

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Fentanyl Agents**

This criteria was recommended for review by the Vendor Drug Program to ensure appropriate and safe utilization.

Actiq (Oral Transmucosal Fentanyl)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Transdermal Fentanyl

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Fentora (Buccal Fentanyl)

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Revision Notes

Added GCNs for apap-caff-dihydrocod (37532), Belbuca (39959, 39965, 39966, 39967, 39968, 39969, 39975), buprenorphine patch (25309, 35214, 25312, 25308, 36946), Butrans (25309, 35214, 25312, 25308, 36946), hydrocodone ER (37539, 37541, 37543, 37544, 37545, 37546, 37547), levorphanol (16350), morphine (33158), oxycodone-apap solution (70470) and oxymorphone (99494) to Table 6

Removed GCNs for Duragesic (19200) and Embeda ER (37692, 37685, 37686, 37687, 37688, 37689) from Table 6 – these products have been discontinued



Actiq (Transmucosal Fentanyl)

Drugs Requiring Prior Authorization

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

| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| 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 |
| 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 |



Actiq (Transmucosal Fentanyl)

Clinical Criteria Logic

1. Is the client less than (<) 16 years of age?
 Yes (Deny)
 No (Go to #2)
2. Does the client have a diagnosis of **cancer** or **fibrotic lung disease** in the last 730 days?
 Yes (Go to #5)
 No (Go to #3)
3. Does the client have a history of **antineoplastic therapy** in the last 365 days?
 Yes (Go to #5)
 No (Go to #4)
4. Does the client have a diagnosis of **CNMP** in the last 365 days?
 Yes (Go to #5)
 No (Deny)
5. Does the client have less than or equal to (\leq) 7 days of **opioid therapy** in the last 30 days?
 Yes (Deny)
 No (Go to #6)
6. Does the client have a claim for an **MAOI or a strong/moderate CYP3A4 inhibitor** in the last 30 days?
 Yes (Deny)
 No (Go to #7)
7. Is the request for transmucosal fentanyl 200mcg?
 Yes (Go to #10)
 No (Go to #8)
8. Is the request for transmucosal fentanyl greater than or equal to (\geq) 400mcg?
 Yes (Go to #9)
 No (Deny)
9. Does the client have a history of transmucosal fentanyl therapy in the last 30 days with the dose greater than or equal to (\geq) 200mcg?
 Yes (Go to #10)
 No (Deny)

10. Is the request for less than or equal (\leq) to 4 units per day?

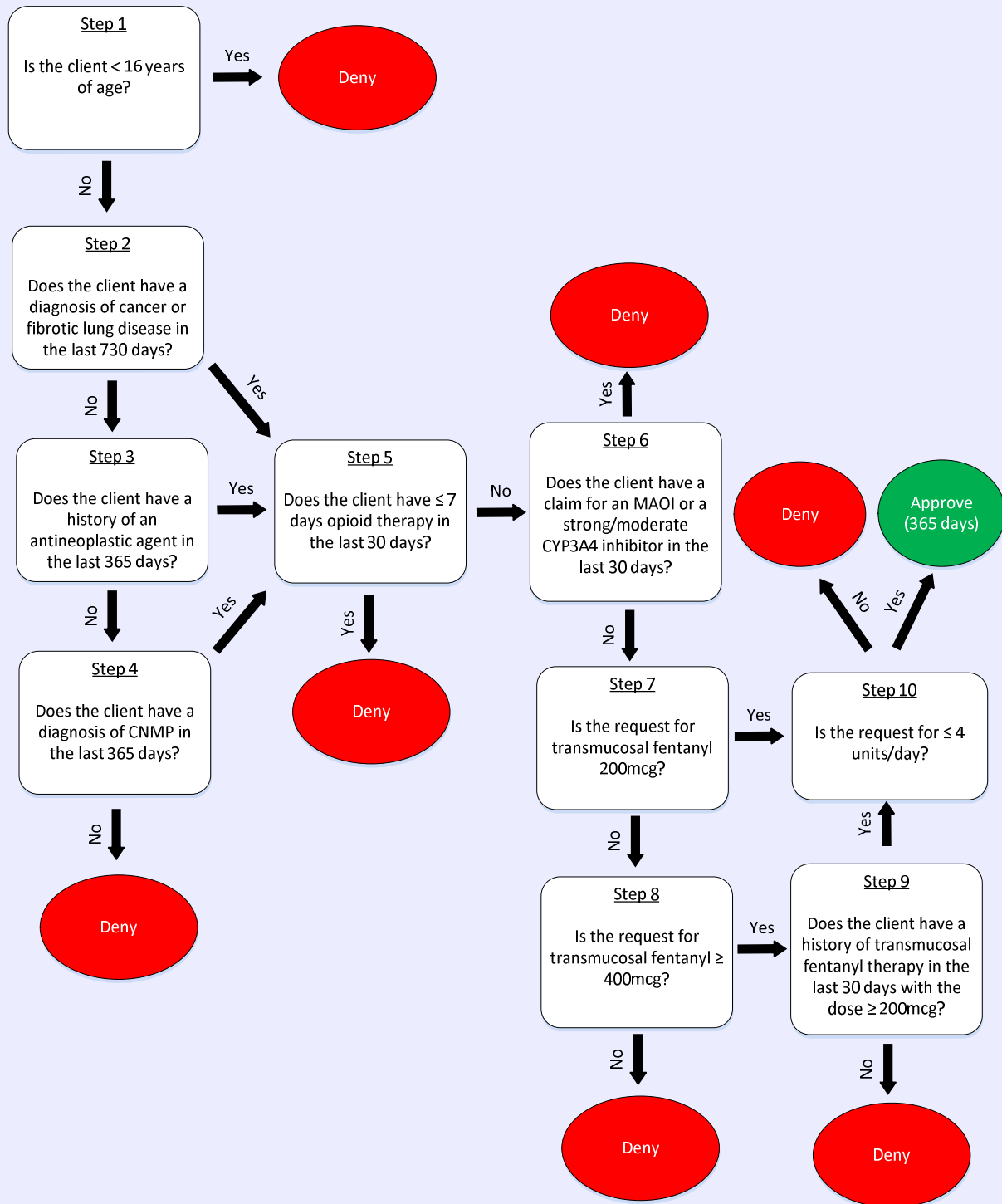
Yes (Approve – 365 days)

No (Deny)



Actiq (Transmucosal Fentanyl)

Clinical Criteria Logic Diagram





Transdermal Fentanyl

Drugs Requiring Prior Authorization

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| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| 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 62.5 MCG/HR PATCH | 37947 |
| FENTANYL 75 MCG/HR PATCH | 19202 |
| FENTANYL 87.5 MCG/HR PATCH | 37948 |



Transdermal Fentanyl

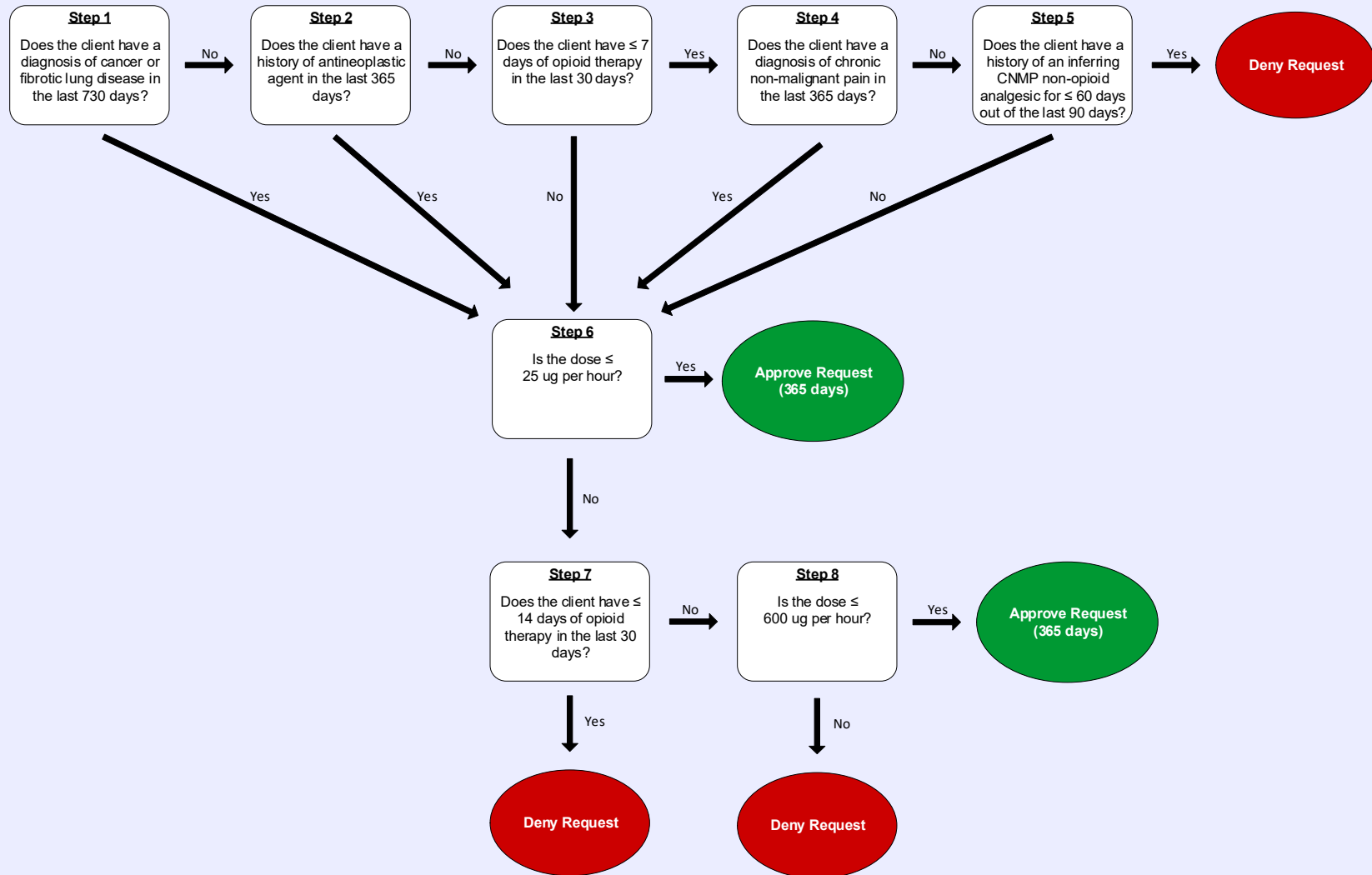
Clinical Criteria Logic

1. Does the client have a diagnosis of **cancer** or **fibrotic lung disease** in the last 730 days?
 Yes (Go to #6)
 No (Go to #2)
2. Does the client have a history of an **antineoplastic agent** in the last 365 days?
 Yes (Go to #6)
 No (Go to #3)
3. Does the client have less than or equal to (\leq) 7 days of **opioid therapy** in the last 30 days?
 Yes (Go to #4)
 No (Go to #6)
4. Does the client have a diagnosis of **chronic non-malignant pain** in the last 365 days?
 Yes (Go to #6)
 No (Go to #5)
5. Does the client have a history of an **inferring CNMP non-opioid analgesic** for less than or equal to (\leq) 60 days out of the last 90 days?
 Yes (Deny)
 No (Go to #6)
6. Is the dose less than or equal to (\leq) 25ug per hour?
 Yes (Approve – 365 days)
 No (Go to #7)
7. Does the client have less than or equal to (\leq) 14 days of **opioid therapy** in the last 30 days?
 Yes (Deny)
 No (Go to #8)
8. Is the dose less than or equal to (\leq) 600ug per hour?
 Yes (Approve – 365 days)
 No (Deny)



Transdermal Fentanyl

Clinical Criteria Logic Diagram





Fentora (Buccal Fentanyl)

Drugs Requiring Prior Authorization

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| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| 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 |
| FENTANYL CIT 100 MCG BUCCAL TABLET | 97280 |
| FENTANYL CIT 200 MCG BUCCAL TABLET | 97281 |
| FENTANYL CIT 400 MCG BUCCAL TABLET | 97283 |
| FENTANYL CIT 600 MCG BUCCAL TABLET | 97284 |
| FENTANYL CIT 800 MCG BUCCAL TABLET | 97285 |



Fentora (Buccal Fentanyl)

Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a diagnosis of **malignant cancer** in the last 730 days?
 Yes (Go to #4)
 No (Go to #3)
3. Does the client have a history of an **antineoplastic agent** in the last 365 days?
 Yes (Go to #4)
 No (Deny)
4. Does the client have a claim for an **MAOI or CYP3A4 inhibitor** in the last 30 days?
 Yes (Deny)
 No (Go to #5)
5. Does the client have at least 12 days supply of **opioid therapy** in the last 14 days?
 Yes (Go to #6)
 No (Deny)
6. Does the client have a history of **buccal fentanyl** in the last 35 days?
 Yes (Go to #13)
 No (Go to #7)
7. Does the client have a history of opioid tolerance with defined oral **morphine, transdermal fentanyl, oxycodone, hydromorphone**, OR **oxymorphone** therapy in the last 30 days?
 Yes (Go to #8)
 No (Deny)
8. Is the request for buccal fentanyl 100mcg?
 Yes (Go to #13)
 No (Go to #9)
9. Is the request for buccal fentanyl 200mcg?
 Yes (Go to #10)
 No (Go to #11)

10. Does the client have a claim for **Actiq 600, 800, 1200 or 1600mcg** in the last 35 days?

Yes (Go to #13)

No (Deny)

11. Is the request for buccal fentanyl 400mcg?

Yes (Go to #12)

No (Deny)

12. Does the client have a history of **Actiq 1200 or 1600mcg** in the last 35 days?

Yes (Go to #13)

No (Deny)

13. Is the request for less than or equal to (\leq) 4 units/day?

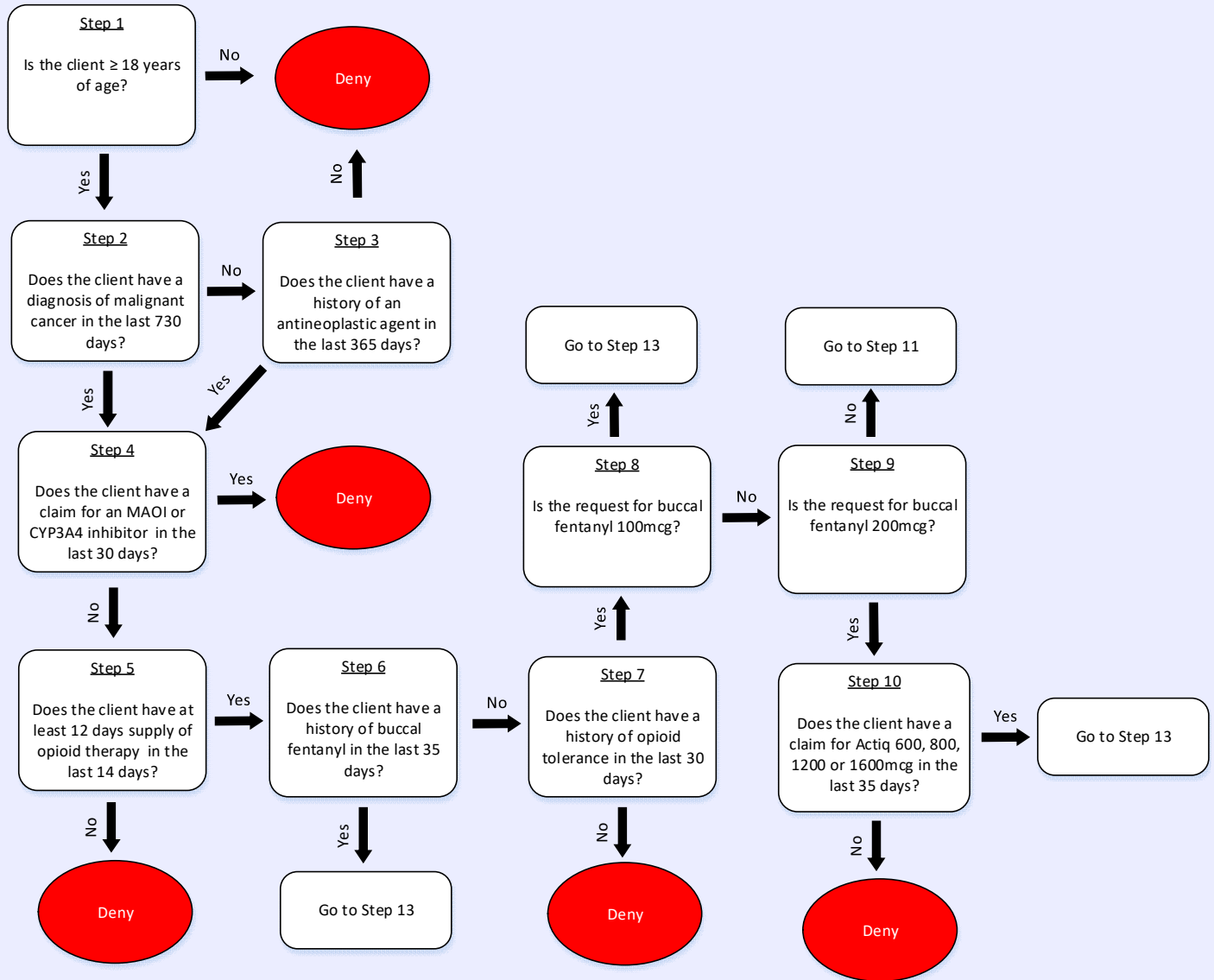
Yes (Approve – 365 days)

No (Deny)



Fentora (Buccal Fentanyl)

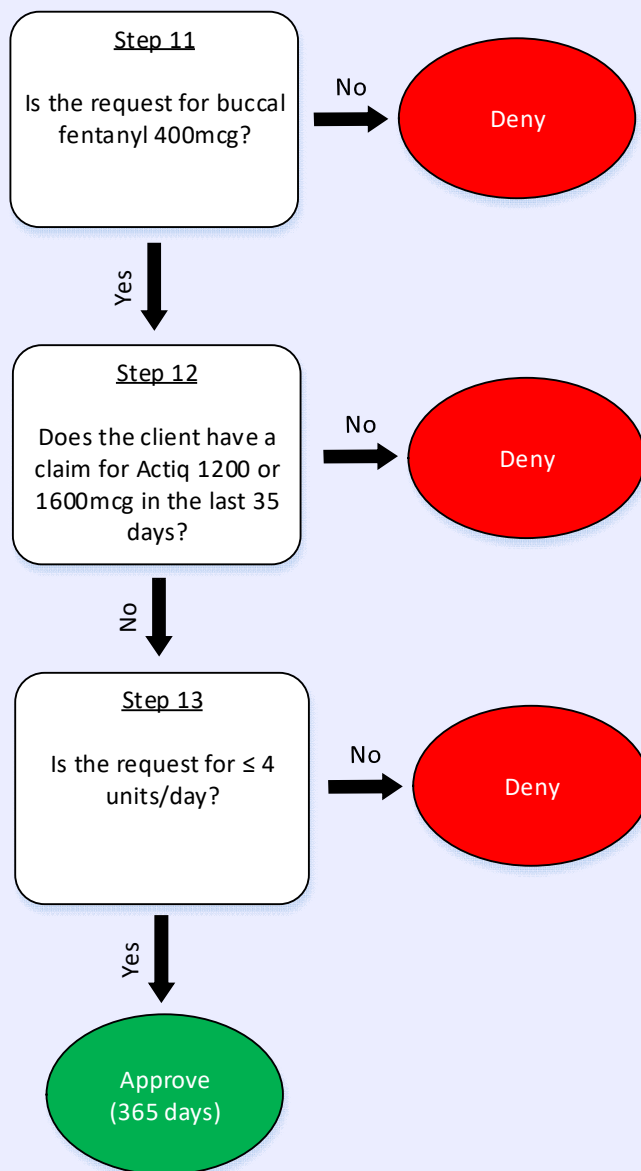
Clinical Criteria Logic Diagram – Page 1





Fentora (Buccal Fentanyl)

Clinical Criteria Logic Diagram – Page 2





Fentanyl Agents

Clinical Criteria Supporting Tables

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| C000 | MALIGNANT NEOPLASM OF EXTERNAL UPPER LIP |
| C001 | MALIGNANT NEOPLASM OF EXTERNAL LOWER LIP |
| C002 | MALIGNANT NEOPLASM OF EXTERNAL LIP, UNSPECIFIED |
| C003 | MALIGNANT NEOPLASM OF UPPER LIP, INNER ASPECT |
| C004 | MALIGNANT NEOPLASM OF LOWER LIP, INNER ASPECT |
| C005 | MALIGNANT NEOPLASM OF LIP, UNSPECIFIED, INNER ASPECT |
| C006 | MALIGNANT NEOPLASM OF COMMISSURE OF LIP, UNSPECIFIED |
| C008 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LIP |
| C009 | MALIGNANT NEOPLASM OF LIP, UNSPECIFIED |
| C01 | MALIGNANT NEOPLASM OF BASE OF TONGUE |
| C020 | MALIGNANT NEOPLASM OF DORSAL SURFACE OF TONGUE |
| C021 | MALIGNANT NEOPLASM OF BORDER OF TONGUE |
| C022 | MALIGNANT NEOPLASM OF VENTRAL SURFACE OF TONGUE |
| C023 | MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED |
| C024 | MALIGNANT NEOPLASM OF LINGUAL TONSIL |
| C028 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONGUE |
| C029 | MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED |
| C030 | MALIGNANT NEOPLASM OF UPPER GUM |
| C031 | MALIGNANT NEOPLASM OF LOWER GUM |
| C039 | MALIGNANT NEOPLASM OF GUM, UNSPECIFIED |
| C040 | MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH |
| C041 | MALIGNANT NEOPLASM OF LATERAL FLOOR OF MOUTH |
| C048 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF FLOOR OF MOUTH |
| C049 | MALIGNANT NEOPLASM OF FLOOR OF MOUTH, UNSPECIFIED |
| C050 | MALIGNANT NEOPLASM OF HARD PALATE |
| C051 | MALIGNANT NEOPLASM OF SOFT PALATE |
| C052 | MALIGNANT NEOPLASM OF UVULA |
| C058 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PALATE |
| C059 | MALIGNANT NEOPLASM OF PALATE, UNSPECIFIED |
| C060 | MALIGNANT NEOPLASM OF CHEEK MUCOSA |
| C061 | MALIGNANT NEOPLASM OF VESTIBULE OF MOUTH |
| C062 | MALIGNANT NEOPLASM OF RETROMOLAR AREA |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|--|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|--|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|--|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| C50011 | MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST |
| C50012 | MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST |
| C50019 | MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, UNSPECIFIED FEMALE BREAST |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| C50812 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST |
| C50819 | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|--|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|--|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|--|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| C8235 | FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|--|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| C8296 | FOLLICULAR LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES |
| C8297 | FOLLICULAR LYMPHOMA, UNSPECIFIED, SPLEEN |
| C8298 | FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES |
| C8299 | FOLLICULAR LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES |
| C8300 | SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE |
| C8301 | SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8302 | SMALL CELL B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES |
| C8303 | SMALL CELL B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES |
| C8304 | SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8305 | SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8306 | SMALL CELL B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES |
| C8307 | SMALL CELL B-CELL LYMPHOMA, SPLEEN |
| C8308 | SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES |
| C8309 | SMALL CELL B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8310 | MANTLE CELL LYMPHOMA, UNSPECIFIED SITE |
| C8311 | MANTLE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| C8336 | DIFFUSE LARGE B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES |
| C8337 | DIFFUSE LARGE B-CELL LYMPHOMA, SPLEEN |
| C8338 | DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES |
| C8339 | DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8350 | LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, UNSPECIFIED SITE |
| C8351 | LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8352 | LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, INTRATHORACIC LYMPH NODES |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| C8385 | OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8386 | OTHER NON-FOLLICULAR LYMPHOMA, INTRAPELVIC LYMPH NODES |
| C8387 | OTHER NON-FOLLICULAR LYMPHOMA, SPLEEN |
| C8388 | OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF MULTIPLE SITES |
| C8389 | OTHER NON-FOLLICULAR LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8390 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE |
| C8391 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8392 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES |
| C8393 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES |
| C8394 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8395 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8396 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES |
| C8397 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, SPLEEN |
| C8398 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES |
| C8399 | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES |
| C8400 | MYCOSIS FUNGOIDES, UNSPECIFIED SITE |
| C8401 | MYCOSIS FUNGOIDES, LYMPH NODES OF HEAD, FACE, AND NECK |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| C8414 | SEZARY DISEASE, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8415 | SEZARY DISEASE, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8416 | SEZARY DISEASE, INTRAPELVIC LYMPH NODES |
| C8417 | SEZARY DISEASE, SPLEEN |
| C8418 | SEZARY DISEASE, LYMPH NODES OF MULTIPLE SITES |
| C8419 | SEZARY DISEASE, EXTRANODAL AND SOLID ORGAN SITES |
| C8440 | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE |
| C8441 | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8442 | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, INTRATHORACIC LYMPH NODES |
| C8443 | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, INTRA-ABDOMINAL LYMPH NODES |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| C84A3 | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES |
| C84A4 | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C84A5 | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C84A6 | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES |
| C84A7 | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, SPLEEN |
| C84A8 | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES |
| C84A9 | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES |
| C84Z0 | OTHER MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED SITE |
| C84Z1 | OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF HEAD, FACE, AND NECK |
| C84Z2 | OTHER MATURE T/NK-CELL LYMPHOMAS, INTRATHORACIC LYMPH NODES |
| C84Z3 | OTHER MATURE T/NK-CELL LYMPHOMAS, INTRA-ABDOMINAL LYMPH NODES |
| C84Z4 | OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C84Z5 | OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF INGUINAL 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|--|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| C8519 | UNSPECIFIED B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8520 | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE |
| C8521 | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8522 | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES |
| C8523 | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES |
| C8524 | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8525 | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8526 | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES |
| C8527 | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, SPLEEN |
| C8528 | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES |
| C8529 | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8580 | OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, UNSPECIFIED SITE |
| C8581 | OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK |
| C8582 | OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES |
| C8583 | OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES |
| C8584 | OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8585 | OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8586 | OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES |
| C8587 | OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, SPLEEN |
| C8588 | OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES |
| C8589 | OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES |
| C8590 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE |
| C8591 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| C8592 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES |
| C8593 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES |
| C8594 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB |
| C8595 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8596 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES |
| C8597 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, SPLEEN |
| C8598 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES |
| C8599 | NON-HODGKIN LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES |
| C860 | EXTRANODAL NK/T-CELL LYMPHOMA, NASAL TYPE |
| C861 | HEPATOSPLENIC T-CELL LYMPHOMA |
| C862 | ENTEROPATHY-TYPE (INTESTINAL) T-CELL LYMPHOMA |
| C863 | SUBCUTANEOUS PANNICULITIS-LIKE T-CELL LYMPHOMA |
| C864 | BLASTIC NK-CELL LYMPHOMA |
| C865 | ANGIOIMMUNOBLASTIC T-CELL LYMPHOMA |
| C866 | PRIMARY CUTANEOUS CD30-POSITIVE T-CELL PROLIFERATIONS |
| C882 | HEAVY CHAIN DISEASE |
| C883 | IMMUNOPROLIFERATIVE SMALL INTESTINAL DISEASE |
| C884 | EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MUCOSA-ASSOCIATED LYMPHOID TISSUE [MALT-LYMPHOMA] |
| C888 | OTHER MALIGNANT IMMUNOPROLIFERATIVE DISEASES |
| C889 | MALIGNANT IMMUNOPROLIFERATIVE DISEASE, UNSPECIFIED |
| C9000 | MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|--|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| C9100 | ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION |
| C9101 | ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION |
| C9102 | ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE |
| C9110 | CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION |
| C9111 | CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN REMISSION |
| C9112 | CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN RELAPSE |
| C9130 | PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION |
| C9131 | PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE, IN REMISSION |
| C9132 | PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE, IN RELAPSE |
| C9140 | HAIRY CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION |
| C9141 | HAIRY CELL LEUKEMIA, IN REMISSION |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|--|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| C9310 | CHRONIC MYELOMONOCYTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION |
| C9311 | CHRONIC MYELOMONOCYTIC LEUKEMIA, IN REMISSION |
| C9312 | CHRONIC MYELOMONOCYTIC LEUKEMIA, IN RELAPSE |
| C9330 | JUVENILE MYELOMONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION |
| C9331 | JUVENILE MYELOMONOCYTIC LEUKEMIA, IN REMISSION |
| C9332 | JUVENILE MYELOMONOCYTIC LEUKEMIA, IN RELAPSE |
| C9390 | MONOCYTIC LEUKEMIA, UNSPECIFIED, NOT HAVING ACHIEVED REMISSION |
| C9391 | MONOCYTIC LEUKEMIA, UNSPECIFIED IN REMISSION |
| C9392 | MONOCYTIC LEUKEMIA, UNSPECIFIED IN RELAPSE |
| C93Z0 | OTHER MONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION |
| C93Z1 | OTHER MONOCYTIC LEUKEMIA, IN REMISSION |
| C93Z2 | OTHER MONOCYTIC LEUKEMIA, IN RELAPSE |
| C9400 | ACUTE ERYTHROID LEUKEMIA, NOT HAVING ACHIEVED REMISSION |
| C9401 | ACUTE ERYTHROID LEUKEMIA, IN REMISSION |
| C9402 | ACUTE ERYTHROID LEUKEMIA, IN RELAPSE |
| C9420 | ACUTE MEGAKARYOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION |
| C9421 | ACUTE MEGAKARYOBLASTIC LEUKEMIA, IN REMISSION |
| 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 |

| Table 1 (diagnosis of malignant cancer) | |
|--|---|
| Required Diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| D0311 | MELANOMA IN SITU OF RIGHT EYELID, INCLUDING CANTHUS |
| D0312 | MELANOMA IN SITU OF LEFT EYELID, INCLUDING CANTHUS |
| D0320 | MELANOMA IN SITU OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL |
| D0321 | MELANOMA IN SITU OF RIGHT EAR AND EXTERNAL AURICULAR CANAL |
| D0322 | MELANOMA IN SITU OF LEFT EAR AND EXTERNAL AURICULAR CANAL |
| D0330 | MELANOMA IN SITU OF UNSPECIFIED PART OF FACE |
| D0339 | MELANOMA IN SITU OF OTHER PARTS OF FACE |
| D034 | MELANOMA IN SITU OF SCALP AND NECK |
| D0351 | MELANOMA IN SITU OF ANAL SKIN |
| D0352 | MELANOMA IN SITU OF BREAST (SKIN) (SOFT TISSUE) |
| D0359 | MELANOMA IN SITU OF OTHER PART OF TRUNK |
| D0360 | MELANOMA IN SITU OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER |
| D0361 | MELANOMA IN SITU OF RIGHT UPPER LIMB, INCLUDING SHOULDER |
| D0362 | MELANOMA IN SITU OF LEFT UPPER LIMB, INCLUDING SHOULDER |
| D0370 | MELANOMA IN SITU OF UNSPECIFIED LOWER LIMB, INCLUDING HIP |
| D0371 | MELANOMA IN SITU OF RIGHT LOWER LIMB, INCLUDING HIP |
| D0372 | MELANOMA IN SITU OF LEFT LOWER LIMB, INCLUDING HIP |
| D038 | MELANOMA IN SITU OF OTHER SITES |
| D039 | MELANOMA IN SITU, UNSPECIFIED |
| D45 | POLYCYTHEMIA VERA |

| Table 2 (history of antineoplastic agent) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| Label Name | GCN |
| ABIRATERONE ACETATE 250 MG TAB | 29886 |
| ABIRATERONE 500 MG TABLET | 43205 |

| Table 2 (history of antineoplastic agent) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| Label Name | GCN |
| AFINITOR 10 MG TABLET | 20844 |
| AFINITOR 2.5 MG TABLET | 28783 |
| AFINITOR 5 MG TABLET | 20784 |
| AFINITOR 7.5 MG TABLET | 31396 |
| AFINITOR DISPERZ 2 MG TABLET | 34589 |
| AFINITOR DISPERZ 3 MG TABLET | 34590 |
| AFINITOR DISPERZ 5 MG TABLET | 34592 |
| ALECENSA 150 MG CAPSULE | 40299 |
| ALKERAN 2 MG TABLET | 38380 |
| ALUNBRIG 180 MG TABLET | 44305 |
| ALUNBRIG 30 MG TABLET | 43325 |
| ALUNBRIG 90 MG TABLET | 43326 |
| ALUNBRIG 90 MG-180 MG TAB PACK | 44306 |
| ANASTROZOLE 1 MG TABLET | 24410 |
| ARIMIDEX 1 MG TABLET | 24410 |
| AROMASIN 25 MG TABLET | 92896 |
| AYVAKIT 100MG TABLET | 47516 |
| AYVAKIT 200 MG TABLET | 47517 |
| AYVAKIT 25 MG TABLET | 49825 |
| AYVAKIT 300 MG TABLET | 47518 |
| AYVAKIT 50 MG TABLET | 49826 |
| AZACITIDINE 100 MG VIAL | 22663 |
| BEXAROTENE 75 MG CAPSULE | 92373 |
| BICALUTAMIDE 50 MG TABLET | 00450 |
| BOSULIF 100 MG TABLET | 33199 |
| BOSULIF 500 MG TABLET | 33202 |
| BRAFTOVI 75 MG CAPSULE | 44925 |
| BRUKINSA 80 MG CAPSULE | 47336 |
| CABOMETYX 20 MG TABLET | 41146 |
| CABOMETYX 40 MG TABLET | 41147 |
| CABOMETYX 60 MG TABLET | 41148 |
| CALQUENCE 100 MG CAPSULE | 44011 |
| CAPECITABINE 150 MG TABLET | 31611 |
| CAPECITABINE 500 MG TABLET | 31612 |
| CAPRELSA 100 MG TABLET | 29817 |
| CAPRELSA 300 MG TABLET | 29818 |

| Table 2 (history of antineoplastic agent) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| Label Name | GCN |
| CASODEX 50 MG TABLET | 00450 |
| COMETRIQ 140 MG DAILY-DOSE PK | 33903 |
| COMETRIQ 100 MG DAILY-DOSE PK | 33904 |
| COMETRIQ 60 MG DAILY-DOSE PK | 33905 |
| COSMEGEN 0.5 MG VIAL | 96679 |
| COTELLIC 20 MG TABLET | 40123 |
| CYCLOPHOSPHAMIDE 25 MG CAPSULE | 35317 |
| CYCLOPHOSPHAMIDE 25 MG TABLET | 38360 |
| CYCLOPHOSPHAMIDE 50 MG CAPSULE | 35318 |
| CYCLOPHOSPHAMIDE 50 MG TABLET | 38361 |
| CYTARABINE 20 MG/ML VIAL | 27365 |
| CYTARABINE 20 MG/ML VIAL | 34230 |
| CYTARABINE 20 MG/ML VIAL | 97825 |
| CYTARABINE 2 G/20 ML VIAL | 34231 |
| DACTINOMYCIN 500 MCG VIAL | 96679 |
| DROXIA 200 MG CAPSULE | 38402 |
| DROXIA 300 MG CAPSULE | 38403 |
| DROXIA 400 MG CAPSULE | 38404 |
| EFUDEX 5% CREAM | 30781 |
| EMCYT 140 MG CAPSULE | 38700 |
| ERIVEDGE 150 MG CAPSULE | 31307 |
| ERLOTINIB HCL 100 MG TABLET | 23794 |
| ERLOTINIB HCL 150 MG TABLET | 23793 |
| ERLOTINIB HCL 25 MG TABLET | 23795 |
| ETOPOSIDE 50 MG CAPSULE | 07560 |
| ETOPOSIDE 100 MG/5 ML VIAL | 07481 |
| ETOPOSIDE 500 MG/25 ML VIAL | 07481 |
| ETOPOSIDE 1,000 MG/50 ML VIAL | 07481 |
| EVEROLIMUS 10 MG TABLET | 20844 |
| EVEROLIMUS 2.5 MG TABLET | 28783 |
| EVEROLIMUS 5 MG TABLET | 20784 |
| EVEROLIMUS 7.5 MG TABLET | 31396 |
| EXEMESTANE 25MG TABLET | 92896 |
| EXKIVITY 40 MG CAPSULE | 50987 |
| FARESTON 60 MG TABLET | 42721 |
| FARYDAK 10 MG CAPSULE | 38008 |

| Table 2 (history of antineoplastic agent) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| Label Name | GCN |
| FARYDAK 15 MG CAPSULE | 38009 |
| FARYDAK 20 MG CAPSULE | 38011 |
| FEMARA 2.5 MG TABLET | 49541 |
| FLUOROURACIL 5% CREAM | 30781 |
| FLUTAMIDE 125 MG CAPSULE | 25740 |
| FOTIVDA 1.34 MG CAPSULE | 46287 |
| FOTIVDA 0.89 MG CAPSULE | 46162 |
| GAVRETO 100 MG CAPSULE | 48566 |
| GAZYVA 1,000 MG/40 ML VIAL | 35532 |
| GLEEVEC 100 MG TABLET | 19908 |
| GLEEVEC 400 MG TABLET | 19907 |
| HYCAMTIN 1 MG CAPSULE | 14256 |
| HYDROXYUREA 500 MG CAPSULE | 38400 |
| IBRANCE 75 MG CAPSULE | 37825 |
| IBRANCE 100 MG CAPSULE | 37826 |
| IBRANCE 125 MG CAPSULE | 37827 |
| IBRANCE 75 MG TABLET | 47256 |
| IBRANCE 100 MG TABLET | 47257 |
| IBRANCE 125 MG TABLET | 47258 |
| ICLUSIG 10 MG TABLET | 49081 |
| ICLUSIG 30 MG TABLET | 42806 |
| ICLUSIG 45 MG TABLET | 33874 |
| ICLUSIG 15 MG TABLET | 33873 |
| IDHIFA 100 MG TABLET | 43689 |
| IDHIFA 50MG TABLET | 43688 |
| IMATINIB MESYLATE 100 MG TABLET | 19908 |
| IMATINIB MESYLATE 400 MG TABLET | 19907 |
| IMBRUVICA 140 MG CAPSULE | 35599 |
| IMBRUVICA 70 MG CAPSULE | 44475 |
| IMBRUVICA 140 MG TABLET | 44465 |
| IMBRUVICA 280 MG TABLET | 44466 |
| IMBRUVICA 420 MG TABLET | 44467 |
| IMBRUVICA 560 MG TABLET | 44468 |
| INLYTA 1 MG TABLET | 31294 |
| INLYTA 5 MG TABLET | 31295 |
| INQOVI 35 MG-100 MG TABLET | 48323 |

| Table 2 (history of antineoplastic agent) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| Label Name | GCN |
| INREBIC 100 MG CAPSULE | 46818 |
| IRESSA 250 MG TABLET | 19586 |
| JAKAFI 5 MG TABLET | 30892 |
| JAKAFI 10 MG TABLET | 30893 |
| JAKAFI 15 MG TABLET | 30894 |
| JAKAFI 20 MG TABLET | 30895 |
| JAKAFI 25 MG TABLET | 30896 |
| KISQALI 200 MG DAILY DOSE | 43162 |
| KISQALI 400 MG DAILY DOSE | 43166 |
| KISQALI 600 MG DAILY DOSE | 43167 |
| KISQALI FEMARA 200 MG CO-PACK | 43366 |
| KISQALI FEMARA 400 MG CO-PACK | 43368 |
| KISQALI FEMARA 600 MG CO-PACK | 43369 |
| LAPATINIB 250 MG TABLET | 98140 |
| LENVIMA 4 MG CAPSULE | 38885 |
| LENVIMA 10 MG DAILY DOSE | 37888 |
| LENVIMA 12 MG DAILY DOSE | 45161 |
| LENVIMA 14 MG DAILY DOSE | 37887 |
| LENVIMA 18 MG DAILY DOSE | 41404 |
| LENVIMA 20 MG DAILY DOSE | 37889 |
| LENVIMA 24 MG DAILY DOSE | 37886 |
| LENVIMA 8 MG DAILY DOSE | 41403 |
| LETROZOLE 2.5 MG TABLET | 49541 |
| LEUKERAN 2 MG TABLET | 38370 |
| LONSURF 15-6.14 MG TABLET | 39596 |
| LONSURF 20-8.19 MG TABLET | 39597 |
| LYNPARZA 100 MG TABLET | 43766 |
| LYNPARZA 150 MG TABLET | 43765 |
| LYSODREN 500 MG TABLET | 38710 |
| MATULANE 50 MG CAPSULE | 38740 |
| MEGESTROL 20 MG TABLET | 38680 |
| MEGESTROL 40 MG TABLET | 38681 |
| MEGESTROL ACET 40 MG/ML SUSP | 40381 |
| MEGESTROL 625 MG/5 ML SUSP | 24948 |
| MEKINIST 2 MG TABLET | 34727 |
| MEKINIST 0.5 MG TABLET | 34726 |

| Table 2 (history of antineoplastic agent) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| Label Name | GCN |
| MEKTOVI 15 MG TABLET | 44926 |
| MELPHALAN 2 MG TABLET | 38380 |
| MERCAPTOPYRINE 50 MG TABLET | 38520 |
| METHOTREXATE 2.5 MG TABLET | 38489 |
| METHOTREXATE 50 MG/2 ML VIAL | 18936 |
| METHOTREXATE 250 MG/10 ML VIAL | 38466 |
| METHOTREXATE 50 MG/2 ML VIAL | 38466 |
| METHOTREXATE 250 MG/10 ML VIAL | 18396 |
| METHOTREXATE 1 GRAM/40 ML VIAL | 18396 |
| MITOMYCIN 5 MG VIAL | 38601 |
| MITOMYCIN 20 MG VIAL | 38600 |
| MITOXANTRONE 20 MG/10 ML VIAL | 07544 |
| MITOXANTRONE 25 MG/12.5 ML VL | 07544 |
| MITOXANTRONE 30 MG/15 ML VIAL | 07544 |
| MYLERAN 2 MG TABLET | 38420 |
| NERLYNX 40 MG TABLET | 43613 |
| NEXAVAR 200 MG TABLET | 26263 |
| NINLARO 2.3 MG CAPSULE | 40189 |
| NINLARO 3 MG CAPSULE | 40193 |
| NINLARO 4 MG CAPSULE | 40194 |
| NUBEQA 300 MG TABLET | 46746 |
| OFEV 150 MG CAPSULE | 37273 |
| ONUREG 200 MG TABLET | 48545 |
| ONUREG 300 MG TABLET | 48450 |
| ORGOVYX 120 MG TABLET | 49005 |
| PANRETIN 0.1% GEL | 94350 |
| PEMAZYRE 13.5 MG TABLET | 47935 |
| PEMAZYRE 4.5 MG TABLET | 47933 |
| PEMAZYRE 9 MG TABLET | 47934 |
| PIQRAY 200 MG DAILY DOSE PACK | 46362 |
| PIQRAY 250 MG DAILY DOSE PACK | 46359 |
| PIQRAY 300 MG DAILY DOSE PACK | 46358 |
| POMALYST 1 MG CAPSULE | 34147 |
| POMALYST 2 MG CAPSULE | 34148 |
| POMALYST 3 MG CAPSULE | 34149 |
| POMALYST 4 MG CAPSULE | 34150 |

| Table 2 (history of antineoplastic agent) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| Label Name | GCN |
| PURIXAN 20 MG/ML ORAL SUSP | 33277 |
| QINLOCK 50 MG TABLET | 48075 |
| RETEVMO 40 MG CAPSULE | 48025 |
| RETEVMO 80 MG CAPSULE | 48026 |
| REVLIMID 10 MG CAPSULE | 26315 |
| REVLIMID 15 MG CAPSULE | 27276 |
| REVLIMID 2.5 MG CAPSULE | 31911 |
| REVLIMID 20 MG CAPSULE | 34743 |
| REVLIMID 25 MG CAPSULE | 27277 |
| REVLIMID 5 MG CAPSULE | 26314 |
| ROZLYTREK 100 MG CAPSULE | 46815 |
| ROZLYTREK 200 MG CAPSULE | 46816 |
| RUBRACA 200 MG TABLET | 42795 |
| RUBRACA 250 MG TABLET | 77432 |
| RUBRACA 300 MG TABLET | 42796 |
| RYDAPT 25 MG CAPSULE | 43327 |
| SOLTAMOX 10 MG/5 ML SOLN | 50377 |
| SOMATULINE DEPOT 120 MG/0.5 ML | 15132 |
| SOMATULINE DEPOT 60 MG/0.2 ML | 98956 |
| SOMATULINE DEPOT 90 MG/0.3 ML | 15127 |
| SPRYCEL 20 MG TABLET | 27257 |
| SPRYCEL 50 MG TABLET | 27258 |
| SPRYCEL 70 MG TABLET | 27259 |
| SPRYCEL 80 MG TABLET | 29405 |
| SPRYCEL 100 MG TABLET | 99867 |
| SPRYCEL 140MG TABLET | 29406 |
| STIVARGA 40MG TABLET | 33363 |
| SUNITINIB MALATE 12.5 MG CAP | 26452 |
| SUNITINIB MALATE 25 MG CAPSULE | 26453 |
| SUNITINIB MALATE 37.5 MG CAP | 35596 |
| SUNITINIB MALATE 50 MG CAPSULE | 26454 |
| SUTENT 12.5 MG CAPSULE | 26452 |
| SUTENT 25 MG CAPSULE | 26453 |
| SUTENT 37.5 MG CAPSULE | 35596 |
| SUTENT 50 MG CAPSULE | 26454 |
| SYNRIBO 3.5 MG/ML VIAL | 33734 |

| Table 2 (history of antineoplastic agent) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| Label Name | GCN |
| TABLOID 40 MG TABLET | 10290 |
| TABRECTA 150 MG TABLET | 48012 |
| TABRECTA 200 MG TABLET | 48013 |
| TAFINLAR 50 MG CAPSULE | 34723 |
| TAFINLAR 75 MG CAPSULE | 34724 |
| TAGRISSEO 40 MG TABLET | 40132 |
| TAGRISSEO 80 MG TABLET | 40133 |
| TALZENNA 1 MG CAPSULE | 45596 |
| TALZENNA 0.25 MG CAPSULE | 45595 |
| TAMOXIFEN 10 MG TABLET | 38720 |
| TAMOXIFEN 20 MG TABLET | 38721 |
| TARCEVA 25 MG TABLET | 23795 |
| TARCEVA 100 MG TABLET | 23794 |
| TARCEVA 150 MG TABLET | 23793 |
| TARGRETIN 75 MG SOFTGEL | 92373 |
| TASIGNA 150 MG CAPSULE | 28737 |
| TASIGNA 200 MG CAPSULE | 99070 |
| TAZVERIK 200 MG TABLET | 47619 |
| TEMODAR 20 MG CAPSULE | 92903 |
| TEMODAR 100 MG CAPSULE | 92913 |
| TEMODAR 140 MG CAPSULE | 98310 |
| TEMODAR 180 MG CAPSULE | 98311 |
| TEMODAR 250 MG CAPSULE | 92933 |
| TEMOZOLOMIDE 5 MG CAPSULE | 92893 |
| TEMOZOLOMIDE 20 MG CAPSULE | 92903 |
| TEMOZOLOMIDE 100 MG CAPSULE | 92913 |
| TEMOZOLOMIDE 250 MG CAPSULE | 92933 |
| TEMOZOLOMIDE 140 MG CAPSULE | 98310 |
| TEMOZOLOMIDE 180 MG CAPSULE | 98311 |
| TEPMETKO 225 MG TABLET | 49154 |
| THALOMID 100 MG CAPSULE | 95392 |
| THALOMID 150 MG CAPSULE | 98220 |
| THALOMID 200 MG CAPSULE | 19321 |
| THALOMID 50 MG CAPSULE | 28301 |
| TIBSOVO 250 MG TABLET | 45016 |
| TOREMIFENE CITRATE 60 MG TABLET | 42721 |

| Table 2 (history of antineoplastic agent) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| Label Name | GCN |
| TREXALL 5 MG TABLET | 13134 |
| TREXALL 7.5 MG TABLET | 38485 |
| TREXALL 10 MG TABLET | 06484 |
| TREXALL 15 MG TABLET | 13135 |
| TRUSELTIQ 100 MG DAILY DOSE PK | 49714 |
| TRUSELTIQ 125 MG DAILY DOSE PK | 49715 |
| TRUSELTIQ 50 MG DAILY DOSE PK | 49708 |
| TRUSELTIQ 75 MG DAILY DOSE PK | 49713 |
| TUKYSA 150 MG TABLET | 47931 |
| TUKYSA 50 MG TABLET | 47929 |
| TYKERB 250 MG TABLET | 98140 |
| VENCLEXTA 10 MG TABLET | 41049 |
| VENCLEXTA 50 MG TABLET | 41051 |
| VENCLEXTA 100 MG TABLET | 41052 |
| VENCLEXTA STARTING PACK | 41048 |
| VERZENIO 100 MG TABLET | 43917 |
| VERZENIO 150 MG TABLET | 43916 |
| VERZENIO 200 MG TABLET | 43915 |
| VERZENIO 50 MG TABLET | 43918 |
| VINBLASTINE 1 MG/ML VIAL | 38970 |
| VINCRISTINE 1 MG/ML VIAL | 38572 |
| VINCRISTINE 2 MG/2 ML VIAL | 97630 |
| VITRAKVI 100 MG CAPSULE | 45794 |
| VITRAKVI 20 MG/ML SOLUTION | 45789 |
| VITRAKVI 25 MG CAPSULE | 45793 |
| VOTRIENT 200 MG TABLET | 27829 |
| WELIREG 40 MG TABLET | 50046 |
| XALKORI 250 MG CAPSULE | 30457 |
| XALKORI 200 MG CAPSULE | 30458 |
| XELODA 150 MG TABLET | 31611 |
| XELODA 500 MG TABLET | 31612 |
| XOSPATA 40 MG TABLET | 45803 |
| XPOVIO 100 MG ONCE WEEKLY DOSE | 46635 |
| XPOVIO 100 MG ONCE WEEKLY DOSE | 49539 |
| XPOVIO 40 MG ONCE WEEKLY DOSE | 49534 |
| XPOVIO 40 MG TWICE WEEKLY DOSE | 49533 |

| Table 2 (history of antineoplastic agent) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| Label Name | GCN |
| XPOVIO 60 MG ONCE WEEKLY DOSE | 46637 |
| XPOVIO 60 MG ONCE WEEKLY DOSE | 49537 |
| XPOVIO 80 MG ONCE WEEKLY DOSE | 46636 |
| XPOVIO 80 MG ONCE WEEKLY DOSE | 49538 |
| XPOVIO 80 MG TWICE WEEKLY DOSE | 46634 |
| XTANDI 40MG CAPSULE | 33183 |
| YONSA 125 MG TABLET | 44795 |
| ZEJULA 100 MG CAPSULE | 43217 |
| ZELBORAF 240 MG TABLET | 30332 |
| ZOLINZA 100 MG CAPSULE | 97345 |
| ZORTRESS 0.25 MG TABLET | 24825 |
| ZORTRESS 0.5 MG TABLET | 24826 |
| ZORTRESS 0.75 MG TABLET | 24827 |
| ZYDELIG 100 MG TABLET | 36884 |
| ZYDELIG 150 MG TABLET | 36885 |
| ZYTIGA 250 MG TABLET | 29886 |
| ZYTIGA 500 MG TABLET | 43205 |

| Table 3 (claim for an MAOI or CYP3A4 inhibitor) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| AKYNZEO 300-0.5 MG CAPSULE | 37239 |
| APREPITANT 125 MG CAPSULE | 19366 |
| APREPITANT 125-80-80 MG PACK | 19367 |
| APREPITANT 40 MG CAPSULE | 27278 |
| APREPITANT 80 MG CAPSULE | 19365 |
| AZILECT 0.5 MG TABLET | 27081 |
| AZILECT 1 MG TABLET | 24654 |
| ATAZANAVIR SULFATE 150MG CAP | 19952 |
| ATAZANAVIR SULFATE 200MG CAP | 19953 |
| ATAZANAVIR SULFATE 300MG CAP | 97430 |
| CALAN SR 120 MG CAPLET | 32472 |
| CALAN SR 180 MG CAPLET | 32471 |

| Table 3 (claim for an MAOI or CYP3A4 inhibitor) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| CALAN SR 240 MG CAPLET | 32470 |
| CARDIZEM 120 MG TABLET | 02363 |
| CARDIZEM 30 MG TABLET | 02360 |
| CARDIZEM 60 MG TABLET | 02361 |
| CARDIZEM CD 120 MG CAPSULE | 02326 |
| CARDIZEM CD 180 MG CAPSULE | 02323 |
| CARDIZEM CD 240 MG CAPSULE | 02324 |
| CARDIZEM CD 300 MG CAPSULE | 02325 |
| CARDIZEM CD 360 MG CAPSULE | 07460 |
| CARDIZEM LA 180 MG TABLET | 19183 |
| CARTIA XT 120MG CAPSULE | 02326 |
| CARTIA XT 180MG CAPSULE | 02323 |
| CARTIA XT 240MG CAPSULE | 02324 |
| CARTIA XT 300MG CAPSULE | 02325 |
| CLARITHROMYCIN 125 MG/5 ML SUS | 11670 |
| CLARITHROMYCIN 250 MG TABLET | 48852 |
| CLARITHROMYCIN 250 MG/5 ML SUS | 11671 |
| CLARITHROMYCIN 500 MG TABLET | 48851 |
| CLARITHROMYCIN ER 500 MG TAB | 48850 |
| CRIXIVAN 200 MG CAPSULE | 26820 |
| CRIXIVAN 400 MG CAPSULE | 26822 |
| COPIKTRA 15 MG CAPSULE | 45424 |
| COPIKTRA 25 MG CAPSULE | 45425 |
| CRESEMBA 186 MG CAPSULE | 38095 |
| CRESEMBA 372 MG VIAL | 38094 |
| DIFLUCAN 10 MG/ML SUSPENSION | 60822 |
| DIFLUCAN 100 MG TABLET | 42190 |
| DIFLUCAN 150 MG TABLET | 42193 |
| DIFLUCAN 200 MG TABLET | 42191 |
| DIFLUCAN 40 MG/ML SUSPENSION | 60821 |
| DIFLUCAN 50 MG TABLET | 42192 |
| DILT XR 120 MG CAPSULE | 07463 |
| DILT XR 180 MG CAPSULE | 07461 |
| DILT XR 240 MG CAPSULE | 07462 |
| DILTIAZEM 120 MG TABLET | 02363 |
| DILTIAZEM 12HR ER 120 MG CAP | 02321 |

