
Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

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

Clinical 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

Added GCNs for Rybelsus (57035, 57037, 57038) to Drugs Requiring PA table and supporting tables



GLP-1 Receptor Agonists

Drugs Requiring Prior Authorization

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

Drugs Requiring Prior Authorization	
Label Name	GCN
BYDUREON BCISE 2 MG AUTOINJECT	44039
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 PEN (1.5 ML)	44164
OZEMPIC 1 MG DOSE PEN (3 ML)	48208
OZEMPIC 2 MG/DOSE (8 MG/3 ML)	52125
RYBELSUS 1.5 MG TABLET	57035
RYBELSUS 3 MG TABLET	46964
RYBELSUS 4 MG TABLET	57037
RYBELSUS 7 MG TABLET	46965
RYBELSUS 9 MG TABLET	57038
RYBELSUS 14 MG TABLET	46966
SOLIQUA 100 UNIT-33 MCG/ML PEN	42676
TRULICITY 0.75 MG/0.5 ML PEN	37169
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 Bydureon BCise, Trulicity or Victoza, go to #2)
[] No (And request is for any agent other than Bydureon BCise, 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)

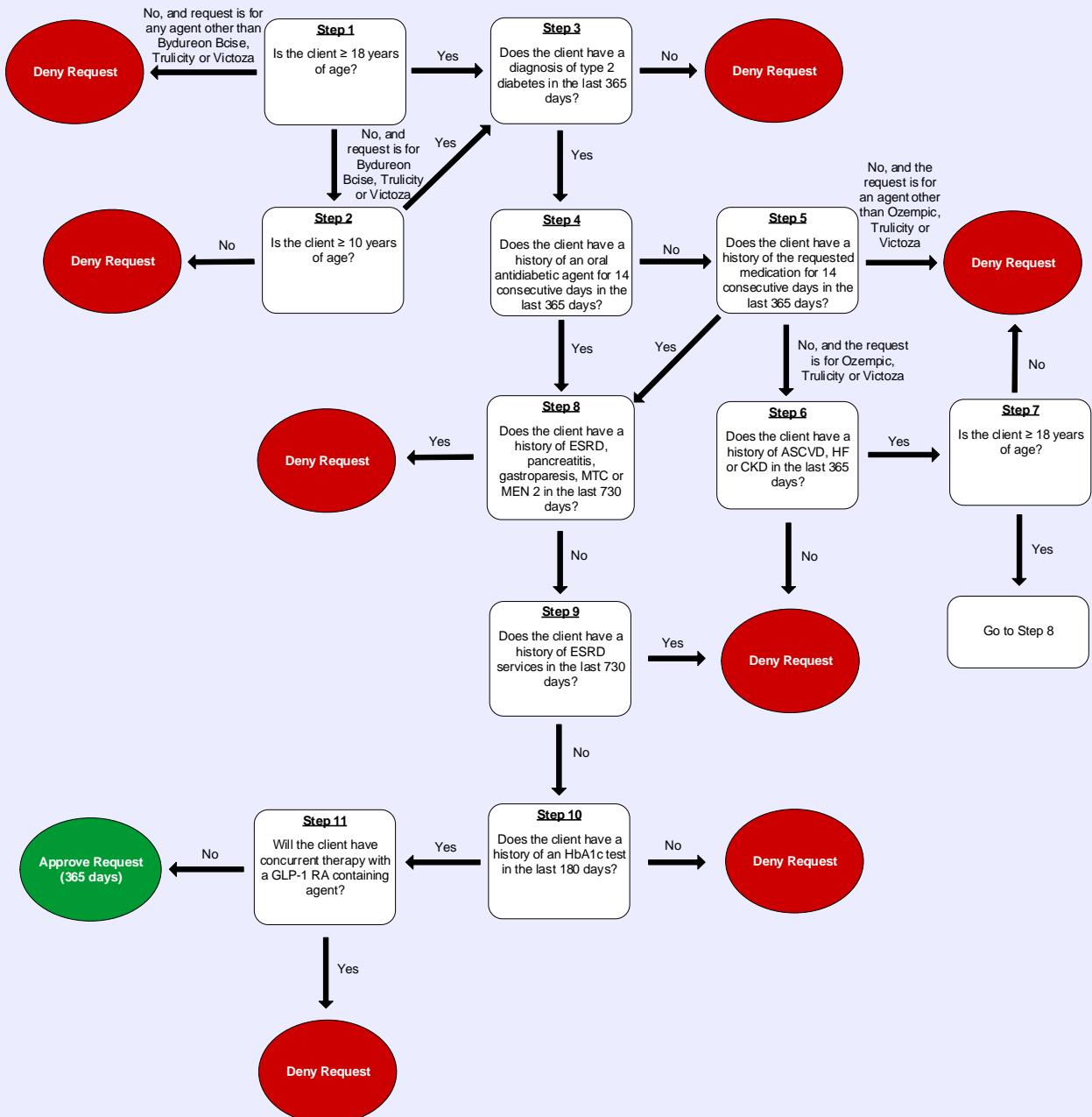
11. Will the client have concurrent therapy with a **GLP-1 RA containing agent**?

