

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Opioid Overutilization

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

Added GCN for Morphine (58333) to the Drugs Requiring PA table



Opioid Overutilization

Drugs Requiring Prior Authorization

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

| Drugs Requiring Prior Authorization | |
|--------------------------------------|-------|
| Label Name | GCN |
| ACETAMIN-CAFF-DIHYDROCOD 320.5 | 37532 |
| ACETAMINOPHEN-COD #2 TABLET | 70131 |
| ACETAMINOPHEN-COD #3 TABLET | 70134 |
| ACETAMINOPHEN-COD #4 TABLET | 70136 |
| ACETAMINOPHEN-CODEINE 120-12 MG/5 ML | 55402 |
| ASCOMP WITH CODEINE CAPSULE | 69500 |
| BELBUCA 75 MCG FILM | 39959 |
| BELBUCA 150 MCG FILM | 39965 |
| BELBUCA 300 MCG FILM | 39966 |
| BELBUCA 450 MCG FILM | 39967 |
| BELBUCA 600 MCG FILM | 39968 |
| BELBUCA 750 MCG FILM | 39969 |
| BELBUCA 900 MCG FILM | 39975 |
| BELLADONNA-OPIUM 30-16.2MG SUPP | 70741 |
| BELLADONNA-OPIUM 60-16.2MG SUPP | 70742 |
| BUPRENORPHINE 10 MCG/HR PATCH | 25309 |
| BUPRENORPHINE 15 MCG/HR PATCH | 35214 |
| BUPRENORPHINE 20 MCG/HR PATCH | 25312 |
| BUPRENORPHINE 5 MCG/HR PATCH | 25308 |
| BUPRENORPHINE 7.5 MCG/HR PATCH | 36946 |

| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| BUTALB-ACETAMINOPH-CAFF-CODEIN | 34988 |
| BUTALB-CAFF-ACETAMINOPH-CODEIN | 70140 |
| BUTALBITAL COMP-CODEINE #3 CAP | 69500 |
| BUTORPHANOL 10 MG/ML SPRAY | 20351 |
| BUTRANS 10 MCG/HR PATCH | 25309 |
| BUTRANS 15 MCG/HR PATCH | 35214 |
| BUTRANS 20 MCG/HR PATCH | 25312 |
| BUTRANS 5 MCG/HR PATCH | 25308 |
| BUTRANS 7.5 MCG/HR PATCH | 36946 |
| CODEINE SULFATE 15 MG TABLET | 16240 |
| CODEINE SULFATE 30 MG TABLET | 16241 |
| CODEINE SULFATE 60 MG TABLET | 16242 |
| DEMEROL 100 MG/ML VIAL | 15960 |
| DEMEROL 50 MG/ML AMPUL | 25608 |
| DEMEROL 50 MG/ML VIAL | 15962 |
| DIHYDROCODEIN-ACETAMINOPH-CAFF | 37532 |
| DILAUDID 2 MG TABLET | 16141 |
| DILAUDID 4 MG TABLET | 16143 |
| DILAUDID 8 MG TABLET | 16144 |
| DILAUDID-5 1 MG/ML LIQUID | 20251 |
| ENDOCET 10-325 MG TABLET | 14966 |
| ENDOCET 2.5-325 MG TABLET | 70492 |
| ENDOCET 5-325 TABLET | 70491 |
| ENDOCET 7.5-325 MG TABLET | 14965 |

| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| FENTANYL 100 MCG/HR PATCH | 19203 |
| FENTANYL 12 MCG/HR PATCH | 24635 |
| FENTANYL 25 MCG/HR PATCH | 19200 |
| FENTANYL 37.5 MCG/HR PATCH | 37952 |
| FENTANYL 50 MCG/HR PATCH | 19201 |
| FENTANYL 62.5MCG/HR PATCH | 37947 |
| FENTANYL 75 MCG/HR PATCH | 19202 |
| FENTANYL 87.5 MCG/HR PATCH | 37948 |
| FENTANYL CIT OTFC 1,200 MCG | 19193 |
| FENTANYL CIT OTFC 1,600 MCG | 19194 |
| FENTANYL CITRATE OTFC 200 MCG | 19204 |
| FENTANYL CITRATE OTFC 400 MCG | 19206 |
| FENTANYL CITRATE OTFC 600 MCG | 19191 |
| FENTANYL CITRATE OTFC 800 MCG | 19192 |
| FENTANYL CIT 100 MCG BUCCAL TB | 97280 |
| FENTANYL CIT 200 MCG BUCCAL TB | 97281 |
| FENTANYL CIT 400 MCG BUCCAL TB | 97283 |
| FENTANYL CIT 600 MCG BUCCAL TB | 97284 |
| FENTANYL CIT 800 MCG BUCCAL TB | 97285 |
| FENTORA 100 MCG BUCCAL TABLET | 97280 |
| FENTORA 200 MCG BUCCAL TABLET | 97281 |
| FENTORA 400 MCG BUCCAL TABLET | 97283 |
| FENTORA 600 MCG BUCCAL TABLET | 97284 |
| FENTORA 800 MCG BUCCAL TABLET | 97285 |

| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| FIORINAL-COD 30-50-325-40 CAP | 69500 |
| HYDROCODON-ACETAMIN 10-325/15 ML | 99967 |
| HYDROCODON-ACETAMIN 7.5-325/15 ML | 21146 |
| HYDROCODON-ACETAMINOPH 2.5-325 | 70337 |
| HYDROCODON-ACETAMINOPH 7.5-300 | 26709 |
| HYDROCODON-ACETAMINOPH 7.5-325 | 12488 |
| HYDROCODON-ACETAMINOPHEN 5-300 | 26470 |
| HYDROCODON-ACETAMINOPHEN 5-325 | 12486 |
| HYDROCODON-ACETAMINOPHN 10-300 | 22929 |
| HYDROCODON-ACETAMINOPHN 10-325 | 70330 |
| HYDROCODONE BT-IBUPROFEN TAB | 63101 |
| HYDROCODONE-IBUPROFEN 10-200 | 99371 |
| HYDROCODONE-IBUPROFEN 5-200 | 22678 |
| HYDROCODONE ER 10 MG CAPSULE | 38057 |
| HYDROCODONE ER 15 MG CAPSULE | 38058 |
| HYDROCODONE ER 20 MG CAPSULE | 38059 |
| HYDROCODONE ER 30 MG CAPSULE | 38061 |
| HYDROCODONE ER 50 MG CAPSULE | 38063 |
| HYDROCODONE ER 40 MG CAPSULE | 38062 |
| HYDROCODONE ER 20 MG TABLET | 37539 |
| HYDROCODONE ER 30 MG TABLET | 37541 |
| HYDROCODONE ER 40 MG TABLET | 37543 |
| HYDROCODONE ER 60 MG TABLET | 37544 |
| HYDROCODONE ER 80 MG TABLET | 37545 |

| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| HYDROCODONE ER 100 MG TABLET | 37546 |
| HYDROCODONE ER 120 MG TABLET | 37547 |
| HYDROMORPHONE 1 MG/ML SOLUTION | 20251 |
| HYDROMORPHONE 10 MG/ML VIAL | 20451 |
| HYDROMORPHONE 2 MG TABLET | 16141 |
| HYDROMORPHONE 3 MG SUPPOS | 16130 |
| HYDROMORPHONE 4 MG TABLET | 16143 |
| HYDROMORPHONE 8 MG TABLET | 16144 |
| HYDROMORPHONE HCL ER 12 MG TAB | 28427 |
| HYDROMORPHONE HCL ER 16 MG TAB | 33142 |
| HYDROMORPHONE HCL ER 32 MG TAB | 33088 |
| HYDROMORPHONE HCL ER 8 MG TAB | 33143 |
| HYSINGLA ER 100MG TABLET | 37546 |
| HYSINGLA ER 120MG TABLET | 37547 |
| HYSINGLA ER 20MG TABLET | 37539 |
| HYSINGLA ER 30MG TABLET | 37541 |
| HYSINGLA ER 40MG TABLET | 37543 |
| HYSINGLA ER 60MG TABLET | 37544 |
| HYSINGLA ER 80MG TABLET | 37545 |
| LEVORPHANOL 2MG TABLET | 16350 |
| LORCET 5-325 MG TABLET | 12486 |
| LORCET HD 10-325 MG TABLET | 70330 |
| LORCET PLUS 7.5-325 MG TABLET | 12488 |
| MEPERIDINE 100 MG/ML VIAL | 25627 |

| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| MEPERIDINE 25 MG/ML VIAL | 25613 |
| MEPERIDINE 50 MG/5 ML SOLUTION | 15980 |
| MEPERIDINE 50 MG/ML VIAL | 25609 |
| MEPERIDINE 50 MG TABLET | 15991 |
| METHADONE 10 MG/5 ML SOLUTION | 16410 |
| METHADONE 10 MG/ML ORAL CONC | 16415 |
| METHADONE 40 MG TABLET DISPR | 16423 |
| METHADONE 5 MG/5 ML SOLUTION | 16400 |
| METHADONE HCL 10 MG TABLET | 16420 |
| METHADONE HCL 5 MG TABLET | 16422 |
| METHADONE INTENSOL 10MG/ML | 16415 |
| METHADOSE 10 MG/ML ORAL CONC | 16415 |
| METHADOSE 40 MG TABLET DISPR | 16423 |
| MORPHINE 5 MG/0.25ML ENFIT SYR | 58333 |
| MORPHINE 10 MG/ML CARPUJECT | 33312 |
| MORPHINE 2 MG/ML CARPUJECT | 33308 |
| MORPHINE 20 MG/ML ORAL SYRINGE | 32719 |
| MORPHINE 4 MG/ML CARPUJECT | 33309 |
| MORPHINE 8 MG/ML SYRINGE | 33765 |
| MORPHINE SULF 10 MG/5 ML SOLN | 16060 |
| MORPHINE SULF 100 MG/5 ML SOLN | 16063 |
| MORPHINE SULF 20 MG/5 ML SOLN | 16062 |
| MORPHINE SULF CR 15 MG TABLET | 16643 |
| MORPHINE SULF CR 30 MG TABLET | 16640 |

| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| MORPHINE SULF CR 60 MG TABLET | 16641 |
| MORPHINE SULF ER 100 MG TABLET | 16642 |
| MORPHINE SULF ER 200 MG TABLET | 16078 |
| MORPHINE SULFATE 50 MG/ML VIAL | 16271 |
| MORPHINE SULFATE ER 100MG CAP | 26494 |
| MORPHINE SULFATE ER 10MG CAP | 26490 |
| MORPHINE SULFATE ER 120MG CAP | 17189 |
| MORPHINE SULFATE ER 20MG CAP | 26492 |
| MORPHINE SULFATE ER 30MG CAP | 17193 |
| MORPHINE SULFATE ER 30MG CAP | 97534 |
| MORPHINE SULFATE ER 40MG CAP | 33158 |
| MORPHINE SULFATE ER 45MG CAP | 16212 |
| MORPHINE SULFATE ER 50MG CAP | 26493 |
| MORPHINE SULFATE ER 60MG CAP | 17192 |
| MORPHINE SULFATE ER 60MG CAP | 97535 |
| MORPHINE SULFATE ER 75MG CAP | 16213 |
| MORPHINE SULFATE ER 80 MG CAP | 97508 |
| MORPHINE SULFATE ER 90MG CAP | 17191 |
| MORPHINE SULFATE IR 15 MG TAB | 16070 |
| MORPHINE SULFATE IR 30 MG TAB | 16071 |
| MS CONTIN 100 MG TABLET | 16642 |
| MS CONTIN 15 MG TABLET | 16643 |
| MS CONTIN 200 MG TABLET | 16078 |
| MS CONTIN 60 MG TABLET | 16641 |

| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| MS CONTIN CR 30 MG TABLET | 16640 |
| NALBUPHINE 10 MG/ML AMPUL | 16360 |
| NALBUPHINE 200 MG/10 ML VIAL | 16371 |
| NALOCET 2.5-300 MG TABLET | 26953 |
| NUCYNTA 100 MG TABLET | 26165 |
| NUCYNTA 50 MG TABLET | 26163 |
| NUCYNTA 75 MG TABLET | 26164 |
| NUCYNTA ER 100MG TABLET | 29788 |
| NUCYNTA ER 150MG TABLET | 29789 |
| NUCYNTA ER 200MG TABLET | 29791 |
| NUCYNTA ER 250MG TABLET | 29792 |
| NUCYNTA ER 50MG TABLET | 29787 |
| OPIUM TINCTURE 10 MG/ML | 16471 |
| OXYCODON-ACETAMINOPHEN 2.5-325 | 70492 |
| OXYCODON-ACETAMINOPHEN 7.5-325 | 14965 |
| OXYCODONE-ACETAMINOPHEN 5-325/5 | 70470 |
| OXYCODONE CONC 20 MG/ML SOLN | 16281 |
| OXYCODONE HCL 10 MG TABLET | 16291 |
| OXYCODONE HCL 10 MG TABLET ER | 37158 |
| OXYCODONE HCL 15 MG TABLET | 20091 |
| OXYCODONE HCL 15 MG TABLET ER | 37159 |
| OXYCODONE HCL 20 MG TABLET | 21194 |
| OXYCODONE HCL 20 MG TABLET ER | 37161 |
| OXYCODONE HCL 30 MG TABLET | 20092 |

| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| OXYCODONE HCL 30 MG TABLET ER | 37162 |
| OXYCODONE HCL 40 MG TABLET ER | 37163 |
| OXYCODONE HCL 5 MG CAPSULE | 16285 |
| OXYCODONE HCL 5 MG TABLET | 16290 |
| OXYCODONE HCL 5 MG/5 ML SOL | 16280 |
| OXYCODONE HCL 60 MG TABLET ER | 37164 |
| OXYCODONE HCL ER 80 MG TABLET | 37165 |
| OXYCODONE-ACETAMINOPHEN 10-325 | 14966 |
| OXYCODONE-ACETAMINOPHEN 5-325 | 70491 |
| OXYCODONE-ACETAMINOPHEN 5-325/5 | 70470 |
| OXYCODONE-ASA 4.8355-325 | 26836 |
| OXYCODONE-IBUPROFEN 5-400 TAB | 23827 |
| OXYCONTIN 10 MG TABLET | 37158 |
| OXYCONTIN 15 MG TABLET | 37159 |
| OXYCONTIN 20 MG TABLET | 37161 |
| OXYCONTIN 30 MG TABLET | 37162 |
| OXYCONTIN 40 MG TABLET | 37163 |
| OXYCONTIN 60 MG TABLET | 37164 |
| OXYCONTIN 80 MG TABLET | 37165 |
| OXYMORPHONE HCL 10 MG TABLET | 27244 |
| OXYMORPHONE HCL 5 MG TABLET | 27243 |
| OXYMORPHONE HCL ER 10 MG TAB | 27248 |
| OXYMORPHONE HCL ER 15 MG TAB | 99493 |
| OXYMORPHONE HCL ER 20 MG TAB | 27249 |

| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| OXYMORPHONE HCL ER 30 MG TAB | 99494 |
| OXYMORPHONE HCL ER 40 MG TAB | 27253 |
| OXYMORPHONE HCL ER 5 MG TABLET | 27247 |
| OXYMORPHONE HCL ER 7.5 MG TAB | 99492 |
| PENTAZOCINE-NALOXONE TABLET | 71060 |
| PERCOCET 10-325 MG TABLET | 14966 |
| PERCOCET 2.5-325 MG TABLET | 70492 |
| PERCOCET 5-325 MG TABLET | 70491 |
| PERCOCET 7.5-325 MG TABLET | 14965 |
| ROXICODONE 15 MG TABLET | 20091 |
| ROXICODONE 30 MG TABLET | 20092 |
| ROXYBOND 15 MG TABLET | 44877 |
| ROXYBOND 30 MG TABLET | 44878 |
| ROXYBOND 5 MG TABLET | 32047 |
| ROXYBOND 10 MG TABLET | 56315 |
| TRAMADOL ER 100 MG TABLET | 99151 |
| TRAMADOL ER 200 MG TABLET | 99152 |
| TRAMADOL ER 300 MG TABLET | 99153 |
| TRAMADOL HCL 25 MG TABLET | 55148 |
| TRAMADOL HCL 50 MG TABLET | 07221 |
| TRAMADOL HCL 100 MG TABLET | 92069 |
| TRAMADOL HCL ER 100 MG CAPSULE | 30382 |
| TRAMADOL HCL ER 100 MG TABLET | 26387 |
| TRAMADOL HCL ER 200 MG CAPSULE | 30383 |

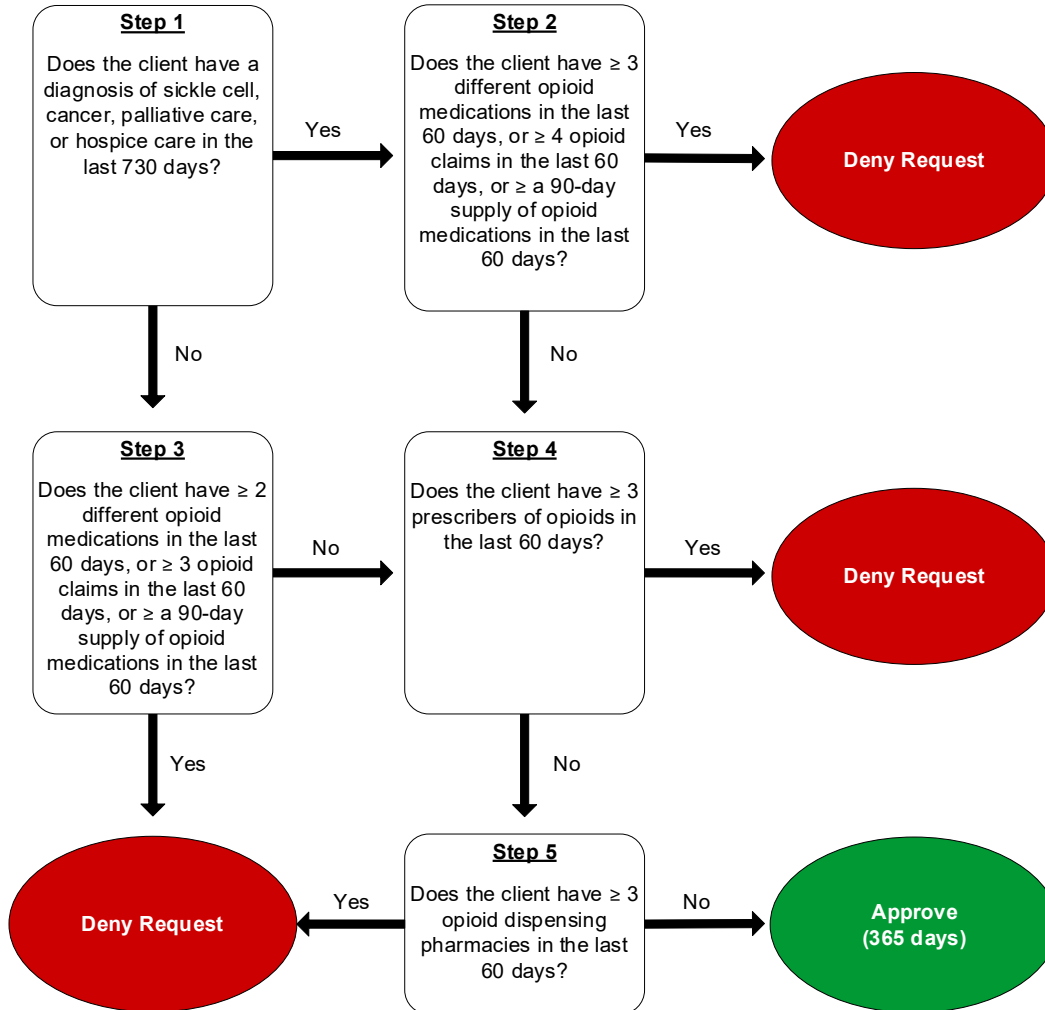
| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| TRAMADOL HCL ER 200 MG TABLET | 50417 |
| TRAMADOL HCL ER 300 MG CAPSULE | 30384 |
| TRAMADOL HCL ER 300 MG TABLET | 50427 |
| TRAMADOL HCL 75 MG TABLET | 56518 |
| TRAMADOL-ACETAMINOPHEN 37.5-325 | 13909 |
| TRAMADOL HCL 5 MG/ML SOLUTION | 48598 |
| TYLENOL WITH CODEINE #3 TABLET | 70134 |
| TYLENOL WITH CODEINE #4 TABLET | 70136 |
| ULTRACET TABLET | 13909 |
| ULTRAM 50 MG TABLET | 07221 |
| XTAMPZA ER 9 MG CAPSULE | 41272 |
| XTAMPZA ER 13.5 MG CAPSULE | 41273 |
| XTAMPZA ER 18 MG CAPSULE | 41274 |
| XTAMPZA ER 27 MG CAPSULE | 41275 |
| XTAMPZA ER 36 MG CAPSULE | 41276 |

**Opioid Overutilization****Clinical Criteria Logic**

1. Does the client have a [diagnosis of sickle cell, cancer, palliative care, or hospice care](#) in the last 730 days?
☐ Yes – Go to #2
☐ No – Go to #3
2. Does the client have [greater than or equal to \(\$\geq\$ \) 3 different opioid medications in the last 60 days, or greater than or equal to \(\$\geq\$ \) 4 opioid claims in the last 60 days, or greater than or equal to \(\$\geq\$ \) a 90-day supply of opioid medications in the last 60 days?](#)
☐ Yes – Deny
☐ No – Go to #4
3. Does the client have [greater than or equal to \(\$\geq\$ \) 2 different opioid medications in the last 60 days, or greater than or equal to \(\$\geq\$ \) 3 opioid claims in the last 60 days, or greater than or equal to \(\$\geq\$ \) a 90-day supply of opioid medications in the last 60 days?](#)
☐ Yes – Deny
☐ No – Go to #4
4. Does the client have greater than or equal to (\geq) 3 prescribers of opioids in the last 60 days?
☐ Yes – Deny
☐ No – Go to #5
5. Does the client have greater than or equal to (\geq) 3 opioid dispensing pharmacies in the last 60 days?
☐ Yes – Deny
☐ No – Approve (365 days)



Opioid Overutilization Clinical Criteria Logic Diagram





Opioid Overutilization

Clinical Criteria Supporting Tables

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)

