Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Gonadotropin Releasing Hormone (GnRH) Receptor Antagonists

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

Added GCNs for Promacta (39346) and Rimactane (41261) to the Strong OATP-1B1 Inhibitor supporting table

Removed GCNs for Gengraf (13916), Rifadin (41260, 41261), and Rifamate (89800) from the Strong OATP-1B1 Inhibitor supporting table – products discontinued

Added GCNs for Tri-Lo-Mili (18126) and Tri-Mili (11301) to the Contraceptive Agent supporting table

Removed GCNs for Aygestin (11280), Cyclafem (11474, 11477), Estrostep (68105), Emoquette (68811), Fayosim (34465), Kimidess (94868), Loestrin (11480, 11481, 68101,

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68102), Microgestin (11480, 11481, 68101, 68102), Minastrin (34725), Orgestrel (11501), Ortho-Novum (11474, 11477), Orsythia (11534), Ortho Tri-Cyclen Lo (18126), Pirmella (11474, 11477), Tri-Previfem (11301), and Zovia (11490, 11491) from the Contraceptive Agent supporting table – products discontinued

Updated question 4 to check for concurrent therapy with a hormonal contraceptive agent and question 6 to check for concurrent therapy with a strong OATP-1B1 inhibitor

Updated criteria lookback language to say, “in past medical and/or pharmacy claims history?”

Removed step-therapy for 90 days therapy with a contraceptive agent in the last 180 days

Updated references

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GnRH Receptor Antagonists

Drugs Requiring Prior Authorization

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

Drugs Requiring Prior Authorization	
Label Name	**GCN**
MYFEMBREE 40-1-0.5 MG TAB	49699
ORIAHNN 300-1-0.5 MG/300 MG CAPS	48158

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Clinical Criteria Logic

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

   [ ] Yes – Go to #2

   [ ] No – Deny

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

   [ ] Yes – Go to #4

   [ ] No (And the request is for Myfembree) – Go to #3

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

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

   [ ] Yes – Go to #4

   [ ] No – Deny

4. Will the client have concurrent therapy with a hormonal contraceptive agent? (Concomitant use of hormonal contraceptives should be avoided.)

   [ ] Yes – Deny

   [ ] No – Go to #5

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

   [ ] Yes – Deny

   [ ] No (And the request is for Oriahnn) – Go to #6

   [ ] No (And the request is for Myfembree) – Go to #7

6. Will the client have concurrent therapy with a strong OATP–1B1 inhibitor?

   [ ] Yes – Deny

   [ ] No – Go to #7

7. Does the client have a diagnosis of hepatic impairment in the last 365 days?

   [ ] Yes – Deny

   [ ] No – Go to #8

8. Does the client have a history of arterial, venous thrombotic, or thromboembolic disorder in the last 730 days?

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[ ] Yes – Deny

[ ] No – Go to #9

9. Is the client greater than (>) 35 years of age?

   [ ] Yes – Go to #10

   [ ] No – Go to #11

10. Is the client a current smoker?

    [ ] Yes – Deny

    [ ] No – Go to #11

11. Does the client have a diagnosis of uncontrolled hypertension in the last 180 days? [Manual]

    [ ] Yes – Deny

    [ ] No – Go to #12

12. Has the client had a confirmed suicide attempt in past medical and/or pharmacy claims history?

    [ ] Yes – Deny

    [ ] No – Go to #13

13. Does the client have a diagnosis of breast cancer or other hormonally sensitive cancer in the last 365 days?

    [ ] Yes – Deny

    [ ] No – Go to #14

14. If the request is for Oriahnn, is the dose per day less than or equal to (≤) 2 capsules daily? If the request is for Myfembree, is the dose per day less than or equal to (≤) 1 tablet daily?

    [ ] Yes – Go to #15

    [ ] No – Deny

15. Has the client had more than (>) 24 months of elagolix/relugolix-estradiol - norethindrone therapy?

    [ ] Yes – Deny

    [ ] No – Approve (365 days)

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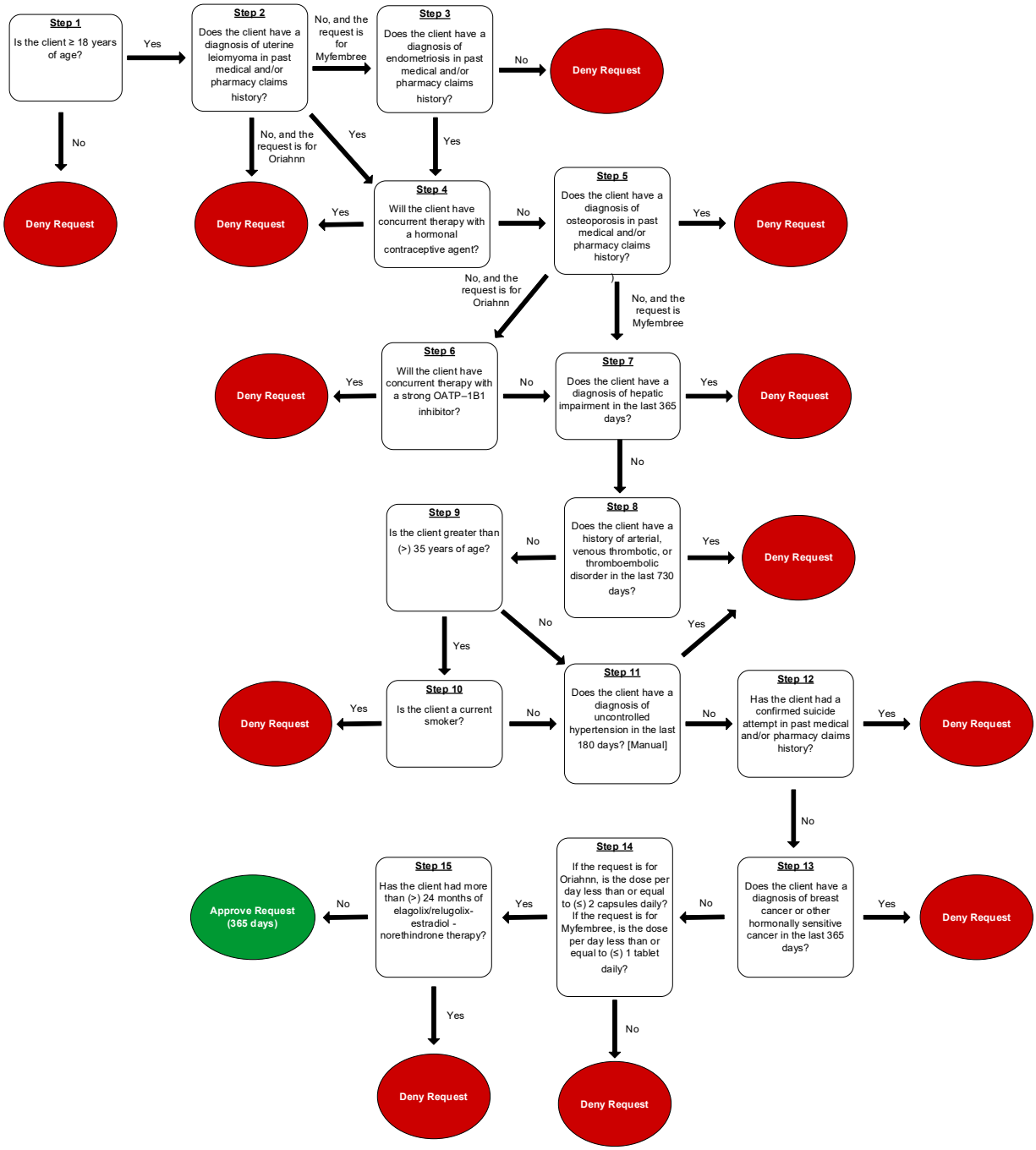
Clinical Criteria Logic Diagram