- Yes (Deny)
- No (Approve – 365 days)



GLP-1 Receptor Agonists

Clinical Criteria Logic Diagram





GLP-1 Receptor Agonists

Clinical Criteria Supporting Tables

Step 3 (diagnosis of type II diabetes) Required diagnosis: 1 Look back timeframe: 365 days	
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
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

Step 3 (diagnosis of type II diabetes) Required diagnosis: 1 Look back timeframe: 365 days	
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
E118	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E119	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS

Step 4 (history of oral antidiabetic agent) Required quantity: 14 days supply Look back timeframe: 365 days	
Label Name	GCN
ACTOPLUS MET XR 15-1000 MG TB	28620
ALOGLIPTIN 12.5 MG TABLET	34085
ALOGLIPTIN 25 MG TABLET	34076
ALOGLIPTIN 6.25 MG TABLET	34086
ALOGLIPTIN-METFORMIN 12.5-1000	34088
ALOGLIPTIN-METFORMIN 12.5-500	34087
ALOGLIPTIN-PIOGLIT 12.5-15 MG	34080

Step 4 (history of oral antidiabetic agent)**Required quantity: 14 days supply****Look back timeframe: 365 days**

Label Name	GCN
ALOGLIPTIN-PIOGLIT 12.5-30 MG	34083
ALOGLIPTIN-PIOGLIT 12.5-45 MG	34084
ALOGLIPTIN-PIOGLIT 25-15 MG	34077
ALOGLIPTIN-PIOGLIT 25-30 MG	34078
ALOGLIPTIN-PIOGLIT 25-45 MG	34079
AMARYL 1 MG TABLET	05830
AMARYL 2 MG TABLET	05832
AMARYL 4 MG TABLET	05833
AVANDIA 2 MG TABLET	93193
AVANDIA 4 MG TABLET	93203
FARXIGA 10 MG TABLET	34394
FARXIGA 5 MG TABLET	35698
FORTAMET ER 1,000 MG TABLET	21831
FORTAMET ER 500 MG TABLET	21832
GLIMEPIRIDE 1 MG TABLET	05830
GLIMEPIRIDE 2 MG TABLET	05832
GLIMEPIRIDE 4 MG TABLET	05833
GLIPIZIDE 10 MG TABLET	10841
GLIPIZIDE 5 MG TABLET	10840
GLIPIZIDE ER 10 MG TABLET	10843
GLIPIZIDE ER 2.5 MG TABLET	50638
GLIPIZIDE ER 5 MG TABLET	10844
GLIPIZIDE XL 10 MG TABLET	10843
GLIPIZIDE XL 2.5 MG TABLET	50638
GLIPIZIDE XL 5 MG TABLET	10844
GLIPIZIDE-METFORMIN 2.5-250 MG	18366
GLIPIZIDE-METFORMIN 2.5-500 MG	18367
GLIPIZIDE-METFORMIN 5-500 MG	18368
GLUCOPHAGE 1000 MG TABLET	10857
GLUCOPHAGE 500 MG TABLET	10810
GLUCOPHAGE XR 500 MG TAB	89863
GLUCOPHAGE XR 750 MG TAB	19578
GLUCOTROL 10 MG TABLET	10841
GLUCOTROL 5 MG TABLET	10840
GLUCOTROL XL 10 MG TABLET	10843
GLUCOTROL XL 2.5 MG TABLET	50638