Required diagnosis: 1

Look back timeframe: 730 days

| ICD-10 Code | Description |
|-------------|---|
| C000 | MALIGNANT NEOPLASM OF EXTERNAL UPPER LIP |
| C001 | MALIGNANT NEOPLASM OF EXTERNAL LOWER LIP |
| C002 | MALIGNANT NEOPLASM OF EXTERNAL LIP, UNSPECIFIED |
| C003 | MALIGNANT NEOPLASM OF UPPER LIP, INNER ASPECT |
| C004 | MALIGNANT NEOPLASM OF LOWER LIP, INNER ASPECT |
| C005 | MALIGNANT NEOPLASM OF LIP, UNSPECIFIED, INNER ASPECT |
| C006 | MALIGNANT NEOPLASM OF COMMISSURE OF LIP, UNSPECIFIED |
| C008 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LIP |
| C009 | MALIGNANT NEOPLASM OF LIP, UNSPECIFIED |
| C01 | MALIGNANT NEOPLASM OF BASE OF TONGUE |
| C020 | MALIGNANT NEOPLASM OF DORSAL SURFACE OF TONGUE |
| C021 | MALIGNANT NEOPLASM OF BORDER OF TONGUE |
| C022 | MALIGNANT NEOPLASM OF VENTRAL SURFACE OF TONGUE |
| C023 | MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED |
| C024 | MALIGNANT NEOPLASM OF LINGUAL TONSIL |
| C028 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONGUE |
| C029 | MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED |
| C030 | MALIGNANT NEOPLASM OF UPPER GUM |
| C031 | MALIGNANT NEOPLASM OF LOWER GUM |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C039 | MALIGNANT NEOPLASM OF GUM, UNSPECIFIED |
| C040 | MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH |
| C041 | MALIGNANT NEOPLASM OF LATERAL FLOOR OF MOUTH |
| C048 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF FLOOR OF MOUTH |
| C049 | MALIGNANT NEOPLASM OF FLOOR OF MOUTH, UNSPECIFIED |
| C050 | MALIGNANT NEOPLASM OF HARD PALATE |
| C051 | MALIGNANT NEOPLASM OF SOFT PALATE |
| C052 | MALIGNANT NEOPLASM OF UVULA |
| C058 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PALATE |
| C059 | MALIGNANT NEOPLASM OF PALATE, UNSPECIFIED |
| C060 | MALIGNANT NEOPLASM OF CHEEK MUCOSA |
| C061 | MALIGNANT NEOPLASM OF VESTIBULE OF MOUTH |
| C062 | MALIGNANT NEOPLASM OF RETROMOLAR AREA |
| C0680 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED PARTS OF MOUTH |
| C0689 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OTHER PARTS OF MOUTH |
| C069 | MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED |
| C07 | MALIGNANT NEOPLASM OF PAROTID GLAND |
| C080 | MALIGNANT NEOPLASM OF SUBMANDIBULAR GLAND |
| C081 | MALIGNANT NEOPLASM OF SUBLINGUAL GLAND |
| C089 | MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND, UNSPECIFIED |
| C090 | MALIGNANT NEOPLASM OF TONSILLAR FOSSA |
| C091 | MALIGNANT NEOPLASM OF TONSILLAR PILLAR (ANTERIOR) (POSTERIOR) |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C098 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL |
| C099 | MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED |
| C100 | MALIGNANT NEOPLASM OF VALLECULA |
| C101 | MALIGNANT NEOPLASM OF ANTERIOR SURFACE OF EPIGLOTTIS |
| C102 | MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX |
| C103 | MALIGNANT NEOPLASM OF POSTERIOR WALL OF OROPHARYNX |
| C104 | MALIGNANT NEOPLASM OF BRANCHIAL CLEFT |
| C108 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX |
| C109 | MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED |
| C110 | MALIGNANT NEOPLASM OF SUPERIOR WALL OF NASOPHARYNX |
| C111 | MALIGNANT NEOPLASM OF POSTERIOR WALL OF NASOPHARYNX |
| C112 | MALIGNANT NEOPLASM OF LATERAL WALL OF NASOPHARYNX |
| C113 | MALIGNANT NEOPLASM OF ANTERIOR WALL OF NASOPHARYNX |
| C118 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF NASOPHARYNX |
| C119 | MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED |
| C12 | MALIGNANT NEOPLASM OF PYRIFORM SINUS |
| C130 | MALIGNANT NEOPLASM OF POSTCRICOID REGION |
| C131 | MALIGNANT NEOPLASM OF ARYEPIGLOTTIC FOLD, HYPOPHARYNGEAL ASPECT |
| C132 | MALIGNANT NEOPLASM OF POSTERIOR WALL OF HYPOPHARYNX |
| C138 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF HYPOPHARYNX |
| C139 | MALIGNANT NEOPLASM OF HYPOPHARYNX, UNSPECIFIED |
| C140 | MALIGNANT NEOPLASM OF PHARYNX, UNSPECIFIED |
| C142 | MALIGNANT NEOPLASM OF WALDEYER'S RING |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C148 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LIP, ORAL CAVITY AND PHARYNX |
| C153 | MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS |
| C154 | MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS |
| C155 | MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS |
| C158 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF ESOPHAGUS |
| C159 | MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED |
| C160 | MALIGNANT NEOPLASM OF CARDIA |
| C161 | MALIGNANT NEOPLASM OF FUNDUS OF STOMACH |
| C162 | MALIGNANT NEOPLASM OF BODY OF STOMACH |
| C163 | MALIGNANT NEOPLASM OF PYLORIC ANTRUM |
| C164 | MALIGNANT NEOPLASM OF PYLORUS |
| C165 | MALIGNANT NEOPLASM OF LESSER CURVATURE OF STOMACH, UNSPECIFIED |
| C166 | MALIGNANT NEOPLASM OF GREATER CURVATURE OF STOMACH, UNSPECIFIED |
| C168 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH |
| C169 | MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED |
| C170 | MALIGNANT NEOPLASM OF DUODENUM |
| C171 | MALIGNANT NEOPLASM OF JEJUNUM |
| C172 | MALIGNANT NEOPLASM OF ILEUM |
| C173 | MECKEL'S DIVERTICULUM, MALIGNANT |
| C178 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF SMALL INTESTINE |
| C179 | MALIGNANT NEOPLASM OF SMALL INTESTINE, UNSPECIFIED |
| C180 | MALIGNANT NEOPLASM OF CECUM |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|--|
| C181 | MALIGNANT NEOPLASM OF APPENDIX |
| C182 | MALIGNANT NEOPLASM OF ASCENDING COLON |
| C183 | MALIGNANT NEOPLASM OF HEPATIC FLEXURE |
| C184 | MALIGNANT NEOPLASM OF TRANSVERSE COLON |
| C185 | MALIGNANT NEOPLASM OF SPLENIC FLEXURE |
| C186 | MALIGNANT NEOPLASM OF DESCENDING COLON |
| C187 | MALIGNANT NEOPLASM OF SIGMOID COLON |
| C188 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON |
| C189 | MALIGNANT NEOPLASM OF COLON, UNSPECIFIED |
| C19 | MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION |
| C20 | MALIGNANT NEOPLASM OF RECTUM |
| C210 | MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED |
| C211 | MALIGNANT NEOPLASM OF ANAL CANAL |
| C212 | MALIGNANT NEOPLASM OF CLOACOGENIC ZONE |
| C218 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RECTUM, ANUS AND ANAL CANAL |
| C220 | LIVER CELL CARCINOMA |
| C221 | INTRAHEPATIC BILE DUCT CARCINOMA |
| C222 | HEPATOBLASTOMA |
| C223 | ANGIOSARCOMA OF LIVER |
| C224 | OTHER SARCOMAS OF LIVER |
| C227 | OTHER SPECIFIED CARCINOMAS OF LIVER |
| C228 | MALIGNANT NEOPLASM OF LIVER, PRIMARY, UNSPECIFIED AS TO TYPE |
| C229 | MALIGNANT NEOPLASM OF LIVER, NOT SPECIFIED AS PRIMARY OR |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| | SECONDARY |
| C23 | MALIGNANT NEOPLASM OF GALLBLADDER |
| C240 | MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT |
| C241 | MALIGNANT NEOPLASM OF AMPULLA OF VATER |
| C248 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BILIARY TRACT |
| C249 | MALIGNANT NEOPLASM OF BILIARY TRACT, UNSPECIFIED |
| C250 | MALIGNANT NEOPLASM OF HEAD OF PANCREAS |
| C251 | MALIGNANT NEOPLASM OF BODY OF PANCREAS |
| C252 | MALIGNANT NEOPLASM OF TAIL OF PANCREAS |
| C253 | MALIGNANT NEOPLASM OF PANCREATIC DUCT |
| C254 | MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS |
| C257 | MALIGNANT NEOPLASM OF OTHER PARTS OF PANCREAS |
| C258 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PANCREAS |
| C259 | MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED |
| C260 | MALIGNANT NEOPLASM OF INTESTINAL TRACT, PART UNSPECIFIED |
| C261 | MALIGNANT NEOPLASM OF SPLEEN |
| C269 | MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE DIGESTIVE SYSTEM |
| C300 | MALIGNANT NEOPLASM OF NASAL CAVITY |
| C301 | MALIGNANT NEOPLASM OF MIDDLE EAR |
| C310 | MALIGNANT NEOPLASM OF MAXILLARY SINUS |
| C311 | MALIGNANT NEOPLASM OF ETHMOIDAL SINUS |
| C312 | MALIGNANT NEOPLASM OF FRONTAL SINUS |
| C313 | MALIGNANT NEOPLASM OF SPHENOID SINUS |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|--|
| C318 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF ACCESSORY SINUSES |
| C319 | MALIGNANT NEOPLASM OF ACCESSORY SINUS, UNSPECIFIED |
| C320 | MALIGNANT NEOPLASM OF GLOTTIS |
| C321 | MALIGNANT NEOPLASM OF SUPRAGLOTTIS |
| C322 | MALIGNANT NEOPLASM OF SUBGLOTTIS |
| C323 | MALIGNANT NEOPLASM OF LARYNGEAL CARTILAGE |
| C328 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LARYNX |
| C329 | MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED |
| C33 | MALIGNANT NEOPLASM OF TRACHEA |
| C3400 | MALIGNANT NEOPLASM OF UNSPECIFIED MAIN BRONCHUS |
| C3401 | MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS |
| C3402 | MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS |
| C3410 | MALIGNANT NEOPLASM OF UPPER LOBE, UNSPECIFIED BRONCHUS OR LUNG |
| C3411 | MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG |
| C3412 | MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG |
| C342 | MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG |
| C3430 | MALIGNANT NEOPLASM OF LOWER LOBE, UNSPECIFIED BRONCHUS OR LUNG |
| C3431 | MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG |
| C3432 | MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG |
| C3480 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED BRONCHUS AND LUNG |
| C3481 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG |
| C3482 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT BRONCHUS AND LUNG |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|--|
| C3490 | MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG |
| C3491 | MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG |
| C3492 | MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT BRONCHUS OR LUNG |
| C37 | MALIGNANT NEOPLASM OF THYMUS |
| C380 | MALIGNANT NEOPLASM OF HEART |
| C381 | MALIGNANT NEOPLASM OF ANTERIOR MEDIASTINUM |
| C382 | MALIGNANT NEOPLASM OF POSTERIOR MEDIASTINUM |
| C383 | MALIGNANT NEOPLASM OF MEDIASTINUM, PART UNSPECIFIED |
| C384 | MALIGNANT NEOPLASM OF PLEURA |
| C388 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF HEART, MEDIASTINUM AND PLEURA |
| C390 | MALIGNANT NEOPLASM OF UPPER RESPIRATORY TRACT, PART UNSPECIFIED |
| C399 | MALIGNANT NEOPLASM OF LOWER RESPIRATORY TRACT, PART UNSPECIFIED |
| C4000 | MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES OF UNSPECIFIED UPPER LIMB |
| C4001 | MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES OF RIGHT UPPER LIMB |
| C4002 | MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES OF LEFT UPPER LIMB |
| C4010 | MALIGNANT NEOPLASM OF SHORT BONES OF UNSPECIFIED UPPER LIMB |
| C4011 | MALIGNANT NEOPLASM OF SHORT BONES OF RIGHT UPPER LIMB |
| C4012 | MALIGNANT NEOPLASM OF SHORT BONES OF LEFT UPPER LIMB |
| C4020 | MALIGNANT NEOPLASM OF LONG BONES OF UNSPECIFIED LOWER LIMB |
| C4021 | MALIGNANT NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C4022 | MALIGNANT NEOPLASM OF LONG BONES OF LEFT LOWER LIMB |
| C4030 | MALIGNANT NEOPLASM OF SHORT BONES OF UNSPECIFIED LOWER LIMB |
| C4031 | MALIGNANT NEOPLASM OF SHORT BONES OF RIGHT LOWER LIMB |
| C4032 | MALIGNANT NEOPLASM OF SHORT BONES OF LEFT LOWER LIMB |
| C4080 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BONE AND ARTICULAR CARTILAGE OF UNSPECIFIED LIMB |
| C4081 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BONE AND ARTICULAR CARTILAGE OF RIGHT LIMB |
| C4082 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BONE AND ARTICULAR CARTILAGE OF LEFT LIMB |
| C4090 | MALIGNANT NEOPLASM OF UNSPECIFIED BONES AND ARTICULAR CARTILAGE OF UNSPECIFIED LIMB |
| C4091 | MALIGNANT NEOPLASM OF UNSPECIFIED BONES AND ARTICULAR CARTILAGE OF RIGHT LIMB |
| C4092 | MALIGNANT NEOPLASM OF UNSPECIFIED BONES AND ARTICULAR CARTILAGE OF LEFT LIMB |
| C410 | MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE |
| C411 | MALIGNANT NEOPLASM OF MANDIBLE |
| C412 | MALIGNANT NEOPLASM OF VERTEBRAL COLUMN |
| C413 | MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE |
| C414 | MALIGNANT NEOPLASM OF PELVIC BONES, SACRUM AND COCCYX |
| C419 | MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED |
| C430 | MALIGNANT MELANOMA OF LIP |
| C4310 | MALIGNANT MELANOMA OF UNSPECIFIED EYELID, INCLUDING CANTHUS |
| C4311 | MALIGNANT MELANOMA OF RIGHT EYELID, INCLUDING CANTHUS |
| C4312 | MALIGNANT MELANOMA OF LEFT EYELID, INCLUDING CANTHUS |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|--|
| C4320 | MALIGNANT MELANOMA OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL |
| C4321 | MALIGNANT MELANOMA OF RIGHT EAR AND EXTERNAL AURICULAR CANAL |
| C4322 | MALIGNANT MELANOMA OF LEFT EAR AND EXTERNAL AURICULAR CANAL |
| C4330 | MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE |
| C4331 | MALIGNANT MELANOMA OF NOSE |
| C4339 | MALIGNANT MELANOMA OF OTHER PARTS OF FACE |
| C434 | MALIGNANT MELANOMA OF SCALP AND NECK |
| C4351 | MALIGNANT MELANOMA OF ANAL SKIN |
| C4352 | MALIGNANT MELANOMA OF SKIN OF BREAST |
| C4359 | MALIGNANT MELANOMA OF OTHER PART OF TRUNK |
| C4360 | MALIGNANT MELANOMA OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER |
| C4361 | MALIGNANT MELANOMA OF RIGHT UPPER LIMB, INCLUDING SHOULDER |
| C4362 | MALIGNANT MELANOMA OF LEFT UPPER LIMB, INCLUDING SHOULDER |
| C4370 | MALIGNANT MELANOMA OF UNSPECIFIED LOWER LIMB, INCLUDING HIP |
| C4371 | MALIGNANT MELANOMA OF RIGHT LOWER LIMB, INCLUDING HIP |
| C4372 | MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP |
| C438 | MALIGNANT MELANOMA OF OVERLAPPING SITES OF SKIN |
| C439 | MALIGNANT MELANOMA OF SKIN, UNSPECIFIED |
| C450 | MESOTHELIOMA OF PLEURA |
| C451 | MESOTHELIOMA OF PERITONEUM |
| C452 | MESOTHELIOMA OF PERICARDIUM |
| C457 | MESOTHELIOMA OF OTHER SITES |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C459 | MESOTHELIOMA, UNSPECIFIED |
| C460 | KAPOSI'S SARCOMA OF SKIN |
| C461 | KAPOSI'S SARCOMA OF SOFT TISSUE |
| C462 | KAPOSI'S SARCOMA OF PALATE |
| C463 | KAPOSI'S SARCOMA OF LYMPH NODES |
| C464 | KAPOSI'S SARCOMA OF GASTROINTESTINAL SITES |
| C4650 | KAPOSI'S SARCOMA OF UNSPECIFIED LUNG |
| C4651 | KAPOSI'S SARCOMA OF RIGHT LUNG |
| C4652 | KAPOSI'S SARCOMA OF LEFT LUNG |
| C467 | KAPOSI'S SARCOMA OF OTHER SITES |
| C469 | KAPOSI'S SARCOMA, UNSPECIFIED |
| C470 | MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF HEAD, FACE AND NECK |
| C4710 | MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER |
| C4711 | MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF RIGHT UPPER LIMB, INCLUDING SHOULDER |
| C4712 | MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF LEFT UPPER LIMB, INCLUDING SHOULDER |
| C4720 | MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF UNSPECIFIED LOWER LIMB, INCLUDING HIP |
| C4721 | MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF RIGHT LOWER LIMB, INCLUDING HIP |
| C4722 | MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF LEFT LOWER LIMB, INCLUDING HIP |
| C473 | MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF THORAX |
| C474 | MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF ABDOMEN |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

