

**Texas Prior Authorization Program  
Clinical Criteria**

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**Drug/Drug Class****Increlex (Mecasermin)****Clinical Criteria Information Included in this Document**

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

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

**Revision Notes**

Annual review by staff

Added GCNs for cyclophosphamide (35317, 35318), Kisqali Femara (43366, 43368, 43369), finasteride (29248), fluorouracil (97455, 97956, 97457, 97458), methotrexate (38489), Sprycel (29405, 99867, 29406), and Sutent (35596) to Table 11

Updated references



## Increlex (Mecasermin)

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

| Drugs Requiring Prior Authorization |       |
|-------------------------------------|-------|
| Label Name                          | GCN   |
| INCRELEX 40 MG/4 ML VIAL            | 25465 |



## Increlex (Mecasermin)

### Clinical Criteria Logic

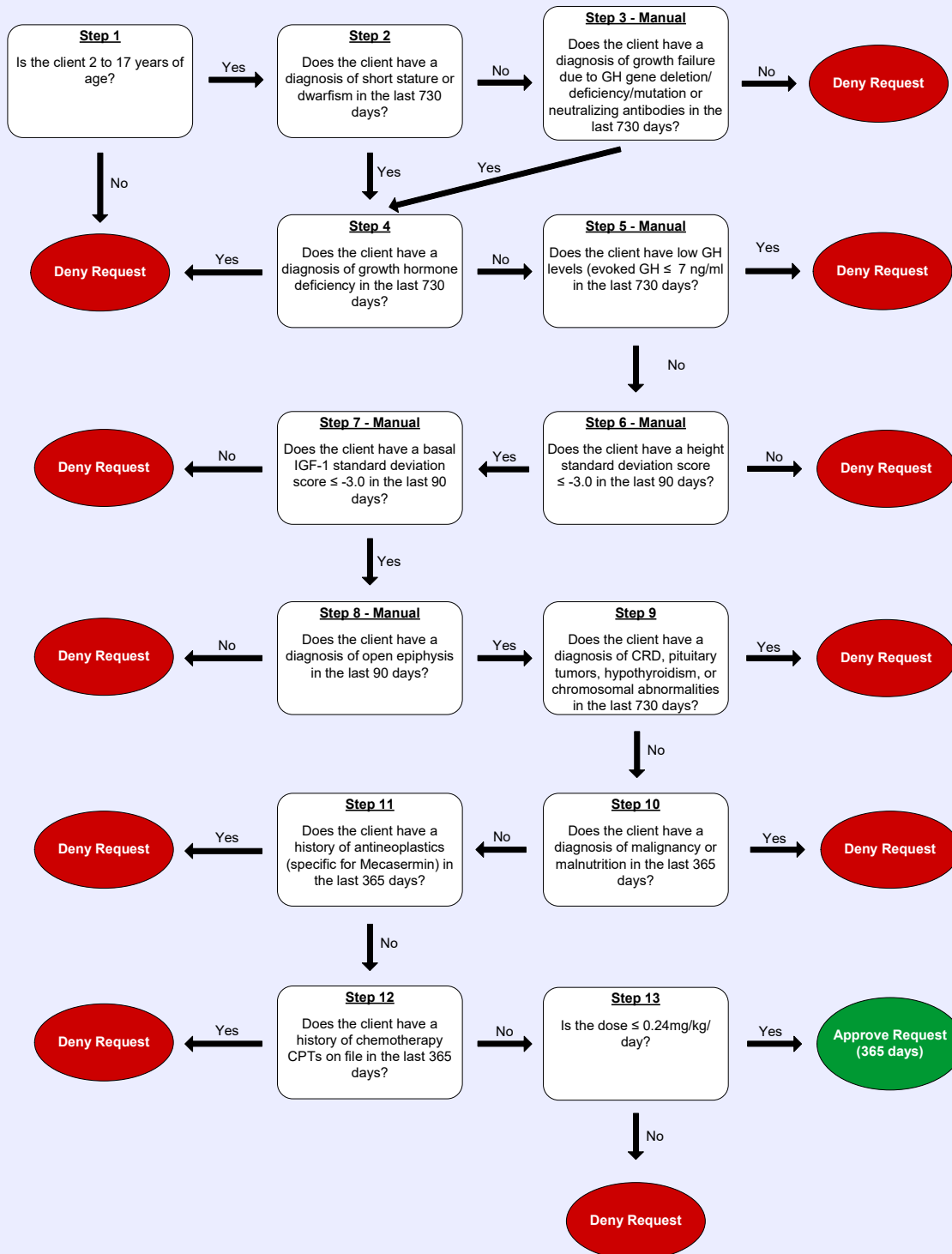
1. Is the client 2 to 17 years of age?  
 Yes (Go to #2)  
 No (Deny)
2. Does the client have a diagnosis of **short stature or dwarfism** in the last 730 days?  
 Yes (Go to #4)  
 No (Go to #3)
3. Manual step – Does the client have a diagnosis of growth failure due to GH gene deletion/deficiency/mutation or neutralizing antibodies in the last 730 days?  
 Yes (Go to #4)  
 No (Deny)
4. Does the client have a diagnosis of **growth hormone deficiency** in the last 730 days?  
 Yes (Deny)  
 No (Go to #5)
5. Manual step – Does the client have low GH levels (evoked GH  $\leq$  7 ng/mL) in the last 730 days?  
 Yes (Deny)  
 No (Go to #6)
6. Manual step – Does the client have a height standard deviation score  $\leq$  -3.0 in the last 90 days?  
 Yes (Go to #7)  
 No (Deny)
7. Manual step – Does the client have a basal IGF-1 standard deviation score  $\leq$  -3.0 in the last 90 days?  
 Yes (Go to #8)  
 No (Deny)
8. Manual step – Does the client have a diagnosis of an open epiphysis in the last 90 days?  
 Yes (Go to #9)  
 No (Deny)

