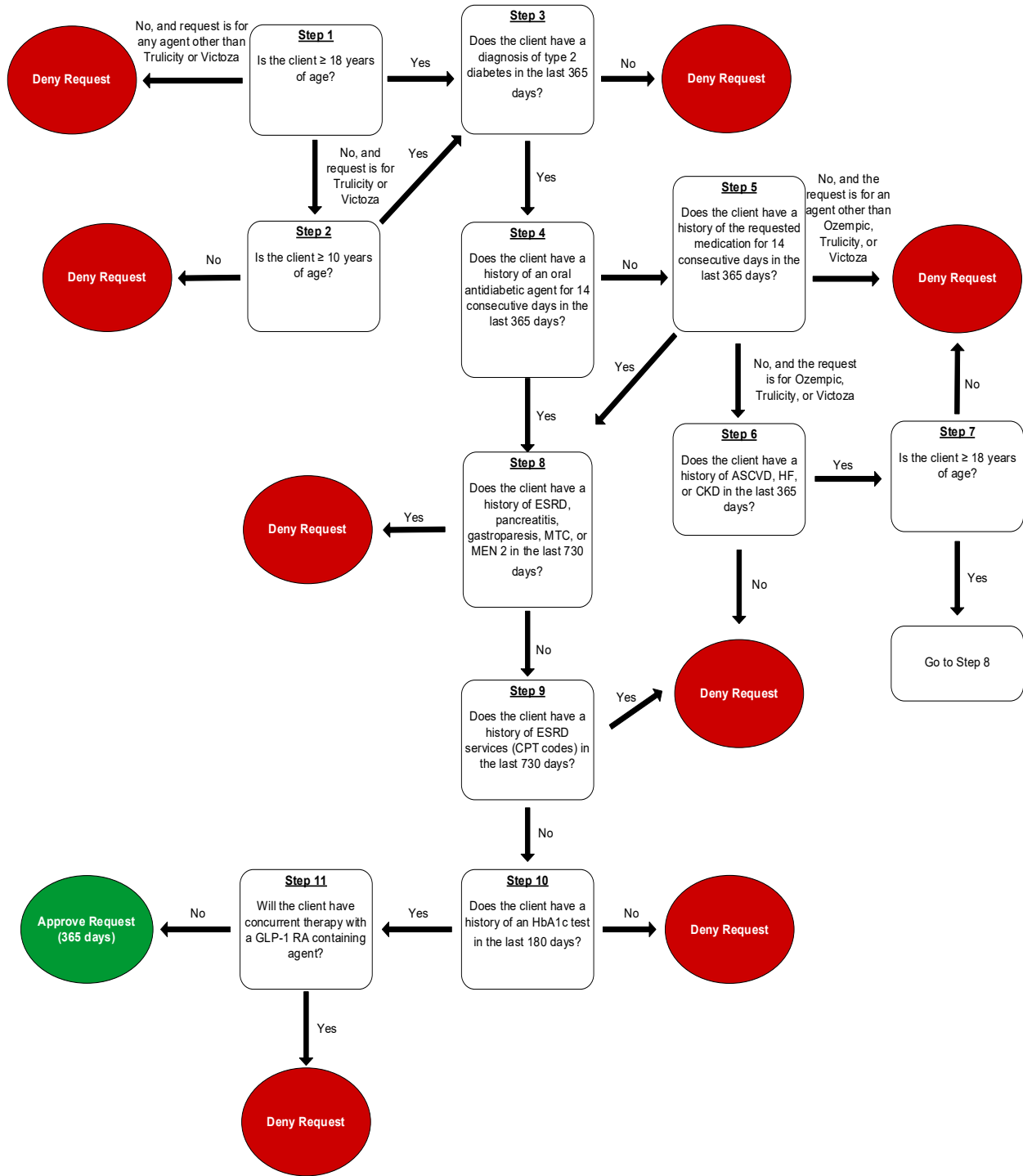
Drugs Requiring Prior Authorization	
Label Name	GCN
TRULICITY 1.5 MG/0.5 ML PEN	37171
TRULICITY 3 MG/0.5 ML PEN	48574
TRULICITY 4.5 MG/0.5 ML PEN	48573
VICTOZA 18 MG/3 ML PEN	26189
XULTOPHY 100 UNIT-3.6 MG/ML PEN	38348

**GLP-1 Receptor Agonists****Clinical Criteria Logic**

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?
  - Yes – Go to #3
  - No (And request is for Trulicity or Victoza) – Go to #2
  - No (And request is for any agent other than Trulicity or Victoza) – Deny
2. Is the client greater than or equal to ( $\geq$ ) 10 years of age?
  - Yes – Go to #3
  - No – Deny
3. Does the client have a [diagnosis of type 2 diabetes](#) in the last 365 days?
  - Yes – Go to #4
  - No – Deny
4. Does the client have a history of an [oral antidiabetic agent](#) for 14 consecutive days in the last 365 days?
  - Yes – Go to #8
  - No – Go to #5
5. Does the client have a history of the [requested medication](#) for 14 consecutive days in the last 365 days?
  - Yes – Go to #8
  - No (And the request is for Ozempic, Trulicity, or Victoza) – Go to #6
  - No (And the request is for an agent other than Ozempic, Trulicity, or Victoza) – Deny
6. Does the client have a history of [atherosclerotic cardiovascular disease \(ASCVD\), heart failure \(HF\), or chronic kidney disease \(CKD\)](#) in the last 365 days?
  - Yes – Go to #7
  - No – Deny
7. Is the client greater than or equal to ( $\geq$ ) 18 years of age?
  - Yes – Go to #8
  - No – Deny
8. Does the client have a history of [ESRD, pancreatitis, gastroparesis, medullary thyroid carcinoma \(MTC\), or multiple endocrine neoplasia syndrome type 2 \(MEN 2\)](#) in the last 730 days?