| Table 3 (claim for an MAOI or CYP3A4 inhibitor) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| DILTIAZEM 12HR ER 60 MG CAP | 02322 |
| DILTIAZEM 12HR ER 90 MG CAP | 02320 |
| DILTIAZEM 24HR ER 120 MG CAP | 02326 |
| DILTIAZEM 24HR ER 180 MG CAP | 02323 |
| DILTIAZEM 24HR ER 240 MG CAP | 02324 |
| DILTIAZEM 24HR ER 300 MG CAP | 02325 |
| DILTIAZEM 24HR ER 360 MG CAP | 07460 |
| DILTIAZEM 30 MG TABLET | 02360 |
| DILTIAZEM 60 MG TABLET | 02361 |
| DILTIAZEM 90 MG TABLET | 02362 |
| DILTIAZEM ER 120 MG CAPSULE | 02330 |
| DILTIAZEM ER 180 MG CAPSULE | 02329 |
| DILTIAZEM ER 240 MG CAPSULE | 07462 |
| DILTIAZEM HCL ER 240 MG CAP | 02332 |
| DILTIAZEM HCL ER 300 MG CAP | 02333 |
| DILTIAZEM HCL ER 360 MG CAP | 02328 |
| DILTIAZEM HCL ER 420 MG CAP | 94691 |
| E.E.S. 200 MG/5 ML GRANULES | 40523 |
| E.E.S. 400 FILMTAB | 40560 |
| EMEND 125MG CAPSULE | 19366 |
| EMEND 40MG CAPSULE | 27278 |
| EMEND 80MG CAPSULE | 19365 |
| EMEND TRIPACK | 19367 |
| EMSAM 12MG/24 HOURS PATCH | 26614 |
| EMSAM 6MG/24 HOURS PATCH | 26612 |
| ERYPED 200 MG/5 ML SUSPENSION | 40523 |
| ERYPED 400 MG/5 ML SUSPENSION | 40524 |
| ERY-TAB EC 250 MG TABLET | 40730 |
| ERY-TAB EC 333 MG TABLET | 40731 |
| ERY-TAB EC 500 MG TABLET | 40732 |
| ERYTHROCIN 250 MG FILMTAB | 40642 |
| ERYTHROCIN 500 MG ADDVNT VL | 25529 |
| ERYTHROCIN 500 MG VIAL | 40601 |
| ERYTHROMYCIN 250 MG FILMTAB | 40720 |
| ERYTHROMYCIN 500 MG FILMTAB | 40721 |
| ERYTHROMYCIN EC 250 MG CAP | 40660 |

| Table 3 (claim for an MAOI or CYP3A4 inhibitor) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| ERYTHROMYCIN ES 400 MG TAB | 40560 |
| EVOTAZ 300-150MG TABLET | 37797 |
| FLUCONAZOLE 10 MG/ML SUSP | 60822 |
| FLUCONAZOLE 100 MG TABLET | 42190 |
| FLUCONAZOLE 150 MG TABLET | 42193 |
| FLUCONAZOLE 200 MG TABLET | 42191 |
| FLUCONAZOLE 40 MG/ML SUSP | 60821 |
| FLUCONAZOLE 50 MG TABLET | 42192 |
| FLUCONAZOLE-NACL 200 MG/100 ML | 69790 |
| FLUCONAZOLE-NACL 400 MG/200 ML | 69791 |
| FLUCONAZOLE-NS 200 MG/100 ML | 25303 |
| FOSAMPRENAVIR 700 MG TABLET | 20553 |
| GENVOYA TABLET | 40092 |
| GLEEVEC 100MG TABLET | 19908 |
| GLEEVEC 400MG TABLET | 19907 |
| INVIRASE 500 MG TABLET | 23952 |
| ITRACONAZOLE 10 MG/ML SOLUTION | 49100 |
| ITRACONAZOLE 100 MG CAPSULE | 49101 |
| KALETRA 100-25 MG TABLET | 99101 |
| KALETRA 200-50 MG TABLET | 25919 |
| KALETRA 400-100/5 ML ORAL SOLU | 31782 |
| KETEK 300 MG TABLET | 25905 |
| KETEK 400 MG TABLET | 15175 |
| KETOCONAZOLE 200 MG TABLET | 42590 |
| KISQALI 200 MG DAILY DOSE | 43162 |
| KISQALI 400 MG DAILY DOSE | 43166 |
| KISQALI 600 MG DAILY DOSE | 43167 |
| KISQALI FEMARA 200 MG CO-PACK | 43366 |
| KISQALI FEMARA 400 MG CO-PACK | 43368 |
| KISQALI FEMARA 600 MG CO-PACK | 43369 |
| KORLYM 300 MG TABLET | 31485 |
| LANSOPRAZOL-AMOXICIL-CLARITHRO | 64269 |
| LEXIVA 50MG/ML SUSPENSION | 23783 |
| LEXIVA 700MG TABLET | 20553 |
| LINEZOLID 600MG TABLET | 26870 |
| LINEZOLID 600MG/300ML IV SOLN | 26873 |

| Table 3 (claim for an MAOI or CYP3A4 inhibitor) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| LINEZOLID 100MG/5ML SUSP | 26871 |
| MARPLAN 10 MG TABLET | 16416 |
| MATZIM LA 180MG TABLET | 19183 |
| MATZIM LA 240MG TABLET | 19184 |
| MATZIM LA 300MG TABLET | 19185 |
| MATZIM LA 360MG TABLET | 19186 |
| MATZIM LA 420MG TABLET | 19187 |
| MULTAQ 400 MG TABLET | 26586 |
| NARDIL 15 MG TABLET | 16417 |
| NEFAZODONE 100MG TABLET | 16406 |
| NEFAZODONE 150MG TABLET | 16407 |
| NEFAZODONE 200MG TABLET | 16408 |
| NEFAZODONE 250MG TABLET | 16409 |
| NEFAZODONE 50MG TABLET | 16404 |
| NORVIR 100 MG POWDER PACKET | 40309 |
| NORVIR 100 MG TABLET | 28224 |
| NORVIR 80 MG/ML SOLUTION | 26810 |
| NOXAFIL 40 MG/ML SUSPENSION | 26502 |
| NOXAFIL DR 100 MG TABLET | 35649 |
| OMECLAMOX-PAK COMBO PACK | 32137 |
| PARNATE 10 MG TABLET | 16418 |
| PCE 333 MG TABLET | 40741 |
| PCE 500 MG TABLET | 40742 |
| PHENELZINE SULFATE 15 MG TAB | 16417 |
| PREVYMIS 240 MG TABLET | 44049 |
| PREVYMIS 480 MG TABLET | 44061 |
| PREVPAC PATIENT PACK | 64269 |
| PREZCOBIX 800-150MG TABLET | 37367 |
| PREZISTA 100MG/ML SUSPENSION | 31201 |
| PREZISTA 150MG TABLET | 23489 |
| PREZISTA 600MG TABLET | 99434 |
| PREZISTA 75MG TABLET | 16759 |
| PREZISTA 800MG TABLET | 33723 |
| REYATAZ 150MG CAPSULE | 19952 |
| REYATAZ 200MG CAPSULE | 19953 |
| REYATAZ 300MG CAPSULE | 97430 |

| Table 3 (claim for an MAOI or CYP3A4 inhibitor) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| REYATAZ 50MG POWDER PACK | 36647 |
| RITONAVIR 100 MG TABLET | 28224 |
| SELEGILINE 5MG CAPSULE | 15603 |
| SELEGILINE 5MG TABLET | 15600 |
| SPORANOX 10 MG/ML SOLUTION | 49100 |
| SPORANOX 100 MG CAPSULE | 49101 |
| STRIBILD TABLET | 33130 |
| SUBOXONE 12 MG-3 MG SL FILM | 33744 |
| SUBOXONE 2 MG-0.5 MG SL FILM | 28958 |
| SUBOXONE 4 MG-1 MG SL FILM | 33741 |
| SUBOXONE 8 MG-2 MG SL FILM | 28959 |
| SYMTUZA 800-150-200-10 MG TAB | 43968 |
| TASIGNA 150 MG CAPSULE | 28737 |
| TASIGNA 200 MG CAPSULE | 99070 |
| TAZTIA XT 120MG CAPSULE | 02330 |
| TAZTIA XT 180MG CAPSULE | 02329 |
| TAZTIA XT 240MG CAPSULE | 02332 |
| TAZTIA XT 300MG CAPSULE | 02333 |
| TAZTIA XT 360MG CAPSULE | 02328 |
| TECHNIVIE DOSE PACK | 37844 |
| TIAZAC ER 120MG CAPSULE | 02330 |
| TIAZAC ER 180MG CAPSULE | 02329 |
| TIAZAC ER 240MG CAPSULE | 02332 |
| TIAZAC ER 300MG CAPSULE | 02333 |
| TIAZAC ER 360MG CAPSULE | 02328 |
| TIAZAC ER 420MG CAPSULE | 94691 |
| TOLSURA 65 MG CAPSULE | 45848 |
| TRANDOLAPR-VERAPAM ER 1-240 MG | 32112 |
| TRANDOLAPR-VERAPAM ER 2-180 MG | 32111 |
| TRANDOLAPR-VERAPAM ER 2-240 MG | 32113 |
| TRANDOLAPR-VERAPAM ER 4-240 MG | 32114 |
| TRANLYCYPROMINE SULF 10 MG TAB | 16418 |
| TYBOST 150MG TABLET | 36468 |
| VERAPAMIL 120 MG TABLET | 02341 |
| VERAPAMIL 360 MG CAP PELLET | 03004 |
| VERAPAMIL 40 MG TABLET | 47110 |

| Table 3 (claim for an MAOI or CYP3A4 inhibitor) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| VERAPAMIL 80 MG TABLET | 02342 |
| VERAPAMIL ER 120 MG CAPSULE | 03003 |
| VERAPAMIL ER 120 MG TABLET | 32472 |
| VERAPAMIL ER 180 MG CAPSULE | 03001 |
| VERAPAMIL ER 180 MG TABLET | 32471 |
| VERAPAMIL ER 240 MG CAPSULE | 03002 |
| VERAPAMIL ER 240 MG TABLET | 32470 |
| VERAPAMIL ER PM 100 MG CAPSULE | 94122 |
| VERAPAMIL ER PM 200 MG CAPSULE | 94123 |
| VERAPAMIL ER PM 300 MG CAPSULE | 94124 |
| VERELAN 120 MG CAP PELLETT | 03003 |
| VERELAN 180 MG CAP PELLETT | 03001 |
| VERELAN 240 MG CAP PELLETT | 03002 |
| VERELAN 360 MG CAP PELLETT | 03004 |
| VERELAN PM 100 MG CAP PELLETT | 94122 |
| VERELAN PM 200 MG CAP PELLETT | 94123 |
| VERELAN PM 300 MG CAP PELLETT | 94124 |
| VFEND 200 MG TABLET | 17498 |
| VFEND 40 MG/ML SUSPENSION | 21513 |
| VFEND 50 MG TABLET | 17497 |
| VFEND IV 200 MG VIAL | 17499 |
| VICTRELIS 200 MG CAPSULE | 29941 |
| VIEKIRA PAK | 37614 |
| VIRACEPT 250 MG TABLET | 40312 |
| VIRACEPT 625 MG TABLET | 19717 |
| VORICONAZOLE 200 MG TABLET | 17498 |
| VORICONAZOLE 200 MG VIAL | 17499 |
| VORICONAZOLE 40 MG/ML SUSP | 21513 |
| VORICONAZOLE 50 MG TABLET | 17497 |
| ZELAPAR 1.25MG ODT TABLET | 22783 |
| ZYDELIG 100MG TABLET | 36884 |
| ZYDELIG 150MG TABLET | 36885 |
| ZYVOX 100 MG/5 ML SUSPENSION | 26871 |
| ZYVOX 600 MG TABLET | 26870 |
| ZYVOX 600 MG/300 ML IV SOLN | 26873 |

| Table 4 (diagnosis of fibrotic lung disease) | |
|---|--|
| Required diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| A150 | TUBERCULOSIS OF LUNG |
| J60 | COALWORKER'S PNEUMOCONIOSIS |
| J61 | PNEUMOCONIAOSIS DUE TO ASBESTOS AND OTHER MINERAL FIBERS |
| J628 | PNEUMOCONIOSIS DUE TO OTHER DUST CONTAINING SILICA |
| J630 | ALUMINOSIS OF LUNG |
| J631 | BAUXITE FIBROSIS OF LUNG |
| J632 | BERYLLIOSIS |
| J633 | GRAPHITE FIBROSIS OF LUNG |
| J634 | SIDEROSIS |
| J635 | STANNOSIS |
| J636 | PNEUMOCONIOSIS DUE TO OTHER SPECIFIED INORGANIC DUSTS |
| J64 | UNSPECIFIED PNEUMOCONIOSIS |
| J65 | PNEUMOCONIOSIS ASSOCIATED WITH TUBERCULOSIS |
| J660 | BYSSINOSIS |
| J661 | FLAX-DRESSERS' DISEASE |
| J668 | AIRWAY DISEASE DUE TO OTHER SPECIFIC ORGANIC DUSTS |
| J684 | CHRONIC RESPIRATORY CONDITIONS DUE TO CHEMICALS, GASES, FUMES AND VAPORS |
| J701 | CHRONIC AND OTHER PULMONARY MANIFESTATIONS DUE TO RADIATION |
| J705 | RESPIRATORY CONDITIONS DUE TO SMOKE INHALATION |
| J708 | RESPIRATORY CONDITIONS DUE TO OTHER SPECIFIED EXTERNAL AGENTS |
| J709 | RESPIRATORY CONDITIONS DUE TO UNSPECIFIED EXTERNAL AGENT |
| J8410 | PULMONARY FIBROSIS, UNSPECIFIED |
| J8489 | OTHER SPECIFIED INTERSTITIAL PULMONARY DISEASES |
| J849 | INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---------------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| A1801 | TUBERCULOSIS OF SPINE |
| A1802 | TUBERCULOUS ARTHRITIS OF OTHER JOINTS |
| A1803 | TUBERCULOSIS OF OTHER BONES |
| A5216 | CHARCOT'S ARTHROPATHY (TABETIC) |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| B451 | CEREBRAL CRYPTOCOCCOSIS |
| D474 | OSTEOMYELOFIBROSIS |
| D550 | ANEMIA DUE TO GLUCOSE-6-PHOSPHATE DEHYDROGENASE [G6PD] DEFICIENCY |
| D551 | ANEMIA DUE TO OTHER DISORDERS OF GLUTATHIONE METABOLISM |
| D552 | ANEMIA DUE TO DISORDERS OF GLYCOLYTIC ENZYMES |
| D553 | ANEMIA DUE TO DISORDERS OF NUCLEOTIDE METABOLISM |
| D558 | OTHER ANEMIAS DUE TO ENZYME DISORDERS |
| D559 | ANEMIA DUE TO ENZYME DISORDER, UNSPECIFIED |
| D564 | HEREDITARY PERSISTENCE OF FETAL HEMOGLOBIN [HPFH] |
| D568 | OTHER THALASSEMIAS |
| 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 |
| D5740 | 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 |
| D57812 | OTHER SICKLE-CELL DISORDERS WITH SPLENIC SEQUESTRATION |
| D57819 | OTHER SICKLE-CELL DISORDERS WITH CRISIS, UNSPECIFIED |
| D580 | HEREDITARY SPHEROCYTOSIS |
| D581 | HEREDITARY ELLIPTOCYTOSIS |
| D582 | OTHER HEMOGLOBINOPATHIES |
| D588 | OTHER SPECIFIED HEREDITARY HEMOLYTIC ANEMIAS |
| D589 | HEREDITARY HEMOLYTIC ANEMIA, UNSPECIFIED |
| D590 | DRUG-INDUCED AUTOIMMUNE HEMOLYTIC ANEMIA |
| D591 | OTHER AUTOIMMUNE HEMOLYTIC ANEMIAS |
| D592 | DRUG-INDUCED NONAUTOIMMUNE HEMOLYTIC ANEMIA |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| D593 | HEMOLYTIC-UREMIC SYNDROME |
| D594 | OTHER NONAUTOIMMUNE HEMOLYTIC ANEMIAS |
| D595 | PAROXYSMAL NOCTURNAL HEMOGLOBINURIA [MARCHIAFAVA-MICHELI] |
| D596 | HEMOGLOBINURIA DUE TO HEMOLYSIS FROM OTHER EXTERNAL CAUSES |
| D598 | OTHER ACQUIRED HEMOLYTIC ANEMIAS |
| D599 | ACQUIRED HEMOLYTIC ANEMIA, UNSPECIFIED |
| D600 | CHRONIC ACQUIRED PURE RED CELL APLASIA |
| D601 | TRANSIENT ACQUIRED PURE RED CELL APLASIA |
| D608 | OTHER ACQUIRED PURE RED CELL APLASIAS |
| D609 | ACQUIRED PURE RED CELL APLASIA, UNSPECIFIED |
| D6101 | CONSTITUTIONAL (PURE) RED BLOOD CELL APLASIA |
| D6109 | OTHER CONSTITUTIONAL APLASTIC ANEMIA |
| D611 | DRUG-INDUCED APLASTIC ANEMIA |
| D612 | APLASTIC ANEMIA DUE TO OTHER EXTERNAL AGENTS |
| D613 | IDIOPATHIC APLASTIC ANEMIA |
| D6182 | MYELOPHTHISIS |
| D6189 | OTHER SPECIFIED APLASTIC ANEMIAS AND OTHER BONE MARROW FAILURE SYNDROMES |
| D619 | APLASTIC ANEMIA, UNSPECIFIED |
| D62 | ACUTE POSTHEMORRHAGIC ANEMIA |
| D630 | ANEMIA IN NEOPLASTIC DISEASE |
| D631 | ANEMIA IN CHRONIC KIDNEY DISEASE |
| D638 | ANEMIA IN OTHER CHRONIC DISEASES CLASSIFIED ELSEWHERE |
| D640 | HEREDITARY SIDEROBLASTIC ANEMIA |
| D641 | SECONDARY SIDEROBLASTIC ANEMIA DUE TO DISEASE |
| D642 | SECONDARY SIDEROBLASTIC ANEMIA DUE TO DRUGS AND TOXINS |
| D643 | OTHER SIDEROBLASTIC ANEMIAS |
| D644 | CONGENITAL DYSERYTHROPOIETIC ANEMIA |
| D6489 | OTHER SPECIFIED ANEMIAS |
| D649 | ANEMIA, UNSPECIFIED |
| D65 | DISSEMINATED INTRAVASCULAR COAGULATION [DEFIBRATION SYNDROME] |
| D66 | HEREDITARY FACTOR VIII DEFICIENCY |
| D67 | HEREDITARY FACTOR IX DEFICIENCY |
| D680 | VON WILLEBRAND'S DISEASE |
| D681 | HEREDITARY FACTOR XI DEFICIENCY |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| D682 | HEREDITARY DEFICIENCY OF OTHER CLOTTING FACTORS |
| D6832 | HEMORRHAGIC DISORDER DUE TO EXTRINSIC CIRCULATING ANTICOAGULANTS |
| D684 | ACQUIRED COAGULATION FACTOR DEFICIENCY |
| D6851 | ACTIVATED PROTEIN C RESISTANCE |
| D6852 | PROTHROMBIN GENE MUTATION |
| D6859 | OTHER PRIMARY THROMBOPHILIA |
| D6861 | ANTIPHOSPHOLIPID SYNDROME |
| D6862 | LUPUS ANTICOAGULANT SYNDROME |
| D6869 | OTHER THROMBOPHILIA |
| D688 | OTHER SPECIFIED COAGULATION DEFECTS |
| D689 | COAGULATION DEFECT, UNSPECIFIED |
| D690 | ALLERGIC PURPURA |
| D691 | QUALITATIVE PLATELET DEFECTS |
| D692 | OTHER NONTHROMBOCYTOPENIC PURPURA |
| D693 | IMMUNE THROMBOCYTOPENIC PURPURA |
| D6941 | EVANS SYNDROME |
| D6942 | CONGENITAL AND HEREDITARY THROMBOCYTOPENIA PURPURA |
| D6949 | OTHER PRIMARY THROMBOCYTOPENIA |
| D696 | THROMBOCYTOPENIA, UNSPECIFIED |
| D698 | OTHER SPECIFIED HEMORRHAGIC CONDITIONS |
| D699 | HEMORRHAGIC CONDITION, UNSPECIFIED |
| D700 | CONGENITAL AGRANULOCYTOSIS |
| D701 | AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY |
| D702 | OTHER DRUG-INDUCED AGRANULOCYTOSIS |
| D703 | NEUTROPENIA DUE TO INFECTION |
| D704 | CYCLIC NEUTROPENIA |
| D708 | OTHER NEUTROPENIA |
| D709 | NEUTROPENIA, UNSPECIFIED |
| D71 | FUNCTIONAL DISORDERS OF POLYMORPHONUCLEAR NEUTROPHILS |
| D720 | GENETIC ANOMALIES OF LEUKOCYTES |
| D721 | EOSINOPHILIA |
| D72810 | LYMPHOCYTOPENIA |
| D72818 | OTHER DECREASED WHITE BLOOD CELL COUNT |
| D72819 | DECREASED WHITE BLOOD CELL COUNT, UNSPECIFIED |
| D72820 | LYMPHOCYTOSIS (SYMPTOMATIC) |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| D72821 | MONOCYTOSIS (SYMPTOMATIC) |
| D72822 | PLASMACYTOSIS |
| D72823 | LEUKEMOID REACTION |
| D72824 | BASOPHILIA |
| D72825 | BANDEMIA |
| D72828 | OTHER ELEVATED WHITE BLOOD CELL COUNT |
| D72829 | ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED |
| D7289 | OTHER SPECIFIED DISORDERS OF WHITE BLOOD CELLS |
| D729 | DISORDER OF WHITE BLOOD CELLS, UNSPECIFIED |
| D730 | HYPOSPLENISM |
| D731 | HYPERSPLENISM |
| D732 | CHRONIC CONGESTIVE SPLENOMEGALY |
| D733 | ABSCESS OF SPLEEN |
| D734 | CYST OF SPLEEN |
| D735 | INFARCTION OF SPLEEN |
| D7381 | NEUTROPENIC SPLENOMEGALY |
| D7389 | OTHER DISEASES OF SPLEEN |
| D739 | DISEASE OF SPLEEN, UNSPECIFIED |
| D740 | CONGENITAL METHEMOGLOBINEMIA |
| D748 | OTHER METHEMOGLOBINEMIAS |
| D749 | METHEMOGLOBINEMIA, UNSPECIFIED |
| D750 | FAMILIAL ERYTHROCYTOSIS |
| D751 | SECONDARY POLYCYTHEMIA |
| D7581 | MYELOFIBROSIS |
| D7582 | HEPARIN INDUCED THROMBOCYTOPENIA (HIT) |
| D7589 | OTHER SPECIFIED DISEASES OF BLOOD AND BLOOD-FORMING ORGANS |
| D759 | DISEASE OF BLOOD AND BLOOD-FORMING ORGANS, UNSPECIFIED |
| D761 | HEMOPHAGOCYtic LYMPHOHISTIOCYTOSIS |
| D762 | HEMOPHAGOCYtic SYNDROME, INFECTION-ASSOCIATED |
| D763 | OTHER HISTIOCYTOSIS SYNDROMES |
| D77 | OTHER DISORDERS OF BLOOD AND BLOOD-FORMING ORGANS IN DISEASES CLASSIFIED ELSEWHERE |
| D892 | HYPERGAMMAGLOBULINEMIA, UNSPECIFIED |
| E0844 | DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC AMYOTROPHY |
| E0849 | DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| E08610 | DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC NEUROPATHIC ARTHROPATHY |
| E08618 | DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH OTHER DIABETIC ARTHROPATHY |
| E0944 | DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC AMYOTROPHY |
| E0949 | DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION |
| E09610 | DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY |
| E09618 | DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY |
| E1040 | TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED |
| E1041 | TYPE 1 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY |
| E1042 | TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY |
| E1043 | TYPE 1 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY |
| E1044 | TYPE 1 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY |
| E1049 | TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION |
| E10610 | TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY |
| E10618 | TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY |
| E1140 | TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED |
| E1141 | TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY |
| E1142 | TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY |
| E1143 | TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY |
| E1144 | TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY |
| E1149 | TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION |
| E11610 | TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY |
| E11618 | TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY |
| E1340 | OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED |
| E1341 | OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY |
| E1342 | OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY |
| E1343 | OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| E1344 | OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AMYOTROPHY |
| E1349 | OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION |
| E13610 | OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY |
| E13618 | OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY |
| E7500 | GM2 GANGLIOSIDOSIS, UNSPECIFIED |
| E7501 | SANDHOFF DISEASE |
| E7502 | TAY-SACHS DISEASE |
| E7509 | OTHER GM2 GANGLIOSIDOSIS |
| E7510 | UNSPECIFIED GANGLIOSIDOSIS |
| E7511 | MUCOLIPIDOSIS IV |
| E7519 | OTHER GANGLIOSIDOSIS |
| E7523 | KRABBE DISEASE |
| E7525 | METACHROMATIC LEUKODYSTROPHY |
| E7529 | OTHER SPHINGOLIPIDOSIS |
| E754 | NEURONAL CEROID LIPOFUSCINOSIS |
| F842 | RETT'S SYNDROME |
| G000 | HEMOPHILUS MENINGITIS |
| G001 | PNEUMOCOCCAL MENINGITIS |
| G002 | STREPTOCOCCAL MENINGITIS |
| G003 | STAPHYLOCOCCAL MENINGITIS |
| G008 | OTHER BACTERIAL MENINGITIS |
| G009 | BACTERIAL MENINGITIS, UNSPECIFIED |
| G01 | MENINGITIS IN BACTERIAL DISEASES CLASSIFIED ELSEWHERE |
| G02 | MENINGITIS IN OTHER INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| G030 | NONPYOGENIC MENINGITIS |
| G031 | CHRONIC MENINGITIS |
| G038 | MENINGITIS DUE TO OTHER SPECIFIED CAUSES |
| G039 | MENINGITIS, UNSPECIFIED |
| G0400 | ACUTE DISSEMINATED ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED |
| G0401 | POSTINFECTIOUS ACUTE DISSEMINATED ENCEPHALITIS AND ENCEPHALOMYELITIS (POSTINFECTIOUS ADEM) |
| G0402 | POSTIMMUNIZATION ACUTE DISSEMINATED ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS |
| G041 | TROPICAL SPASTIC PARAPLEGIA |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| G042 | BACTERIAL MENINGOENCEPHALITIS AND MENINGOMYELITIS, NOT ELSEWHERE CLASSIFIED |
| G0430 | ACUTE NECROTIZING HEMORRHAGIC ENCEPHALOPATHY, UNSPECIFIED |
| G0431 | POSTINFECTIOUS ACUTE NECROTIZING HEMORRHAGIC ENCEPHALOPATHY |
| G0432 | POSTIMMUNIZATION ACUTE NECROTIZING HEMORRHAGIC ENCEPHALOPATHY |
| G0439 | OTHER ACUTE NECROTIZING HEMORRHAGIC ENCEPHALOPATHY |
| G0481 | OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS |
| G0489 | OTHER MYELITIS |
| G0490 | ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED |
| G0491 | MYELITIS, UNSPECIFIED |
| G053 | ENCEPHALITIS AND ENCEPHALOMYELITIS IN DISEASES CLASSIFIED ELSEWHERE |
| G054 | MYELITIS IN DISEASES CLASSIFIED ELSEWHERE |
| G060 | INTRACRANIAL ABSCESS AND GRANULOMA |
| G061 | INTRASPINAL ABSCESS AND GRANULOMA |
| G062 | EXTRADURAL AND SUBDURAL ABSCESS, UNSPECIFIED |
| G07 | INTRACRANIAL AND INTRASPINAL ABSCESS AND GRANULOMA IN DISEASES CLASSIFIED ELSEWHERE |
| G08 | INTRACRANIAL AND INTRASPINAL PHLEBITIS AND THROMBOPHLEBITIS |
| G09 | SEQUELAE OF INFLAMMATORY DISEASES OF CENTRAL NERVOUS SYSTEM |
| G10 | HUNTINGTON'S DISEASE |
| G110 | CONGENITAL NONPROGRESSIVE ATAXIA |
| G111 | EARLY-ONSET CEREBELLAR ATAXIA |
| G112 | LATE-ONSET CEREBELLAR ATAXIA |
| G113 | CEREBELLAR ATAXIA WITH DEFECTIVE DNA REPAIR |
| G114 | HEREDITARY SPASTIC PARAPLEGIA |
| G118 | OTHER HEREDITARY ATAXIAS |
| G119 | HEREDITARY ATAXIA, UNSPECIFIED |
| G120 | INFANTILE SPINAL MUSCULAR ATROPHY, TYPE I [WERDNIG-HOFFMAN] |
| G121 | OTHER INHERITED SPINAL MUSCULAR ATROPHY |
| G1220 | MOTOR NEURON DISEASE, UNSPECIFIED |
| G1221 | AMYOTROPHIC LATERAL SCLEROSIS |
| G1222 | PROGRESSIVE BULBAR PALSY |
| G1229 | OTHER MOTOR NEURON DISEASE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| G128 | OTHER SPINAL MUSCULAR ATROPHIES AND RELATED SYNDROMES |
| G129 | SPINAL MUSCULAR ATROPHY, UNSPECIFIED |
| G132 | SYSTEMIC ATROPHY PRIMARILY AFFECTING THE CENTRAL NERVOUS SYSTEM IN MYXEDEMA |
| G138 | SYSTEMIC ATROPHY PRIMARILY AFFECTING CENTRAL NERVOUS SYSTEM IN OTHER DISEASES CLASSIFIED ELSEWHERE |
| G20 | PARKINSON'S DISEASE |
| G210 | MALIGNANT NEUROLEPTIC SYNDROME |
| G2111 | NEUROLEPTIC INDUCED PARKINSONISM |
| G2119 | OTHER DRUG INDUCED SECONDARY PARKINSONISM |
| G212 | SECONDARY PARKINSONISM DUE TO OTHER EXTERNAL AGENTS |
| G213 | POSTENCEPHALITIC PARKINSONISM |
| G214 | VASCULAR PARKINSONISM |
| G218 | OTHER SECONDARY PARKINSONISM |
| G219 | SECONDARY PARKINSONISM, UNSPECIFIED |
| G230 | HALLERVORDEN-SPATZ DISEASE |
| G231 | PROGRESSIVE SUPRANUCLEAR OPHTHALMOPLEGIA [STEELE-RICHARDSON-OLSZEWSKI] |
| G232 | STRIATONIGRAL DEGENERATION |
| G238 | OTHER SPECIFIED DEGENERATIVE DISEASES OF BASAL GANGLIA |
| G239 | DEGENERATIVE DISEASE OF BASAL GANGLIA, UNSPECIFIED |
| G2401 | DRUG INDUCED SUBACUTE DYSKINESIA |
| G2402 | DRUG INDUCED ACUTE DYSTONIA |
| G2409 | OTHER DRUG INDUCED DYSTONIA |
| G241 | GENETIC TORSION DYSTONIA |
| G242 | IDIOPATHIC NONFAMILIAL DYSTONIA |
| G243 | SPASMODIC TORTICOLLIS |
| G244 | IDIOPATHIC OROFACIAL DYSTONIA |
| G245 | BLEPHAROSPASM |
| G248 | OTHER DYSTONIA |
| G249 | DYSTONIA, UNSPECIFIED |
| G250 | ESSENTIAL TREMOR |
| G251 | DRUG-INDUCED TREMOR |
| G252 | OTHER SPECIFIED FORMS OF TREMOR |
| G253 | MYOCLONUS |
| G254 | DRUG-INDUCED CHOREA |
| G255 | OTHER CHOREA |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| G2561 | DRUG INDUCED TICS |
| G2569 | OTHER TICS OF ORGANIC ORIGIN |
| G2570 | DRUG INDUCED MOVEMENT DISORDER, UNSPECIFIED |
| G2571 | DRUG INDUCED AKATHISIA |
| G2579 | OTHER DRUG INDUCED MOVEMENT DISORDERS |
| G2581 | RESTLESS LEGS SYNDROME |
| G2582 | STIFF-MAN SYNDROME |
| G2583 | BENIGN SHUDDERING ATTACKS |
| G2589 | OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVEMENT DISORDERS |
| G259 | EXTRAPYRAMIDAL AND MOVEMENT DISORDER, UNSPECIFIED |
| G26 | EXTRAPYRAMIDAL AND MOVEMENT DISORDERS IN DISEASES CLASSIFIED ELSEWHERE |
| G300 | ALZHEIMER'S DISEASE WITH EARLY ONSET |
| G301 | ALZHEIMER'S DISEASE WITH LATE ONSET |
| G308 | OTHER ALZHEIMER'S DISEASE |
| G309 | ALZHEIMER'S DISEASE, UNSPECIFIED |
| G3101 | PICK'S DISEASE |
| G3109 | OTHER FRONTOTEMPORAL DEMENTIA |
| G311 | SENILE DEGENERATION OF BRAIN, NOT ELSEWHERE CLASSIFIED |
| G312 | DEGENERATION OF NERVOUS SYSTEM DUE TO ALCOHOL |
| G3181 | ALPERS DISEASE |
| G3182 | LEIGH'S DISEASE |
| G3183 | DEMENTIA WITH LEWY BODIES |
| G3184 | MILD COGNITIVE IMPAIRMENT, SO STATED |
| G3189 | OTHER SPECIFIED DEGENERATIVE DISEASES OF NERVOUS SYSTEM |
| G319 | DEGENERATIVE DISEASE OF NERVOUS SYSTEM, UNSPECIFIED |
| G320 | SUBACUTE COMBINED DEGENERATION OF SPINAL CORD IN DISEASES CLASSIFIED ELSEWHERE |
| G3281 | CEREBELLAR ATAXIA IN DISEASES CLASSIFIED ELSEWHERE |
| G3289 | OTHER SPECIFIED DEGENERATIVE DISORDERS OF NERVOUS SYSTEM IN DISEASES CLASSIFIED ELSEWHERE |
| G35 | MULTIPLE SCLEROSIS |
| G360 | NEUROMYELITIS OPTICA [DEVIC] |
| G361 | ACUTE AND SUBACUTE HEMORRHAGIC LEUKOENCEPHALITIS [HURST] |
| G368 | OTHER SPECIFIED ACUTE DISSEMINATED DEMYELINATION |
| G369 | ACUTE DISSEMINATED DEMYELINATION, UNSPECIFIED |
| G370 | DIFFUSE SCLEROSIS OF CENTRAL NERVOUS SYSTEM |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| G371 | CENTRAL DEMYELINATION OF CORPUS CALLOSUM |
| G372 | CENTRAL PONTINE MYELINOLYSIS |
| G373 | ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM |
| G374 | SUBACUTE NECROTIZING MYELITIS OF CENTRAL NERVOUS SYSTEM |
| G375 | CONCENTRIC SCLEROSIS [BALO] OF CENTRAL NERVOUS SYSTEM |
| G378 | OTHER SPECIFIED DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM |
| G379 | DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED |
| G43001 | MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS |
| G43009 | MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43011 | MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS |
| G43019 | MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43101 | MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS |
| G43109 | MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43111 | MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS |
| G43119 | MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43401 | HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS |
| G43409 | HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43411 | HEMIPLEGIC MIGRAINE, INTRACTABLE, WITH STATUS MIGRAINOSUS |
| G43419 | HEMIPLEGIC MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43501 | PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS |
| G43509 | PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43511 | PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, INTRACTABLE, WITH STATUS MIGRAINOSUS |
| G43519 | PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43601 | PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS |
| G43609 | PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43611 | PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, INTRACTABLE, WITH STATUS MIGRAINOSUS |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| G43619 | PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43701 | CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS |
| G43709 | CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43711 | CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS |
| G43719 | CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43801 | OTHER MIGRAINE, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS |
| G43809 | OTHER MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43811 | OTHER MIGRAINE, INTRACTABLE, WITH STATUS MIGRAINOSUS |
| G43819 | OTHER MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43821 | MENSTRUAL MIGRAINE, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS |
| G43829 | MENSTRUAL MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43831 | MENSTRUAL MIGRAINE, INTRACTABLE, WITH STATUS MIGRAINOSUS |
| G43839 | MENSTRUAL MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43901 | MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS |
| G43909 | MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43911 | MIGRAINE, UNSPECIFIED, INTRACTABLE, WITH STATUS MIGRAINOSUS |
| G43919 | MIGRAINE, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS |
| G43A0 | CYCLICAL VOMITING, NOT INTRACTABLE |
| G43A1 | CYCLICAL VOMITING, INTRACTABLE |
| G43B0 | OPHTHALMOPLAGIC MIGRAINE, NOT INTRACTABLE |
| G43B1 | OPHTHALMOPLAGIC MIGRAINE, INTRACTABLE |
| G43C0 | PERIODIC HEADACHE SYNDROMES IN CHILD OR ADULT, NOT INTRACTABLE |
| G43C1 | PERIODIC HEADACHE SYNDROMES IN CHILD OR ADULT, INTRACTABLE |
| G43D0 | ABDOMINAL MIGRAINE, NOT INTRACTABLE |
| G43D1 | ABDOMINAL MIGRAINE, INTRACTABLE |
| G44001 | CLUSTER HEADACHE SYNDROME, UNSPECIFIED, INTRACTABLE |
| G44009 | CLUSTER HEADACHE SYNDROME, UNSPECIFIED, NOT INTRACTABLE |
| G44011 | EPISODIC CLUSTER HEADACHE, INTRACTABLE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| G44019 | EPISODIC CLUSTER HEADACHE, NOT INTRACTABLE |
| G44021 | CHRONIC CLUSTER HEADACHE, INTRACTABLE |
| G44029 | CHRONIC CLUSTER HEADACHE, NOT INTRACTABLE |
| G44031 | EPISODIC PAROXYSMAL HEMICRANIA, INTRACTABLE |
| G44039 | EPISODIC PAROXYSMAL HEMICRANIA, NOT INTRACTABLE |
| G44041 | CHRONIC PAROXYSMAL HEMICRANIA, INTRACTABLE |
| G44049 | CHRONIC PAROXYSMAL HEMICRANIA, NOT INTRACTABLE |
| G44051 | SHORT LASTING UNILATERAL NEURALGIFORM HEADACHE WITH CONJUNCTIVAL INJECTION AND TEARING (SUNCT), INTRACTABLE |
| G44059 | SHORT LASTING UNILATERAL NEURALGIFORM HEADACHE WITH CONJUNCTIVAL INJECTION AND TEARING (SUNCT), NOT INTRACTABLE |
| G44091 | OTHER TRIGEMINAL AUTONOMIC CEPHALGIAS (TAC), INTRACTABLE |
| G44099 | OTHER TRIGEMINAL AUTONOMIC CEPHALGIAS (TAC), NOT INTRACTABLE |
| G44201 | TENSION-TYPE HEADACHE, UNSPECIFIED, INTRACTABLE |
| G44209 | TENSION-TYPE HEADACHE, UNSPECIFIED, NOT INTRACTABLE |
| G44211 | EPISODIC TENSION-TYPE HEADACHE, INTRACTABLE |
| G44219 | EPISODIC TENSION-TYPE HEADACHE, NOT INTRACTABLE |
| G44221 | CHRONIC TENSION-TYPE HEADACHE, INTRACTABLE |
| G44229 | CHRONIC TENSION-TYPE HEADACHE, NOT INTRACTABLE |
| G44301 | POST-TRAUMATIC HEADACHE, UNSPECIFIED, INTRACTABLE |
| G44309 | POST-TRAUMATIC HEADACHE, UNSPECIFIED, NOT INTRACTABLE |
| G44311 | ACUTE POST-TRAUMATIC HEADACHE, INTRACTABLE |
| G44319 | ACUTE POST-TRAUMATIC HEADACHE, NOT INTRACTABLE |
| G44321 | CHRONIC POST-TRAUMATIC HEADACHE, INTRACTABLE |
| G44329 | CHRONIC POST-TRAUMATIC HEADACHE, NOT INTRACTABLE |
| G4440 | DRUG-INDUCED HEADACHE, NOT ELSEWHERE CLASSIFIED, NOT INTRACTABLE |
| G4441 | DRUG-INDUCED HEADACHE, NOT ELSEWHERE CLASSIFIED, INTRACTABLE |
| G4451 | HEMICRANIA CONTINUA |
| G4452 | NEW DAILY PERSISTENT HEADACHE (NDPH) |
| G4453 | PRIMARY THUNDERCLAP HEADACHE |
| G4459 | OTHER COMPLICATED HEADACHE SYNDROME |
| G4481 | HYPNIC HEADACHE |
| G4482 | HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY |
| G4483 | PRIMARY COUGH HEADACHE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| G4484 | PRIMARY EXERTIONAL HEADACHE |
| G4485 | PRIMARY STABBING HEADACHE |
| G4489 | OTHER HEADACHE SYNDROME |
| G500 | TRIGEMINAL NEURALGIA |
| G501 | ATYPICAL FACIAL PAIN |
| G508 | OTHER DISORDERS OF TRIGEMINAL NERVE |
| G509 | DISORDER OF TRIGEMINAL NERVE, UNSPECIFIED |
| G510 | BELL'S PALSY |
| G511 | GENICULATE GANGLIONITIS |
| G512 | MELKERSSON'S SYNDROME |
| G513 | CLONIC HEMIFACIAL SPASM |
| G514 | FACIAL MYOKYMIA |
| G518 | OTHER DISORDERS OF FACIAL NERVE |
| G519 | DISORDER OF FACIAL NERVE, UNSPECIFIED |
| G520 | DISORDERS OF OLFATORY NERVE |
| G521 | DISORDERS OF GLOSSOPHARYNGEAL NERVE |
| G522 | DISORDERS OF VAGUS NERVE |
| G523 | DISORDERS OF HYPOGLOSSAL NERVE |
| G527 | DISORDERS OF MULTIPLE CRANIAL NERVES |
| G528 | DISORDERS OF OTHER SPECIFIED CRANIAL NERVES |
| G529 | CRANIAL NERVE DISORDER, UNSPECIFIED |
| G53 | CRANIAL NERVE DISORDERS IN DISEASES CLASSIFIED ELSEWHERE |
| G540 | BRACHIAL PLEXUS DISORDERS |
| G541 | LUMBOSACRAL PLEXUS DISORDERS |
| G542 | CERVICAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED |
| G543 | THORACIC ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED |
| G544 | LUMBOSACRAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED |
| G545 | NEURALGIC AMYOTROPHY |
| G546 | PHANTOM LIMB SYNDROME WITH PAIN |
| G547 | PHANTOM LIMB SYNDROME WITHOUT PAIN |
| G548 | OTHER NERVE ROOT AND PLEXUS DISORDERS |
| G549 | NERVE ROOT AND PLEXUS DISORDER, UNSPECIFIED |
| G55 | NERVE ROOT AND PLEXUS COMPRESSIONS IN DISEASES CLASSIFIED ELSEWHERE |
| G5600 | CARPAL TUNNEL SYNDROME, UNSPECIFIED UPPER LIMB |
| G5601 | CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| G5602 | CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB |
| G5610 | OTHER LESIONS OF MEDIAN NERVE, UNSPECIFIED UPPER LIMB |
| G5611 | OTHER LESIONS OF MEDIAN NERVE, RIGHT UPPER LIMB |
| G5612 | OTHER LESIONS OF MEDIAN NERVE, LEFT UPPER LIMB |
| G5620 | LESION OF ULNAR NERVE, UNSPECIFIED UPPER LIMB |
| G5621 | LESION OF ULNAR NERVE, RIGHT UPPER LIMB |
| G5622 | LESION OF ULNAR NERVE, LEFT UPPER LIMB |
| G5630 | LESION OF RADIAL NERVE, UNSPECIFIED UPPER LIMB |
| G5631 | LESION OF RADIAL NERVE, RIGHT UPPER LIMB |
| G5632 | LESION OF RADIAL NERVE, LEFT UPPER LIMB |
| G5640 | CAUSALGIA OF UNSPECIFIED UPPER LIMB |
| G5641 | CAUSALGIA OF RIGHT UPPER LIMB |
| G5642 | CAUSALGIA OF LEFT UPPER LIMB |
| G5680 | OTHER SPECIFIED MONONEUROPATHIES OF UNSPECIFIED UPPER LIMB |
| G5681 | OTHER SPECIFIED MONONEUROPATHIES OF RIGHT UPPER LIMB |
| G5682 | OTHER SPECIFIED MONONEUROPATHIES OF LEFT UPPER LIMB |
| G5690 | UNSPECIFIED MONONEUROPATHY OF UNSPECIFIED UPPER LIMB |
| G5691 | UNSPECIFIED MONONEUROPATHY OF RIGHT UPPER LIMB |
| G5692 | UNSPECIFIED MONONEUROPATHY OF LEFT UPPER LIMB |
| G580 | INTERCOSTAL NEUROPATHY |
| G587 | MONONEURITIS MULTIPLEX |
| G600 | HEREDITARY MOTOR AND SENSORY NEUROPATHY |
| G601 | REFSUM'S DISEASE |
| G602 | NEUROPATHY IN ASSOCIATION WITH HEREDITARY ATAXIA |
| G603 | IDIOPATHIC PROGRESSIVE NEUROPATHY |
| G608 | OTHER HEREDITARY AND IDIOPATHIC NEUROPATHIES |
| G609 | HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED |
| G800 | SPASTIC QUADRIPLEGIC CEREBRAL PALSY |
| G801 | SPASTIC DIPLEGIC CEREBRAL PALSY |
| G802 | SPASTIC HEMIPLEGIC CEREBRAL PALSY |
| G803 | ATHETOID CEREBRAL PALSY |
| G804 | ATAXIC CEREBRAL PALSY |
| G808 | OTHER CEREBRAL PALSY |
| G809 | CEREBRAL PALSY, UNSPECIFIED |
| G8100 | FLACCID HEMIPLEGIA AFFECTING UNSPECIFIED SIDE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| G8101 | FLACCID HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE |
| G8102 | FLACCID HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE |
| G8103 | FLACCID HEMIPLEGIA AFFECTING RIGHT NONDOMINANT SIDE |
| G8104 | FLACCID HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE |
| G8110 | SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE |
| G8111 | SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE |
| G8112 | SPASTIC HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE |
| G8113 | SPASTIC HEMIPLEGIA AFFECTING RIGHT NONDOMINANT SIDE |
| G8114 | SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE |
| G8190 | HEMIPLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE |
| G8191 | HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE |
| G8192 | HEMIPLEGIA, UNSPECIFIED AFFECTING LEFT DOMINANT SIDE |
| G8193 | HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT NONDOMINANT SIDE |
| G8194 | HEMIPLEGIA, UNSPECIFIED AFFECTING LEFT NONDOMINANT SIDE |
| G8220 | PARAPLEGIA, UNSPECIFIED |
| G8221 | PARAPLEGIA, COMPLETE |
| G8222 | PARAPLEGIA, INCOMPLETE |
| G8250 | QUADRIPLEGIA, UNSPECIFIED |
| G8251 | QUADRIPLEGIA, C1-C4 COMPLETE |
| G8252 | QUADRIPLEGIA, C1-C4 INCOMPLETE |
| G8253 | QUADRIPLEGIA, C5-C7 COMPLETE |
| G8254 | QUADRIPLEGIA, C5-C7 INCOMPLETE |
| G830 | DIPLEGIA OF UPPER LIMBS |
| G8310 | MONOPLÉGIA OF LOWER LIMB AFFECTING UNSPECIFIED SIDE |
| G8311 | MONOPLÉGIA OF LOWER LIMB AFFECTING RIGHT DOMINANT SIDE |
| G8312 | MONOPLÉGIA OF LOWER LIMB AFFECTING LEFT DOMINANT SIDE |
| G8313 | MONOPLÉGIA OF LOWER LIMB AFFECTING RIGHT NONDOMINANT SIDE |
| G8314 | MONOPLÉGIA OF LOWER LIMB AFFECTING LEFT NONDOMINANT SIDE |
| G8320 | MONOPLÉGIA OF UPPER LIMB AFFECTING UNSPECIFIED SIDE |
| G8321 | MONOPLÉGIA OF UPPER LIMB AFFECTING RIGHT DOMINANT SIDE |
| G8322 | MONOPLÉGIA OF UPPER LIMB AFFECTING LEFT DOMINANT SIDE |
| G8323 | MONOPLÉGIA OF UPPER LIMB AFFECTING RIGHT NONDOMINANT SIDE |
| G8324 | MONOPLÉGIA OF UPPER LIMB AFFECTING LEFT NONDOMINANT SIDE |
| G8330 | MONOPLÉGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE |
| G8331 | MONOPLÉGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| G8332 | MONOPLÉGIA, UNSPECIFIED AFFECTING LEFT DOMINANT SIDE |
| G8333 | MONOPLÉGIA, UNSPECIFIED AFFECTING RIGHT NONDOMINANT SIDE |
| G8334 | MONOPLÉGIA, UNSPECIFIED AFFECTING LEFT NONDOMINANT SIDE |
| G834 | CAUDA EQUINA SYNDROME |
| G835 | LOCKED-IN STATE |
| G8381 | BROWN-SEQUARD SYNDROME |
| G8382 | ANTERIOR CORD SYNDROME |
| G8383 | POSTERIOR CORD SYNDROME |
| G8384 | TODD'S PARALYSIS (POSTEPILEPTIC) |
| G8389 | OTHER SPECIFIED PARALYTIC SYNDROMES |
| G839 | PARALYTIC SYNDROME, UNSPECIFIED |
| G890 | CENTRAL PAIN SYNDROME |
| G8921 | CHRONIC PAIN DUE TO TRAUMA |
| G8922 | CHRONIC POST-THORACOTOMY PAIN |
| G8928 | OTHER CHRONIC POSTPROCEDURAL PAIN |
| G8929 | OTHER CHRONIC PAIN |
| G893 | NEOPLASM RELATED PAIN (ACUTE) (CHRONIC) |
| G894 | CHRONIC PAIN SYNDROME |
| G9001 | CAROTID SINUS SYNCOPE |
| G9009 | OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY |
| G902 | HORNER'S SYNDROME |
| G903 | MULTI-SYSTEM DEGENERATION OF THE AUTONOMIC NERVOUS SYSTEM |
| G904 | AUTONOMIC DYSREFLEXIA |
| G9050 | COMPLEX REGIONAL PAIN SYNDROME I, UNSPECIFIED |
| G90511 | COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT UPPER LIMB |
| G90512 | COMPLEX REGIONAL PAIN SYNDROME I OF LEFT UPPER LIMB |
| G90513 | COMPLEX REGIONAL PAIN SYNDROME I OF UPPER LIMB, BILATERAL |
| G90519 | COMPLEX REGIONAL PAIN SYNDROME I OF UNSPECIFIED UPPER LIMB |
| G90521 | COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB |
| G90522 | COMPLEX REGIONAL PAIN SYNDROME I OF LEFT LOWER LIMB |
| G90523 | COMPLEX REGIONAL PAIN SYNDROME I OF LOWER LIMB, BILATERAL |
| G90529 | COMPLEX REGIONAL PAIN SYNDROME I OF UNSPECIFIED LOWER LIMB |
| G9059 | COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE |
| G908 | OTHER DISORDERS OF AUTONOMIC NERVOUS SYSTEM |
| G909 | DISORDER OF THE AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| G910 | COMMUNICATING HYDROCEPHALUS |
| G911 | OBSTRUCTIVE HYDROCEPHALUS |
| G912 | (IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS |
| G913 | POST-TRAUMATIC HYDROCEPHALUS, UNSPECIFIED |
| G914 | HYDROCEPHALUS IN DISEASES CLASSIFIED ELSEWHERE |
| G918 | OTHER HYDROCEPHALUS |
| G919 | HYDROCEPHALUS, UNSPECIFIED |
| G92 | TOXIC ENCEPHALOPATHY |
| G930 | CEREBRAL CYSTS |
| G931 | ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED |
| G932 | BENIGN INTRACRANIAL HYPERTENSION |
| G9340 | ENCEPHALOPATHY, UNSPECIFIED |
| G9341 | METABOLIC ENCEPHALOPATHY |
| G9349 | OTHER ENCEPHALOPATHY |
| G935 | COMPRESSION OF BRAIN |
| G936 | CEREBRAL EDEMA |
| G937 | REYE'S SYNDROME |
| G939 | DISORDER OF BRAIN, UNSPECIFIED |
| G94 | OTHER DISORDERS OF BRAIN IN DISEASES CLASSIFIED ELSEWHERE |
| G950 | SYRINGOMYELIA AND SYRINGOBULBIA |
| G9511 | ACUTE INFARCTION OF SPINAL CORD (EMBOLIC) (NONEMBOLIC) |
| G9519 | OTHER VASCULAR MYELOPATHIES |
| G9520 | UNSPECIFIED CORD COMPRESSION |
| G9529 | OTHER CORD COMPRESSION |
| G9581 | CONUS MEDULLARIS SYNDROME |
| G9589 | OTHER SPECIFIED DISEASES OF SPINAL CORD |
| G959 | DISEASE OF SPINAL CORD, UNSPECIFIED |
| G960 | CEREBROSPINAL FLUID LEAK |
| G9611 | DURAL TEAR |
| G9612 | MENINGEAL ADHESIONS (CEREBRAL) (SPINAL) |
| G9619 | OTHER DISORDERS OF MENINGES, NOT ELSEWHERE CLASSIFIED |
| G968 | OTHER SPECIFIED DISORDERS OF CENTRAL NERVOUS SYSTEM |
| G969 | DISORDER OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED |
| G971 | OTHER REACTION TO SPINAL AND LUMBAR PUNCTURE |
| G9741 | ACCIDENTAL PUNCTURE OR LACERATION OF DURA DURING A PROCEDURE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| G9782 | OTHER POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF NERVOUS SYSTEM |
| G980 | NEUROGENIC ARTHRITIS, NOT ELSEWHERE CLASSIFIED |
| G988 | OTHER DISORDERS OF NERVOUS SYSTEM |
| G990 | AUTONOMIC NEUROPATHY IN DISEASES CLASSIFIED ELSEWHERE |
| G992 | MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE |
| G998 | OTHER SPECIFIED DISORDERS OF NERVOUS SYSTEM IN DISEASES CLASSIFIED ELSEWHERE |
| I6783 | POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME |
| I70231 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION OF THIGH |
| I70232 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION OF CALF |
| I70233 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION OF ANKLE |
| I70234 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION OF HEEL AND MIDFOOT |
| I70235 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION OF OTHER PART OF FOOT |
| I70238 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION OF OTHER PART OF LOWER RIGHT LEG |
| I70239 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION OF UNSPECIFIED SITE |
| I70241 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION OF THIGH |
| I70242 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION OF CALF |
| I70243 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION OF ANKLE |
| I70244 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION OF HEEL AND MIDFOOT |
| I70245 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION OF OTHER PART OF FOOT |
| I70248 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION OF OTHER PART OF LOWER LEFT LEG |
| I70249 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION OF UNSPECIFIED SITE |
| I7025 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF OTHER EXTREMITIES WITH ULCERATION |
| I70331 | ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF THIGH |
| I70332 | ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF CALF |
| I70333 | ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF ANKLE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| I70334 | ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF HEEL AND MIDFOOT |
| I70335 | ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF FOOT |
| I70338 | ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG |
| I70339 | ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF UNSPECIFIED SITE |
| I70341 | ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF THIGH |
| I70342 | ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF CALF |
| I70343 | ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF ANKLE |
| I70344 | ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF HEEL AND MIDFOOT |
| I70345 | ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF FOOT |
| I70348 | ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG |
| I70349 | ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF UNSPECIFIED SITE |
| I7035 | ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT(S) OF OTHER EXTREMITY WITH ULCERATION |
| I70431 | ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF THIGH |
| I70432 | ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF CALF |
| I70433 | ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF ANKLE |
| I70434 | ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF HEEL AND MIDFOOT |
| I70435 | ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF FOOT |
| I70438 | ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG |
| I70439 | ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF UNSPECIFIED SITE |
| I70441 | ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF THIGH |
| I70442 | ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF CALF |
| I70443 | ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF ANKLE |
| I70444 | ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF HEEL AND MIDFOOT |
| I70445 | ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF FOOT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| I70448 | ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG |
| I70449 | ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF UNSPECIFIED SITE |
| I7045 | ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT(S) OF OTHER EXTREMITY WITH ULCERATION |
| I70531 | ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF THIGH |
| I70532 | ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF CALF |
| I70533 | ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF ANKLE |
| I70534 | ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF HEEL AND MIDFOOT |
| I70535 | ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF FOOT |
| I70538 | ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG |
| I70539 | ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF UNSPECIFIED SITE |
| I70541 | ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF THIGH |
| I70542 | ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF CALF |
| I70543 | ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF ANKLE |
| I70544 | ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF HEEL AND MIDFOOT |
| I70545 | ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF FOOT |
| I70548 | ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG |
| I70549 | ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF UNSPECIFIED SITE |
| I7055 | ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT(S) OF OTHER EXTREMITY WITH ULCERATION |
| I70631 | ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF THIGH |
| I70632 | ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF CALF |