9. Does the client have a diagnosis of **CRD, pituitary tumors, hypothyroidism or chromosomal abnormalities** in the last 730 days?  
 Yes (Deny)  
 No (Go to #10)
10. Does the client have a diagnosis of **malignancy or malnutrition** in the last 365 days?  
 Yes (Deny)  
 No (Go to #11)
11. Does the client have a history of **antineoplastics** (specific for mecaseermin) in the last 365 days?  
 Yes (Deny)  
 No (Go to #12)
12. Does the client have a history of **chemotherapy CPTs** on file in the last 365 days?  
 Yes (Deny)  
 No (Go to #13)
13. Is the dose  $\leq 0.24\text{mg/kg/day}$ ?  
 Yes (Approve - 365 days)  
 No (Deny)



# Increlex (Mecasermin)

## Clinical Criteria Logic Diagram





## Increlex (Mecasermin)

### Clinical Criteria Supporting Tables

| <b>Step 2 (diagnosis of short stature or dwarfism)</b><br><b>Required diagnosis: 1</b><br><b>Look back timeframe: 730 days</b> |  |
|--|--|
| ICD-10 Code  | Description  |
| E343   | SHORT STATURE DUE TO ENDOCRINE DISORDER                                    |
| R6250  | UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD |
| R6252  | SHORT STATURE (CHILD)  |
| R6259  | OTHER LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD       |

| <b>Step 4 (diagnosis of growth hormone deficiency)</b><br><b>Required diagnosis: 1</b><br><b>Look back timeframe: 730 days</b> |  |
|--|--|
| ICD-10 Code  | Description  |
| E230   | HYPOPITUITARISM                                    |
| E231   | DRUG-INDUCED HYPOPITUITARISM                       |
| E233   | HYPOTHALAMIC DYSFUNCTION, NOT ELSEWHERE CLASSIFIED |
| E236   | OTHER DISORDERS OF PITUITARY GLAND                 |
| E237   | DISORDER OF PITUITARY GLAND, UNSPECIFIED           |
| E241   | NELSON'S SYNDROME                                  |
| E893   | POSTPROCEDURAL HYPOPITUITARISM                     |

| <b>Step 9 (diagnosis of CRD, pituitary tumors, hypothyroidism, or chromosome abnormality)</b><br><b>Required diagnosis: 1</b><br><b>Look back timeframe: 730 days</b> |  |
|---|--|
| ICD-10 Code   | Description  |
| C752  | MALIGNANT NEOPLASM OF CRANIOPHARYNGEAL DUCT              |
| D352  | BENIGN NEOPLASM OF PITUITARY GLAND                       |
| D353  | BENIGN NEOPLASM OF CRANIOPHARYNGEAL DUCT                 |
| D445  | NEOPLASM OF UNCERTAIN BEHAVIOR OF PINEAL GLAND           |
| E000  | CONGENITAL IODINE-DEFICIENCY SYNDROME, NEUROLOGICAL TYPE |
| E001  | CONGENITAL IODINE-DEFICIENCY SYNDROME, MYXEDEMATOUS TYPE |
| E002  | CONGENITAL IODINE-DEFICIENCY SYNDROME, MIXED TYPE        |