- Yes – Deny
- No – Go to #9
9. Does the client have a history of [ESRD services](#) (CPT codes) in the last 730 days?
- Yes – Deny
- No – Go to #10
10. Does the client have a history of an [HbA1c test](#) in the last 180 days?
- Yes – Go to #11
- No – Deny
11. Will the client have concurrent therapy with a [GLP-1 RA containing agent](#)?
- Yes – Deny
- No – Approve (365 days)

**PAXPRESS™** **GLP-1 Receptor Agonists**  
**Clinical Criteria Logic Diagram**





## GLP-1 Receptor Agonists

### Clinical Criteria Supporting Tables

Table 3 (diagnosis of type II diabetes)	
ICD-10 Code	Description
E1100	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
E1101	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA
E1121	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1122	TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1129	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E11311	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11319	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11321	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11329	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11331	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11339	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11341	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11349	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11351	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11359	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E1136	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT

Table 3 (diagnosis of type II diabetes)	
ICD-10 Code	Description
E1139	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E1140	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1141	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1142	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1143	TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1144	TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1149	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1151	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1152	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1159	TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E11610	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E11618	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E11620	TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS
E11621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER
E11622	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER
E11628	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E11630	TYPE 2 DIABETES MELLITUS WITH PERIODONTAL DISEASE
E11638	TYPE 2 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E11641	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E11649	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E1165	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA
E1169	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION

<b>Table 3 (diagnosis of type II diabetes)</b>	
<b>ICD-10 Code</b>	<b>Description</b>
E118	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E119	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS

<b>Table 4 (history of oral antidiabetic agent)</b>	
<b>GCN</b>	<b>Label Name</b>
25445	ACTOPLUS MET 15 MG-850 MG TAB
34085	ALOGLIPTIN 12.5 MG TABLET
34076	ALOGLIPTIN 25 MG TABLET
34086	ALOGLIPTIN 6.25 MG TABLET
34088	ALOGLIPTIN-METFORMIN 12.5-1000
34087	ALOGLIPTIN-METFORMIN 12.5-500
34080	ALOGLIPTIN-PIOGLIT 12.5-15 MG
34083	ALOGLIPTIN-PIOGLIT 12.5-30 MG
34077	ALOGLIPTIN-PIOGLIT 25-15 MG
34078	ALOGLIPTIN-PIOGLIT 25-30 MG
34079	ALOGLIPTIN-PIOGLIT 25-45 MG
56912	BRYNOVIN 25 MG/ML SOLUTION
05710	DIABETA 1.25 MG TABLET
05711	DIABETA 2.5 MG TABLET
05712	DIABETA 5 MG TABLET
97181	DUETACT 30-2 MG TABLET
97180	DUETACT 30-4 MG TABLET
34394	FARXIGA 10 MG TABLET
35698	FARXIGA 5 MG TABLET

Table 4 (history of oral antidiabetic agent)	
GCN	Label Name
05830	GLIMEPIRIDE 1 MG TABLET
05832	GLIMEPIRIDE 2 MG TABLET
05833	GLIMEPIRIDE 4 MG TABLET
10841	GLIPIZIDE 10 MG TABLET
10840	GLIPIZIDE 5 MG TABLET
10843	GLIPIZIDE ER 10 MG TABLET
50638	GLIPIZIDE ER 2.5 MG TABLET
10844	GLIPIZIDE ER 5 MG TABLET
10843	GLIPIZIDE XL 10 MG TABLET
50638	GLIPIZIDE XL 2.5 MG TABLET
10844	GLIPIZIDE XL 5 MG TABLET
18366	GLIPIZIDE-METFORMIN 2.5-250 MG
18367	GLIPIZIDE-METFORMIN 2.5-500 MG
18368	GLIPIZIDE-METFORMIN 5-500 MG
10844	GLUCOTROL XL 5MG TABLET
10843	GLUCOTROL XL 10 MG TABLET
05710	GLYBURIDE 1.25 MG TABLET
05711	GLYBURIDE 2.5 MG TABLET
05712	GLYBURIDE 5 MG TABLET
05713	GLYBURIDE MICRO 1.5 MG TAB
05714	GLYBURIDE MICRO 3 MG TABLET
05715	GLYBURIDE MICRO 6 MG TABLET
89878	GLYBURIDE-METFORMIN 1.25-250 MG
92889	GLYBURIDE-METFORMIN 2.5-500 MG

