

**Texas Medicaid Vendor Drug Program  
Clinical Criteria**

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**Drug/Drug Class****Opioid Policy Criteria****Clinical Information Included in this Document****Opioid Policy Criteria**

- **Drugs requiring review:** the list of drugs requiring review for this clinical criteria
- **Criteria logic:** a description of how the 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

**For information about calculating morphine milligram equivalents (MME):**

**[https://www.cdc.gov/drugoverdose/pdf/calculating\\_total\\_daily\\_dose-a.pdf](https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf)**

**Revision Notes**

Added link to CDC guide for calculating morphine milligram equivalents (MME)



## Opioid Policy Criteria

### Drugs Requiring Review

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](http://TxVendorDrug.com/formulary/formulary-search).

| Drugs Requiring Review               |       |
|--------------------------------------|-------|
| 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 |
| ACTIQ 1,200 MCG LOZENGE              | 19193 |
| ACTIQ 1,600 MCG LOZENGE              | 19194 |
| ACTIQ 200 MCG LOZENGE                | 19204 |
| ACTIQ 400 MCG LOZENGE                | 19206 |
| ACTIQ 600 MCG LOZENGE                | 19191 |
| ACTIQ 800 MCG LOZENGE                | 19192 |
| APADAZ 4.08-325 MG TABLET            | 45987 |
| APADAZ 6.12-325 MG TABLET            | 44508 |
| APADAZ 8.16-325 MG TABLET            | 45986 |
| 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 |
| BUTALB-ACETAMINOPH-CAFF-CODEIN       | 34988 |

| <b>Drugs Requiring Review</b>   |            |
|---------------------------------|------------|
| <b>Label Name</b>               | <b>GCN</b> |
| 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      |
| CARISOPRODOL CPD-CODEINE TABLET | 13995      |
| CODEINE-GUAIFEN 10-100MG/5ML    | 91713      |
| CODEINE SULFATE 30 MG TABLET    | 16241      |
| CODEINE SULFATE 60 MG TABLET    | 16242      |
| DEMEROL 100 MG/ML AMPUL         | 25626      |
| DEMEROL 100 MG/ML VIAL          | 15960      |
| DEMEROL 50 MG/ML AMPUL          | 25605      |
| DEMEROL 50 MG/ML AMPUL          | 25608      |
| DEMEROL 50 MG/ML VIAL           | 15962      |
| DEMEROL 75 MG/1.5 ML AMPUL      | 25607      |
| DILAUDID 2 MG TABLET            | 16141      |
| DILAUDID 4 MG TABLET            | 16143      |
| DILAUDID 8 MG TABLET            | 16144      |
| DILAUDID-5 1 MG/ML LIQUID       | 20251      |
| DOLOPHINE HCL 10 MG TABLET      | 16420      |
| DURAGESIC 100 MCG/HR PATCH      | 19203      |
| DURAGESIC 12 MCG/HR PATCH       | 24635      |
| DURAGESIC 25 MCG/HR PATCH       | 19200      |
| DURAGESIC 50 MCG/HR PATCH       | 19201      |
| DURAGESIC 75 MCG/HR PATCH       | 19202      |
| DVORAH 325-30-16MG TABLET       | 43264      |
| EMBEDA ER 100-4 MG CAPSULE      | 37692      |
| EMBEDA ER 20-0.8MG CAPSULE      | 37685      |
| EMBEDA ER 30-1.2MG CAPSULE      | 37686      |
| EMBEDA ER 50-2MG CAPSULE        | 37687      |
| EMBEDA ER 60-2.4MG CAPSULE      | 37688      |
| EMBEDA ER 80-3.2MG CAPSULE      | 37689      |
| ENDOCET 10-325 MG TABLET        | 14966      |
| ENDOCET 5-325 TABLET            | 70491      |

| <b>Drugs Requiring Review</b>     |            |
|-----------------------------------|------------|
| <b>Label Name</b>                 | <b>GCN</b> |
| ENDOCET 7.5-325 MG TABLET         | 14965      |
| 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      |
| 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      |
| FIORINAL-COD 30-50-325-40 CAP     | 69500      |
| GUAIFEN-CODEINE 100-10 MG/5 ML    | 91713      |
| GUAIAUSSIN AC LIQUID              | 91713      |
| 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-CHLORPHEN ER SUSP     | 13974      |
| HYDROCOD-HOMATROPINE SYRUP        | 13973      |
| HYDROCOD-HOMATROP 5-1.5 MG TAB    | 96041      |
| HYDROCODONE BT-IBUPROFEN TAB      | 63101      |
| HYDROCODONE-IBUPROFEN 10-200      | 99371      |