| <b>Step 9 (diagnosis of CRD, pituitary tumors, hypothyroidism, or chromosome abnormality)</b> |  |
|---|--|
| <b>Required diagnosis: 1</b>  |  |
| <b>Look back timeframe: 730 days</b>  |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| E009  | CONGENITAL IODINE-DEFICIENCY SYNDROME, UNSPECIFIED                                 |
| E018  | OTHER IODINE-DEFICIENCY RELATED THYROID DISORDERS AND ALLIED CONDITIONS            |
| E02   | SUBCLINICAL IODINE-DEFICIENCY HYPOTHYROIDISM                                       |
| E030  | CONGENITAL HYPOTHYROIDISM WITH DIFFUSE GOITER                                      |
| E031  | CONGENITAL HYPOTHYROIDISM WITHOUT GOITER   |
| E032  | HYPOTHYROIDISM DUE TO MEDICAMENTS AND OTHER EXOGENOUS SUBSTANCES                   |
| E033  | POSTINFECTIOUS HYPOTHYROIDISM  |
| E038  | OTHER SPECIFIED HYPOTHYROIDISM   |
| E039  | HYPOTHYROIDISM, UNSPECIFIED  |
| E0500   | THYROTOXICOSIS WITH DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM              |
| E0501   | THYROTOXICOSIS WITH DIFFUSE GOITER WITH THYROTOXIC CRISIS OR STORM                 |
| E0510   | THYROTOXICOSIS WITH TOXIC SINGLE THYROID NODULE WITHOUT THYROTOXIC CRISIS OR STORM |
| E0511   | THYROTOXICOSIS WITH TOXIC SINGLE THYROID NODULE WITH THYROTOXIC CRISIS OR STORM    |
| E0520   | THYROTOXICOSIS WITH TOXIC MULTINODULAR GOITER WITHOUT THYROTOXIC CRISIS OR STORM   |
| E0521   | THYROTOXICOSIS WITH TOXIC MULTINODULAR GOITER WITH THYROTOXIC CRISIS OR STORM      |
| E0530   | THYROTOXICOSIS FROM ECTOPIC THYROID TISSUE WITHOUT THYROTOXIC CRISIS OR STORM      |
| E0531   | THYROTOXICOSIS FROM ECTOPIC THYROID TISSUE WITH THYROTOXIC CRISIS OR STORM         |
| E0540   | THYROTOXICOSIS FACTITIA WITHOUT THYROTOXIC CRISIS OR STORM                         |
| E0541   | THYROTOXICOSIS FACTITIA WITH THYROTOXIC CRISIS OR STORM                            |
| E0580   | OTHER THYROTOXICOSIS WITHOUT THYROTOXIC CRISIS OR STORM                            |
| E0581   | OTHER THYROTOXICOSIS WITH THYROTOXIC CRISIS OR STORM                               |
| E0590   | THYROTOXICOSIS, UNSPECIFIED WITHOUT THYROTOXIC CRISIS OR STORM                     |
| E0591   | THYROTOXICOSIS, UNSPECIFIED WITH THYROTOXIC CRISIS OR STORM                        |
| E071  | DYSHORMOGENETIC GOITER   |
| E7871   | BARTH SYNDROME   |
| E7872   | SMITH-LEMLI-OPITZ SYNDROME   |
| E890  | POSTPROCEDURAL HYPOTHYROIDISM  |
| N181  | CHRONIC KIDNEY DISEASE, STAGE 1  |
| N182  | CHRONIC KIDNEY DISEASE, STAGE 2 (MILD)   |
| N183  | CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)   |

**Step 9 (diagnosis of CRD, pituitary tumors, hypothyroidism, or chromosome abnormality)****Required diagnosis: 1****Look back timeframe: 730 days**

| <b>ICD-10 Code</b> | <b>Description</b>  |
|--------------------|---|
| N184               | CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)                                      |
| N185               | CHRONIC KIDNEY DISEASE, STAGE 5   |
| N186               | END STAGE RENAL DISEASE   |
| N189               | CHRONIC KIDNEY DISEASE, UNSPECIFIED   |
| N250               | RENAL OSTEODYSTROPHY  |
| Q871               | CONGENITAL MALFORMATION SYNDROMES PREDOMINANTLY ASSOCIATED WITH SHORT STATURE |
| Q872               | CONGENITAL MALFORMATION SYNDROMES PREDOMINANTLY INVOLVING LIMBS               |
| Q873               | CONGENITAL MALFORMATION SYNDROMES INVOLVING EARLY OVERGROWTH                  |
| Q8740              | MARFAN'S SYNDROME, UNSPECIFIED  |
| Q87410             | MARFAN'S SYNDROME WITH AORTIC DILATION  |
| Q87418             | MARFAN'S SYNDROME WITH OTHER CARDIOVASCULAR MANIFESTATIONS                    |
| Q8742              | MARFAN'S SYNDROME WITH OCULAR MANIFESTATIONS                                  |
| Q8743              | MARFAN'S SYNDROME WITH SKELETAL MANIFESTATION                                 |
| Q875               | OTHER CONGENITAL MALFORMATION SYNDROMES WITH OTHER SKELETAL CHANGES           |
| Q8781              | ALPORT SYNDROME   |
| Q8789              | OTHER SPECIFIED CONGENITAL MALFORMATION SYNDROMES, NOT ELSEWHERE CLASSIFIED   |
| Q898               | OTHER SPECIFIED CONGENITAL MALFORMATIONS                                      |
| Q900               | TRISOMY 21, NONMOAICISM (MEIOTIC NONDISJUNCTION)                              |
| Q901               | TRISOMY 21, MOAICISM (MITOTIC NONDISJUNCTION)                                 |
| Q902               | TRISOMY 21, TRANSLOCATION   |
| Q909               | DOWN SYNDROME, UNSPECIFIED  |
| Q910               | TRISOMY 18, NONMOAICISM (MEIOTIC NONDISJUNCTION)                              |
| Q911               | TRISOMY 18, MOAICISM (MITOTIC NONDISJUNCTION)                                 |
| Q912               | TRISOMY 18, TRANSLOCATION   |
| Q913               | TRISOMY 18, UNSPECIFIED   |
| Q914               | TRISOMY 13, NONMOAICISM (MEIOTIC NONDISJUNCTION)                              |
| Q915               | TRISOMY 13, MOAICISM (MITOTIC NONDISJUNCTION)                                 |
| Q916               | TRISOMY 13, TRANSLOCATION   |
| Q917               | TRISOMY 13, UNSPECIFIED   |
| Q920               | WHOLE CHROMOSOME TRISOMY, NONMOAICISM (MEIOTIC NONDISJUNCTION)                |
| Q921               | WHOLE CHROMOSOME TRISOMY, MOAICISM (MITOTIC NONDISJUNCTION)                   |
| Q922               | PARTIAL TRISOMY   |