Table 4 (history of oral antidiabetic agent)	
GCN	Label Name
89879	GLYBURIDE-METFORMIN 5-500 MG
37832	GLYXAMBI 10-5 MG TABLET
37833	GLYXAMBI 25-5 MG TABLET
36859	INVOKAMET 150-1000 MG TABLET
36953	INVOKAMET 150-500 MG TABLET
36857	INVOKAMET 50-1000 MG TABLET
36954	INVOKAMET 50-500 MG TABLET
42315	INVOKAMET XR 150-1000 MG TABLET
42314	INVOKAMET XR 150-500 MG TABLET
42313	INVOKAMET XR 50-1000 MG TAB
42312	INVOKAMET XR 50-500 MG TABLET
34439	INVOKANA 100 MG TABLET
34441	INVOKANA 300 MG TABLET
98307	JANUMET 50-1,000 MG TABLET
98306	JANUMET 50-500 MG TABLET
31348	JANUMET XR 100-1000 MG TABLET
31340	JANUMET XR 50-1000 MG TABLET
31339	JANUMET XR 50-500 MG TABLET
97400	JANUVIA 100 MG TABLET
97398	JANUVIA 25 MG TABLET
97399	JANUVIA 50 MG TABLET
36716	JARDIANCE 10 MG TABLET
36723	JARDIANCE 25 MG TABLET
31317	JENTADUETO 2.5-1000 MG TAB

Table 4 (history of oral antidiabetic agent)	
GCN	Label Name
31315	JENTADUETO 2.5-500 MG TAB
31316	JENTADUETO 2.5-850 MG TAB
41637	JENTADUETO XR 2.5-1000 MG TAB
41639	JENTADUETO XR 5-1000 MG TAB
34088	KAZANO 12.5-1000 MG TABLET
34087	KAZANO 12.5-500 MG TABLET
10857	METFORMIN HCL 1000 MG TABLET
10810	METFORMIN HCL 500 MG TABLET
10811	METFORMIN HCL 850 MG TABLET
89863	METFORMIN HCL ER 500 MG TABLET
19578	METFORMIN HCL ER 750 MG TABLET
21831	METFORMIN ER 1,000 MG OSM-TAB
21832	METFORMIN ER 500 MG OSMOTIC TB
97061	METFORMIN ER 500 MG GASTRC-TB
97067	METFORMIN ER 1,000 MG GASTR-TB
20808	METFORMIN HCL 500 MG/5 ML SOLN
34027	NATEGLINIDE 120 MG TABLET
12277	NATEGLINIDE 60 MG TABLET
92291	PIOGLITAZONE HCL 15 MG TABLET
93001	PIOGLITAZONE HCL 30 MG TABLET
93011	PIOGLITAZONE HCL 45 MG TABLET
97181	PIOGLITAZONE-GLIMEPIRIDE 30-2 MG
97180	PIOGLITAZONE-GLIMEPIRIDE 30-4 MG
25444	PIOGLITAZONE-METFORMIN 15-500 MG

Table 4 (history of oral antidiabetic agent)	
GCN	Label Name
25445	PIOGLITAZONE-METFORMIN 15-850 MG
26311	REPAGLINIDE 0.5MG TABLET
26312	REPAGLINIDE 1 MG TABLET
26313	REPAGLINIDE 2 MG TABLET
27393	SAXAGLIPTIN HCL 2.5 MG TABLET
27394	SAXAGLIPTIN HCL 5 MG TABLET
29118	SAXAGLIPTIN-METFORMIN ER 5-500
29225	SAXAGLIPTN-METFORM ER 2.5-1000
29224	SAXAGLIPTIN-METFORMN ER 5-1000
44284	SEGLUROMET 2.5-500 MG TABLET
44286	SEGLUROMET 7.5-500 MG TABLET
44285	SEGLUROMET 2.5-1,000 MG TABLET
44287	SEGLUROMET 7.5-1,000 MG TABLET
54894	SITAGLIPTIN 25 MG TABLET
54895	SITAGLIPTIN 50 MG TABLET
54893	SITAGLIPTIN 100 MG TABLET
54977	SITAGLIPTIN-METFORMIN 50-500
54976	SITAGLIPTIN-METFORMIN 50-1000
56043	SITAGLIPTIN-METFOR ER 50-1,000
56042	SITAGLIPTIN-METFO ER 100-1,000
44238	STEGLUJAN 15-100 MG TABLET
44237	STEGLUJAN 5-100 MG TABLET
39377	SYNJARDY 5-500 TABLET
38932	SYNJARDY 12.5-1000 MG TABLET

<b>Table 4 (history of oral antidiabetic agent)</b>	
<b>GCN</b>	<b>Label Name</b>
39378	SYNJARDY 12.5-500 MG TABLET
38929	SYNJARDY 5-1000 MG TABLET
42788	SYNJARDY XR 10-1000 MG TABLET
42787	SYNJARDY XR 12.5-1000 MG TAB
42789	SYNJARDY XR 25-1000 MG TABLET
42786	SYNJARDY XR 5-1000 MG TABLET
29890	TRADJENTA 5 MG TABLET
44304	XIGDUO XR 2.5-1000 MG TABLET
37344	XIGDUO XR 10-1000 MG TABLET
37342	XIGDUO XR 10-500 MG TABLET
37343	XIGDUO XR 5-1000 MG TABLET
37339	XIGDUO XR 5-500 MG TABLET
54977	ZITUVIMET 50-500 MG TABLET
54976	ZITUVIMET 50-1,000 MG TABLET
56041	ZITUVIMET XR 50-500 MG TABLET
56043	ZITUVIMET XR 50-1000 MG TABLET
56042	ZITUVIMET XR 100-1,000 MG TAB
54894	ZITUVIO 25 MG TABLET
54895	ZITUVIO 50 MG TABLET
54893	ZITUVIO 100 MG TABLET