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GnRH Receptor Antagonists

Clinical Criteria Supporting Tables

Table 2 (diagnosis of uterine leiomyoma)	
ICD-10 Code	**Description**
D250	SUBMUCOUS LEIOMYOMA OF UTERUS
D251	INTRAMURAL LEIOMYOMA OF UTERUS
D252	SUBSEROSAL LEIOMYOMA OF UTERUS
D259	LEIOMYOMA OF UTERUS, UNSPECIFIED

Table 3 (diagnosis of endometriosis)	
ICD-10 Code	**Description**
N800	ENDOMETRIOSIS OF UTERUS
N809	ENDOMETRIOSIS, UNSPECIFIED

Table 4 (claim for a contraceptive agent)	
GCN	**Label Name**
11530	ALTAVERA-28 TABLET
11474	ALYACEN 1-35 28 TABLET
11477	ALYACEN 7-7-7-28 TABLET
27096	AMETHIA 0.15-0.03-0.01 MG TABLET
18167	AMETHIA LO TABLET
98551	AMETHYST 90-20 MCG TABLET
45141	ANNOVERA VAGINAL RING
68811	APRI 28 DAY TABLET
11478	ARANELLE 28 TABLET

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Table 4 (claim for a contraceptive agent)	
GCN	**Label Name**
27096	ASHLYNA 0.15-0.03-0.01 MG TAB
11534	AUBRA-28 TABLET
11534	AVIANE-28 TABLET
94868	AZURETTE 28 DAY TABLET
44336	BALCOLTRA TABLET
11470	BALZIVA 28 TABLET
94868	BEKYREE 28 DAY TABLET
29095	BEYAZ 28 TABLET
26629	BLISOVI 24 FE TABLET
68101	BLISOVI FE 1.5-30 TABLET
68102	BLISOVI FE 1-20 TABLET
11470	BRIELLYN TABLET
11520	CAMILA 0.35 MG TABLET
27096	CAMRESE 0.15-0.03-0.01 MG TAB
18167	CAMRESE LO TABLET
13094	CAZIANT 28 DAY TABLET
11530	CHATEAL-28 TABLET
11500	CRYSELLE-28 TABLET
13094	CYCLESSA 28 DAY TABLET
11474	DASETTA 1-35-28 TABLET
11477	DASETTA 7/7/7-28 TABLET
27096	DAYSEE 0.15-0.03-0.01 MG TAB
11520	DEBLITANE 0.35 MG TABLET
11254	DEPO-PROVERA 150 MG/ML SYRINGE

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Table 4 (claim for a contraceptive agent)	
GCN	**Label Name**
68811	DESOGEST-ETH ESTRA 0.15-0.03 MG
94868	DESOGESTR-ETH ESTRAD ETH ESTRA
29095	DROSP-EE-LEVOMEF 3-0.02-0.451
29382	DROSP-EE-LEVOMEF 3-0.03-0.451
26767	DROSPIRENONE-EE 3-0.02 MG TAB
13083	DROSPIRENONE-EE 3-0.03 MG TAB
11500	ELINEST-28 TABLET
17528	ELURYNG VAGINAL RING
11531	ENPRESSE-28 TABLET
68811	ENSKYCE 28 DAY TABLET
11520	ERRIN 0.35 MG TABLET
11300	ESTARYLLA 0.25-0.035 MG TABLET
17528	ETONOGESTREL-EE VAGINAL RING
11534	FALMINA-28 TABLET
11300	FEMYNOR 28 TABLET
29719	GENERESS FE CHEWABLE TABLET
26737	GIANVI 3 MG-0.02 MG TABLET
11520	HEATHER 0.35 MG TABLET
11520	INCASSIA 0.35 MG TABLET
20414	INTROVALE 0.15-0.03 MG TABLET
68811	ISIBLOOM 28 DAY TABLET
11520	JENCYCLA 0.35 MG TABLET
20414	JOLESSA 0.15-0.03 MG TABLET
68811	JULEBER 28 DAY TABLET

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Table 4 (claim for a contraceptive agent)	
GCN	**Label Name**
11481	JUNEL 1 MG-20 MCG TABLET
11480	JUNEL 1.5 MG-30 MCG TABLET
68102	JUNEL FE 1 MG-20 MCG TABLET
68101	JUNEL FE 1.5 MG-30 MCG TABLET
26629	JUNEL FE 24 TABLET
29719	KAITLIB FE CHEWABLE TABLET
94868	KARIVA 28 DAY TABLET
11490	KELNOR 1-35 28 TABLET
11491	KELNOR 1-50 TABLET
11530	KURVELO TABLET
42304	KYLEENA 19.5 MG SYSTEM
11480	LARIN 1.5 MG-30 MCG TABLET
11481	LARIN 21 1-20 TABLET
26629	LARIN 24 FE 1 MG-20 MCG TABLET
68101	LARIN FE 1.5-30 TABLET
68102	LARIN FE 1-20 TABLET
11534	LARISSIA-28 TABLET
29719	LAYOLIS FE CHEWABLE TABLET
11478	LEENA 28 TABLET
11534	LESSINA-28 TABLET
11531	LEVONEST-28 TABLET
18167	LEVONO-E ESTRAD 0.10-0.002-0.01
98551	LEVONOR-ETH ESTRA 0.09-0.02 MG
11530	LEVONOR-ETH ESTRAD 0.15-0.03

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Table 4 (claim for a contraceptive agent)	
GCN	**Label Name**
20414	LEVONOR-ETH ESTRAD 0.15-0.03
11531	LEVONOR-ETH ESTRAD TRIPHASIC
34465	LEVONORG 0.15MG-EE 20-25-30MCG
11530	LEVORA-28 TABLET
11530	LILLOW-28 TABLET
29264	LO LOESTRIN FE 1-10 TABLET
26737	LORYNA 3 MG-0.02 MG TABLET
18167	LOSEASONIQUE TABLET
11534	LOVORNOR-ETH ESTRAD 0.1-0.02 MG
11500	LOW-OGESTREL-28 TABLET
11534	LUTERA-28 TABLET
11520	LYZA 0.35 MG TABLET
11530	MARLISSA-28 TABLET
11254	MEDROXYPROGESTERONE 150 MG/ML
34725	MELODETTA 24 FE CHEWABLE TAB
34725	MIBELAS 24 FE CHEWABLE TABLET
11300	MILI 0.25-0.035 MG TABLET
11639	MIRENA 52 MG SYSTEM
11300	MONO-LINYAH 28 TABLET
11300	MONONESSA 28 TABLET
11531	MYZILRA-28 TABLET
23497	NATAZIA 28 TABLET
11471	NECON 0.5-35-28 TABLET
11477	NECON 7-7-7-28 TABLET

