

**Texas Prior Authorization Program  
Clinical Criteria**

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## **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](http://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
PERCOSET 10-325 MG TABLET	14966
PERCOSET 2.5-325 MG TABLET	70492
PERCOSET 5-325 MG TABLET	70491
PERCOSET 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

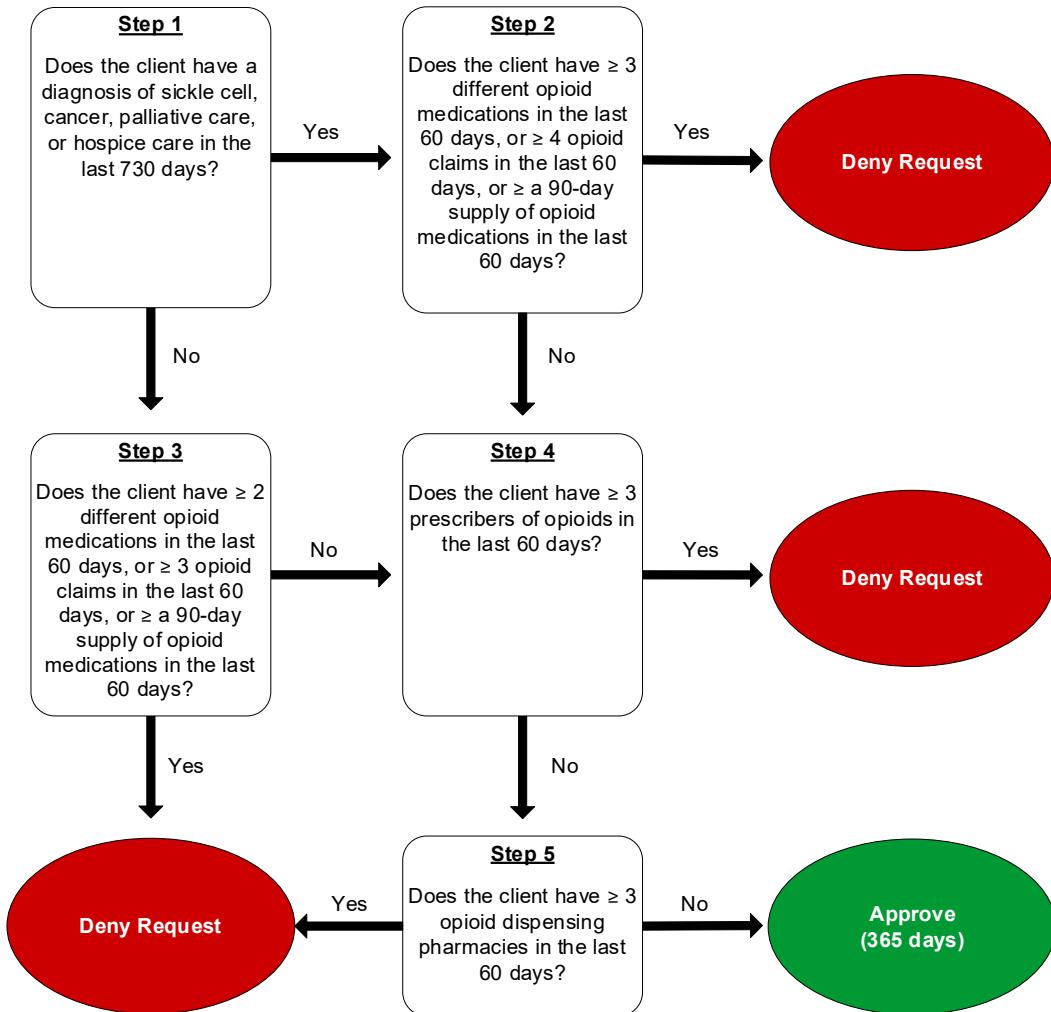
### Clinical Criteria Logic

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)

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**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 VALLECUA
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 ISTMUS 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 ((≥) 3 claims for different opioid medications, or (≥) 4 opioid claims, or (≥) 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 ((≥) 2 claims for different opioid medications, or (≥) 3 opioid claims, or (≥) 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

### Clinical Criteria References

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

Publication Date	Notes
01/21/2019	<ul style="list-style-type: none"> <li>Updated GCNs in 'Drugs Requiring PA' table, pages 2-9</li> </ul>
03/29/2019	<ul style="list-style-type: none"> <li>Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table</li> </ul>
07/01/2019	<ul style="list-style-type: none"> <li>Added GCN for Nalocet to Drugs Requiring PA table, page 7</li> </ul>
01/30/2020	<ul style="list-style-type: none"> <li>Added GCNs for Apadaz to drug table, page 2</li> </ul>
07/27/2020	<ul style="list-style-type: none"> <li>Added sickle cell, palliative care and hospice care diagnoses to question 1 in criteria logic and logic diagram, pages 10 and 11</li> </ul>
11/24/2020	<ul style="list-style-type: none"> <li>Updated drugs requiring prior authorization</li> <li>Updated references</li> </ul>
04/15/2021	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>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)</li> <li>Added GCNs for dihydrocodeine/apap/caffeine (37532) and Kadian ER 40mg (33158)</li> <li>Updated references</li> </ul>
10/31/2022	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated references</li> </ul>
12/15/2022	<ul style="list-style-type: none"> <li>Added GCN for oxycodone-apap oral solution (70470) to drug table</li> </ul>
03/22/2023	<ul style="list-style-type: none"> <li>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</li> <li>Removed GCNs for Duragesic (19200), Kadian (33158, 98135, 26493), and Morphabond (39856, 39853, 39854, 39855) from opioid table – these products have been discontinued</li> </ul>
11/08/2023	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCNs for fentanyl buccal tabs (97280, 97281, 97283, 97284, 97285), meperidine (15991), and oxymorphone (99494)</li> <li>Removed GCNs for Actiq (19193, 19194, 19204, 19206, 19191, 19192) and</li> </ul>

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