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

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C496 | MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF TRUNK, UNSPECIFIED |
| C498 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CONNECTIVE AND SOFT TISSUE |
| C499 | MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED |
| C50011 | MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST |
| C50012 | MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST |
| C50019 | MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, UNSPECIFIED FEMALE BREAST |
| C50021 | MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT MALE BREAST |
| C50022 | MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST |
| C50029 | MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, UNSPECIFIED MALE BREAST |
| C50111 | MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST |
| C50112 | MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST |
| C50119 | MALIGNANT NEOPLASM OF CENTRAL PORTION OF UNSPECIFIED FEMALE BREAST |
| C50121 | MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT MALE BREAST |
| C50122 | MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST |
| C50129 | MALIGNANT NEOPLASM OF CENTRAL PORTION OF UNSPECIFIED MALE BREAST |
| C50211 | MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST |
| C50212 | MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST |
| C50219 | MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF UNSPECIFIED FEMALE BREAST |
| C50221 | MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT MALE BREAST |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C50222 | MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT MALE BREAST |
| C50229 | MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF UNSPECIFIED MALE BREAST |
| C50311 | MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST |
| C50312 | MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST |
| C50319 | MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF UNSPECIFIED FEMALE BREAST |
| C50321 | MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT MALE BREAST |
| C50322 | MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT MALE BREAST |
| C50329 | MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF UNSPECIFIED MALE BREAST |
| C50411 | MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST |
| C50412 | MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST |
| C50419 | MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF UNSPECIFIED FEMALE BREAST |
| C50421 | MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT MALE BREAST |
| C50422 | MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT MALE BREAST |
| C50429 | MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF UNSPECIFIED MALE BREAST |
| C50511 | MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST |
| C50512 | MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST |
| C50519 | MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF UNSPECIFIED |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| | FEMALE BREAST |
| C50521 | MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT MALE BREAST |
| C50522 | MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT MALE BREAST |
| C50529 | MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF UNSPECIFIED MALE BREAST |
| C50611 | MALIGNANT NEOPLASM OF AXILLARY TAIL OF RIGHT FEMALE BREAST |
| C50612 | MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT FEMALE BREAST |
| C50619 | MALIGNANT NEOPLASM OF AXILLARY TAIL OF UNSPECIFIED FEMALE BREAST |
| C50621 | MALIGNANT NEOPLASM OF AXILLARY TAIL OF RIGHT MALE BREAST |
| C50622 | MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT MALE BREAST |
| C50629 | MALIGNANT NEOPLASM OF AXILLARY TAIL OF UNSPECIFIED MALE BREAST |
| C50811 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST |
| C50812 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST |
| C50819 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST |
| C50821 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT MALE BREAST |
| C50822 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT MALE BREAST |
| C50829 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED MALE BREAST |
| C50911 | MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST |
| C50912 | MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST |
| C50919 | MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST |
| C50921 | MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT MALE BREAST |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