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

| ICD-10 Code | Description |
|--------------------|--|
| I70633 | ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF ANKLE |
| I70634 | ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF HEEL AND MIDFOOT |
| I70635 | ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF FOOT |
| I70638 | ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG |
| I70639 | ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF UNSPECIFIED SITE |
| I70641 | ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF THIGH |
| I70642 | ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF CALF |
| I70643 | ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF ANKLE |
| I70644 | ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF HEEL AND MIDFOOT |
| I70645 | ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF FOOT |
| I70648 | ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG |
| I70649 | ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF UNSPECIFIED SITE |
| I7065 | ATHEROSCLEROSIS OF NONBIOLOGICAL BYPASS GRAFT(S) OF OTHER EXTREMITY WITH ULCERATION |
| I70731 | ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF THIGH |
| I70732 | ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF CALF |
| I70733 | ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF ANKLE |
| I70734 | ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF HEEL AND MIDFOOT |
| I70735 | ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF FOOT |
| I70738 | ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG |
| I70739 | ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE RIGHT LEG WITH ULCERATION OF UNSPECIFIED SITE |
| I70741 | ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF THIGH |
| I70742 | ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF CALF |
| I70743 | ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF ANKLE |
| I70744 | ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF HEEL AND MIDFOOT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| I70745 | ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF FOOT |
| I70748 | ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF OTHER PART OF LOWER LEG |
| I70749 | ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF THE LEFT LEG WITH ULCERATION OF UNSPECIFIED SITE |
| I7075 | ATHEROSCLEROSIS OF OTHER TYPE OF BYPASS GRAFT(S) OF OTHER EXTREMITY WITH ULCERATION |
| I880 | NONSPECIFIC MESENTERIC LYMPHADENITIS |
| I881 | CHRONIC LYMPHADENITIS, EXCEPT MESENTERIC |
| I888 | OTHER NONSPECIFIC LYMPHADENITIS |
| I889 | NONSPECIFIC LYMPHADENITIS, UNSPECIFIED |
| L89000 | PRESSURE ULCER OF UNSPECIFIED ELBOW, UNSTAGEABLE |
| L89001 | PRESSURE ULCER OF UNSPECIFIED ELBOW, STAGE 1 |
| L89002 | PRESSURE ULCER OF UNSPECIFIED ELBOW, STAGE 2 |
| L89003 | PRESSURE ULCER OF UNSPECIFIED ELBOW, STAGE 3 |
| L89004 | PRESSURE ULCER OF UNSPECIFIED ELBOW, STAGE 4 |
| L89009 | PRESSURE ULCER OF UNSPECIFIED ELBOW, UNSPECIFIED STAGE |
| L89010 | PRESSURE ULCER OF RIGHT ELBOW, UNSTAGEABLE |
| L89011 | PRESSURE ULCER OF RIGHT ELBOW, STAGE 1 |
| L89012 | PRESSURE ULCER OF RIGHT ELBOW, STAGE 2 |
| L89013 | PRESSURE ULCER OF RIGHT ELBOW, STAGE 3 |
| L89014 | PRESSURE ULCER OF RIGHT ELBOW, STAGE 4 |
| L89019 | PRESSURE ULCER OF RIGHT ELBOW, UNSPECIFIED STAGE |
| L89020 | PRESSURE ULCER OF LEFT ELBOW, UNSTAGEABLE |
| L89021 | PRESSURE ULCER OF LEFT ELBOW, STAGE 1 |
| L89022 | PRESSURE ULCER OF LEFT ELBOW, STAGE 2 |
| L89023 | PRESSURE ULCER OF LEFT ELBOW, STAGE 3 |
| L89024 | PRESSURE ULCER OF LEFT ELBOW, STAGE 4 |
| L89029 | PRESSURE ULCER OF LEFT ELBOW, UNSPECIFIED STAGE |
| L89100 | PRESSURE ULCER OF UNSPECIFIED PART OF BACK, UNSTAGEABLE |
| L89101 | PRESSURE ULCER OF UNSPECIFIED PART OF BACK, STAGE 1 |
| L89102 | PRESSURE ULCER OF UNSPECIFIED PART OF BACK, STAGE 2 |
| L89103 | PRESSURE ULCER OF UNSPECIFIED PART OF BACK, STAGE 3 |
| L89104 | PRESSURE ULCER OF UNSPECIFIED PART OF BACK, STAGE 4 |
| L89109 | PRESSURE ULCER OF UNSPECIFIED PART OF BACK, UNSPECIFIED STAGE |
| L89110 | PRESSURE ULCER OF RIGHT UPPER BACK, UNSTAGEABLE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| L89111 | PRESSURE ULCER OF RIGHT UPPER BACK, STAGE 1 |
| L89112 | PRESSURE ULCER OF RIGHT UPPER BACK, STAGE 2 |
| L89113 | PRESSURE ULCER OF RIGHT UPPER BACK, STAGE 3 |
| L89114 | PRESSURE ULCER OF RIGHT UPPER BACK, STAGE 4 |
| L89119 | PRESSURE ULCER OF RIGHT UPPER BACK, UNSPECIFIED STAGE |
| L89120 | PRESSURE ULCER OF LEFT UPPER BACK, UNSTAGEABLE |
| L89121 | PRESSURE ULCER OF LEFT UPPER BACK, STAGE 1 |
| L89122 | PRESSURE ULCER OF LEFT UPPER BACK, STAGE 2 |
| L89123 | PRESSURE ULCER OF LEFT UPPER BACK, STAGE 3 |
| L89124 | PRESSURE ULCER OF LEFT UPPER BACK, STAGE 4 |
| L89129 | PRESSURE ULCER OF LEFT UPPER BACK, UNSPECIFIED STAGE |
| L89130 | PRESSURE ULCER OF RIGHT LOWER BACK, UNSTAGEABLE |
| L89131 | PRESSURE ULCER OF RIGHT LOWER BACK, STAGE 1 |
| L89132 | PRESSURE ULCER OF RIGHT LOWER BACK, STAGE 2 |
| L89133 | PRESSURE ULCER OF RIGHT LOWER BACK, STAGE 3 |
| L89134 | PRESSURE ULCER OF RIGHT LOWER BACK, STAGE 4 |
| L89139 | PRESSURE ULCER OF RIGHT LOWER BACK, UNSPECIFIED STAGE |
| L89140 | PRESSURE ULCER OF LEFT LOWER BACK, UNSTAGEABLE |
| L89141 | PRESSURE ULCER OF LEFT LOWER BACK, STAGE 1 |
| L89142 | PRESSURE ULCER OF LEFT LOWER BACK, STAGE 2 |
| L89143 | PRESSURE ULCER OF LEFT LOWER BACK, STAGE 3 |
| L89144 | PRESSURE ULCER OF LEFT LOWER BACK, STAGE 4 |
| L89149 | PRESSURE ULCER OF LEFT LOWER BACK, UNSPECIFIED STAGE |
| L89150 | PRESSURE ULCER OF SACRAL REGION, UNSTAGEABLE |
| L89151 | PRESSURE ULCER OF SACRAL REGION, STAGE 1 |
| L89152 | PRESSURE ULCER OF SACRAL REGION, STAGE 2 |
| L89153 | PRESSURE ULCER OF SACRAL REGION, STAGE 3 |
| L89154 | PRESSURE ULCER OF SACRAL REGION, STAGE 4 |
| L89159 | PRESSURE ULCER OF SACRAL REGION, UNSPECIFIED STAGE |
| L89200 | PRESSURE ULCER OF UNSPECIFIED HIP, UNSTAGEABLE |
| L89201 | PRESSURE ULCER OF UNSPECIFIED HIP, STAGE 1 |
| L89202 | PRESSURE ULCER OF UNSPECIFIED HIP, STAGE 2 |
| L89203 | PRESSURE ULCER OF UNSPECIFIED HIP, STAGE 3 |
| L89204 | PRESSURE ULCER OF UNSPECIFIED HIP, STAGE 4 |
| L89209 | PRESSURE ULCER OF UNSPECIFIED HIP, UNSPECIFIED STAGE |
| L89210 | PRESSURE ULCER OF RIGHT HIP, UNSTAGEABLE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| L89211 | PRESSURE ULCER OF RIGHT HIP, STAGE 1 |
| L89212 | PRESSURE ULCER OF RIGHT HIP, STAGE 2 |
| L89213 | PRESSURE ULCER OF RIGHT HIP, STAGE 3 |
| L89214 | PRESSURE ULCER OF RIGHT HIP, STAGE 4 |
| L89219 | PRESSURE ULCER OF RIGHT HIP, UNSPECIFIED STAGE |
| L89220 | PRESSURE ULCER OF LEFT HIP, UNSTAGEABLE |
| L89221 | PRESSURE ULCER OF LEFT HIP, STAGE 1 |
| L89222 | PRESSURE ULCER OF LEFT HIP, STAGE 2 |
| L89223 | PRESSURE ULCER OF LEFT HIP, STAGE 3 |
| L89224 | PRESSURE ULCER OF LEFT HIP, STAGE 4 |
| L89229 | PRESSURE ULCER OF LEFT HIP, UNSPECIFIED STAGE |
| L89300 | PRESSURE ULCER OF UNSPECIFIED BUTTOCK, UNSTAGEABLE |
| L89301 | PRESSURE ULCER OF UNSPECIFIED BUTTOCK, STAGE 1 |
| L89302 | PRESSURE ULCER OF UNSPECIFIED BUTTOCK, STAGE 2 |
| L89303 | PRESSURE ULCER OF UNSPECIFIED BUTTOCK, STAGE 3 |
| L89304 | PRESSURE ULCER OF UNSPECIFIED BUTTOCK, STAGE 4 |
| L89309 | PRESSURE ULCER OF UNSPECIFIED BUTTOCK, UNSPECIFIED STAGE |
| L89310 | PRESSURE ULCER OF RIGHT BUTTOCK, UNSTAGEABLE |
| L89311 | PRESSURE ULCER OF RIGHT BUTTOCK, STAGE 1 |
| L89312 | PRESSURE ULCER OF RIGHT BUTTOCK, STAGE 2 |
| L89313 | PRESSURE ULCER OF RIGHT BUTTOCK, STAGE 3 |
| L89314 | PRESSURE ULCER OF RIGHT BUTTOCK, STAGE 4 |
| L89319 | PRESSURE ULCER OF RIGHT BUTTOCK, UNSPECIFIED STAGE |
| L89320 | PRESSURE ULCER OF LEFT BUTTOCK, UNSTAGEABLE |
| L89321 | PRESSURE ULCER OF LEFT BUTTOCK, STAGE 1 |
| L89322 | PRESSURE ULCER OF LEFT BUTTOCK, STAGE 2 |
| L89323 | PRESSURE ULCER OF LEFT BUTTOCK, STAGE 3 |
| L89324 | PRESSURE ULCER OF LEFT BUTTOCK, STAGE 4 |
| L89329 | PRESSURE ULCER OF LEFT BUTTOCK, UNSPECIFIED STAGE |
| L8940 | PRESSURE ULCER OF CONTIGUOUS SITE OF BACK, BUTTOCK AND HIP, UNSPECIFIED STAGE |
| L8941 | PRESSURE ULCER OF CONTIGUOUS SITE OF BACK, BUTTOCK AND HIP, STAGE 1 |
| L8942 | PRESSURE ULCER OF CONTIGUOUS SITE OF BACK, BUTTOCK AND HIP, STAGE 2 |
| L8943 | PRESSURE ULCER OF CONTIGUOUS SITE OF BACK, BUTTOCK AND HIP, STAGE 3 |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| L8944 | PRESSURE ULCER OF CONTIGUOUS SITE OF BACK, BUTTOCK AND HIP, STAGE 4 |
| L8945 | PRESSURE ULCER OF CONTIGUOUS SITE OF BACK, BUTTOCK AND HIP, UNSTAGEABLE |
| L89500 | PRESSURE ULCER OF UNSPECIFIED ANKLE, UNSTAGEABLE |
| L89501 | PRESSURE ULCER OF UNSPECIFIED ANKLE, STAGE 1 |
| L89502 | PRESSURE ULCER OF UNSPECIFIED ANKLE, STAGE 2 |
| L89503 | PRESSURE ULCER OF UNSPECIFIED ANKLE, STAGE 3 |
| L89504 | PRESSURE ULCER OF UNSPECIFIED ANKLE, STAGE 4 |
| L89509 | PRESSURE ULCER OF UNSPECIFIED ANKLE, UNSPECIFIED STAGE |
| L89510 | PRESSURE ULCER OF RIGHT ANKLE, UNSTAGEABLE |
| L89511 | PRESSURE ULCER OF RIGHT ANKLE, STAGE 1 |
| L89512 | PRESSURE ULCER OF RIGHT ANKLE, STAGE 2 |
| L89513 | PRESSURE ULCER OF RIGHT ANKLE, STAGE 3 |
| L89514 | PRESSURE ULCER OF RIGHT ANKLE, STAGE 4 |
| L89519 | PRESSURE ULCER OF RIGHT ANKLE, UNSPECIFIED STAGE |
| L89520 | PRESSURE ULCER OF LEFT ANKLE, UNSTAGEABLE |
| L89521 | PRESSURE ULCER OF LEFT ANKLE, STAGE 1 |
| L89522 | PRESSURE ULCER OF LEFT ANKLE, STAGE 2 |
| L89523 | PRESSURE ULCER OF LEFT ANKLE, STAGE 3 |
| L89524 | PRESSURE ULCER OF LEFT ANKLE, STAGE 4 |
| L89529 | PRESSURE ULCER OF LEFT ANKLE, UNSPECIFIED STAGE |
| L89600 | PRESSURE ULCER OF UNSPECIFIED HEEL, UNSTAGEABLE |
| L89601 | PRESSURE ULCER OF UNSPECIFIED HEEL, STAGE 1 |
| L89602 | PRESSURE ULCER OF UNSPECIFIED HEEL, STAGE 2 |
| L89603 | PRESSURE ULCER OF UNSPECIFIED HEEL, STAGE 3 |
| L89604 | PRESSURE ULCER OF UNSPECIFIED HEEL, STAGE 4 |
| L89609 | PRESSURE ULCER OF UNSPECIFIED HEEL, UNSPECIFIED STAGE |
| L89610 | PRESSURE ULCER OF RIGHT HEEL, UNSTAGEABLE |
| L89611 | PRESSURE ULCER OF RIGHT HEEL, STAGE 1 |
| L89612 | PRESSURE ULCER OF RIGHT HEEL, STAGE 2 |
| L89613 | PRESSURE ULCER OF RIGHT HEEL, STAGE 3 |
| L89614 | PRESSURE ULCER OF RIGHT HEEL, STAGE 4 |
| L89619 | PRESSURE ULCER OF RIGHT HEEL, UNSPECIFIED STAGE |
| L89620 | PRESSURE ULCER OF LEFT HEEL, UNSTAGEABLE |
| L89621 | PRESSURE ULCER OF LEFT HEEL, STAGE 1 |
| L89622 | PRESSURE ULCER OF LEFT HEEL, STAGE 2 |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| L89623 | PRESSURE ULCER OF LEFT HEEL, STAGE 3 |
| L89624 | PRESSURE ULCER OF LEFT HEEL, STAGE 4 |
| L89629 | PRESSURE ULCER OF LEFT HEEL, UNSPECIFIED STAGE |
| L89810 | PRESSURE ULCER OF HEAD, UNSTAGEABLE |
| L89811 | PRESSURE ULCER OF HEAD, STAGE 1 |
| L89812 | PRESSURE ULCER OF HEAD, STAGE 2 |
| L89813 | PRESSURE ULCER OF HEAD, STAGE 3 |
| L89814 | PRESSURE ULCER OF HEAD, STAGE 4 |
| L89819 | PRESSURE ULCER OF HEAD, UNSPECIFIED STAGE |
| L89890 | PRESSURE ULCER OF OTHER SITE, UNSTAGEABLE |
| L89891 | PRESSURE ULCER OF OTHER SITE, STAGE 1 |
| L89892 | PRESSURE ULCER OF OTHER SITE, STAGE 2 |
| L89893 | PRESSURE ULCER OF OTHER SITE, STAGE 3 |
| L89894 | PRESSURE ULCER OF OTHER SITE, STAGE 4 |
| L89899 | PRESSURE ULCER OF OTHER SITE, UNSPECIFIED STAGE |
| L8990 | PRESSURE ULCER OF UNSPECIFIED SITE, UNSPECIFIED STAGE |
| L8991 | PRESSURE ULCER OF UNSPECIFIED SITE, STAGE 1 |
| L8992 | PRESSURE ULCER OF UNSPECIFIED SITE, STAGE 2 |
| L8993 | PRESSURE ULCER OF UNSPECIFIED SITE, STAGE 3 |
| L8994 | PRESSURE ULCER OF UNSPECIFIED SITE, STAGE 4 |
| L8995 | PRESSURE ULCER OF UNSPECIFIED SITE, UNSTAGEABLE |
| L97101 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED THIGH LIMITED TO BREAKDOWN OF SKIN |
| L97102 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED THIGH WITH FAT LAYER EXPOSED |
| L97103 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED THIGH WITH NECROSIS OF MUSCLE |
| L97104 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED THIGH WITH NECROSIS OF BONE |
| L97109 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED THIGH WITH UNSPECIFIED SEVERITY |
| L97111 | NON-PRESSURE CHRONIC ULCER OF RIGHT THIGH LIMITED TO BREAKDOWN OF SKIN |
| L97112 | NON-PRESSURE CHRONIC ULCER OF RIGHT THIGH WITH FAT LAYER EXPOSED |
| L97113 | NON-PRESSURE CHRONIC ULCER OF RIGHT THIGH WITH NECROSIS OF MUSCLE |
| L97114 | NON-PRESSURE CHRONIC ULCER OF RIGHT THIGH WITH NECROSIS OF BONE |
| L97119 | NON-PRESSURE CHRONIC ULCER OF RIGHT THIGH WITH UNSPECIFIED SEVERITY |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| L97121 | NON-PRESSURE CHRONIC ULCER OF LEFT THIGH LIMITED TO BREAKDOWN OF SKIN |
| L97122 | NON-PRESSURE CHRONIC ULCER OF LEFT THIGH WITH FAT LAYER EXPOSED |
| L97123 | NON-PRESSURE CHRONIC ULCER OF LEFT THIGH WITH NECROSIS OF MUSCLE |
| L97124 | NON-PRESSURE CHRONIC ULCER OF LEFT THIGH WITH NECROSIS OF BONE |
| L97129 | NON-PRESSURE CHRONIC ULCER OF LEFT THIGH WITH UNSPECIFIED SEVERITY |
| L97201 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED CALF LIMITED TO BREAKDOWN OF SKIN |
| L97202 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED CALF WITH FAT LAYER EXPOSED |
| L97203 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED CALF WITH NECROSIS OF MUSCLE |
| L97204 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED CALF WITH NECROSIS OF BONE |
| L97209 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED CALF WITH UNSPECIFIED SEVERITY |
| L97211 | NON-PRESSURE CHRONIC ULCER OF RIGHT CALF LIMITED TO BREAKDOWN OF SKIN |
| L97212 | NON-PRESSURE CHRONIC ULCER OF RIGHT CALF WITH FAT LAYER EXPOSED |
| L97213 | NON-PRESSURE CHRONIC ULCER OF RIGHT CALF WITH NECROSIS OF MUSCLE |
| L97214 | NON-PRESSURE CHRONIC ULCER OF RIGHT CALF WITH NECROSIS OF BONE |
| L97219 | NON-PRESSURE CHRONIC ULCER OF RIGHT CALF WITH UNSPECIFIED SEVERITY |
| L97221 | NON-PRESSURE CHRONIC ULCER OF LEFT CALF LIMITED TO BREAKDOWN OF SKIN |
| L97222 | NON-PRESSURE CHRONIC ULCER OF LEFT CALF WITH FAT LAYER EXPOSED |
| L97223 | NON-PRESSURE CHRONIC ULCER OF LEFT CALF WITH NECROSIS OF MUSCLE |
| L97224 | NON-PRESSURE CHRONIC ULCER OF LEFT CALF WITH NECROSIS OF BONE |
| L97229 | NON-PRESSURE CHRONIC ULCER OF LEFT CALF WITH UNSPECIFIED SEVERITY |
| L97301 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED ANKLE LIMITED TO BREAKDOWN OF SKIN |
| L97302 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED ANKLE WITH FAT LAYER EXPOSED |
| L97303 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED ANKLE WITH NECROSIS OF MUSCLE |
| L97304 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED ANKLE WITH NECROSIS OF BONE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| L97309 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED ANKLE WITH UNSPECIFIED SEVERITY |
| L97311 | NON-PRESSURE CHRONIC ULCER OF RIGHT ANKLE LIMITED TO BREAKDOWN OF SKIN |
| L97312 | NON-PRESSURE CHRONIC ULCER OF RIGHT ANKLE WITH FAT LAYER EXPOSED |
| L97313 | NON-PRESSURE CHRONIC ULCER OF RIGHT ANKLE WITH NECROSIS OF MUSCLE |
| L97314 | NON-PRESSURE CHRONIC ULCER OF RIGHT ANKLE WITH NECROSIS OF BONE |
| L97319 | NON-PRESSURE CHRONIC ULCER OF RIGHT ANKLE WITH UNSPECIFIED SEVERITY |
| L97321 | NON-PRESSURE CHRONIC ULCER OF LEFT ANKLE LIMITED TO BREAKDOWN OF SKIN |
| L97322 | NON-PRESSURE CHRONIC ULCER OF LEFT ANKLE WITH FAT LAYER EXPOSED |
| L97323 | NON-PRESSURE CHRONIC ULCER OF LEFT ANKLE WITH NECROSIS OF MUSCLE |
| L97324 | NON-PRESSURE CHRONIC ULCER OF LEFT ANKLE WITH NECROSIS OF BONE |
| L97329 | NON-PRESSURE CHRONIC ULCER OF LEFT ANKLE WITH UNSPECIFIED SEVERITY |
| L97401 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED HEEL AND MIDFOOT LIMITED TO BREAKDOWN OF SKIN |
| L97402 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED HEEL AND MIDFOOT WITH FAT LAYER EXPOSED |
| L97403 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED HEEL AND MIDFOOT WITH NECROSIS OF MUSCLE |
| L97404 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED HEEL AND MIDFOOT WITH NECROSIS OF BONE |
| L97409 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED HEEL AND MIDFOOT WITH UNSPECIFIED SEVERITY |
| L97411 | NON-PRESSURE CHRONIC ULCER OF RIGHT HEEL AND MIDFOOT LIMITED TO BREAKDOWN OF SKIN |
| L97412 | NON-PRESSURE CHRONIC ULCER OF RIGHT HEEL AND MIDFOOT WITH FAT LAYER EXPOSED |
| L97413 | NON-PRESSURE CHRONIC ULCER OF RIGHT HEEL AND MIDFOOT WITH NECROSIS OF MUSCLE |
| L97414 | NON-PRESSURE CHRONIC ULCER OF RIGHT HEEL AND MIDFOOT WITH NECROSIS OF BONE |
| L97419 | NON-PRESSURE CHRONIC ULCER OF RIGHT HEEL AND MIDFOOT WITH UNSPECIFIED SEVERITY |
| L97421 | NON-PRESSURE CHRONIC ULCER OF LEFT HEEL AND MIDFOOT LIMITED TO BREAKDOWN OF SKIN |
| L97422 | NON-PRESSURE CHRONIC ULCER OF LEFT HEEL AND MIDFOOT WITH FAT LAYER EXPOSED |
| L97423 | NON-PRESSURE CHRONIC ULCER OF LEFT HEEL AND MIDFOOT WITH NECROSIS OF MUSCLE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| L97424 | NON-PRESSURE CHRONIC ULCER OF LEFT HEEL AND MIDFOOT WITH NECROSIS OF BONE |
| L97429 | NON-PRESSURE CHRONIC ULCER OF LEFT HEEL AND MIDFOOT WITH UNSPECIFIED SEVERITY |
| L97501 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED FOOT LIMITED TO BREAKDOWN OF SKIN |
| L97502 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED FOOT WITH FAT LAYER EXPOSED |
| L97503 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED FOOT WITH NECROSIS OF MUSCLE |
| L97504 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED FOOT WITH NECROSIS OF BONE |
| L97509 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED FOOT WITH UNSPECIFIED SEVERITY |
| L97511 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT FOOT LIMITED TO BREAKDOWN OF SKIN |
| L97512 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT FOOT WITH FAT LAYER EXPOSED |
| L97513 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT FOOT WITH NECROSIS OF MUSCLE |
| L97514 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT FOOT WITH NECROSIS OF BONE |
| L97519 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT FOOT WITH UNSPECIFIED SEVERITY |
| L97521 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT FOOT LIMITED TO BREAKDOWN OF SKIN |
| L97522 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT FOOT WITH FAT LAYER EXPOSED |
| L97523 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT FOOT WITH NECROSIS OF MUSCLE |
| L97524 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT FOOT WITH NECROSIS OF BONE |
| L97529 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT FOOT WITH UNSPECIFIED SEVERITY |
| L97801 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED LOWER LEG LIMITED TO BREAKDOWN OF SKIN |
| L97802 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED LOWER LEG WITH FAT LAYER EXPOSED |
| L97803 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED LOWER LEG WITH NECROSIS OF MUSCLE |
| L97804 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED LOWER LEG WITH NECROSIS OF BONE |
| L97809 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF UNSPECIFIED LOWER LEG WITH UNSPECIFIED SEVERITY |
| L97811 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT LOWER LEG LIMITED TO BREAKDOWN OF SKIN |
| L97812 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT LOWER LEG WITH FAT LAYER EXPOSED |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| L97813 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT LOWER LEG WITH NECROSIS OF MUSCLE |
| L97814 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT LOWER LEG WITH NECROSIS OF BONE |
| L97819 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT LOWER LEG WITH UNSPECIFIED SEVERITY |
| L97821 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT LOWER LEG LIMITED TO BREAKDOWN OF SKIN |
| L97822 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT LOWER LEG WITH FAT LAYER EXPOSED |
| L97823 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT LOWER LEG WITH NECROSIS OF MUSCLE |
| L97824 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT LOWER LEG WITH NECROSIS OF BONE |
| L97829 | NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT LOWER LEG WITH UNSPECIFIED SEVERITY |
| L97901 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF UNSPECIFIED LOWER LEG LIMITED TO BREAKDOWN OF SKIN |
| L97902 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF UNSPECIFIED LOWER LEG WITH FAT LAYER EXPOSED |
| L97903 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF UNSPECIFIED LOWER LEG WITH NECROSIS OF MUSCLE |
| L97904 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF UNSPECIFIED LOWER LEG WITH NECROSIS OF BONE |
| L97909 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF UNSPECIFIED LOWER LEG WITH UNSPECIFIED SEVERITY |
| L97911 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF RIGHT LOWER LEG LIMITED TO BREAKDOWN OF SKIN |
| L97912 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF RIGHT LOWER LEG WITH FAT LAYER EXPOSED |
| L97913 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF RIGHT LOWER LEG WITH NECROSIS OF MUSCLE |
| L97914 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF RIGHT LOWER LEG WITH NECROSIS OF BONE |
| L97919 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF RIGHT LOWER LEG WITH UNSPECIFIED SEVERITY |
| L97921 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF LEFT LOWER LEG LIMITED TO BREAKDOWN OF SKIN |
| L97922 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF LEFT LOWER LEG WITH FAT LAYER EXPOSED |
| L97923 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF LEFT LOWER LEG WITH NECROSIS OF MUSCLE |
| L97924 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF LEFT LOWER LEG WITH NECROSIS OF BONE |
| L97929 | NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED PART OF LEFT LOWER LEG WITH UNSPECIFIED SEVERITY |
| L98411 | NON-PRESSURE CHRONIC ULCER OF BUTTOCK LIMITED TO BREAKDOWN OF SKIN |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| L98412 | NON-PRESSURE CHRONIC ULCER OF BUTTOCK WITH FAT LAYER EXPOSED |
| L98413 | NON-PRESSURE CHRONIC ULCER OF BUTTOCK WITH NECROSIS OF MUSCLE |
| L98414 | NON-PRESSURE CHRONIC ULCER OF BUTTOCK WITH NECROSIS OF BONE |
| L98419 | NON-PRESSURE CHRONIC ULCER OF BUTTOCK WITH UNSPECIFIED SEVERITY |
| L98421 | NON-PRESSURE CHRONIC ULCER OF BACK LIMITED TO BREAKDOWN OF SKIN |
| L98422 | NON-PRESSURE CHRONIC ULCER OF BACK WITH FAT LAYER EXPOSED |
| L98423 | NON-PRESSURE CHRONIC ULCER OF BACK WITH NECROSIS OF MUSCLE |
| L98424 | NON-PRESSURE CHRONIC ULCER OF BACK WITH NECROSIS OF BONE |
| L98429 | NON-PRESSURE CHRONIC ULCER OF BACK WITH UNSPECIFIED SEVERITY |
| L98491 | NON-PRESSURE CHRONIC ULCER OF SKIN OF OTHER SITES LIMITED TO BREAKDOWN OF SKIN |
| L98492 | NON-PRESSURE CHRONIC ULCER OF SKIN OF OTHER SITES WITH FAT LAYER EXPOSED |
| L98493 | NON-PRESSURE CHRONIC ULCER OF SKIN OF OTHER SITES WITH NECROSIS OF MUSCLE |
| L98494 | NON-PRESSURE CHRONIC ULCER OF SKIN OF OTHER SITES WITH NECROSIS OF BONE |
| L98499 | NON-PRESSURE CHRONIC ULCER OF SKIN OF OTHER SITES WITH UNSPECIFIED SEVERITY |
| M0000 | STAPHYLOCOCCAL ARTHRITIS, UNSPECIFIED JOINT |
| M00011 | STAPHYLOCOCCAL ARTHRITIS, RIGHT SHOULDER |
| M00012 | STAPHYLOCOCCAL ARTHRITIS, LEFT SHOULDER |
| M00019 | STAPHYLOCOCCAL ARTHRITIS, UNSPECIFIED SHOULDER |
| M00021 | STAPHYLOCOCCAL ARTHRITIS, RIGHT ELBOW |
| M00022 | STAPHYLOCOCCAL ARTHRITIS, LEFT ELBOW |
| M00029 | STAPHYLOCOCCAL ARTHRITIS, UNSPECIFIED ELBOW |
| M00031 | STAPHYLOCOCCAL ARTHRITIS, RIGHT WRIST |
| M00032 | STAPHYLOCOCCAL ARTHRITIS, LEFT WRIST |
| M00039 | STAPHYLOCOCCAL ARTHRITIS, UNSPECIFIED WRIST |
| M00041 | STAPHYLOCOCCAL ARTHRITIS, RIGHT HAND |
| M00042 | STAPHYLOCOCCAL ARTHRITIS, LEFT HAND |
| M00049 | STAPHYLOCOCCAL ARTHRITIS, UNSPECIFIED HAND |
| M00051 | STAPHYLOCOCCAL ARTHRITIS, RIGHT HIP |
| M00052 | STAPHYLOCOCCAL ARTHRITIS, LEFT HIP |
| M00059 | STAPHYLOCOCCAL ARTHRITIS, UNSPECIFIED HIP |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M00061 | STAPHYLOCOCCAL ARTHRITIS, RIGHT KNEE |
| M00062 | STAPHYLOCOCCAL ARTHRITIS, LEFT KNEE |
| M00069 | STAPHYLOCOCCAL ARTHRITIS, UNSPECIFIED KNEE |
| M00071 | STAPHYLOCOCCAL ARTHRITIS, RIGHT ANKLE AND FOOT |
| M00072 | STAPHYLOCOCCAL ARTHRITIS, LEFT ANKLE AND FOOT |
| M00079 | STAPHYLOCOCCAL ARTHRITIS, UNSPECIFIED ANKLE AND FOOT |
| M0008 | STAPHYLOCOCCAL ARTHRITIS, VERTEBRAE |
| M0009 | STAPHYLOCOCCAL POLYARTHRITIS |
| M0010 | PNEUMOCOCCAL ARTHRITIS, UNSPECIFIED JOINT |
| M00111 | PNEUMOCOCCAL ARTHRITIS, RIGHT SHOULDER |
| M00112 | PNEUMOCOCCAL ARTHRITIS, LEFT SHOULDER |
| M00119 | PNEUMOCOCCAL ARTHRITIS, UNSPECIFIED SHOULDER |
| M00121 | PNEUMOCOCCAL ARTHRITIS, RIGHT ELBOW |
| M00122 | PNEUMOCOCCAL ARTHRITIS, LEFT ELBOW |
| M00129 | PNEUMOCOCCAL ARTHRITIS, UNSPECIFIED ELBOW |
| M00131 | PNEUMOCOCCAL ARTHRITIS, RIGHT WRIST |
| M00132 | PNEUMOCOCCAL ARTHRITIS, LEFT WRIST |
| M00139 | PNEUMOCOCCAL ARTHRITIS, UNSPECIFIED WRIST |
| M00141 | PNEUMOCOCCAL ARTHRITIS, RIGHT HAND |
| M00142 | PNEUMOCOCCAL ARTHRITIS, LEFT HAND |
| M00149 | PNEUMOCOCCAL ARTHRITIS, UNSPECIFIED HAND |
| M00151 | PNEUMOCOCCAL ARTHRITIS, RIGHT HIP |
| M00152 | PNEUMOCOCCAL ARTHRITIS, LEFT HIP |
| M00159 | PNEUMOCOCCAL ARTHRITIS, UNSPECIFIED HIP |
| M00161 | PNEUMOCOCCAL ARTHRITIS, RIGHT KNEE |
| M00162 | PNEUMOCOCCAL ARTHRITIS, LEFT KNEE |
| M00169 | PNEUMOCOCCAL ARTHRITIS, UNSPECIFIED KNEE |
| M00171 | PNEUMOCOCCAL ARTHRITIS, RIGHT ANKLE AND FOOT |
| M00172 | PNEUMOCOCCAL ARTHRITIS, LEFT ANKLE AND FOOT |
| M00179 | PNEUMOCOCCAL ARTHRITIS, UNSPECIFIED ANKLE AND FOOT |
| M0018 | PNEUMOCOCCAL ARTHRITIS, VERTEBRAE |
| M0019 | PNEUMOCOCCAL POLYARTHRITIS |
| M0020 | OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED JOINT |
| M00211 | OTHER STREPTOCOCCAL ARTHRITIS, RIGHT SHOULDER |
| M00212 | OTHER STREPTOCOCCAL ARTHRITIS, LEFT SHOULDER |
| M00219 | OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED SHOULDER |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M00221 | OTHER STREPTOCOCCAL ARTHRITIS, RIGHT ELBOW |
| M00222 | OTHER STREPTOCOCCAL ARTHRITIS, LEFT ELBOW |
| M00229 | OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED ELBOW |
| M00231 | OTHER STREPTOCOCCAL ARTHRITIS, RIGHT WRIST |
| M00232 | OTHER STREPTOCOCCAL ARTHRITIS, LEFT WRIST |
| M00239 | OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED WRIST |
| M00241 | OTHER STREPTOCOCCAL ARTHRITIS, RIGHT HAND |
| M00242 | OTHER STREPTOCOCCAL ARTHRITIS, LEFT HAND |
| M00249 | OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED HAND |
| M00251 | OTHER STREPTOCOCCAL ARTHRITIS, RIGHT HIP |
| M00252 | OTHER STREPTOCOCCAL ARTHRITIS, LEFT HIP |
| M00259 | OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED HIP |
| M00261 | OTHER STREPTOCOCCAL ARTHRITIS, RIGHT KNEE |
| M00262 | OTHER STREPTOCOCCAL ARTHRITIS, LEFT KNEE |
| M00269 | OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED KNEE |
| M00271 | OTHER STREPTOCOCCAL ARTHRITIS, RIGHT ANKLE AND FOOT |
| M00272 | OTHER STREPTOCOCCAL ARTHRITIS, LEFT ANKLE AND FOOT |
| M00279 | OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED ANKLE AND FOOT |
| M0028 | OTHER STREPTOCOCCAL ARTHRITIS, VERTEBRAE |
| M0029 | OTHER STREPTOCOCCAL POLYARTHRITIS |
| M0080 | ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED JOINT |
| M00811 | ARTHRITIS DUE TO OTHER BACTERIA, RIGHT SHOULDER |
| M00812 | ARTHRITIS DUE TO OTHER BACTERIA, LEFT SHOULDER |
| M00819 | ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED SHOULDER |
| M00821 | ARTHRITIS DUE TO OTHER BACTERIA, RIGHT ELBOW |
| M00822 | ARTHRITIS DUE TO OTHER BACTERIA, LEFT ELBOW |
| M00829 | ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED ELBOW |
| M00831 | ARTHRITIS DUE TO OTHER BACTERIA, RIGHT WRIST |
| M00832 | ARTHRITIS DUE TO OTHER BACTERIA, LEFT WRIST |
| M00839 | ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED WRIST |
| M00841 | ARTHRITIS DUE TO OTHER BACTERIA, RIGHT HAND |
| M00842 | ARTHRITIS DUE TO OTHER BACTERIA, LEFT HAND |
| M00849 | ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED HAND |
| M00851 | ARTHRITIS DUE TO OTHER BACTERIA, RIGHT HIP |
| M00852 | ARTHRITIS DUE TO OTHER BACTERIA, LEFT HIP |
| M00859 | ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED HIP |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M00861 | ARTHRITIS DUE TO OTHER BACTERIA, RIGHT KNEE |
| M00862 | ARTHRITIS DUE TO OTHER BACTERIA, LEFT KNEE |
| M00869 | ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED KNEE |
| M00871 | ARTHRITIS DUE TO OTHER BACTERIA, RIGHT ANKLE AND FOOT |
| M00872 | ARTHRITIS DUE TO OTHER BACTERIA, LEFT ANKLE AND FOOT |
| M00879 | ARTHRITIS DUE TO OTHER BACTERIA, UNSPECIFIED ANKLE AND FOOT |
| M0088 | ARTHRITIS DUE TO OTHER BACTERIA, VERTEBRAE |
| M0089 | POLYARTHRITIS DUE TO OTHER BACTERIA |
| M009 | PYOGENIC ARTHRITIS, UNSPECIFIED |
| M01X0 | DIRECT INFECTION OF UNSPECIFIED JOINT IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X11 | DIRECT INFECTION OF RIGHT SHOULDER IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X12 | DIRECT INFECTION OF LEFT SHOULDER IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X19 | DIRECT INFECTION OF UNSPECIFIED SHOULDER IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X21 | DIRECT INFECTION OF RIGHT ELBOW IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X22 | DIRECT INFECTION OF LEFT ELBOW IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X29 | DIRECT INFECTION OF UNSPECIFIED ELBOW IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X31 | DIRECT INFECTION OF RIGHT WRIST IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X32 | DIRECT INFECTION OF LEFT WRIST IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X39 | DIRECT INFECTION OF UNSPECIFIED WRIST IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X41 | DIRECT INFECTION OF RIGHT HAND IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X42 | DIRECT INFECTION OF LEFT HAND IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X49 | DIRECT INFECTION OF UNSPECIFIED HAND IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X51 | DIRECT INFECTION OF RIGHT HIP IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X52 | DIRECT INFECTION OF LEFT HIP IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X59 | DIRECT INFECTION OF UNSPECIFIED HIP IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X61 | DIRECT INFECTION OF RIGHT KNEE IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M01X62 | DIRECT INFECTION OF LEFT KNEE IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X69 | DIRECT INFECTION OF UNSPECIFIED KNEE IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X71 | DIRECT INFECTION OF RIGHT ANKLE AND FOOT IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X72 | DIRECT INFECTION OF LEFT ANKLE AND FOOT IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X79 | DIRECT INFECTION OF UNSPECIFIED ANKLE AND FOOT IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X8 | DIRECT INFECTION OF VERTEBRAE IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M01X9 | DIRECT INFECTION OF MULTIPLE JOINTS IN INFECTIOUS AND PARASITIC DISEASES CLASSIFIED ELSEWHERE |
| M0200 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, UNSPECIFIED SITE |
| M02011 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, RIGHT SHOULDER |
| M02012 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, LEFT SHOULDER |
| M02019 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, UNSPECIFIED SHOULDER |
| M02021 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, RIGHT ELBOW |
| M02022 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, LEFT ELBOW |
| M02029 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, UNSPECIFIED ELBOW |
| M02031 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, RIGHT WRIST |
| M02032 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, LEFT WRIST |
| M02039 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, UNSPECIFIED WRIST |
| M02041 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, RIGHT HAND |
| M02042 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, LEFT HAND |
| M02049 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, UNSPECIFIED HAND |
| M02051 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, RIGHT HIP |
| M02052 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, LEFT HIP |
| M02059 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, UNSPECIFIED HIP |
| M02061 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, RIGHT KNEE |
| M02062 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, LEFT KNEE |
| M02069 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, UNSPECIFIED KNEE |
| M02071 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, RIGHT ANKLE AND FOOT |
| M02072 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, LEFT ANKLE AND FOOT |
| M02079 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, UNSPECIFIED ANKLE AND FOOT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M0208 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, VERTEBRAE |
| M0209 | ARTHROPATHY FOLLOWING INTESTINAL BYPASS, MULTIPLE SITES |
| M0210 | POSTDYSENTERIC ARTHROPATHY, UNSPECIFIED SITE |
| M02111 | POSTDYSENTERIC ARTHROPATHY, RIGHT SHOULDER |
| M02112 | POSTDYSENTERIC ARTHROPATHY, LEFT SHOULDER |
| M02119 | POSTDYSENTERIC ARTHROPATHY, UNSPECIFIED SHOULDER |
| M02121 | POSTDYSENTERIC ARTHROPATHY, RIGHT ELBOW |
| M02122 | POSTDYSENTERIC ARTHROPATHY, LEFT ELBOW |
| M02129 | POSTDYSENTERIC ARTHROPATHY, UNSPECIFIED ELBOW |
| M02131 | POSTDYSENTERIC ARTHROPATHY, RIGHT WRIST |
| M02132 | POSTDYSENTERIC ARTHROPATHY, LEFT WRIST |
| M02139 | POSTDYSENTERIC ARTHROPATHY, UNSPECIFIED WRIST |
| M02141 | POSTDYSENTERIC ARTHROPATHY, RIGHT HAND |
| M02142 | POSTDYSENTERIC ARTHROPATHY, LEFT HAND |
| M02149 | POSTDYSENTERIC ARTHROPATHY, UNSPECIFIED HAND |
| M02151 | POSTDYSENTERIC ARTHROPATHY, RIGHT HIP |
| M02152 | POSTDYSENTERIC ARTHROPATHY, LEFT HIP |
| M02159 | POSTDYSENTERIC ARTHROPATHY, UNSPECIFIED HIP |
| M02161 | POSTDYSENTERIC ARTHROPATHY, RIGHT KNEE |
| M02162 | POSTDYSENTERIC ARTHROPATHY, LEFT KNEE |
| M02169 | POSTDYSENTERIC ARTHROPATHY, UNSPECIFIED KNEE |
| M02171 | POSTDYSENTERIC ARTHROPATHY, RIGHT ANKLE AND FOOT |
| M02172 | POSTDYSENTERIC ARTHROPATHY, LEFT ANKLE AND FOOT |
| M02179 | POSTDYSENTERIC ARTHROPATHY, UNSPECIFIED ANKLE AND FOOT |
| M0218 | POSTDYSENTERIC ARTHROPATHY, VERTEBRAE |
| M0219 | POSTDYSENTERIC ARTHROPATHY, MULTIPLE SITES |
| M0220 | POSTIMMUNIZATION ARTHROPATHY, UNSPECIFIED SITE |
| M02211 | POSTIMMUNIZATION ARTHROPATHY, RIGHT SHOULDER |
| M02212 | POSTIMMUNIZATION ARTHROPATHY, LEFT SHOULDER |
| M02219 | POSTIMMUNIZATION ARTHROPATHY, UNSPECIFIED SHOULDER |
| M02221 | POSTIMMUNIZATION ARTHROPATHY, RIGHT ELBOW |
| M02222 | POSTIMMUNIZATION ARTHROPATHY, LEFT ELBOW |
| M02229 | POSTIMMUNIZATION ARTHROPATHY, UNSPECIFIED ELBOW |
| M02231 | POSTIMMUNIZATION ARTHROPATHY, RIGHT WRIST |
| M02232 | POSTIMMUNIZATION ARTHROPATHY, LEFT WRIST |
| M02239 | POSTIMMUNIZATION ARTHROPATHY, UNSPECIFIED WRIST |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M02241 | POSTIMMUNIZATION ARTHROPATHY, RIGHT HAND |
| M02242 | POSTIMMUNIZATION ARTHROPATHY, LEFT HAND |
| M02249 | POSTIMMUNIZATION ARTHROPATHY, UNSPECIFIED HAND |
| M02251 | POSTIMMUNIZATION ARTHROPATHY, RIGHT HIP |
| M02252 | POSTIMMUNIZATION ARTHROPATHY, LEFT HIP |
| M02259 | POSTIMMUNIZATION ARTHROPATHY, UNSPECIFIED HIP |
| M02261 | POSTIMMUNIZATION ARTHROPATHY, RIGHT KNEE |
| M02262 | POSTIMMUNIZATION ARTHROPATHY, LEFT KNEE |
| M02269 | POSTIMMUNIZATION ARTHROPATHY, UNSPECIFIED KNEE |
| M02271 | POSTIMMUNIZATION ARTHROPATHY, RIGHT ANKLE AND FOOT |
| M02272 | POSTIMMUNIZATION ARTHROPATHY, LEFT ANKLE AND FOOT |
| M02279 | POSTIMMUNIZATION ARTHROPATHY, UNSPECIFIED ANKLE AND FOOT |
| M0228 | POSTIMMUNIZATION ARTHROPATHY, VERTEBRAE |
| M0229 | POSTIMMUNIZATION ARTHROPATHY, MULTIPLE SITES |
| M0230 | REITER'S DISEASE, UNSPECIFIED SITE |
| M02311 | REITER'S DISEASE, RIGHT SHOULDER |
| M02312 | REITER'S DISEASE, LEFT SHOULDER |
| M02319 | REITER'S DISEASE, UNSPECIFIED SHOULDER |
| M02321 | REITER'S DISEASE, RIGHT ELBOW |
| M02322 | REITER'S DISEASE, LEFT ELBOW |
| M02329 | REITER'S DISEASE, UNSPECIFIED ELBOW |
| M02331 | REITER'S DISEASE, RIGHT WRIST |
| M02332 | REITER'S DISEASE, LEFT WRIST |
| M02339 | REITER'S DISEASE, UNSPECIFIED WRIST |
| M02341 | REITER'S DISEASE, RIGHT HAND |
| M02342 | REITER'S DISEASE, LEFT HAND |
| M02349 | REITER'S DISEASE, UNSPECIFIED HAND |
| M02351 | REITER'S DISEASE, RIGHT HIP |
| M02352 | REITER'S DISEASE, LEFT HIP |
| M02359 | REITER'S DISEASE, UNSPECIFIED HIP |
| M02361 | REITER'S DISEASE, RIGHT KNEE |
| M02362 | REITER'S DISEASE, LEFT KNEE |
| M02369 | REITER'S DISEASE, UNSPECIFIED KNEE |
| M02371 | REITER'S DISEASE, RIGHT ANKLE AND FOOT |
| M02372 | REITER'S DISEASE, LEFT ANKLE AND FOOT |
| M02379 | REITER'S DISEASE, UNSPECIFIED ANKLE AND FOOT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M0238 | REITER'S DISEASE, VERTEBRAE |
| M0239 | REITER'S DISEASE, MULTIPLE SITES |
| M0280 | OTHER REACTIVE ARTHROPATHIES, UNSPECIFIED SITE |
| M02811 | OTHER REACTIVE ARTHROPATHIES, RIGHT SHOULDER |
| M02812 | OTHER REACTIVE ARTHROPATHIES, LEFT SHOULDER |
| M02819 | OTHER REACTIVE ARTHROPATHIES, UNSPECIFIED SHOULDER |
| M02821 | OTHER REACTIVE ARTHROPATHIES, RIGHT ELBOW |
| M02822 | OTHER REACTIVE ARTHROPATHIES, LEFT ELBOW |
| M02829 | OTHER REACTIVE ARTHROPATHIES, UNSPECIFIED ELBOW |
| M02831 | OTHER REACTIVE ARTHROPATHIES, RIGHT WRIST |
| M02832 | OTHER REACTIVE ARTHROPATHIES, LEFT WRIST |
| M02839 | OTHER REACTIVE ARTHROPATHIES, UNSPECIFIED WRIST |
| M02841 | OTHER REACTIVE ARTHROPATHIES, RIGHT HAND |
| M02842 | OTHER REACTIVE ARTHROPATHIES, LEFT HAND |
| M02849 | OTHER REACTIVE ARTHROPATHIES, UNSPECIFIED HAND |
| M02851 | OTHER REACTIVE ARTHROPATHIES, RIGHT HIP |
| M02852 | OTHER REACTIVE ARTHROPATHIES, LEFT HIP |
| M02859 | OTHER REACTIVE ARTHROPATHIES, UNSPECIFIED HIP |
| M02861 | OTHER REACTIVE ARTHROPATHIES, RIGHT KNEE |
| M02862 | OTHER REACTIVE ARTHROPATHIES, LEFT KNEE |
| M02869 | OTHER REACTIVE ARTHROPATHIES, UNSPECIFIED KNEE |
| M02871 | OTHER REACTIVE ARTHROPATHIES, RIGHT ANKLE AND FOOT |
| M02872 | OTHER REACTIVE ARTHROPATHIES, LEFT ANKLE AND FOOT |
| M02879 | OTHER REACTIVE ARTHROPATHIES, UNSPECIFIED ANKLE AND FOOT |
| M0288 | OTHER REACTIVE ARTHROPATHIES, VERTEBRAE |
| M0289 | OTHER REACTIVE ARTHROPATHIES, MULTIPLE SITES |
| M029 | REACTIVE ARTHROPATHY, UNSPECIFIED |
| M0500 | FELTY'S SYNDROME, UNSPECIFIED SITE |
| M05011 | FELTY'S SYNDROME, RIGHT SHOULDER |
| M05012 | FELTY'S SYNDROME, LEFT SHOULDER |
| M05019 | FELTY'S SYNDROME, UNSPECIFIED SHOULDER |
| M05021 | FELTY'S SYNDROME, RIGHT ELBOW |
| M05022 | FELTY'S SYNDROME, LEFT ELBOW |
| M05029 | FELTY'S SYNDROME, UNSPECIFIED ELBOW |
| M05031 | FELTY'S SYNDROME, RIGHT WRIST |
| M05032 | FELTY'S SYNDROME, LEFT WRIST |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M05039 | FELTY'S SYNDROME, UNSPECIFIED WRIST |
| M05041 | FELTY'S SYNDROME, RIGHT HAND |
| M05042 | FELTY'S SYNDROME, LEFT HAND |
| M05049 | FELTY'S SYNDROME, UNSPECIFIED HAND |
| M05051 | FELTY'S SYNDROME, RIGHT HIP |
| M05052 | FELTY'S SYNDROME, LEFT HIP |
| M05059 | FELTY'S SYNDROME, UNSPECIFIED HIP |
| M05061 | FELTY'S SYNDROME, RIGHT KNEE |
| M05062 | FELTY'S SYNDROME, LEFT KNEE |
| M05069 | FELTY'S SYNDROME, UNSPECIFIED KNEE |
| M05071 | FELTY'S SYNDROME, RIGHT ANKLE AND FOOT |
| M05072 | FELTY'S SYNDROME, LEFT ANKLE AND FOOT |
| M05079 | FELTY'S SYNDROME, UNSPECIFIED ANKLE AND FOOT |
| M0509 | FELTY'S SYNDROME, MULTIPLE SITES |
| M0510 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE |
| M05111 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER |
| M05112 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER |
| M05119 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER |
| M05121 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW |
| M05122 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW |
| M05129 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW |
| M05131 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST |
| M05132 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT WRIST |
| M05139 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST |
| M05141 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HAND |
| M05142 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HAND |
| M05149 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND |
| M05151 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HIP |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M05152 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HIP |
| M05159 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP |
| M05161 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE |
| M05162 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT KNEE |
| M05169 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE |
| M05171 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT |
| M05172 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT |
| M05179 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT |
| M0519 | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES |
| M0520 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE |
| M05211 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER |
| M05212 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER |
| M05219 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER |
| M05221 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW |
| M05222 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW |
| M05229 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW |
| M05231 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST |
| M05232 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT WRIST |
| M05239 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST |
| M05241 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT HAND |
| M05242 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT HAND |
| M05249 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND |
| M05251 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT HIP |
| M05252 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT HIP |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M05259 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP |
| M05261 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE |
| M05262 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT KNEE |
| M05269 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE |
| M05271 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT |
| M05272 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT |
| M05279 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT |
| M0529 | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES |
| M0530 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE |
| M05311 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER |
| M05312 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER |
| M05319 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER |
| M05321 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW |
| M05322 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW |
| M05329 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW |
| M05331 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST |
| M05332 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT WRIST |
| M05339 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST |
| M05341 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HAND |
| M05342 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HAND |
| M05349 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND |
| M05351 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HIP |
| M05352 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HIP |
| M05359 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M05361 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE |
| M05362 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT KNEE |
| M05369 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE |
| M05371 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT |
| M05372 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT |
| M05379 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT |
| M0539 | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES |
| M0540 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE |
| M05411 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER |
| M05412 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER |
| M05419 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER |
| M05421 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW |
| M05422 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW |
| M05429 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW |
| M05431 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST |
| M05432 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT WRIST |
| M05439 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST |
| M05441 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HAND |
| M05442 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HAND |
| M05449 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND |
| M05451 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HIP |
| M05452 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HIP |
| M05459 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP |
| M05461 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M05462 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT KNEE |
| M05469 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE |
| M05471 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT |
| M05472 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT |
| M05479 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT |
| M0549 | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES |
| M0550 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE |
| M05511 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER |
| M05512 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER |
| M05519 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER |
| M05521 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW |
| M05522 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW |
| M05529 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW |
| M05531 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST |
| M05532 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT WRIST |
| M05539 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST |
| M05541 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HAND |
| M05542 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HAND |
| M05549 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND |
| M05551 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HIP |
| M05552 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HIP |
| M05559 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP |
| M05561 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE |
| M05562 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT KNEE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M05569 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE |
| M05571 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT |
| M05572 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT |
| M05579 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT |
| M0559 | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES |
| M0560 | RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05611 | RHEUMATOID ARTHRITIS OF RIGHT SHOULDER WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05612 | RHEUMATOID ARTHRITIS OF LEFT SHOULDER WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05619 | RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05621 | RHEUMATOID ARTHRITIS OF RIGHT ELBOW WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05622 | RHEUMATOID ARTHRITIS OF LEFT ELBOW WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05629 | RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05631 | RHEUMATOID ARTHRITIS OF RIGHT WRIST WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05632 | RHEUMATOID ARTHRITIS OF LEFT WRIST WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05639 | RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05641 | RHEUMATOID ARTHRITIS OF RIGHT HAND WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05642 | RHEUMATOID ARTHRITIS OF LEFT HAND WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05649 | RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05651 | RHEUMATOID ARTHRITIS OF RIGHT HIP WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05652 | RHEUMATOID ARTHRITIS OF LEFT HIP WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05659 | RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05661 | RHEUMATOID ARTHRITIS OF RIGHT KNEE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05662 | RHEUMATOID ARTHRITIS OF LEFT KNEE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05669 | RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M05671 | RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05672 | RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M05679 | RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M0569 | RHEUMATOID ARTHRITIS OF MULTIPLE SITES WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |
| M0570 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SITE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05711 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT SHOULDER WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05712 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT SHOULDER WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05719 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SHOULDER WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05721 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ELBOW WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05722 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ELBOW WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05729 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ELBOW WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05731 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT WRIST WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05732 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT WRIST WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05739 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED WRIST WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05741 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HAND WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05742 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HAND WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05749 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HAND WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05751 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HIP WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05752 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HIP WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05759 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HIP WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05761 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT KNEE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05762 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT KNEE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05769 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED KNEE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M05771 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ANKLE AND FOOT WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05772 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ANKLE AND FOOT WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05779 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ANKLE AND FOOT WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M0579 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M0580 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SITE |
| M05811 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT SHOULDER |
| M05812 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT SHOULDER |
| M05819 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SHOULDER |
| M05821 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ELBOW |
| M05822 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ELBOW |
| M05829 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ELBOW |
| M05831 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT WRIST |
| M05832 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT WRIST |
| M05839 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED WRIST |
| M05841 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HAND |
| M05842 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HAND |
| M05849 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HAND |
| M05851 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HIP |
| M05852 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HIP |
| M05859 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HIP |
| M05861 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT KNEE |
| M05862 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT KNEE |
| M05869 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED KNEE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M05871 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ANKLE AND FOOT |
| M05872 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ANKLE AND FOOT |
| M05879 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ANKLE AND FOOT |
| M0589 | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES |
| M059 | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED |
| M0600 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED SITE |
| M06011 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT SHOULDER |
| M06012 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT SHOULDER |
| M06019 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED SHOULDER |
| M06021 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT ELBOW |
| M06022 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT ELBOW |
| M06029 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED ELBOW |
| M06031 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT WRIST |
| M06032 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT WRIST |
| M06039 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED WRIST |
| M06041 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND |
| M06042 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT HAND |
| M06049 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED HAND |
| M06051 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HIP |
| M06052 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT HIP |
| M06059 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED HIP |
| M06061 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT KNEE |
| M06062 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT KNEE |
| M06069 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED KNEE |
| M06071 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT ANKLE AND FOOT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M06072 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT ANKLE AND FOOT |
| M06079 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED ANKLE AND FOOT |
| M0608 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, VERTEBRAE |
| M0609 | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES |
| M061 | ADULT-ONSET STILL'S DISEASE |
| M0620 | RHEUMATOID BURSTITIS, UNSPECIFIED SITE |
| M06211 | RHEUMATOID BURSTITIS, RIGHT SHOULDER |
| M06212 | RHEUMATOID BURSTITIS, LEFT SHOULDER |
| M06219 | RHEUMATOID BURSTITIS, UNSPECIFIED SHOULDER |
| M06221 | RHEUMATOID BURSTITIS, RIGHT ELBOW |
| M06222 | RHEUMATOID BURSTITIS, LEFT ELBOW |
| M06229 | RHEUMATOID BURSTITIS, UNSPECIFIED ELBOW |
| M06231 | RHEUMATOID BURSTITIS, RIGHT WRIST |
| M06232 | RHEUMATOID BURSTITIS, LEFT WRIST |
| M06239 | RHEUMATOID BURSTITIS, UNSPECIFIED WRIST |
| M06241 | RHEUMATOID BURSTITIS, RIGHT HAND |
| M06242 | RHEUMATOID BURSTITIS, LEFT HAND |
| M06249 | RHEUMATOID BURSTITIS, UNSPECIFIED HAND |
| M06251 | RHEUMATOID BURSTITIS, RIGHT HIP |
| M06252 | RHEUMATOID BURSTITIS, LEFT HIP |
| M06259 | RHEUMATOID BURSTITIS, UNSPECIFIED HIP |
| M06261 | RHEUMATOID BURSTITIS, RIGHT KNEE |
| M06262 | RHEUMATOID BURSTITIS, LEFT KNEE |
| M06269 | RHEUMATOID BURSTITIS, UNSPECIFIED KNEE |
| M06271 | RHEUMATOID BURSTITIS, RIGHT ANKLE AND FOOT |
| M06272 | RHEUMATOID BURSTITIS, LEFT ANKLE AND FOOT |
| M06279 | RHEUMATOID BURSTITIS, UNSPECIFIED ANKLE AND FOOT |
| M0628 | RHEUMATOID BURSTITIS, VERTEBRAE |
| M0629 | RHEUMATOID BURSTITIS, MULTIPLE SITES |
| M0630 | RHEUMATOID NODULE, UNSPECIFIED SITE |
| M06311 | RHEUMATOID NODULE, RIGHT SHOULDER |
| M06312 | RHEUMATOID NODULE, LEFT SHOULDER |
| M06319 | RHEUMATOID NODULE, UNSPECIFIED SHOULDER |
| M06321 | RHEUMATOID NODULE, RIGHT ELBOW |