Step 4 (history of oral antidiabetic agent)**Required quantity: 14 days supply****Look back timeframe: 365 days**

Label Name	GCN
GLUMETZA ER 1,000 MG TABLET	97067
GLUMETZA ER 500 MG TABLET	97061
GLYBURIDE 1.25 MG TABLET	05710
GLYBURIDE 2.5 MG TABLET	05711
GLYBURIDE 5 MG TABLET	05712
GLYBURIDE MICRO 1.5 MG TAB	05713
GLYBURIDE MICRO 3 MG TABLET	05714
GLYBURIDE MICRO 6 MG TABLET	05715
GLYBURIDE-METFORMIN 1.25-250 MG	89878
GLYBURIDE-METFORMIN 2.5-500 MG	92889
GLYBURIDE-METFORMIN 5-500 MG	89879
GLYNASE 1.5 MG PRESTAB	05713
GLYNASE 3 MG PRESTAB	05714
GLYNASE 6 MG PRESTAB	05715
GLYSET 100 MG TABLET	95254
GLYSET 25 MG TABLET	95252
GLYSET 50 MG TABLET	95253
GLYXAMBI 10-5 MG TABLET	37832
GLYXAMBI 25-5 MG TABLET	37833
INVOKAMET 150-1000 MG TABLET	36859
INVOKAMET 150-500 MG TABLET	36953
INVOKAMET 50-1000 MG TABLET	36857
INVOKAMET 50-500 MG TABLET	36954
INVOKAMET XR 150-1000 MG TABLET	42315
INVOKAMET XR 150-500 MG TABLET	42314
INVOKAMET XR 50-1000 MG TAB	42313
INVOKAMET XR 50-500 MG TABLET	42312
INVOKANA 100 MG TABLET	34439
INVOKANA 300 MG TABLET	34441
JANUMET 50-1,000 MG TABLET	98307
JANUMET 50-500 MG TABLET	98306
JANUMET XR 100-1000 MG TABLET	31348
JANUMET XR 50-1000 MG TABLET	31340
JANUMET XR 50-500 MG TABLET	31339
JANUVIA 100 MG TABLET	97400
JANUVIA 25 MG TABLET	97398