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

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|--|
| C5701 | MALIGNANT NEOPLASM OF RIGHT FALLOPIAN TUBE |
| C5702 | MALIGNANT NEOPLASM OF LEFT FALLOPIAN TUBE |
| C5710 | MALIGNANT NEOPLASM OF UNSPECIFIED BROAD LIGAMENT |
| C5711 | MALIGNANT NEOPLASM OF RIGHT BROAD LIGAMENT |
| C5712 | MALIGNANT NEOPLASM OF LEFT BROAD LIGAMENT |
| C5720 | MALIGNANT NEOPLASM OF UNSPECIFIED ROUND LIGAMENT |
| C5721 | MALIGNANT NEOPLASM OF RIGHT ROUND LIGAMENT |
| C5722 | MALIGNANT NEOPLASM OF LEFT ROUND LIGAMENT |
| C573 | MALIGNANT NEOPLASM OF PARAMETRIUM |
| C574 | MALIGNANT NEOPLASM OF UTERINE ADNEXA, UNSPECIFIED |
| C577 | MALIGNANT NEOPLASM OF OTHER SPECIFIED FEMALE GENITAL ORGANS |
| C578 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF FEMALE GENITAL ORGANS |
| C579 | MALIGNANT NEOPLASM OF FEMALE GENITAL ORGAN, UNSPECIFIED |
| C58 | MALIGNANT NEOPLASM OF PLACENTA |
| C600 | MALIGNANT NEOPLASM OF PREPUCE |
| C601 | MALIGNANT NEOPLASM OF GLANS PENIS |
| C602 | MALIGNANT NEOPLASM OF BODY OF PENIS |
| C608 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PENIS |
| C609 | MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED |
| C61 | MALIGNANT NEOPLASM OF PROSTATE |
| C6200 | MALIGNANT NEOPLASM OF UNSPECIFIED UNDESCENDED TESTIS |
| C6201 | MALIGNANT NEOPLASM OF UNDESCENDED RIGHT TESTIS |
| C6202 | MALIGNANT NEOPLASM OF UNDESCENDED LEFT TESTIS |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|--|
| C6210 | MALIGNANT NEOPLASM OF UNSPECIFIED DESCENDED TESTIS |
| C6211 | MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS |
| C6212 | MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS |
| C6290 | MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED |
| C6291 | MALIGNANT NEOPLASM OF RIGHT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED |
| C6292 | MALIGNANT NEOPLASM OF LEFT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED |
| C6300 | MALIGNANT NEOPLASM OF UNSPECIFIED EPIDIDYMIS |
| C6301 | MALIGNANT NEOPLASM OF RIGHT EPIDIDYMIS |
| C6302 | MALIGNANT NEOPLASM OF LEFT EPIDIDYMIS |
| C6310 | MALIGNANT NEOPLASM OF UNSPECIFIED SPERMATIC CORD |
| C6311 | MALIGNANT NEOPLASM OF RIGHT SPERMATIC CORD |
| C6312 | MALIGNANT NEOPLASM OF LEFT SPERMATIC CORD |
| C632 | MALIGNANT NEOPLASM OF SCROTUM |
| C637 | MALIGNANT NEOPLASM OF OTHER SPECIFIED MALE GENITAL ORGANS |
| C638 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF MALE GENITAL ORGANS |
| C639 | MALIGNANT NEOPLASM OF MALE GENITAL ORGAN, UNSPECIFIED |
| C641 | MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS |
| C642 | MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS |
| C649 | MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS |
| C651 | MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS |
| C652 | MALIGNANT NEOPLASM OF LEFT RENAL PELVIS |
| C659 | MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C661 | MALIGNANT NEOPLASM OF RIGHT URETER |
| C662 | MALIGNANT NEOPLASM OF LEFT URETER |
| C669 | MALIGNANT NEOPLASM OF UNSPECIFIED URETER |
| C670 | MALIGNANT NEOPLASM OF TRIGONE OF BLADDER |
| C671 | MALIGNANT NEOPLASM OF DOME OF BLADDER |
| C672 | MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER |
| C673 | MALIGNANT NEOPLASM OF ANTERIOR WALL OF BLADDER |
| C674 | MALIGNANT NEOPLASM OF POSTERIOR WALL OF BLADDER |
| C675 | MALIGNANT NEOPLASM OF BLADDER NECK |
| C676 | MALIGNANT NEOPLASM OF URETERIC ORIFICE |
| C677 | MALIGNANT NEOPLASM OF URACHUS |
| C678 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER |
| C679 | MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED |
| C680 | MALIGNANT NEOPLASM OF URETHRA |
| C681 | MALIGNANT NEOPLASM OF PARAURETHRAL GLANDS |
| C688 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF URINARY ORGANS |
| C689 | MALIGNANT NEOPLASM OF URINARY ORGAN, UNSPECIFIED |
| C6900 | MALIGNANT NEOPLASM OF UNSPECIFIED CONJUNCTIVA |
| C6901 | MALIGNANT NEOPLASM OF RIGHT CONJUNCTIVA |
| C6902 | MALIGNANT NEOPLASM OF LEFT CONJUNCTIVA |
| C6910 | MALIGNANT NEOPLASM OF UNSPECIFIED CORNEA |
| C6911 | MALIGNANT NEOPLASM OF RIGHT CORNEA |
| C6912 | MALIGNANT NEOPLASM OF LEFT CORNEA |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C6920 | MALIGNANT NEOPLASM OF UNSPECIFIED RETINA |
| C6921 | MALIGNANT NEOPLASM OF RIGHT RETINA |
| C6922 | MALIGNANT NEOPLASM OF LEFT RETINA |
| C6930 | MALIGNANT NEOPLASM OF UNSPECIFIED CHOROID |
| C6931 | MALIGNANT NEOPLASM OF RIGHT CHOROID |
| C6932 | MALIGNANT NEOPLASM OF LEFT CHOROID |
| C6940 | MALIGNANT NEOPLASM OF UNSPECIFIED CILIARY BODY |
| C6941 | MALIGNANT NEOPLASM OF RIGHT CILIARY BODY |
| C6942 | MALIGNANT NEOPLASM OF LEFT CILIARY BODY |
| C6950 | MALIGNANT NEOPLASM OF UNSPECIFIED LACRIMAL GLAND AND DUCT |
| C6951 | MALIGNANT NEOPLASM OF RIGHT LACRIMAL GLAND AND DUCT |
| C6952 | MALIGNANT NEOPLASM OF LEFT LACRIMAL GLAND AND DUCT |
| C6960 | MALIGNANT NEOPLASM OF UNSPECIFIED ORBIT |
| C6961 | MALIGNANT NEOPLASM OF RIGHT ORBIT |
| C6962 | MALIGNANT NEOPLASM OF LEFT ORBIT |
| C6980 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED EYE AND ADNEXA |
| C6981 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT EYE AND ADNEXA |
| C6982 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT EYE AND ADNEXA |
| C6990 | MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED EYE |
| C6991 | MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT EYE |
| C6992 | MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT EYE |
| C700 | MALIGNANT NEOPLASM OF CEREBRAL MENINGES |
| C701 | MALIGNANT NEOPLASM OF SPINAL MENINGES |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C709 | MALIGNANT NEOPLASM OF MENINGES, UNSPECIFIED |
| C710 | MALIGNANT NEOPLASM OF CEREBRUM, EXCEPT LOBES AND VENTRICLES |
| C711 | MALIGNANT NEOPLASM OF FRONTAL LOBE |
| C712 | MALIGNANT NEOPLASM OF TEMPORAL LOBE |
| C713 | MALIGNANT NEOPLASM OF PARIETAL LOBE |
| C714 | MALIGNANT NEOPLASM OF OCCIPITAL LOBE |
| C715 | MALIGNANT NEOPLASM OF CEREBRAL VENTRICLE |
| C716 | MALIGNANT NEOPLASM OF CEREBELLUM |
| C717 | MALIGNANT NEOPLASM OF BRAIN STEM |
| C718 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN |
| C719 | MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED |
| C720 | MALIGNANT NEOPLASM OF SPINAL CORD |
| C721 | MALIGNANT NEOPLASM OF CAUDA EQUINA |
| C7220 | MALIGNANT NEOPLASM OF UNSPECIFIED OLFACTORY NERVE |
| C7221 | MALIGNANT NEOPLASM OF RIGHT OLFACTORY NERVE |
| C7222 | MALIGNANT NEOPLASM OF LEFT OLFACTORY NERVE |
| C7230 | MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE |
| C7231 | MALIGNANT NEOPLASM OF RIGHT OPTIC NERVE |
| C7232 | MALIGNANT NEOPLASM OF LEFT OPTIC NERVE |
| C7240 | MALIGNANT NEOPLASM OF UNSPECIFIED ACOUSTIC NERVE |
| C7241 | MALIGNANT NEOPLASM OF RIGHT ACOUSTIC NERVE |
| C7242 | MALIGNANT NEOPLASM OF LEFT ACOUSTIC NERVE |
| C7250 | MALIGNANT NEOPLASM OF UNSPECIFIED CRANIAL NERVE |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C7259 | MALIGNANT NEOPLASM OF OTHER CRANIAL NERVES |
| C729 | MALIGNANT NEOPLASM OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED |
| C73 | MALIGNANT NEOPLASM OF THYROID GLAND |
| C7400 | MALIGNANT NEOPLASM OF CORTEX OF UNSPECIFIED ADRENAL GLAND |
| C7401 | MALIGNANT NEOPLASM OF CORTEX OF RIGHT ADRENAL GLAND |
| C7402 | MALIGNANT NEOPLASM OF CORTEX OF LEFT ADRENAL GLAND |
| C7410 | MALIGNANT NEOPLASM OF MEDULLA OF UNSPECIFIED ADRENAL GLAND |
| C7411 | MALIGNANT NEOPLASM OF MEDULLA OF RIGHT ADRENAL GLAND |
| C7412 | MALIGNANT NEOPLASM OF MEDULLA OF LEFT ADRENAL GLAND |
| C7490 | MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND |
| C7491 | MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT ADRENAL GLAND |
| C7492 | MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT ADRENAL GLAND |
| C750 | MALIGNANT NEOPLASM OF PARATHYROID GLAND |
| C751 | MALIGNANT NEOPLASM OF PITUITARY GLAND |
| C752 | MALIGNANT NEOPLASM OF CRANIOPHARYNGEAL DUCT |
| C753 | MALIGNANT NEOPLASM OF PINEAL GLAND |
| C754 | MALIGNANT NEOPLASM OF CAROTID BODY |
| C755 | MALIGNANT NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA |
| C758 | MALIGNANT NEOPLASM WITH PLURIGLANDULAR INVOLVEMENT, UNSPECIFIED |
| C759 | MALIGNANT NEOPLASM OF ENDOCRINE GLAND, UNSPECIFIED |
| C760 | MALIGNANT NEOPLASM OF HEAD, FACE AND NECK |
| C761 | MALIGNANT NEOPLASM OF THORAX |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C762 | MALIGNANT NEOPLASM OF ABDOMEN |
| C763 | MALIGNANT NEOPLASM OF PELVIS |
| C7640 | MALIGNANT NEOPLASM OF UNSPECIFIED UPPER LIMB |
| C7641 | MALIGNANT NEOPLASM OF RIGHT UPPER LIMB |
| C7642 | MALIGNANT NEOPLASM OF LEFT UPPER LIMB |
| C7650 | MALIGNANT NEOPLASM OF UNSPECIFIED LOWER LIMB |
| C7651 | MALIGNANT NEOPLASM OF RIGHT LOWER LIMB |
| C7652 | MALIGNANT NEOPLASM OF LEFT LOWER LIMB |
| C768 | MALIGNANT NEOPLASM OF OTHER SPECIFIED ILL-DEFINED SITES |
| C770 | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK |
| C771 | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRATHORACIC LYMPH NODES |
| C772 | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES |
| C773 | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES |
| C774 | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INGUINAL AND LOWER LIMB LYMPH NODES |
| C775 | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRAPELVIC LYMPH NODES |
| C778 | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS |
| C779 | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODE, UNSPECIFIED |
| C7800 | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG |
| C7801 | SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C7802 | SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG |
| C781 | SECONDARY MALIGNANT NEOPLASM OF MEDIASTINUM |
| C782 | SECONDARY MALIGNANT NEOPLASM OF PLEURA |
| C7830 | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED RESPIRATORY ORGAN |
| C7839 | SECONDARY MALIGNANT NEOPLASM OF OTHER RESPIRATORY ORGANS |
| C784 | SECONDARY MALIGNANT NEOPLASM OF SMALL INTESTINE |
| C785 | SECONDARY MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM |
| C786 | SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM |
| C787 | SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT |
| C7880 | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED DIGESTIVE ORGAN |
| C7889 | SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS |
| C7900 | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY AND RENAL PELVIS |
| C7901 | SECONDARY MALIGNANT NEOPLASM OF RIGHT KIDNEY AND RENAL PELVIS |
| C7902 | SECONDARY MALIGNANT NEOPLASM OF LEFT KIDNEY AND RENAL PELVIS |
| C7910 | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED URINARY ORGANS |
| C7911 | SECONDARY MALIGNANT NEOPLASM OF BLADDER |
| C7919 | SECONDARY MALIGNANT NEOPLASM OF OTHER URINARY ORGANS |
| C792 | SECONDARY MALIGNANT NEOPLASM OF SKIN |
| C7931 | SECONDARY MALIGNANT NEOPLASM OF BRAIN |
| C7932 | SECONDARY MALIGNANT NEOPLASM OF CEREBRAL MENINGES |
| C7940 | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED PART OF NERVOUS SYSTEM |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|--|
| C7949 | SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM |
| C7951 | SECONDARY MALIGNANT NEOPLASM OF BONE |
| C7952 | SECONDARY MALIGNANT NEOPLASM OF BONE MARROW |
| C7960 | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED OVARY |
| C7961 | SECONDARY MALIGNANT NEOPLASM OF RIGHT OVARY |
| C7962 | SECONDARY MALIGNANT NEOPLASM OF LEFT OVARY |
| C7970 | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED ADRENAL GLAND |
| C7971 | SECONDARY MALIGNANT NEOPLASM OF RIGHT ADRENAL GLAND |
| C7972 | SECONDARY MALIGNANT NEOPLASM OF LEFT ADRENAL GLAND |
| C7981 | SECONDARY MALIGNANT NEOPLASM OF BREAST |
| C7982 | SECONDARY MALIGNANT NEOPLASM OF GENITAL ORGANS |
| C7989 | SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES |
| C799 | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE |
| C800 | DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED |
| C801 | MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED |
| C802 | MALIGNANT NEOPLASM ASSOCIATED WITH TRANSPLANTED ORGAN |
| C8100 | NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, UNSPECIFIED SITE |
| C8101 | NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8102 | NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES |
| C8103 | NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES |
| C8104 | NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|--|
| | OF AXILLA AND UPPER LIMB |
| C8105 | NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8106 | NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES |
| C8107 | NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, SPLEEN |
| C8108 | NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES |
| C8109 | NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8110 | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE |
| C8111 | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8112 | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES |
| C8113 | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES |
| C8114 | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8115 | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8116 | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES |
| C8117 | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, SPLEEN |
| C8118 | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES |
| C8119 | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8120 | MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE |
| C8121 | MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| | HEAD, FACE, AND NECK |
| C8122 | MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES |
| C8123 | MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES |
| C8124 | MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8125 | MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8126 | MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES |
| C8127 | MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, SPLEEN |
| C8128 | MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES |
| C8129 | MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8130 | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE |
| C8131 | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8132 | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES |
| C8133 | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES |
| C8134 | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8135 | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8136 | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES |
| C8137 | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, SPLEEN |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C8138 | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES |
| C8139 | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8140 | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE |
| C8141 | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8142 | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES |
| C8143 | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES |
| C8144 | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8145 | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8146 | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES |
| C8147 | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, SPLEEN |
| C8148 | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES |
| C8149 | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8170 | OTHER CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE |
| C8171 | OTHER CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8172 | OTHER CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES |
| C8173 | OTHER CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES |
| C8174 | OTHER CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C8175 | OTHER CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8176 | OTHER CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES |
| C8177 | OTHER CLASSICAL HODGKIN LYMPHOMA, SPLEEN |
| C8178 | OTHER CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES |
| C8179 | OTHER CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8190 | HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE |
| C8191 | HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8192 | HODGKIN LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES |
| C8193 | HODGKIN LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES |
| C8194 | HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8195 | HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8196 | HODGKIN LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES |
| C8197 | HODGKIN LYMPHOMA, UNSPECIFIED, SPLEEN |
| C8198 | HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES |
| C8199 | HODGKIN LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES |
| C8200 | FOLLICULAR LYMPHOMA GRADE I, UNSPECIFIED SITE |
| C8201 | FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8202 | FOLLICULAR LYMPHOMA GRADE I, INTRATHORACIC LYMPH NODES |
| C8203 | FOLLICULAR LYMPHOMA GRADE I, INTRA-ABDOMINAL LYMPH NODES |
| C8204 | FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8205 | FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF INGUINAL REGION AND |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|-------------|--|
| | LOWER LIMB |
| C8206 | FOLLICULAR LYMPHOMA GRADE I, INTRAPELVIC LYMPH NODES |
| C8207 | FOLLICULAR LYMPHOMA GRADE I, SPLEEN |
| C8208 | FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF MULTIPLE SITES |
| C8209 | FOLLICULAR LYMPHOMA GRADE I, EXTRANODAL AND SOLID ORGAN SITES |
| C8210 | FOLLICULAR LYMPHOMA GRADE II, UNSPECIFIED SITE |
| C8211 | FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8212 | FOLLICULAR LYMPHOMA GRADE II, INTRATHORACIC LYMPH NODES |
| C8213 | FOLLICULAR LYMPHOMA GRADE II, INTRA-ABDOMINAL LYMPH NODES |
| C8214 | FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8215 | FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8216 | FOLLICULAR LYMPHOMA GRADE II, INTRAPELVIC LYMPH NODES |
| C8217 | FOLLICULAR LYMPHOMA GRADE II, SPLEEN |
| C8218 | FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF MULTIPLE SITES |
| C8219 | FOLLICULAR LYMPHOMA GRADE II, EXTRANODAL AND SOLID ORGAN SITES |
| C8220 | FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, UNSPECIFIED SITE |
| C8221 | FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8222 | FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, INTRATHORACIC LYMPH NODES |
| C8223 | FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES |
| C8224 | FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C8225 | FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8226 | FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, INTRAPELVIC LYMPH NODES |
| C8227 | FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, SPLEEN |
| C8228 | FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES |
| C8229 | FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES |
| C8230 | FOLLICULAR LYMPHOMA GRADE IIIA, UNSPECIFIED SITE |
| C8231 | FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8232 | FOLLICULAR LYMPHOMA GRADE IIIA, INTRATHORACIC LYMPH NODES |
| C8233 | FOLLICULAR LYMPHOMA GRADE IIIA, INTRA-ABDOMINAL LYMPH NODES |
| C8234 | FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8235 | FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8236 | FOLLICULAR LYMPHOMA GRADE IIIA, INTRAPELVIC LYMPH NODES |
| C8237 | FOLLICULAR LYMPHOMA GRADE IIIA, SPLEEN |
| C8238 | FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF MULTIPLE SITES |
| C8239 | FOLLICULAR LYMPHOMA GRADE IIIA, EXTRANODAL AND SOLID ORGAN SITES |
| C8240 | FOLLICULAR LYMPHOMA GRADE IIIB, UNSPECIFIED SITE |
| C8241 | FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8242 | FOLLICULAR LYMPHOMA GRADE IIIB, INTRATHORACIC LYMPH NODES |
| C8243 | FOLLICULAR LYMPHOMA GRADE IIIB, INTRA-ABDOMINAL LYMPH NODES |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C8244 | FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8245 | FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8246 | FOLLICULAR LYMPHOMA GRADE IIIB, INTRAPELVIC LYMPH NODES |
| C8247 | FOLLICULAR LYMPHOMA GRADE IIIB, SPLEEN |
| C8248 | FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF MULTIPLE SITES |
| C8249 | FOLLICULAR LYMPHOMA GRADE IIIB, EXTRANODAL AND SOLID ORGAN SITES |
| C8250 | DIFFUSE FOLLICLE CENTER LYMPHOMA, UNSPECIFIED SITE |
| C8251 | DIFFUSE FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8252 | DIFFUSE FOLLICLE CENTER LYMPHOMA, INTRATHORACIC LYMPH NODES |
| C8253 | DIFFUSE FOLLICLE CENTER LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES |
| C8254 | DIFFUSE FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8255 | DIFFUSE FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8256 | DIFFUSE FOLLICLE CENTER LYMPHOMA, INTRAPELVIC LYMPH NODES |
| C8257 | DIFFUSE FOLLICLE CENTER LYMPHOMA, SPLEEN |
| C8258 | DIFFUSE FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF MULTIPLE SITES |
| C8259 | DIFFUSE FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8260 | CUTANEOUS FOLLICLE CENTER LYMPHOMA, UNSPECIFIED SITE |
| C8261 | CUTANEOUS FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8262 | CUTANEOUS FOLLICLE CENTER LYMPHOMA, INTRATHORACIC LYMPH NODES |
| C8263 | CUTANEOUS FOLLICLE CENTER LYMPHOMA, INTRA-ABDOMINAL LYMPH |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