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

| ICD-10 Code | Description |
|--------------------|--|
| M06322 | RHEUMATOID NODULE, LEFT ELBOW |
| M06329 | RHEUMATOID NODULE, UNSPECIFIED ELBOW |
| M06331 | RHEUMATOID NODULE, RIGHT WRIST |
| M06332 | RHEUMATOID NODULE, LEFT WRIST |
| M06339 | RHEUMATOID NODULE, UNSPECIFIED WRIST |
| M06341 | RHEUMATOID NODULE, RIGHT HAND |
| M06342 | RHEUMATOID NODULE, LEFT HAND |
| M06349 | RHEUMATOID NODULE, UNSPECIFIED HAND |
| M06351 | RHEUMATOID NODULE, RIGHT HIP |
| M06352 | RHEUMATOID NODULE, LEFT HIP |
| M06359 | RHEUMATOID NODULE, UNSPECIFIED HIP |
| M06361 | RHEUMATOID NODULE, RIGHT KNEE |
| M06362 | RHEUMATOID NODULE, LEFT KNEE |
| M06369 | RHEUMATOID NODULE, UNSPECIFIED KNEE |
| M06371 | RHEUMATOID NODULE, RIGHT ANKLE AND FOOT |
| M06372 | RHEUMATOID NODULE, LEFT ANKLE AND FOOT |
| M06379 | RHEUMATOID NODULE, UNSPECIFIED ANKLE AND FOOT |
| M0638 | RHEUMATOID NODULE, VERTEBRAE |
| M0639 | RHEUMATOID NODULE, MULTIPLE SITES |
| M064 | INFLAMMATORY POLYARTHROPATHY |
| M0680 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED SITE |
| M06811 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT SHOULDER |
| M06812 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT SHOULDER |
| M06819 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED SHOULDER |
| M06821 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT ELBOW |
| M06822 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT ELBOW |
| M06829 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED ELBOW |
| M06831 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT WRIST |
| M06832 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT WRIST |
| M06839 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED WRIST |
| M06841 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT HAND |
| M06842 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT HAND |
| M06849 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED HAND |
| M06851 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT HIP |
| M06852 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT HIP |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M06859 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED HIP |
| M06861 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT KNEE |
| M06862 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT KNEE |
| M06869 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED KNEE |
| M06871 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT ANKLE AND FOOT |
| M06872 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT ANKLE AND FOOT |
| M06879 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED ANKLE AND FOOT |
| M0688 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, VERTEBRAE |
| M0689 | OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES |
| M069 | RHEUMATOID ARTHRITIS, UNSPECIFIED |
| M0760 | ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED SITE |
| M07611 | ENTEROPATHIC ARTHROPATHIES, RIGHT SHOULDER |
| M07612 | ENTEROPATHIC ARTHROPATHIES, LEFT SHOULDER |
| M07619 | ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED SHOULDER |
| M07621 | ENTEROPATHIC ARTHROPATHIES, RIGHT ELBOW |
| M07622 | ENTEROPATHIC ARTHROPATHIES, LEFT ELBOW |
| M07629 | ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED ELBOW |
| M07631 | ENTEROPATHIC ARTHROPATHIES, RIGHT WRIST |
| M07632 | ENTEROPATHIC ARTHROPATHIES, LEFT WRIST |
| M07639 | ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED WRIST |
| M07641 | ENTEROPATHIC ARTHROPATHIES, RIGHT HAND |
| M07642 | ENTEROPATHIC ARTHROPATHIES, LEFT HAND |
| M07649 | ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED HAND |
| M07651 | ENTEROPATHIC ARTHROPATHIES, RIGHT HIP |
| M07652 | ENTEROPATHIC ARTHROPATHIES, LEFT HIP |
| M07659 | ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED HIP |
| M07661 | ENTEROPATHIC ARTHROPATHIES, RIGHT KNEE |
| M07662 | ENTEROPATHIC ARTHROPATHIES, LEFT KNEE |
| M07669 | ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED KNEE |
| M07671 | ENTEROPATHIC ARTHROPATHIES, RIGHT ANKLE AND FOOT |
| M07672 | ENTEROPATHIC ARTHROPATHIES, LEFT ANKLE AND FOOT |
| M07679 | ENTEROPATHIC ARTHROPATHIES, UNSPECIFIED ANKLE AND FOOT |
| M0768 | ENTEROPATHIC ARTHROPATHIES, VERTEBRAE |
| M0769 | ENTEROPATHIC ARTHROPATHIES, MULTIPLE SITES |
| M0800 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M08011 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT SHOULDER |
| M08012 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT SHOULDER |
| M08019 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED SHOULDER |
| M08021 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT ELBOW |
| M08022 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT ELBOW |
| M08029 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED ELBOW |
| M08031 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT WRIST |
| M08032 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT WRIST |
| M08039 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED WRIST |
| M08041 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT HAND |
| M08042 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT HAND |
| M08049 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED HAND |
| M08051 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT HIP |
| M08052 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT HIP |
| M08059 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED HIP |
| M08061 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT KNEE |
| M08062 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT KNEE |
| M08069 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED KNEE |
| M08071 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT ANKLE AND FOOT |
| M08072 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT ANKLE AND FOOT |
| M08079 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED ANKLE AND FOOT |
| M0808 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, VERTEBRAE |
| M0809 | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, MULTIPLE SITES |
| M081 | JUVENILE ANKYLOSING SPONDYLITIS |
| M0820 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED SITE |
| M08211 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT SHOULDER |
| M08212 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT SHOULDER |
| M08219 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED SHOULDER |
| M08221 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT ELBOW |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M08222 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT ELBOW |
| M08229 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED ELBOW |
| M08231 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT WRIST |
| M08232 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT WRIST |
| M08239 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED WRIST |
| M08241 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT HAND |
| M08242 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT HAND |
| M08249 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED HAND |
| M08251 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT HIP |
| M08252 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT HIP |
| M08259 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED HIP |
| M08261 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT KNEE |
| M08262 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT KNEE |
| M08269 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED KNEE |
| M08271 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT ANKLE AND FOOT |
| M08272 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT ANKLE AND FOOT |
| M08279 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED ANKLE AND FOOT |
| M0828 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, VERTEBRAE |
| M0829 | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, MULTIPLE SITES |
| M083 | JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE) |
| M0840 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED SITE |
| M08411 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT SHOULDER |
| M08412 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT SHOULDER |
| M08419 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED SHOULDER |
| M08421 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT ELBOW |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M08422 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT ELBOW |
| M08429 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED ELBOW |
| M08431 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT WRIST |
| M08432 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT WRIST |
| M08439 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED WRIST |
| M08441 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT HAND |
| M08442 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT HAND |
| M08449 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED HAND |
| M08451 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT HIP |
| M08452 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT HIP |
| M08459 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED HIP |
| M08461 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT KNEE |
| M08462 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT KNEE |
| M08469 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED KNEE |
| M08471 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT ANKLE AND FOOT |
| M08472 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT ANKLE AND FOOT |
| M08479 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED ANKLE AND FOOT |
| M0848 | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, VERTEBRAE |
| M0880 | OTHER JUVENILE ARTHRITIS, UNSPECIFIED SITE |
| M08811 | OTHER JUVENILE ARTHRITIS, RIGHT SHOULDER |
| M08812 | OTHER JUVENILE ARTHRITIS, LEFT SHOULDER |
| M08819 | OTHER JUVENILE ARTHRITIS, UNSPECIFIED SHOULDER |
| M08821 | OTHER JUVENILE ARTHRITIS, RIGHT ELBOW |
| M08822 | OTHER JUVENILE ARTHRITIS, LEFT ELBOW |
| M08829 | OTHER JUVENILE ARTHRITIS, UNSPECIFIED ELBOW |
| M08831 | OTHER JUVENILE ARTHRITIS, RIGHT WRIST |
| M08832 | OTHER JUVENILE ARTHRITIS, LEFT WRIST |
| M08839 | OTHER JUVENILE ARTHRITIS, UNSPECIFIED WRIST |
| M08841 | OTHER JUVENILE ARTHRITIS, RIGHT HAND |
| M08842 | OTHER JUVENILE ARTHRITIS, LEFT HAND |
| M08849 | OTHER JUVENILE ARTHRITIS, UNSPECIFIED HAND |
| M08851 | OTHER JUVENILE ARTHRITIS, RIGHT HIP |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M08852 | OTHER JUVENILE ARTHRITIS, LEFT HIP |
| M08859 | OTHER JUVENILE ARTHRITIS, UNSPECIFIED HIP |
| M08861 | OTHER JUVENILE ARTHRITIS, RIGHT KNEE |
| M08862 | OTHER JUVENILE ARTHRITIS, LEFT KNEE |
| M08869 | OTHER JUVENILE ARTHRITIS, UNSPECIFIED KNEE |
| M08871 | OTHER JUVENILE ARTHRITIS, RIGHT ANKLE AND FOOT |
| M08872 | OTHER JUVENILE ARTHRITIS, LEFT ANKLE AND FOOT |
| M08879 | OTHER JUVENILE ARTHRITIS, UNSPECIFIED ANKLE AND FOOT |
| M0888 | OTHER JUVENILE ARTHRITIS, OTHER SPECIFIED SITE |
| M0889 | OTHER JUVENILE ARTHRITIS, MULTIPLE SITES |
| M0890 | JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED SITE |
| M08911 | JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT SHOULDER |
| M08912 | JUVENILE ARTHRITIS, UNSPECIFIED, LEFT SHOULDER |
| M08919 | JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED SHOULDER |
| M08921 | JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT ELBOW |
| M08922 | JUVENILE ARTHRITIS, UNSPECIFIED, LEFT ELBOW |
| M08929 | JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED ELBOW |
| M08931 | JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT WRIST |
| M08932 | JUVENILE ARTHRITIS, UNSPECIFIED, LEFT WRIST |
| M08939 | JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED WRIST |
| M08941 | JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT HAND |
| M08942 | JUVENILE ARTHRITIS, UNSPECIFIED, LEFT HAND |
| M08949 | JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED HAND |
| M08951 | JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT HIP |
| M08952 | JUVENILE ARTHRITIS, UNSPECIFIED, LEFT HIP |
| M08959 | JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED HIP |
| M08961 | JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT KNEE |
| M08962 | JUVENILE ARTHRITIS, UNSPECIFIED, LEFT KNEE |
| M08969 | JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED KNEE |
| M08971 | JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT ANKLE AND FOOT |
| M08972 | JUVENILE ARTHRITIS, UNSPECIFIED, LEFT ANKLE AND FOOT |
| M08979 | JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED ANKLE AND FOOT |
| M0898 | JUVENILE ARTHRITIS, UNSPECIFIED, VERTEBRAE |
| M0899 | JUVENILE ARTHRITIS, UNSPECIFIED, MULTIPLE SITES |
| M1100 | HYDROXYAPATITE DEPOSITION DISEASE, UNSPECIFIED SITE |
| M11011 | HYDROXYAPATITE DEPOSITION DISEASE, RIGHT SHOULDER |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M11012 | HYDROXYAPATITE DEPOSITION DISEASE, LEFT SHOULDER |
| M11019 | HYDROXYAPATITE DEPOSITION DISEASE, UNSPECIFIED SHOULDER |
| M11021 | HYDROXYAPATITE DEPOSITION DISEASE, RIGHT ELBOW |
| M11022 | HYDROXYAPATITE DEPOSITION DISEASE, LEFT ELBOW |
| M11029 | HYDROXYAPATITE DEPOSITION DISEASE, UNSPECIFIED ELBOW |
| M11031 | HYDROXYAPATITE DEPOSITION DISEASE, RIGHT WRIST |
| M11032 | HYDROXYAPATITE DEPOSITION DISEASE, LEFT WRIST |
| M11039 | HYDROXYAPATITE DEPOSITION DISEASE, UNSPECIFIED WRIST |
| M11041 | HYDROXYAPATITE DEPOSITION DISEASE, RIGHT HAND |
| M11042 | HYDROXYAPATITE DEPOSITION DISEASE, LEFT HAND |
| M11049 | HYDROXYAPATITE DEPOSITION DISEASE, UNSPECIFIED HAND |
| M11051 | HYDROXYAPATITE DEPOSITION DISEASE, RIGHT HIP |
| M11052 | HYDROXYAPATITE DEPOSITION DISEASE, LEFT HIP |
| M11059 | HYDROXYAPATITE DEPOSITION DISEASE, UNSPECIFIED HIP |
| M11061 | HYDROXYAPATITE DEPOSITION DISEASE, RIGHT KNEE |
| M11062 | HYDROXYAPATITE DEPOSITION DISEASE, LEFT KNEE |
| M11069 | HYDROXYAPATITE DEPOSITION DISEASE, UNSPECIFIED KNEE |
| M11071 | HYDROXYAPATITE DEPOSITION DISEASE, RIGHT ANKLE AND FOOT |
| M11072 | HYDROXYAPATITE DEPOSITION DISEASE, LEFT ANKLE AND FOOT |
| M11079 | HYDROXYAPATITE DEPOSITION DISEASE, UNSPECIFIED ANKLE AND FOOT |
| M1108 | HYDROXYAPATITE DEPOSITION DISEASE, VERTEBRAE |
| M1109 | HYDROXYAPATITE DEPOSITION DISEASE, MULTIPLE SITES |
| M1110 | FAMILIAL CHONDROCALCINOSIS, UNSPECIFIED SITE |
| M11111 | FAMILIAL CHONDROCALCINOSIS, RIGHT SHOULDER |
| M11112 | FAMILIAL CHONDROCALCINOSIS, LEFT SHOULDER |
| M11119 | FAMILIAL CHONDROCALCINOSIS, UNSPECIFIED SHOULDER |
| M11121 | FAMILIAL CHONDROCALCINOSIS, RIGHT ELBOW |
| M11122 | FAMILIAL CHONDROCALCINOSIS, LEFT ELBOW |
| M11129 | FAMILIAL CHONDROCALCINOSIS, UNSPECIFIED ELBOW |
| M11131 | FAMILIAL CHONDROCALCINOSIS, RIGHT WRIST |
| M11132 | FAMILIAL CHONDROCALCINOSIS, LEFT WRIST |
| M11139 | FAMILIAL CHONDROCALCINOSIS, UNSPECIFIED WRIST |
| M11141 | FAMILIAL CHONDROCALCINOSIS, RIGHT HAND |
| M11142 | FAMILIAL CHONDROCALCINOSIS, LEFT HAND |
| M11149 | FAMILIAL CHONDROCALCINOSIS, UNSPECIFIED HAND |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M11151 | FAMILIAL CHONDROCALCINOSIS, RIGHT HIP |
| M11152 | FAMILIAL CHONDROCALCINOSIS, LEFT HIP |
| M11159 | FAMILIAL CHONDROCALCINOSIS, UNSPECIFIED HIP |
| M11161 | FAMILIAL CHONDROCALCINOSIS, RIGHT KNEE |
| M11162 | FAMILIAL CHONDROCALCINOSIS, LEFT KNEE |
| M11169 | FAMILIAL CHONDROCALCINOSIS, UNSPECIFIED KNEE |
| M11171 | FAMILIAL CHONDROCALCINOSIS, RIGHT ANKLE AND FOOT |
| M11172 | FAMILIAL CHONDROCALCINOSIS, LEFT ANKLE AND FOOT |
| M11179 | FAMILIAL CHONDROCALCINOSIS, UNSPECIFIED ANKLE AND FOOT |
| M1118 | FAMILIAL CHONDROCALCINOSIS, VERTEBRAE |
| M1119 | FAMILIAL CHONDROCALCINOSIS, MULTIPLE SITES |
| M1120 | OTHER CHONDROCALCINOSIS, UNSPECIFIED SITE |
| M11211 | OTHER CHONDROCALCINOSIS, RIGHT SHOULDER |
| M11212 | OTHER CHONDROCALCINOSIS, LEFT SHOULDER |
| M11219 | OTHER CHONDROCALCINOSIS, UNSPECIFIED SHOULDER |
| M11221 | OTHER CHONDROCALCINOSIS, RIGHT ELBOW |
| M11222 | OTHER CHONDROCALCINOSIS, LEFT ELBOW |
| M11229 | OTHER CHONDROCALCINOSIS, UNSPECIFIED ELBOW |
| M11231 | OTHER CHONDROCALCINOSIS, RIGHT WRIST |
| M11232 | OTHER CHONDROCALCINOSIS, LEFT WRIST |
| M11239 | OTHER CHONDROCALCINOSIS, UNSPECIFIED WRIST |
| M11241 | OTHER CHONDROCALCINOSIS, RIGHT HAND |
| M11242 | OTHER CHONDROCALCINOSIS, LEFT HAND |
| M11249 | OTHER CHONDROCALCINOSIS, UNSPECIFIED HAND |
| M11251 | OTHER CHONDROCALCINOSIS, RIGHT HIP |
| M11252 | OTHER CHONDROCALCINOSIS, LEFT HIP |
| M11259 | OTHER CHONDROCALCINOSIS, UNSPECIFIED HIP |
| M11261 | OTHER CHONDROCALCINOSIS, RIGHT KNEE |
| M11262 | OTHER CHONDROCALCINOSIS, LEFT KNEE |
| M11269 | OTHER CHONDROCALCINOSIS, UNSPECIFIED KNEE |
| M11271 | OTHER CHONDROCALCINOSIS, RIGHT ANKLE AND FOOT |
| M11272 | OTHER CHONDROCALCINOSIS, LEFT ANKLE AND FOOT |
| M11279 | OTHER CHONDROCALCINOSIS, UNSPECIFIED ANKLE AND FOOT |
| M1128 | OTHER CHONDROCALCINOSIS, VERTEBRAE |
| M1129 | OTHER CHONDROCALCINOSIS, MULTIPLE SITES |
| M1180 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, UNSPECIFIED SITE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M11811 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, RIGHT SHOULDER |
| M11812 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, LEFT SHOULDER |
| M11819 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, UNSPECIFIED SHOULDER |
| M11821 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, RIGHT ELBOW |
| M11822 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, LEFT ELBOW |
| M11829 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, UNSPECIFIED ELBOW |
| M11831 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, RIGHT WRIST |
| M11832 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, LEFT WRIST |
| M11839 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, UNSPECIFIED WRIST |
| M11841 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, RIGHT HAND |
| M11842 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, LEFT HAND |
| M11849 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, UNSPECIFIED HAND |
| M11851 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, RIGHT HIP |
| M11852 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, LEFT HIP |
| M11859 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, UNSPECIFIED HIP |
| M11861 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, RIGHT KNEE |
| M11862 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, LEFT KNEE |
| M11869 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, UNSPECIFIED KNEE |
| M11871 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, RIGHT ANKLE AND FOOT |
| M11872 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, LEFT ANKLE AND FOOT |
| M11879 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, UNSPECIFIED ANKLE AND FOOT |
| M1188 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, VERTEBRAE |
| M1189 | OTHER SPECIFIED CRYSTAL ARTHROPATHIES, MULTIPLE SITES |
| M119 | CRYSTAL ARTHROPATHY, UNSPECIFIED |
| M1200 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], UNSPECIFIED SITE |
| M12011 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT SHOULDER |
| M12012 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT SHOULDER |
| M12019 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], UNSPECIFIED SHOULDER |
| M12021 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT ELBOW |
| M12022 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT ELBOW |
| M12029 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], UNSPECIFIED ELBOW |
| M12031 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT WRIST |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M12032 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT WRIST |
| M12039 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], UNSPECIFIED WRIST |
| M12041 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT HAND |
| M12042 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT HAND |
| M12049 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], UNSPECIFIED HAND |
| M12051 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT HIP |
| M12052 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT HIP |
| M12059 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], UNSPECIFIED HIP |
| M12061 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT KNEE |
| M12062 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT KNEE |
| M12069 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], UNSPECIFIED KNEE |
| M12071 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT ANKLE AND FOOT |
| M12072 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT ANKLE AND FOOT |
| M12079 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], UNSPECIFIED ANKLE AND FOOT |
| M1208 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], OTHER SPECIFIED SITE |
| M1209 | CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], MULTIPLE SITES |
| M1210 | KASCHIN-BECK DISEASE, UNSPECIFIED SITE |
| M12111 | KASCHIN-BECK DISEASE, RIGHT SHOULDER |
| M12112 | KASCHIN-BECK DISEASE, LEFT SHOULDER |
| M12119 | KASCHIN-BECK DISEASE, UNSPECIFIED SHOULDER |
| M12121 | KASCHIN-BECK DISEASE, RIGHT ELBOW |
| M12122 | KASCHIN-BECK DISEASE, LEFT ELBOW |
| M12129 | KASCHIN-BECK DISEASE, UNSPECIFIED ELBOW |
| M12131 | KASCHIN-BECK DISEASE, RIGHT WRIST |
| M12132 | KASCHIN-BECK DISEASE, LEFT WRIST |
| M12139 | KASCHIN-BECK DISEASE, UNSPECIFIED WRIST |
| M12141 | KASCHIN-BECK DISEASE, RIGHT HAND |
| M12142 | KASCHIN-BECK DISEASE, LEFT HAND |
| M12149 | KASCHIN-BECK DISEASE, UNSPECIFIED HAND |
| M12151 | KASCHIN-BECK DISEASE, RIGHT HIP |
| M12152 | KASCHIN-BECK DISEASE, LEFT HIP |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M12159 | KASCHIN-BECK DISEASE, UNSPECIFIED HIP |
| M12161 | KASCHIN-BECK DISEASE, RIGHT KNEE |
| M12162 | KASCHIN-BECK DISEASE, LEFT KNEE |
| M12169 | KASCHIN-BECK DISEASE, UNSPECIFIED KNEE |
| M12171 | KASCHIN-BECK DISEASE, RIGHT ANKLE AND FOOT |
| M12172 | KASCHIN-BECK DISEASE, LEFT ANKLE AND FOOT |
| M12179 | KASCHIN-BECK DISEASE, UNSPECIFIED ANKLE AND FOOT |
| M1218 | KASCHIN-BECK DISEASE, VERTEBRAE |
| M1219 | KASCHIN-BECK DISEASE, MULTIPLE SITES |
| M1220 | VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED SITE |
| M12211 | VILLONODULAR SYNOVITIS (PIGMENTED), RIGHT SHOULDER |
| M12212 | VILLONODULAR SYNOVITIS (PIGMENTED), LEFT SHOULDER |
| M12219 | VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED SHOULDER |
| M12221 | VILLONODULAR SYNOVITIS (PIGMENTED), RIGHT ELBOW |
| M12222 | VILLONODULAR SYNOVITIS (PIGMENTED), LEFT ELBOW |
| M12229 | VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED ELBOW |
| M12231 | VILLONODULAR SYNOVITIS (PIGMENTED), RIGHT WRIST |
| M12232 | VILLONODULAR SYNOVITIS (PIGMENTED), LEFT WRIST |
| M12239 | VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED WRIST |
| M12241 | VILLONODULAR SYNOVITIS (PIGMENTED), RIGHT HAND |
| M12242 | VILLONODULAR SYNOVITIS (PIGMENTED), LEFT HAND |
| M12249 | VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED HAND |
| M12251 | VILLONODULAR SYNOVITIS (PIGMENTED), RIGHT HIP |
| M12252 | VILLONODULAR SYNOVITIS (PIGMENTED), LEFT HIP |
| M12259 | VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED HIP |
| M12261 | VILLONODULAR SYNOVITIS (PIGMENTED), RIGHT KNEE |
| M12262 | VILLONODULAR SYNOVITIS (PIGMENTED), LEFT KNEE |
| M12269 | VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED KNEE |
| M12271 | VILLONODULAR SYNOVITIS (PIGMENTED), RIGHT ANKLE AND FOOT |
| M12272 | VILLONODULAR SYNOVITIS (PIGMENTED), LEFT ANKLE AND FOOT |
| M12279 | VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED ANKLE AND FOOT |
| M1228 | VILLONODULAR SYNOVITIS (PIGMENTED), OTHER SPECIFIED SITE |
| M1229 | VILLONODULAR SYNOVITIS (PIGMENTED), MULTIPLE SITES |
| M1230 | PALINDROMIC RHEUMATISM, UNSPECIFIED SITE |
| M12311 | PALINDROMIC RHEUMATISM, RIGHT SHOULDER |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M12312 | PALINDROMIC RHEUMATISM, LEFT SHOULDER |
| M12319 | PALINDROMIC RHEUMATISM, UNSPECIFIED SHOULDER |
| M12321 | PALINDROMIC RHEUMATISM, RIGHT ELBOW |
| M12322 | PALINDROMIC RHEUMATISM, LEFT ELBOW |
| M12329 | PALINDROMIC RHEUMATISM, UNSPECIFIED ELBOW |
| M12331 | PALINDROMIC RHEUMATISM, RIGHT WRIST |
| M12332 | PALINDROMIC RHEUMATISM, LEFT WRIST |
| M12339 | PALINDROMIC RHEUMATISM, UNSPECIFIED WRIST |
| M12341 | PALINDROMIC RHEUMATISM, RIGHT HAND |
| M12342 | PALINDROMIC RHEUMATISM, LEFT HAND |
| M12349 | PALINDROMIC RHEUMATISM, UNSPECIFIED HAND |
| M12351 | PALINDROMIC RHEUMATISM, RIGHT HIP |
| M12352 | PALINDROMIC RHEUMATISM, LEFT HIP |
| M12359 | PALINDROMIC RHEUMATISM, UNSPECIFIED HIP |
| M12361 | PALINDROMIC RHEUMATISM, RIGHT KNEE |
| M12362 | PALINDROMIC RHEUMATISM, LEFT KNEE |
| M12369 | PALINDROMIC RHEUMATISM, UNSPECIFIED KNEE |
| M12371 | PALINDROMIC RHEUMATISM, RIGHT ANKLE AND FOOT |
| M12372 | PALINDROMIC RHEUMATISM, LEFT ANKLE AND FOOT |
| M12379 | PALINDROMIC RHEUMATISM, UNSPECIFIED ANKLE AND FOOT |
| M1238 | PALINDROMIC RHEUMATISM, OTHER SPECIFIED SITE |
| M1239 | PALINDROMIC RHEUMATISM, MULTIPLE SITES |
| M1240 | INTERMITTENT HYDRARTHROSIS, UNSPECIFIED SITE |
| M12411 | INTERMITTENT HYDRARTHROSIS, RIGHT SHOULDER |
| M12412 | INTERMITTENT HYDRARTHROSIS, LEFT SHOULDER |
| M12419 | INTERMITTENT HYDRARTHROSIS, UNSPECIFIED SHOULDER |
| M12421 | INTERMITTENT HYDRARTHROSIS, RIGHT ELBOW |
| M12422 | INTERMITTENT HYDRARTHROSIS, LEFT ELBOW |
| M12429 | INTERMITTENT HYDRARTHROSIS, UNSPECIFIED ELBOW |
| M12431 | INTERMITTENT HYDRARTHROSIS, RIGHT WRIST |
| M12432 | INTERMITTENT HYDRARTHROSIS, LEFT WRIST |
| M12439 | INTERMITTENT HYDRARTHROSIS, UNSPECIFIED WRIST |
| M12441 | INTERMITTENT HYDRARTHROSIS, RIGHT HAND |
| M12442 | INTERMITTENT HYDRARTHROSIS, LEFT HAND |
| M12449 | INTERMITTENT HYDRARTHROSIS, UNSPECIFIED HAND |
| M12451 | INTERMITTENT HYDRARTHROSIS, RIGHT HIP |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M12452 | INTERMITTENT HYDRARTHROSIS, LEFT HIP |
| M12459 | INTERMITTENT HYDRARTHROSIS, UNSPECIFIED HIP |
| M12461 | INTERMITTENT HYDRARTHROSIS, RIGHT KNEE |
| M12462 | INTERMITTENT HYDRARTHROSIS, LEFT KNEE |
| M12469 | INTERMITTENT HYDRARTHROSIS, UNSPECIFIED KNEE |
| M12471 | INTERMITTENT HYDRARTHROSIS, RIGHT ANKLE AND FOOT |
| M12472 | INTERMITTENT HYDRARTHROSIS, LEFT ANKLE AND FOOT |
| M12479 | INTERMITTENT HYDRARTHROSIS, UNSPECIFIED ANKLE AND FOOT |
| M1248 | INTERMITTENT HYDRARTHROSIS, OTHER SITE |
| M1249 | INTERMITTENT HYDRARTHROSIS, MULTIPLE SITES |
| M1250 | TRAUMATIC ARTHROPATHY, UNSPECIFIED SITE |
| M12511 | TRAUMATIC ARTHROPATHY, RIGHT SHOULDER |
| M12512 | TRAUMATIC ARTHROPATHY, LEFT SHOULDER |
| M12519 | TRAUMATIC ARTHROPATHY, UNSPECIFIED SHOULDER |
| M12521 | TRAUMATIC ARTHROPATHY, RIGHT ELBOW |
| M12522 | TRAUMATIC ARTHROPATHY, LEFT ELBOW |
| M12529 | TRAUMATIC ARTHROPATHY, UNSPECIFIED ELBOW |
| M12531 | TRAUMATIC ARTHROPATHY, RIGHT WRIST |
| M12532 | TRAUMATIC ARTHROPATHY, LEFT WRIST |
| M12539 | TRAUMATIC ARTHROPATHY, UNSPECIFIED WRIST |
| M12541 | TRAUMATIC ARTHROPATHY, RIGHT HAND |
| M12542 | TRAUMATIC ARTHROPATHY, LEFT HAND |
| M12549 | TRAUMATIC ARTHROPATHY, UNSPECIFIED HAND |
| M12551 | TRAUMATIC ARTHROPATHY, RIGHT HIP |
| M12552 | TRAUMATIC ARTHROPATHY, LEFT HIP |
| M12559 | TRAUMATIC ARTHROPATHY, UNSPECIFIED HIP |
| M12561 | TRAUMATIC ARTHROPATHY, RIGHT KNEE |
| M12562 | TRAUMATIC ARTHROPATHY, LEFT KNEE |
| M12569 | TRAUMATIC ARTHROPATHY, UNSPECIFIED KNEE |
| M12571 | TRAUMATIC ARTHROPATHY, RIGHT ANKLE AND FOOT |
| M12572 | TRAUMATIC ARTHROPATHY, LEFT ANKLE AND FOOT |
| M12579 | TRAUMATIC ARTHROPATHY, UNSPECIFIED ANKLE AND FOOT |
| M1258 | TRAUMATIC ARTHROPATHY, OTHER SPECIFIED SITE |
| M1259 | TRAUMATIC ARTHROPATHY, MULTIPLE SITES |
| M1280 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M12811 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER |
| M12812 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT SHOULDER |
| M12819 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SHOULDER |
| M12821 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT ELBOW |
| M12822 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT ELBOW |
| M12829 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ELBOW |
| M12831 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT WRIST |
| M12832 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT WRIST |
| M12839 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED WRIST |
| M12841 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT HAND |
| M12842 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT HAND |
| M12849 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HAND |
| M12851 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT HIP |
| M12852 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT HIP |
| M12859 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HIP |
| M12861 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT KNEE |
| M12862 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT KNEE |
| M12869 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED KNEE |
| M12871 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE AND FOOT |
| M12872 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT ANKLE AND FOOT |
| M12879 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ANKLE AND FOOT |
| M1288 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, OTHER SPECIFIED SITE |
| M1289 | OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, MULTIPLE SITES |
| M129 | ARTHROPATHY, UNSPECIFIED |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M130 | POLYARTHRITIS, UNSPECIFIED |
| M1310 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE |
| M13111 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER |
| M13112 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, LEFT SHOULDER |
| M13119 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SHOULDER |
| M13121 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, RIGHT ELBOW |
| M13122 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, LEFT ELBOW |
| M13129 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ELBOW |
| M13131 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, RIGHT WRIST |
| M13132 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, LEFT WRIST |
| M13139 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED WRIST |
| M13141 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, RIGHT HAND |
| M13142 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, LEFT HAND |
| M13149 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HAND |
| M13151 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, RIGHT HIP |
| M13152 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, LEFT HIP |
| M13159 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HIP |
| M13161 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, RIGHT KNEE |
| M13162 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, LEFT KNEE |
| M13169 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED KNEE |
| M13171 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE AND FOOT |
| M13172 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, LEFT ANKLE AND FOOT |
| M13179 | MONOARTHRITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ANKLE AND FOOT |
| M1380 | OTHER SPECIFIED ARTHRITIS, UNSPECIFIED SITE |
| M13811 | OTHER SPECIFIED ARTHRITIS, RIGHT SHOULDER |
| M13812 | OTHER SPECIFIED ARTHRITIS, LEFT SHOULDER |
| M13819 | OTHER SPECIFIED ARTHRITIS, UNSPECIFIED SHOULDER |
| M13821 | OTHER SPECIFIED ARTHRITIS, RIGHT ELBOW |
| M13822 | OTHER SPECIFIED ARTHRITIS, LEFT ELBOW |
| M13829 | OTHER SPECIFIED ARTHRITIS, UNSPECIFIED ELBOW |
| M13831 | OTHER SPECIFIED ARTHRITIS, RIGHT WRIST |
| M13832 | OTHER SPECIFIED ARTHRITIS, LEFT WRIST |
| M13839 | OTHER SPECIFIED ARTHRITIS, UNSPECIFIED WRIST |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M13841 | OTHER SPECIFIED ARTHRITIS, RIGHT HAND |
| M13842 | OTHER SPECIFIED ARTHRITIS, LEFT HAND |
| M13849 | OTHER SPECIFIED ARTHRITIS, UNSPECIFIED HAND |
| M13851 | OTHER SPECIFIED ARTHRITIS, RIGHT HIP |
| M13852 | OTHER SPECIFIED ARTHRITIS, LEFT HIP |
| M13859 | OTHER SPECIFIED ARTHRITIS, UNSPECIFIED HIP |
| M13861 | OTHER SPECIFIED ARTHRITIS, RIGHT KNEE |
| M13862 | OTHER SPECIFIED ARTHRITIS, LEFT KNEE |
| M13869 | OTHER SPECIFIED ARTHRITIS, UNSPECIFIED KNEE |
| M13871 | OTHER SPECIFIED ARTHRITIS, RIGHT ANKLE AND FOOT |
| M13872 | OTHER SPECIFIED ARTHRITIS, LEFT ANKLE AND FOOT |
| M13879 | OTHER SPECIFIED ARTHRITIS, UNSPECIFIED ANKLE AND FOOT |
| M1388 | OTHER SPECIFIED ARTHRITIS, OTHER SITE |
| M1389 | OTHER SPECIFIED ARTHRITIS, MULTIPLE SITES |
| M1460 | CHARCOT'S JOINT, UNSPECIFIED SITE |
| M14611 | CHARCOT'S JOINT, RIGHT SHOULDER |
| M14612 | CHARCOT'S JOINT, LEFT SHOULDER |
| M14619 | CHARCOT'S JOINT, UNSPECIFIED SHOULDER |
| M14621 | CHARCOT'S JOINT, RIGHT ELBOW |
| M14622 | CHARCOT'S JOINT, LEFT ELBOW |
| M14629 | CHARCOT'S JOINT, UNSPECIFIED ELBOW |
| M14631 | CHARCOT'S JOINT, RIGHT WRIST |
| M14632 | CHARCOT'S JOINT, LEFT WRIST |
| M14639 | CHARCOT'S JOINT, UNSPECIFIED WRIST |
| M14641 | CHARCOT'S JOINT, RIGHT HAND |
| M14642 | CHARCOT'S JOINT, LEFT HAND |
| M14649 | CHARCOT'S JOINT, UNSPECIFIED HAND |
| M14651 | CHARCOT'S JOINT, RIGHT HIP |
| M14652 | CHARCOT'S JOINT, LEFT HIP |
| M14659 | CHARCOT'S JOINT, UNSPECIFIED HIP |
| M14661 | CHARCOT'S JOINT, RIGHT KNEE |
| M14662 | CHARCOT'S JOINT, LEFT KNEE |
| M14669 | CHARCOT'S JOINT, UNSPECIFIED KNEE |
| M14671 | CHARCOT'S JOINT, RIGHT ANKLE AND FOOT |
| M14672 | CHARCOT'S JOINT, LEFT ANKLE AND FOOT |
| M14679 | CHARCOT'S JOINT, UNSPECIFIED ANKLE AND FOOT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M1468 | CHARCOT'S JOINT, VERTEBRAE |
| M1469 | CHARCOT'S JOINT, MULTIPLE SITES |
| M1480 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SITE |
| M14811 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, RIGHT SHOULDER |
| M14812 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, LEFT SHOULDER |
| M14819 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SHOULDER |
| M14821 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, RIGHT ELBOW |
| M14822 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, LEFT ELBOW |
| M14829 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED ELBOW |
| M14831 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, RIGHT WRIST |
| M14832 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, LEFT WRIST |
| M14839 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED WRIST |
| M14841 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, RIGHT HAND |
| M14842 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, LEFT HAND |
| M14849 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED HAND |
| M14851 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, RIGHT HIP |
| M14852 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, LEFT HIP |
| M14859 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED HIP |
| M14861 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, RIGHT KNEE |
| M14862 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, LEFT KNEE |
| M14869 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED KNEE |
| M14871 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, RIGHT ANKLE AND FOOT |
| M14872 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, LEFT ANKLE AND FOOT |
| M14879 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED ANKLE AND FOOT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M1488 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, VERTEBRAE |
| M1489 | ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, MULTIPLE SITES |
| M150 | PRIMARY GENERALIZED (OSTEO)ARTHRITIS |
| M151 | HEBERDEN'S NODES (WITH ARTHROPATHY) |
| M152 | BOUCHARD'S NODES (WITH ARTHROPATHY) |
| M153 | SECONDARY MULTIPLE ARTHRITIS |
| M154 | EROSIVE (OSTEO)ARTHRITIS |
| M158 | OTHER POLYOSTEOARTHRITIS |
| M159 | POLYOSTEOARTHRITIS, UNSPECIFIED |
| M160 | BILATERAL PRIMARY OSTEOARTHRITIS OF HIP |
| M1610 | UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED HIP |
| M1611 | UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP |
| M1612 | UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP |
| M162 | BILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA |
| M1630 | UNILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA, UNSPECIFIED HIP |
| M1631 | UNILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA, RIGHT HIP |
| M1632 | UNILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA, LEFT HIP |
| M164 | BILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF HIP |
| M1650 | UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED HIP |
| M1651 | UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT HIP |
| M1652 | UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT HIP |
| M166 | OTHER BILATERAL SECONDARY OSTEOARTHRITIS OF HIP |
| M167 | OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF HIP |
| M169 | OSTEOARTHRITIS OF HIP, UNSPECIFIED |
| M170 | BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE |
| M1710 | UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE |
| M1711 | UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE |
| M1712 | UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE |
| M172 | BILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF KNEE |
| M1730 | UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED KNEE |
| M1731 | UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT KNEE |
| M1732 | UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE |
| M174 | OTHER BILATERAL SECONDARY OSTEOARTHRITIS OF KNEE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M175 | OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF KNEE |
| M179 | OSTEOARTHRITIS OF KNEE, UNSPECIFIED |
| M180 | BILATERAL PRIMARY OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINTS |
| M1810 | UNILATERAL PRIMARY OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, UNSPECIFIED HAND |
| M1811 | UNILATERAL PRIMARY OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, RIGHT HAND |
| M1812 | UNILATERAL PRIMARY OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, LEFT HAND |
| M182 | BILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINTS |
| M1830 | UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, UNSPECIFIED HAND |
| M1831 | UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, RIGHT HAND |
| M1832 | UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, LEFT HAND |
| M184 | OTHER BILATERAL SECONDARY OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINTS |
| M1850 | OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, UNSPECIFIED HAND |
| M1851 | OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, RIGHT HAND |
| M1852 | OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, LEFT HAND |
| M189 | OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, UNSPECIFIED |
| M19011 | PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER |
| M19012 | PRIMARY OSTEOARTHRITIS, LEFT SHOULDER |
| M19019 | PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER |
| M19021 | PRIMARY OSTEOARTHRITIS, RIGHT ELBOW |
| M19022 | PRIMARY OSTEOARTHRITIS, LEFT ELBOW |
| M19029 | PRIMARY OSTEOARTHRITIS, UNSPECIFIED ELBOW |
| M19031 | PRIMARY OSTEOARTHRITIS, RIGHT WRIST |
| M19032 | PRIMARY OSTEOARTHRITIS, LEFT WRIST |
| M19039 | PRIMARY OSTEOARTHRITIS, UNSPECIFIED WRIST |
| M19041 | PRIMARY OSTEOARTHRITIS, RIGHT HAND |
| M19042 | PRIMARY OSTEOARTHRITIS, LEFT HAND |
| M19049 | PRIMARY OSTEOARTHRITIS, UNSPECIFIED HAND |
| M19071 | PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT |
| M19072 | PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT |
| M19079 | PRIMARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M19111 | POST-TRAUMATIC OSTEOARTHRITIS, RIGHT SHOULDER |
| M19112 | POST-TRAUMATIC OSTEOARTHRITIS, LEFT SHOULDER |
| M19119 | POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED SHOULDER |
| M19121 | POST-TRAUMATIC OSTEOARTHRITIS, RIGHT ELBOW |
| M19122 | POST-TRAUMATIC OSTEOARTHRITIS, LEFT ELBOW |
| M19129 | POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED ELBOW |
| M19131 | POST-TRAUMATIC OSTEOARTHRITIS, RIGHT WRIST |
| M19132 | POST-TRAUMATIC OSTEOARTHRITIS, LEFT WRIST |
| M19139 | POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED WRIST |
| M19141 | POST-TRAUMATIC OSTEOARTHRITIS, RIGHT HAND |
| M19142 | POST-TRAUMATIC OSTEOARTHRITIS, LEFT HAND |
| M19149 | POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED HAND |
| M19171 | POST-TRAUMATIC OSTEOARTHRITIS, RIGHT ANKLE AND FOOT |
| M19172 | POST-TRAUMATIC OSTEOARTHRITIS, LEFT ANKLE AND FOOT |
| M19179 | POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT |
| M19211 | SECONDARY OSTEOARTHRITIS, RIGHT SHOULDER |
| M19212 | SECONDARY OSTEOARTHRITIS, LEFT SHOULDER |
| M19219 | SECONDARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER |
| M19221 | SECONDARY OSTEOARTHRITIS, RIGHT ELBOW |
| M19222 | SECONDARY OSTEOARTHRITIS, LEFT ELBOW |
| M19229 | SECONDARY OSTEOARTHRITIS, UNSPECIFIED ELBOW |
| M19231 | SECONDARY OSTEOARTHRITIS, RIGHT WRIST |
| M19232 | SECONDARY OSTEOARTHRITIS, LEFT WRIST |
| M19239 | SECONDARY OSTEOARTHRITIS, UNSPECIFIED WRIST |
| M19241 | SECONDARY OSTEOARTHRITIS, RIGHT HAND |
| M19242 | SECONDARY OSTEOARTHRITIS, LEFT HAND |
| M19249 | SECONDARY OSTEOARTHRITIS, UNSPECIFIED HAND |
| M19271 | SECONDARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT |
| M19272 | SECONDARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT |
| M19279 | SECONDARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT |
| M1990 | UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE |
| M1991 | PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE |
| M1992 | POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED SITE |
| M1993 | SECONDARY OSTEOARTHRITIS, UNSPECIFIED SITE |
| M2010 | HALLUX VALGUS (ACQUIRED), UNSPECIFIED FOOT |
| M2200 | RECURRENT DISLOCATION OF PATELLA, UNSPECIFIED KNEE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M2201 | RECURRENT DISLOCATION OF PATELLA, RIGHT KNEE |
| M2202 | RECURRENT DISLOCATION OF PATELLA, LEFT KNEE |
| M2210 | RECURRENT SUBLUXATION OF PATELLA, UNSPECIFIED KNEE |
| M2211 | RECURRENT SUBLUXATION OF PATELLA, RIGHT KNEE |
| M2212 | RECURRENT SUBLUXATION OF PATELLA, LEFT KNEE |
| M222X1 | PATELLOFEMORAL DISORDERS, RIGHT KNEE |
| M222X2 | PATELLOFEMORAL DISORDERS, LEFT KNEE |
| M222X9 | PATELLOFEMORAL DISORDERS, UNSPECIFIED KNEE |
| M223X1 | OTHER DERANGEMENTS OF PATELLA, RIGHT KNEE |
| M223X2 | OTHER DERANGEMENTS OF PATELLA, LEFT KNEE |
| M223X9 | OTHER DERANGEMENTS OF PATELLA, UNSPECIFIED KNEE |
| M2240 | CHONDROMALACIA PATELLAE, UNSPECIFIED KNEE |
| M2241 | CHONDROMALACIA PATELLAE, RIGHT KNEE |
| M2242 | CHONDROMALACIA PATELLAE, LEFT KNEE |
| M228X1 | OTHER DISORDERS OF PATELLA, RIGHT KNEE |
| M228X2 | OTHER DISORDERS OF PATELLA, LEFT KNEE |
| M228X9 | OTHER DISORDERS OF PATELLA, UNSPECIFIED KNEE |
| M2290 | UNSPECIFIED DISORDER OF PATELLA, UNSPECIFIED KNEE |
| M2291 | UNSPECIFIED DISORDER OF PATELLA, RIGHT KNEE |
| M2292 | UNSPECIFIED DISORDER OF PATELLA, LEFT KNEE |
| M23000 | CYSTIC MENISCUS, UNSPECIFIED LATERAL MENISCUS, RIGHT KNEE |
| M23001 | CYSTIC MENISCUS, UNSPECIFIED LATERAL MENISCUS, LEFT KNEE |
| M23002 | CYSTIC MENISCUS, UNSPECIFIED LATERAL MENISCUS, UNSPECIFIED KNEE |
| M23003 | CYSTIC MENISCUS, UNSPECIFIED MEDIAL MENISCUS, RIGHT KNEE |
| M23004 | CYSTIC MENISCUS, UNSPECIFIED MEDIAL MENISCUS, LEFT KNEE |
| M23005 | CYSTIC MENISCUS, UNSPECIFIED MEDIAL MENISCUS, UNSPECIFIED KNEE |
| M23006 | CYSTIC MENISCUS, UNSPECIFIED MENISCUS, RIGHT KNEE |
| M23007 | CYSTIC MENISCUS, UNSPECIFIED MENISCUS, LEFT KNEE |
| M23009 | CYSTIC MENISCUS, UNSPECIFIED MENISCUS, UNSPECIFIED KNEE |
| M23011 | CYSTIC MENISCUS, ANTERIOR HORN OF MEDIAL MENISCUS, RIGHT KNEE |
| M23012 | CYSTIC MENISCUS, ANTERIOR HORN OF MEDIAL MENISCUS, LEFT KNEE |
| M23019 | CYSTIC MENISCUS, ANTERIOR HORN OF MEDIAL MENISCUS, UNSPECIFIED KNEE |
| M23021 | CYSTIC MENISCUS, POSTERIOR HORN OF MEDIAL MENISCUS, RIGHT KNEE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M23022 | CYSTIC MENISCUS, POSTERIOR HORN OF MEDIAL MENISCUS, LEFT KNEE |
| M23029 | CYSTIC MENISCUS, POSTERIOR HORN OF MEDIAL MENISCUS, UNSPECIFIED KNEE |
| M23031 | CYSTIC MENISCUS, OTHER MEDIAL MENISCUS, RIGHT KNEE |
| M23032 | CYSTIC MENISCUS, OTHER MEDIAL MENISCUS, LEFT KNEE |
| M23039 | CYSTIC MENISCUS, OTHER MEDIAL MENISCUS, UNSPECIFIED KNEE |
| M23041 | CYSTIC MENISCUS, ANTERIOR HORN OF LATERAL MENISCUS, RIGHT KNEE |
| M23042 | CYSTIC MENISCUS, ANTERIOR HORN OF LATERAL MENISCUS, LEFT KNEE |
| M23049 | CYSTIC MENISCUS, ANTERIOR HORN OF LATERAL MENISCUS, UNSPECIFIED KNEE |
| M23051 | CYSTIC MENISCUS, POSTERIOR HORN OF LATERAL MENISCUS, RIGHT KNEE |
| M23052 | CYSTIC MENISCUS, POSTERIOR HORN OF LATERAL MENISCUS, LEFT KNEE |
| M23059 | CYSTIC MENISCUS, POSTERIOR HORN OF LATERAL MENISCUS, UNSPECIFIED KNEE |
| M23061 | CYSTIC MENISCUS, OTHER LATERAL MENISCUS, RIGHT KNEE |
| M23062 | CYSTIC MENISCUS, OTHER LATERAL MENISCUS, LEFT KNEE |
| M23069 | CYSTIC MENISCUS, OTHER LATERAL MENISCUS, UNSPECIFIED KNEE |
| M23200 | DERANGEMENT OF UNSPECIFIED LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE |
| M23201 | DERANGEMENT OF UNSPECIFIED LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE |
| M23202 | DERANGEMENT OF UNSPECIFIED LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE |
| M23203 | DERANGEMENT OF UNSPECIFIED MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE |
| M23204 | DERANGEMENT OF UNSPECIFIED MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE |
| M23205 | DERANGEMENT OF UNSPECIFIED MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE |
| M23206 | DERANGEMENT OF UNSPECIFIED MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE |
| M23207 | DERANGEMENT OF UNSPECIFIED MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE |
| M23209 | DERANGEMENT OF UNSPECIFIED MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE |
| M23211 | DERANGEMENT OF ANTERIOR HORN OF MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE |
| M23212 | DERANGEMENT OF ANTERIOR HORN OF MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE |
| M23219 | DERANGEMENT OF ANTERIOR HORN OF MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M23221 | DERANGEMENT OF POSTERIOR HORN OF MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE |
| M23222 | DERANGEMENT OF POSTERIOR HORN OF MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE |
| M23229 | DERANGEMENT OF POSTERIOR HORN OF MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE |
| M23231 | DERANGEMENT OF OTHER MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE |
| M23232 | DERANGEMENT OF OTHER MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE |
| M23239 | DERANGEMENT OF OTHER MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE |
| M23241 | DERANGEMENT OF ANTERIOR HORN OF LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE |
| M23242 | DERANGEMENT OF ANTERIOR HORN OF LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE |
| M23249 | DERANGEMENT OF ANTERIOR HORN OF LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE |
| M23251 | DERANGEMENT OF POSTERIOR HORN OF LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE |
| M23252 | DERANGEMENT OF POSTERIOR HORN OF LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE |
| M23259 | DERANGEMENT OF POSTERIOR HORN OF LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE |
| M23261 | DERANGEMENT OF OTHER LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE |
| M23262 | DERANGEMENT OF OTHER LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE |
| M23269 | DERANGEMENT OF OTHER LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, UNSPECIFIED KNEE |
| M23300 | OTHER MENISCUS DERANGEMENTS, UNSPECIFIED LATERAL MENISCUS, RIGHT KNEE |
| M23301 | OTHER MENISCUS DERANGEMENTS, UNSPECIFIED LATERAL MENISCUS, LEFT KNEE |
| M23302 | OTHER MENISCUS DERANGEMENTS, UNSPECIFIED LATERAL MENISCUS, UNSPECIFIED KNEE |
| M23303 | OTHER MENISCUS DERANGEMENTS, UNSPECIFIED MEDIAL MENISCUS, RIGHT KNEE |
| M23304 | OTHER MENISCUS DERANGEMENTS, UNSPECIFIED MEDIAL MENISCUS, LEFT KNEE |
| M23305 | OTHER MENISCUS DERANGEMENTS, UNSPECIFIED MEDIAL MENISCUS, UNSPECIFIED KNEE |
| M23306 | OTHER MENISCUS DERANGEMENTS, UNSPECIFIED MENISCUS, RIGHT KNEE |
| M23307 | OTHER MENISCUS DERANGEMENTS, UNSPECIFIED MENISCUS, LEFT KNEE |
| M23309 | OTHER MENISCUS DERANGEMENTS, UNSPECIFIED MENISCUS, UNSPECIFIED KNEE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M23311 | OTHER MENISCUS DERANGEMENTS, ANTERIOR HORN OF MEDIAL MENISCUS, RIGHT KNEE |
| M23312 | OTHER MENISCUS DERANGEMENTS, ANTERIOR HORN OF MEDIAL MENISCUS, LEFT KNEE |
| M23319 | OTHER MENISCUS DERANGEMENTS, ANTERIOR HORN OF MEDIAL MENISCUS, UNSPECIFIED KNEE |
| M23321 | OTHER MENISCUS DERANGEMENTS, POSTERIOR HORN OF MEDIAL MENISCUS, RIGHT KNEE |
| M23322 | OTHER MENISCUS DERANGEMENTS, POSTERIOR HORN OF MEDIAL MENISCUS, LEFT KNEE |
| M23329 | OTHER MENISCUS DERANGEMENTS, POSTERIOR HORN OF MEDIAL MENISCUS, UNSPECIFIED KNEE |
| M23331 | OTHER MENISCUS DERANGEMENTS, OTHER MEDIAL MENISCUS, RIGHT KNEE |
| M23332 | OTHER MENISCUS DERANGEMENTS, OTHER MEDIAL MENISCUS, LEFT KNEE |
| M23339 | OTHER MENISCUS DERANGEMENTS, OTHER MEDIAL MENISCUS, UNSPECIFIED KNEE |
| M23341 | OTHER MENISCUS DERANGEMENTS, ANTERIOR HORN OF LATERAL MENISCUS, RIGHT KNEE |
| M23342 | OTHER MENISCUS DERANGEMENTS, ANTERIOR HORN OF LATERAL MENISCUS, LEFT KNEE |
| M23349 | OTHER MENISCUS DERANGEMENTS, ANTERIOR HORN OF LATERAL MENISCUS, UNSPECIFIED KNEE |
| M23351 | OTHER MENISCUS DERANGEMENTS, POSTERIOR HORN OF LATERAL MENISCUS, RIGHT KNEE |
| M23352 | OTHER MENISCUS DERANGEMENTS, POSTERIOR HORN OF LATERAL MENISCUS, LEFT KNEE |
| M23359 | OTHER MENISCUS DERANGEMENTS, POSTERIOR HORN OF LATERAL MENISCUS, UNSPECIFIED KNEE |
| M23361 | OTHER MENISCUS DERANGEMENTS, OTHER LATERAL MENISCUS, RIGHT KNEE |
| M23362 | OTHER MENISCUS DERANGEMENTS, OTHER LATERAL MENISCUS, LEFT KNEE |
| M23369 | OTHER MENISCUS DERANGEMENTS, OTHER LATERAL MENISCUS, UNSPECIFIED KNEE |
| M2340 | LOOSE BODY IN KNEE, UNSPECIFIED KNEE |
| M2341 | LOOSE BODY IN KNEE, RIGHT KNEE |
| M2342 | LOOSE BODY IN KNEE, LEFT KNEE |
| M2350 | CHRONIC INSTABILITY OF KNEE, UNSPECIFIED KNEE |
| M2351 | CHRONIC INSTABILITY OF KNEE, RIGHT KNEE |
| M2352 | CHRONIC INSTABILITY OF KNEE, LEFT KNEE |
| M23601 | OTHER SPONTANEOUS DISRUPTION OF UNSPECIFIED LIGAMENT OF RIGHT KNEE |
| M23602 | OTHER SPONTANEOUS DISRUPTION OF UNSPECIFIED LIGAMENT OF LEFT KNEE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M23609 | OTHER SPONTANEOUS DISRUPTION OF UNSPECIFIED LIGAMENT OF UNSPECIFIED KNEE |
| M23611 | OTHER SPONTANEOUS DISRUPTION OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE |
| M23612 | OTHER SPONTANEOUS DISRUPTION OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE |
| M23619 | OTHER SPONTANEOUS DISRUPTION OF ANTERIOR CRUCIATE LIGAMENT OF UNSPECIFIED KNEE |
| M23621 | OTHER SPONTANEOUS DISRUPTION OF POSTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE |
| M23622 | OTHER SPONTANEOUS DISRUPTION OF POSTERIOR CRUCIATE LIGAMENT OF LEFT KNEE |
| M23629 | OTHER SPONTANEOUS DISRUPTION OF POSTERIOR CRUCIATE LIGAMENT OF UNSPECIFIED KNEE |
| M23631 | OTHER SPONTANEOUS DISRUPTION OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE |
| M23632 | OTHER SPONTANEOUS DISRUPTION OF MEDIAL COLLATERAL LIGAMENT OF LEFT KNEE |
| M23639 | OTHER SPONTANEOUS DISRUPTION OF MEDIAL COLLATERAL LIGAMENT OF UNSPECIFIED KNEE |
| M23641 | OTHER SPONTANEOUS DISRUPTION OF LATERAL COLLATERAL LIGAMENT OF RIGHT KNEE |
| M23642 | OTHER SPONTANEOUS DISRUPTION OF LATERAL COLLATERAL LIGAMENT OF LEFT KNEE |
| M23649 | OTHER SPONTANEOUS DISRUPTION OF LATERAL COLLATERAL LIGAMENT OF UNSPECIFIED KNEE |
| M23671 | OTHER SPONTANEOUS DISRUPTION OF CAPSULAR LIGAMENT OF RIGHT KNEE |
| M23672 | OTHER SPONTANEOUS DISRUPTION OF CAPSULAR LIGAMENT OF LEFT KNEE |
| M23679 | OTHER SPONTANEOUS DISRUPTION OF CAPSULAR LIGAMENT OF UNSPECIFIED KNEE |
| M238X1 | OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE |
| M238X2 | OTHER INTERNAL DERANGEMENTS OF LEFT KNEE |
| M238X9 | OTHER INTERNAL DERANGEMENTS OF UNSPECIFIED KNEE |
| M2390 | UNSPECIFIED INTERNAL DERANGEMENT OF UNSPECIFIED KNEE |
| M2391 | UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE |
| M2392 | UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE |
| M2400 | LOOSE BODY IN UNSPECIFIED JOINT |
| M24011 | LOOSE BODY IN RIGHT SHOULDER |
| M24012 | LOOSE BODY IN LEFT SHOULDER |
| M24019 | LOOSE BODY IN UNSPECIFIED SHOULDER |
| M24021 | LOOSE BODY IN RIGHT ELBOW |
| M24022 | LOOSE BODY IN LEFT ELBOW |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M24029 | LOOSE BODY IN UNSPECIFIED ELBOW |
| M24031 | LOOSE BODY IN RIGHT WRIST |
| M24032 | LOOSE BODY IN LEFT WRIST |
| M24039 | LOOSE BODY IN UNSPECIFIED WRIST |
| M24041 | LOOSE BODY IN RIGHT FINGER JOINT(S) |
| M24042 | LOOSE BODY IN LEFT FINGER JOINT(S) |
| M24049 | LOOSE BODY IN UNSPECIFIED FINGER JOINT(S) |
| M24051 | LOOSE BODY IN RIGHT HIP |
| M24052 | LOOSE BODY IN LEFT HIP |
| M24059 | LOOSE BODY IN UNSPECIFIED HIP |
| M24071 | LOOSE BODY IN RIGHT ANKLE |
| M24072 | LOOSE BODY IN LEFT ANKLE |
| M24073 | LOOSE BODY IN UNSPECIFIED ANKLE |
| M24074 | LOOSE BODY IN RIGHT TOE JOINT(S) |
| M24075 | LOOSE BODY IN LEFT TOE JOINT(S) |
| M24076 | LOOSE BODY IN UNSPECIFIED TOE JOINTS |
| M2408 | LOOSE BODY, OTHER SITE |
| M2410 | OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED SITE |
| M24111 | OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT SHOULDER |
| M24112 | OTHER ARTICULAR CARTILAGE DISORDERS, LEFT SHOULDER |
| M24119 | OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED SHOULDER |
| M24121 | OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT ELBOW |
| M24122 | OTHER ARTICULAR CARTILAGE DISORDERS, LEFT ELBOW |
| M24129 | OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED ELBOW |
| M24131 | OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT WRIST |
| M24132 | OTHER ARTICULAR CARTILAGE DISORDERS, LEFT WRIST |
| M24139 | OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED WRIST |
| M24141 | OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HAND |
| M24142 | OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HAND |
| M24149 | OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED HAND |
| M24151 | OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP |
| M24152 | OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP |
| M24159 | OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED HIP |
| M24171 | OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT ANKLE |
| M24172 | OTHER ARTICULAR CARTILAGE DISORDERS, LEFT ANKLE |
| M24173 | OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED ANKLE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M24174 | OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT FOOT |
| M24175 | OTHER ARTICULAR CARTILAGE DISORDERS, LEFT FOOT |
| M24176 | OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED FOOT |
| M2420 | DISORDER OF LIGAMENT, UNSPECIFIED SITE |
| M24211 | DISORDER OF LIGAMENT, RIGHT SHOULDER |
| M24212 | DISORDER OF LIGAMENT, LEFT SHOULDER |
| M24219 | DISORDER OF LIGAMENT, UNSPECIFIED SHOULDER |
| M24221 | DISORDER OF LIGAMENT, RIGHT ELBOW |
| M24222 | DISORDER OF LIGAMENT, LEFT ELBOW |
| M24229 | DISORDER OF LIGAMENT, UNSPECIFIED ELBOW |
| M24231 | DISORDER OF LIGAMENT, RIGHT WRIST |
| M24232 | DISORDER OF LIGAMENT, LEFT WRIST |
| M24239 | DISORDER OF LIGAMENT, UNSPECIFIED WRIST |
| M24241 | DISORDER OF LIGAMENT, RIGHT HAND |
| M24242 | DISORDER OF LIGAMENT, LEFT HAND |
| M24249 | DISORDER OF LIGAMENT, UNSPECIFIED HAND |
| M24251 | DISORDER OF LIGAMENT, RIGHT HIP |
| M24252 | DISORDER OF LIGAMENT, LEFT HIP |
| M24259 | DISORDER OF LIGAMENT, UNSPECIFIED HIP |
| M24271 | DISORDER OF LIGAMENT, RIGHT ANKLE |
| M24272 | DISORDER OF LIGAMENT, LEFT ANKLE |
| M24273 | DISORDER OF LIGAMENT, UNSPECIFIED ANKLE |
| M24274 | DISORDER OF LIGAMENT, RIGHT FOOT |
| M24275 | DISORDER OF LIGAMENT, LEFT FOOT |
| M24276 | DISORDER OF LIGAMENT, UNSPECIFIED FOOT |
| M2428 | DISORDER OF LIGAMENT, VERTEBRAE |
| M2430 | PATHOLOGICAL DISLOCATION OF UNSPECIFIED JOINT, NOT ELSEWHERE CLASSIFIED |
| M24311 | PATHOLOGICAL DISLOCATION OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED |
| M24312 | PATHOLOGICAL DISLOCATION OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED |
| M24319 | PATHOLOGICAL DISLOCATION OF UNSPECIFIED SHOULDER, NOT ELSEWHERE CLASSIFIED |
| M24321 | PATHOLOGICAL DISLOCATION OF RIGHT ELBOW, NOT ELSEWHERE CLASSIFIED |
| M24322 | PATHOLOGICAL DISLOCATION OF LEFT ELBOW, NOT ELSEWHERE CLASSIFIED |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M24329 | PATHOLOGICAL DISLOCATION OF UNSPECIFIED ELBOW, NOT ELSEWHERE CLASSIFIED |
| M24331 | PATHOLOGICAL DISLOCATION OF RIGHT WRIST, NOT ELSEWHERE CLASSIFIED |
| M24332 | PATHOLOGICAL DISLOCATION OF LEFT WRIST, NOT ELSEWHERE CLASSIFIED |
| M24339 | PATHOLOGICAL DISLOCATION OF UNSPECIFIED WRIST, NOT ELSEWHERE CLASSIFIED |
| M24341 | PATHOLOGICAL DISLOCATION OF RIGHT HAND, NOT ELSEWHERE CLASSIFIED |
| M24342 | PATHOLOGICAL DISLOCATION OF LEFT HAND, NOT ELSEWHERE CLASSIFIED |
| M24349 | PATHOLOGICAL DISLOCATION OF UNSPECIFIED HAND, NOT ELSEWHERE CLASSIFIED |
| M24351 | PATHOLOGICAL DISLOCATION OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED |
| M24352 | PATHOLOGICAL DISLOCATION OF LEFT HIP, NOT ELSEWHERE CLASSIFIED |
| M24359 | PATHOLOGICAL DISLOCATION OF UNSPECIFIED HIP, NOT ELSEWHERE CLASSIFIED |
| M24361 | PATHOLOGICAL DISLOCATION OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED |
| M24362 | PATHOLOGICAL DISLOCATION OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED |
| M24369 | PATHOLOGICAL DISLOCATION OF UNSPECIFIED KNEE, NOT ELSEWHERE CLASSIFIED |
| M24371 | PATHOLOGICAL DISLOCATION OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED |
| M24372 | PATHOLOGICAL DISLOCATION OF LEFT ANKLE, NOT ELSEWHERE CLASSIFIED |
| M24373 | PATHOLOGICAL DISLOCATION OF UNSPECIFIED ANKLE, NOT ELSEWHERE CLASSIFIED |
| M24374 | PATHOLOGICAL DISLOCATION OF RIGHT FOOT, NOT ELSEWHERE CLASSIFIED |
| M24375 | PATHOLOGICAL DISLOCATION OF LEFT FOOT, NOT ELSEWHERE CLASSIFIED |
| M24376 | PATHOLOGICAL DISLOCATION OF UNSPECIFIED FOOT, NOT ELSEWHERE CLASSIFIED |
| M2440 | RECURRENT DISLOCATION, UNSPECIFIED JOINT |