| <b>Drugs Requiring Review</b>  |            |
|--------------------------------|------------|
| <b>Label Name</b>              | <b>GCN</b> |
| HYDROCODONE-IBUPROFEN 5-200    | 22678      |
| HYDROMET SYRUP                 | 13973      |
| 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      |
| KADIAN ER 100 MG CAPSULE       | 26494      |
| KADIAN ER 200 MG CAPSULE       | 98135      |
| KADIAN ER 50 MG CAPSULE        | 26493      |
| KADIAN ER 80 MG CAPSULE        | 97508      |
| LAZANDA 300MCG NASAL SPRAY     | 41539      |
| 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 TABLET       | 15990      |
| MEPERIDINE 100 MG/ML VIAL      | 25627      |
| MEPERIDINE 25 MG/ML VIAL       | 25613      |
| MEPERIDINE 50 MG TABLET        | 15991      |
| MEPERIDINE 50 MG/5 ML SOLUTION | 15980      |
| MEPERIDINE 50 MG/ML VIAL       | 25609      |
| METHADONE 10 MG/5 ML SOLUTION  | 16410      |
| METHADONE 10 MG/ML ORAL CONC   | 16415      |
| METHADONE 40 MG TABLET DISPR   | 16423      |

| <b>Drugs Requiring Review</b>  |            |
|--------------------------------|------------|
| <b>Label Name</b>              | <b>GCN</b> |
| METHADONE 5 MG/5 ML SOLUTION   | 16400      |
| METHADONE HCL 10 MG TABLET     | 16420      |
| METHADONE HCL 5 MG TABLET      | 16422      |
| METHADOSE 10 MG/ML ORAL CONC   | 16415      |
| METHADOSE 40 MG TABLET DISPR   | 16423      |
| MORPHABOND ER 100 MG TABLET    | 39856      |
| MORPHABOND ER 15 MG TABLET     | 39853      |
| MORPHABOND ER 30 MG TABLET     | 39854      |
| MORPHABOND ER 60 MG TABLET     | 39855      |
| MORPHINE 10 MG/ML CARPUJECT    | 33312      |
| MORPHINE 2 MG/ML CARPUJECT     | 33308      |
| 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      |
| 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      |

| <b>Drugs Requiring Review</b>   |            |
|---------------------------------|------------|
| <b>Label Name</b>               | <b>GCN</b> |
| 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      |
| 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      |
| NINJACOF-XG LIQUID              | 30677      |
| NORCO 10-325 TABLET             | 70330      |
| 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      |
| 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      |
| OXYCODONE HCL 30 MG TABLET ER   | 37162      |
| OXYCODONE HCL 40 MG TABLET ER   | 37163      |
| OXYCODONE HCL 60 MG TABLET ER   | 37164      |
| OXYCODONE HCL 5 MG CAPSULE      | 16285      |
| OXYCODONE HCL 5 MG TABLET       | 16290      |
| OXYCODONE HCL 5 MG/5 ML SOL     | 16280      |
| OXYCODONE HCL ER 80 MG TABLET   | 37165      |
| OXYCODONE-ACETAMINOPHEN 10-325  | 14966      |
| OXYCODONE-ACETAMINOPHEN 2.5-325 | 70492      |

| <b>Drugs Requiring Review</b>   |            |
|---------------------------------|------------|
| <b>Label Name</b>               | <b>GCN</b> |
| OXYCODONE-ACETAMINOPHEN 7.5-325 | 14965      |
| OXYCODONE-ACETAMINOPHEN 5-325   | 70491      |
| 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      |
| 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      |
| PROMETHAZINE-CODEINE SYRUP      | 13971      |
| ROXICODONE 15 MG TABLET         | 20091      |
| ROXICODONE 30 MG TABLET         | 20092      |
| SUBSYS 100 MCG SPRAY            | 31187      |
| SUBSYS 200 MCG SPRAY            | 31189      |
| SUBSYS 400 MCG SPRAY            | 31188      |
| SUBSYS 600 MCG SPRAY            | 31192      |
| SUBSYS 800 MCG SPRAY            | 31193      |
| SUBSYS 1,200 MCG SPRAY          | 31596      |
| SUBSYS 1,600 MCG SPRAY          | 31597      |
| TRAMADOL ER 100 MG TABLET       | 99151      |
| TRAMADOL ER 200 MG TABLET       | 99152      |
| TRAMADOL ER 300 MG TABLET       | 99153      |