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

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| | NECK |
| C8292 | FOLLICULAR LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES |
| C8293 | FOLLICULAR LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES |
| C8294 | FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8295 | FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8296 | FOLLICULAR LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES |
| C8297 | FOLLICULAR LYMPHOMA, UNSPECIFIED, SPLEEN |
| C8298 | FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES |
| C8299 | FOLLICULAR LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES |
| C8300 | SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE |
| C8301 | SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8302 | SMALL CELL B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES |
| C8303 | SMALL CELL B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES |
| C8304 | SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8305 | SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8306 | SMALL CELL B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES |
| C8307 | SMALL CELL B-CELL LYMPHOMA, SPLEEN |
| C8308 | SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES |
| C8309 | SMALL CELL B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8310 | MANTLE CELL LYMPHOMA, UNSPECIFIED SITE |
| C8311 | MANTLE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|--|
| C8312 | MANTLE CELL LYMPHOMA, INTRATHORACIC LYMPH NODES |
| C8313 | MANTLE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES |
| C8314 | MANTLE CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8315 | MANTLE CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8316 | MANTLE CELL LYMPHOMA, INTRAPELVIC LYMPH NODES |
| C8317 | MANTLE CELL LYMPHOMA, SPLEEN |
| C8318 | MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES |
| C8319 | MANTLE CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8330 | DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE |
| C8331 | DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8332 | DIFFUSE LARGE B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES |
| C8333 | DIFFUSE LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES |
| C8334 | DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8335 | DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8336 | DIFFUSE LARGE B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES |
| C8337 | DIFFUSE LARGE B-CELL LYMPHOMA, SPLEEN |
| C8338 | DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES |
| C8339 | DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8350 | LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, UNSPECIFIED SITE |
| C8351 | LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8352 | LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, INTRATHORACIC LYMPH NODES |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

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

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C8384 | OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8385 | OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8386 | OTHER NON-FOLLICULAR LYMPHOMA, INTRAPELVIC LYMPH NODES |
| C8387 | OTHER NON-FOLLICULAR LYMPHOMA, SPLEEN |
| C8388 | OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF MULTIPLE SITES |
| C8389 | OTHER NON-FOLLICULAR LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8390 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE |
| C8391 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8392 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES |
| C8393 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES |
| C8394 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8395 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8396 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES |
| C8397 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, SPLEEN |
| C8398 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES |
| C8399 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES |
| C8400 | MYCOSIS FUNGOIDES, UNSPECIFIED SITE |
| C8401 | MYCOSIS FUNGOIDES, LYMPH NODES OF HEAD, FACE, AND NECK |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C8402 | MYCOSIS FUNGOIDES, INTRATHORACIC LYMPH NODES |
| C8403 | MYCOSIS FUNGOIDES, INTRA-ABDOMINAL LYMPH NODES |
| C8404 | MYCOSIS FUNGOIDES, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8405 | MYCOSIS FUNGOIDES, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8406 | MYCOSIS FUNGOIDES, INTRAPELVIC LYMPH NODES |
| C8407 | MYCOSIS FUNGOIDES, SPLEEN |
| C8408 | MYCOSIS FUNGOIDES, LYMPH NODES OF MULTIPLE SITES |
| C8409 | MYCOSIS FUNGOIDES, EXTRANODAL AND SOLID ORGAN SITES |
| C8410 | SEZARY DISEASE, UNSPECIFIED SITE |
| C8411 | SEZARY DISEASE, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8412 | SEZARY DISEASE, INTRATHORACIC LYMPH NODES |
| C8413 | SEZARY DISEASE, INTRA-ABDOMINAL LYMPH NODES |
| C8414 | SEZARY DISEASE, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8415 | SEZARY DISEASE, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8416 | SEZARY DISEASE, INTRAPELVIC LYMPH NODES |
| C8417 | SEZARY DISEASE, SPLEEN |
| C8418 | SEZARY DISEASE, LYMPH NODES OF MULTIPLE SITES |
| C8419 | SEZARY DISEASE, EXTRANODAL AND SOLID ORGAN SITES |
| C8440 | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE |
| C8441 | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8442 | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, INTRATHORACIC LYMPH NODES |
| C8443 | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, INTRA-ABDOMINAL LYMPH NODES |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C8444 | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8445 | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8446 | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, INTRAPELVIC LYMPH NODES |
| C8447 | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, SPLEEN |
| C8448 | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF MULTIPLE SITES |
| C8449 | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, EXTRANODAL AND SOLID ORGAN SITES |
| C8460 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, UNSPECIFIED SITE |
| C8461 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8462 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, INTRATHORACIC LYMPH NODES |
| C8463 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, INTRA-ABDOMINAL LYMPH NODES |
| C8464 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8465 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8466 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, INTRAPELVIC LYMPH NODES |
| C8467 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, SPLEEN |
| C8468 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF MULTIPLE SITES |
| C8469 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, EXTRANODAL AND SOLID ORGAN SITES |
| C8470 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, UNSPECIFIED SITE |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C8471 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8472 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, INTRATHORACIC LYMPH NODES |
| C8473 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, INTRA-ABDOMINAL LYMPH NODES |
| C8474 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8475 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8476 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, INTRAPELVIC LYMPH NODES |
| C8477 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, SPLEEN |
| C8478 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF MULTIPLE SITES |
| C8479 | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, EXTRANODAL AND SOLID ORGAN SITES |
| C8490 | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, UNSPECIFIED SITE |
| C8491 | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8492 | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, INTRATHORACIC LYMPH NODES |
| C8493 | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES |
| C8494 | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8495 | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8496 | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, INTRAPELVIC LYMPH NODES |
| C8497 | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, SPLEEN |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C8498 | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES |
| C8499 | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES |
| C84A0 | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE |
| C84A1 | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED LYMPH NODES OF HEAD, FACE, AND NECK |
| C84A2 | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES |
| C84A3 | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES |
| C84A4 | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C84A5 | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C84A6 | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES |
| C84A7 | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, SPLEEN |
| C84A8 | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES |
| C84A9 | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES |
| C84Z0 | OTHER MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED SITE |
| C84Z1 | OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF HEAD, FACE, AND NECK |
| C84Z2 | OTHER MATURE T/NK-CELL LYMPHOMAS, INTRATHORACIC LYMPH NODES |
| C84Z3 | OTHER MATURE T/NK-CELL LYMPHOMAS, INTRA-ABDOMINAL LYMPH NODES |
| C84Z4 | OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C84Z5 | OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF INGUINAL |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|--|
| | REGION AND LOWER LIMB |
| C84Z6 | OTHER MATURE T/NK-CELL LYMPHOMAS, INTRAPELVIC LYMPH NODES |
| C84Z7 | OTHER MATURE T/NK-CELL LYMPHOMAS, SPLEEN |
| C84Z8 | OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF MULTIPLE SITES |
| C84Z9 | OTHER MATURE T/NK-CELL LYMPHOMAS, EXTRANODAL AND SOLID ORGAN SITES |
| C8510 | UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE |
| C8511 | UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8512 | UNSPECIFIED B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES |
| C8513 | UNSPECIFIED B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES |
| C8514 | UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8515 | UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8516 | UNSPECIFIED B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES |
| C8517 | UNSPECIFIED B-CELL LYMPHOMA, SPLEEN |
| C8518 | UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES |
| C8519 | UNSPECIFIED B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8520 | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE |
| C8521 | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8522 | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES |
| C8523 | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES |
| C8524 | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