Step 4 (history of oral antidiabetic agent) Required quantity: 14 days supply Look back timeframe: 365 days	
Label Name	GCN
JANUVIA 50 MG TABLET	97399
JARDIANCE 10 MG TABLET	36716
JARDIANCE 25 MG TABLET	36723
JENTADUETO 2.5-1000 MG TAB	31317
JENTADUETO 2.5-500 MG TAB	31315
JENTADUETO 2.5-850 MG TAB	31316
JENTADUETO XR 2.5-1000 MG TAB	41637
JENTADUETO XR 5-1000 MG TAB	41639
KAZANO 12.5-1000 MG TABLET	34088
KAZANO 12.5-500 MG TABLET	34087
KOMBIGLYZE XR 2.5-1,000 MG TAB	29225
KOMBIGLYZE XR 5-1,000 MG TAB	29224
KOMBIGLYZE XR 5-500 MG TABLET	29118
METFORMIN HCL 1000 MG TABLET	10857
METFORMIN HCL 500 MG TABLET	10810
METFORMIN HCL 850 MG TABLET	10811
METFORMIN HCL ER 500 MG TABLET	89863
METFORMIN HCL ER 750 MG TABLET	19578
METFORMIN ER 1,000 MG OSM-TAB	21831
METFORMIN ER 500 MG OSMOTIC TB	21832
METFORMIN ER 500 MG GASTRC-TB	97061
METFORMIN ER 1,000 MG GASTR-TB	97067
NATEGLINIDE 120 MG TABLET	34027
NATEGLINIDE 60 MG TABLET	12277
NESINA 12.5 MG TABLET	34085
NESINA 25 MG TABLET	34086
NESINA 6.25 MG TABLET	34086
ONGLYZA 2.5 MG TABLET	27393
ONGLYZA 5 MG TABLET	27394
OSENI 12.5-15 MG TABLET	34080
OSENI 12.5-30 MG TABLET	34083
OSENI 12.5-45 MG TABLET	34084
OSENI 25-15 MG TABLET	34077
OSENI 25-30 MG TABLET	34078
OSENI 25-45 MG TABLET	34079
PIOGLITAZONE HCL 15 MG TABLET	92291

Step 4 (history of oral antidiabetic agent)**Required quantity: 14 days supply****Look back timeframe: 365 days**

Label Name	GCN
PIOGLITAZONE HCL 30 MG TABLET	93001
PIOGLITAZONE HCL 45 MG TABLET	93011
PIOGLITAZONE-GLIMEPIRIDE 30-2 MG	97181
PIOGLITAZONE-GLIMEPIRIDE 30-4 MG	97180
PIOGLITAZONE-METFORMIN 15-500 MG	25444
PIOGLITAZONE-METFORMIN 15-850 MG	25445
PRECOSE 100 MG TABLET	02318
PRECOSE 25 MG TABLET	08070
PRECOSE 50 MG TABLET	02319
QTERN 10-5 MG TABLET	43126
REPAGLINIDE 0.5MG TABLET	26311
REPAGLINIDE 1 MG TABLET	26312
REPAGLINIDE 2 MG TABLET	26313
REPAGLINIDE-METFORMIN 1-500 MG TAB	16084
REPAGLINIDE-METFORMIN 2-500 MG TAB	16085
RIOMET 500 MG/5 ML SOLUTION	20808
STARLIX 120 MG TABLET	34027
STARLIX 60 MG TABLET	12277
STEGLUJAN 15-100 MG TABLET	44238
STEGLUJAN 5-100 MG TABLET	44237
SYNJARDY 12.5-1000 MG TABLET	38932
SYNJARDY 12.5-500 MG TABLET	39378
SYNJARDY 5-1000 MG TABLET	38929
SYNJARDY XR 10-1000 MG TABLET	42788
SYNJARDY XR 12.5-1000 MG TAB	42787
SYNJARDY XR 25-1000 MG TABLET	42789
SYNJARDY XR 5-1000 MG TABLET	42786
TRADJENTA 5 MG TABLET	29890
XIGDUO XR 10-1000 MG TABLET	37344
XIGDUO XR 10-500 MG TABLET	37342
XIGDUO XR 5-1000 MG TABLET	37343
XIGDUO XR 5-500 MG TABLET	37339

Step 5 (history of requested medication) Required quantity: 14 days supply Look back timeframe: 365 days	
Label Name	GCN
BYDUREON BCISE 2 MG AUTOINJECT	44039
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 PEN (1.5 ML)	44164
OZEMPIC 1 MG DOSE PEN (3 ML)	48208
OZEMPIC 2 MG/DOSE (8 MG/3 ML)	52125
RYBELSUS 1.5 MG TABLET	57035
RYBELSUS 3 MG TABLET	46964
RYBELSUS 4 MG TABLET	57037
RYBELSUS 7 MG TABLET	46965
RYBELSUS 9 MG TABLET	57038
RYBELSUS 14 MG TABLET	46966
SOLIQUA 100 UNIT-33 MCG/ML PEN	42676
TRULICITY 0.75 MG/0.5 ML PEN	37169
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