| <b>Drugs Requiring Review</b>  |            |
|--------------------------------|------------|
| <b>Label Name</b>              | <b>GCN</b> |
| TRAMADOL HCL 50 MG TABLET      | 07221      |
| TRAMADOL HCL ER 100 MG CAPSULE | 30382      |
| TRAMADOL HCL ER 100 MG TABLET  | 26387      |
| TRAMADOL HCL ER 200 MG CAPSULE | 30383      |
| TRAMADOL HCL ER 200 MG TABLET  | 50417      |
| TRAMADOL HCL ER 300 MG CAPSULE | 30384      |
| TRAMADOL-ACETAMINOPHN 37.5-325 | 13909      |
| TYLENOL WITH CODEINE #3 TABLET | 70134      |
| TYLENOL WITH CODEINE #4 TABLET | 70136      |
| ULTRACET TABLET                | 13909      |
| ULTRAM 50 MG TABLET            | 07221      |
| VICODIN 5-300 MG TABLET        | 26470      |
| VICODIN ES 7.5-300 MG TABLET   | 26709      |
| VICODIN HP 10-300 MG TABLET    | 22929      |
| VIRTUSSIN AC LIQUID            | 91713      |
| VIRTUSSIN DAC LIQUID           | 54670      |
| 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      |
| XTAMPZA ER 9 MG CAPSULE        | 41272      |