**Step 9 (diagnosis of CRD, pituitary tumors, hypothyroidism, or chromosome abnormality)****Required diagnosis: 1****Look back timeframe: 730 days**

| <b>ICD-10 Code</b> | <b>Description</b>   |
|--------------------|--|
| Q925               | DUPLICATIONS WITH OTHER COMPLEX REARRANGEMENTS                   |
| Q9261              | MARKER CHROMOSOMES IN NORMAL INDIVIDUAL                          |
| Q9262              | MARKER CHROMOSOMES IN ABNORMAL INDIVIDUAL                        |
| Q927               | TRIPLOIDY AND POLYPLOIDY   |
| Q928               | OTHER SPECIFIED TRISOMIES AND PARTIAL TRISOMIES OF AUTOSOMES     |
| Q929               | TRISOMY AND PARTIAL TRISOMY OF AUTOSOMES, UNSPECIFIED            |
| Q930               | WHOLE CHROMOSOME MONOSOMY, NONMOZAICISM (MEIOTIC NONDISJUNCTION) |
| Q931               | WHOLE CHROMOSOME MONOSOMY, MOZAICISM (MITOTIC NONDISJUNCTION)    |
| Q932               | CHROMOSOME REPLACED WITH RING, DICENTRIC OR ISOCHROMOSOME        |
| Q933               | DELETION OF SHORT ARM OF CHROMOSOME 4                            |
| Q934               | DELETION OF SHORT ARM OF CHROMOSOME 5                            |
| Q935               | OTHER DELETIONS OF PART OF A CHROMOSOME                          |
| Q937               | DELETIONS WITH OTHER COMPLEX REARRANGEMENTS                      |
| Q9381              | VELO-CARDIO-FACIAL SYNDROME                                      |
| Q9388              | OTHER MICRODELETIONS   |
| Q9389              | OTHER DELETIONS FROM THE AUTOSOMES                               |
| Q939               | DELETION FROM AUTOSOMES, UNSPECIFIED                             |
| Q950               | BALANCED TRANSLOCATION AND INSERTION IN NORMAL INDIVIDUAL        |
| Q951               | CHROMOSOME INVERSION IN NORMAL INDIVIDUAL                        |
| Q952               | BALANCED AUTOSOMAL REARRANGEMENT IN ABNORMAL INDIVIDUAL          |
| Q953               | BALANCED SEX/AUTOSOMAL REARRANGEMENT IN ABNORMAL INDIVIDUAL      |
| Q955               | INDIVIDUAL WITH AUTOSOMAL FRAGILE SITE                           |
| Q958               | OTHER BALANCED REARRANGEMENTS AND STRUCTURAL MARKERS             |
| Q959               | BALANCED REARRANGEMENT AND STRUCTURAL MARKER, UNSPECIFIED        |
| Q960               | KARYOTYPE 45, X  |
| Q961               | KARYOTYPE 46, X ISO (XQ)   |
| Q962               | KARYOTYPE 46, X WITH ABNORMAL SEX CHROMOSOME, EXCEPT ISO (XQ)    |
| Q963               | MOZAICISM, 45, X/46, XX OR XY                                    |
| Q964               | MOZAICISM, 45, X/OTHER CELL LINE(S) WITH ABNORMAL SEX CHROMOSOME |
| Q968               | OTHER VARIANTS OF TURNER'S SYNDROME                              |
| Q969               | TURNER'S SYNDROME, UNSPECIFIED                                   |
| Q970               | KARYOTYPE 47, XXX  |