| M24411 | RECURRENT DISLOCATION, RIGHT SHOULDER |
| M24412 | RECURRENT DISLOCATION, LEFT SHOULDER |
| M24419 | RECURRENT DISLOCATION, UNSPECIFIED SHOULDER |
| M24421 | RECURRENT DISLOCATION, RIGHT ELBOW |
| M24422 | RECURRENT DISLOCATION, LEFT ELBOW |
| M24429 | RECURRENT DISLOCATION, UNSPECIFIED ELBOW |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M24431 | RECURRENT DISLOCATION, RIGHT WRIST |
| M24432 | RECURRENT DISLOCATION, LEFT WRIST |
| M24439 | RECURRENT DISLOCATION, UNSPECIFIED WRIST |
| M24441 | RECURRENT DISLOCATION, RIGHT HAND |
| M24442 | RECURRENT DISLOCATION, LEFT HAND |
| M24443 | RECURRENT DISLOCATION, UNSPECIFIED HAND |
| M24444 | RECURRENT DISLOCATION, RIGHT FINGER |
| M24445 | RECURRENT DISLOCATION, LEFT FINGER |
| M24446 | RECURRENT DISLOCATION, UNSPECIFIED FINGER |
| M24451 | RECURRENT DISLOCATION, RIGHT HIP |
| M24452 | RECURRENT DISLOCATION, LEFT HIP |
| M24459 | RECURRENT DISLOCATION, UNSPECIFIED HIP |
| M24461 | RECURRENT DISLOCATION, RIGHT KNEE |
| M24462 | RECURRENT DISLOCATION, LEFT KNEE |
| M24469 | RECURRENT DISLOCATION, UNSPECIFIED KNEE |
| M24471 | RECURRENT DISLOCATION, RIGHT ANKLE |
| M24472 | RECURRENT DISLOCATION, LEFT ANKLE |
| M24473 | RECURRENT DISLOCATION, UNSPECIFIED ANKLE |
| M24474 | RECURRENT DISLOCATION, RIGHT FOOT |
| M24475 | RECURRENT DISLOCATION, LEFT FOOT |
| M24476 | RECURRENT DISLOCATION, UNSPECIFIED FOOT |
| M24477 | RECURRENT DISLOCATION, RIGHT TOE(S) |
| M24478 | RECURRENT DISLOCATION, LEFT TOE(S) |
| M24479 | RECURRENT DISLOCATION, UNSPECIFIED TOE(S) |
| M2450 | CONTRACTURE, UNSPECIFIED JOINT |
| M24511 | CONTRACTURE, RIGHT SHOULDER |
| M24512 | CONTRACTURE, LEFT SHOULDER |
| M24519 | CONTRACTURE, UNSPECIFIED SHOULDER |
| M24521 | CONTRACTURE, RIGHT ELBOW |
| M24522 | CONTRACTURE, LEFT ELBOW |
| M24529 | CONTRACTURE, UNSPECIFIED ELBOW |
| M24531 | CONTRACTURE, RIGHT WRIST |
| M24532 | CONTRACTURE, LEFT WRIST |
| M24539 | CONTRACTURE, UNSPECIFIED WRIST |
| M24541 | CONTRACTURE, RIGHT HAND |
| M24542 | CONTRACTURE, LEFT HAND |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M24549 | CONTRACTURE, UNSPECIFIED HAND |
| M24551 | CONTRACTURE, RIGHT HIP |
| M24552 | CONTRACTURE, LEFT HIP |
| M24559 | CONTRACTURE, UNSPECIFIED HIP |
| M24561 | CONTRACTURE, RIGHT KNEE |
| M24562 | CONTRACTURE, LEFT KNEE |
| M24569 | CONTRACTURE, UNSPECIFIED KNEE |
| M24571 | CONTRACTURE, RIGHT ANKLE |
| M24572 | CONTRACTURE, LEFT ANKLE |
| M24573 | CONTRACTURE, UNSPECIFIED ANKLE |
| M24574 | CONTRACTURE, RIGHT FOOT |
| M24575 | CONTRACTURE, LEFT FOOT |
| M24576 | CONTRACTURE, UNSPECIFIED FOOT |
| M2460 | ANKYLOSIS, UNSPECIFIED JOINT |
| M24611 | ANKYLOSIS, RIGHT SHOULDER |
| M24612 | ANKYLOSIS, LEFT SHOULDER |
| M24619 | ANKYLOSIS, UNSPECIFIED SHOULDER |
| M24621 | ANKYLOSIS, RIGHT ELBOW |
| M24622 | ANKYLOSIS, LEFT ELBOW |
| M24629 | ANKYLOSIS, UNSPECIFIED ELBOW |
| M24631 | ANKYLOSIS, RIGHT WRIST |
| M24632 | ANKYLOSIS, LEFT WRIST |
| M24639 | ANKYLOSIS, UNSPECIFIED WRIST |
| M24641 | ANKYLOSIS, RIGHT HAND |
| M24642 | ANKYLOSIS, LEFT HAND |
| M24649 | ANKYLOSIS, UNSPECIFIED HAND |
| M24651 | ANKYLOSIS, RIGHT HIP |
| M24652 | ANKYLOSIS, LEFT HIP |
| M24659 | ANKYLOSIS, UNSPECIFIED HIP |
| M24661 | ANKYLOSIS, RIGHT KNEE |
| M24662 | ANKYLOSIS, LEFT KNEE |
| M24669 | ANKYLOSIS, UNSPECIFIED KNEE |
| M24671 | ANKYLOSIS, RIGHT ANKLE |
| M24672 | ANKYLOSIS, LEFT ANKLE |
| M24673 | ANKYLOSIS, UNSPECIFIED ANKLE |
| M24674 | ANKYLOSIS, RIGHT FOOT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M24675 | ANKYLOSIS, LEFT FOOT |
| M24676 | ANKYLOSIS, UNSPECIFIED FOOT |
| M247 | PROTRUSIO ACETABULI |
| M2480 | OTHER SPECIFIC JOINT DERANGEMENTS OF UNSPECIFIED JOINT, NOT ELSEWHERE CLASSIFIED |
| M24811 | OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED |
| M24812 | OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED |
| M24819 | OTHER SPECIFIC JOINT DERANGEMENTS OF UNSPECIFIED SHOULDER, NOT ELSEWHERE CLASSIFIED |
| M24821 | OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT ELBOW, NOT ELSEWHERE CLASSIFIED |
| M24822 | OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT ELBOW, NOT ELSEWHERE CLASSIFIED |
| M24829 | OTHER SPECIFIC JOINT DERANGEMENTS OF UNSPECIFIED ELBOW, NOT ELSEWHERE CLASSIFIED |
| M24831 | OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT WRIST, NOT ELSEWHERE CLASSIFIED |
| M24832 | OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT WRIST, NOT ELSEWHERE CLASSIFIED |
| M24839 | OTHER SPECIFIC JOINT DERANGEMENTS OF UNSPECIFIED WRIST, NOT ELSEWHERE CLASSIFIED |
| M24841 | OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT HAND, NOT ELSEWHERE CLASSIFIED |
| M24842 | OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT HAND, NOT ELSEWHERE CLASSIFIED |
| M24849 | OTHER SPECIFIC JOINT DERANGEMENTS OF UNSPECIFIED HAND, NOT ELSEWHERE CLASSIFIED |
| M24851 | OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED |
| M24852 | OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT HIP, NOT ELSEWHERE CLASSIFIED |
| M24859 | OTHER SPECIFIC JOINT DERANGEMENTS OF UNSPECIFIED HIP, NOT ELSEWHERE CLASSIFIED |
| M24871 | OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED |
| M24872 | OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT ANKLE, NOT ELSEWHERE CLASSIFIED |
| M24873 | OTHER SPECIFIC JOINT DERANGEMENTS OF UNSPECIFIED ANKLE, NOT ELSEWHERE CLASSIFIED |
| M24874 | OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT FOOT, NOT ELSEWHERE CLASSIFIED |
| M24875 | OTHER SPECIFIC JOINT DERANGEMENTS LEFT FOOT, NOT ELSEWHERE CLASSIFIED |
| M24876 | OTHER SPECIFIC JOINT DERANGEMENTS OF UNSPECIFIED FOOT, NOT ELSEWHERE CLASSIFIED |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M249 | JOINT DERANGEMENT, UNSPECIFIED |
| M2500 | HEMARTHROSIS, UNSPECIFIED JOINT |
| M25011 | HEMARTHROSIS, RIGHT SHOULDER |
| M25012 | HEMARTHROSIS, LEFT SHOULDER |
| M25019 | HEMARTHROSIS, UNSPECIFIED SHOULDER |
| M25021 | HEMARTHROSIS, RIGHT ELBOW |
| M25022 | HEMARTHROSIS, LEFT ELBOW |
| M25029 | HEMARTHROSIS, UNSPECIFIED ELBOW |
| M25031 | HEMARTHROSIS, RIGHT WRIST |
| M25032 | HEMARTHROSIS, LEFT WRIST |
| M25039 | HEMARTHROSIS, UNSPECIFIED WRIST |
| M25041 | HEMARTHROSIS, RIGHT HAND |
| M25042 | HEMARTHROSIS, LEFT HAND |
| M25049 | HEMARTHROSIS, UNSPECIFIED HAND |
| M25051 | HEMARTHROSIS, RIGHT HIP |
| M25052 | HEMARTHROSIS, LEFT HIP |
| M25059 | HEMARTHROSIS, UNSPECIFIED HIP |
| M25061 | HEMARTHROSIS, RIGHT KNEE |
| M25062 | HEMARTHROSIS, LEFT KNEE |
| M25069 | HEMARTHROSIS, UNSPECIFIED KNEE |
| M25071 | HEMARTHROSIS, RIGHT ANKLE |
| M25072 | HEMARTHROSIS, LEFT ANKLE |
| M25073 | HEMARTHROSIS, UNSPECIFIED ANKLE |
| M25074 | HEMARTHROSIS, RIGHT FOOT |
| M25075 | HEMARTHROSIS, LEFT FOOT |
| M25076 | HEMARTHROSIS, UNSPECIFIED FOOT |
| M2508 | HEMARTHROSIS, OTHER SPECIFIED SITE |
| M2510 | FISTULA, UNSPECIFIED JOINT |
| M25111 | FISTULA, RIGHT SHOULDER |
| M25112 | FISTULA, LEFT SHOULDER |
| M25119 | FISTULA, UNSPECIFIED SHOULDER |
| M25121 | FISTULA, RIGHT ELBOW |
| M25122 | FISTULA, LEFT ELBOW |
| M25129 | FISTULA, UNSPECIFIED ELBOW |
| M25131 | FISTULA, RIGHT WRIST |
| M25132 | FISTULA, LEFT WRIST |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M25139 | FISTULA, UNSPECIFIED WRIST |
| M25141 | FISTULA, RIGHT HAND |
| M25142 | FISTULA, LEFT HAND |
| M25149 | FISTULA, UNSPECIFIED HAND |
| M25151 | FISTULA, RIGHT HIP |
| M25152 | FISTULA, LEFT HIP |
| M25159 | FISTULA, UNSPECIFIED HIP |
| M25161 | FISTULA, RIGHT KNEE |
| M25162 | FISTULA, LEFT KNEE |
| M25169 | FISTULA, UNSPECIFIED KNEE |
| M25171 | FISTULA, RIGHT ANKLE |
| M25172 | FISTULA, LEFT ANKLE |
| M25173 | FISTULA, UNSPECIFIED ANKLE |
| M25174 | FISTULA, RIGHT FOOT |
| M25175 | FISTULA, LEFT FOOT |
| M25176 | FISTULA, UNSPECIFIED FOOT |
| M2518 | FISTULA, OTHER SPECIFIED SITE |
| M2520 | FLAIL JOINT, UNSPECIFIED JOINT |
| M25211 | FLAIL JOINT, RIGHT SHOULDER |
| M25212 | FLAIL JOINT, LEFT SHOULDER |
| M25219 | FLAIL JOINT, UNSPECIFIED SHOULDER |
| M25221 | FLAIL JOINT, RIGHT ELBOW |
| M25222 | FLAIL JOINT, LEFT ELBOW |
| M25229 | FLAIL JOINT, UNSPECIFIED ELBOW |
| M25231 | FLAIL JOINT, RIGHT WRIST |
| M25232 | FLAIL JOINT, LEFT WRIST |
| M25239 | FLAIL JOINT, UNSPECIFIED WRIST |
| M25241 | FLAIL JOINT, RIGHT HAND |
| M25242 | FLAIL JOINT, LEFT HAND |
| M25249 | FLAIL JOINT, UNSPECIFIED HAND |
| M25251 | FLAIL JOINT, RIGHT HIP |
| M25252 | FLAIL JOINT, LEFT HIP |
| M25259 | FLAIL JOINT, UNSPECIFIED HIP |
| M25261 | FLAIL JOINT, RIGHT KNEE |
| M25262 | FLAIL JOINT, LEFT KNEE |
| M25269 | FLAIL JOINT, UNSPECIFIED KNEE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M25271 | FLAIL JOINT, RIGHT ANKLE AND FOOT |
| M25272 | FLAIL JOINT, LEFT ANKLE AND FOOT |
| M25279 | FLAIL JOINT, UNSPECIFIED ANKLE AND FOOT |
| M2528 | FLAIL JOINT, OTHER SITE |
| M2530 | OTHER INSTABILITY, UNSPECIFIED JOINT |
| M25311 | OTHER INSTABILITY, RIGHT SHOULDER |
| M25312 | OTHER INSTABILITY, LEFT SHOULDER |
| M25319 | OTHER INSTABILITY, UNSPECIFIED SHOULDER |
| M25321 | OTHER INSTABILITY, RIGHT ELBOW |
| M25322 | OTHER INSTABILITY, LEFT ELBOW |
| M25329 | OTHER INSTABILITY, UNSPECIFIED ELBOW |
| M25331 | OTHER INSTABILITY, RIGHT WRIST |
| M25332 | OTHER INSTABILITY, LEFT WRIST |
| M25339 | OTHER INSTABILITY, UNSPECIFIED WRIST |
| M25341 | OTHER INSTABILITY, RIGHT HAND |
| M25342 | OTHER INSTABILITY, LEFT HAND |
| M25349 | OTHER INSTABILITY, UNSPECIFIED HAND |
| M25351 | OTHER INSTABILITY, RIGHT HIP |
| M25352 | OTHER INSTABILITY, LEFT HIP |
| M25359 | OTHER INSTABILITY, UNSPECIFIED HIP |
| M25361 | OTHER INSTABILITY, RIGHT KNEE |
| M25362 | OTHER INSTABILITY, LEFT KNEE |
| M25369 | OTHER INSTABILITY, UNSPECIFIED KNEE |
| M25371 | OTHER INSTABILITY, RIGHT ANKLE |
| M25372 | OTHER INSTABILITY, LEFT ANKLE |
| M25373 | OTHER INSTABILITY, UNSPECIFIED ANKLE |
| M25374 | OTHER INSTABILITY, RIGHT FOOT |
| M25375 | OTHER INSTABILITY, LEFT FOOT |
| M25376 | OTHER INSTABILITY, UNSPECIFIED FOOT |
| M2540 | EFFUSION, UNSPECIFIED JOINT |
| M25411 | EFFUSION, RIGHT SHOULDER |
| M25412 | EFFUSION, LEFT SHOULDER |
| M25419 | EFFUSION, UNSPECIFIED SHOULDER |
| M25421 | EFFUSION, RIGHT ELBOW |
| M25422 | EFFUSION, LEFT ELBOW |
| M25429 | EFFUSION, UNSPECIFIED ELBOW |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M25431 | EFFUSION, RIGHT WRIST |
| M25432 | EFFUSION, LEFT WRIST |
| M25439 | EFFUSION, UNSPECIFIED WRIST |
| M25441 | EFFUSION, RIGHT HAND |
| M25442 | EFFUSION, LEFT HAND |
| M25449 | EFFUSION, UNSPECIFIED HAND |
| M25451 | EFFUSION, RIGHT HIP |
| M25452 | EFFUSION, LEFT HIP |
| M25459 | EFFUSION, UNSPECIFIED HIP |
| M25461 | EFFUSION, RIGHT KNEE |
| M25462 | EFFUSION, LEFT KNEE |
| M25469 | EFFUSION, UNSPECIFIED KNEE |
| M25471 | EFFUSION, RIGHT ANKLE |
| M25472 | EFFUSION, LEFT ANKLE |
| M25473 | EFFUSION, UNSPECIFIED ANKLE |
| M25474 | EFFUSION, RIGHT FOOT |
| M25475 | EFFUSION, LEFT FOOT |
| M25476 | EFFUSION, UNSPECIFIED FOOT |
| M2548 | EFFUSION, OTHER SITE |
| M2550 | PAIN IN UNSPECIFIED JOINT |
| M25511 | PAIN IN RIGHT SHOULDER |
| M25512 | PAIN IN LEFT SHOULDER |
| M25519 | PAIN IN UNSPECIFIED SHOULDER |
| M25521 | PAIN IN RIGHT ELBOW |
| M25522 | PAIN IN LEFT ELBOW |
| M25529 | PAIN IN UNSPECIFIED ELBOW |
| M25531 | PAIN IN RIGHT WRIST |
| M25532 | PAIN IN LEFT WRIST |
| M25539 | PAIN IN UNSPECIFIED WRIST |
| M25551 | PAIN IN RIGHT HIP |
| M25552 | PAIN IN LEFT HIP |
| M25559 | PAIN IN UNSPECIFIED HIP |
| M25561 | PAIN IN RIGHT KNEE |
| M25562 | PAIN IN LEFT KNEE |
| M25569 | PAIN IN UNSPECIFIED KNEE |
| M25571 | PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M25572 | PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT |
| M25579 | PAIN IN UNSPECIFIED ANKLE AND JOINTS OF UNSPECIFIED FOOT |
| M2560 | STIFFNESS OF UNSPECIFIED JOINT, NOT ELSEWHERE CLASSIFIED |
| M25611 | STIFFNESS OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED |
| M25612 | STIFFNESS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED |
| M25619 | STIFFNESS OF UNSPECIFIED SHOULDER, NOT ELSEWHERE CLASSIFIED |
| M25621 | STIFFNESS OF RIGHT ELBOW, NOT ELSEWHERE CLASSIFIED |
| M25622 | STIFFNESS OF LEFT ELBOW, NOT ELSEWHERE CLASSIFIED |
| M25629 | STIFFNESS OF UNSPECIFIED ELBOW, NOT ELSEWHERE CLASSIFIED |
| M25631 | STIFFNESS OF RIGHT WRIST, NOT ELSEWHERE CLASSIFIED |
| M25632 | STIFFNESS OF LEFT WRIST, NOT ELSEWHERE CLASSIFIED |
| M25639 | STIFFNESS OF UNSPECIFIED WRIST, NOT ELSEWHERE CLASSIFIED |
| M25641 | STIFFNESS OF RIGHT HAND, NOT ELSEWHERE CLASSIFIED |
| M25642 | STIFFNESS OF LEFT HAND, NOT ELSEWHERE CLASSIFIED |
| M25649 | STIFFNESS OF UNSPECIFIED HAND, NOT ELSEWHERE CLASSIFIED |
| M25651 | STIFFNESS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED |
| M25652 | STIFFNESS OF LEFT HIP, NOT ELSEWHERE CLASSIFIED |
| M25659 | STIFFNESS OF UNSPECIFIED HIP, NOT ELSEWHERE CLASSIFIED |
| M25661 | STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED |
| M25662 | STIFFNESS OF LEFT KNEE, NOT ELSEWHERE CLASSIFIED |
| M25669 | STIFFNESS OF UNSPECIFIED KNEE, NOT ELSEWHERE CLASSIFIED |
| M25671 | STIFFNESS OF RIGHT ANKLE, NOT ELSEWHERE CLASSIFIED |
| M25672 | STIFFNESS OF LEFT ANKLE, NOT ELSEWHERE CLASSIFIED |
| M25673 | STIFFNESS OF UNSPECIFIED ANKLE, NOT ELSEWHERE CLASSIFIED |
| M25674 | STIFFNESS OF RIGHT FOOT, NOT ELSEWHERE CLASSIFIED |
| M25675 | STIFFNESS OF LEFT FOOT, NOT ELSEWHERE CLASSIFIED |
| M25676 | STIFFNESS OF UNSPECIFIED FOOT, NOT ELSEWHERE CLASSIFIED |
| M2570 | OSTEOPHYTE, UNSPECIFIED JOINT |
| M25711 | OSTEOPHYTE, RIGHT SHOULDER |
| M25712 | OSTEOPHYTE, LEFT SHOULDER |
| M25719 | OSTEOPHYTE, UNSPECIFIED SHOULDER |
| M25721 | OSTEOPHYTE, RIGHT ELBOW |
| M25722 | OSTEOPHYTE, LEFT ELBOW |
| M25729 | OSTEOPHYTE, UNSPECIFIED ELBOW |
| M25731 | OSTEOPHYTE, RIGHT WRIST |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M25732 | OSTEOPHYTE, LEFT WRIST |
| M25739 | OSTEOPHYTE, UNSPECIFIED WRIST |
| M25741 | OSTEOPHYTE, RIGHT HAND |
| M25742 | OSTEOPHYTE, LEFT HAND |
| M25749 | OSTEOPHYTE, UNSPECIFIED HAND |
| M25751 | OSTEOPHYTE, RIGHT HIP |
| M25752 | OSTEOPHYTE, LEFT HIP |
| M25759 | OSTEOPHYTE, UNSPECIFIED HIP |
| M25761 | OSTEOPHYTE, RIGHT KNEE |
| M25762 | OSTEOPHYTE, LEFT KNEE |
| M25769 | OSTEOPHYTE, UNSPECIFIED KNEE |
| M25771 | OSTEOPHYTE, RIGHT ANKLE |
| M25772 | OSTEOPHYTE, LEFT ANKLE |
| M25773 | OSTEOPHYTE, UNSPECIFIED ANKLE |
| M25774 | OSTEOPHYTE, RIGHT FOOT |
| M25775 | OSTEOPHYTE, LEFT FOOT |
| M25776 | OSTEOPHYTE, UNSPECIFIED FOOT |
| M2578 | OSTEOPHYTE, VERTEBRAE |
| M2580 | OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED JOINT |
| M25811 | OTHER SPECIFIED JOINT DISORDERS, RIGHT SHOULDER |
| M25812 | OTHER SPECIFIED JOINT DISORDERS, LEFT SHOULDER |
| M25819 | OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED SHOULDER |
| M25821 | OTHER SPECIFIED JOINT DISORDERS, RIGHT ELBOW |
| M25822 | OTHER SPECIFIED JOINT DISORDERS, LEFT ELBOW |
| M25829 | OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED ELBOW |
| M25831 | OTHER SPECIFIED JOINT DISORDERS, RIGHT WRIST |
| M25832 | OTHER SPECIFIED JOINT DISORDERS, LEFT WRIST |
| M25839 | OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED WRIST |
| M25841 | OTHER SPECIFIED JOINT DISORDERS, RIGHT HAND |
| M25842 | OTHER SPECIFIED JOINT DISORDERS, LEFT HAND |
| M25849 | OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED HAND |
| M25851 | OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP |
| M25852 | OTHER SPECIFIED JOINT DISORDERS, LEFT HIP |
| M25859 | OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED HIP |
| M25861 | OTHER SPECIFIED JOINT DISORDERS, RIGHT KNEE |
| M25862 | OTHER SPECIFIED JOINT DISORDERS, LEFT KNEE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M25869 | OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED KNEE |
| M25871 | OTHER SPECIFIED JOINT DISORDERS, RIGHT ANKLE AND FOOT |
| M25872 | OTHER SPECIFIED JOINT DISORDERS, LEFT ANKLE AND FOOT |
| M25879 | OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED ANKLE AND FOOT |
| M259 | JOINT DISORDER, UNSPECIFIED |
| M320 | DRUG-INDUCED SYSTEMIC LUPUS ERYTHEMATOSUS |
| M3210 | SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLVEMENT UNSPECIFIED |
| M3211 | ENDOCARDITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS |
| M3212 | PERICARDITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS |
| M3213 | LUNG INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS |
| M3214 | GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS |
| M3215 | TUBULO-INTERSTITIAL NEPHROPATHY IN SYSTEMIC LUPUS ERYTHEMATOSUS |
| M3219 | OTHER ORGAN OR SYSTEM INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS |
| M328 | OTHER FORMS OF SYSTEMIC LUPUS ERYTHEMATOSUS |
| M329 | SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED |
| M3300 | JUVENILE DERMATOPOLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED |
| M3301 | JUVENILE DERMATOPOLYMYOSITIS WITH RESPIRATORY INVOLVEMENT |
| M3302 | JUVENILE DERMATOPOLYMYOSITIS WITH MYOPATHY |
| M3309 | JUVENILE DERMATOPOLYMYOSITIS WITH OTHER ORGAN INVOLVEMENT |
| M3310 | OTHER DERMATOPOLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED |
| M3311 | OTHER DERMATOPOLYMYOSITIS WITH RESPIRATORY INVOLVEMENT |
| M3312 | OTHER DERMATOPOLYMYOSITIS WITH MYOPATHY |
| M3319 | OTHER DERMATOPOLYMYOSITIS WITH OTHER ORGAN INVOLVEMENT |
| M3320 | POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED |
| M3321 | POLYMYOSITIS WITH RESPIRATORY INVOLVEMENT |
| M3322 | POLYMYOSITIS WITH MYOPATHY |
| M3329 | POLYMYOSITIS WITH OTHER ORGAN INVOLVEMENT |
| M3390 | DERMATOPOLYMYOSITIS, UNSPECIFIED, ORGAN INVOLVEMENT UNSPECIFIED |
| M3391 | DERMATOPOLYMYOSITIS, UNSPECIFIED WITH RESPIRATORY INVOLVEMENT |
| M3392 | DERMATOPOLYMYOSITIS, UNSPECIFIED WITH MYOPATHY |
| M3399 | DERMATOPOLYMYOSITIS, UNSPECIFIED WITH OTHER ORGAN INVOLVEMENT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M340 | PROGRESSIVE SYSTEMIC SCLEROSIS |
| M341 | CR(E)ST SYNDROME |
| M342 | SYSTEMIC SCLEROSIS INDUCED BY DRUG AND CHEMICAL |
| M3481 | SYSTEMIC SCLEROSIS WITH LUNG INVOLVEMENT |
| M3482 | SYSTEMIC SCLEROSIS WITH MYOPATHY |
| M3483 | SYSTEMIC SCLEROSIS WITH POLYNEUROPATHY |
| M3489 | OTHER SYSTEMIC SCLEROSIS |
| M349 | SYSTEMIC SCLEROSIS, UNSPECIFIED |
| M3500 | SICCA SYNDROME, UNSPECIFIED |
| M3501 | SICCA SYNDROME WITH KERATOCONJUNCTIVITIS |
| M3502 | SICCA SYNDROME WITH LUNG INVOLVEMENT |
| M3503 | SICCA SYNDROME WITH MYOPATHY |
| M3504 | SICCA SYNDROME WITH TUBULO-INTERSTITIAL NEPHROPATHY |
| M3509 | SICCA SYNDROME WITH OTHER ORGAN INVOLVEMENT |
| M351 | OTHER OVERLAP SYNDROMES |
| M352 | BEHCET'S DISEASE |
| M353 | POLYMYALGIA RHEUMATICA |
| M354 | DIFFUSE (EOSINOPHILIC) FASCIITIS |
| M355 | MULTIFOCAL FIBROSCLEROSIS |
| M356 | RELAPSING PANNICULITIS [WEBER-CHRISTIAN] |
| M357 | HYPERMOBILITY SYNDROME |
| M358 | OTHER SPECIFIED SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE |
| M359 | SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE, UNSPECIFIED |
| M360 | DERMATO(POLY)MYOSITIS IN NEOPLASTIC DISEASE |
| M361 | ARTHROPATHY IN NEOPLASTIC DISEASE |
| M362 | HEMOPHILIC ARTHROPATHY |
| M363 | ARTHROPATHY IN OTHER BLOOD DISORDERS |
| M364 | ARTHROPATHY IN HYPERSENSITIVITY REACTIONS CLASSIFIED ELSEWHERE |
| M368 | SYSTEMIC DISORDERS OF CONNECTIVE TISSUE IN OTHER DISEASES CLASSIFIED ELSEWHERE |
| M4200 | JUVENILE OSTEOCHONDROSIS OF SPINE, SITE UNSPECIFIED |
| M4201 | JUVENILE OSTEOCHONDROSIS OF SPINE, OCCIPITO-ATLANTO-AXIAL REGION |
| M4202 | JUVENILE OSTEOCHONDROSIS OF SPINE, CERVICAL REGION |
| M4203 | JUVENILE OSTEOCHONDROSIS OF SPINE, CERVICOTHORACIC REGION |
| M4204 | JUVENILE OSTEOCHONDROSIS OF SPINE, THORACIC REGION |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M4205 | JUVENILE OSTEOCHONDROSIS OF SPINE, THORACOLUMBAR REGION |
| M4206 | JUVENILE OSTEOCHONDROSIS OF SPINE, LUMBAR REGION |
| M4207 | JUVENILE OSTEOCHONDROSIS OF SPINE, LUMBOSACRAL REGION |
| M4208 | JUVENILE OSTEOCHONDROSIS OF SPINE, SACRAL AND SACROCOCCYGEAL REGION |
| M4209 | JUVENILE OSTEOCHONDROSIS OF SPINE, MULTIPLE SITES IN SPINE |
| M4210 | ADULT OSTEOCHONDROSIS OF SPINE, SITE UNSPECIFIED |
| M4211 | ADULT OSTEOCHONDROSIS OF SPINE, OCCIPITO-ATLANTO-AXIAL REGION |
| M4212 | ADULT OSTEOCHONDROSIS OF SPINE, CERVICAL REGION |
| M4213 | ADULT OSTEOCHONDROSIS OF SPINE, CERVICOTHORACIC REGION |
| M4214 | ADULT OSTEOCHONDROSIS OF SPINE, THORACIC REGION |
| M4215 | ADULT OSTEOCHONDROSIS OF SPINE, THORACOLUMBAR REGION |
| M4216 | ADULT OSTEOCHONDROSIS OF SPINE, LUMBAR REGION |
| M4217 | ADULT OSTEOCHONDROSIS OF SPINE, LUMBOSACRAL REGION |
| M4218 | ADULT OSTEOCHONDROSIS OF SPINE, SACRAL AND SACROCOCCYGEAL REGION |
| M4219 | ADULT OSTEOCHONDROSIS OF SPINE, MULTIPLE SITES IN SPINE |
| M429 | SPINAL OSTEOCHONDROSIS, UNSPECIFIED |
| M4320 | FUSION OF SPINE, SITE UNSPECIFIED |
| M4321 | FUSION OF SPINE, OCCIPITO-ATLANTO-AXIAL REGION |
| M4322 | FUSION OF SPINE, CERVICAL REGION |
| M4323 | FUSION OF SPINE, CERVICOTHORACIC REGION |
| M4324 | FUSION OF SPINE, THORACIC REGION |
| M4325 | FUSION OF SPINE, THORACOLUMBAR REGION |
| M4326 | FUSION OF SPINE, LUMBAR REGION |
| M4327 | FUSION OF SPINE, LUMBOSACRAL REGION |
| M4328 | FUSION OF SPINE, SACRAL AND SACROCOCCYGEAL REGION |
| M433 | RECURRENT ATLANTOAXIAL DISLOCATION WITH MYELOPATHY |
| M434 | OTHER RECURRENT ATLANTOAXIAL DISLOCATION |
| M435X2 | OTHER RECURRENT VERTEBRAL DISLOCATION, CERVICAL REGION |
| M435X3 | OTHER RECURRENT VERTEBRAL DISLOCATION, CERVICOTHORACIC REGION |
| M435X4 | OTHER RECURRENT VERTEBRAL DISLOCATION, THORACIC REGION |
| M435X5 | OTHER RECURRENT VERTEBRAL DISLOCATION, THORACOLUMBAR REGION |
| M435X6 | OTHER RECURRENT VERTEBRAL DISLOCATION, LUMBAR REGION |
| M435X7 | OTHER RECURRENT VERTEBRAL DISLOCATION, LUMBOSACRAL REGION |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M435X8 | OTHER RECURRENT VERTEBRAL DISLOCATION, SACRAL AND SACROCOCCYGEAL REGION |
| M435X9 | OTHER RECURRENT VERTEBRAL DISLOCATION, SITE UNSPECIFIED |
| M436 | TORTICOLLIS |
| M438X9 | OTHER SPECIFIED DEFORMING DORSOPATHIES, SITE UNSPECIFIED |
| M450 | ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE |
| M451 | ANKYLOSING SPONDYLITIS OF OCCIPITO-ATLANTO-AXIAL REGION |
| M452 | ANKYLOSING SPONDYLITIS OF CERVICAL REGION |
| M453 | ANKYLOSING SPONDYLITIS OF CERVICOTHORACIC REGION |
| M454 | ANKYLOSING SPONDYLITIS OF THORACIC REGION |
| M455 | ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION |
| M456 | ANKYLOSING SPONDYLITIS LUMBAR REGION |
| M457 | ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION |
| M458 | ANKYLOSING SPONDYLITIS SACRAL AND SACROCOCCYGEAL REGION |
| M459 | ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE |
| M4600 | SPINAL ENTHESOPATHY, SITE UNSPECIFIED |
| M4601 | SPINAL ENTHESOPATHY, OCCIPITO-ATLANTO-AXIAL REGION |
| M4602 | SPINAL ENTHESOPATHY, CERVICAL REGION |
| M4603 | SPINAL ENTHESOPATHY, CERVICOTHORACIC REGION |
| M4604 | SPINAL ENTHESOPATHY, THORACIC REGION |
| M4605 | SPINAL ENTHESOPATHY, THORACOLUMBAR REGION |
| M4606 | SPINAL ENTHESOPATHY, LUMBAR REGION |
| M4607 | SPINAL ENTHESOPATHY, LUMBOSACRAL REGION |
| M4608 | SPINAL ENTHESOPATHY, SACRAL AND SACROCOCCYGEAL REGION |
| M4609 | SPINAL ENTHESOPATHY, MULTIPLE SITES IN SPINE |
| M461 | SACROILIITIS, NOT ELSEWHERE CLASSIFIED |
| M4620 | OSTEOMYELITIS OF VERTEBRA, SITE UNSPECIFIED |
| M4621 | OSTEOMYELITIS OF VERTEBRA, OCCIPITO-ATLANTO-AXIAL REGION |
| M4622 | OSTEOMYELITIS OF VERTEBRA, CERVICAL REGION |
| M4623 | OSTEOMYELITIS OF VERTEBRA, CERVICOTHORACIC REGION |
| M4624 | OSTEOMYELITIS OF VERTEBRA, THORACIC REGION |
| M4625 | OSTEOMYELITIS OF VERTEBRA, THORACOLUMBAR REGION |
| M4626 | OSTEOMYELITIS OF VERTEBRA, LUMBAR REGION |
| M4627 | OSTEOMYELITIS OF VERTEBRA, LUMBOSACRAL REGION |
| M4628 | OSTEOMYELITIS OF VERTEBRA, SACRAL AND SACROCOCCYGEAL REGION |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M4630 | INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), SITE UNSPECIFIED |
| M4631 | INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), OCCIPITO-ATLANTO-AXIAL REGION |
| M4632 | INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), CERVICAL REGION |
| M4633 | INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), CERVICOTHORACIC REGION |
| M4634 | INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), THORACIC REGION |
| M4635 | INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), THORACOLUMBAR REGION |
| M4636 | INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), LUMBAR REGION |
| M4637 | INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), LUMBOSACRAL REGION |
| M4638 | INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), SACRAL AND SACROCOCCYGEAL REGION |
| M4639 | INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), MULTIPLE SITES IN SPINE |
| M4640 | DISCITIS, UNSPECIFIED, SITE UNSPECIFIED |
| M4641 | DISCITIS, UNSPECIFIED, OCCIPITO-ATLANTO-AXIAL REGION |
| M4642 | DISCITIS, UNSPECIFIED, CERVICAL REGION |
| M4643 | DISCITIS, UNSPECIFIED, CERVICOTHORACIC REGION |
| M4644 | DISCITIS, UNSPECIFIED, THORACIC REGION |
| M4645 | DISCITIS, UNSPECIFIED, THORACOLUMBAR REGION |
| M4646 | DISCITIS, UNSPECIFIED, LUMBAR REGION |
| M4647 | DISCITIS, UNSPECIFIED, LUMBOSACRAL REGION |
| M4648 | DISCITIS, UNSPECIFIED, SACRAL AND SACROCOCCYGEAL REGION |
| M4649 | DISCITIS, UNSPECIFIED, MULTIPLE SITES IN SPINE |
| M4650 | OTHER INFECTIVE SPONDYLOPATHIES, SITE UNSPECIFIED |
| M4651 | OTHER INFECTIVE SPONDYLOPATHIES, OCCIPITO-ATLANTO-AXIAL REGION |
| M4652 | OTHER INFECTIVE SPONDYLOPATHIES, CERVICAL REGION |
| M4653 | OTHER INFECTIVE SPONDYLOPATHIES, CERVICOTHORACIC REGION |
| M4654 | OTHER INFECTIVE SPONDYLOPATHIES, THORACIC REGION |
| M4655 | OTHER INFECTIVE SPONDYLOPATHIES, THORACOLUMBAR REGION |
| M4656 | OTHER INFECTIVE SPONDYLOPATHIES, LUMBAR REGION |
| M4657 | OTHER INFECTIVE SPONDYLOPATHIES, LUMBOSACRAL REGION |
| M4658 | OTHER INFECTIVE SPONDYLOPATHIES, SACRAL AND SACROCOCCYGEAL REGION |
| M4659 | OTHER INFECTIVE SPONDYLOPATHIES, MULTIPLE SITES IN SPINE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M4680 | OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, SITE UNSPECIFIED |
| M4681 | OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, OCCIPITO-ATLANTO-AXIAL REGION |
| M4682 | OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, CERVICAL REGION |
| M4683 | OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, CERVICOTHORACIC REGION |
| M4684 | OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, THORACIC REGION |
| M4685 | OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, THORACOLUMBAR REGION |
| M4686 | OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION |
| M4687 | OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBOSACRAL REGION |
| M4688 | OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, SACRAL AND SACROCOCCYGEAL REGION |
| M4689 | OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, MULTIPLE SITES IN SPINE |
| M4690 | UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, SITE UNSPECIFIED |
| M4691 | UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, OCCIPITO-ATLANTO-AXIAL REGION |
| M4692 | UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICAL REGION |
| M4693 | UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICOTHORACIC REGION |
| M4694 | UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, THORACIC REGION |
| M4695 | UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, THORACOLUMBAR REGION |
| M4696 | UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION |
| M4697 | UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBOSACRAL REGION |
| M4698 | UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, SACRAL AND SACROCOCCYGEAL REGION |
| M4699 | UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, MULTIPLE SITES IN SPINE |
| M47011 | ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, OCCIPITO-ATLANTO-AXIAL REGION |
| M47012 | ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, CERVICAL REGION |
| M47013 | ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, CERVICOTHORACIC REGION |
| M47014 | ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, THORACIC REGION |
| M47015 | ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, THORACOLUMBAR REGION |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M47016 | ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, LUMBAR REGION |
| M47019 | ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, SITE UNSPECIFIED |
| M47021 | VERTEBRAL ARTERY COMPRESSION SYNDROMES, OCCIPITO-ATLANTO-AXIAL REGION |
| M47022 | VERTEBRAL ARTERY COMPRESSION SYNDROMES, CERVICAL REGION |
| M47029 | VERTEBRAL ARTERY COMPRESSION SYNDROMES, SITE UNSPECIFIED |
| M4710 | OTHER SPONDYLOSIS WITH MYELOPATHY, SITE UNSPECIFIED |
| M4711 | OTHER SPONDYLOSIS WITH MYELOPATHY, OCCIPITO-ATLANTO-AXIAL REGION |
| M4712 | OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION |
| M4713 | OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICOTHORACIC REGION |
| M4714 | OTHER SPONDYLOSIS WITH MYELOPATHY, THORACIC REGION |
| M4715 | OTHER SPONDYLOSIS WITH MYELOPATHY, THORACOLUMBAR REGION |
| M4716 | OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION |
| M4720 | OTHER SPONDYLOSIS WITH RADICULOPATHY, SITE UNSPECIFIED |
| M4721 | OTHER SPONDYLOSIS WITH RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL REGION |
| M4722 | OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION |
| M4723 | OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICOTHORACIC REGION |
| M4724 | OTHER SPONDYLOSIS WITH RADICULOPATHY, THORACIC REGION |
| M4725 | OTHER SPONDYLOSIS WITH RADICULOPATHY, THORACOLUMBAR REGION |
| M4726 | OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION |
| M4727 | OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION |
| M4728 | OTHER SPONDYLOSIS WITH RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION |
| M47811 | SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL REGION |
| M47812 | SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION |
| M47813 | SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICOTHORACIC REGION |
| M47814 | SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION |
| M47815 | SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACOLUMBAR REGION |
| M47816 | SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M47817 | SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION |
| M47818 | SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION |
| M47819 | SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSPECIFIED |
| M47891 | OTHER SPONDYLOSIS, OCCIPITO-ATLANTO-AXIAL REGION |
| M47892 | OTHER SPONDYLOSIS, CERVICAL REGION |
| M47893 | OTHER SPONDYLOSIS, CERVICOTHORACIC REGION |
| M47894 | OTHER SPONDYLOSIS, THORACIC REGION |
| M47895 | OTHER SPONDYLOSIS, THORACOLUMBAR REGION |
| M47896 | OTHER SPONDYLOSIS, LUMBAR REGION |
| M47897 | OTHER SPONDYLOSIS, LUMBOSACRAL REGION |
| M47898 | OTHER SPONDYLOSIS, SACRAL AND SACROCOCCYGEAL REGION |
| M47899 | OTHER SPONDYLOSIS, SITE UNSPECIFIED |
| M479 | SPONDYLOSIS, UNSPECIFIED |
| M4800 | SPINAL STENOSIS, SITE UNSPECIFIED |
| M4801 | SPINAL STENOSIS, OCCIPITO-ATLANTO-AXIAL REGION |
| M4802 | SPINAL STENOSIS, CERVICAL REGION |
| M4803 | SPINAL STENOSIS, CERVICOTHORACIC REGION |
| M4804 | SPINAL STENOSIS, THORACIC REGION |
| M4805 | SPINAL STENOSIS, THORACOLUMBAR REGION |
| M4806 | SPINAL STENOSIS, LUMBAR REGION |
| M4807 | SPINAL STENOSIS, LUMBOSACRAL REGION |
| M4808 | SPINAL STENOSIS, SACRAL AND SACROCOCCYGEAL REGION |
| M4810 | ANKYLOSING HYPEROSTOSIS [FORESTIER], SITE UNSPECIFIED |
| M4811 | ANKYLOSING HYPEROSTOSIS [FORESTIER], OCCIPITO-ATLANTO-AXIAL REGION |
| M4812 | ANKYLOSING HYPEROSTOSIS [FORESTIER], CERVICAL REGION |
| M4813 | ANKYLOSING HYPEROSTOSIS [FORESTIER], CERVICOTHORACIC REGION |
| M4814 | ANKYLOSING HYPEROSTOSIS [FORESTIER], THORACIC REGION |
| M4815 | ANKYLOSING HYPEROSTOSIS [FORESTIER], THORACOLUMBAR REGION |
| M4816 | ANKYLOSING HYPEROSTOSIS [FORESTIER], LUMBAR REGION |
| M4817 | ANKYLOSING HYPEROSTOSIS [FORESTIER], LUMBOSACRAL REGION |
| M4818 | ANKYLOSING HYPEROSTOSIS [FORESTIER], SACRAL AND SACROCOCCYGEAL REGION |
| M4819 | ANKYLOSING HYPEROSTOSIS [FORESTIER], MULTIPLE SITES IN SPINE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M4820 | KISSING SPINE, SITE UNSPECIFIED |
| M4821 | KISSING SPINE, OCCIPITO-ATLANTO-AXIAL REGION |
| M4822 | KISSING SPINE, CERVICAL REGION |
| M4823 | KISSING SPINE, CERVICOTHORACIC REGION |
| M4824 | KISSING SPINE, THORACIC REGION |
| M4825 | KISSING SPINE, THORACOLUMBAR REGION |
| M4826 | KISSING SPINE, LUMBAR REGION |
| M4827 | KISSING SPINE, LUMBOSACRAL REGION |
| M4830 | TRAUMATIC SPONDYLOPATHY, SITE UNSPECIFIED |
| M4831 | TRAUMATIC SPONDYLOPATHY, OCCIPITO-ATLANTO-AXIAL REGION |
| M4832 | TRAUMATIC SPONDYLOPATHY, CERVICAL REGION |
| M4833 | TRAUMATIC SPONDYLOPATHY, CERVICOTHORACIC REGION |
| M4834 | TRAUMATIC SPONDYLOPATHY, THORACIC REGION |
| M4835 | TRAUMATIC SPONDYLOPATHY, THORACOLUMBAR REGION |
| M4836 | TRAUMATIC SPONDYLOPATHY, LUMBAR REGION |
| M4837 | TRAUMATIC SPONDYLOPATHY, LUMBOSACRAL REGION |
| M4838 | TRAUMATIC SPONDYLOPATHY, SACRAL AND SACROCOCCYGEAL REGION |
| M488X1 | OTHER SPECIFIED SPONDYLOPATHIES, OCCIPITO-ATLANTO-AXIAL REGION |
| M488X2 | OTHER SPECIFIED SPONDYLOPATHIES, CERVICAL REGION |
| M488X3 | OTHER SPECIFIED SPONDYLOPATHIES, CERVICOTHORACIC REGION |
| M488X4 | OTHER SPECIFIED SPONDYLOPATHIES, THORACIC REGION |
| M488X5 | OTHER SPECIFIED SPONDYLOPATHIES, THORACOLUMBAR REGION |
| M488X6 | OTHER SPECIFIED SPONDYLOPATHIES, LUMBAR REGION |
| M488X7 | OTHER SPECIFIED SPONDYLOPATHIES, LUMBOSACRAL REGION |
| M488X8 | OTHER SPECIFIED SPONDYLOPATHIES, SACRAL AND SACROCOCCYGEAL REGION |
| M488X9 | OTHER SPECIFIED SPONDYLOPATHIES, SITE UNSPECIFIED |
| M489 | SPONDYLOPATHY, UNSPECIFIED |
| M4980 | SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, SITE UNSPECIFIED |
| M4981 | SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, OCCIPITO-ATLANTO-AXIAL REGION |
| M4982 | SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, CERVICAL REGION |
| M4983 | SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, CERVICOTHORACIC REGION |
| M4984 | SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, THORACIC REGION |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M4985 | SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, THORACOLUMBAR REGION |
| M4986 | SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LUMBAR REGION |
| M4987 | SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LUMBOSACRAL REGION |
| M4988 | SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, SACRAL AND SACROCOCCYGEAL REGION |
| M4989 | SPONDYLOPATHY IN DISEASES CLASSIFIED ELSEWHERE, MULTIPLE SITES IN SPINE |
| M5000 | CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION |
| M5001 | CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION |
| M5002 | CERVICAL DISC DISORDER WITH MYELOPATHY, MID-CERVICAL REGION |
| M5003 | CERVICAL DISC DISORDER WITH MYELOPATHY, CERVICOTHORACIC REGION |
| M5010 | CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION |
| M5011 | CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION |
| M5012 | CERVICAL DISC DISORDER WITH RADICULOPATHY, MID-CERVICAL REGION |
| M5013 | CERVICAL DISC DISORDER WITH RADICULOPATHY, CERVICOTHORACIC REGION |
| M5020 | OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION |
| M5021 | OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION |
| M5022 | OTHER CERVICAL DISC DISPLACEMENT, MID-CERVICAL REGION |
| M5023 | OTHER CERVICAL DISC DISPLACEMENT, CERVICOTHORACIC REGION |
| M5030 | OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION |
| M5031 | OTHER CERVICAL DISC DEGENERATION, HIGH CERVICAL REGION |
| M5032 | OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION |
| M5033 | OTHER CERVICAL DISC DEGENERATION, CERVICOTHORACIC REGION |
| M5080 | OTHER CERVICAL DISC DISORDERS, UNSPECIFIED CERVICAL REGION |
| M5081 | OTHER CERVICAL DISC DISORDERS, HIGH CERVICAL REGION |
| M5082 | OTHER CERVICAL DISC DISORDERS, MID-CERVICAL REGION |
| M5083 | OTHER CERVICAL DISC DISORDERS, CERVICOTHORACIC REGION |
| M5090 | CERVICAL DISC DISORDER, UNSPECIFIED, UNSPECIFIED CERVICAL REGION |
| M5091 | CERVICAL DISC DISORDER, UNSPECIFIED, HIGH CERVICAL REGION |
| M5092 | CERVICAL DISC DISORDER, UNSPECIFIED, MID-CERVICAL REGION |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M5093 | CERVICAL DISC DISORDER, UNSPECIFIED, CERVICOTHORACIC REGION |
| M5104 | INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, THORACIC REGION |
| M5105 | INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, THORACOLUMBAR REGION |
| M5106 | INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION |
| M5114 | INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, THORACIC REGION |
| M5115 | INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, THORACOLUMBAR REGION |
| M5116 | INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION |
| M5117 | INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION |
| M5124 | OTHER INTERVERTEBRAL DISC DISPLACEMENT, THORACIC REGION |
| M5125 | OTHER INTERVERTEBRAL DISC DISPLACEMENT, THORACOLUMBAR REGION |
| M5126 | OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION |
| M5127 | OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION |
| M5134 | OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION |
| M5135 | OTHER INTERVERTEBRAL DISC DEGENERATION, THORACOLUMBAR REGION |
| M5136 | OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION |
| M5137 | OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION |
| M5144 | SCHMORL'S NODES, THORACIC REGION |
| M5145 | SCHMORL'S NODES, THORACOLUMBAR REGION |
| M5146 | SCHMORL'S NODES, LUMBAR REGION |
| M5147 | SCHMORL'S NODES, LUMBOSACRAL REGION |
| M5184 | OTHER INTERVERTEBRAL DISC DISORDERS, THORACIC REGION |
| M5185 | OTHER INTERVERTEBRAL DISC DISORDERS, THORACOLUMBAR REGION |
| M5186 | OTHER INTERVERTEBRAL DISC DISORDERS, LUMBAR REGION |
| M5187 | OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION |
| M519 | UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER |
| M530 | CERVICOCRANIAL SYNDROME |
| M531 | CERVICOBACHIAL SYNDROME |
| M532X1 | SPINAL INSTABILITIES, OCCIPITO-ATLANTO-AXIAL REGION |
| M532X2 | SPINAL INSTABILITIES, CERVICAL REGION |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M532X3 | SPINAL INSTABILITIES, CERVICOTHORACIC REGION |
| M532X4 | SPINAL INSTABILITIES, THORACIC REGION |
| M532X5 | SPINAL INSTABILITIES, THORACOLUMBAR REGION |
| M532X6 | SPINAL INSTABILITIES, LUMBAR REGION |
| M532X7 | SPINAL INSTABILITIES, LUMBOSACRAL REGION |
| M532X8 | SPINAL INSTABILITIES, SACRAL AND SACROCOCCYGEAL REGION |
| M532X9 | SPINAL INSTABILITIES, SITE UNSPECIFIED |
| M533 | SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED |
| M5380 | OTHER SPECIFIED DORSOPATHIES, SITE UNSPECIFIED |
| M5381 | OTHER SPECIFIED DORSOPATHIES, OCCIPITO-ATLANTO-AXIAL REGION |
| M5382 | OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION |
| M5383 | OTHER SPECIFIED DORSOPATHIES, CERVICOTHORACIC REGION |
| M5384 | OTHER SPECIFIED DORSOPATHIES, THORACIC REGION |
| M5385 | OTHER SPECIFIED DORSOPATHIES, THORACOLUMBAR REGION |
| M5386 | OTHER SPECIFIED DORSOPATHIES, LUMBAR REGION |
| M5387 | OTHER SPECIFIED DORSOPATHIES, LUMBOSACRAL REGION |
| M5388 | OTHER SPECIFIED DORSOPATHIES, SACRAL AND SACROCOCCYGEAL REGION |
| M539 | DORSOPATHY, UNSPECIFIED |
| M5400 | PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, SITE UNSPECIFIED |
| M5401 | PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, OCCIPITO-ATLANTO-AXIAL REGION |
| M5402 | PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, CERVICAL REGION |
| M5403 | PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, CERVICOTHORACIC REGION |
| M5404 | PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, THORACIC REGION |
| M5405 | PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, THORACOLUMBAR REGION |
| M5406 | PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, LUMBAR REGION |
| M5407 | PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, LUMBOSACRAL REGION |
| M5408 | PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, SACRAL AND SACROCOCCYGEAL REGION |
| M5409 | PANNICULITIS AFFECTING REGIONS, NECK AND BACK, MULTIPLE SITES IN SPINE |
| M5410 | RADICULOPATHY, SITE UNSPECIFIED |
| M5411 | RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL REGION |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M5412 | RADICULOPATHY, CERVICAL REGION |
| M5413 | RADICULOPATHY, CERVICOTHORACIC REGION |
| M5414 | RADICULOPATHY, THORACIC REGION |
| M5415 | RADICULOPATHY, THORACOLUMBAR REGION |
| M5416 | RADICULOPATHY, LUMBAR REGION |
| M5417 | RADICULOPATHY, LUMBOSACRAL REGION |
| M5418 | RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION |
| M542 | CERVICALGIA |
| M5430 | SCIATICA, UNSPECIFIED SIDE |
| M5431 | SCIATICA, RIGHT SIDE |
| M5432 | SCIATICA, LEFT SIDE |
| M5440 | LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE |
| M5441 | LUMBAGO WITH SCIATICA, RIGHT SIDE |
| M5442 | LUMBAGO WITH SCIATICA, LEFT SIDE |
| M545 | LOW BACK PAIN |
| M546 | PAIN IN THORACIC SPINE |
| M5481 | OCCIPITAL NEURALGIA |
| M5489 | OTHER DORSALGIA |
| M549 | DORSALGIA, UNSPECIFIED |
| M60000 | INFECTIVE MYOSITIS, UNSPECIFIED RIGHT ARM |
| M60001 | INFECTIVE MYOSITIS, UNSPECIFIED LEFT ARM |
| M60002 | INFECTIVE MYOSITIS, UNSPECIFIED ARM |
| M60003 | INFECTIVE MYOSITIS, UNSPECIFIED RIGHT LEG |
| M60004 | INFECTIVE MYOSITIS, UNSPECIFIED LEFT LEG |
| M60005 | INFECTIVE MYOSITIS, UNSPECIFIED LEG |
| M60009 | INFECTIVE MYOSITIS, UNSPECIFIED SITE |
| M60011 | INFECTIVE MYOSITIS, RIGHT SHOULDER |
| M60012 | INFECTIVE MYOSITIS, LEFT SHOULDER |
| M60019 | INFECTIVE MYOSITIS, UNSPECIFIED SHOULDER |
| M60021 | INFECTIVE MYOSITIS, RIGHT UPPER ARM |
| M60022 | INFECTIVE MYOSITIS, LEFT UPPER ARM |
| M60029 | INFECTIVE MYOSITIS, UNSPECIFIED UPPER ARM |
| M60031 | INFECTIVE MYOSITIS, RIGHT FOREARM |
| M60032 | INFECTIVE MYOSITIS, LEFT FOREARM |
| M60039 | INFECTIVE MYOSITIS, UNSPECIFIED FOREARM |
| M60041 | INFECTIVE MYOSITIS, RIGHT HAND |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M60042 | INFECTIVE MYOSITIS, LEFT HAND |
| M60043 | INFECTIVE MYOSITIS, UNSPECIFIED HAND |
| M60044 | INFECTIVE MYOSITIS, RIGHT FINGER(S) |
| M60045 | INFECTIVE MYOSITIS, LEFT FINGER(S) |
| M60046 | INFECTIVE MYOSITIS, UNSPECIFIED FINGER(S) |
| M60051 | INFECTIVE MYOSITIS, RIGHT THIGH |
| M60052 | INFECTIVE MYOSITIS, LEFT THIGH |
| M60059 | INFECTIVE MYOSITIS, UNSPECIFIED THIGH |
| M60061 | INFECTIVE MYOSITIS, RIGHT LOWER LEG |
| M60062 | INFECTIVE MYOSITIS, LEFT LOWER LEG |
| M60069 | INFECTIVE MYOSITIS, UNSPECIFIED LOWER LEG |
| M60070 | INFECTIVE MYOSITIS, RIGHT ANKLE |
| M60071 | INFECTIVE MYOSITIS, LEFT ANKLE |
| M60072 | INFECTIVE MYOSITIS, UNSPECIFIED ANKLE |
| M60073 | INFECTIVE MYOSITIS, RIGHT FOOT |
| M60074 | INFECTIVE MYOSITIS, LEFT FOOT |
| M60075 | INFECTIVE MYOSITIS, UNSPECIFIED FOOT |
| M60076 | INFECTIVE MYOSITIS, RIGHT TOE(S) |
| M60077 | INFECTIVE MYOSITIS, LEFT TOE(S) |
| M60078 | INFECTIVE MYOSITIS, UNSPECIFIED TOE(S) |
| M6008 | INFECTIVE MYOSITIS, OTHER SITE |
| M6009 | INFECTIVE MYOSITIS, MULTIPLE SITES |
| M6010 | INTERSTITIAL MYOSITIS OF UNSPECIFIED SITE |
| M60111 | INTERSTITIAL MYOSITIS, RIGHT SHOULDER |
| M60112 | INTERSTITIAL MYOSITIS, LEFT SHOULDER |
| M60119 | INTERSTITIAL MYOSITIS, UNSPECIFIED SHOULDER |
| M60121 | INTERSTITIAL MYOSITIS, RIGHT UPPER ARM |
| M60122 | INTERSTITIAL MYOSITIS, LEFT UPPER ARM |
| M60129 | INTERSTITIAL MYOSITIS, UNSPECIFIED UPPER ARM |
| M60131 | INTERSTITIAL MYOSITIS, RIGHT FOREARM |
| M60132 | INTERSTITIAL MYOSITIS, LEFT FOREARM |
| M60139 | INTERSTITIAL MYOSITIS, UNSPECIFIED FOREARM |
| M60141 | INTERSTITIAL MYOSITIS, RIGHT HAND |
| M60142 | INTERSTITIAL MYOSITIS, LEFT HAND |
| M60149 | INTERSTITIAL MYOSITIS, UNSPECIFIED HAND |
| M60151 | INTERSTITIAL MYOSITIS, RIGHT THIGH |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M60152 | INTERSTITIAL MYOSITIS, LEFT THIGH |
| M60159 | INTERSTITIAL MYOSITIS, UNSPECIFIED THIGH |
| M60161 | INTERSTITIAL MYOSITIS, RIGHT LOWER LEG |
| M60162 | INTERSTITIAL MYOSITIS, LEFT LOWER LEG |
| M60169 | INTERSTITIAL MYOSITIS, UNSPECIFIED LOWER LEG |
| M60171 | INTERSTITIAL MYOSITIS, RIGHT ANKLE AND FOOT |
| M60172 | INTERSTITIAL MYOSITIS, LEFT ANKLE AND FOOT |
| M60179 | INTERSTITIAL MYOSITIS, UNSPECIFIED ANKLE AND FOOT |
| M6018 | INTERSTITIAL MYOSITIS, OTHER SITE |
| M6019 | INTERSTITIAL MYOSITIS, MULTIPLE SITES |
| M6020 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE |
| M60211 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER |
| M60212 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, LEFT SHOULDER |
| M60219 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SHOULDER |
| M60221 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, RIGHT UPPER ARM |
| M60222 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, LEFT UPPER ARM |
| M60229 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED UPPER ARM |
| M60231 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, RIGHT FOREARM |
| M60232 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, LEFT FOREARM |
| M60239 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED FOREARM |
| M60241 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, RIGHT HAND |
| M60242 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, LEFT HAND |
| M60249 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HAND |
| M60251 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, RIGHT THIGH |
| M60252 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, LEFT THIGH |
| M60259 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED THIGH |
| M60261 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, RIGHT LOWER LEG |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M60262 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, LEFT LOWER LEG |
| M60269 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED LOWER LEG |
| M60271 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE AND FOOT |
| M60272 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, LEFT ANKLE AND FOOT |
| M60279 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ANKLE AND FOOT |
| M6028 | FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, OTHER SITE |
| M6080 | OTHER MYOSITIS, UNSPECIFIED SITE |
| M60811 | OTHER MYOSITIS, RIGHT SHOULDER |
| M60812 | OTHER MYOSITIS, LEFT SHOULDER |
| M60819 | OTHER MYOSITIS, UNSPECIFIED SHOULDER |
| M60821 | OTHER MYOSITIS, RIGHT UPPER ARM |
| M60822 | OTHER MYOSITIS, LEFT UPPER ARM |
| M60829 | OTHER MYOSITIS, UNSPECIFIED UPPER ARM |
| M60831 | OTHER MYOSITIS, RIGHT FOREARM |
| M60832 | OTHER MYOSITIS, LEFT FOREARM |
| M60839 | OTHER MYOSITIS, UNSPECIFIED FOREARM |
| M60841 | OTHER MYOSITIS, RIGHT HAND |
| M60842 | OTHER MYOSITIS, LEFT HAND |
| M60849 | OTHER MYOSITIS, UNSPECIFIED HAND |
| M60851 | OTHER MYOSITIS, RIGHT THIGH |
| M60852 | OTHER MYOSITIS, LEFT THIGH |
| M60859 | OTHER MYOSITIS, UNSPECIFIED THIGH |
| M60861 | OTHER MYOSITIS, RIGHT LOWER LEG |
| M60862 | OTHER MYOSITIS, LEFT LOWER LEG |
| M60869 | OTHER MYOSITIS, UNSPECIFIED LOWER LEG |
| M60871 | OTHER MYOSITIS, RIGHT ANKLE AND FOOT |
| M60872 | OTHER MYOSITIS, LEFT ANKLE AND FOOT |
| M60879 | OTHER MYOSITIS, UNSPECIFIED ANKLE AND FOOT |
| M6088 | OTHER MYOSITIS, OTHER SITE |
| M6089 | OTHER MYOSITIS, MULTIPLE SITES |
| M609 | MYOSITIS, UNSPECIFIED |
| M6100 | MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED SITE |
| M61011 | MYOSITIS OSSIFICANS TRAUMATICA, RIGHT SHOULDER |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M61012 | MYOSITIS OSSIFICANS TRAUMATICA, LEFT SHOULDER |
| M61019 | MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED SHOULDER |
| M61021 | MYOSITIS OSSIFICANS TRAUMATICA, RIGHT UPPER ARM |
| M61022 | MYOSITIS OSSIFICANS TRAUMATICA, LEFT UPPER ARM |
| M61029 | MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED UPPER ARM |
| M61031 | MYOSITIS OSSIFICANS TRAUMATICA, RIGHT FOREARM |
| M61032 | MYOSITIS OSSIFICANS TRAUMATICA, LEFT FOREARM |
| M61039 | MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED FOREARM |
| M61041 | MYOSITIS OSSIFICANS TRAUMATICA, RIGHT HAND |
| M61042 | MYOSITIS OSSIFICANS TRAUMATICA, LEFT HAND |
| M61049 | MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED HAND |
| M61051 | MYOSITIS OSSIFICANS TRAUMATICA, RIGHT THIGH |
| M61052 | MYOSITIS OSSIFICANS TRAUMATICA, LEFT THIGH |
| M61059 | MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED THIGH |
| M61061 | MYOSITIS OSSIFICANS TRAUMATICA, RIGHT LOWER LEG |
| M61062 | MYOSITIS OSSIFICANS TRAUMATICA, LEFT LOWER LEG |
| M61069 | MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED LOWER LEG |
| M61071 | MYOSITIS OSSIFICANS TRAUMATICA, RIGHT ANKLE AND FOOT |
| M61072 | MYOSITIS OSSIFICANS TRAUMATICA, LEFT ANKLE AND FOOT |
| M61079 | MYOSITIS OSSIFICANS TRAUMATICA, UNSPECIFIED ANKLE AND FOOT |
| M6108 | MYOSITIS OSSIFICANS TRAUMATICA, OTHER SITE |
| M6109 | MYOSITIS OSSIFICANS TRAUMATICA, MULTIPLE SITES |
| M6110 | MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED SITE |
| M61111 | MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT SHOULDER |
| M61112 | MYOSITIS OSSIFICANS PROGRESSIVA, LEFT SHOULDER |
| M61119 | MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED SHOULDER |
| M61121 | MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT UPPER ARM |
| M61122 | MYOSITIS OSSIFICANS PROGRESSIVA, LEFT UPPER ARM |
| M61129 | MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED ARM |
| M61131 | MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT FOREARM |
| M61132 | MYOSITIS OSSIFICANS PROGRESSIVA, LEFT FOREARM |
| M61139 | MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED FOREARM |
| M61141 | MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT HAND |
| M61142 | MYOSITIS OSSIFICANS PROGRESSIVA, LEFT HAND |
| M61143 | MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED HAND |
| M61144 | MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT FINGER(S) |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M61145 | MYOSITIS OSSIFICANS PROGRESSIVA, LEFT FINGER(S) |
| M61146 | MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED FINGER(S) |
| M61151 | MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT THIGH |
| M61152 | MYOSITIS OSSIFICANS PROGRESSIVA, LEFT THIGH |
| M61159 | MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED THIGH |
| M61161 | MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT LOWER LEG |
| M61162 | MYOSITIS OSSIFICANS PROGRESSIVA, LEFT LOWER LEG |
| M61169 | MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED LOWER LEG |
| M61171 | MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT ANKLE |
| M61172 | MYOSITIS OSSIFICANS PROGRESSIVA, LEFT ANKLE |
| M61173 | MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED ANKLE |
| M61174 | MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT FOOT |
| M61175 | MYOSITIS OSSIFICANS PROGRESSIVA, LEFT FOOT |
| M61176 | MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED FOOT |
| M61177 | MYOSITIS OSSIFICANS PROGRESSIVA, RIGHT TOE(S) |
| M61178 | MYOSITIS OSSIFICANS PROGRESSIVA, LEFT TOE(S) |
| M61179 | MYOSITIS OSSIFICANS PROGRESSIVA, UNSPECIFIED TOE(S) |
| M6118 | MYOSITIS OSSIFICANS PROGRESSIVA, OTHER SITE |
| M6119 | MYOSITIS OSSIFICANS PROGRESSIVA, MULTIPLE SITES |
| M6120 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED SITE |
| M61211 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, RIGHT SHOULDER |
| M61212 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, LEFT SHOULDER |
| M61219 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED SHOULDER |
| M61221 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, RIGHT UPPER ARM |
| M61222 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, LEFT UPPER ARM |
| M61229 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED UPPER ARM |
| M61231 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, RIGHT FOREARM |
| M61232 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, LEFT FOREARM |
| M61239 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED FOREARM |
| M61241 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, RIGHT HAND |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M61242 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, LEFT HAND |
| M61249 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED HAND |
| M61251 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, RIGHT THIGH |
| M61252 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, LEFT THIGH |
| M61259 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED THIGH |
| M61261 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, RIGHT LOWER LEG |
| M61262 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, LEFT LOWER LEG |
| M61269 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED LOWER LEG |
| M61271 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, RIGHT ANKLE AND FOOT |
| M61272 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, LEFT ANKLE AND FOOT |
| M61279 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED ANKLE AND FOOT |
| M6128 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, OTHER SITE |
| M6129 | PARALYTIC CALCIFICATION AND OSSIFICATION OF MUSCLE, MULTIPLE SITES |
| M6130 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, UNSPECIFIED SITE |
| M61311 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, RIGHT SHOULDER |
| M61312 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, LEFT SHOULDER |
| M61319 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, UNSPECIFIED SHOULDER |
| M61321 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, RIGHT UPPER ARM |
| M61322 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, LEFT UPPER ARM |
| M61329 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, UNSPECIFIED UPPER ARM |
| M61331 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, RIGHT FOREARM |
| M61332 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, LEFT FOREARM |
| M61339 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, UNSPECIFIED FOREARM |
| M61341 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, RIGHT HAND |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M61342 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, LEFT HAND |
| M61349 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, UNSPECIFIED HAND |
| M61351 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, RIGHT THIGH |
| M61352 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, LEFT THIGH |
| M61359 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, UNSPECIFIED THIGH |
| M61361 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, RIGHT LOWER LEG |
| M61362 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, LEFT LOWER LEG |
| M61369 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, UNSPECIFIED LOWER LEG |
| M61371 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, RIGHT ANKLE AND FOOT |
| M61372 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, LEFT ANKLE AND FOOT |
| M61379 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, UNSPECIFIED ANKLE AND FOOT |
| M6138 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, OTHER SITE |
| M6139 | CALCIFICATION AND OSSIFICATION OF MUSCLES ASSOCIATED WITH BURNS, MULTIPLE SITES |
| M6140 | OTHER CALCIFICATION OF MUSCLE, UNSPECIFIED SITE |
| M61411 | OTHER CALCIFICATION OF MUSCLE, RIGHT SHOULDER |
| M61412 | OTHER CALCIFICATION OF MUSCLE, LEFT SHOULDER |
| M61419 | OTHER CALCIFICATION OF MUSCLE, UNSPECIFIED SHOULDER |
| M61421 | OTHER CALCIFICATION OF MUSCLE, RIGHT UPPER ARM |
| M61422 | OTHER CALCIFICATION OF MUSCLE, LEFT UPPER ARM |
| M61429 | OTHER CALCIFICATION OF MUSCLE, UNSPECIFIED UPPER ARM |
| M61431 | OTHER CALCIFICATION OF MUSCLE, RIGHT FOREARM |
| M61432 | OTHER CALCIFICATION OF MUSCLE, LEFT FOREARM |
| M61439 | OTHER CALCIFICATION OF MUSCLE, UNSPECIFIED FOREARM |
| M61441 | OTHER CALCIFICATION OF MUSCLE, RIGHT HAND |
| M61442 | OTHER CALCIFICATION OF MUSCLE, LEFT HAND |
| M61449 | OTHER CALCIFICATION OF MUSCLE, UNSPECIFIED HAND |
| M61451 | OTHER CALCIFICATION OF MUSCLE, RIGHT THIGH |
| M61452 | OTHER CALCIFICATION OF MUSCLE, LEFT THIGH |
| M61459 | OTHER CALCIFICATION OF MUSCLE, UNSPECIFIED THIGH |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M61461 | OTHER CALCIFICATION OF MUSCLE, RIGHT LOWER LEG |
| M61462 | OTHER CALCIFICATION OF MUSCLE, LEFT LOWER LEG |
| M61469 | OTHER CALCIFICATION OF MUSCLE, UNSPECIFIED LOWER LEG |
| M61471 | OTHER CALCIFICATION OF MUSCLE, RIGHT ANKLE AND FOOT |
| M61472 | OTHER CALCIFICATION OF MUSCLE, LEFT ANKLE AND FOOT |
| M61479 | OTHER CALCIFICATION OF MUSCLE, UNSPECIFIED ANKLE AND FOOT |
| M6148 | OTHER CALCIFICATION OF MUSCLE, OTHER SITE |
| M6149 | OTHER CALCIFICATION OF MUSCLE, MULTIPLE SITES |
| M6150 | OTHER OSSIFICATION OF MUSCLE, UNSPECIFIED SITE |
| M61511 | OTHER OSSIFICATION OF MUSCLE, RIGHT SHOULDER |
| M61512 | OTHER OSSIFICATION OF MUSCLE, LEFT SHOULDER |
| M61519 | OTHER OSSIFICATION OF MUSCLE, UNSPECIFIED SHOULDER |
| M61521 | OTHER OSSIFICATION OF MUSCLE, RIGHT UPPER ARM |
| M61522 | OTHER OSSIFICATION OF MUSCLE, LEFT UPPER ARM |
| M61529 | OTHER OSSIFICATION OF MUSCLE, UNSPECIFIED UPPER ARM |
| M61531 | OTHER OSSIFICATION OF MUSCLE, RIGHT FOREARM |
| M61532 | OTHER OSSIFICATION OF MUSCLE, LEFT FOREARM |
| M61539 | OTHER OSSIFICATION OF MUSCLE, UNSPECIFIED FOREARM |
| M61541 | OTHER OSSIFICATION OF MUSCLE, RIGHT HAND |
| M61542 | OTHER OSSIFICATION OF MUSCLE, LEFT HAND |
| M61549 | OTHER OSSIFICATION OF MUSCLE, UNSPECIFIED HAND |
| M61551 | OTHER OSSIFICATION OF MUSCLE, RIGHT THIGH |
| M61552 | OTHER OSSIFICATION OF MUSCLE, LEFT THIGH |
| M61559 | OTHER OSSIFICATION OF MUSCLE, UNSPECIFIED THIGH |
| M61561 | OTHER OSSIFICATION OF MUSCLE, RIGHT LOWER LEG |
| M61562 | OTHER OSSIFICATION OF MUSCLE, LEFT LOWER LEG |
| M61569 | OTHER OSSIFICATION OF MUSCLE, UNSPECIFIED LOWER LEG |
| M61571 | OTHER OSSIFICATION OF MUSCLE, RIGHT ANKLE AND FOOT |
| M61572 | OTHER OSSIFICATION OF MUSCLE, LEFT ANKLE AND FOOT |
| M61579 | OTHER OSSIFICATION OF MUSCLE, UNSPECIFIED ANKLE AND FOOT |
| M6158 | OTHER OSSIFICATION OF MUSCLE, OTHER SITE |
| M6159 | OTHER OSSIFICATION OF MUSCLE, MULTIPLE SITES |
| M619 | CALCIFICATION AND OSSIFICATION OF MUSCLE, UNSPECIFIED |
| M6200 | SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED SITE |
| M62011 | SEPARATION OF MUSCLE (NONTRAUMATIC), RIGHT SHOULDER |
| M62012 | SEPARATION OF MUSCLE (NONTRAUMATIC), LEFT SHOULDER |