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

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C8592 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES |
| C8593 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES |
| C8594 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8595 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8596 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES |
| C8597 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, SPLEEN |
| C8598 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES |
| C8599 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES |
| C860 | EXTRANODAL NK/T-CELL LYMPHOMA, NASAL TYPE |
| C861 | HEPATOSPLENIC T-CELL LYMPHOMA |
| C862 | ENTEROPATHY-TYPE (INTESTINAL) T-CELL LYMPHOMA |
| C863 | SUBCUTANEOUS PANNICULITIS-LIKE T-CELL LYMPHOMA |
| C864 | BLASTIC NK-CELL LYMPHOMA |
| C865 | ANGIOIMMUNOBLASTIC T-CELL LYMPHOMA |
| C866 | PRIMARY CUTANEOUS CD30-POSITIVE T-CELL PROLIFERATIONS |
| C882 | HEAVY CHAIN DISEASE |
| C883 | IMMUNOPROLIFERATIVE SMALL INTESTINAL DISEASE |
| C884 | EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MUCOSA-ASSOCIATED LYMPHOID TISSUE [MALT-LYMPHOMA] |
| C888 | OTHER MALIGNANT IMMUNOPROLIFERATIVE DISEASES |
| C889 | MALIGNANT IMMUNOPROLIFERATIVE DISEASE, UNSPECIFIED |
| C9000 | MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C9001 | MULTIPLE MYELOMA IN REMISSION |
| C9002 | MULTIPLE MYELOMA IN RELAPSE |
| C9010 | PLASMA CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION |
| C9011 | PLASMA CELL LEUKEMIA IN REMISSION |
| C9012 | PLASMA CELL LEUKEMIA IN RELAPSE |
| C9020 | EXTRAMEDULLARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION |
| C9021 | EXTRAMEDULLARY PLASMACYTOMA IN REMISSION |
| C9022 | EXTRAMEDULLARY PLASMACYTOMA IN RELAPSE |
| C9030 | SOLITARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION |
| C9031 | SOLITARY PLASMACYTOMA IN REMISSION |
| C9032 | SOLITARY PLASMACYTOMA IN RELAPSE |
| C9100 | ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION |
| C9101 | ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION |
| C9102 | ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE |
| C9110 | CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION |
| C9111 | CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN REMISSION |
| C9112 | CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN RELAPSE |
| C9130 | PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION |
| C9131 | PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE, IN REMISSION |
| C9132 | PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE, IN RELAPSE |
| C9140 | HAIRY CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION |
| C9141 | HAIRY CELL LEUKEMIA, IN REMISSION |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|--|
| C9142 | HAIRY CELL LEUKEMIA, IN RELAPSE |
| C9150 | ADULT T-CELL LYMPHOMA/LEUKEMIA (HTLV-1-ASSOCIATED) NOT HAVING ACHIEVED REMISSION |
| C9151 | ADULT T-CELL LYMPHOMA/LEUKEMIA (HTLV-1-ASSOCIATED), IN REMISSION |
| C9152 | ADULT T-CELL LYMPHOMA/LEUKEMIA (HTLV-1-ASSOCIATED), IN RELAPSE |
| C9160 | PROLYMPHOCYTIC LEUKEMIA OF T-CELL TYPE NOT HAVING ACHIEVED REMISSION |
| C9161 | PROLYMPHOCYTIC LEUKEMIA OF T-CELL TYPE, IN REMISSION |
| C9162 | PROLYMPHOCYTIC LEUKEMIA OF T-CELL TYPE, IN RELAPSE |
| C9190 | LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION |
| C9191 | LYMPHOID LEUKEMIA, UNSPECIFIED, IN REMISSION |
| C9192 | LYMPHOID LEUKEMIA, UNSPECIFIED, IN RELAPSE |
| C91A0 | MATURE B-CELL LEUKEMIA BURKITT-TYPE NOT HAVING ACHIEVED REMISSION |
| C91A1 | MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION |
| C91A2 | MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN RELAPSE |
| C91Z0 | OTHER LYMPHOID LEUKEMIA NOT HAVING ACHIEVED REMISSION |
| C91Z1 | OTHER LYMPHOID LEUKEMIA, IN REMISSION |
| C91Z2 | OTHER LYMPHOID LEUKEMIA, IN RELAPSE |
| C9200 | ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION |
| C9201 | ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION |
| C9202 | ACUTE MYELOBLASTIC LEUKEMIA, IN RELAPSE |
| C9210 | CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, NOT HAVING ACHIEVED REMISSION |
| C9211 | CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, IN REMISSION |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|--|
| C9212 | CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, IN RELAPSE |
| C9220 | ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, NOT HAVING ACHIEVED REMISSION |
| C9221 | ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, IN REMISSION |
| C9222 | ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, IN RELAPSE |
| C9230 | MYELOID SARCOMA, NOT HAVING ACHIEVED REMISSION |
| C9231 | MYELOID SARCOMA, IN REMISSION |
| C9232 | MYELOID SARCOMA, IN RELAPSE |
| C9240 | ACUTE PROMYELOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION |
| C9241 | ACUTE PROMYELOCYTIC LEUKEMIA, IN REMISSION |
| C9242 | ACUTE PROMYELOCYTIC LEUKEMIA, IN RELAPSE |
| C9250 | ACUTE MYELOMONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION |
| C9251 | ACUTE MYELOMONOCYTIC LEUKEMIA, IN REMISSION |
| C9252 | ACUTE MYELOMONOCYTIC LEUKEMIA, IN RELAPSE |
| C9260 | ACUTE MYELOID LEUKEMIA WITH 11Q23-ABNORMALITY NOT HAVING ACHIEVED REMISSION |
| C9261 | ACUTE MYELOID LEUKEMIA WITH 11Q23-ABNORMALITY IN REMISSION |
| C9262 | ACUTE MYELOID LEUKEMIA WITH 11Q23-ABNORMALITY IN RELAPSE |
| C9290 | MYELOID LEUKEMIA, UNSPECIFIED, NOT HAVING ACHIEVED REMISSION |
| C9291 | MYELOID LEUKEMIA, UNSPECIFIED IN REMISSION |
| C9292 | MYELOID LEUKEMIA, UNSPECIFIED IN RELAPSE |
| C92A0 | ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE DYSPLASIA, NOT HAVING ACHIEVED REMISSION |
| C92A1 | ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE DYSPLASIA, IN REMISSION |
| C92A2 | ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE DYSPLASIA, IN RELAPSE |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C92Z0 | OTHER MYELOID LEUKEMIA NOT HAVING ACHIEVED REMISSION |
| C92Z1 | OTHER MYELOID LEUKEMIA, IN REMISSION |
| C92Z2 | OTHER MYELOID LEUKEMIA, IN RELAPSE |
| C9300 | ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION |
| C9301 | ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, IN REMISSION |
| C9302 | ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, IN RELAPSE |
| C9310 | CHRONIC MYELOMONOCYTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION |
| C9311 | CHRONIC MYELOMONOCYTIC LEUKEMIA, IN REMISSION |
| C9312 | CHRONIC MYELOMONOCYTIC LEUKEMIA, IN RELAPSE |
| C9330 | JUVENILE MYELOMONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION |
| C9331 | JUVENILE MYELOMONOCYTIC LEUKEMIA, IN REMISSION |
| C9332 | JUVENILE MYELOMONOCYTIC LEUKEMIA, IN RELAPSE |
| C9390 | MONOCYTIC LEUKEMIA, UNSPECIFIED, NOT HAVING ACHIEVED REMISSION |
| C9391 | MONOCYTIC LEUKEMIA, UNSPECIFIED IN REMISSION |
| C9392 | MONOCYTIC LEUKEMIA, UNSPECIFIED IN RELAPSE |
| C93Z0 | OTHER MONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION |
| C93Z1 | OTHER MONOCYTIC LEUKEMIA, IN REMISSION |
| C93Z2 | OTHER MONOCYTIC LEUKEMIA, IN RELAPSE |
| C9400 | ACUTE ERYTHROID LEUKEMIA, NOT HAVING ACHIEVED REMISSION |
| C9401 | ACUTE ERYTHROID LEUKEMIA, IN REMISSION |
| C9402 | ACUTE ERYTHROID LEUKEMIA, IN RELAPSE |
| C9420 | ACUTE MEGAKARYOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION |
| C9421 | ACUTE MEGAKARYOBLASTIC LEUKEMIA, IN REMISSION |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C9422 | ACUTE MEGAKARYOBLASTIC LEUKEMIA, IN RELAPSE |
| C9430 | MAST CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION |
| C9431 | MAST CELL LEUKEMIA, IN REMISSION |
| C9432 | MAST CELL LEUKEMIA, IN RELAPSE |
| C9480 | OTHER SPECIFIED LEUKEMIAS NOT HAVING ACHIEVED REMISSION |
| C9481 | OTHER SPECIFIED LEUKEMIAS, IN REMISSION |
| C9482 | OTHER SPECIFIED LEUKEMIAS, IN RELAPSE |
| C9500 | ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE NOT HAVING ACHIEVED REMISSION |
| C9501 | ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN REMISSION |
| C9502 | ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE |
| C9510 | CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE NOT HAVING ACHIEVED REMISSION |
| C9511 | CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, IN REMISSION |
| C9512 | CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE |
| C9590 | LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION |
| C9591 | LEUKEMIA, UNSPECIFIED, IN REMISSION |
| C9592 | LEUKEMIA, UNSPECIFIED, IN RELAPSE |
| C960 | MULTIFOCAL AND MULTISYSTEMIC (DISSEMINATED) LANGERHANS-CELL HISTIOCYTOSIS |
| C962 | MALIGNANT MAST CELL TUMOR |
| C964 | SARCOMA OF DENDRITIC CELLS (ACCESSORY CELLS) |
| C969 | MALIGNANT NEOPLASM OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE, UNSPECIFIED |
| C96A | HISTIOCYTIC SARCOMA |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|---|
| C96Z | OTHER SPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE |
| D030 | MELANOMA IN SITU OF LIP |
| D0310 | MELANOMA IN SITU OF UNSPECIFIED EYELID, INCLUDING CANTHUS |
| D0311 | MELANOMA IN SITU OF RIGHT EYELID, INCLUDING CANTHUS |
| D0312 | MELANOMA IN SITU OF LEFT EYELID, INCLUDING CANTHUS |
| D0320 | MELANOMA IN SITU OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL |
| D0321 | MELANOMA IN SITU OF RIGHT EAR AND EXTERNAL AURICULAR CANAL |
| D0322 | MELANOMA IN SITU OF LEFT EAR AND EXTERNAL AURICULAR CANAL |
| D0330 | MELANOMA IN SITU OF UNSPECIFIED PART OF FACE |
| D0339 | MELANOMA IN SITU OF OTHER PARTS OF FACE |
| D034 | MELANOMA IN SITU OF SCALP AND NECK |
| D0351 | MELANOMA IN SITU OF ANAL SKIN |
| D0352 | MELANOMA IN SITU OF BREAST (SKIN) (SOFT TISSUE) |
| D0359 | MELANOMA IN SITU OF OTHER PART OF TRUNK |
| D0360 | MELANOMA IN SITU OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER |
| D0361 | MELANOMA IN SITU OF RIGHT UPPER LIMB, INCLUDING SHOULDER |
| D0362 | MELANOMA IN SITU OF LEFT UPPER LIMB, INCLUDING SHOULDER |
| D0370 | MELANOMA IN SITU OF UNSPECIFIED LOWER LIMB, INCLUDING HIP |
| D0371 | MELANOMA IN SITU OF RIGHT LOWER LIMB, INCLUDING HIP |
| D0372 | MELANOMA IN SITU OF LEFT LOWER LIMB, INCLUDING HIP |
| D038 | MELANOMA IN SITU OF OTHER SITES |
| D039 | MELANOMA IN SITU, UNSPECIFIED |
| D45 | POLYCYTHEMIA VERA |