Step 6 (history of ASCVD, HF or CKD) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
G450	VERTEBRO-BASILAR ARTERY SYNDROME
G451	CAROTID ARTERY SYNDROME (HEMISPHERIC)
G452	MULTIPLE AND BILATERAL PRECEREBRAL ARTERY SYNDROMES

Step 6 (history of ASCVD, HF or CKD)**Required diagnosis: 1****Look back timeframe: 365 days**

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
I2583	CORONARY ATHEROSCLEROSIS DUE TO LIPID RICH PLAQUE
I2584	CORONARY ATHEROSCLEROSIS DUE TO CALCIFIED CORONARY LESION
I2589	OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE
I259	CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED
I501	LEFT VENTRICULAR FAILURE
I5020	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
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

Step 6 (history of ASCVD, HF or CKD) Required diagnosis: 1 Look back timeframe: 365 days	
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
I6310	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED PRECEREBRAL ARTERY
I6311	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

Step 6 (history of ASCVD, HF or CKD) Required diagnosis: 1 Look back timeframe: 365 days	
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
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

Step 6 (history of ASCVD, HF or CKD)**Required diagnosis: 1****Look back timeframe: 365 days**

I63422	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT ANTERIOR CEREBRAL ARTERY
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
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

Step 6 (history of ASCVD, HF or CKD) Required diagnosis: 1 Look back timeframe: 365 days	
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
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

Step 6 (history of ASCVD, HF or CKD) Required diagnosis: 1 Look back timeframe: 365 days	
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
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

Step 6 (history of ASCVD, HF or CKD)**Required diagnosis: 1****Look back timeframe: 365 days**

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 (MODERATE) UNSPECIFIED
N1831	CHRONIC KIDNEY DISEASE, STAGE 3A (MODERATE)
N1832	CHRONIC KIDNEY DISEASE, STAGE 3B (MODERATE)
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)
N185	CHRONIC KIDNEY DISEASE, STAGE 5
N186	END STAGE RENAL DISEASE
N189	CHRONIC KIDNEY DISEASE, UNSPECIFIED

Step 8 (diagnosis of ESRD, pancreatitis, gastroparesis, MTC or MEN 2)**Required diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
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
Z992	DEPENDENCE ON RENAL DIALYSIS
K3184	GASTROPARESIS
B252	CYTOMEGALOVIRAL PANCREATITIS
K850	IDIOPATHIC ACUTE PANCREATITIS
K851	BILIARY ACUTE PANCREATITIS

Step 8 (diagnosis of ESRD, pancreatitis, gastroparesis, MTC or MEN 2)**Required diagnosis: 1****Look back timeframe: 730 days**

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

Step 9 (procedure for ESRD services)**Required diagnosis: 1****Look back timeframe: 730 days**

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

Step 9 (procedure for ESRD services) Required diagnosis: 1 Look back timeframe: 730 days	
CPT Code	Description
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
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

Step 9 (procedure for ESRD services)**Required diagnosis: 1****Look back timeframe: 730 days**

CPT Code	Description
90985	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABI COND,HOSP/OTHER FAC PER SET;PATIENT UNDER 10K
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

Step 10 (procedure for HbA1c test)**Required procedure: 1****Look back timeframe: 180 days**

CPT Code	Description
83036	GLYCOSYLATED HEMOGLOBIN TEST
83037	GLYCOSYLATED HB, HOME DEVICE

Step 11 (GLP-1 RA containing agents)