<b>Table 5 (history of requested medication)</b>	
<b>GCN</b>	<b>Label Name</b>
24613	BYETTA 5 MCG DOSE PEN INJ

Table 5 (history of requested medication)	
GCN	Label Name
24614	BYETTA 10 MCG DOSE PEN INJ
52333	MOUNJARO 10 MG/0.5 ML PEN
52334	MOUNJARO 12.5 MG/0.5 ML PEN
52335	MOUNJARO 15 MG/0.5 ML PEN
52336	MOUNJARO 2.5 MG/0.5 ML PEN
52337	MOUNJARO 5 MG/0.5 ML PEN
52338	MOUNJARO 7.5 MG/0.5 ML PEN
53536	OZEMPIC 0.25-0.5 MG/DOSE PEN
44163	OZEMPIC 0.25-0.5 MG DOSE PEN
48208	OZEMPIC 1 MG/DOSE (4 MG/3 ML)
52125	OZEMPIC 2 MG/DOSE (8 MG/3 ML)
57035	RYBELSUS 1.5 MG TABLET
57037	RYBELSUS 4 MG TABLET
57038	RYBELSUS 9 MG TABLET
46966	RYBELSUS 14 MG TABLET
46964	RYBELSUS 3 MG TABLET
46965	RYBELSUS 7 MG TABLET
42676	SOLIQUA 100 UNIT-33 MCG/ML PEN
37169	TRULICITY 0.75 MG/0.5 ML PEN
37171	TRULICITY 1.5 MG/0.5 ML PEN
48574	TRULICITY 3 MG/0.5 ML PEN
48573	TRULICITY 4.5 MG/0.5 ML PEN
26189	VICTOZA 18 MG/3 ML PEN
38348	XULTOPHY 100 UNIT-3.6 MG/ML PEN

Table 6 (history of ASCVD, HF, or CKD)	
ICD-10 Code	Description
G450	VERTEBRO-BASILAR ARTERY SYNDROME
G451	CAROTID ARTERY SYNDROME (HEMISPHERIC)
G452	MULTIPLE AND BILATERAL PRECEREBRAL ARTERY SYNDROMES
G453	AMAUROSIS FUGAX
G454	TRANSIENT GLOBAL AMNESIA
G458	OTHER TRANSIENT CEREBRAL ISCHEMIC ATTACKS AND RELATED SYNDROMES
G459	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED
I200	UNSTABLE ANGINA
I2101	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT MAIN CORONARY ARTERY
I2102	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY
I2109	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF ANTERIOR WALL
I2111	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING RIGHT CORONARY ARTERY
I2119	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF INFERIOR WALL
I2121	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT CIRCUMFLEX CORONARY ARTERY
I2129	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER SITES
I213	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
I214	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I240	ACUTE CORONARY THROMBOSIS NOT RESULTING IN MYOCARDIAL INFARCTION
I248	OTHER FORMS OF ACUTE ISCHEMIC HEART DISEASE
I501	LEFT VENTRICULAR FAILURE, UNSPECIFIED
I5020	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE

Table 6 (history of ASCVD, HF, or CKD)	
ICD-10 Code	Description
I5021	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE
I5022	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5023	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5030	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE
I5031	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE
I5032	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5033	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5040	UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5041	ACUTE COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5042	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5043	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I509	HEART FAILURE, UNSPECIFIED
I63011	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT VERTEBRAL ARTERY
I63012	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT VERTEBRAL ARTERY
I63019	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED VERTEBRAL ARTERY
I6302	CEREBRAL INFARCTION DUE TO THROMBOSIS OF BASILAR ARTERY
I63031	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CAROTID ARTERY
I63032	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CAROTID ARTERY
I63039	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CAROTID ARTERY
I6309	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER PRECEREBRAL ARTERY

Table 6 (history of ASCVD, HF, or CKD)	
ICD-10 Code	Description
I6310	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED PRECEREBRAL ARTERY
I63111	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT VERTEBRAL ARTERY
I63112	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT VERTEBRAL ARTERY
I63119	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED VERTEBRAL ARTERY
I6320	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERIES
I63211	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT VERTEBRAL ARTERIES
I63212	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT VERTEBRAL ARTERIES
I63219	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED VERTEBRAL ARTERIES
I6322	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF BASILAR ARTERIES
I63231	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CAROTID ARTERIES
I63232	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CAROTID ARTERIES
I63239	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CAROTID ARTERIES
I6329	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER PRECEREBRAL ARTERIES
I6330	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBRAL ARTERY
I63311	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY
I63312	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY
I63319	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY

Table 6 (history of ASCVD, HF, or CKD)	
ICD-10 Code	Description
I63321	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY
I63322	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT ANTERIOR CEREBRAL ARTERY
I63329	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63331	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT POSTERIOR CEREBRAL ARTERY
I63332	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT POSTERIOR CEREBRAL ARTERY
I63339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63341	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CEREBELLAR ARTERY
I63342	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CEREBELLAR ARTERY
I63349	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBELLAR ARTERY
I6339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER CEREBRAL ARTERY
I6340	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY
I63411	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT MIDDLE CEREBRAL ARTERY
I63412	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT MIDDLE CEREBRAL ARTERY
I63419	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63421	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT ANTERIOR CEREBRAL ARTERY
I63422	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT ANTERIOR CEREBRAL ARTERY

Table 6 (history of ASCVD, HF, or CKD)	
ICD-10 Code	Description
I63429	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63431	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT POSTERIOR CEREBRAL ARTERY
I63432	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT POSTERIOR CEREBRAL ARTERY
I63439	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63441	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT CEREBELLAR ARTERY
I63442	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CEREBELLAR ARTERY
I63449	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBELLAR ARTERY
I6349	CEREBRAL INFARCTION DUE TO EMBOLISM OF OTHER CEREBRAL ARTERY
I6350	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBRAL ARTERY
I63511	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT MIDDLE CEREBRAL ARTERY
I63512	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY
I63519	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63521	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY
I63522	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT ANTERIOR CEREBRAL ARTERY
I63529	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63531	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT POSTERIOR CEREBRAL ARTERY
I63532	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT POSTERIOR CEREBRAL ARTERY

Table 6 (history of ASCVD, HF, or CKD)	
ICD-10 Code	Description
I63539	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63541	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CEREBELLAR ARTERY
I63542	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CEREBELLAR ARTERY
I63549	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBELLAR ARTERY
I6359	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER CEREBRAL ARTERY
I636	CEREBRAL INFARCTION DUE TO CEREBRAL VENOUS THROMBOSIS, NONPYOGENIC
I638	OTHER CEREBRAL INFARCTION
I639	CEREBRAL INFARCTION, UNSPECIFIED
I658	OCCLUSION AND STENOSIS OF OTHER PRECEREBRAL ARTERIES
I659	OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY
I6609	OCCLUSION AND STENOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I6619	OCCLUSION AND STENOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I6629	OCCLUSION AND STENOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I669	OCCLUSION AND STENOSIS OF UNSPECIFIED CEREBRAL ARTERY
I672	CEREBRAL ATHEROSCLEROSIS
I6781	ACUTE CEREBROVASCULAR INSUFFICIENCY
I6782	CEREBRAL ISCHEMIA
I67848	OTHER CEREBROVASCULAR VASOSPASM AND VASOCONSTRICTION
I6789	OTHER CEREBROVASCULAR DISEASE
I70201	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG

Table 6 (history of ASCVD, HF, or CKD)	
ICD-10 Code	Description
I70202	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG
I70203	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS
I70208	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, OTHER EXTREMITY
I70209	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY
I70211	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, RIGHT LEG
I70212	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, LEFT LEG
I70213	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS
I70218	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, OTHER EXTREMITY
I70219	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, UNSPECIFIED EXTREMITY
I70221	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, RIGHT LEG
I70222	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, LEFT LEG
I70223	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, BILATERAL LEGS
I70228	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, OTHER EXTREMITY
I70229	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, UNSPECIFIED EXTREMITY
I70231	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF THIGH
I70232	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF CALF

Table 6 (history of ASCVD, HF, or CKD)	
ICD-10 Code	Description
I70233	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF ANKLE
I70234	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
I70235	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF FOOT
I70238	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF LOWER RIGHT LEG
I70239	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF UNSPECIFIED SITE
I70241	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF THIGH
I70242	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF CALF
I70243	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF ANKLE
I70244	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
I70245	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF FOOT
I70248	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF LOWER LEFT LEG
I70249	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF UNSPECIFIED SITE
I7025	ATHEROSCLEROSIS OF NATIVE ARTERIES OF OTHER EXTREMITIES WITH ULCERATION
I70261	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, RIGHT LEG
I70262	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, LEFT LEG
I70263	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, BILATERAL LEGS

<b>Table 6 (history of ASCVD, HF, or CKD)</b>	
<b>ICD-10 Code</b>	<b>Description</b>
I70268	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, OTHER EXTREMITY
I70269	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, UNSPECIFIED EXTREMITY
I70291	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG
I70292	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG
I70293	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS
I70298	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, OTHER EXTREMITY
I70299	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY
N181	CHRONIC KIDNEY DISEASE, STAGE 1
N182	CHRONIC KIDNEY DISEASE, STAGE 2 (MILD)
N1830	CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED
N1831	CHRONIC KIDNEY DISEASE, STAGE 3A
N1832	CHRONIC KIDNEY DISEASE, STAGE 3B
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)
N185	CHRONIC KIDNEY DISEASE, STAGE 5
N186	END STAGE RENAL DISEASE
N189	CHRONIC KIDNEY DISEASE, UNSPECIFIED

<b>Table 8 (diagnosis of ESRD, pancreatitis, gastroparesis, MTC or MEN 2)</b>	
<b>ICD-10 Code</b>	<b>Description</b>
Z4901	ENCOUNTER FOR FITTING AND ADJUSTMENT OF EXTRACORPOREAL DIALYSIS CATHETER