Table 5 (diagnosis of chronic non-malignant pain)**Required quantity: 1****Look back timeframe: 365 days**

| ICD-10 Code | Description |
|--------------------|---|
| M62019 | SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED SHOULDER |
| M62021 | SEPARATION OF MUSCLE (NONTRAUMATIC), RIGHT UPPER ARM |
| M62022 | SEPARATION OF MUSCLE (NONTRAUMATIC), LEFT UPPER ARM |
| M62029 | SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED UPPER ARM |
| M62031 | SEPARATION OF MUSCLE (NONTRAUMATIC), RIGHT FOREARM |
| M62032 | SEPARATION OF MUSCLE (NONTRAUMATIC), LEFT FOREARM |
| M62039 | SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED FOREARM |
| M62041 | SEPARATION OF MUSCLE (NONTRAUMATIC), RIGHT HAND |
| M62042 | SEPARATION OF MUSCLE (NONTRAUMATIC), LEFT HAND |
| M62049 | SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED HAND |
| M62051 | SEPARATION OF MUSCLE (NONTRAUMATIC), RIGHT THIGH |
| M62052 | SEPARATION OF MUSCLE (NONTRAUMATIC), LEFT THIGH |
| M62059 | SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED THIGH |
| M62061 | SEPARATION OF MUSCLE (NONTRAUMATIC), RIGHT LOWER LEG |
| M62062 | SEPARATION OF MUSCLE (NONTRAUMATIC), LEFT LOWER LEG |
| M62069 | SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED LOWER LEG |
| M62071 | SEPARATION OF MUSCLE (NONTRAUMATIC), RIGHT ANKLE AND FOOT |
| M62072 | SEPARATION OF MUSCLE (NONTRAUMATIC), LEFT ANKLE AND FOOT |
| M62079 | SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED ANKLE AND FOOT |
| M6208 | SEPARATION OF MUSCLE (NONTRAUMATIC), OTHER SITE |
| M6210 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), UNSPECIFIED SITE |
| M62111 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), RIGHT SHOULDER |
| M62112 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), LEFT SHOULDER |
| M62119 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), UNSPECIFIED SHOULDER |
| M62121 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), RIGHT UPPER ARM |
| M62122 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), LEFT UPPER ARM |
| M62129 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), UNSPECIFIED UPPER ARM |
| M62131 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), RIGHT FOREARM |
| M62132 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), LEFT FOREARM |
| M62139 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), UNSPECIFIED FOREARM |
| M62141 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), RIGHT HAND |
| M62142 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), LEFT HAND |
| M62149 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), UNSPECIFIED HAND |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M62151 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), RIGHT THIGH |
| M62152 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), LEFT THIGH |
| M62159 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), UNSPECIFIED THIGH |
| M62161 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), RIGHT LOWER LEG |
| M62162 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), LEFT LOWER LEG |
| M62169 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), UNSPECIFIED LOWER LEG |
| M62171 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), RIGHT ANKLE AND FOOT |
| M62172 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), LEFT ANKLE AND FOOT |
| M62179 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), UNSPECIFIED ANKLE AND FOOT |
| M6218 | OTHER RUPTURE OF MUSCLE (NONTRAUMATIC), OTHER SITE |
| M6220 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, UNSPECIFIED SITE |
| M62211 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, RIGHT SHOULDER |
| M62212 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, LEFT SHOULDER |
| M62219 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, UNSPECIFIED SHOULDER |
| M62221 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, RIGHT UPPER ARM |
| M62222 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, LEFT UPPER ARM |
| M62229 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, UNSPECIFIED UPPER ARM |
| M62231 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, RIGHT FOREARM |
| M62232 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, LEFT FOREARM |
| M62239 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, UNSPECIFIED FOREARM |
| M62241 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, RIGHT HAND |
| M62242 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, LEFT HAND |
| M62249 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, UNSPECIFIED HAND |
| M62251 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, RIGHT THIGH |
| M62252 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, LEFT THIGH |
| M62259 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, UNSPECIFIED THIGH |
| M62261 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, RIGHT LOWER LEG |
| M62262 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, LEFT LOWER LEG |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M62269 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, UNSPECIFIED LOWER LEG |
| M62271 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, RIGHT ANKLE AND FOOT |
| M62272 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, LEFT ANKLE AND FOOT |
| M62279 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, UNSPECIFIED ANKLE AND FOOT |
| M6228 | NONTRAUMATIC ISCHEMIC INFARCTION OF MUSCLE, OTHER SITE |
| M623 | IMMOBILITY SYNDROME (PARAPLEGIC) |
| M6240 | CONTRACTURE OF MUSCLE, UNSPECIFIED SITE |
| M62411 | CONTRACTURE OF MUSCLE, RIGHT SHOULDER |
| M62412 | CONTRACTURE OF MUSCLE, LEFT SHOULDER |
| M62419 | CONTRACTURE OF MUSCLE, UNSPECIFIED SHOULDER |
| M62421 | CONTRACTURE OF MUSCLE, RIGHT UPPER ARM |
| M62422 | CONTRACTURE OF MUSCLE, LEFT UPPER ARM |
| M62429 | CONTRACTURE OF MUSCLE, UNSPECIFIED UPPER ARM |
| M62431 | CONTRACTURE OF MUSCLE, RIGHT FOREARM |
| M62432 | CONTRACTURE OF MUSCLE, LEFT FOREARM |
| M62439 | CONTRACTURE OF MUSCLE, UNSPECIFIED FOREARM |
| M62441 | CONTRACTURE OF MUSCLE, RIGHT HAND |
| M62442 | CONTRACTURE OF MUSCLE, LEFT HAND |
| M62449 | CONTRACTURE OF MUSCLE, UNSPECIFIED HAND |
| M62451 | CONTRACTURE OF MUSCLE, RIGHT THIGH |
| M62452 | CONTRACTURE OF MUSCLE, LEFT THIGH |
| M62459 | CONTRACTURE OF MUSCLE, UNSPECIFIED THIGH |
| M62461 | CONTRACTURE OF MUSCLE, RIGHT LOWER LEG |
| M62462 | CONTRACTURE OF MUSCLE, LEFT LOWER LEG |
| M62469 | CONTRACTURE OF MUSCLE, UNSPECIFIED LOWER LEG |
| M62471 | CONTRACTURE OF MUSCLE, RIGHT ANKLE AND FOOT |
| M62472 | CONTRACTURE OF MUSCLE, LEFT ANKLE AND FOOT |
| M62479 | CONTRACTURE OF MUSCLE, UNSPECIFIED ANKLE AND FOOT |
| M6248 | CONTRACTURE OF MUSCLE, OTHER SITE |
| M6249 | CONTRACTURE OF MUSCLE, MULTIPLE SITES |
| M6250 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE |
| M62511 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M62512 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT SHOULDER |
| M62519 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SHOULDER |
| M62521 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT UPPER ARM |
| M62522 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT UPPER ARM |
| M62529 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED UPPER ARM |
| M62531 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT FOREARM |
| M62532 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT FOREARM |
| M62539 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED FOREARM |
| M62541 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT HAND |
| M62542 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT HAND |
| M62549 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HAND |
| M62551 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT THIGH |
| M62552 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT THIGH |
| M62559 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED THIGH |
| M62561 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT LOWER LEG |
| M62562 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT LOWER LEG |
| M62569 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED LOWER LEG |
| M62571 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE AND FOOT |
| M62572 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT ANKLE AND FOOT |
| M62579 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ANKLE AND FOOT |
| M6258 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, OTHER SITE |
| M6259 | MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, MULTIPLE SITES |
| M6281 | MUSCLE WEAKNESS (GENERALIZED) |
| M6282 | RHABDOMYOLYSIS |
| M62830 | MUSCLE SPASM OF BACK |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M62831 | MUSCLE SPASM OF CALF |
| M62838 | OTHER MUSCLE SPASM |
| M6289 | OTHER SPECIFIED DISORDERS OF MUSCLE |
| M629 | DISORDER OF MUSCLE, UNSPECIFIED |
| M6380 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SITE |
| M63811 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, RIGHT SHOULDER |
| M63812 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, LEFT SHOULDER |
| M63819 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SHOULDER |
| M63821 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, RIGHT UPPER ARM |
| M63822 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, LEFT UPPER ARM |
| M63829 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED UPPER ARM |
| M63831 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, RIGHT FOREARM |
| M63832 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, LEFT FOREARM |
| M63839 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED FOREARM |
| M63841 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, RIGHT HAND |
| M63842 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, LEFT HAND |
| M63849 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED HAND |
| M63851 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, RIGHT THIGH |
| M63852 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, LEFT THIGH |
| M63859 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED THIGH |
| M63861 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, RIGHT LOWER LEG |
| M63862 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, LEFT LOWER LEG |
| M63869 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED LOWER LEG |
| M63871 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, RIGHT ANKLE AND FOOT |
| M63872 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, LEFT ANKLE AND FOOT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M63879 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED ANKLE AND FOOT |
| M6388 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, OTHER SITE |
| M6389 | DISORDERS OF MUSCLE IN DISEASES CLASSIFIED ELSEWHERE, MULTIPLE SITES |
| M6500 | ABSCESS OF TENDON SHEATH, UNSPECIFIED SITE |
| M65011 | ABSCESS OF TENDON SHEATH, RIGHT SHOULDER |
| M65012 | ABSCESS OF TENDON SHEATH, LEFT SHOULDER |
| M65019 | ABSCESS OF TENDON SHEATH, UNSPECIFIED SHOULDER |
| M65021 | ABSCESS OF TENDON SHEATH, RIGHT UPPER ARM |
| M65022 | ABSCESS OF TENDON SHEATH, LEFT UPPER ARM |
| M65029 | ABSCESS OF TENDON SHEATH, UNSPECIFIED UPPER ARM |
| M65031 | ABSCESS OF TENDON SHEATH, RIGHT FOREARM |
| M65032 | ABSCESS OF TENDON SHEATH, LEFT FOREARM |
| M65039 | ABSCESS OF TENDON SHEATH, UNSPECIFIED FOREARM |
| M65041 | ABSCESS OF TENDON SHEATH, RIGHT HAND |
| M65042 | ABSCESS OF TENDON SHEATH, LEFT HAND |
| M65049 | ABSCESS OF TENDON SHEATH, UNSPECIFIED HAND |
| M65051 | ABSCESS OF TENDON SHEATH, RIGHT THIGH |
| M65052 | ABSCESS OF TENDON SHEATH, LEFT THIGH |
| M65059 | ABSCESS OF TENDON SHEATH, UNSPECIFIED THIGH |
| M65061 | ABSCESS OF TENDON SHEATH, RIGHT LOWER LEG |
| M65062 | ABSCESS OF TENDON SHEATH, LEFT LOWER LEG |
| M65069 | ABSCESS OF TENDON SHEATH, UNSPECIFIED LOWER LEG |
| M65071 | ABSCESS OF TENDON SHEATH, RIGHT ANKLE AND FOOT |
| M65072 | ABSCESS OF TENDON SHEATH, LEFT ANKLE AND FOOT |
| M65079 | ABSCESS OF TENDON SHEATH, UNSPECIFIED ANKLE AND FOOT |
| M6508 | ABSCESS OF TENDON SHEATH, OTHER SITE |
| M6510 | OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED SITE |
| M65111 | OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT SHOULDER |
| M65112 | OTHER INFECTIVE (TENO)SYNOVITIS, LEFT SHOULDER |
| M65119 | OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED SHOULDER |
| M65121 | OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT ELBOW |
| M65122 | OTHER INFECTIVE (TENO)SYNOVITIS, LEFT ELBOW |
| M65129 | OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED ELBOW |
| M65131 | OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT WRIST |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M65132 | OTHER INFECTIVE (TENO)SYNOVITIS, LEFT WRIST |
| M65139 | OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED WRIST |
| M65141 | OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT HAND |
| M65142 | OTHER INFECTIVE (TENO)SYNOVITIS, LEFT HAND |
| M65149 | OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED HAND |
| M65151 | OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT HIP |
| M65152 | OTHER INFECTIVE (TENO)SYNOVITIS, LEFT HIP |
| M65159 | OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED HIP |
| M65161 | OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT KNEE |
| M65162 | OTHER INFECTIVE (TENO)SYNOVITIS, LEFT KNEE |
| M65169 | OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED KNEE |
| M65171 | OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT ANKLE AND FOOT |
| M65172 | OTHER INFECTIVE (TENO)SYNOVITIS, LEFT ANKLE AND FOOT |
| M65179 | OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED ANKLE AND FOOT |
| M6518 | OTHER INFECTIVE (TENO)SYNOVITIS, OTHER SITE |
| M6519 | OTHER INFECTIVE (TENO)SYNOVITIS, MULTIPLE SITES |
| M6520 | CALCIFIC TENDINITIS, UNSPECIFIED SITE |
| M65221 | CALCIFIC TENDINITIS, RIGHT UPPER ARM |
| M65222 | CALCIFIC TENDINITIS, LEFT UPPER ARM |
| M65229 | CALCIFIC TENDINITIS, UNSPECIFIED UPPER ARM |
| M65231 | CALCIFIC TENDINITIS, RIGHT FOREARM |
| M65232 | CALCIFIC TENDINITIS, LEFT FOREARM |
| M65239 | CALCIFIC TENDINITIS, UNSPECIFIED FOREARM |
| M65241 | CALCIFIC TENDINITIS, RIGHT HAND |
| M65242 | CALCIFIC TENDINITIS, LEFT HAND |
| M65249 | CALCIFIC TENDINITIS, UNSPECIFIED HAND |
| M65251 | CALCIFIC TENDINITIS, RIGHT THIGH |
| M65252 | CALCIFIC TENDINITIS, LEFT THIGH |
| M65259 | CALCIFIC TENDINITIS, UNSPECIFIED THIGH |
| M65261 | CALCIFIC TENDINITIS, RIGHT LOWER LEG |
| M65262 | CALCIFIC TENDINITIS, LEFT LOWER LEG |
| M65269 | CALCIFIC TENDINITIS, UNSPECIFIED LOWER LEG |
| M65271 | CALCIFIC TENDINITIS, RIGHT ANKLE AND FOOT |
| M65272 | CALCIFIC TENDINITIS, LEFT ANKLE AND FOOT |
| M65279 | CALCIFIC TENDINITIS, UNSPECIFIED ANKLE AND FOOT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M6528 | CALCIFIC TENDINITIS, OTHER SITE |
| M6529 | CALCIFIC TENDINITIS, MULTIPLE SITES |
| M6530 | TRIGGER FINGER, UNSPECIFIED FINGER |
| M65311 | TRIGGER THUMB, RIGHT THUMB |
| M65312 | TRIGGER THUMB, LEFT THUMB |
| M65319 | TRIGGER THUMB, UNSPECIFIED THUMB |
| M65321 | TRIGGER FINGER, RIGHT INDEX FINGER |
| M65322 | TRIGGER FINGER, LEFT INDEX FINGER |
| M65329 | TRIGGER FINGER, UNSPECIFIED INDEX FINGER |
| M65331 | TRIGGER FINGER, RIGHT MIDDLE FINGER |
| M65332 | TRIGGER FINGER, LEFT MIDDLE FINGER |
| M65339 | TRIGGER FINGER, UNSPECIFIED MIDDLE FINGER |
| M65341 | TRIGGER FINGER, RIGHT RING FINGER |
| M65342 | TRIGGER FINGER, LEFT RING FINGER |
| M65349 | TRIGGER FINGER, UNSPECIFIED RING FINGER |
| M65351 | TRIGGER FINGER, RIGHT LITTLE FINGER |
| M65352 | TRIGGER FINGER, LEFT LITTLE FINGER |
| M65359 | TRIGGER FINGER, UNSPECIFIED LITTLE FINGER |
| M654 | RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN] |
| M6580 | OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED SITE |
| M65811 | OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT SHOULDER |
| M65812 | OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT SHOULDER |
| M65819 | OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED SHOULDER |
| M65821 | OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT UPPER ARM |
| M65822 | OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT UPPER ARM |
| M65829 | OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED UPPER ARM |
| M65831 | OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT FOREARM |
| M65832 | OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT FOREARM |
| M65839 | OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED FOREARM |
| M65841 | OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT HAND |
| M65842 | OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT HAND |
| M65849 | OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED HAND |
| M65851 | OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT THIGH |
| M65852 | OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT THIGH |
| M65859 | OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED THIGH |
| M65861 | OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT LOWER LEG |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M65862 | OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT LOWER LEG |
| M65869 | OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED LOWER LEG |
| M65871 | OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT ANKLE AND FOOT |
| M65872 | OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT ANKLE AND FOOT |
| M65879 | OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED ANKLE AND FOOT |
| M6588 | OTHER SYNOVITIS AND TENOSYNOVITIS, OTHER SITE |
| M6589 | OTHER SYNOVITIS AND TENOSYNOVITIS, MULTIPLE SITES |
| M659 | SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED |
| M660 | RUPTURE OF POPLITEAL CYST |
| M6610 | RUPTURE OF SYNOVIUM, UNSPECIFIED JOINT |
| M66111 | RUPTURE OF SYNOVIUM, RIGHT SHOULDER |
| M66112 | RUPTURE OF SYNOVIUM, LEFT SHOULDER |
| M66119 | RUPTURE OF SYNOVIUM, UNSPECIFIED SHOULDER |
| M66121 | RUPTURE OF SYNOVIUM, RIGHT ELBOW |
| M66122 | RUPTURE OF SYNOVIUM, LEFT ELBOW |
| M66129 | RUPTURE OF SYNOVIUM, UNSPECIFIED ELBOW |
| M66131 | RUPTURE OF SYNOVIUM, RIGHT WRIST |
| M66132 | RUPTURE OF SYNOVIUM, LEFT WRIST |
| M66139 | RUPTURE OF SYNOVIUM, UNSPECIFIED WRIST |
| M66141 | RUPTURE OF SYNOVIUM, RIGHT HAND |
| M66142 | RUPTURE OF SYNOVIUM, LEFT HAND |
| M66143 | RUPTURE OF SYNOVIUM, UNSPECIFIED HAND |
| M66144 | RUPTURE OF SYNOVIUM, RIGHT FINGER(S) |
| M66145 | RUPTURE OF SYNOVIUM, LEFT FINGER(S) |
| M66146 | RUPTURE OF SYNOVIUM, UNSPECIFIED FINGER(S) |
| M66151 | RUPTURE OF SYNOVIUM, RIGHT HIP |
| M66152 | RUPTURE OF SYNOVIUM, LEFT HIP |
| M66159 | RUPTURE OF SYNOVIUM, UNSPECIFIED HIP |
| M66171 | RUPTURE OF SYNOVIUM, RIGHT ANKLE |
| M66172 | RUPTURE OF SYNOVIUM, LEFT ANKLE |
| M66173 | RUPTURE OF SYNOVIUM, UNSPECIFIED ANKLE |
| M66174 | RUPTURE OF SYNOVIUM, RIGHT FOOT |
| M66175 | RUPTURE OF SYNOVIUM, LEFT FOOT |
| M66176 | RUPTURE OF SYNOVIUM, UNSPECIFIED FOOT |
| M66177 | RUPTURE OF SYNOVIUM, RIGHT TOE(S) |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M66178 | RUPTURE OF SYNOVIUM, LEFT TOE(S) |
| M66179 | RUPTURE OF SYNOVIUM, UNSPECIFIED TOE(S) |
| M6618 | RUPTURE OF SYNOVIUM, OTHER SITE |
| M6620 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, UNSPECIFIED SITE |
| M66211 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT SHOULDER |
| M66212 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, LEFT SHOULDER |
| M66219 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, UNSPECIFIED SHOULDER |
| M66221 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT UPPER ARM |
| M66222 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, LEFT UPPER ARM |
| M66229 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, UNSPECIFIED UPPER ARM |
| M66231 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT FOREARM |
| M66232 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, LEFT FOREARM |
| M66239 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, UNSPECIFIED FOREARM |
| M66241 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT HAND |
| M66242 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, LEFT HAND |
| M66249 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, UNSPECIFIED HAND |
| M66251 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT THIGH |
| M66252 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, LEFT THIGH |
| M66259 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, UNSPECIFIED THIGH |
| M66261 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT LOWER LEG |
| M66262 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, LEFT LOWER LEG |
| M66269 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, UNSPECIFIED LOWER LEG |
| M66271 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT ANKLE AND FOOT |
| M66272 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, LEFT ANKLE AND FOOT |
| M66279 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, UNSPECIFIED ANKLE AND FOOT |
| M6628 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, OTHER SITE |
| M6629 | SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, MULTIPLE SITES |
| M6630 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED SITE |
| M66311 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT SHOULDER |
| M66312 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT SHOULDER |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M66319 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED SHOULDER |
| M66321 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT UPPER ARM |
| M66322 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT UPPER ARM |
| M66329 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED UPPER ARM |
| M66331 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT FOREARM |
| M66332 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT FOREARM |
| M66339 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED FOREARM |
| M66341 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT HAND |
| M66342 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT HAND |
| M66349 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED HAND |
| M66351 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT THIGH |
| M66352 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT THIGH |
| M66359 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED THIGH |
| M66361 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT LOWER LEG |
| M66362 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT LOWER LEG |
| M66369 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED LOWER LEG |
| M66371 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT ANKLE AND FOOT |
| M66372 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT ANKLE AND FOOT |
| M66379 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED ANKLE AND FOOT |
| M6638 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, OTHER SITE |
| M6639 | SPONTANEOUS RUPTURE OF FLEXOR TENDONS, MULTIPLE SITES |
| M6680 | SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED SITE |
| M66811 | SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT SHOULDER |
| M66812 | SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT SHOULDER |
| M66819 | SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED SHOULDER |
| M66821 | SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT UPPER ARM |
| M66822 | SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT UPPER ARM |
| M66829 | SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED UPPER ARM |
| M66831 | SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT FOREARM |
| M66832 | SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT FOREARM |
| M66839 | SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED FOREARM |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M66841 | SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT HAND |
| M66842 | SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT HAND |
| M66849 | SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED HAND |
| M66851 | SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT THIGH |
| M66852 | SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT THIGH |
| M66859 | SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED THIGH |
| M66861 | SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT LOWER LEG |
| M66862 | SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT LOWER LEG |
| M66869 | SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED LOWER LEG |
| M66871 | SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT ANKLE AND FOOT |
| M66872 | SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT ANKLE AND FOOT |
| M66879 | SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED ANKLE AND FOOT |
| M6688 | SPONTANEOUS RUPTURE OF OTHER TENDONS, OTHER |
| M6689 | SPONTANEOUS RUPTURE OF OTHER TENDONS, MULTIPLE SITES |
| M669 | SPONTANEOUS RUPTURE OF UNSPECIFIED TENDON |
| M6700 | SHORT ACHILLES TENDON (ACQUIRED), UNSPECIFIED ANKLE |
| M6701 | SHORT ACHILLES TENDON (ACQUIRED), RIGHT ANKLE |
| M6702 | SHORT ACHILLES TENDON (ACQUIRED), LEFT ANKLE |
| M6720 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE |
| M67211 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER |
| M67212 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, LEFT SHOULDER |
| M67219 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SHOULDER |
| M67221 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT UPPER ARM |
| M67222 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, LEFT UPPER ARM |
| M67229 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED UPPER ARM |
| M67231 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT FOREARM |
| M67232 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, LEFT FOREARM |
| M67239 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED FOREARM |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M67241 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT HAND |
| M67242 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, LEFT HAND |
| M67249 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HAND |
| M67251 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT THIGH |
| M67252 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, LEFT THIGH |
| M67259 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED THIGH |
| M67261 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT LOWER LEG |
| M67262 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, LEFT LOWER LEG |
| M67269 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED LOWER LEG |
| M67271 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE AND FOOT |
| M67272 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, LEFT ANKLE AND FOOT |
| M67279 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ANKLE AND FOOT |
| M6728 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, OTHER SITE |
| M6729 | SYNOVIAL HYPERTROPHY, NOT ELSEWHERE CLASSIFIED, MULTIPLE SITES |
| M6730 | TRANSIENT SYNOVITIS, UNSPECIFIED SITE |
| M67311 | TRANSIENT SYNOVITIS, RIGHT SHOULDER |
| M67312 | TRANSIENT SYNOVITIS, LEFT SHOULDER |
| M67319 | TRANSIENT SYNOVITIS, UNSPECIFIED SHOULDER |
| M67321 | TRANSIENT SYNOVITIS, RIGHT ELBOW |
| M67322 | TRANSIENT SYNOVITIS, LEFT ELBOW |
| M67329 | TRANSIENT SYNOVITIS, UNSPECIFIED ELBOW |
| M67331 | TRANSIENT SYNOVITIS, RIGHT WRIST |
| M67332 | TRANSIENT SYNOVITIS, LEFT WRIST |
| M67339 | TRANSIENT SYNOVITIS, UNSPECIFIED WRIST |
| M67341 | TRANSIENT SYNOVITIS, RIGHT HAND |
| M67342 | TRANSIENT SYNOVITIS, LEFT HAND |
| M67349 | TRANSIENT SYNOVITIS, UNSPECIFIED HAND |
| M67351 | TRANSIENT SYNOVITIS, RIGHT HIP |
| M67352 | TRANSIENT SYNOVITIS, LEFT HIP |
| M67359 | TRANSIENT SYNOVITIS, UNSPECIFIED HIP |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M67361 | TRANSIENT SYNOVITIS, RIGHT KNEE |
| M67362 | TRANSIENT SYNOVITIS, LEFT KNEE |
| M67369 | TRANSIENT SYNOVITIS, UNSPECIFIED KNEE |
| M67371 | TRANSIENT SYNOVITIS, RIGHT ANKLE AND FOOT |
| M67372 | TRANSIENT SYNOVITIS, LEFT ANKLE AND FOOT |
| M67379 | TRANSIENT SYNOVITIS, UNSPECIFIED ANKLE AND FOOT |
| M6738 | TRANSIENT SYNOVITIS, OTHER SITE |
| M6739 | TRANSIENT SYNOVITIS, MULTIPLE SITES |
| M6740 | GANGLION, UNSPECIFIED SITE |
| M67411 | GANGLION, RIGHT SHOULDER |
| M67412 | GANGLION, LEFT SHOULDER |
| M67419 | GANGLION, UNSPECIFIED SHOULDER |
| M67421 | GANGLION, RIGHT ELBOW |
| M67422 | GANGLION, LEFT ELBOW |
| M67429 | GANGLION, UNSPECIFIED ELBOW |
| M67431 | GANGLION, RIGHT WRIST |
| M67432 | GANGLION, LEFT WRIST |
| M67439 | GANGLION, UNSPECIFIED WRIST |
| M67441 | GANGLION, RIGHT HAND |
| M67442 | GANGLION, LEFT HAND |
| M67449 | GANGLION, UNSPECIFIED HAND |
| M67451 | GANGLION, RIGHT HIP |
| M67452 | GANGLION, LEFT HIP |
| M67459 | GANGLION, UNSPECIFIED HIP |
| M67461 | GANGLION, RIGHT KNEE |
| M67462 | GANGLION, LEFT KNEE |
| M67469 | GANGLION, UNSPECIFIED KNEE |
| M67471 | GANGLION, RIGHT ANKLE AND FOOT |
| M67472 | GANGLION, LEFT ANKLE AND FOOT |
| M67479 | GANGLION, UNSPECIFIED ANKLE AND FOOT |
| M6748 | GANGLION, OTHER SITE |
| M6749 | GANGLION, MULTIPLE SITES |
| M6750 | PLICA SYNDROME, UNSPECIFIED KNEE |
| M6751 | PLICA SYNDROME, RIGHT KNEE |
| M6752 | PLICA SYNDROME, LEFT KNEE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M6780 | OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, UNSPECIFIED SITE |
| M67811 | OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT SHOULDER |
| M67812 | OTHER SPECIFIED DISORDERS OF SYNOVIUM, LEFT SHOULDER |
| M67813 | OTHER SPECIFIED DISORDERS OF TENDON, RIGHT SHOULDER |
| M67814 | OTHER SPECIFIED DISORDERS OF TENDON, LEFT SHOULDER |
| M67819 | OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, UNSPECIFIED SHOULDER |
| M67821 | OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT ELBOW |
| M67822 | OTHER SPECIFIED DISORDERS OF SYNOVIUM, LEFT ELBOW |
| M67823 | OTHER SPECIFIED DISORDERS OF TENDON, RIGHT ELBOW |
| M67824 | OTHER SPECIFIED DISORDERS OF TENDON, LEFT ELBOW |
| M67829 | OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, UNSPECIFIED ELBOW |
| M67831 | OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT WRIST |
| M67832 | OTHER SPECIFIED DISORDERS OF SYNOVIUM, LEFT WRIST |
| M67833 | OTHER SPECIFIED DISORDERS OF TENDON, RIGHT WRIST |
| M67834 | OTHER SPECIFIED DISORDERS OF TENDON, LEFT WRIST |
| M67839 | OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, UNSPECIFIED FOREARM |
| M67841 | OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT HAND |
| M67842 | OTHER SPECIFIED DISORDERS OF SYNOVIUM, LEFT HAND |
| M67843 | OTHER SPECIFIED DISORDERS OF TENDON, RIGHT HAND |
| M67844 | OTHER SPECIFIED DISORDERS OF TENDON, LEFT HAND |
| M67849 | OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, UNSPECIFIED HAND |
| M67851 | OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT HIP |
| M67852 | OTHER SPECIFIED DISORDERS OF SYNOVIUM, LEFT HIP |
| M67853 | OTHER SPECIFIED DISORDERS OF TENDON, RIGHT HIP |
| M67854 | OTHER SPECIFIED DISORDERS OF TENDON, LEFT HIP |
| M67859 | OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, UNSPECIFIED HIP |
| M67861 | OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT KNEE |
| M67862 | OTHER SPECIFIED DISORDERS OF SYNOVIUM, LEFT KNEE |
| M67863 | OTHER SPECIFIED DISORDERS OF TENDON, RIGHT KNEE |
| M67864 | OTHER SPECIFIED DISORDERS OF TENDON, LEFT KNEE |
| M67869 | OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, UNSPECIFIED KNEE |
| M67871 | OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT ANKLE AND FOOT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M67872 | OTHER SPECIFIED DISORDERS OF SYNOVIUM, LEFT ANKLE AND FOOT |
| M67873 | OTHER SPECIFIED DISORDERS OF TENDON, RIGHT ANKLE AND FOOT |
| M67874 | OTHER SPECIFIED DISORDERS OF TENDON, LEFT ANKLE AND FOOT |
| M67879 | OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, UNSPECIFIED ANKLE AND FOOT |
| M6788 | OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, OTHER SITE |
| M6789 | OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, MULTIPLE SITES |
| M6790 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED SITE |
| M67911 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT SHOULDER |
| M67912 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, LEFT SHOULDER |
| M67919 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED SHOULDER |
| M67921 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT UPPER ARM |
| M67922 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, LEFT UPPER ARM |
| M67929 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED UPPER ARM |
| M67931 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT FOREARM |
| M67932 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, LEFT FOREARM |
| M67939 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED FOREARM |
| M67941 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT HAND |
| M67942 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, LEFT HAND |
| M67949 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED HAND |
| M67951 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT THIGH |
| M67952 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, LEFT THIGH |
| M67959 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED THIGH |
| M67961 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT LOWER LEG |
| M67962 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, LEFT LOWER LEG |
| M67969 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED LOWER LEG |
| M67971 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT ANKLE AND FOOT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M67972 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, LEFT ANKLE AND FOOT |
| M67979 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED ANKLE AND FOOT |
| M6798 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, OTHER SITE |
| M6799 | UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, MULTIPLE SITES |
| M70031 | CREPITANT SYNOVITIS (ACUTE) (CHRONIC), RIGHT WRIST |
| M70032 | CREPITANT SYNOVITIS (ACUTE) (CHRONIC), LEFT WRIST |
| M70039 | CREPITANT SYNOVITIS (ACUTE) (CHRONIC), UNSPECIFIED WRIST |
| M70041 | CREPITANT SYNOVITIS (ACUTE) (CHRONIC), RIGHT HAND |
| M70042 | CREPITANT SYNOVITIS (ACUTE) (CHRONIC), LEFT HAND |
| M70049 | CREPITANT SYNOVITIS (ACUTE) (CHRONIC), UNSPECIFIED HAND |
| M7010 | BURSITIS, UNSPECIFIED HAND |
| M7011 | BURSITIS, RIGHT HAND |
| M7012 | BURSITIS, LEFT HAND |
| M7020 | OLECRANON BURSITIS, UNSPECIFIED ELBOW |
| M7021 | OLECRANON BURSITIS, RIGHT ELBOW |
| M7022 | OLECRANON BURSITIS, LEFT ELBOW |
| M7030 | OTHER BURSITIS OF ELBOW, UNSPECIFIED ELBOW |
| M7031 | OTHER BURSITIS OF ELBOW, RIGHT ELBOW |
| M7032 | OTHER BURSITIS OF ELBOW, LEFT ELBOW |
| M7040 | PREPATELLAR BURSITIS, UNSPECIFIED KNEE |
| M7041 | PREPATELLAR BURSITIS, RIGHT KNEE |
| M7042 | PREPATELLAR BURSITIS, LEFT KNEE |
| M7050 | OTHER BURSITIS OF KNEE, UNSPECIFIED KNEE |
| M7051 | OTHER BURSITIS OF KNEE, RIGHT KNEE |
| M7052 | OTHER BURSITIS OF KNEE, LEFT KNEE |
| M7060 | TROCHANTERIC BURSITIS, UNSPECIFIED HIP |
| M7061 | TROCHANTERIC BURSITIS, RIGHT HIP |
| M7062 | TROCHANTERIC BURSITIS, LEFT HIP |
| M7070 | OTHER BURSITIS OF HIP, UNSPECIFIED HIP |
| M7071 | OTHER BURSITIS OF HIP, RIGHT HIP |
| M7072 | OTHER BURSITIS OF HIP, LEFT HIP |
| M7080 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE OF UNSPECIFIED SITE |
| M70811 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT SHOULDER |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M70812 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT SHOULDER |
| M70819 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED SHOULDER |
| M70821 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT UPPER ARM |
| M70822 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT UPPER ARM |
| M70829 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED UPPER ARMS |
| M70831 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT FOREARM |
| M70832 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT FOREARM |
| M70839 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED FOREARM |
| M70841 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT HAND |
| M70842 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT HAND |
| M70849 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED HAND |
| M70851 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT THIGH |
| M70852 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT THIGH |
| M70859 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED THIGH |
| M70861 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT LOWER LEG |
| M70862 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT LOWER LEG |
| M70869 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED LEG |
| M70871 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT ANKLE AND FOOT |
| M70872 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT ANKLE AND FOOT |
| M70879 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED ANKLE AND FOOT |
| M7088 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE OTHER SITE |
| M7089 | OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE MULTIPLE SITES |
| M7090 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE OF UNSPECIFIED SITE |
| M70911 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT SHOULDER |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M70912 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT SHOULDER |
| M70919 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED SHOULDER |
| M70921 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT UPPER ARM |
| M70922 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT UPPER ARM |
| M70929 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED UPPER ARM |
| M70931 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT FOREARM |
| M70932 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT FOREARM |
| M70939 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED FOREARM |
| M70941 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT HAND |
| M70942 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT HAND |
| M70949 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED HAND |
| M70951 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT THIGH |
| M70952 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT THIGH |
| M70959 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED THIGH |
| M70961 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT LOWER LEG |
| M70962 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT LOWER LEG |
| M70969 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED LOWER LEG |
| M70971 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT ANKLE AND FOOT |
| M70972 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT ANKLE AND FOOT |
| M70979 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED ANKLE AND FOOT |
| M7098 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE OTHER |
| M7099 | UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE MULTIPLE SITES |
| M7100 | ABSCESS OF BURSA, UNSPECIFIED SITE |
| M71011 | ABSCESS OF BURSA, RIGHT SHOULDER |
| M71012 | ABSCESS OF BURSA, LEFT SHOULDER |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M71019 | ABCESS OF BURSA, UNSPECIFIED SHOULDER |
| M71021 | ABCESS OF BURSA, RIGHT ELBOW |
| M71022 | ABCESS OF BURSA, LEFT ELBOW |
| M71029 | ABCESS OF BURSA, UNSPECIFIED ELBOW |
| M71031 | ABCESS OF BURSA, RIGHT WRIST |
| M71032 | ABCESS OF BURSA, LEFT WRIST |
| M71039 | ABCESS OF BURSA, UNSPECIFIED WRIST |
| M71041 | ABCESS OF BURSA, RIGHT HAND |
| M71042 | ABCESS OF BURSA, LEFT HAND |
| M71049 | ABCESS OF BURSA, UNSPECIFIED HAND |
| M71051 | ABCESS OF BURSA, RIGHT HIP |
| M71052 | ABCESS OF BURSA, LEFT HIP |
| M71059 | ABCESS OF BURSA, UNSPECIFIED HIP |
| M71061 | ABCESS OF BURSA, RIGHT KNEE |
| M71062 | ABCESS OF BURSA, LEFT KNEE |
| M71069 | ABCESS OF BURSA, UNSPECIFIED KNEE |
| M71071 | ABCESS OF BURSA, RIGHT ANKLE AND FOOT |
| M71072 | ABCESS OF BURSA, LEFT ANKLE AND FOOT |
| M71079 | ABCESS OF BURSA, UNSPECIFIED ANKLE AND FOOT |
| M7108 | ABCESS OF BURSA, OTHER SITE |
| M7109 | ABCESS OF BURSA, MULTIPLE SITES |
| M7110 | OTHER INFECTIVE BURSTITIS, UNSPECIFIED SITE |
| M71111 | OTHER INFECTIVE BURSTITIS, RIGHT SHOULDER |
| M71112 | OTHER INFECTIVE BURSTITIS, LEFT SHOULDER |
| M71119 | OTHER INFECTIVE BURSTITIS, UNSPECIFIED SHOULDER |
| M71121 | OTHER INFECTIVE BURSTITIS, RIGHT ELBOW |
| M71122 | OTHER INFECTIVE BURSTITIS, LEFT ELBOW |
| M71129 | OTHER INFECTIVE BURSTITIS, UNSPECIFIED ELBOW |
| M71131 | OTHER INFECTIVE BURSTITIS, RIGHT WRIST |
| M71132 | OTHER INFECTIVE BURSTITIS, LEFT WRIST |
| M71139 | OTHER INFECTIVE BURSTITIS, UNSPECIFIED WRIST |
| M71141 | OTHER INFECTIVE BURSTITIS, RIGHT HAND |
| M71142 | OTHER INFECTIVE BURSTITIS, LEFT HAND |
| M71149 | OTHER INFECTIVE BURSTITIS, UNSPECIFIED HAND |
| M71151 | OTHER INFECTIVE BURSTITIS, RIGHT HIP |
| M71152 | OTHER INFECTIVE BURSTITIS, LEFT HIP |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M71159 | OTHER INFECTIVE BURSTITIS, UNSPECIFIED HIP |
| M71161 | OTHER INFECTIVE BURSTITIS, RIGHT KNEE |
| M71162 | OTHER INFECTIVE BURSTITIS, LEFT KNEE |
| M71169 | OTHER INFECTIVE BURSTITIS, UNSPECIFIED KNEE |
| M71171 | OTHER INFECTIVE BURSTITIS, RIGHT ANKLE AND FOOT |
| M71172 | OTHER INFECTIVE BURSTITIS, LEFT ANKLE AND FOOT |
| M71179 | OTHER INFECTIVE BURSTITIS, UNSPECIFIED ANKLE AND FOOT |
| M7118 | OTHER INFECTIVE BURSTITIS, OTHER SITE |
| M7119 | OTHER INFECTIVE BURSTITIS, MULTIPLE SITES |
| M7120 | SYNOVIAL CYST OF POPLITEAL SPACE [BAKER], UNSPECIFIED KNEE |
| M7121 | SYNOVIAL CYST OF POPLITEAL SPACE [BAKER], RIGHT KNEE |
| M7122 | SYNOVIAL CYST OF POPLITEAL SPACE [BAKER], LEFT KNEE |
| M7130 | OTHER BURSAL CYST, UNSPECIFIED SITE |
| M71311 | OTHER BURSAL CYST, RIGHT SHOULDER |
| M71312 | OTHER BURSAL CYST, LEFT SHOULDER |
| M71319 | OTHER BURSAL CYST, UNSPECIFIED SHOULDER |
| M71321 | OTHER BURSAL CYST, RIGHT ELBOW |
| M71322 | OTHER BURSAL CYST, LEFT ELBOW |
| M71329 | OTHER BURSAL CYST, UNSPECIFIED ELBOW |
| M71331 | OTHER BURSAL CYST, RIGHT WRIST |
| M71332 | OTHER BURSAL CYST, LEFT WRIST |
| M71339 | OTHER BURSAL CYST, UNSPECIFIED WRIST |
| M71341 | OTHER BURSAL CYST, RIGHT HAND |
| M71342 | OTHER BURSAL CYST, LEFT HAND |