Label Name	GCN
BYDUREON BCISE 2 MG AUTOINJECT	44039
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	44163
OZEMPIC 1 MG DOSE PEN (1.5 ML)	44164
OZEMPIC 1 MG DOSE PEN (3 ML)	48208
RYBELSUS 1.5 MG TABLET	57035
RYBELSUS 3 MG TABLET	46964
RYBELSUS 4 MG TABLET	57037
RYBELSUS 7 MG TABLET	46965
RYBELSUS 9 MG TABLET	57038

Step 11 (GLP-1 RA containing agents)	
Label Name	GCN
RYBELSUS 14 MG TABLET	46966
SOLIQUA 100 UNIT-33 MCG/ML PEN	42676
TRULICITY 0.75 MG/0.5 ML PEN	37169
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

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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	<ul style="list-style-type: none"> Initial publication and posting to website
03/05/2012	<ul style="list-style-type: none"> Added a new section to specify the drugs requiring prior authorization 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 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 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
04/03/2015	<ul style="list-style-type: none"> Updated to include ICD-10s
04/06/2018	<ul style="list-style-type: none"> Removed ICD-9 codes Added Adlyxin, Bydureon, Ozempic, Soliqua, Tanzeum, Trulicity, Victoza and Xultophy to 'Drugs Requiring PA' Reviewed and updated Table 2 Reviewed and updated Table 3 Reviewed and updated Table 4 Reviewed and updated Table 5 Updated References
03/29/2019	<ul style="list-style-type: none"> 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
07/05/2019	<ul style="list-style-type: none"> Removed GCNs for Tanzeum (no longer available) Expanded age for Victoza to ≥ 10 years (question #2) in criteria logic and logic diagram
07/15/2020	<ul style="list-style-type: none"> Added GCNs for Rybelsus to drug table Updated references
02/18/2021	<ul style="list-style-type: none"> Annual review by staff Removed GCN for Bydureon vial Updated Table 3 and 4 Updated references
04/12/2021	<ul style="list-style-type: none"> Added GCNs for Rybelsus (46966, 46964 and 46965) to Table 4 (history of requested medication)
05/13/2021	<ul style="list-style-type: none"> Added GCN for Ozempic 1mg dose pen – 3mL (48208)

Publication Date	Notes
06/01/2021	<ul style="list-style-type: none"> Added GCNs for Trulicity 3mg/0.5mL pen and 4.5mg/0.5mL pen (48574 and 48573) to drug table
08/09/2021	<ul style="list-style-type: none"> Updated age for Bydureon BCise to ≥ 10 years
06/02/2022	<ul style="list-style-type: none"> Annual review by staff Added GCNs for Mounjaro (52333, 52334, 52335, 52336, 52337, 52338) to PA drug table and supporting table Removed GCN for Bydureon (36352 - product discontinued) from PA drug table and supporting table Added check for ASCVD, HF and CKD without prior oral antidiabetic therapy Added check for MTC and MEN2 (contraindications) to criteria logic Added check for duplicate therapy to criteria logic Updated references
11/17/2022	<ul style="list-style-type: none"> Added GCN for Ozempic (52125) to PA drug table and supporting table
02/01/2023	<ul style="list-style-type: none"> Updated ICD-10 codes for dialysis in Table 7
04/28/2023	<ul style="list-style-type: none"> Added GCN for Ozempic (53536) to PA drug table and supporting table
08/02/2023	<ul style="list-style-type: none"> Updated check for prior therapy and stable therapy to 'consecutive days'
08/09/2023	<ul style="list-style-type: none"> Annual review by staff Removed GCNs for Adlyxin (35688, 35687 – product discontinued) from PA drug table and supporting table Updated age for Trulicity to 10 years and older Added check for ASCVD, HF and CKD without prior oral antidiabetic therapy for Ozempic, Trulicity and Victoza Updated references
03/10/2025	<ul style="list-style-type: none"> Added GCNs for Rybelsus (57035, 57037, 57038) to Drugs Requiring PA table and supporting tables