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Table 4 (claim for a contraceptive agent)	
GCN	**Label Name**
51148	NEXPLANON 68 MG IMPLANT
26737	NIKKI 3 MG-0.02 MG TABLET
11520	NORA-BE TABLET
97167	NORET-ESTR-FE 0.4-0.035-75
26629	NORETH-ESTRAD-FE 1-0.02-75
68102	NORETH-ESTRAD-FE 1-0.02-75
34725	NORETH-ESTRAD-FE 1-0.02-75
11481	NORETHIND-ETH ESTRAD 1-0.02 MG
29719	NORETHIN-ESTRA-FE 0.8-0.025 MG
11520	NORETHINDRONE 0.35 MG TABLET
11280	NORETHINDRONE 5 MG TABLET
18126	NORG-EE 0.18-0.215-0.25/0.025
11301	NORG-EE 0.18-0.215-0.25/0.035
11300	NORG-ETHIN-ESTRA 0.25-0.035 MG
11520	NORLYDA 0.35 MG TABLET
11471	NORTREL 0.5-35-28 TABLET
11474	NORTREL 1-35 TABLET
11477	NORTREL 7-7-7-28 TABLET
17528	NUVARING VAGINAL RING
13083	OCELLA 3 MG-0.03 MG TABLET
11301	ORTHO TRI-CYCLEN 28 TABLET
11300	ORTHO-CYCLEN 28 TABLET
11470	PHILITH 0.4-0.035 MG TABLET
94868	PIMTREA 28 DAY TABLET

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Table 4 (claim for a contraceptive agent)	
GCN	**Label Name**
11530	PORTIA-28 TABLET
11300	PREVIFEM TABLET
34465	QUARTETTE TABLET
20414	QUASENSE 0.15-0.03 MG TABLET
29095	RAJANI 28 TABLET
68811	RECLIPSEN 28 DAY TABLET
34465	RIVELSA TABLET
29382	SAFYRAL TABLET
27096	SEASONIQUE 0.15-0.03-0.01 TAB
20414	SETLAKIN 0.15-0.03 MG TABLET
11520	SHAROBEL 0.35 MG TABLET
33984	SKYLA 13.5 MG SYSTEM
46373	SLYND 4 MG TABLET
11300	SPRINTEC 28 DAY DABLET
11534	SRONYX 0.10-0.02 MG TABLET
13083	SYEDA 28 TABLET
68102	TARINA FE 1-20 TABLET
34576	TAYTULLA 1 MG-20 MCG CAPSULE
68105	TILIA FE 28 TABLET
11301	TRI FEMYNOR 28 TABLET
11301	TRI-ESTARYLLA TABLET
68105	TRI-LEGEST FE-28 DAY TABLET
11301	TRI-LINYAH TABLET
18126	TRI-LO-ESTARYLLA

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Table 4 (claim for a contraceptive agent)	
GCN	**Label Name**
18126	TRI-LO-MARZIA TABLET
18126	TRI-LO-MILI TABLET
18126	TRI-LO-SPRINTEC TABLET
11301	TRI-MILI 28 TABLET
18126	TRINESSA LO TABLET
11301	TRINESSA TABLET
11478	TRI-NORINYL 28 TABLET
11301	TRI-SPRINTEC TABLET
11531	TRIVORA-28 TABLET
29382	TYDEMY TABLET
13094	VELIVET 28 DAY TABLET
26737	VESTURA 3 MG-0.02 MG TABLET
11534	VIENVA-28 TABLET
94868	VIORELE 28 DAY TABLET
11470	VYFEMLA 28 TABLET
11471	WERA 0.5/0.035 MG 28 TABLET
97167	WYMZYA FE CHEWABLE TABLET
15524	XULANE PATCH
13083	YASMIN 28 TABLET
26737	YAZ 28 TABLET
13083	ZARAH TABLET
11470	ZENCHENT 0.4 MG-35 MCG TABLET

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M8000XA	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SITE INITIAL ENCOUNTER FOR FRACTURE
M8000XD	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SITE SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M8000XG	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SITE
M8000XK	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SITE
M8000XP	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SITE
M8000XS	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SITE
M8011A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT SHOULDER INITIAL ENCOUNTER FOR FRACTURE
M8011D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M8011G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M8011K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M8011P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M8011S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT SHOULDER SEQUELA
M80012A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT SHOULDER INITIAL ENCOUNTER FOR FRACTURE
M80012D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80012G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80012K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80012P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80012S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT SHOULDER SEQUELA
M80019A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SHOULDER INITIAL ENCOUNTER FOR FRACTURE
M80019D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80019G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80019K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80019P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80019S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SHOULDER SEQUELA
M80021A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HUMERUS INITIAL ENCOUNTER FOR FRACTURE
M80021D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80021G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80021K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80021P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80021S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HUMERUS SEQUELA
M80022A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HUMERUS INITIAL ENCOUNTER FOR FRACTURE
M80021D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80022G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80022K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80022P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80022S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HUMERUS SEQUELA
M80029A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HUMERUS INITIAL ENCOUNTER FOR FRACTURE
M80029D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80029G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80029K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80029P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80029S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HUMERUS SEQUELA
M80031A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FOREARM INITIAL ENCOUNTER FOR FRACTURE
M80031D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80031G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80031K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80031P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80031S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FOREARM SEQUELA
M80032A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FOREARM INITIAL ENCOUNTER FOR FRACTURE
M80032D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80032G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80032K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80032P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80032S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FOREARM SEQUELA
M80039A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FOREARM INITIAL ENCOUNTER FOR FRACTURE
M80039D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80039G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80039K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80039P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80039S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FOREARM SEQUELA
M80041A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HAND INITIAL ENCOUNTER FOR FRACTURE
M80041D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80041G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80041K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80041P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80041S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HAND SEQUELA
M80042A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HAND INITIAL ENCOUNTER FOR FRACTURE

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80042D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80042G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80042K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80042P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80042S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HAND SEQUELA
M80049A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HAND INITIAL ENCOUNTER FOR FRACTURE
M80049D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80049G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80049K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80049P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80049S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HAND SEQUELA
M80051A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FEMUR INITIAL ENCOUNTER FOR FRACTURE
M80051D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80051G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80051K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80051P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80051S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FEMUR SEQUELA
M80052A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FEMUR INITIAL ENCOUNTER FOR FRACTURE
M80052D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80052G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80052K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80052P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80052S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FEMUR SEQUELA
M80059A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FEMUR INITIAL ENCOUNTER FOR FRACTURE
M80059D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80059G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80059K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80059P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80059S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FEMUR SEQUELA
M80061A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT LOWER LEG INITIAL ENCOUNTER FOR FRACTURE
M80061D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80061G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80061K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80061P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80061S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT LOWER LEG SEQUELA
M80062A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT LOWER LEG INITIAL ENCOUNTER FOR FRACTURE
M80062D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80062G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80062K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80062P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80062S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT LOWER LEG SEQUELA
M80069A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED LOWER LEG INITIAL ENCOUNTER FOR FRACTURE