Table 8 (diagnosis of ESRD, pancreatitis, gastroparesis, MTC or MEN 2)	
ICD-10 Code	Description
Z4902	ENCOUNTER FOR FITTING AND ADJUSTMENT OF PERITONEAL DIALYSIS CATHETER
Z4931	ENCOUNTER FOR ADEQUACY TESTING FOR HEMODIALYSIS
Z4932	ENCOUNTER FOR ADEQUACY TESTING FOR PERITONEAL DIALYSIS
Z992	DEPENDENCE ON RENAL DIALYSIS
K3184	GASTROPARESIS
B252	CYTOMEGALOVIRAL PANCREATITIS
K850	IDIOPATHIC ACUTE PANCREATITIS
K851	BILIARY ACUTE PANCREATITIS
K852	ALCOHOL INDUCED ACUTE PANCREATITIS
K853	DRUG INDUCED ACUTE PANCREATITIS
K859	ACUTE PANCREATITIS, UNSPECIFIED
K858	OTHER ACUTE PANCREATITIS
K860	ALCOHOL-INDUCED CHRONIC PANCREATITIS
K861	OTHER CHRONIC PANCREATITIS
N186	END STAGE RENAL DISEASE
Z4901	ENCOUNTER FOR FITTING AND ADJUSTMENT OF EXTRACORPOREAL DIALYSIS CATHETER
Z4902	ENCOUNTER FOR FITTING AND ADJUSTMENT OF PERITONEAL DIALYSIS CATHETER
Z4931	ENCOUNTER FOR ADEQUACY TESTING FOR HEMODIALYSIS
Z4932	ENCOUNTER FOR ADEQUACY TESTING FOR PERITONEAL DIALYSIS
C73	MALIGNANT NEOPLASM OF THYROID GLAND
E3122	MULTIPLE ENDOCRINE NEOPLASIA [MEN] TYPE IIA
E3123	MULTIPLE ENDOCRINE NEOPLASIA [MEN] TYPE IIB

Table 9 (procedure for ESRD services)	
CPT Code	Description
90918	ESRD RELATED SERVICES, MONTH
90919	ESRD RELATED SERVICES, MONTH
90920	ESRD RELATED SERVICES, MONTH
90921	ESRD RELATED SERVICES, MONTH
90922	ESRD RELATED SERVICES, DAY
90923	ESRD RELATED SERVICES, DAY
90924	ESRD RELATED SERVICES, DAY
90925	ESRD RELATED SERVICES, DAY
90935	HEMODIALYSIS, ONE EVALUATION
90937	HEMODIALYSIS, REPEATED EVAL
90940	HEMODIALYSIS ACCESS STUDY
90941	HEMODIALYSIS, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT; PAT OVER 40 KG
90942	HEMODIALYSIS, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT: PAT 21-40 KG
90943	HEMODIAL, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT; PAT OVER 40 KG
90944	HEMODIAL, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT; PAT UNDER 10 KG
90945	DIALYSIS, ONE EVALUATION
90947	DIALYSIS, REPEATED EVAL
90951	ESRD SERV, 4 VISITS P MO, <2
90952	ESRD SERV, 2-3 VSTS P MO, <2
90953	ESRD SERV, 1 VISIT P MO, <2
90954	ESRD SERV, 4 VSTS P MO, 2-11
90955	ESRD SRV 2-3 VSTS P MO, 2-11
90956	ESRD SRV, 1 VISIT P MO, 2-11

Table 9 (procedure for ESRD services)	
CPT Code	Description
90957	ESRD SRV, 4 VSTS P MO, 12-19
90958	ESRD SRV 2-3 VSTS P MO 12-19
90959	ESRD SERV, 1 VST P MO, 12-19
90960	ESRD SRV, 4 VISITS P MO, 20+
90961	ESRD SRV, 2-3 VSTS P MO, 20+
90962	ESRD SERV, 1 VISIT P MO, 20+
90963	ESRD HOME PT, SERV P MO, <2
90964	ESRD HOME PT SERV P MO, 2-11
90965	ESRD HOME PT SERV P MO 12-19
90966	ESRD HOME PT, SERV P MO, 20+
90967	ESRD HOME PT SERV P DAY, <2
90968	ESRD HOME PT SRV P DAY, 2-11
90969	ESRD HOME PT SRV P DAY 12-19
90970	ESRD HOME PT SERV P DAY, 20+
90976	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT MORE THAN 40 KG
90977	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT 21-40 KG
90978	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT 11-20 KG
90979	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT UNDER 10 KG
90982	PERITONEAL DIALYSIS FOR (ESRD), MAINT STABI COND, HOSP/OTHER FACIL PER SET; MORE 40 KG
90983	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABL COND,HOSP/OTHER FAC PER SET;PATIENT 21-40 KG
90984	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABI COND, HOSP/OTHER FAC PER SET;PATIENT 11-20 KG
90985	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABI COND,HOSP/OTHER FAC PER SET;PATIENT UNDER 10K