| M71349 | OTHER BURSAL CYST, UNSPECIFIED HAND |
| M71351 | OTHER BURSAL CYST, RIGHT HIP |
| M71352 | OTHER BURSAL CYST, LEFT HIP |
| M71359 | OTHER BURSAL CYST, UNSPECIFIED HIP |
| M71371 | OTHER BURSAL CYST, RIGHT ANKLE AND FOOT |
| M71372 | OTHER BURSAL CYST, LEFT ANKLE AND FOOT |
| M71379 | OTHER BURSAL CYST, UNSPECIFIED ANKLE AND FOOT |
| M7138 | OTHER BURSAL CYST, OTHER SITE |
| M7139 | OTHER BURSAL CYST, MULTIPLE SITES |
| M7140 | CALCIUM DEPOSIT IN BURSA, UNSPECIFIED SITE |
| M71421 | CALCIUM DEPOSIT IN BURSA, RIGHT ELBOW |
| M71422 | CALCIUM DEPOSIT IN BURSA, LEFT ELBOW |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M71429 | CALCIUM DEPOSIT IN BURSA, UNSPECIFIED ELBOW |
| M71431 | CALCIUM DEPOSIT IN BURSA, RIGHT WRIST |
| M71432 | CALCIUM DEPOSIT IN BURSA, LEFT WRIST |
| M71439 | CALCIUM DEPOSIT IN BURSA, UNSPECIFIED WRIST |
| M71441 | CALCIUM DEPOSIT IN BURSA, RIGHT HAND |
| M71442 | CALCIUM DEPOSIT IN BURSA, LEFT HAND |
| M71449 | CALCIUM DEPOSIT IN BURSA, UNSPECIFIED HAND |
| M71451 | CALCIUM DEPOSIT IN BURSA, RIGHT HIP |
| M71452 | CALCIUM DEPOSIT IN BURSA, LEFT HIP |
| M71459 | CALCIUM DEPOSIT IN BURSA, UNSPECIFIED HIP |
| M71461 | CALCIUM DEPOSIT IN BURSA, RIGHT KNEE |
| M71462 | CALCIUM DEPOSIT IN BURSA, LEFT KNEE |
| M71469 | CALCIUM DEPOSIT IN BURSA, UNSPECIFIED KNEE |
| M71471 | CALCIUM DEPOSIT IN BURSA, RIGHT ANKLE AND FOOT |
| M71472 | CALCIUM DEPOSIT IN BURSA, LEFT ANKLE AND FOOT |
| M71479 | CALCIUM DEPOSIT IN BURSA, UNSPECIFIED ANKLE AND FOOT |
| M7148 | CALCIUM DEPOSIT IN BURSA, OTHER SITE |
| M7149 | CALCIUM DEPOSIT IN BURSA, MULTIPLE SITES |
| M7150 | OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE |
| M71521 | OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, RIGHT ELBOW |
| M71522 | OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, LEFT ELBOW |
| M71529 | OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ELBOW |
| M71531 | OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, RIGHT WRIST |
| M71532 | OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, LEFT WRIST |
| M71539 | OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED WRIST |
| M71541 | OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, RIGHT HAND |
| M71542 | OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, LEFT HAND |
| M71549 | OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HAND |
| M71551 | OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, RIGHT HIP |
| M71552 | OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, LEFT HIP |
| M71559 | OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED HIP |
| M71561 | OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, RIGHT KNEE |
| M71562 | OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, LEFT KNEE |
| M71569 | OTHER BURSITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED KNEE |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M71571 | OTHER BURSTITIS, NOT ELSEWHERE CLASSIFIED, RIGHT ANKLE AND FOOT |
| M71572 | OTHER BURSTITIS, NOT ELSEWHERE CLASSIFIED, LEFT ANKLE AND FOOT |
| M71579 | OTHER BURSTITIS, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED ANKLE AND FOOT |
| M7158 | OTHER BURSTITIS, NOT ELSEWHERE CLASSIFIED, OTHER SITE |
| M7180 | OTHER SPECIFIED BURSOPATHIES, UNSPECIFIED SITE |
| M71811 | OTHER SPECIFIED BURSOPATHIES, RIGHT SHOULDER |
| M71812 | OTHER SPECIFIED BURSOPATHIES, LEFT SHOULDER |
| M71819 | OTHER SPECIFIED BURSOPATHIES, UNSPECIFIED SHOULDER |
| M71821 | OTHER SPECIFIED BURSOPATHIES, RIGHT ELBOW |
| M71822 | OTHER SPECIFIED BURSOPATHIES, LEFT ELBOW |
| M71829 | OTHER SPECIFIED BURSOPATHIES, UNSPECIFIED ELBOW |
| M71831 | OTHER SPECIFIED BURSOPATHIES, RIGHT WRIST |
| M71832 | OTHER SPECIFIED BURSOPATHIES, LEFT WRIST |
| M71839 | OTHER SPECIFIED BURSOPATHIES, UNSPECIFIED WRIST |
| M71841 | OTHER SPECIFIED BURSOPATHIES, RIGHT HAND |
| M71842 | OTHER SPECIFIED BURSOPATHIES, LEFT HAND |
| M71849 | OTHER SPECIFIED BURSOPATHIES, UNSPECIFIED HAND |
| M71851 | OTHER SPECIFIED BURSOPATHIES, RIGHT HIP |
| M71852 | OTHER SPECIFIED BURSOPATHIES, LEFT HIP |
| M71859 | OTHER SPECIFIED BURSOPATHIES, UNSPECIFIED HIP |
| M71861 | OTHER SPECIFIED BURSOPATHIES, RIGHT KNEE |
| M71862 | OTHER SPECIFIED BURSOPATHIES, LEFT KNEE |
| M71869 | OTHER SPECIFIED BURSOPATHIES, UNSPECIFIED KNEE |
| M71871 | OTHER SPECIFIED BURSOPATHIES, RIGHT ANKLE AND FOOT |
| M71872 | OTHER SPECIFIED BURSOPATHIES, LEFT ANKLE AND FOOT |
| M71879 | OTHER SPECIFIED BURSOPATHIES, UNSPECIFIED ANKLE AND FOOT |
| M7188 | OTHER SPECIFIED BURSOPATHIES, OTHER SITE |
| M7189 | OTHER SPECIFIED BURSOPATHIES, MULTIPLE SITES |
| M719 | BURSOPATHY, UNSPECIFIED |
| M720 | PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN] |
| M721 | KNUCKLE PADS |
| M722 | PLANTAR FASCIAL FIBROMATOSIS |
| M724 | PSEUDOSARCOMATOUS FIBROMATOSIS |
| M726 | NECROTIZING FASCIITIS |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M728 | OTHER FIBROBLASTIC DISORDERS |
| M729 | FIBROBLASTIC DISORDER, UNSPECIFIED |
| M7500 | ADHESIVE CAPSULITIS OF UNSPECIFIED SHOULDER |
| M7501 | ADHESIVE CAPSULITIS OF RIGHT SHOULDER |
| M7502 | ADHESIVE CAPSULITIS OF LEFT SHOULDER |
| M75100 | UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF UNSPECIFIED SHOULDER, NOT SPECIFIED AS TRAUMATIC |
| M75101 | UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC |
| M75102 | UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC |
| M75120 | COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF UNSPECIFIED SHOULDER, NOT SPECIFIED AS TRAUMATIC |
| M75121 | COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC |
| M75122 | COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC |
| M7520 | BICIPITAL TENDINITIS, UNSPECIFIED SHOULDER |
| M7521 | BICIPITAL TENDINITIS, RIGHT SHOULDER |
| M7522 | BICIPITAL TENDINITIS, LEFT SHOULDER |
| M7530 | CALCIFIC TENDINITIS OF UNSPECIFIED SHOULDER |
| M7531 | CALCIFIC TENDINITIS OF RIGHT SHOULDER |
| M7532 | CALCIFIC TENDINITIS OF LEFT SHOULDER |
| M7540 | IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER |
| M7541 | IMPINGEMENT SYNDROME OF RIGHT SHOULDER |
| M7542 | IMPINGEMENT SYNDROME OF LEFT SHOULDER |
| M7550 | BURSITIS OF UNSPECIFIED SHOULDER |
| M7551 | BURSITIS OF RIGHT SHOULDER |
| M7552 | BURSITIS OF LEFT SHOULDER |
| M7580 | OTHER SHOULDER LESIONS, UNSPECIFIED SHOULDER |
| M7581 | OTHER SHOULDER LESIONS, RIGHT SHOULDER |
| M7582 | OTHER SHOULDER LESIONS, LEFT SHOULDER |
| M7590 | SHOULDER LESION, UNSPECIFIED, UNSPECIFIED SHOULDER |
| M7591 | SHOULDER LESION, UNSPECIFIED, RIGHT SHOULDER |
| M7592 | SHOULDER LESION, UNSPECIFIED, LEFT SHOULDER |
| M7600 | GLUTEAL TENDINITIS, UNSPECIFIED HIP |
| M7601 | GLUTEAL TENDINITIS, RIGHT HIP |
| M7602 | GLUTEAL TENDINITIS, LEFT HIP |
| M7610 | PSOAS TENDINITIS, UNSPECIFIED HIP |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M7611 | PSOAS TENDINITIS, RIGHT HIP |
| M7612 | PSOAS TENDINITIS, LEFT HIP |
| M7620 | ILIAC CREST SPUR, UNSPECIFIED HIP |
| M7621 | ILIAC CREST SPUR, RIGHT HIP |
| M7622 | ILIAC CREST SPUR, LEFT HIP |
| M7630 | ILIOTIBIAL BAND SYNDROME, UNSPECIFIED LEG |
| M7631 | ILIOTIBIAL BAND SYNDROME, RIGHT LEG |
| M7632 | ILIOTIBIAL BAND SYNDROME, LEFT LEG |
| M7640 | TIBIAL COLLATERAL BURSITIS [PELLEGRINI-STIEDA], UNSPECIFIED LEG |
| M7641 | TIBIAL COLLATERAL BURSITIS [PELLEGRINI-STIEDA], RIGHT LEG |
| M7642 | TIBIAL COLLATERAL BURSITIS [PELLEGRINI-STIEDA], LEFT LEG |
| M7650 | PATELLAR TENDINITIS, UNSPECIFIED KNEE |
| M7651 | PATELLAR TENDINITIS, RIGHT KNEE |
| M7652 | PATELLAR TENDINITIS, LEFT KNEE |
| M7660 | ACHILLES TENDINITIS, UNSPECIFIED LEG |
| M7661 | ACHILLES TENDINITIS, RIGHT LEG |
| M7662 | ACHILLES TENDINITIS, LEFT LEG |
| M7670 | PERONEAL TENDINITIS, UNSPECIFIED LEG |
| M7671 | PERONEAL TENDINITIS, RIGHT LEG |
| M7672 | PERONEAL TENDINITIS, LEFT LEG |
| M76811 | ANTERIOR TIBIAL SYNDROME, RIGHT LEG |
| M76812 | ANTERIOR TIBIAL SYNDROME, LEFT LEG |
| M76819 | ANTERIOR TIBIAL SYNDROME, UNSPECIFIED LEG |
| M76821 | POSTERIOR TIBIAL TENDINITIS, RIGHT LEG |
| M76822 | POSTERIOR TIBIAL TENDINITIS, LEFT LEG |
| M76829 | POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG |
| M76891 | OTHER SPECIFIED ENTHESOPATHIES OF RIGHT LOWER LIMB, EXCLUDING FOOT |
| M76892 | OTHER SPECIFIED ENTHESOPATHIES OF LEFT LOWER LIMB, EXCLUDING FOOT |
| M76899 | OTHER SPECIFIED ENTHESOPATHIES OF UNSPECIFIED LOWER LIMB, EXCLUDING FOOT |
| M769 | UNSPECIFIED ENTHESOPATHY, LOWER LIMB, EXCLUDING FOOT |
| M7700 | MEDIAL EPICONDYLITIS, UNSPECIFIED ELBOW |
| M7701 | MEDIAL EPICONDYLITIS, RIGHT ELBOW |
| M7702 | MEDIAL EPICONDYLITIS, LEFT ELBOW |
| M7710 | LATERAL EPICONDYLITIS, UNSPECIFIED ELBOW |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M7711 | LATERAL EPICONDYLITIS, RIGHT ELBOW |
| M7712 | LATERAL EPICONDYLITIS, LEFT ELBOW |
| M7720 | PERIARTHRITIS, UNSPECIFIED WRIST |
| M7721 | PERIARTHRITIS, RIGHT WRIST |
| M7722 | PERIARTHRITIS, LEFT WRIST |
| M7730 | CALCANEAL SPUR, UNSPECIFIED FOOT |
| M7731 | CALCANEAL SPUR, RIGHT FOOT |
| M7732 | CALCANEAL SPUR, LEFT FOOT |
| M7740 | METATARSALGIA, UNSPECIFIED FOOT |
| M7741 | METATARSALGIA, RIGHT FOOT |
| M7742 | METATARSALGIA, LEFT FOOT |
| M7750 | OTHER ENTHESOPATHY OF UNSPECIFIED FOOT |
| M7751 | OTHER ENTHESOPATHY OF RIGHT FOOT |
| M7752 | OTHER ENTHESOPATHY OF LEFT FOOT |
| M778 | OTHER ENTHESOPATHIES, NOT ELSEWHERE CLASSIFIED |
| M779 | ENTHESOPATHY, UNSPECIFIED |
| M790 | RHEUMATISM, UNSPECIFIED |
| M791 | MYALGIA |
| M792 | NEURALGIA AND NEURITIS, UNSPECIFIED |
| M793 | PANNICULITIS, UNSPECIFIED |
| M794 | HYPERTROPHY OF (INFRAPATELLAR) FAT PAD |
| M795 | RESIDUAL FOREIGN BODY IN SOFT TISSUE |
| M79601 | PAIN IN RIGHT ARM |
| M79602 | PAIN IN LEFT ARM |
| M79603 | PAIN IN ARM, UNSPECIFIED |
| M79604 | PAIN IN RIGHT LEG |
| M79605 | PAIN IN LEFT LEG |
| M79606 | PAIN IN LEG, UNSPECIFIED |
| M79609 | PAIN IN UNSPECIFIED LIMB |
| M79621 | PAIN IN RIGHT UPPER ARM |
| M79622 | PAIN IN LEFT UPPER ARM |
| M79629 | PAIN IN UNSPECIFIED UPPER ARM |
| M79631 | PAIN IN RIGHT FOREARM |
| M79632 | PAIN IN LEFT FOREARM |
| M79639 | PAIN IN UNSPECIFIED FOREARM |
| M79641 | PAIN IN RIGHT HAND |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M79642 | PAIN IN LEFT HAND |
| M79643 | PAIN IN UNSPECIFIED HAND |
| M79644 | PAIN IN RIGHT FINGER(S) |
| M79645 | PAIN IN LEFT FINGER(S) |
| M79646 | PAIN IN UNSPECIFIED FINGER(S) |
| M79651 | PAIN IN RIGHT THIGH |
| M79652 | PAIN IN LEFT THIGH |
| M79659 | PAIN IN UNSPECIFIED THIGH |
| M79661 | PAIN IN RIGHT LOWER LEG |
| M79662 | PAIN IN LEFT LOWER LEG |
| M79669 | PAIN IN UNSPECIFIED LOWER LEG |
| M79671 | PAIN IN RIGHT FOOT |
| M79672 | PAIN IN LEFT FOOT |
| M79673 | PAIN IN UNSPECIFIED FOOT |
| M79674 | PAIN IN RIGHT TOE(S) |
| M79675 | PAIN IN LEFT TOE(S) |
| M79676 | PAIN IN UNSPECIFIED TOE(S) |
| M797 | FIBROMYALGIA |
| M7981 | NONTRAUMATIC HEMATOMA OF SOFT TISSUE |
| M7989 | OTHER SPECIFIED SOFT TISSUE DISORDERS |
| M799 | SOFT TISSUE DISORDER, UNSPECIFIED |
| M79A11 | NONTRAUMATIC COMPARTMENT SYNDROME OF RIGHT UPPER EXTREMITY |
| M79A12 | NONTRAUMATIC COMPARTMENT SYNDROME OF LEFT UPPER EXTREMITY |
| M79A19 | NONTRAUMATIC COMPARTMENT SYNDROME OF UNSPECIFIED UPPER EXTREMITY |
| M79A21 | NONTRAUMATIC COMPARTMENT SYNDROME OF RIGHT LOWER EXTREMITY |
| M79A22 | NONTRAUMATIC COMPARTMENT SYNDROME OF LEFT LOWER EXTREMITY |
| M79A29 | NONTRAUMATIC COMPARTMENT SYNDROME OF UNSPECIFIED LOWER EXTREMITY |
| M79A3 | NONTRAUMATIC COMPARTMENT SYNDROME OF ABDOMEN |
| M79A9 | NONTRAUMATIC COMPARTMENT SYNDROME OF OTHER SITES |
| M8600 | ACUTE HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED SITE |
| M86011 | ACUTE HEMATOGENOUS OSTEOMYELITIS, RIGHT SHOULDER |
| M86012 | ACUTE HEMATOGENOUS OSTEOMYELITIS, LEFT SHOULDER |
| M86019 | ACUTE HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED SHOULDER |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M86021 | ACUTE HEMATOGENOUS OSTEOMYELITIS, RIGHT HUMERUS |
| M86022 | ACUTE HEMATOGENOUS OSTEOMYELITIS, LEFT HUMERUS |
| M86029 | ACUTE HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED HUMERUS |
| M86031 | ACUTE HEMATOGENOUS OSTEOMYELITIS, RIGHT RADIUS AND ULNA |
| M86032 | ACUTE HEMATOGENOUS OSTEOMYELITIS, LEFT RADIUS AND ULNA |
| M86039 | ACUTE HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED RADIUS AND ULNA |
| M86041 | ACUTE HEMATOGENOUS OSTEOMYELITIS, RIGHT HAND |
| M86042 | ACUTE HEMATOGENOUS OSTEOMYELITIS, LEFT HAND |
| M86049 | ACUTE HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED HAND |
| M86051 | ACUTE HEMATOGENOUS OSTEOMYELITIS, RIGHT FEMUR |
| M86052 | ACUTE HEMATOGENOUS OSTEOMYELITIS, LEFT FEMUR |
| M86059 | ACUTE HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED FEMUR |
| M86061 | ACUTE HEMATOGENOUS OSTEOMYELITIS, RIGHT TIBIA AND FIBULA |
| M86062 | ACUTE HEMATOGENOUS OSTEOMYELITIS, LEFT TIBIA AND FIBULA |
| M86069 | ACUTE HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED TIBIA AND FIBULA |
| M86071 | ACUTE HEMATOGENOUS OSTEOMYELITIS, RIGHT ANKLE AND FOOT |
| M86072 | ACUTE HEMATOGENOUS OSTEOMYELITIS, LEFT ANKLE AND FOOT |
| M86079 | ACUTE HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED ANKLE AND FOOT |
| M8608 | ACUTE HEMATOGENOUS OSTEOMYELITIS, OTHER SITES |
| M8609 | ACUTE HEMATOGENOUS OSTEOMYELITIS, MULTIPLE SITES |
| M8610 | OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED SITE |
| M86111 | OTHER ACUTE OSTEOMYELITIS, RIGHT SHOULDER |
| M86112 | OTHER ACUTE OSTEOMYELITIS, LEFT SHOULDER |
| M86119 | OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED SHOULDER |
| M86121 | OTHER ACUTE OSTEOMYELITIS, RIGHT HUMERUS |
| M86122 | OTHER ACUTE OSTEOMYELITIS, LEFT HUMERUS |
| M86129 | OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED HUMERUS |
| M86131 | OTHER ACUTE OSTEOMYELITIS, RIGHT RADIUS AND ULNA |
| M86132 | OTHER ACUTE OSTEOMYELITIS, LEFT RADIUS AND ULNA |
| M86139 | OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED RADIUS AND ULNA |
| M86141 | OTHER ACUTE OSTEOMYELITIS, RIGHT HAND |
| M86142 | OTHER ACUTE OSTEOMYELITIS, LEFT HAND |
| M86149 | OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED HAND |
| M86151 | OTHER ACUTE OSTEOMYELITIS, RIGHT FEMUR |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M86152 | OTHER ACUTE OSTEOMYELITIS, LEFT FEMUR |
| M86159 | OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED FEMUR |
| M86161 | OTHER ACUTE OSTEOMYELITIS, RIGHT TIBIA AND FIBULA |
| M86162 | OTHER ACUTE OSTEOMYELITIS, LEFT TIBIA AND FIBULA |
| M86169 | OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED TIBIA AND FIBULA |
| M86171 | OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT |
| M86172 | OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT |
| M86179 | OTHER ACUTE OSTEOMYELITIS, UNSPECIFIED ANKLE AND FOOT |
| M8618 | OTHER ACUTE OSTEOMYELITIS, OTHER SITE |
| M8619 | OTHER ACUTE OSTEOMYELITIS, MULTIPLE SITES |
| M8620 | SUBACUTE OSTEOMYELITIS, UNSPECIFIED SITE |
| M86211 | SUBACUTE OSTEOMYELITIS, RIGHT SHOULDER |
| M86212 | SUBACUTE OSTEOMYELITIS, LEFT SHOULDER |
| M86219 | SUBACUTE OSTEOMYELITIS, UNSPECIFIED SHOULDER |
| M86221 | SUBACUTE OSTEOMYELITIS, RIGHT HUMERUS |
| M86222 | SUBACUTE OSTEOMYELITIS, LEFT HUMERUS |
| M86229 | SUBACUTE OSTEOMYELITIS, UNSPECIFIED HUMERUS |
| M86231 | SUBACUTE OSTEOMYELITIS, RIGHT RADIUS AND ULNA |
| M86232 | SUBACUTE OSTEOMYELITIS, LEFT RADIUS AND ULNA |
| M86239 | SUBACUTE OSTEOMYELITIS, UNSPECIFIED RADIUS AND ULNA |
| M86241 | SUBACUTE OSTEOMYELITIS, RIGHT HAND |
| M86242 | SUBACUTE OSTEOMYELITIS, LEFT HAND |
| M86249 | SUBACUTE OSTEOMYELITIS, UNSPECIFIED HAND |
| M86251 | SUBACUTE OSTEOMYELITIS, RIGHT FEMUR |
| M86252 | SUBACUTE OSTEOMYELITIS, LEFT FEMUR |
| M86259 | SUBACUTE OSTEOMYELITIS, UNSPECIFIED FEMUR |
| M86261 | SUBACUTE OSTEOMYELITIS, RIGHT TIBIA AND FIBULA |
| M86262 | SUBACUTE OSTEOMYELITIS, LEFT TIBIA AND FIBULA |
| M86269 | SUBACUTE OSTEOMYELITIS, UNSPECIFIED TIBIA AND FIBULA |
| M86271 | SUBACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT |
| M86272 | SUBACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT |
| M86279 | SUBACUTE OSTEOMYELITIS, UNSPECIFIED ANKLE AND FOOT |
| M8628 | SUBACUTE OSTEOMYELITIS, OTHER SITE |
| M8629 | SUBACUTE OSTEOMYELITIS, MULTIPLE SITES |
| M8630 | CHRONIC MULTIFOCAL OSTEOMYELITIS, UNSPECIFIED SITE |
| M86311 | CHRONIC MULTIFOCAL OSTEOMYELITIS, RIGHT SHOULDER |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M86312 | CHRONIC MULTIFOCAL OSTEOMYELITIS, LEFT SHOULDER |
| M86319 | CHRONIC MULTIFOCAL OSTEOMYELITIS, UNSPECIFIED SHOULDER |
| M86321 | CHRONIC MULTIFOCAL OSTEOMYELITIS, RIGHT HUMERUS |
| M86322 | CHRONIC MULTIFOCAL OSTEOMYELITIS, LEFT HUMERUS |
| M86329 | CHRONIC MULTIFOCAL OSTEOMYELITIS, UNSPECIFIED HUMERUS |
| M86331 | CHRONIC MULTIFOCAL OSTEOMYELITIS, RIGHT RADIUS AND ULNA |
| M86332 | CHRONIC MULTIFOCAL OSTEOMYELITIS, LEFT RADIUS AND ULNA |
| M86339 | CHRONIC MULTIFOCAL OSTEOMYELITIS, UNSPECIFIED RADIUS AND ULNA |
| M86341 | CHRONIC MULTIFOCAL OSTEOMYELITIS, RIGHT HAND |
| M86342 | CHRONIC MULTIFOCAL OSTEOMYELITIS, LEFT HAND |
| M86349 | CHRONIC MULTIFOCAL OSTEOMYELITIS, UNSPECIFIED HAND |
| M86351 | CHRONIC MULTIFOCAL OSTEOMYELITIS, RIGHT FEMUR |
| M86352 | CHRONIC MULTIFOCAL OSTEOMYELITIS, LEFT FEMUR |
| M86359 | CHRONIC MULTIFOCAL OSTEOMYELITIS, UNSPECIFIED FEMUR |
| M86361 | CHRONIC MULTIFOCAL OSTEOMYELITIS, RIGHT TIBIA AND FIBULA |
| M86362 | CHRONIC MULTIFOCAL OSTEOMYELITIS, LEFT TIBIA AND FIBULA |
| M86369 | CHRONIC MULTIFOCAL OSTEOMYELITIS, UNSPECIFIED TIBIA AND FIBULA |
| M86371 | CHRONIC MULTIFOCAL OSTEOMYELITIS, RIGHT ANKLE AND FOOT |
| M86372 | CHRONIC MULTIFOCAL OSTEOMYELITIS, LEFT ANKLE AND FOOT |
| M86379 | CHRONIC MULTIFOCAL OSTEOMYELITIS, UNSPECIFIED ANKLE AND FOOT |
| M8638 | CHRONIC MULTIFOCAL OSTEOMYELITIS, OTHER SITE |
| M8639 | CHRONIC MULTIFOCAL OSTEOMYELITIS, MULTIPLE SITES |
| M8640 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, UNSPECIFIED SITE |
| M86411 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, RIGHT SHOULDER |
| M86412 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, LEFT SHOULDER |
| M86419 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, UNSPECIFIED SHOULDER |
| M86421 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, RIGHT HUMERUS |
| M86422 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, LEFT HUMERUS |
| M86429 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, UNSPECIFIED HUMERUS |
| M86431 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, RIGHT RADIUS AND ULNA |
| M86432 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, LEFT RADIUS AND ULNA |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M86439 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, UNSPECIFIED RADIUS AND ULNA |
| M86441 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, RIGHT HAND |
| M86442 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, LEFT HAND |
| M86449 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, UNSPECIFIED HAND |
| M86451 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, RIGHT FEMUR |
| M86452 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, LEFT FEMUR |
| M86459 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, UNSPECIFIED FEMUR |
| M86461 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, RIGHT TIBIA AND FIBULA |
| M86462 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, LEFT TIBIA AND FIBULA |
| M86469 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, UNSPECIFIED TIBIA AND FIBULA |
| M86471 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, RIGHT ANKLE AND FOOT |
| M86472 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, LEFT ANKLE AND FOOT |
| M86479 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, UNSPECIFIED ANKLE AND FOOT |
| M8648 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, OTHER SITE |
| M8649 | CHRONIC OSTEOMYELITIS WITH DRAINING SINUS, MULTIPLE SITES |
| M8650 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED SITE |
| M86511 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, RIGHT SHOULDER |
| M86512 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, LEFT SHOULDER |
| M86519 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED SHOULDER |
| M86521 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, RIGHT HUMERUS |
| M86522 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, LEFT HUMERUS |
| M86529 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED HUMERUS |
| M86531 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, RIGHT RADIUS AND ULNA |
| M86532 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, LEFT RADIUS AND ULNA |
| M86539 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED RADIUS AND ULNA |
| M86541 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, RIGHT HAND |
| M86542 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, LEFT HAND |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M86549 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED HAND |
| M86551 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, RIGHT FEMUR |
| M86552 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, LEFT FEMUR |
| M86559 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED FEMUR |
| M86561 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, RIGHT TIBIA AND FIBULA |
| M86562 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, LEFT TIBIA AND FIBULA |
| M86569 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED TIBIA AND FIBULA |
| M86571 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, RIGHT ANKLE AND FOOT |
| M86572 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, LEFT ANKLE AND FOOT |
| M86579 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, UNSPECIFIED ANKLE AND FOOT |
| M8658 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, OTHER SITE |
| M8659 | OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS, MULTIPLE SITES |
| M8660 | OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED SITE |
| M86611 | OTHER CHRONIC OSTEOMYELITIS, RIGHT SHOULDER |
| M86612 | OTHER CHRONIC OSTEOMYELITIS, LEFT SHOULDER |
| M86619 | OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED SHOULDER |
| M86621 | OTHER CHRONIC OSTEOMYELITIS, RIGHT HUMERUS |
| M86622 | OTHER CHRONIC OSTEOMYELITIS, LEFT HUMERUS |
| M86629 | OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED HUMERUS |
| M86631 | OTHER CHRONIC OSTEOMYELITIS, RIGHT RADIUS AND ULNA |
| M86632 | OTHER CHRONIC OSTEOMYELITIS, LEFT RADIUS AND ULNA |
| M86639 | OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED RADIUS AND ULNA |
| M86641 | OTHER CHRONIC OSTEOMYELITIS, RIGHT HAND |
| M86642 | OTHER CHRONIC OSTEOMYELITIS, LEFT HAND |
| M86649 | OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED HAND |
| M86651 | OTHER CHRONIC OSTEOMYELITIS, RIGHT THIGH |
| M86652 | OTHER CHRONIC OSTEOMYELITIS, LEFT THIGH |
| M86659 | OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED THIGH |
| M86661 | OTHER CHRONIC OSTEOMYELITIS, RIGHT TIBIA AND FIBULA |
| M86662 | OTHER CHRONIC OSTEOMYELITIS, LEFT TIBIA AND FIBULA |
| M86669 | OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED TIBIA AND FIBULA |
| M86671 | OTHER CHRONIC OSTEOMYELITIS, RIGHT ANKLE AND FOOT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M86672 | OTHER CHRONIC OSTEOMYELITIS, LEFT ANKLE AND FOOT |
| M86679 | OTHER CHRONIC OSTEOMYELITIS, UNSPECIFIED ANKLE AND FOOT |
| M8668 | OTHER CHRONIC OSTEOMYELITIS, OTHER SITE |
| M8669 | OTHER CHRONIC OSTEOMYELITIS, MULTIPLE SITES |
| M868X0 | OTHER OSTEOMYELITIS, MULTIPLE SITES |
| M868X1 | OTHER OSTEOMYELITIS, SHOULDER |
| M868X2 | OTHER OSTEOMYELITIS, UPPER ARM |
| M868X3 | OTHER OSTEOMYELITIS, FOREARM |
| M868X4 | OTHER OSTEOMYELITIS, HAND |
| M868X5 | OTHER OSTEOMYELITIS, THIGH |
| M868X6 | OTHER OSTEOMYELITIS, LOWER LEG |
| M868X7 | OTHER OSTEOMYELITIS, ANKLE AND FOOT |
| M868X8 | OTHER OSTEOMYELITIS, OTHER SITE |
| M868X9 | OTHER OSTEOMYELITIS, UNSPECIFIED SITES |
| M869 | OSTEOMYELITIS, UNSPECIFIED |
| M880 | OSTEITIS DEFORMANS OF SKULL |
| M881 | OSTEITIS DEFORMANS OF VERTEBRAE |
| M88811 | OSTEITIS DEFORMANS OF RIGHT SHOULDER |
| M88812 | OSTEITIS DEFORMANS OF LEFT SHOULDER |
| M88819 | OSTEITIS DEFORMANS OF UNSPECIFIED SHOULDER |
| M88821 | OSTEITIS DEFORMANS OF RIGHT UPPER ARM |
| M88822 | OSTEITIS DEFORMANS OF LEFT UPPER ARM |
| M88829 | OSTEITIS DEFORMANS OF UNSPECIFIED UPPER ARM |
| M88831 | OSTEITIS DEFORMANS OF RIGHT FOREARM |
| M88832 | OSTEITIS DEFORMANS OF LEFT FOREARM |
| M88839 | OSTEITIS DEFORMANS OF UNSPECIFIED FOREARM |
| M88841 | OSTEITIS DEFORMANS OF RIGHT HAND |
| M88842 | OSTEITIS DEFORMANS OF LEFT HAND |
| M88849 | OSTEITIS DEFORMANS OF UNSPECIFIED HAND |
| M88851 | OSTEITIS DEFORMANS OF RIGHT THIGH |
| M88852 | OSTEITIS DEFORMANS OF LEFT THIGH |
| M88859 | OSTEITIS DEFORMANS OF UNSPECIFIED THIGH |
| M88861 | OSTEITIS DEFORMANS OF RIGHT LOWER LEG |
| M88862 | OSTEITIS DEFORMANS OF LEFT LOWER LEG |
| M88869 | OSTEITIS DEFORMANS OF UNSPECIFIED LOWER LEG |
| M88871 | OSTEITIS DEFORMANS OF RIGHT ANKLE AND FOOT |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M88872 | OSTEITIS DEFORMANS OF LEFT ANKLE AND FOOT |
| M88879 | OSTEITIS DEFORMANS OF UNSPECIFIED ANKLE AND FOOT |
| M8888 | OSTEITIS DEFORMANS OF OTHER BONES |
| M8889 | OSTEITIS DEFORMANS OF MULTIPLE SITES |
| M889 | OSTEITIS DEFORMANS OF UNSPECIFIED BONE |
| M8940 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, UNSPECIFIED SITE |
| M89411 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, RIGHT SHOULDER |
| M89412 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, LEFT SHOULDER |
| M89419 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, UNSPECIFIED SHOULDER |
| M89421 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, RIGHT UPPER ARM |
| M89422 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, LEFT UPPER ARM |
| M89429 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, UNSPECIFIED UPPER ARM |
| M89431 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, RIGHT FOREARM |
| M89432 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, LEFT FOREARM |
| M89439 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, UNSPECIFIED FOREARM |
| M89441 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, RIGHT HAND |
| M89442 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, LEFT HAND |
| M89449 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, UNSPECIFIED HAND |
| M89451 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, RIGHT THIGH |
| M89452 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, LEFT THIGH |
| M89459 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, UNSPECIFIED THIGH |
| M89461 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, RIGHT LOWER LEG |
| M89462 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, LEFT LOWER LEG |
| M89469 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, UNSPECIFIED LOWER LEG |
| M89471 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, RIGHT ANKLE AND FOOT |
| M89472 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, LEFT ANKLE AND FOOT |
| M89479 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, UNSPECIFIED ANKLE AND FOOT |
| M8948 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, OTHER SITE |
| M8949 | OTHER HYPERTROPHIC OSTEOARTHROPATHY, MULTIPLE SITES |
| M8960 | OSTEOPATHY AFTER POLIOMYELITIS, UNSPECIFIED SITE |
| M89611 | OSTEOPATHY AFTER POLIOMYELITIS, RIGHT SHOULDER |
| M89612 | OSTEOPATHY AFTER POLIOMYELITIS, LEFT SHOULDER |
| M89619 | OSTEOPATHY AFTER POLIOMYELITIS, UNSPECIFIED SHOULDER |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M89621 | OSTEOPATHY AFTER POLIOMYELITIS, RIGHT UPPER ARM |
| M89622 | OSTEOPATHY AFTER POLIOMYELITIS, LEFT UPPER ARM |
| M89629 | OSTEOPATHY AFTER POLIOMYELITIS, UNSPECIFIED UPPER ARM |
| M89631 | OSTEOPATHY AFTER POLIOMYELITIS, RIGHT FOREARM |
| M89632 | OSTEOPATHY AFTER POLIOMYELITIS, LEFT FOREARM |
| M89639 | OSTEOPATHY AFTER POLIOMYELITIS, UNSPECIFIED FOREARM |
| M89641 | OSTEOPATHY AFTER POLIOMYELITIS, RIGHT HAND |
| M89642 | OSTEOPATHY AFTER POLIOMYELITIS, LEFT HAND |
| M89649 | OSTEOPATHY AFTER POLIOMYELITIS, UNSPECIFIED HAND |
| M89651 | OSTEOPATHY AFTER POLIOMYELITIS, RIGHT THIGH |
| M89652 | OSTEOPATHY AFTER POLIOMYELITIS, LEFT THIGH |
| M89659 | OSTEOPATHY AFTER POLIOMYELITIS, UNSPECIFIED THIGH |
| M89661 | OSTEOPATHY AFTER POLIOMYELITIS, RIGHT LOWER LEG |
| M89662 | OSTEOPATHY AFTER POLIOMYELITIS, LEFT LOWER LEG |
| M89669 | OSTEOPATHY AFTER POLIOMYELITIS, UNSPECIFIED LOWER LEG |
| M89671 | OSTEOPATHY AFTER POLIOMYELITIS, RIGHT ANKLE AND FOOT |
| M89672 | OSTEOPATHY AFTER POLIOMYELITIS, LEFT ANKLE AND FOOT |
| M89679 | OSTEOPATHY AFTER POLIOMYELITIS, UNSPECIFIED ANKLE AND FOOT |
| M8968 | OSTEOPATHY AFTER POLIOMYELITIS, OTHER SITE |
| M8969 | OSTEOPATHY AFTER POLIOMYELITIS, MULTIPLE SITES |
| M8970 | MAJOR OSSEOUS DEFECT, UNSPECIFIED SITE |
| M89711 | MAJOR OSSEOUS DEFECT, RIGHT SHOULDER REGION |
| M89712 | MAJOR OSSEOUS DEFECT, LEFT SHOULDER REGION |
| M89719 | MAJOR OSSEOUS DEFECT, UNSPECIFIED SHOULDER REGION |
| M89721 | MAJOR OSSEOUS DEFECT, RIGHT HUMERUS |
| M89722 | MAJOR OSSEOUS DEFECT, LEFT HUMERUS |
| M89729 | MAJOR OSSEOUS DEFECT, UNSPECIFIED HUMERUS |
| M89731 | MAJOR OSSEOUS DEFECT, RIGHT FOREARM |
| M89732 | MAJOR OSSEOUS DEFECT, LEFT FOREARM |
| M89739 | MAJOR OSSEOUS DEFECT, UNSPECIFIED FOREARM |
| M89741 | MAJOR OSSEOUS DEFECT, RIGHT HAND |
| M89742 | MAJOR OSSEOUS DEFECT, LEFT HAND |
| M89749 | MAJOR OSSEOUS DEFECT, UNSPECIFIED HAND |
| M89751 | MAJOR OSSEOUS DEFECT, RIGHT PELVIC REGION AND THIGH |
| M89752 | MAJOR OSSEOUS DEFECT, LEFT PELVIC REGION AND THIGH |
| M89759 | MAJOR OSSEOUS DEFECT, UNSPECIFIED PELVIC REGION AND THIGH |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M89761 | MAJOR OSSEOUS DEFECT, RIGHT LOWER LEG |
| M89762 | MAJOR OSSEOUS DEFECT, LEFT LOWER LEG |
| M89769 | MAJOR OSSEOUS DEFECT, UNSPECIFIED LOWER LEG |
| M89771 | MAJOR OSSEOUS DEFECT, RIGHT ANKLE AND FOOT |
| M89772 | MAJOR OSSEOUS DEFECT, LEFT ANKLE AND FOOT |
| M89779 | MAJOR OSSEOUS DEFECT, UNSPECIFIED ANKLE AND FOOT |
| M8978 | MAJOR OSSEOUS DEFECT, OTHER SITE |
| M8979 | MAJOR OSSEOUS DEFECT, MULTIPLE SITES |
| M9050 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SITE |
| M90511 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, RIGHT SHOULDER |
| M90512 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, LEFT SHOULDER |
| M90519 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SHOULDER |
| M90521 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, RIGHT UPPER ARM |
| M90522 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, LEFT UPPER ARM |
| M90529 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED UPPER ARM |
| M90531 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, RIGHT FOREARM |
| M90532 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, LEFT FOREARM |
| M90539 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED FOREARM |
| M90541 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, RIGHT HAND |
| M90542 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, LEFT HAND |
| M90549 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED HAND |
| M90551 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, RIGHT THIGH |
| M90552 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, LEFT THIGH |
| M90559 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED THIGH |
| M90561 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, RIGHT LOWER LEG |
| M90562 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, LEFT LOWER LEG |
| M90569 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED LOWER LEG |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M90571 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, RIGHT ANKLE AND FOOT |
| M90572 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, LEFT ANKLE AND FOOT |
| M90579 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED ANKLE AND FOOT |
| M9058 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, OTHER SITE |
| M9059 | OSTEONECROSIS IN DISEASES CLASSIFIED ELSEWHERE, MULTIPLE SITES |
| M9060 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, UNSPECIFIED SITE |
| M90611 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, RIGHT SHOULDER |
| M90612 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, LEFT SHOULDER |
| M90619 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, UNSPECIFIED SHOULDER |
| M90621 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, RIGHT UPPER ARM |
| M90622 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, LEFT UPPER ARM |
| M90629 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, UNSPECIFIED UPPER ARM |
| M90631 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, RIGHT FOREARM |
| M90632 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, LEFT FOREARM |
| M90639 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, UNSPECIFIED FOREARM |
| M90641 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, RIGHT HAND |
| M90642 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, LEFT HAND |
| M90649 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, UNSPECIFIED HAND |
| M90651 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, RIGHT THIGH |
| M90652 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, LEFT THIGH |
| M90659 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, UNSPECIFIED THIGH |
| M90661 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, RIGHT LOWER LEG |
| M90662 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, LEFT LOWER LEG |
| M90669 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, UNSPECIFIED LOWER LEG |
| M90671 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, RIGHT ANKLE AND FOOT |
| M90672 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, LEFT ANKLE AND FOOT |
| M90679 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, UNSPECIFIED ANKLE AND FOOT |
| M9068 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, OTHER SITE |
| M9069 | OSTEITIS DEFORMANS IN NEOPLASTIC DISEASES, MULTIPLE SITES |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M9080 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SITE |
| M90811 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, RIGHT SHOULDER |
| M90812 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LEFT SHOULDER |
| M90819 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SHOULDER |
| M90821 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, RIGHT UPPER ARM |
| M90822 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LEFT UPPER ARM |
| M90829 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED UPPER ARM |
| M90831 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, RIGHT FOREARM |
| M90832 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LEFT FOREARM |
| M90839 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED FOREARM |
| M90841 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, RIGHT HAND |
| M90842 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LEFT HAND |
| M90849 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED HAND |
| M90851 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, RIGHT THIGH |
| M90852 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LEFT THIGH |
| M90859 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED THIGH |
| M90861 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, RIGHT LOWER LEG |
| M90862 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LEFT LOWER LEG |
| M90869 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED LOWER LEG |
| M90871 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, RIGHT ANKLE AND FOOT |
| M90872 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, LEFT ANKLE AND FOOT |
| M90879 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED ANKLE AND FOOT |
| M9088 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, OTHER SITE |
| M9089 | OSTEOPATHY IN DISEASES CLASSIFIED ELSEWHERE, MULTIPLE SITES |
| M910 | JUVENILE OSTEOCHONDROSIS OF PELVIS |
| M9110 | JUVENILE OSTEOCHONDROSIS OF HEAD OF FEMUR [LEGG-CALVE-PERTHES], UNSPECIFIED LEG |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M9111 | JUVENILE OSTEOCHONDROSIS OF HEAD OF FEMUR [LEGG-CALVE-PERTHES], RIGHT LEG |
| M9112 | JUVENILE OSTEOCHONDROSIS OF HEAD OF FEMUR [LEGG-CALVE-PERTHES], LEFT LEG |
| M9120 | COXA PLANA, UNSPECIFIED HIP |
| M9121 | COXA PLANA, RIGHT HIP |
| M9122 | COXA PLANA, LEFT HIP |
| M9130 | PSEUDOCOXALGIA, UNSPECIFIED HIP |
| M9131 | PSEUDOCOXALGIA, RIGHT HIP |
| M9132 | PSEUDOCOXALGIA, LEFT HIP |
| M9140 | COXA MAGNA, UNSPECIFIED HIP |
| M9141 | COXA MAGNA, RIGHT HIP |
| M9142 | COXA MAGNA, LEFT HIP |
| M9180 | OTHER JUVENILE OSTEOCHONDROSIS OF HIP AND PELVIS, UNSPECIFIED LEG |
| M9181 | OTHER JUVENILE OSTEOCHONDROSIS OF HIP AND PELVIS, RIGHT LEG |
| M9182 | OTHER JUVENILE OSTEOCHONDROSIS OF HIP AND PELVIS, LEFT LEG |
| M9190 | JUVENILE OSTEOCHONDROSIS OF HIP AND PELVIS, UNSPECIFIED, UNSPECIFIED LEG |
| M9191 | JUVENILE OSTEOCHONDROSIS OF HIP AND PELVIS, UNSPECIFIED, RIGHT LEG |
| M9192 | JUVENILE OSTEOCHONDROSIS OF HIP AND PELVIS, UNSPECIFIED, LEFT LEG |
| M9200 | JUVENILE OSTEOCHONDROSIS OF HUMERUS, UNSPECIFIED ARM |
| M9201 | JUVENILE OSTEOCHONDROSIS OF HUMERUS, RIGHT ARM |
| M9202 | JUVENILE OSTEOCHONDROSIS OF HUMERUS, LEFT ARM |
| M9210 | JUVENILE OSTEOCHONDROSIS OF RADIUS AND ULNA, UNSPECIFIED ARM |
| M9211 | JUVENILE OSTEOCHONDROSIS OF RADIUS AND ULNA, RIGHT ARM |
| M9212 | JUVENILE OSTEOCHONDROSIS OF RADIUS AND ULNA, LEFT ARM |
| M92201 | UNSPECIFIED JUVENILE OSTEOCHONDROSIS, RIGHT HAND |
| M92202 | UNSPECIFIED JUVENILE OSTEOCHONDROSIS, LEFT HAND |
| M92209 | UNSPECIFIED JUVENILE OSTEOCHONDROSIS, UNSPECIFIED HAND |
| M92211 | OSTEOCHONDROSIS (JUVENILE) OF CARPAL LUNATE [KIENBOCK], RIGHT HAND |
| M92212 | OSTEOCHONDROSIS (JUVENILE) OF CARPAL LUNATE [KIENBOCK], LEFT HAND |
| M92219 | OSTEOCHONDROSIS (JUVENILE) OF CARPAL LUNATE [KIENBOCK], UNSPECIFIED HAND |
| M92221 | OSTEOCHONDROSIS (JUVENILE) OF METACARPAL HEADS [MAUCLAIRE], RIGHT HAND |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M92222 | OSTEOCHONDROSIS (JUVENILE) OF METACARPAL HEADS [MAUCLAIRE], LEFT HAND |
| M92229 | OSTEOCHONDROSIS (JUVENILE) OF METACARPAL HEADS [MAUCLAIRE], UNSPECIFIED HAND |
| M92291 | OTHER JUVENILE OSTEOCHONDROSIS, RIGHT HAND |
| M92292 | OTHER JUVENILE OSTEOCHONDROSIS, LEFT HAND |
| M92299 | OTHER JUVENILE OSTEOCHONDROSIS, UNSPECIFIED HAND |
| M9230 | OTHER JUVENILE OSTEOCHONDROSIS, UNSPECIFIED UPPER LIMB |
| M9231 | OTHER JUVENILE OSTEOCHONDROSIS, RIGHT UPPER LIMB |
| M9232 | OTHER JUVENILE OSTEOCHONDROSIS, LEFT UPPER LIMB |
| M9240 | JUVENILE OSTEOCHONDROSIS OF PATELLA, UNSPECIFIED KNEE |
| M9241 | JUVENILE OSTEOCHONDROSIS OF PATELLA, RIGHT KNEE |
| M9242 | JUVENILE OSTEOCHONDROSIS OF PATELLA, LEFT KNEE |
| M9250 | JUVENILE OSTEOCHONDROSIS OF TIBIA AND FIBULA, UNSPECIFIED LEG |
| M9251 | JUVENILE OSTEOCHONDROSIS OF TIBIA AND FIBULA, RIGHT LEG |
| M9252 | JUVENILE OSTEOCHONDROSIS OF TIBIA AND FIBULA, LEFT LEG |
| M9260 | JUVENILE OSTEOCHONDROSIS OF TARSUS, UNSPECIFIED ANKLE |
| M9261 | JUVENILE OSTEOCHONDROSIS OF TARSUS, RIGHT ANKLE |
| M9262 | JUVENILE OSTEOCHONDROSIS OF TARSUS, LEFT ANKLE |
| M9270 | JUVENILE OSTEOCHONDROSIS OF METATARSUS, UNSPECIFIED FOOT |
| M9271 | JUVENILE OSTEOCHONDROSIS OF METATARSUS, RIGHT FOOT |
| M9272 | JUVENILE OSTEOCHONDROSIS OF METATARSUS, LEFT FOOT |
| M928 | OTHER SPECIFIED JUVENILE OSTEOCHONDROSIS |
| M929 | JUVENILE OSTEOCHONDROSIS, UNSPECIFIED |
| M93001 | UNSPECIFIED SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), RIGHT HIP |
| M93002 | UNSPECIFIED SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), LEFT HIP |
| M93003 | UNSPECIFIED SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), UNSPECIFIED HIP |
| M93011 | ACUTE SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), RIGHT HIP |
| M93012 | ACUTE SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), LEFT HIP |
| M93013 | ACUTE SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), UNSPECIFIED HIP |
| M93021 | CHRONIC SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), RIGHT HIP |
| M93022 | CHRONIC SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), LEFT HIP |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M93023 | CHRONIC SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), UNSPECIFIED HIP |
| M93031 | ACUTE ON CHRONIC SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), RIGHT HIP |
| M93032 | ACUTE ON CHRONIC SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), LEFT HIP |
| M93033 | ACUTE ON CHRONIC SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), UNSPECIFIED HIP |
| M931 | KIENBOCK'S DISEASE OF ADULTS |
| M9320 | OSTEOCHONDritis DISSECANS OF UNSPECIFIED SITE |
| M93211 | OSTEOCHONDritis DISSECANS, RIGHT SHOULDER |
| M93212 | OSTEOCHONDritis DISSECANS, LEFT SHOULDER |
| M93219 | OSTEOCHONDritis DISSECANS, UNSPECIFIED SHOULDER |
| M93221 | OSTEOCHONDritis DISSECANS, RIGHT ELBOW |
| M93222 | OSTEOCHONDritis DISSECANS, LEFT ELBOW |
| M93229 | OSTEOCHONDritis DISSECANS, UNSPECIFIED ELBOW |
| M93231 | OSTEOCHONDritis DISSECANS, RIGHT WRIST |
| M93232 | OSTEOCHONDritis DISSECANS, LEFT WRIST |
| M93239 | OSTEOCHONDritis DISSECANS, UNSPECIFIED WRIST |
| M93241 | OSTEOCHONDritis DISSECANS, JOINTS OF RIGHT HAND |
| M93242 | OSTEOCHONDritis DISSECANS, JOINTS OF LEFT HAND |
| M93249 | OSTEOCHONDritis DISSECANS, JOINTS OF UNSPECIFIED HAND |
| M93251 | OSTEOCHONDritis DISSECANS, RIGHT HIP |
| M93252 | OSTEOCHONDritis DISSECANS, LEFT HIP |
| M93259 | OSTEOCHONDritis DISSECANS, UNSPECIFIED HIP |
| M93261 | OSTEOCHONDritis DISSECANS, RIGHT KNEE |
| M93262 | OSTEOCHONDritis DISSECANS, LEFT KNEE |
| M93269 | OSTEOCHONDritis DISSECANS, UNSPECIFIED KNEE |
| M93271 | OSTEOCHONDritis DISSECANS, RIGHT ANKLE AND JOINTS OF RIGHT FOOT |
| M93272 | OSTEOCHONDritis DISSECANS, LEFT ANKLE AND JOINTS OF LEFT FOOT |
| M93279 | OSTEOCHONDritis DISSECANS, UNSPECIFIED ANKLE AND JOINTS OF FOOT |
| M9328 | OSTEOCHONDritis DISSECANS OTHER SITE |
| M9329 | OSTEOCHONDritis DISSECANS MULTIPLE SITES |
| M9380 | OTHER SPECIFIED OSTEOCHONDROPATHIES OF UNSPECIFIED SITE |
| M93811 | OTHER SPECIFIED OSTEOCHONDROPATHIES, RIGHT SHOULDER |
| M93812 | OTHER SPECIFIED OSTEOCHONDROPATHIES, LEFT SHOULDER |