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80069D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80069G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80069K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80069P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80069S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED LOWER LEG SEQUELA
M80071A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT ANKLE AND FOOT INITIAL ENCOUNTER FOR FRACTURE
M80071D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80071G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80071K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80071P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80071S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT ANKLE AND FOOT SEQUELA
M80072A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT ANKLE AND FOOT INITIAL ENCOUNTER FOR FRACTURE
M80072D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80072G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80072K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80072P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80072S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT ANKLE AND FOOT SEQUELA
M80079A	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED ANKLE AND FOOT INITIAL ENCOUNTER FOR FRACTURE
M80079D	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80079G	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80079K	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80079P	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80079S	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED ANKLE AND FOOT SEQUELA
M8008XA	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SITE INITIAL ENCOUNTER FOR FRACTURE
M8008XD	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SITE SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M8008XG	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SITE SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M8008XK	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SITE SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M8008XP	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SITE SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M8008XS	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SITE SEQUELA
M80811A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT SHOULDER INITIAL ENCOUNTER FOR FRACTURE
M80811D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80811G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80811K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80811P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80811S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT SHOULDER SEQUELA
M80812A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT SHOULDER INITIAL ENCOUNTER FOR FRACTURE
M80812D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80812G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80812K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80812P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80812S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT SHOULDER SEQUELA
M80819A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SHOULDER INITIAL ENCOUNTER FOR FRACTURE
M80819D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80819G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80819K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80819P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SHOULDER SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80819S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SHOULDER SEQUELA
M80821A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HUMERUS INITIAL ENCOUNTER FOR FRACTURE
M80821D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80821G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80821K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80821P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80821S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HUMERUS SEQUELA
M80822A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HUMERUS INITIAL ENCOUNTER FOR FRACTURE

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80822D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80822G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80822K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80822P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80822S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HUMERUS SEQUELA
M80829A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HUMERUS INITIAL ENCOUNTER FOR FRACTURE
M80829D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80829G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80829K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80829P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HUMERUS SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80829S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HUMERUS SEQUELA
M80831A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FOREARM INITIAL ENCOUNTER FOR FRACTURE
M80831D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80831G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80831K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80831P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80831S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FOREARM SEQUELA
M80832A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FOREARM INITIAL ENCOUNTER FOR FRACTURE
M80832D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80832G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80832K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80832P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80832S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FOREARM SEQUELA
M80839A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FOREARM INITIAL ENCOUNTER FOR FRACTURE
M80839D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80839G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80839K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80839P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FOREARM SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80839S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FOREARM SEQUELA
M80841A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HAND INITIAL ENCOUNTER FOR FRACTURE
M80841D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80841G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80841K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80841P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80841S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT HAND SEQUELA
M80842A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HAND INITIAL ENCOUNTER FOR FRACTURE
M80842D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80842G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80842K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80842P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80842S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT HAND SEQUELA
M80849A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HAND INITIAL ENCOUNTER FOR FRACTURE
M80849D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80849G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80849K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80849P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HAND SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80849S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED HAND SEQUELA
M80851A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FEMUR INITIAL ENCOUNTER FOR FRACTURE
M80851D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80851G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80851K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80851P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80851S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT FEMUR SEQUELA
M80852A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FEMUR INITIAL ENCOUNTER FOR FRACTURE
M80852D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80852G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80852K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80852P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80852S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT FEMUR SEQUELA
M80859A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FEMUR INITIAL ENCOUNTER FOR FRACTURE
M80859D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80859G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80859K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80859P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FEMUR SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80859S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED FEMUR SEQUELA
M80861A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT LOWER LEG INITIAL ENCOUNTER FOR FRACTURE
M80861D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80861G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80861K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80861P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80861S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT LOWER LEG SEQUELA
M80862A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT LOWER LEG INITIAL ENCOUNTER FOR FRACTURE

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80862D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80862G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80862K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80862P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80862S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT LOWER LEG SEQUELA
M80869A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED LOWER LEG INITIAL ENCOUNTER FOR FRACTURE
M80869D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80869G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80869K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80869P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED LOWER LEG SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80869S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED LOWER LEG SEQUELA
M80871A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT ANKLE AND FOOT INITIAL ENCOUNTER FOR FRACTURE
M80871D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80871G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80871K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80871P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80871S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, RIGHT ANKLE AND FOOT SEQUELA
M80872A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT ANKLE AND FOOT INITIAL ENCOUNTER FOR FRACTURE
M80872D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80872G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80872K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M80872P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80872S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, LEFT ANKLE AND FOOT SEQUELA
M80879A	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED ANKLE AND FOOT INITIAL ENCOUNTER FOR FRACTURE
M80879D	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M80879G	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M80879K	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION

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Table 5 (diagnosis of osteoporosis)	
ICD-10 Code	**Description**
M80879P	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED ANKLE AND FOOT SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M80879S	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED ANKLE AND FOOT SEQUELA
M8088XA	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, VERTEBRA(E) INITIAL ENCOUNTER FOR FRACTURE
M8088XD	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, VERTEBRA(E) SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING
M8088XG	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, VERTEBRA(E) SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING
M8088XK	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, VERTEBRA(E) SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION
M8088XP	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, VERTEBRA(E) SUBSEQUENT ENCOUNTER FOR FRACTURE WITH MALUNION
M8088XS	OTHER OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, VERTEBRA(E) SEQUELA
M810	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE
M816	LOCALIZED OSTEOPOROSIS [LEQUESNE]
M818	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE

Table 6 (claim for a strong OATP-1B1 inhibitor)	
GCN	**Label Name**
13910	CYCLOSPORINE 100 MG CAPSULE
13917	CYCLOSPORINE 100 MG/ML
13911	CYCLOSPORINE 25 MG CAPSULE
13919	CYCLOSPORINE MODIFIED 100 MG
13918	CYCLOSPORINE MODIFIED 25 MG

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Table 6 (claim for a strong OATP-1B1 inhibitor)	
GCN	**Label Name**
13916	CYCLOSPORINE MODIFIED 50 MG
25540	GEMFIBROZIL 600 MG TABLET
13919	GENGRAF 100 MG CAPSULE
13917	GENGRAF 100 MG/ML SOLN
13918	GENGRAF 25 MG CAPSULE
25540	LOPID 600 MG TABLET
13919	NEORAL 100 MG CAPSULE
13917	NEORAL 100 MG/ML SOLN
13918	NEORAL 25 MG CAPSULE
31176	PROMACTA 12.5 MG TABLET
15994	PROMACTA 25 MG TABLET
15995	PROMACTA 50 MG TABLET
28344	PROMACTA 75 MG TABLET
45875	PROMACTA 12.5 MG SUSPEN PACKET
39346	PROMACTA 25 MG SUSPENSION PCKT
41470	RIFADIN IV 600 MG VIAL
41260	RIFAMPIN 150 MG CAPSULE
41261	RIFAMPIN 300 MG CAPSULE
41261	RIMACTANE 300 MG CAPSULE
13910	SANDIMMUNE 100 MG CAPSULE
08220	SANDIMMUNE 100 MG/ML SOLN
13911	SANDIMMUNE 25 MG CAPSULE

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Table 7 (diagnosis of hepatic impairment)	
ICD-10 Code	**Description**
B160	ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA
B161	ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA
B162	ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA
B169	ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA
B170	ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER
B1710	ACUTE HEPATITIS C WITHOUT HEPATIC COMA
B1711	ACUTE HEPATITIS C WITH HEPATIC COMA
B172	ACUTE HEPATITIS E
B178	OTHER SPECIFIED ACUTE VIRAL HEPATITIS
B179	ACUTE VIRAL HEPATITIS, UNSPECIFIED
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIFED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES

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Table 7 (diagnosis of hepatic impairment)	
ICD-10 Code	**Description**
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS
K7110	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITHOUT COMA
K7111	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITH COMA
K712	TOXIC LIVER DISEASE WITH ACUTE HEPATITIS
K713	TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS
K714	TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER
K718	TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER
K719	TOXIC LIVER DISEASE, UNSPECIFIED
K7200	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA
K7211	CHRONIC HEPATIC FAILURE WITH COMA
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA

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Table 7 (diagnosis of hepatic impairment)	
ICD-10 Code	**Description**
K730	CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED
K731	CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED
K732	CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED
K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K750	ABSCESS OF LIVER
K751	PHLEBITIS OF PORTAL VEIN
K752	NONSPECIFIC REACTIVE HEPATITIS
K753	GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED
K754	AUTOIMMUNE HEPATITIS
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
K759	INFLAMMATORY LIVER DISEASE, UNSPECIFIED
K761	CHRONIC PASSIVE CONGESTION OF LIVER
K763	INFARCTION OF LIVER
K7689	OTHER SPECIFIED DISEASES OF LIVER

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Table 7 (diagnosis of hepatic impairment)	
ICD-10 Code	**Description**
K769	LIVER DISEASE, UNSPECIFIED
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE

Table 8 (diagnosis of arterial, venous thrombotic, or thromboembolic disorder)	
ICD-10 Code	**Description**
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
I220	SUBSEQUENT ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF ANTERIOR WALL
I221	SUBSEQUENT ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF INFERIOR WALL
I222	SUBSEQUENT NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I228	SUBSEQUENT ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF OTHER SITES
I229	SUBSEQUENT ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE

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Table 8 (diagnosis of arterial, venous thrombotic, or thromboembolic disorder)	
ICD-10 Code	**Description**
I240	ACUTE CORONARY THROMBOSIS NOT RESULTING IN MYOCARDIAL INFARCTION
I2601	SEPTIC PULMONARY EMBOLISM WITH ACUTE COR PULMONALE
I2602	SADDLE EMBOLUS OF PULMONARY ARTERY WITH ACUTE COR PULMONALE
I2609	OTHER PULMONARY EMBOLISM WITH ACUTE COR PULMONALE
I2690	SEPTIC PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE
I2692	SADDLE EMBOLUS OF PULMONARY ARTERY WITHOUT ACUTE COR PULMONALE
I2699	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE
I6300	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED PRECEREBRAL ARTERY
I63011	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT VERTEBRAL ARTERY
I63012	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT VERTEBRAL ARTERY
I63013	CEREBRAL INFARCTION DUE TO THROMBOSIS OF BILATERAL VERTEBRAL ARTERIES
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
I63033	CEREBRAL INFARCTION DUE TO THROMBOSIS OF BILATERAL CAROTID ARTERIES
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

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Table 8 (diagnosis of arterial, venous thrombotic, or thromboembolic disorder)	
ICD-10 Code	**Description**
I63111	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT VERTEBRAL ARTERY
I63112	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT VERTEBRAL ARTERY
I63113	CEREBRAL INFARCTION DUE TO EMBOLISM OF BILATERAL VERTEBRAL ARTERIES
I63119	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED VERTEBRAL ARTERY
I6312	CEREBRAL INFARCTION DUE TO EMBOLISM OF BASILAR ARTERY
I63131	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT CAROTID ARTERY
I63132	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CAROTID ARTERY
I63133	CEREBRAL INFARCTION DUE TO EMBOLISM OF BILATERAL CAROTID ARTERIES
I63139	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CAROTID ARTERY
I6319	CEREBRAL INFARCTION DUE TO EMBOLISM OF OTHER PRECEREBRAL 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 ARTERY
I63212	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT VERTEBRAL ARTERY
I63213	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF BILATERAL VERTEBRAL ARTERIES
I63219	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED VERTEBRAL ARTERY
I6322	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF BASILAR ARTERY
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

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Table 8 (diagnosis of arterial, venous thrombotic, or thromboembolic disorder)	
ICD-10 Code	**Description**
I63233	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF BILATERAL CAROTID ARTERIES
I63239	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CAROTID ARTERY
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
I63313	CEREBRAL INFARCTION DUE TO THROMBOSIS OF BILATERAL MIDDLE CEREBRAL ARTERIES
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
I63323	CEREBRAL INFARCTION DUE TO THROMBOSIS OF BILATERAL ANTERIOR CEREBRAL ARTERIES
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
I63333	CEREBRAL INFARCTION DUE TO THROMBOSIS OF BILATERAL POSTERIOR CEREBRAL ARTERIES
I63339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY

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Table 8 (diagnosis of arterial, venous thrombotic, or thromboembolic disorder)	
ICD-10 Code	**Description**
I63341	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CEREBELLAR ARTERY
I63342	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CEREBELLAR ARTERY
I63343	CEREBRAL INFARCTION DUE TO THROMBOSIS OF BILATERAL CEREBELLAR ARTERIES
I63349	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBELLAR 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
I63413	CEREBRAL INFARCTION DUE TO EMBOLISM OF BILATERAL MIDDLE CEREBRAL ARTERIES
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
I63423	CEREBRAL INFARCTION DUE TO EMBOLISM OF BILATERAL ANTERIOR CEREBRAL ARTERIES
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
I63433	CEREBRAL INFARCTION DUE TO EMBOLISM OF BILATERAL POSTERIOR CEREBRAL

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Table 8 (diagnosis of arterial, venous thrombotic, or thromboembolic disorder)	
ICD-10 Code	**Description**
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
I63443	CEREBRAL INFARCTION DUE TO EMBOLISM OF BILATERAL CEREBELLAR ARTERIES
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
I63513	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF BILATERAL MIDDLE CEREBRAL ARTERIES
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
I63523	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF BILATERAL ANTERIOR CEREBRAL ARTERIES
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

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Table 8 (diagnosis of arterial, venous thrombotic, or thromboembolic disorder)	
ICD-10 Code	**Description**
I63533	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF BILATERAL POSTERIOR CEREBRAL ARTERIES
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
I63543	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF BILATERAL CEREBELLAR ARTERIES
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
I6381	OTHER CEREBRAL INFARCTION DUE TO OCCLUSION OR STENOSIS OF SMALL ARTERY
I6389	OTHER CEREBRAL INFARCTION
I639	CEREBRAL INFARCTION, UNSPECIFIED
I7401	SADDLE EMBOLUS OF ABDOMINAL AORTA
I7409	OTHER ARTERIAL EMBOLISM AND THROMBOSIS OF ABDOMINAL AORTA
I7410	EMBOLISM AND THROMBOSIS OF UNSPECIFIED PARTS OF AORTA
I7411	EMBOLISM AND THROMBOSIS OF THORACIC AORTA
I7419	EMBOLISM AND THROMBOSIS OF OTHER PARTS OF AORTA
I742	EMBOLISM AND THROMBOSIS OF ARTERIES OF THE UPPER EXTREMITIES
I743	EMBOLISM AND THROMBOSIS OF ARTERIES OF THE LOWER EXTREMITIES
I744	EMBOLISM AND THROMBOSIS OF ARTERIES OF EXTREMITIES, UNSPECIFIED
I745	EMBOLISM AND THROMBOSIS OF ILIAC ARTERY