## Opioid Policy Criteria

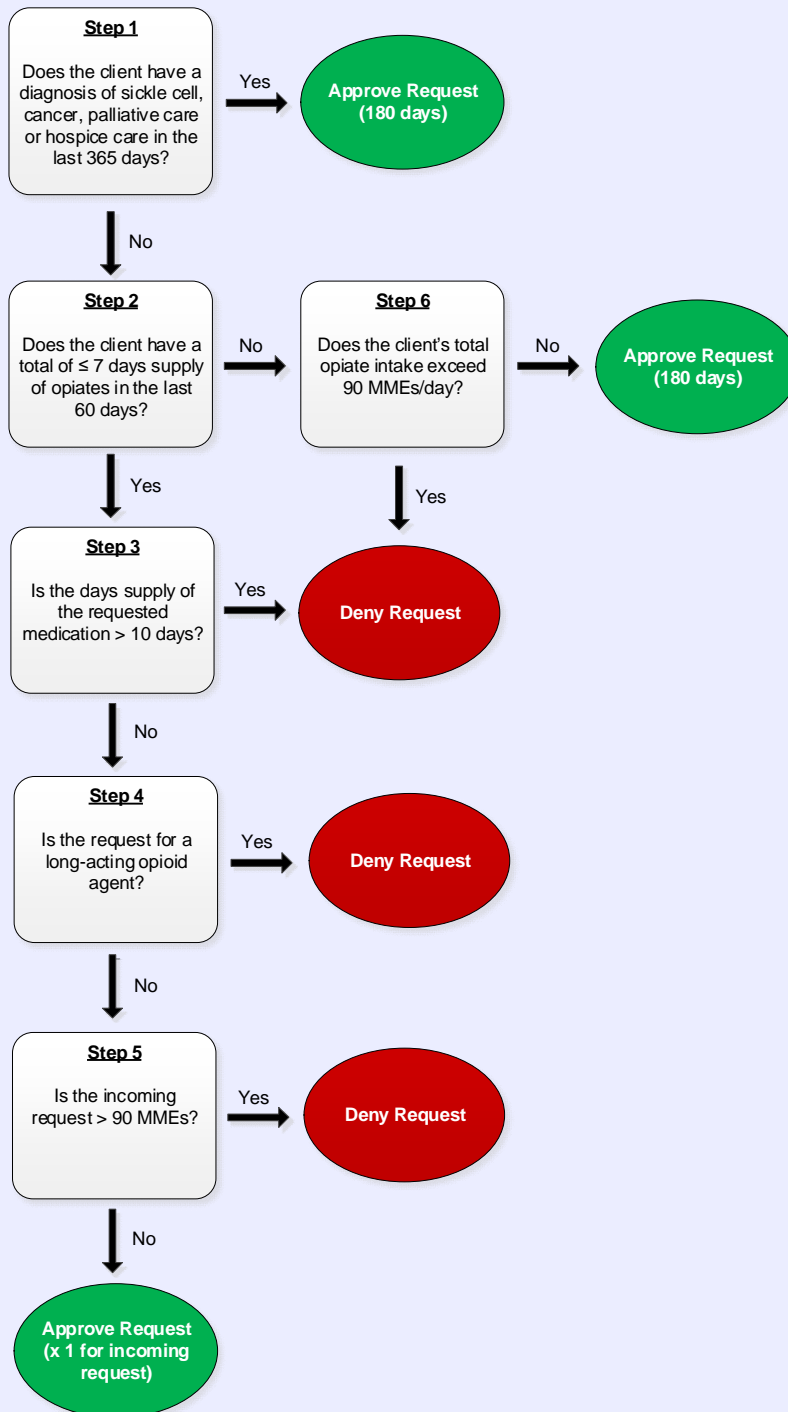
### Clinical Criteria Logic

1. Does the client have a diagnosis of **sickle cell, cancer, palliative care or hospice care** in the last 365 days?  
 Yes (Approve – 180 days)  
 No (Go to #2)
2. Does the client have a total of less than or equal to ( $\leq$ ) 7 days supply of opiates in the last 60 days?  
 Yes (Go to #3)  
 No (Go to #6)
3. Is the days supply of the requested medication greater than ( $>$ ) 10 days?  
 Yes (Deny)  
 No (Go to #4)
4. Is the request for a long-acting opioid agent?  
 Yes (Deny)  
 No (Go to #5)
5. Is the incoming request greater than ( $>$ ) 90 morphine milligram equivalents (MME)?  
 Yes (Deny)  
 No (Approved x 1 for incoming prescription)
6. Does the client's total opiate intake exceed 90 morphine milligram equivalents (MME) per day?  
 Yes (Deny)  
 No (Approve – 180 days)



# Opioid Policy Criteria

## Clinical Criteria Logic Diagram





## Opioid Policy Criteria Policy Criteria

### Clinical Criteria Supporting Tables

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b><br><b>Required diagnoses: 1</b><br><b>Look back timeframe: 365 days</b> |   |
|---|---|
| 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                                       |
| 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                             |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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)         |
| 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                            |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| C142  | MALIGNANT NEOPLASM OF WALDEYER'S RING                                   |
| 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   |
| 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  |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |  |
|---|--|
| <b>Required diagnoses: 1</b>  |  |
| <b>Look back timeframe: 365 days</b>  |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| 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 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                                   |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |  |
|---|--|
| <b>Required diagnoses: 1</b>  |  |
| <b>Look back timeframe: 365 days</b>  |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| 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        |
| 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   |



| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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  |
| 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   |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |  |
|---|--|
| <b>Required diagnoses: 1</b>  |  |
| <b>Look back timeframe: 365 days</b>  |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| C4310   | MALIGNANT MELANOMA OF UNSPECIFIED EYELID, INCLUDING CANTHUS        |
| C4311   | MALIGNANT MELANOMA OF RIGHT EYELID, INCLUDING CANTHUS              |
| C4312   | MALIGNANT MELANOMA OF LEFT EYELID, INCLUDING CANTHUS               |
| 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  |
| 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                               |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |  |
|---|--|
| <b>Required diagnoses: 1</b>  |  |
| <b>Look back timeframe: 365 days</b>  |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| 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   |
| 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            |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |  |
|---|--|
| <b>Required diagnoses: 1</b>  |  |
| <b>Look back timeframe: 365 days</b>  |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| 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                         |
| 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                    |
| C50222  | MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT MALE BREAST                     |
| C50229  | MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF UNSPECIFIED MALE BREAST              |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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 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          |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |  |
|---|--|
| <b>Required diagnoses: 1</b>  |  |
| <b>Look back timeframe: 365 days</b>  |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| 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          |
| 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                              |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |  |
|---|--|
| <b>Required diagnoses: 1</b>  |  |
| <b>Look back timeframe: 365 days</b>  |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| C5700   | MALIGNANT NEOPLASM OF UNSPECIFIED FALLOPIAN TUBE                                       |
| 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  |
| 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  |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |  |
|---|--|
| <b>Required diagnoses: 1</b>  |  |
| <b>Look back timeframe: 365 days</b>  |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| 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                 |
| 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                             |



| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| C6912   | MALIGNANT NEOPLASM OF LEFT CORNEA                                     |
| 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                                 |
| 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                      |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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                     |
| 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                  |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| C760  | MALIGNANT NEOPLASM OF HEAD, FACE AND NECK   |
| C761  | MALIGNANT NEOPLASM OF THORAX  |
| 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  |
| 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                      |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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  |
| 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   |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |  |
|---|--|
| <b>Required diagnoses: 1</b>  |  |
| <b>Look back timeframe: 365 days</b>  |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| 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 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 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             |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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  |
| 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                  |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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          |
| 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 LOWER LIMB      |
| C8206   | FOLLICULAR LYMPHOMA GRADE I, INTRAPELVIC LYMPH NODES                            |
| C8207   | FOLLICULAR LYMPHOMA GRADE I, SPLEEN   |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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          |
| 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                      |



| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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                     |
| 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         |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| C8262   | CUTANEOUS FOLLICLE CENTER LYMPHOMA, INTRATHORACIC LYMPH NODES                     |
| C8263   | CUTANEOUS FOLLICLE CENTER LYMPHOMA, INTRA-ABDOMINAL LYMPH 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 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  |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |  |
|---|--|
| <b>Required diagnoses: 1</b>  |  |
| <b>Look back timeframe: 365 days</b>  |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| 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                    |
| 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  |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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                     |
| 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                      |
| 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                          |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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  |
| 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                                 |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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                     |
| 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                              |
| C8471   | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF HEAD, FACE, AND NECK           |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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   |
| 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                             |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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 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         |



| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |  |
|---|--|
| <b>Required diagnoses: 1</b>  |  |
| <b>Look back timeframe: 365 days</b>  |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| C8524   | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB             |
| 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                       |
| 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                             |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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  |
| 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  |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |  |
|---|--|
| <b>Required diagnoses: 1</b>  |  |
| <b>Look back timeframe: 365 days</b>  |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| C9132   | PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE, IN RELAPSE                                 |
| C9140   | HAIRY CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION                                  |
| C9141   | HAIRY CELL LEUKEMIA, IN REMISSION  |
| 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                           |
| 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  |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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                    |
| 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                                      |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |   |
|---|---|
| <b>Required diagnoses: 1</b>  |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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                                     |
| 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   |
| 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                         |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |  |
|---|--|
| <b>Required diagnoses: 1</b>  |  |
| <b>Look back timeframe: 365 days</b>  |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| 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  |
| 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            |

| <b>Step 1 (diagnosis of sickle cell, cancer, palliative care or hospice care)</b> |  |
|---|--|
| <b>Required diagnoses: 1</b>  |  |
| <b>Look back timeframe: 365 days</b>  |  |
| <b>ICD-10 Code</b>  | <b>Description</b>                                     |
| D57512  | OTHER SICKLE-CELL DISORDERS WITH SPLENIC SEQUESTRATION |
| D57819  | OTHER SICKLE-CELL DISORDERS WITH CRISIS UNSPECIFIED    |
| Z515  | ENCOUNTER FOR PALLIATIVE CARE                          |



## Opioid Policy Criteria

### Clinical Criteria References

1. 2017 ICD-10-CM Diagnosis Codes. 2017. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on September 27, 2017.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2018. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on September 24, 2018.
3. Micromedex [online database]. 2018. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on September 24, 2018.
4. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. Calculating Total Daily Dose of Opioids for Safer Dosage. Available at [www.cdc.gov](http://www.cdc.gov). Accessed on June 6, 2021.
5. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. CDC Guideline for Prescribing Opioids for Chronic Pain. Available at [www.cdc.gov](http://www.cdc.gov). Accessed on September 27, 2017.



## 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  |
|------------------|--|
| 12/11/2017       | Initial publication  |
| 04/24/2018       | Updated question 3 to 240 MEDs per day on criteria logic and logic diagram, pages 10-11<br>Updated Table 2, pages 46-52<br>Updated references, page 53   |
| 12/07/2018       | Updated Drugs Requiring PA table, pages 2-9<br>Updated question 1 to include sickle-cell disorders, pages 10-11<br>Updated question 3 to 90 MMEs per day on criteria logic and logic diagram, pages 10-11<br>Updated Table 1 to include sickle-cell disorders, pages 46-47   |
| 01/30/2019       | Updated Drugs Requiring PA table, pages 2-9  |
| 03/29/2019       | Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a> .) on each 'Drug Requiring PA' table |
| 01/30/2020       | Added GCNs for Apadaz and Nalocet to drug table, pages 2-9   |
| 07/20/2020       | Updated criteria logic and logic diagram to reflect the Texas Opioid Policy released in 2020   |
| 06/06/2021       | Added link to CDC guide to calculating morphine milligram equivalents (MME)  |