Table 1 (diagnosis of sickle cell, cancer, palliative care, or hospice care)**Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|--------------------|--|
| D5700 | HB-SS DISEASE WITH CRISIS UNSPECIFIED |
| D5701 | HB-SS DISEASE WITH ACUTE CHEST SYNDROME |
| D5702 | HB-SS DISEASE WITH SPLENIC SEQUESTRATION |
| D571 | SICKLE-CELL DISEASE WITHOUT CRISIS |
| D5720 | SICKLE-CELL/HB-C DISEASE WITHOUT CRISIS |
| D57211 | SICKLE-CELL/HB-C DISEASE WITH ACUTE CHEST SYNDROME |
| D57212 | SICKLE-CELL/HB-C DISEASE WITH SPLENIC SEQUESTRATION |
| D57219 | SICKLE-CELL/HB-C DISEASE WITH CRISIS UNSPECIFIED |
| D573 | SICKLE-CELL TRAIT |
| D2740 | SICKLE-CELL THALASSEMIA WITHOUT CRISIS |
| D57411 | SICKLE-CELL THALASSEMIA WITH ACUTE CHEST SYNDROME |
| D57412 | SICKLE-CELL THALASSEMIA WITH SPLENIC SEQUESTRATION |
| D57419 | SICKLE-CELL THALASSEMIA WITH CRISIS UNSPECIFIED |
| D5780 | OTHER SICKLE-CELL DISORDERS WITHOUT CRISIS |
| D57811 | OTHER SICKLE-CELL DISORDERS WITH ACUTE CHEST SYNDROME |
| D57512 | OTHER SICKLE-CELL DISORDERS WITH SPLENIC SEQUESTRATION |
| D57819 | OTHER SICKLE-CELL DISORDERS WITH CRISIS UNSPECIFIED |
| Z515 | ENCOUNTER FOR PALLIATIVE CARE |

Table 2 (\geq 3 claims for different opioid medications, or (\geq 4 opioid claims, or (\geq 90-day supply of opioid medications)

Required quantity: 3 or 4

Look back timeframe: 60 days

For the list of opioid analgesics that pertain to this step, see the [Opioid Analgesics](#) table in the “Drugs Requiring Prior Authorization” section.

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

Table 3 (\geq 2 claims for different opioid medications, or (\geq 3 opioid claims, or (\geq 90-day supply of opioid medications)

Required quantity: 2 or 3

Look back timeframe: 60 days

For the list of opioid analgesics that pertain to this step, see the [Opioid Analgesics](#) table in the “Drugs Requiring Prior Authorization” section.

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



Opioid Overutilization

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Opioid Overutilization

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 |
| 11/03/2011 | <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 section to specify the drug names and GCNs pertinent to steps 1, 2, 6, 7, 8 and 9 of the logic diagram In the “Clinical Edit Criteria Supporting Tables” section, revised table to specify the diagnosis codes pertinent to step 5 of the logic diagram |
| 03/29/2013 | <ul style="list-style-type: none"> Updated “Opioid Analgesics” table by removing Suboxone Updated “Clinical Edit Criteria Logic,” “Clinical Edit Criteria Logic Diagram,” and “Clinical Edit Criteria Supporting Tables” sections to reflect modifications to steps 1–9 Updated “Clinical Edit Criteria References” section |
| 10/04/2013 | <ul style="list-style-type: none"> Updated the “Clinical Edit Criteria Logic,” and “Clinical Edit Criteria Logic Diagram” to reflect modifications to steps 2 and 3 |
| 02/04/2015 | <ul style="list-style-type: none"> Added new GCNs for Oxycontin to “Opioid Analgesics” table. |
| 03/20/2015 | <ul style="list-style-type: none"> Added new GCNs for Morphine, Trezix, Hysingla and Embeda ER to “Opioid Analgesics” table |
| 04/03/2015 | <ul style="list-style-type: none"> Updated to include ICD-10s |
| 06/07/2015 | <ul style="list-style-type: none"> Added GCN for Xartemis XR to “Opioid Analgesics” table |
| 06/02/2016 | <ul style="list-style-type: none"> Added GCNs for fentanyl transdermal patches and Kadian ER capsules to “Opioid Analgesics” |
| 11/30/2016 | <ul style="list-style-type: none"> Added GCNs for Xtampza ER to “Opioid Analgesics” |
| 08/11/2017 | <ul style="list-style-type: none"> Annual review by staff Updated criteria logic to read ‘≥ 3 different opioid medications or ≥ 4 opioid claims in the last 60 days’ (step 2) and ‘≥ 2 different opioid medications or ≥ 3 opioid claims in the last 60 days’ (step 3) Updated logic diagram Updated references |

| Publication Date | Notes |
|------------------|---|
| 01/21/2019 | <ul style="list-style-type: none"> Updated GCNs in 'Drugs Requiring PA' table, pages 2-9 |
| 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 |
| 07/01/2019 | <ul style="list-style-type: none"> Added GCN for Nalocet to Drugs Requiring PA table, page 7 |
| 01/30/2020 | <ul style="list-style-type: none"> Added GCNs for Apadaz to drug table, page 2 |
| 07/27/2020 | <ul style="list-style-type: none"> Added sickle cell, palliative care and hospice care diagnoses to question 1 in criteria logic and logic diagram, pages 10 and 11 |
| 11/24/2020 | <ul style="list-style-type: none"> Updated drugs requiring prior authorization Updated references |
| 04/15/2021 | <ul style="list-style-type: none"> Annual review by staff Removed GCNs for Apadaz (45987, 44508, 45986); brand Demerol ampules (25605, 25607); brand Dolophine (16420); brand Duragesic 12, 50, 75, 100mcg (24365, 19201, 19202, 19203); brand Dvorah (43264); Embeda (37692, 37685, 37686, 37687, 37688, 37689); Kadian ER 80, 100mg (97508, 26494); Lazanda (41539); Meperidine 50, 100mg tablets (15991, 15990); Oxymorphone ER 30mg tablet (99494); Subsys (31187, 31189, 31188, 31192, 31193, 31596, 31597); and brand Vicodin (26470, 26709, 22929) Added GCNs for dihydrocodeine/apap/caffeine (37532) and Kadian ER 40mg (33158) Updated references |
| 10/31/2022 | <ul style="list-style-type: none"> Annual review by staff Updated references |
| 12/15/2022 | <ul style="list-style-type: none"> Added GCN for oxycodone-apap oral solution (70470) to drug table |
| 03/22/2023 | <ul style="list-style-type: none"> Added GCNs for codeine (16240), hydrocodone ER (37539, 37541, 37543, 37544, 37545, 37546, 37547), oxycodone-apap solution (70470), and tramadol (50427, 92069) to opioid table Removed GCNs for Duragesic (19200), Kadian (33158, 98135, 26493), and Morphabond (39856, 39853, 39854, 39855) from opioid table – these products have been discontinued |
| 11/08/2023 | <ul style="list-style-type: none"> Annual review by staff Added GCNs for fentanyl buccal tabs (97280, 97281, 97283, 97284, 97285), meperidine (15991), and oxymorphone (99494) Removed GCNs for Actiq (19193, 19194, 19204, 19206, 19191, 19192) and |

| Publication Date | Notes |
|------------------|---|
| | <p>Norco (70330) – products have been discontinued</p> <ul style="list-style-type: none"> Updated references |
| 06/06/2024 | <ul style="list-style-type: none"> Added GCN for morphine sulfate (32719) to PA drug table |
| 06/30/2024 | <ul style="list-style-type: none"> Annual review by staff Added GCN for methadone intensol (16415) to drugs requiring PA Updated references |
| 09/13/2024 | <ul style="list-style-type: none"> Added GCNs for hydrocodone ER (38057, 38058, 38062) and hydrocodone/apap 10-325/15 (99967) to PA drug table |
| 09/17/2024 | <ul style="list-style-type: none"> Added GCN for tramadol (55148) to PA drug table |
| 10/25/2024 | <ul style="list-style-type: none"> Added GCNs for Roxybond (44877, 44878, 32047) to Drugs Requiring PA table |
| 11/13/2024 | <ul style="list-style-type: none"> Removed GCN for carisoprodol compound - codeine (13995) from Opioid Analgesics table – product has been discontinued |
| 12/02/2024 | <ul style="list-style-type: none"> Added GCN for tramadol (56518) to Drugs Requiring PA table |
| 02/28/2025 | <ul style="list-style-type: none"> Annual review by staff Changed the word “opiate” to “opioid” throughout the guide Renamed the guide “Opioid Overutilization” Added GCN for tramadol (48598) to Drugs Requiring Prior Authorization table Updated references |
| 03/12/2025 | <ul style="list-style-type: none"> Added GCN for Roxybond (56315) and hydrocodone ER (38059, 38061, 38063) to Drugs Requiring PA table |
| 10/01/2025 | <ul style="list-style-type: none"> Added GCN for Morphine (58333) to the Drugs Requiring PA table |