<b>Table 9 (procedure for ESRD services)</b>	
<b>CPT Code</b>	<b>Description</b>
90989	DIALYSIS TRAINING, COMPLETE
90990	HEMODIALYSIS TRAINING AND/OR COUNSELING
90991	HOME HEMODIALYSIS CARE, OUTPAT, SERV PROVID BY PHYSI RESPONS FOR TOTAL CARE
90992	PERITONEAL DIALYSIS TRAINING AND/OR COUNSELING (MEDICARE ONLY)
90993	DIALYSIS TRAINING, INCOMPL
90994	SUPERVISION OF CHRONIC AMBPERITONEAL DIAL (CAPD),HOME/OUT-PATIENT,MONTHLY

<b>Table 10 (procedure for HbA1c test)</b>	
<b>CPT Code</b>	<b>Description</b>
83036	GLYCOSYLATED HEMOGLOBIN TEST
83037	GLYCOSYLATED HB, HOME DEVICE

<b>Table 11 (GLP-1 RA containing agents)</b>	
<b>GCN</b>	<b>Label Name</b>
24613	BYETTA 5 MCG DOSE PEN INJ
24614	BYETTA 10 MCG DOSE PEN INJ
52333	MOUNJARO 10 MG/0.5 ML PEN
52334	MOUNJARO 12.5 MG/0.5 ML PEN
52335	MOUNJARO 15 MG/0.5 ML PEN
52336	MOUNJARO 2.5 MG/0.5 ML PEN
52337	MOUNJARO 5 MG/0.5 ML PEN
52338	MOUNJARO 7.5 MG/0.5 ML PEN
44163	OZEMPIC 0.25-0.5 MG DOSE PEN

Table 11 (GLP-1 RA containing agents)	
GCN	Label Name
53536	OZEMPIC 0.25-0.5 MG/DOSE PEN
48208	OZEMPIC 1 MG/DOSE (3 ML)
52125	OZEMPIC 2 MG/DOSE (8 MG/3 ML)
57035	RYBELSUS 1.5 MG TABLET
46964	RYBELSUS 3 MG TABLET
57037	RYBELSUS 4 MG TABLET
46965	RYBELSUS 7 MG TABLET
57038	RYBELSUS 9 MG TABLET
46966	RYBELSUS 14 MG TABLET
42676	SOLIQUA 100 UNIT-33 MCG/ML PEN
37169	TRULICITY 0.75 MG/0.5 ML PEN
37171	TRULICITY 1.5 MG/0.5 ML PEN
48574	TRULICITY 3 MG/0.5 ML PEN
48573	TRULICITY 4.5 MG/0.5 ML PEN
26189	VICTOZA 18 MG/3 ML PEN
49752	WEGOVY 1 MG/0.5 ML PEN
49749	WEGOVY 0.5 MG/0.5 ML PEN
49753	WEGOVY 1.7 MG/0.75 ML PEN
49754	WEGOVY 2.4 MG/0.75 ML PEN
49748	WEGOVY 0.25 MG/0.5 ML PEN
38348	XULTOPHY 100 UNIT-3.6 MG/ML PEN
56105	ZEPBOUND 2.5 MG/0.5 ML VIAL
56102	ZEPBOUND 5 MG/0.5 ML VIAL
56692	ZEPBOUND 7.5 MG/0.5 ML VIAL

<b>Table 11 (GLP-1 RA containing agents)</b>	
<b>GCN</b>	<b>Label Name</b>
56685	ZEPBOUND 10 MG/0.5 ML VIAL
56686	ZEPBOUND 12 MG/0.5 ML VIAL
56687	ZEPBOUND 15 MG/0.5 ML VIAL
54993	ZEPBOUND 12.5 MG/0.5 ML PEN
54994	ZEPBOUND 15 MG/0.5 ML PEN
54992	ZEPBOUND 10 MG/0.5 ML PEN
54991	ZEPBOUND 7.5 MG/0.5 ML PEN
54988	ZEPBOUND 2.5 MG/0.5 ML PEN
54989	ZEPBOUND 5 MG/0.5 ML PEN

**GLP-1 Receptor Agonists****Clinical Criteria References**

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## GLP-1 Receptor Agonists

### 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	<ul style="list-style-type: none"> <li>Initial publication and posting to website</li> </ul>
03/05/2012	<ul style="list-style-type: none"> <li>Added a new section to specify the drugs requiring prior authorization</li> <li>In the “Clinical Edit Criteria Supporting Tables” section, revised tables to specify the diagnosis codes pertinent to steps 2 and 4 of the logic diagram</li> <li>In the “Clinical Edit Criteria Supporting Tables” section, revised tables to specify the drug names and GCNs pertinent to steps 3 and 8 of the logic diagram</li> <li>In the “Clinical Edit Criteria Supporting Tables” section, revised tables to specify the procedure codes pertinent to steps 5 and 6 of the logic diagram</li> </ul>
04/03/2015	<ul style="list-style-type: none"> <li>Updated to include ICD-10s</li> </ul>
04/06/2018	<ul style="list-style-type: none"> <li>Removed ICD-9 codes</li> <li>Added Adlyxin, Bydureon, Ozempic, Soliqua, Tanzeum, Trulicity, Victoza, and Xultophy to ‘Drugs Requiring PA’</li> <li>Reviewed and updated Table 2</li> <li>Reviewed and updated Table 3</li> <li>Reviewed and updated Table 4</li> <li>Reviewed and updated Table 5</li> <li>Updated References</li> </ul>
03/29/2019	<ul style="list-style-type: none"> <li>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 <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a>.) on each ‘Drug Requiring PA’ table</li> </ul>
07/05/2019	<ul style="list-style-type: none"> <li>Removed GCNs for Tanzeum (no longer available)</li> <li>Expanded age for Victoza to <math>\geq 10</math> years (question #2) in criteria logic and logic diagram</li> </ul>
07/15/2020	<ul style="list-style-type: none"> <li>Added GCNs for Rybelsus to drug table</li> <li>Updated references</li> </ul>