| Table 5 (diagnosis of chronic non-malignant pain) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M93819 | OTHER SPECIFIED OSTEOCHONDROPATHIES, UNSPECIFIED SHOULDER |
| M93821 | OTHER SPECIFIED OSTEOCHONDROPATHIES, RIGHT UPPER ARM |
| M93822 | OTHER SPECIFIED OSTEOCHONDROPATHIES, LEFT UPPER ARM |
| M93829 | OTHER SPECIFIED OSTEOCHONDROPATHIES, UNSPECIFIED UPPER ARM |
| M93831 | OTHER SPECIFIED OSTEOCHONDROPATHIES, RIGHT FOREARM |
| M93832 | OTHER SPECIFIED OSTEOCHONDROPATHIES, LEFT FOREARM |
| M93839 | OTHER SPECIFIED OSTEOCHONDROPATHIES, UNSPECIFIED FOREARM |
| M93841 | OTHER SPECIFIED OSTEOCHONDROPATHIES, RIGHT HAND |
| M93842 | OTHER SPECIFIED OSTEOCHONDROPATHIES, LEFT HAND |
| M93849 | OTHER SPECIFIED OSTEOCHONDROPATHIES, UNSPECIFIED HAND |
| M93851 | OTHER SPECIFIED OSTEOCHONDROPATHIES, RIGHT THIGH |
| M93852 | OTHER SPECIFIED OSTEOCHONDROPATHIES, LEFT THIGH |
| M93859 | OTHER SPECIFIED OSTEOCHONDROPATHIES, UNSPECIFIED THIGH |
| M93861 | OTHER SPECIFIED OSTEOCHONDROPATHIES, RIGHT LOWER LEG |
| M93862 | OTHER SPECIFIED OSTEOCHONDROPATHIES, LEFT LOWER LEG |
| M93869 | OTHER SPECIFIED OSTEOCHONDROPATHIES, UNSPECIFIED LOWER LEG |
| M93871 | OTHER SPECIFIED OSTEOCHONDROPATHIES, RIGHT ANKLE AND FOOT |
| M93872 | OTHER SPECIFIED OSTEOCHONDROPATHIES, LEFT ANKLE AND FOOT |
| M93879 | OTHER SPECIFIED OSTEOCHONDROPATHIES, UNSPECIFIED ANKLE AND FOOT |
| M9388 | OTHER SPECIFIED OSTEOCHONDROPATHIES OTHER |
| M9389 | OTHER SPECIFIED OSTEOCHONDROPATHIES MULTIPLE SITES |
| M9390 | OSTEOCHONDROPATHY, UNSPECIFIED OF UNSPECIFIED SITE |
| M93911 | OSTEOCHONDROPATHY, UNSPECIFIED, RIGHT SHOULDER |
| M93912 | OSTEOCHONDROPATHY, UNSPECIFIED, LEFT SHOULDER |
| M93919 | OSTEOCHONDROPATHY, UNSPECIFIED, UNSPECIFIED SHOULDER |
| M93921 | OSTEOCHONDROPATHY, UNSPECIFIED, RIGHT UPPER ARM |
| M93922 | OSTEOCHONDROPATHY, UNSPECIFIED, LEFT UPPER ARM |
| M93929 | OSTEOCHONDROPATHY, UNSPECIFIED, UNSPECIFIED UPPER ARM |
| M93931 | OSTEOCHONDROPATHY, UNSPECIFIED, RIGHT FOREARM |
| M93932 | OSTEOCHONDROPATHY, UNSPECIFIED, LEFT FOREARM |
| M93939 | OSTEOCHONDROPATHY, UNSPECIFIED, UNSPECIFIED FOREARM |
| M93941 | OSTEOCHONDROPATHY, UNSPECIFIED, RIGHT HAND |
| M93942 | OSTEOCHONDROPATHY, UNSPECIFIED, LEFT HAND |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M93949 | OSTEOCHONDROPATHY, UNSPECIFIED, UNSPECIFIED HAND |
| M93951 | OSTEOCHONDROPATHY, UNSPECIFIED, RIGHT THIGH |
| M93952 | OSTEOCHONDROPATHY, UNSPECIFIED, LEFT THIGH |
| M93959 | OSTEOCHONDROPATHY, UNSPECIFIED, UNSPECIFIED THIGH |
| M93961 | OSTEOCHONDROPATHY, UNSPECIFIED, RIGHT LOWER LEG |
| M93962 | OSTEOCHONDROPATHY, UNSPECIFIED, LEFT LOWER LEG |
| M93969 | OSTEOCHONDROPATHY, UNSPECIFIED, UNSPECIFIED LOWER LEG |
| M93971 | OSTEOCHONDROPATHY, UNSPECIFIED, RIGHT ANKLE AND FOOT |
| M93972 | OSTEOCHONDROPATHY, UNSPECIFIED, LEFT ANKLE AND FOOT |
| M93979 | OSTEOCHONDROPATHY, UNSPECIFIED, UNSPECIFIED ANKLE AND FOOT |
| M9398 | OSTEOCHONDROPATHY, UNSPECIFIED OTHER |
| M9399 | OSTEOCHONDROPATHY, UNSPECIFIED MULTIPLE SITES |
| M961 | POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED |
| M9920 | SUBLUXATION STENOSIS OF NEURAL CANAL OF HEAD REGION |
| M9921 | SUBLUXATION STENOSIS OF NEURAL CANAL OF CERVICAL REGION |
| M9922 | SUBLUXATION STENOSIS OF NEURAL CANAL OF THORACIC REGION |
| M9923 | SUBLUXATION STENOSIS OF NEURAL CANAL OF LUMBAR REGION |
| M9924 | SUBLUXATION STENOSIS OF NEURAL CANAL OF SACRAL REGION |
| M9925 | SUBLUXATION STENOSIS OF NEURAL CANAL OF PELVIC REGION |
| M9926 | SUBLUXATION STENOSIS OF NEURAL CANAL OF LOWER EXTREMITY |
| M9927 | SUBLUXATION STENOSIS OF NEURAL CANAL OF UPPER EXTREMITY |
| M9928 | SUBLUXATION STENOSIS OF NEURAL CANAL OF RIB CAGE |
| M9929 | SUBLUXATION STENOSIS OF NEURAL CANAL OF ABDOMEN AND OTHER REGIONS |
| M9930 | OSSEOUS STENOSIS OF NEURAL CANAL OF HEAD REGION |
| M9931 | OSSEOUS STENOSIS OF NEURAL CANAL OF CERVICAL REGION |
| M9932 | OSSEOUS STENOSIS OF NEURAL CANAL OF THORACIC REGION |
| M9933 | OSSEOUS STENOSIS OF NEURAL CANAL OF LUMBAR REGION |
| M9934 | OSSEOUS STENOSIS OF NEURAL CANAL OF SACRAL REGION |
| M9935 | OSSEOUS STENOSIS OF NEURAL CANAL OF PELVIC REGION |
| M9936 | OSSEOUS STENOSIS OF NEURAL CANAL OF LOWER EXTREMITY |
| M9937 | OSSEOUS STENOSIS OF NEURAL CANAL OF UPPER EXTREMITY |
| M9938 | OSSEOUS STENOSIS OF NEURAL CANAL OF RIB CAGE |
| M9939 | OSSEOUS STENOSIS OF NEURAL CANAL OF ABDOMEN AND OTHER REGIONS |
| M9940 | CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF HEAD REGION |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M9941 | CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF CERVICAL REGION |
| M9942 | CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF THORACIC REGION |
| M9943 | CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF LUMBAR REGION |
| M9944 | CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF SACRAL REGION |
| M9945 | CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF PELVIC REGION |
| M9946 | CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF LOWER EXTREMITY |
| M9947 | CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF UPPER EXTREMITY |
| M9948 | CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF RIB CAGE |
| M9949 | CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF ABDOMEN AND OTHER REGIONS |
| M9950 | INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF HEAD REGION |
| M9951 | INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF CERVICAL REGION |
| M9952 | INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF THORACIC REGION |
| M9953 | INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF LUMBAR REGION |
| M9954 | INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF SACRAL REGION |
| M9955 | INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF PELVIC REGION |
| M9956 | INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF LOWER EXTREMITY |
| M9957 | INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF UPPER EXTREMITY |
| M9958 | INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF RIB CAGE |
| M9959 | INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF ABDOMEN AND OTHER REGIONS |
| M9960 | OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF HEAD REGION |
| M9961 | OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF CERVICAL REGION |
| M9962 | OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF THORACIC REGION |
| M9963 | OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION |
| M9964 | OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF SACRAL REGION |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| M9965 | OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF PELVIC REGION |
| M9966 | OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF LOWER EXTREMITY |
| M9967 | OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF UPPER EXTREMITY |
| M9968 | OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF RIB CAGE |
| M9969 | OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF ABDOMEN AND OTHER REGIONS |
| M9970 | CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF HEAD REGION |
| M9971 | CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF CERVICAL REGION |
| M9972 | CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF THORACIC REGION |
| M9973 | CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION |
| M9974 | CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF SACRAL REGION |
| M9975 | CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF PELVIC REGION |
| M9976 | CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LOWER EXTREMITY |
| M9977 | CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF UPPER EXTREMITY |
| M9978 | CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF RIB CAGE |
| M9979 | CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF ABDOMEN AND OTHER REGIONS |
| Q686 | DISCOID MENISCUS |
| R252 | CRAMP AND SPASM |
| R262 | DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED |
| R294 | CLICKING HIP |
| R29898 | OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM |
| S061X0A | TRAUMATIC CEREBRAL EDEMA WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER |
| S061X1A | TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS OF 30 MINUTES OR LESS, INITIAL ENCOUNTER |
| S061X2A | TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS OF 31 MINUTES TO 59 MINUTES, INITIAL ENCOUNTER |
| S061X3A | TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS OF 1 HOUR TO 5 HOURS 59 MINUTES, INITIAL ENCOUNTER |
| S061X4A | TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS OF 6 HOURS TO 24 HOURS, INITIAL ENCOUNTER |

| Table 5 (diagnosis of chronic non-malignant pain) | |
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| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| S061X5A | TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS GREATER THAN 24 HOURS WITH RETURN TO PRE-EXISTING CONSCIOUS LEVEL, INITIAL ENCOUNTER |
| S061X6A | TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS GREATER THAN 24 HOURS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL WITH PATIENT SURVIVING, INITIAL ENCOUNTER |
| S061X7A | TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS OF ANY DURATION WITH DEATH DUE TO BRAIN INJURY PRIOR TO REGAINING CONSCIOUSNESS, INITIAL ENCOUNTER |
| S061X8A | TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS OF ANY DURATION WITH DEATH DUE TO OTHER CAUSE PRIOR TO REGAINING CONSCIOUSNESS, INITIAL ENCOUNTER |
| S061X9A | TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER |

| Table 6 (history of opioid therapy) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Opioids | |
| Description | GCN |
| ACETAMIN-CAFF-DIHYDROCOD 320.5 | 37532 |
| ACETAMINOP-CODEINE 120-12 MG/5 ML | 55402 |
| ACETAMINOPHEN-COD #2 TABLET | 70131 |
| ACETAMINOPHEN-COD #3 TABLET | 70134 |
| ACETAMINOPHEN-COD #4 TABLET | 70136 |
| 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 |
| BENZHYDROCOD-ACETAMIN 4.08-325 | 45987 |
| BENZHYDROCOD-ACETAMIN 8.16-325 | 45986 |
| BENZHYDROCOD-ACETAMIN 6.12-325 | 44508 |
| BUPRENORPHINE 10 MCG/HR PATCH | 25309 |
| BUPRENORPHINE 15 MCG/HR PATCH | 35214 |
| BUPRENORPHINE 20 MCG/HR PATCH | 25312 |

| Table 6 (history of opioid therapy) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Opioids | |
| Description | GCN |
| BUPRENORPHINE 5 MCG/HR PATCH | 25308 |
| BUPRENORPHINE 7.5 MCG/HR PATCH | 36946 |
| BUTALB-ACETAMINOPH-CAFF-CODEIN | 34988 |
| BUTALB-CAFF-ACETAMINOPH-CODEIN | 70140 |
| BUTALBITAL COMP-CODEINE #3 CAP | 69500 |
| BUTORPHANOL 10 MG/ML SPRAY | 20351 |
| BUTRANS 10 MCG/HR PATCH | 25309 |
| BUTRANS 15 MCG/HR PATCH | 35214 |
| BUTRANS 20 MCG/HR PATCH | 25312 |
| BUTRANS 5 MCG/HR PATCH | 25308 |
| BUTRANS 7.5 MCG/HR PATCH | 36946 |
| CODEINE SULFATE 15 MG TABLET | 16240 |
| CODEINE SULFATE 30 MG TABLET | 16241 |
| CODEINE SULFATE 60 MG TABLET | 16242 |
| DEMEROL 100 MG/ML 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 MG/ 5 ML LIQUID | 20251 |
| DSUVIA 30 MCG SUBLINGUAL TAB | 45928 |
| ENDOCET 10-325 MG TABLET | 14966 |
| ENDOCET 2.5-325 MG TABLET | 70492 |
| ENDOCET 5-325 TABLET | 70491 |
| ENDOCET 7.5-325 MG TABLET | 14965 |
| 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 62.5 MCG/HR PATCH | 37947 |
| FENTANYL 75 MCG/HR PATCH | 19202 |
| FENTANYL 87.5 MCG/HR PATCH | 37948 |

| Table 6 (history of opioid therapy) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Opioids | |
| Description | GCN |
| HYDROCODON-ACETAMIN 7.5-325/15 ML | 21146 |
| 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-HOMATROPINE SOLN | 13973 |
| HYDROCODONE-HOMATROPINE SYRUP | 13973 |
| HYDROCODONE-CHLORPHEN ER SUSP | 13974 |
| HYDROCODONE-HOMATROPINE 5-1.5 | 96041 |
| HYDROCODONE BT-IBUPROFEN TAB | 63101 |
| HYDROCODONE-IBUPROFEN 10-200 | 99371 |
| HYDROCODONE-IBUPROFEN 5-200 | 22678 |
| HYDROCODONE ER 20 MG TABLET | 37539 |
| HYDROCODONE ER 30 MG TABLET | 37541 |
| HYDROCODONE ER 40 MG TABLET | 37543 |
| HYDROCODONE ER 60 MG TABLET | 37544 |
| HYDROCODONE ER 80 MG TABLET | 37545 |
| HYDROCODONE ER 100 MG TABLET | 37546 |
| HYDROCODONE ER 120 MG TABLET | 37547 |
| HYDROMORPHONE 1 MG/ML SOLUTION | 20251 |
| HYDROMORPHONE 10 MG/ML VIAL | 20451 |
| HYDROMORPHONE 2 MG TABLET | 16141 |
| HYDROMORPHONE 3 MG SUPPOS | 16130 |
| HYDROMORPHONE 4 MG TABLET | 16143 |
| HYDROMORPHONE 8 MG TABLET | 16144 |
| HYDROMORPHONE HCL ER 12 MG TAB | 28427 |
| HYDROMORPHONE HCL ER 16 MG TAB | 33142 |
| HYDROMORPHONE HCL ER 32 MG TAB | 33088 |
| HYDROMORPHONE HCL ER 8 MG TAB | 33143 |
| HYSINGLA ER 100MG TABLET | 37546 |
| HYSINGLA ER 120MG TABLET | 37547 |
| HYSINGLA ER 20MG TABLET | 37539 |
| HYSINGLA ER 30MG TABLET | 37541 |
| HYSINGLA ER 40MG TABLET | 37543 |
| HYSINGLA ER 60MG TABLET | 37544 |

| Table 6 (history of opioid therapy) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Opioids | |
| Description | GCN |
| HYSINGLA ER 80MG TABLET | 37545 |
| KADIAN ER 200 MG CAPSULE | 98135 |
| KADIAN ER 40 MG CAPSULE | 33158 |
| KADIAN ER 50 MG CAPSULE | 26493 |
| LEVORPHANOL 2 MG TABLET | 16350 |
| LORCET 5-325 MG TABLET | 12486 |
| LORCET HD 10-325 MG TABLET | 70330 |
| LORCET PLUS 7.5-325 MG TABLET | 12488 |
| MEPERIDINE 100 MG/ML VIAL | 25627 |
| MEPERIDINE 25 MG/ML VIAL | 25613 |
| MEPERIDINE 50 MG/5 ML SOLUTION | 15980 |
| MEPERIDINE 50 MG/ML VIAL | 25609 |
| METHADONE 10 MG/ML ORAL CONC | 16415 |
| METHADONE 10 MG/5 ML SOLUTION | 16410 |
| METHADONE 40 MG TABLET DISPR | 16423 |
| METHADONE 5 MG/5 ML SOLUTION | 16400 |
| METHADONE HCL 10 MG TABLET | 16420 |
| METHADONE HCL 5 MG TABLET | 16422 |
| METHADONE INTENSOL 10 MG/ML | 16415 |
| METHADOSE 10 MG/ML ORAL CONC | 16415 |
| METHADOSE 40 MG TABLET DISPR | 16423 |
| 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 |

| Table 6 (history of opioid therapy) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Opioids | |
| Description | GCN |
| MORPHINE SULFATE ER 30MG CAP | 17193 |
| MORPHINE SULFATE ER 30MG CAP | 97534 |
| MORPHINE SULFATE ER 40MG CAP | 33158 |
| MORPHINE SULFATE ER 45MG CAP | 16212 |
| MORPHINE SULFATE ER 50MG CAP | 26493 |
| MORPHINE SULFATE ER 60MG CAP | 17192 |
| MORPHINE SULFATE ER 60MG CAP | 97535 |
| MORPHINE SULFATE ER 75MG CAP | 16213 |
| MORPHINE SULFATE ER 80 MG CAP | 97508 |
| MORPHINE SULFATE ER 90MG CAP | 17191 |
| MORPHINE SULFATE IR 15 MG TAB | 16070 |
| MORPHINE SULFATE IR 30 MG TAB | 16071 |
| MS CONTIN 100 MG TABLET | 16642 |
| MS CONTIN 15 MG TABLET | 16643 |
| MS CONTIN 200 MG TABLET | 16078 |
| MS CONTIN 60 MG TABLET | 16641 |
| MS CONTIN CR 30 MG TABLET | 16640 |
| NORCO 10-325 TABLET | 70330 |
| NUCYNTA 50 MG TABLET | 26163 |
| NUCYNTA 75 MG TABLET | 26164 |
| NUCYNTA 100 MG TABLET | 26165 |
| 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 |
| 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 5 MG CAPSULE | 16285 |
| OXYCODONE HCL 5 MG TABLET | 16290 |

| Table 6 (history of opioid therapy) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Opioids | |
| Description | GCN |
| OXYCODONE HCL 5 MG/5 ML SOL | 16280 |
| OXYCODONE HCL 60 MG TABLET ER | 37164 |
| OXYCODONE HCL ER 80 MG TABLET | 37165 |
| OXYCODONE-ACETAMINOPHEN 10-325 | 14966 |
| OXYCODONE-ACETAMINOPHEN 2.5-325 | 70492 |
| OXYCODONE-ACETAMINOPHEN 7.5-325 | 14965 |
| OXYCODONE-ACETAMINOPHEN 5-325 | 70491 |
| OXYCODONE-ACETAMINOPHEN 5-325/5 | 70470 |
| OXYCODONE-ASA 4.5-0.38-325 TAB | 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 5 MG TABLET | 27243 |
| OXYMORPHONE HCL 10 MG TABLET | 27244 |
| 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 |
| PERCOCET 10-325 MG TABLET | 14966 |
| PERCOCET 2.5-325 MG TABLET | 70492 |
| PERCOCET 5-325 MG TABLET | 70491 |
| PERCOCET 7.5-325 MG TABLET | 14965 |
| ROXICODONE 15 MG TABLET | 20091 |
| ROXICODONE 30 MG TABLET | 20092 |
| XTAMPZA ER 9 MG CAPSULE | 41272 |
| XTAMPZA ER 13.5 MG CAPSULE | 41273 |
| XTAMPZA ER 18 MG CAPSULE | 41274 |
| XTAMPZA ER 27 MG CAPSULE | 41275 |
| XTAMPZA ER 36 MG CAPSULE | 41276 |

| Table 7 (history of an inferring CNMP non-opioid analgesic agent for ≤ 60 days) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| ALL DAY PAIN RELIEF 220 MG TAB | 47132 |
| ALL DAY RELIEF 220 MG CAPLET | 47132 |
| ARTHROTEC EC 50 MG-200 MCG TAB | 62729 |
| ARTHROTEC EC 75 MG-200 MCG TAB | 06263 |
| ASCOMP WITH CODEINE CAPSULE | 69500 |
| ASPIRIN 325 MG TABLET | 16701 |
| ASPIRIN 81 MG CHEWABLE TABLET | 16713 |
| ASPIRIN ADULT 81 MG CHEW TAB | 16713 |
| ASPIRIN EC 325 MG TABLET | 16720 |
| BUTALBITAL COMP-CODEINE #3 CAP | 69500 |
| BUTALBITAL-ASA-CAFFEINE CAP | 71150 |
| BUTALBITAL-ACETAMINOPHN 50-325 | 72711 |
| BUTALB-ACETAMIN-CAFF 50-325-40 | 72530 |
| BUTALB-ACETAMIN-CAFF 50-325-40 | 72510 |
| BUTALB-ASPIRIN-CAFFE 50-325-40 | 71160 |
| BUTALBITAL-ACETAMINOPHN 50-300 | 45029 |
| BUTALBITAL-ACETAMINOPHN 50-300 | 31623 |
| BUTALB-ACETAMIN-CAFF 50-300-40 | 28626 |
| CARISOPRODL-ASPIRIN 200-325 MG | 94380 |
| CARISOPRODOL COMPOUND TAB | 94380 |
| CELEBREX 50 MG CAPSULE | 97785 |
| CELEBREX 100 MG CAPSULE | 42001 |
| CELEBREX 200 MG CAPSULE | 42002 |
| CELEBREX 400 MG CAPSULE | 18127 |
| CHILDREN IBUPROFEN 100 MG/5 ML | 35930 |
| DAYPRO 600 MG CAPLET | 01750 |
| DICLOFENAC-MISOPROST 50-0.2MG TAB | 62729 |
| DICLOFENAC-MISOPROST 75-0.2MG TAB | 06263 |
| DICLOFENAC POT 50 MG TABLET | 13960 |
| DICLOFENAC SOD DR 25 MG TAB | 35850 |
| DICLOFENAC SOD DR 50 MG TAB | 35851 |
| DICLOFENAC SOD DR 75 MG TAB | 35852 |
| DICLOFENAC SOD EC 25 MG TAB | 35850 |
| DICLOFENAC SOD EC 50 MG TAB | 35851 |
| DICLOFENAC SOD EC 75 MG TAB | 35852 |

| Table 7 (history of an inferring CNMP non-opioid analgesic agent for ≤ 60 days) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| DICLOFENAC SOD ER 100 MG TAB | 13310 |
| DIFLUNISAL 500 MG TABLET | 16851 |
| EFFERVESCENT PAIN RELIEF TAB | 25515 |
| ETODOLAC 200 MG CAPSULE | 33870 |
| ETODOLAC 300 MG CAPSULE | 33871 |
| ETODOLAC 400 MG TABLET | 61761 |
| ETODOLAC 500 MG TABLET | 61766 |
| ETODOLAC ER 400 MG TABLET | 61765 |
| ETODOLAC ER 500 MG TABLET | 61767 |
| ETODOLAC ER 600 MG TABLET | 61762 |
| FELDENE 10 MG CAPSULE | 35820 |
| FELDENE 20 MG CAPSULE | 35821 |
| FENOPROFEN 600 MG TABLET | 35760 |
| FENOPROFEN CALCIUM 400 MG CAP | 27999 |
| FLECTOR 1.3% PATCH | 97958 |
| FLURBIPROFEN 100 MG TABLET | 35711 |
| IBU-DROPS 40 MG/ML SUSP DRPS | 35931 |
| IBUPROFEN 100 MG/5 ML SUSP | 35930 |
| IBUPROFEN 200 MG TABLET | 35743 |
| IBUPROFEN 400 MG TABLET | 35741 |
| IBUPROFEN 600 MG TABLET | 35742 |
| IBUPROFEN 800 MG TABLET | 35744 |
| IBUPROFEN JR STR 100 MG TB CHW | 35749 |
| INDOCIN 25MG/5 ML SUSPENSION | 36490 |
| INDOMETHACIN 25 MG CAPSULE | 35680 |
| INDOMETHACIN 50 MG CAPSULE | 35681 |
| INDOMETHACIN ER 75 MG CAPSULE | 35690 |
| INFANT IBUPROFEN SUSP DROP | 35931 |
| KETOPROFEN 50 MG CAPSULE | 34420 |
| KETOPROFEN 75 MG CAPSULE | 34421 |
| KETOPROFEN ER 200 MG CAPSULE | 33792 |
| KETOROLAC 10 MG TABLET | 32531 |
| KETOROLAC 15 MG/ML VIAL | 35238 |
| KETOROLAC 60 MG/2 ML VIAL | 35236 |
| MECLOFENAMATE 50 MG CAPSULE | 35811 |
| MECLOFENAMATE 100 MG CAPSULE | 35810 |

| Table 7 (history of an inferring CNMP non-opioid analgesic agent for ≤ 60 days) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| MEFENAMIC ACID 250 MG CAPSULE | 16530 |
| MELOXICAM 7.5 MG TABLET | 31661 |
| MELOXICAM 15 MG TABLET | 31662 |
| MIGRAINE FORMULA CAPLET | 10414 |
| NABUMETONE 500 MG TABLET | 32961 |
| NABUMETONE 750 MG TABLET | 32962 |
| NAPROXEN 125 MG/5 ML SUSPEN | 41670 |
| NAPROXEN 250 MG TABLET | 35790 |
| NAPROXEN 375 MG TABLET | 35792 |
| NAPROXEN 500 MG TABLET | 35793 |
| NAPROXEN EC 375 MG TABLET | 61850 |
| NAPROXEN EC 500 MG TABLET | 61851 |
| NAPROXEN SODIUM 220 MG TABLET | 47132 |
| NAPROXEN SODIUM 275 MG TAB | 47130 |
| NAPROXEN SODIUM 550 MG TAB | 47131 |
| NAPROXEN SOD ER 500 MG TABLET | 92253 |
| OXAPROZIN 600 MG TABLET | 01750 |
| PENNSAID 2% PUMP | 35936 |
| PIROXICAM 10 MG CAPSULE | 35820 |
| PIROXICAM 20 MG CAPSULE | 35821 |
| QC IBUPROFEN 200 MG SOFTGEL | 35431 |
| QC NAPROXEN SOD 220 MG TABLET | 47132 |
| SM IBUPROFEN 200 MG TABLET | 35743 |
| SULINDAC 150 MG TABLET | 35800 |
| SULINDAC 200 MG TABLET | 35801 |
| TOLMETIN SODIUM 200 MG TAB | 35780 |
| TOLMETIN SODIUM 400 MG CAP | 35770 |
| TOLMETIN SODIUM 600 MG TAB | 35781 |
| VIMOVO 375-20 MG TABLET | 28572 |
| VIMOVO 500-20 MG TABLET | 28570 |
| VOLTAREN 1% GEL | 45680 |

| Table 8 (history of opioid tolerance with defined oral morphine therapy) | |
|---|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Oral Morphine | |
| Label Name | GCN |
| EMBEDA ER 100-4MG 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 |
| KADIAN ER 200 MG CAPSULE | 98135 |
| KADIAN ER 40 MG CAPSULE | 33158 |
| KADIAN ER 50 MG CAPSULE | 26493 |
| 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 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 45MG CAP | 16212 |
| MORPHINE SULFATE ER 50MG CAP | 26493 |
| MORPHINE SULFATE ER 60MG CAP | 17192 |
| MORPHINE SULFATE ER 60MG CAP | 97535 |
| MORPHINE SULFATE ER 75MG CAP | 16213 |
| MORPHINE SULFATE ER 80 MG CAP | 97508 |
| MORPHINE SULFATE ER 90MG CAP | 17191 |
| MORPHINE SULFATE IR 15 MG TAB | 16070 |
| MORPHINE SULFATE IR 30 MG TAB | 16071 |
| MS CONTIN 100 MG TABLET | 16642 |
| MS CONTIN 15 MG TABLET | 16643 |

| Table 8 (history of opioid tolerance with defined oral morphine therapy) | |
|---|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Oral Morphine | |
| Label Name | GCN |
| MS CONTIN 200 MG TABLET | 16078 |
| MS CONTIN 60 MG TABLET | 16641 |
| MS CONTIN CR 30 MG TABLET | 16640 |

| Table 9 (history of opioid tolerance with defined transdermal fentanyl therapy) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Transdermal Fentanyl | |
| Label Name | GCN |
| FENTANYL 100 MCG/HR PATCH | 19203 |
| FENTANYL 12 MCG/HR PATCH | 24635 |
| FENTANYL 25 MCG/HR PATCH | 19200 |
| FENTANYL 37.5 MCG/HR PATCH | 37952 |
| FENTANYL 50 MCG/HR PATCH | 19201 |
| FENTANYL 62.5 MCG/HR PATCH | 37947 |
| FENTANYL 75 MCG/HR PATCH | 19202 |
| FENTANYL 87.5 MCG/HR PATCH | 37948 |

| Table 10 (history of opioid tolerance with defined oxycodone therapy) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Oxycodone | |
| Label Name | GCN |
| ENDOCET 10-325 MG TABLET | 14966 |
| ENDOCET 2.5-325 MG TABLET | 70492 |
| ENDOCET 5-325 TABLET | 70491 |
| ENDOCET 7.5-325 MG TABLET | 14965 |
| 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 |

| Table 10 (history of opioid tolerance with defined oxycodone therapy) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Oxycodone | |
| Label Name | GCN |
| OXYCODONE HCL 30 MG TABLET | 20092 |
| OXYCODONE HCL 30 MG TABLET ER | 37162 |
| OXYCODONE HCL 40 MG TABLET ER | 37163 |
| OXYCODONE HCL 5 MG CAPSULE | 16285 |
| OXYCODONE HCL 5 MG TABLET | 16290 |
| OXYCODONE HCL 5 MG/5 ML SOL | 16280 |
| OXYCODONE HCL 60 MG TABLET ER | 37164 |
| OXYCODONE HCL ER 80 MG TABLET | 37165 |
| OXYCODONE-ACETAMINOPHEN 10-325 | 14966 |
| OXYCODONE-ACETAMINOPHEN 2.5-325 | 70492 |
| OXYCODONE-ACETAMINOPHEN 7.5-325 | 14965 |
| OXYCODONE-ACETAMINOPHEN 5-325 | 70491 |
| OXYCODONE-ASA 4.5-0.38-325 TAB | 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 |
| PERCOCET 10-325 MG TABLET | 14966 |
| PERCOCET 2.5-325 MG TABLET | 70492 |
| PERCOCET 5-325 MG TABLET | 70491 |
| PERCOCET 7.5-325 MG TABLET | 14965 |
| ROXICODONE 15 MG TABLET | 20091 |
| ROXICODONE 30 MG TABLET | 20092 |
| 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 |

| Table 11 (history of opioid tolerance with defined hydromorphone therapy) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Hydromorphone | |
| Label Name | GCN |
| DILAUDID 2 MG TABLET | 16141 |
| DILAUDID 4 MG TABLET | 16143 |
| DILAUDID 8 MG TABLET | 16144 |
| DILAUDID-5 1 MG/ML LIQUID | 20251 |
| 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 |

| Table 12 (history of opioid tolerance with defined oxymorphone therapy) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Oxymorphone | |
| Label Name | GCN |
| OXYMORPHONE HCL 5 MG TABLET | 27243 |
| OXYMORPHONE HCL 10 MG TABLET | 27244 |
| 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 |

| Table 13 (history of buccal fentanyl) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| 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 |

| Table 14 (history of Actiq 200mcg or 400mcg) | |
|---|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| ACTIQ 200 MCG LOZENGE | 19204 |
| ACTIQ 400 MCG LOZENGE | 19206 |
| FENTANYL CITRATE OTFC 200 MCG | 19204 |
| FENTANYL CITRATE OTFC 400 MCG | 19206 |

| Table 15 (history of Actiq 200, 400 600 or 800mcg) | |
|---|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| ACTIQ 200 MCG LOZENGE | 19204 |
| ACTIQ 400 MCG LOZENGE | 19206 |
| ACTIQ 600 MCG LOZENGE | 19191 |
| ACTIQ 800 MCG LOZENGE | 19192 |
| FENTANYL CITRATE OTFC 200 MCG | 19204 |
| FENTANYL CITRATE OTFC 400 MCG | 19206 |
| FENTANYL CITRATE OTFC 600 MCG | 19191 |
| FENTANYL CITRATE OTFC 800 MCG | 19192 |

| Table 16 (history of Actiq 200, 400, 600, 800, 1200 or 1600mcg) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| ACTIQ 1,200 MCG LOZENGE | 19193 |
| ACTIQ 1,600 MCG LOZENGE | 19194 |
| ACTIQ 200 MCG LOZENGE | 19204 |
| ACTIQ 400 MCG LOZENGE | 19206 |

| Table 16 (history of Actiq 200, 400, 600, 800, 1200 or 1600mcg) | |
|--|------------|
| Required quantity: 1 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| ACTIQ 600 MCG LOZENGE | 19191 |
| ACTIQ 800 MCG LOZENGE | 19192 |
| FENTANYL CIT OTFC 1,200 MCG | 19193 |
| FENTANYL CIT OTFC 1,600 MCG | 19194 |
| FENTANYL CITRATE OTFC 200 MCG | 19204 |
| FENTANYL CITRATE OTFC 400 MCG | 19206 |
| FENTANYL CITRATE OTFC 600 MCG | 19191 |
| FENTANYL CITRATE OTFC 800 MCG | 19192 |



Fentanyl Agents

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Publication History

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

| Publication Date | Notes |
|------------------|---|
| 10/14/2016 | Presentation to the DUR Board |
| 12/12/2016 | Updated Fentora logic diagram, page 17 Added Xtampza GCNs to Table 3, page 77 Added Xtampza GCNs to Table 7, page 279-80 Added Xtampza GCNs to Table 11, page 287 Updated References, page 291 |
| 01/20/2017 | Updated Table 2, pages 70-75 |
| 05/30/2017 | Updated Fentora criteria logic, pages 15-16 Updated Fentora logic diagram, pages 17-18 Updated Table 2, pages 70-75. Added: Lenvima, Gleostine, Tolak, Lonsurf, Afinitor, Odomzo, Zortress, Pomalyst, Revlamid, Thalomid and Bexarotene Updated Table 3, pages 75-78. Added: Hysingla, Hydromorphone ER and Oxycodone ER Updated Table 4, pages 78-84. Added: Genvoya, Technivie, Viekira XR, Zydelig, Emsam, Linezolid and Zelapar Updated Table 7, pages 275-282. Added: Acetaminophen with codeine and Hydromorphone ER |
| 03/28/2019 | 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 TxVendorDrug.com/formulary/formulary-search .) on each 'Drug Requiring PA' table |
| 02/18/2021 | Annual review by staff Removed GCNs for brand name Duragesic 12, 50, 75 and 100mcg/hr patches (not currently on formulary) Added GCNs for generic fentanyl citrate buccal tablets (97280, 97281, 97283, 97284 and 97285) Updated Table 2, 3, 4, 7, 8, 9 and 12 Updated references |
| 07/19/2021 | Added GCN for Dsuvia (45928) to step table 7 |
| 07/18/2022 | Annual review by staff Removed GCNs and criteria for Abstral (discontinued), Lazanda (not on formulary) and Subsys (not on formulary) Removed GCNs for Duragesic (19200) – products have been discontinued Added GCNs for abiraterone (29886,43205), Alunbrig (44305, 43325, 43326, 44306), Ayvakit (47516, 47517, 49825, 47518, 49826), azacytidine (22663), Braftovi (44925), Brukinsa (47336), |

| Publication Date | Notes |
|------------------|--|
| | <p>Calquence (44011), Cosmegen (96679), cyclophosphamide (38360, 38361), Cytarabine (27365, 34230, 97825, 34231), dactinomycin (96679), erlotinib (23794, 23793, 23795), everolimus (20844, 28783, 20784), Exkivity (50987), fluorouracil (30781), Fotivda (46287, 46162), Gavreto (48566), Gazvya (35532), Iclusig (49081, 42806), Idhifa (43689, 43688), Inqovi (48323), Inrebic (46818), Jakafi (30892, 30893, 30894, 30895, 30896), Kisqali (43162, 43166, 43167), lapatinib (98140), Mektovi (44926), melphalan (38380), mitomycin (38601, 38600), mitoxantrone (07544), Nerlynx (43613), Nubeqa (46746), Ofev (37273), Onureg (48545, 48450), Orgovyx (49005), Pemazyre (47935, 47933, 47934), Piqray (46362, 46359, 46358), Purixan (33277), Qinlock (48075), Retevmo (48025, 48026), Rozlytrek (46815, 46816), Rydapt (43327), Soltamox (50377), Somatuline Depot (15132, 98956, 15127), sunitinib (26452, 26453, 35596, 26454), Synribo (33734), Tabrecta (48012, 48013), Talzenna (45596, 45595), Tazverik (47619), Tepmetko (49154), Tibsovo (45016), toremifene (42721), Truseltiq (49714, 49715, 49708, 49713), Tukysa (47931, 47929), Verzenio (43917, 43916, 43915, 43918), vinblastine (38970), vincristine (38572, 97630), Vitrakvi (45794, 45789, 45793), Welireg (50046), Xospata (45803), Xpovio (46635, 49539, 49534, 49533, 46637, 49537, 46636, 49538, 46634), Yonsa (44795), Zejula (43217), and Zytiga (43205) to Table 2</p> <p>Added GCNs for Belbuca (39959, 39965, 39966, 39967, 39968, 39969, 39975), buprenorphine patch and Butrans (25309, 35214, 25312, 25308, 36946), hydrocodone ER (37539, 37541, 37543, 37544, 37545, 37546, 37547) to Table 3</p> <p>Updated references</p> |
| 12/20/2022 | Updated Fentanyl transdermal criteria question #6, if yes, approve |
| 03/21/2023 | <p>Added GCNs for apap-caff-dihydrocod (37532), Belbuca (39959, 39965, 39966, 39967, 39968, 39969, 39975), buprenorphine patch (25309, 35214, 25312, 25308, 36946), Butrans (25309, 35214, 25312, 25308, 36946), hydrocodone ER (37539, 37541, 37543, 37544, 37545, 37546, 37547), levorphanol (16350), morphine (33158), oxycodone-apap solution (70470) and oxymorphone (99494) to Table 6</p> <p>Removed GCNs for Duragesic (19200) and Embeda ER (37692, 37685, 37686, 37687, 37688, 37689) from Table 6 – these products have been discontinued</p> |