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Table 8 (diagnosis of arterial, venous thrombotic, or thromboembolic disorder)	
ICD-10 Code	**Description**
I748	EMBOLISM AND THROMBOSIS OF OTHER ARTERIES
I749	EMBOLISM AND THROMBOSIS OF UNSPECIFIED ARTERY
I75011	ATHEROEMBOLISM OF RIGHT UPPER EXTREMITY
I75012	ATHEROEMBOLISM OF LEFT UPPER EXTREMITY
I75013	ATHEROEMBOLISM OF BILATERAL UPPER EXTREMITIES
I75019	ATHEROEMBOLISM OF UNSPECIFIED UPPER EXTREMITY
I75021	ATHEROEMBOLISM OF RIGHT LOWER EXTREMITY
I75022	ATHEROEMBOLISM OF LEFT LOWER EXTREMITY
I75023	ATHEROEMBOLISM OF BILATERAL LOWER EXTREMITIES
I75029	ATHEROEMBOLISM OF UNSPECIFIED LOWER EXTREMITY
I7581	ATHEROEMBOLISM OF KIDNEY
I7589	ATHEROEMBOLISM OF OTHER SITE
I82210	ACUTE EMBOLISM AND THROMBOSIS OF SUPERIOR VENA CAVA
I82211	CHRONIC EMBOLISM AND THROMBOSIS OF SUPERIOR VENA CAVA
I82220	ACUTE EMBOLISM AND THROMBOSIS OF INFERIOR VENA CAVA
I82221	CHRONIC EMBOLISM AND THROMBOSIS OF INFERIOR VENA CAVA
I82290	ACUTE EMBOLISM AND THROMBOSIS OF OTHER THORACIC VEINS
I82291	CHRONIC EMBOLISM AND THROMBOSIS OF OTHER THORACIC VEINS
I823	EMBOLISM AND THROMBOSIS OF RENAL VEIN
I82401	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF RIGHT LOWER EXTREMITY
I82402	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF LEFT LOWER EXTREMITY
I82403	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF BILATERAL LOWER EXTREMITY
I82409	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF UNSPECIFIED LOWER EXTREMITY

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Table 8 (diagnosis of arterial, venous thrombotic, or thromboembolic disorder)	
ICD-10 Code	**Description**
I82411	ACUTE EMBOLISM AND THROMBOSIS OF RIGHT FEMORAL VEIN
I82412	ACUTE EMBOLISM AND THROMBOSIS OF LEFT FEMORAL VEIN
I82413	ACUTE EMBOLISM AND THROMBOSIS BILATERAL FEORAL VEIN
I82419	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED FEMORAL VEIN
I82421	ACUTE EMBOLISM AND THROMBOSIS OF RIGHT ILIAC VEIN
I82422	ACUTE EMBOLISM AND THROMBOSIS OF LEFT ILIAC VEIN
I82423	ACUTE EMBOLISM AND THROMBOSIS OF ILIAC VEIN BILATERAL
I82429	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED ILIAC VEIN
I82431	ACUTE EMBOLISM AND THROMBOSIS OF RIGHT POPLITEAL VEIN
I82432	ACUTE EMBOLISM AND THROMBOSIS OF LEFT POPLITEAL VEIN
I82433	ACUTE EMBOLISM AND THROMBOSIS OF POPLITEAL VEIN BILATERAL
I82439	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED POPLITEAL VEIN
I82441	ACUTE EMBOLISM AND THROMBOSIS OF RIGHT TIBIAL VEIN
I82442	ACUTE EMBOLISM AND THROMBOSIS OF LEFT TIBIAL VEIN
I82443	ACUTE EMBOLISM AND THROMBOSIS OF TIBIAL VEIN BILATERAL
I82449	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED TIBIAL VEIN
I82451	ACUTE EMBOLISM AND THROMBOSIS OF RIGHT PERONEAL VEIN
I82452	ACUTE EMBOLISM AND THROMBOSIS OF LEFT PERONEAL VEIN
I82453	ACUTE EMBOLISM AND THROMBOSIS OF PERONEAL VEIN BILATERAL
I82459	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED PERONEAL VEIN
I82461	ACUTE EMBOLISM AND THROMBOSIS OF RIGHT CALF MUSCULAR VEIN
I82462	ACUTE EMBOLISM AND THROMBOSIS OF LEFT CALF MUSCULAR VEIN
I82463	ACUTE EMBOLISM AND THROMBOSIS OF CALF MUSCULAR VEIN BILATERAL
I82469	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED CALF MUSCULAR VEIN

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Table 8 (diagnosis of arterial, venous thrombotic, or thromboembolic disorder)	
ICD-10 Code	**Description**
I82491	ACUTE EMBOLISM AND THROMBOSIS OF OTHER SPECIFIED DEEP VEIN OF RIGHT LOWER EXTREMITY
I82492	ACUTE EMBOLISM AND THROMBOSIS OF OTHER SPECIFIED DEEP VEIN OF LEFT LOWER EXTREMITY
I82493	ACUTE EMBOLISM AND THROMBOSIS OF OTHER SPECIFIED DEEP VEIN OF LOWER EXTREMITY BILATERAL
I82499	ACUTE EMBOLISM AND THROMBOSIS OF OTHER SPECIFIED DEEP VEIN OF UNSPECIFIED LOWER EXTREMITY
I824Y1	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF RIGHT PROXIMAL LOWER EXTREMITY
I824Y3	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF LEFT PROXIMAL LOWER EXTREMITY
I824Y9	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF PROXIMAL LOWER EXTREMITY BILATERAL
I824Z1	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF RIGHT DISTAL LOWER EXTREMITY
I824Z2	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF LEFT DISTAL LOWER EXTREMITY
I824Z3	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF DISTAL LOWER EXTREMITY BILATERAL
I824Z9	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF UNSPECIFIED DISTAL LOWER EXTREMITY
I82501	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF RIGHT LOWER EXTREMITY
I82502	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF LEFT LOWER EXTREMITY
I82503	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF LOWER EXTREMITY BILATERAL
I82509	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF UNSPECIFIED LOWER EXTREMITY
I82511	CHRONIC EMBOLISM AND THROMBOSIS OF RIGHT FEMORAL VEIN
I82512	CHRONIC EMBOLISM AND THROMBOSIS OF LEFT FEMORAL VEIN