Publication Date	Notes
02/18/2021	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Removed GCN for Bydureon vial</li> <li>Updated Table 3 and 4</li> <li>Updated references</li> </ul>
04/12/2021	<ul style="list-style-type: none"> <li>Added GCNs for Rybelsus (46966, 46964 and 46965) to Table 4 (history of requested medication)</li> </ul>
05/13/2021	<ul style="list-style-type: none"> <li>Added GCN for Ozempic 1mg dose pen – 3mL (48208)</li> </ul>
06/01/2021	<ul style="list-style-type: none"> <li>Added GCNs for Trulicity 3mg/0.5mL pen and 4.5mg/0.5mL pen (48574 and 48573) to drug table</li> </ul>
08/09/2021	<ul style="list-style-type: none"> <li>Updated age for Bydureon BCise to ≥ 10 years</li> </ul>
06/02/2022	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCNs for Mounjaro (52333, 52334, 52335, 52336, 52337, 52338) to PA drug table and supporting table</li> <li>Removed GCN for Bydureon (36352 - product discontinued) from PA drug table and supporting table</li> <li>Added check for ASCVD, HF and CKD without prior oral antidiabetic therapy</li> <li>Added check for MTC and MEN2 (contraindications) to criteria logic</li> <li>Added check for duplicate therapy to criteria logic</li> <li>Updated references</li> </ul>
11/17/2022	<ul style="list-style-type: none"> <li>Added GCN for Ozempic (52125) to PA drug table and supporting table</li> </ul>
02/01/2023	<ul style="list-style-type: none"> <li>Updated ICD-10 codes for dialysis in Table 7</li> </ul>
04/28/2023	<ul style="list-style-type: none"> <li>Added GCN for Ozempic (53536) to PA drug table and supporting table</li> </ul>
08/02/2023	<ul style="list-style-type: none"> <li>Updated check for prior therapy and stable therapy to 'consecutive days'</li> </ul>
08/09/2023	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Removed GCNs for Adlyxin (35688, 35687 – product discontinued) from PA drug table and supporting table</li> <li>Updated age for Trulicity to 10 years and older</li> <li>Added check for ASCVD, HF and CKD without prior oral antidiabetic therapy for Ozempic, Trulicity and Victoza</li> <li>Updated references</li> </ul>
01/24/2025	<ul style="list-style-type: none"> <li>Annual review by staff</li> </ul>

Publication Date	Notes
	<ul style="list-style-type: none"> <li>Added GCNs for Wegovy (49752, 49749, 49753, 49754, 49748) and Zepbound (56105, 56102, 56692, 56685, 54993, 54994, 54992, 54991, 54989) to the “Supporting Tables” section</li> <li>Removed ICD-10 codes (I2583, I2584, I2589, I259) from heart failure diagnosis table</li> <li>Updated references</li> </ul>
03/10/2025	<ul style="list-style-type: none"> <li>Added GCNs for Rybelsus (57035, 57037, 57038) to Drugs Requiring PA table and supporting tables</li> </ul>
09/12/2025	<ul style="list-style-type: none"> <li>Added GCNs for Ozempic (53536, 52125) and Zepbound (54988, 56686, 56687) to the “Supporting Tables” section</li> </ul>
10/31/2025	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Removed GCNs for Bydureon Bcise (44039) and Ozempic (44164) from the Drugs Requiring PA table, History of Requested Medication, and GLP-1 RA Containing Agents supporting table – products discontinued</li> <li>Removed GCNs for Actoplus (28620), alogliptin-pioglitazone (34084), Amaryl (05830, 05832, 05833), Avandia (93203, 93193), Fortamet (21831, 21832), Glucotrol (10841, 10840), Glucotrol XL (50638), Glumetza (97067, 97061), Glynase (05713, 05714, 05715), Glyset (95254, 95252, 95253), Kombiglyze (29225, 29224, 29118), Nesina (34085, 34076, 34086), Oseni (34080, 34083, 34084, 34077, 34078, 34079), Qtern (43126), and Riomet (20808) from the Oral Antidiabetic Agent supporting table – products discontinued</li> <li>Added GCNs for Actoplus (25445), Diabeta (05710, 05711, 05712), Duetact (97181, 97180), Glucotrol (10844), metformin (20808), saxagliptin-metformin (29118, 29225, 29224), Segluromet (44284, 44286, 44285, 44287), sitagliptin-metformin (54977, 54976, 56043, 56042), Synjardy (39377), and Xigduo (44304) to the Oral Antidiabetic Agent supporting table</li> <li>Updated the guide’s name to “Hypoglycemics - GLP-1 Receptor Agonists”</li> <li>Updated references</li> </ul>