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Table 8 (diagnosis of arterial, venous thrombotic, or thromboembolic disorder)	
ICD-10 Code	**Description**
I82513	CHRONIC EMBOLISM AND THROMBOSIS OF FEMORAL VEIN BILATERAL
I82519	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED FEMORAL VEIN
I82521	CHRONIC EMBOLISM AND THROMBOSIS OF RIGHT ILIAC VEIN
I82522	CHRONIC EMBOLISM AND THROMBOSIS OF LEFT ILIAC VEIN
I82523	CHRONIC EMBOLISM AND THROMBOSIS OF ILIAC VEIN BILATERAL
I82529	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED ILIAC VEIN
I82531	CHRONIC EMBOLISM AND THROMBOSIS OF RIGHT POPLITEAL VEIN
I82532	CHRONIC EMBOLISM AND THROMBOSIS OF LEFT POPLITEAL VEIN
I82533	CHRONIC EMBOLISM AND THROMBOSIS OF POPLITEAL VEIN BILATERAL
I82539	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED POPLITEAL VEIN
I82541	CHRONIC EMBOLISM AND THROMBOSIS OF RIGHT TIBIAL VEIN
I82542	CHRONIC EMBOLISM AND THROMBOSIS OF LEFT TIBIAL VEIN
I82543	CHRONIC EMBOLISM AND THROMBOSIS OF TIBIAL VEIN BILATERAL
I82549	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED TIBIAL VEIN
I82551	CHRONIC EMBOLISM AND THROMBOSIS OF RIGHT PERONEAL VEIN
I82552	CHRONIC EMBOLISM AND THROMBOSIS OF LEFT PERONEAL VEIN
I82553	CHRONIC EMBOLISM AND THROMBOSIS OF PERONEAL VEIN BILATERAL
I82559	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED PERONEAL VEIN
I82561	CHRONIC EMBOLISM AND THROMBOSIS OF RIGHT CALF MUSCULAR VEIN
I82562	CHRONIC EMBOLISM AND THROMBOSIS OF LEFT CALF MUSCULAR VEIN
I82563	CHRONIC EMBOLISM AND THROMBOSIS OF CALF MUSCULAR VEIN BILATERAL
I82569	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED CALF MUSCULAR VEIN
I82591	CHRONIC EMBOLISM AND THROMBOSIS OF OTHER SPECIFIED DEEP VEIN OF RIGHT LOWER EXTREMITY

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Table 8 (diagnosis of arterial, venous thrombotic, or thromboembolic disorder)	
ICD-10 Code	**Description**
I82592	CHRONIC EMBOLISM AND THROMBOSIS OF OTHER SPECIFIED DEEP VEIN OF LEFT LOWER EXTREMITY
I82593	CHRONIC EMBOLISM AND THROMBOSIS OF OTHER SPECIFIED DEEP VEIN OF LOWER EXTREMITY BILATERAL
I82599	CHRONIC EMBOLISM AND THROMBOSIS OF OTHER SPECIFIED DEEP VEIN OF UNSPECIFIED LOWER EXTREMITY
I825Y1	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF RIGHT PROXIMAL LOWER EXTREMITY
I825Y2	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF LEFT PROXIMAL LOWER EXTREMITY
I825Y3	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF PROXIMAL LOWER EXTREMITY BILATERAL
I825Y9	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF UNSPECIFIED PROXIMAL LOWER EXTREMITY
I825Z1	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF RIGHT DISTAL LOWER EXTREMITY
I825Z2	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF LEFT DISTAL LOWER EXTREMITY
I825Z3	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF DISTAL LOWER EXTREMITY BILATERAL
I825Z9	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF UNSPECIFIED DISTAL LOWER EXTREMITY
I82601	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEINS OF RIGHT UPPER EXTREMITY
I82602	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEINS OF LEFT UPPER EXTREMITY
I82603	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEINS OF UPPER EXTREMITY BILATERAL
I82609	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEINS OF UNSPECIFIED UPPER EXTREMITY
I82611	ACUTE EMBOLISM AND THROMBOSIS OF SUPERFICIAL VEINS OF RIGHT UPPER EXTREMITY

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Table 8 (diagnosis of arterial, venous thrombotic, or thromboembolic disorder)	
ICD-10 Code	**Description**
I82612	ACUTE EMBOLISM AND THROMBOSIS OF SUPERFICIAL VEINS OF LEFT UPPER EXTREMITY
I82613	ACUTE EMBOLISM AND THROMBOSIS OF SUPERFICIAL VEINS OF UPPER EXTREMITY BILATERAL
I82619	ACUTE EMBOLISM AND THROMBOSIS OF SUPERFICIAL VEINS OF UNSPECIFIED UPPER EXTREMITY
I82621	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEINS OF RIGHT UPPER EXTREMITY
I82622	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEINS OF LEFT UPPER EXTREMITY
I82623	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEINS OF UPPER EXTREMITY BILATERAL
I82629	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEINS OF UNSPECIFIED UPPER EXTREMITY
I82701	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEINS OF RIGHT UPPER EXTREMITY
I82702	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEINS OF LEFT UPPER EXTREMITY
I82703	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEINS OF UPPER EXTREMITY BILATERAL
I82709	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEINS OF UNSPECIFIED UPPER EXTREMITY
I82711	CHRONIC EMBOLISM AND THROMBOSIS OF SUPERFICIAL VEINS OF RIGHT UPPER EXTREMITY
I82712	CHRONIC EMBOLISM AND THROMBOSIS OF SUPERFICIAL VEINS OF LEFT UPPER EXTREMITY
I82713	CHRONIC EMBOLISM AND THROMBOSIS OF SUPERFICIAL VEINS OF UPPER EXTREMITY BILATERAL
I82719	CHRONIC EMBOLISM AND THROMBOSIS OF SUPERFICIAL VEINS OF UNSPECIFIED UPPER EXTREMITY
I82721	CHRONIC EMBOLISM AND THROMBOSIS OF DEEP VEINS OF RIGHT UPPER EXTREMITY

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Table 8 (diagnosis of arterial, venous thrombotic, or thromboembolic disorder)	
ICD-10 Code	**Description**
I82722	CHRONIC EMBOLISM AND THROMBOSIS OF DEEP VEINS OF LEFT UPPER EXTREMITY
I82723	CHRONIC EMBOLISM AND THROMBOSIS OF DEEP VEINS OF UPPER EXTREMITY BILATERAL
I82729	CHRONIC EMBOLISM AND THROMBOSIS OF DEEP VEINS OF UNSPECIFIED UPPER EXTREMITY
I82811	EMBOLISM AND THROMBOSIS OF SUPERFICIAL VEINS OF RIGHT LOWER EXTREMITY
I82812	EMBOLISM AND THROMBOSIS OF SUPERFICIAL VEINS OF LEFT LOWER EXTREMITY
I82813	EMBOLISM AND THROMBOSIS OF SUPERFICIAL VEINS OF LOWER EXTREMITIES BILATERAL
I82819	EMBOLISM AND THROMBOSIS OF SUPERFICIAL VEINS OF UNSPECIFIED LOWER EXTREMITY
I82890	ACUTE EMBOLISM AND THROMBOSIS OF OTHER SPECIFIED VEINS
I82891	CHRONIC EMBOLISM AND THROMBOSIS OF OTHER SPECIFIED VEINS
I8290	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN
I8291	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN
I82A11	ACUTE EMBOLISM AND THROMBOSIS OF RIGHT AXILLARY VEIN
I82A12	ACUTE EMBOLISM AND THROMBOSIS OF LEFT AXILLARY VEIN
I82A13	ACUTE EMBOLISM AND THROMBOSIS OF AXILLARY VEIN BILATERAL
I82A19	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED AXILLARY VEIN
I82A21	CHRONIC EMBOLISM AND THROMBOSIS OF RIGHT AXILLARY VEIN
I82A22	CHRONIC EMBOLISM AND THROMBOSIS OF LEFT AXILLARY VEIN
I82A23	CHRONIC EMBOLISM AND THROMBOSIS OF AXILLARY VEIN BILATERAL
I82A29	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED AXILLARY VEIN
I82B11	ACUTE EMBOLISM AND THROMBOSIS OF RIGHT SUBCLAVIAN VEIN
I82B12	ACUTE EMBOLISM AND THROMBOSIS OF LEFT SUBCLAVIAN VEIN

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Table 8 (diagnosis of arterial, venous thrombotic, or thromboembolic disorder)	
ICD-10 Code	**Description**
I82B13	ACUTE EMBOLISM AND THROMBOSIS OF SUBCLAVIAN VEIN BILATERAL
I82B19	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED SUBCLAVIAN VEIN
I82B21	CHRONIC EMBOLISM AND THROMBOSIS OF RIGHT SUBCLAVIAN VEIN
I82B22	CHRONIC EMBOLISM AND THROMBOSIS OF LEFT SUBCLAVIAN VEIN
I82B23	CHRONIC EMBOLISM AND THROMBOSIS OF SUBCLAVIAN VEIN BILATERAL
I82B29	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED SUBCLAVIAN VEIN
I82C11	ACUTE EMBOLISM AND THROMBOSIS OF RIGHT INTERNAL JUGULAR VEIN
I82C12	ACUTE EMBOLISM AND THROMBOSIS OF LEFT INTERNAL JUGULAR VEIN
I82C13	ACUTE EMBOLISM AND THROMBOSIS OF INTERNAL JUGULAR VEIN
I82C19	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED INTERNAL JUGULAR VEIN
I82C21	CHRONIC EMBOLISM AND THROMBOSIS OF RIGHT INTERNAL JUGULAR VEIN
I82C22	CHRONIC EMBOLISM AND THROMBOSIS OF LEFT INTERNAL JUGULAR VEIN
I82C23	CHRONIC EMBOLISM AND THROMBOSIS OF INTERNAL JUGULAR VEIN BILATERAL
I82C29	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED INTERNAL JUGULAR VEIN

Table 10 (current smoker)	
ICD-10 Code	**Description**
F17210	NICOTINE DEPENDENCE, CIGARETTES UNCOMPLICATED
F17213	NICOTINE DEPENDENCE, CIGARETTES WITH WITHDRAWAL
F17218	NICOTINE DEPENDENCE, CIGARETTES WITH OTHER NICOTINE-INDUCED DISORDERS
F17219	NICOTINE DEPENDENCE, CIGARETTES WITH UNSPECIFIED NICOTINE-INDUCED DISORDERS
Z720	TOBACCO USE

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Table 11 (diagnosis of uncontrolled hypertension*) *Note: if a diagnosis of hypertension is found, a manual check will be performed to determine if the client is well-controlled	
ICD-10 Code	**Description**
I10	ESSENTIAL (PRIMARY) HYPERTENSION
I110	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
I119	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE
I120	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 5 CHRONIC KIDNEY DISEASE OR END STAGE RENAL DISEASE
I129	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE OR UNSPECIFIED CHRONIC KIDNEY DISEASE
I130	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITHOUT HEART FAILURE WITH STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE
I1310	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITHOUT HEART FAILURE WITH STAGE 5 CHRONIC KIDNEY DISEASE, OR END STAGE RENAL DISEASE
I1311	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH HEART FAILURE AND WITH STAGE 5 CHRONIC KIDNEY DISEASE, OR END STAGE RENAL DISEASE
I132	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH HEART FAILURE AND WITH STAGE 5 CHRONIC KIDNEY DISEASE, OR END STAGE RENAL DISEASE
I150	RENOVASCULAR HYPERTENSION
I151	HYPERTENSION SECONDARY TO OTHER RENAL DISORDERS
I152	HYPERTENSION SECONDARY TO ENDOCRINE DISORDERS
I158	OTHER SECONDARY HYPERTENSION
I159	SECONDARY HYPERTENSION, UNSPECIFIED
I160	HYPERTENSIVE URGENCY
I161	HYPERTENSIVE EMERGENCY
I169	HYPERTENSIVE CRISIS, UNSPECIFIED

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Table 12 (diagnosis of suicide attempt)	
ICD-10 Code	**Description**
T1491XA	SUICIDE ATTEMPT INITIAL ENCOUNTER
T1491XD	SUICIDE ATTEMPT SUBSEQUENT ENCOUNTER
T1491XS	SUICIDE ATTEMPT SEQUELA

Table 13 (diagnosis of breast cancer or other hormonally sensitive cancer)	
ICD-10 Code	**Description**
C50011	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST
C50012	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST
C50019	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, UNSPECIFIED FEMALE BREAST
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
C50211	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST
C50212	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST
C50219	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF UNSPECIFIED FEMALE BREAST
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
C50411	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST

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Table 13 (diagnosis of breast cancer or other hormonally sensitive cancer)	
ICD-10 Code	**Description**
C50412	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST
C50419	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF UNSPECIFIED FEMALE 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
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
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
C50911	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST
C50912	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST
C50919	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST
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

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Table 13 (diagnosis of breast cancer or other hormonally sensitive cancer)	
ICD-10 Code	**Description**
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
C563	MALIGNANT NEOPLASM OF BILATERAL OVARIES
C569	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY

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GnRH Receptor Antagonists

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Publication History

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

Publication Date	Notes
10/23/2020	• Initial publication and presentation to the DUR Board
10/28/2020	• Updated to include DUR Board recommendations
01/12/2022	• Annual review by staff • Added criteria for Myfembree (GCN 49699) • Renamed guide GnRH Receptor Antagonists (formerly Oriahnn) • Updated references
9/12/2022	• Added diagnosis of endometriosis for Myfembree
01/24/2025	• Annual review by staff • Updated references
10/31/2025	• Annual review by staff • Added GCNs for Promacta (39346) and Rimactane (41261) to the Strong OATP-1B1 Inhibitor supporting table • Removed GCNs for Gengraf (13916), Rifadin (41260, 41261), and Rifamate (89800) from the Strong OATP-1B1 Inhibitor supporting table – products discontinued • Added GCNs for Tri-Lo-Mili (18126) and Tri-Mili (11301) to the Contraceptive Agent supporting table • Removed GCNs for Aygestin (11280), Cyclafem (11474, 11477), Estrostep (68105), Emoquette (68811), Fayosim (34465), Kimidess (94868), Loestrin (11480, 11481, 68101, 68102), Microgestin (11480, 11481, 68101, 68102), Minastrin (34725), Orgestrel (11501), Ortho-Novum (11474, 11477), Orsythia (11534), Ortho Tri-Cyclen Lo (18126), Pirmella (11474, 11477), Tri-Previfem (11301), and Zovia (11490, 11491) from the Contraceptive Agent supporting table – products discontinued • Updated question 4 to check for concurrent therapy with a hormonal contraceptive agent and question 6 to check for concurrent therapy with a strong OATP-1B1 inhibitor • Updated criteria lookback language to say, “in past medical and/or pharmacy claims history?”

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Publication Date	Notes
	• Removed step-therapy for 90 days therapy with a contraceptive agent in the last 180 days • Updated references

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