**Step 9 (diagnosis of CRD, pituitary tumors, hypothyroidism, or chromosome abnormality)**

**Required diagnosis: 1**

**Look back timeframe: 730 days**

| <b>ICD-10 Code</b> | <b>Description</b>   |
|--------------------|--|
| Q971               | FEMALE WITH MORE THAN THREE X CHROMOSOMES                      |
| Q972               | MOSAICISM, LINES WITH VARIOUS NUMBERS OF X CHROMOSOMES         |
| Q973               | FEMALE WITH 46, XY KARYOTYPE                                   |
| Q978               | OTHER SPECIFIED SEX CHROMOSOME ABNORMALITIES, FEMALE PHENOTYPE |
| Q979               | SEX CHROMOSOME ABNORMALITY, FEMALE PHENOTYPE, UNSPECIFIED      |
| Q980               | KLINEFELTER SYNDROME KARYOTYPE 47, XXY                         |
| Q981               | KLINEFELTER SYNDROME, MALE WITH MORE THAN TWO X CHROMOSOMES    |
| Q983               | OTHER MALE WITH 46, XX KARYOTYPE                               |
| Q984               | KLINEFELTER SYNDROME, UNSPECIFIED                              |
| Q985               | KARYOTYPE 47, XYY  |
| Q986               | MALE WITH STRUCTURALLY ABNORMAL SEX CHROMOSOME                 |
| Q987               | MALE WITH SEX CHROMOSOME MOSAICISM                             |
| Q988               | OTHER SPECIFIED SEX CHROMOSOME ABNORMALITIES, MALE PHENOTYPE   |
| Q989               | SEX CHROMOSOME ABNORMALITY, MALE PHENOTYPE, UNSPECIFIED        |
| Q990               | CHIMERA 46, XX/46, XY  |
| Q991               | 46, XX TRUE HERMAPHRODITE                                      |
| Q992               | FRAGILE X CHROMOSOME   |
| Q998               | OTHER SPECIFIED CHROMOSOME ABNORMALITIES                       |
| Q999               | CHROMOSOMAL ABNORMALITY, UNSPECIFIED                           |

**Step 10 (diagnosis of active malignancy or malnutrition)**

**Required diagnosis: 1**

**Look back timeframe: 365 days**

| <b>ICD-10 Code</b> | <b>Description</b>                                   |
|--------------------|--|
| 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                 |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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                                 |
| 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                  |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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                          |
| 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  |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |  |
|---|--|
| <b>Required diagnosis: 1</b>                                    |  |
| <b>Look back timeframe: 365 days</b>                            |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| 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  |
| 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                                 |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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                           |
| 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             |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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                                 |
| 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       |



| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |  |
|---|--|
| <b>Required diagnosis: 1</b>                                    |  |
| <b>Look back timeframe: 365 days</b>                            |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| 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   |
| 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  |



| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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          |
| 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   |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |  |
|---|--|
| <b>Required diagnosis: 1</b>                                    |  |
| <b>Look back timeframe: 365 days</b>                            |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| 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                                  |
| 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                              |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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         |
| 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               |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |  |
|---|--|
| <b>Required diagnosis: 1</b>                                    |  |
| <b>Look back timeframe: 365 days</b>                            |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| C50619  | MALIGNANT NEOPLASM OF AXILLARY TAIL OF UNSPECIFIED FEMALE BREAST     |
| C50621  | MALIGNANT NEOPLASM OF AXILLARY TAIL OF RIGHT MALE BREAST             |
| C50622  | MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT MALE BREAST              |
| C50629  | MALIGNANT NEOPLASM OF AXILLARY TAIL OF UNSPECIFIED MALE BREAST       |
| C50811  | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST       |
| C50812  | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST        |
| C50819  | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST |
| C50821  | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT MALE BREAST         |
| C50822  | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT MALE BREAST          |
| C50829  | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED MALE BREAST   |
| C50911  | MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST        |
| C50912  | MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST         |
| C50919  | MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST  |
| C50921  | MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT MALE BREAST          |
| 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                      |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |  |
|---|--|
| <b>Required diagnosis: 1</b>                                    |  |
| <b>Look back timeframe: 365 days</b>                            |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| 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                                       |
| 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        |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |  |
|---|--|
| <b>Required diagnosis: 1</b>                                    |  |
| <b>Look back timeframe: 365 days</b>                            |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| C6300   | MALIGNANT NEOPLASM OF UNSPECIFIED EPIDIDYMIS                   |
| C6301   | MALIGNANT NEOPLASM OF RIGHT EPIDIDYMIS                         |
| C6302   | MALIGNANT NEOPLASM OF LEFT EPIDIDYMIS                          |
| C6310   | MALIGNANT NEOPLASM OF UNSPECIFIED SPERMATIC CORD               |
| C6311   | MALIGNANT NEOPLASM OF RIGHT SPERMATIC CORD                     |
| C6312   | MALIGNANT NEOPLASM OF LEFT SPERMATIC CORD                      |
| C632  | MALIGNANT NEOPLASM OF SCROTUM                                  |
| C637  | MALIGNANT NEOPLASM OF OTHER SPECIFIED MALE GENITAL ORGANS      |
| C638  | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF MALE GENITAL ORGANS |
| C639  | MALIGNANT NEOPLASM OF MALE GENITAL ORGAN, UNSPECIFIED          |
| C641  | MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS        |
| C642  | MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS         |
| C649  | MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS  |
| C651  | MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS                       |
| C652  | MALIGNANT NEOPLASM OF LEFT RENAL PELVIS                        |
| C659  | MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS                 |
| 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                         |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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                        |
| 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                                      |



| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| C718  | MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN                    |
| C719  | MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED                            |
| C720  | MALIGNANT NEOPLASM OF SPINAL CORD                                   |
| C721  | MALIGNANT NEOPLASM OF CAUDA EQUINA                                  |
| C7220   | MALIGNANT NEOPLASM OF UNSPECIFIED OLFACTORY NERVE                   |
| C7221   | MALIGNANT NEOPLASM OF RIGHT OLFACTORY NERVE                         |
| C7222   | MALIGNANT NEOPLASM OF LEFT OLFACTORY NERVE                          |
| C7230   | MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE                       |
| C7231   | MALIGNANT NEOPLASM OF RIGHT OPTIC NERVE                             |
| C7232   | MALIGNANT NEOPLASM OF LEFT OPTIC NERVE                              |
| C7240   | MALIGNANT NEOPLASM OF UNSPECIFIED ACOUSTIC NERVE                    |
| C7241   | MALIGNANT NEOPLASM OF RIGHT ACOUSTIC NERVE                          |
| C7242   | MALIGNANT NEOPLASM OF LEFT ACOUSTIC NERVE                           |
| C7250   | MALIGNANT NEOPLASM OF UNSPECIFIED CRANIAL NERVE                     |
| 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                               |
| 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                           |



| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| C761  | MALIGNANT NEOPLASM OF THORAX  |
| C762  | MALIGNANT NEOPLASM OF ABDOMEN   |
| C763  | MALIGNANT NEOPLASM OF PELVIS  |
| C7640   | MALIGNANT NEOPLASM OF UNSPECIFIED UPPER LIMB  |
| C7641   | MALIGNANT NEOPLASM OF RIGHT UPPER LIMB  |
| C7642   | MALIGNANT NEOPLASM OF LEFT UPPER LIMB   |
| C7650   | MALIGNANT NEOPLASM OF UNSPECIFIED LOWER LIMB  |
| C7651   | MALIGNANT NEOPLASM OF RIGHT LOWER LIMB  |
| C7652   | MALIGNANT NEOPLASM OF LEFT LOWER LIMB   |
| C768  | MALIGNANT NEOPLASM OF OTHER SPECIFIED ILL-DEFINED SITES                             |
| C770  | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK  |
| C771  | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRATHORACIC LYMPH NODES           |
| C772  | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES         |
| C773  | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES   |
| C774  | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INGUINAL AND LOWER LIMB LYMPH NODES |
| C775  | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRAPELVIC LYMPH NODES             |
| C778  | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS     |
| C779  | SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODE, UNSPECIFIED             |
| C7800   | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG                                    |
| C7801   | SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG  |
| C7802   | SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG   |
| C781  | SECONDARY MALIGNANT NEOPLASM OF MEDIASTINUM   |
| C782  | SECONDARY MALIGNANT NEOPLASM OF PLEURA  |
| C7830   | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED RESPIRATORY ORGAN                       |
| C7839   | SECONDARY MALIGNANT NEOPLASM OF OTHER RESPIRATORY ORGANS                            |
| C784  | SECONDARY MALIGNANT NEOPLASM OF SMALL INTESTINE                                     |
| C785  | SECONDARY MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM                          |
| C786  | SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM                      |
| C787  | SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT                    |
| C7880   | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED DIGESTIVE ORGAN                         |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |  |
|---|--|
| <b>Required diagnosis: 1</b>                                    |  |
| <b>Look back timeframe: 365 days</b>                            |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| C7889   | SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS                               |
| C7900   | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY AND RENAL PELVIS                  |
| C7901   | SECONDARY MALIGNANT NEOPLASM OF RIGHT KIDNEY AND RENAL PELVIS                        |
| C7902   | SECONDARY MALIGNANT NEOPLASM OF LEFT KIDNEY AND RENAL PELVIS                         |
| C7910   | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED URINARY ORGANS                           |
| C7911   | SECONDARY MALIGNANT NEOPLASM OF BLADDER  |
| C7919   | SECONDARY MALIGNANT NEOPLASM OF OTHER URINARY ORGANS                                 |
| C792  | SECONDARY MALIGNANT NEOPLASM OF SKIN   |
| C7931   | SECONDARY MALIGNANT NEOPLASM OF BRAIN  |
| C7932   | SECONDARY MALIGNANT NEOPLASM OF CEREBRAL MENINGES                                    |
| C7940   | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED PART OF NERVOUS SYSTEM                   |
| C7949   | SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM                        |
| C7951   | SECONDARY MALIGNANT NEOPLASM OF BONE   |
| C7952   | SECONDARY MALIGNANT NEOPLASM OF BONE MARROW  |
| C7960   | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED OVARY                                    |
| C7961   | SECONDARY MALIGNANT NEOPLASM OF RIGHT OVARY  |
| C7962   | SECONDARY MALIGNANT NEOPLASM OF LEFT OVARY   |
| C7970   | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED ADRENAL GLAND                            |
| C7971   | SECONDARY MALIGNANT NEOPLASM OF RIGHT ADRENAL GLAND                                  |
| C7972   | SECONDARY MALIGNANT NEOPLASM OF LEFT ADRENAL GLAND                                   |
| C7981   | SECONDARY MALIGNANT NEOPLASM OF BREAST   |
| C7982   | SECONDARY MALIGNANT NEOPLASM OF GENITAL ORGANS                                       |
| C7989   | SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES                                |
| C799  | SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE                                     |
| C800  | DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED   |
| C801  | MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED  |
| C802  | MALIGNANT NEOPLASM ASSOCIATED WITH TRANSPLANTED ORGAN                                |
| C8100   | NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, UNSPECIFIED SITE                    |
| 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         |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |  |
|---|--|
| <b>Required diagnosis: 1</b>                                    |  |
| <b>Look back timeframe: 365 days</b>                            |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| C8104   | NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB          |
| C8105   | NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8106   | NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES                       |
| C8107   | NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, SPLEEN  |
| C8108   | NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES                 |
| C8109   | NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES              |
| C8110   | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE                                 |
| C8111   | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK              |
| C8112   | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES                        |
| C8113   | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES                      |
| C8114   | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB             |
| C8115   | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB    |
| C8116   | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES                          |
| C8117   | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, SPLEEN   |
| C8118   | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES                    |
| C8119   | NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES                 |
| C8120   | MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE                                 |
| C8121   | MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK              |
| C8122   | MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES                        |
| C8123   | MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES                      |
| C8124   | MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB             |
| 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                    |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| C8129   | MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES                |
| C8130   | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE                              |
| C8131   | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK           |
| C8132   | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES                     |
| C8133   | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES                   |
| C8134   | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB          |
| C8135   | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8136   | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES                       |
| C8137   | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, SPLEEN  |
| C8138   | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES                 |
| C8139   | LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES              |
| C8140   | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE                                  |
| C8141   | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK               |
| C8142   | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES                         |
| C8143   | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES                       |
| C8144   | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB              |
| C8145   | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB     |
| C8146   | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES                           |
| C8147   | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, SPLEEN  |
| C8148   | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES                     |
| C8149   | LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES                  |
| 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                                 |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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                                  |
| C8211   | FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF HEAD, FACE, AND NECK               |
| C8212   | FOLLICULAR LYMPHOMA GRADE II, INTRATHORACIC LYMPH NODES                         |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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             |
| 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  |



| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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           |
| 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  |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| C8268   | CUTANEOUS FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF MULTIPLE SITES                 |
| C8269   | CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES              |
| C8280   | OTHER TYPES OF FOLLICULAR LYMPHOMA, UNSPECIFIED SITE                              |
| C8281   | OTHER TYPES OF FOLLICULAR LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK           |
| C8282   | OTHER TYPES OF FOLLICULAR LYMPHOMA, INTRATHORACIC LYMPH NODES                     |
| C8283   | OTHER TYPES OF FOLLICULAR LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES                   |
| C8284   | OTHER TYPES OF FOLLICULAR LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB          |
| C8285   | OTHER TYPES OF FOLLICULAR LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8286   | OTHER TYPES OF FOLLICULAR LYMPHOMA, INTRAPELVIC LYMPH NODES                       |
| C8287   | OTHER TYPES OF FOLLICULAR LYMPHOMA, SPLEEN  |
| C8288   | OTHER TYPES OF FOLLICULAR LYMPHOMA, LYMPH NODES OF MULTIPLE SITES                 |
| C8289   | OTHER TYPES OF FOLLICULAR LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES              |
| C8290   | FOLLICULAR LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE                                |
| C8291   | FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK             |
| C8292   | FOLLICULAR LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES                       |
| C8293   | FOLLICULAR LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES                     |
| C8294   | FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB            |
| C8295   | FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB   |
| C8296   | FOLLICULAR LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES                         |
| C8297   | FOLLICULAR LYMPHOMA, UNSPECIFIED, SPLEEN  |
| 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                  |



| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| C8305   | SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB       |
| C8306   | SMALL CELL B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES                             |
| C8307   | SMALL CELL B-CELL LYMPHOMA, SPLEEN  |
| C8308   | SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES                       |
| C8309   | SMALL CELL B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES                    |
| C8310   | MANTLE CELL LYMPHOMA, UNSPECIFIED SITE  |
| C8311   | MANTLE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK                       |
| C8312   | MANTLE CELL LYMPHOMA, INTRATHORACIC LYMPH NODES                                 |
| C8313   | MANTLE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES                               |
| C8314   | MANTLE CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB                      |
| C8315   | MANTLE CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB             |
| C8316   | MANTLE CELL LYMPHOMA, INTRAPELVIC LYMPH NODES                                   |
| C8317   | MANTLE CELL LYMPHOMA, SPLEEN  |
| C8318   | MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES                             |
| C8319   | MANTLE CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES                          |
| C8330   | DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE                                 |
| C8331   | DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK              |
| C8332   | DIFFUSE LARGE B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES                        |
| C8333   | DIFFUSE LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES                      |
| C8334   | DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB             |
| C8335   | DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB    |
| C8336   | DIFFUSE LARGE B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES                          |
| C8337   | DIFFUSE LARGE B-CELL LYMPHOMA, SPLEEN   |
| 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 |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |  |
|---|--|
| <b>Required diagnosis: 1</b>                                    |  |
| <b>Look back timeframe: 365 days</b>                            |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| C8356   | LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, INTRAPELVIC LYMPH NODES                            |
| C8357   | LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, SPLEEN   |
| C8358   | LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, LYMPH NODES OF MULTIPLE SITES                      |
| C8359   | LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES                   |
| C8370   | BURKITT LYMPHOMA, UNSPECIFIED SITE   |
| C8371   | BURKITT LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK                                |
| C8372   | BURKITT LYMPHOMA, INTRATHORACIC LYMPH NODES  |
| C8373   | BURKITT LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES  |
| C8374   | BURKITT LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB                               |
| C8375   | BURKITT LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB                      |
| C8376   | BURKITT LYMPHOMA, INTRAPELVIC LYMPH NODES  |
| C8377   | BURKITT LYMPHOMA, SPLEEN   |
| C8378   | BURKITT LYMPHOMA, LYMPH NODES OF MULTIPLE SITES                                      |
| C8379   | BURKITT LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES                                   |
| C8380   | OTHER NON-FOLLICULAR LYMPHOMA, UNSPECIFIED SITE                                      |
| C8381   | OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK                   |
| C8382   | OTHER NON-FOLLICULAR LYMPHOMA, INTRATHORACIC LYMPH NODES                             |
| C8383   | OTHER NON-FOLLICULAR LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES                           |
| C8384   | OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB                  |
| C8385   | OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB         |
| C8386   | OTHER NON-FOLLICULAR LYMPHOMA, INTRAPELVIC LYMPH NODES                               |
| 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 |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| C8395   | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8396   | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES                       |
| C8397   | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, SPLEEN  |
| C8398   | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES                 |
| C8399   | NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES              |
| C8400   | MYCOSIS FUNGOIDES, UNSPECIFIED SITE   |
| C8401   | MYCOSIS FUNGOIDES, LYMPH NODES OF HEAD, FACE, AND NECK  |
| C8402   | MYCOSIS FUNGOIDES, INTRATHORACIC LYMPH NODES  |
| C8403   | MYCOSIS FUNGOIDES, INTRA-ABDOMINAL LYMPH NODES  |
| C8404   | MYCOSIS FUNGOIDES, LYMPH NODES OF AXILLA AND UPPER LIMB                                       |
| C8405   | MYCOSIS FUNGOIDES, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB                              |
| C8406   | MYCOSIS FUNGOIDES, INTRAPELVIC LYMPH NODES  |
| C8407   | MYCOSIS FUNGOIDES, SPLEEN   |
| C8408   | MYCOSIS FUNGOIDES, LYMPH NODES OF MULTIPLE SITES  |
| C8409   | MYCOSIS FUNGOIDES, EXTRANODAL AND SOLID ORGAN SITES   |
| C8410   | SEZARY DISEASE, UNSPECIFIED SITE  |
| C8411   | SEZARY DISEASE, LYMPH NODES OF HEAD, FACE, AND NECK   |
| C8412   | SEZARY DISEASE, INTRATHORACIC LYMPH NODES   |
| C8413   | SEZARY DISEASE, INTRA-ABDOMINAL LYMPH NODES   |
| C8414   | SEZARY DISEASE, LYMPH NODES OF AXILLA AND UPPER LIMB  |
| C8415   | SEZARY DISEASE, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB                                 |
| 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     |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| C8446   | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, INTRAPELVIC LYMPH NODES                         |
| C8447   | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, SPLEEN  |
| C8448   | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF MULTIPLE SITES                   |
| C8449   | PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, EXTRANODAL AND SOLID ORGAN SITES                |
| C8460   | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, UNSPECIFIED SITE                              |
| C8461   | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF HEAD, FACE, AND NECK           |
| C8462   | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, INTRATHORACIC LYMPH NODES                     |
| C8463   | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, INTRA-ABDOMINAL LYMPH NODES                   |
| C8464   | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF AXILLA AND UPPER LIMB          |
| C8465   | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8466   | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, INTRAPELVIC LYMPH NODES                       |
| C8467   | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, SPLEEN  |
| C8468   | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF MULTIPLE SITES                 |
| C8469   | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, EXTRANODAL AND SOLID ORGAN SITES              |
| C8470   | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, UNSPECIFIED SITE                              |
| C8471   | ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF HEAD, FACE, AND NECK           |
| 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                                   |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |  |
|---|--|
| <b>Required diagnosis: 1</b>                                    |  |
| <b>Look back timeframe: 365 days</b>                            |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| C8491   | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK           |
| C8492   | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, INTRATHORACIC LYMPH NODES                     |
| C8493   | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES                   |
| C8494   | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB          |
| C8495   | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB |
| C8496   | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, INTRAPELVIC LYMPH NODES                       |
| C8497   | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, SPLEEN  |
| C8498   | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES                 |
| C8499   | MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES              |
| C84A0   | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE                               |
| C84A1   | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED LYMPH NODES OF HEAD, FACE, AND NECK             |
| C84A2   | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES                      |
| C84A3   | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES                    |
| C84A4   | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB           |
| C84A5   | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB  |
| C84A6   | CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES                        |
| 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                              |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| C84Z7   | OTHER MATURE T/NK-CELL LYMPHOMAS, SPLEEN  |
| C84Z8   | OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF MULTIPLE SITES                           |
| C84Z9   | OTHER MATURE T/NK-CELL LYMPHOMAS, EXTRANODAL AND SOLID ORGAN SITES                        |
| C8510   | UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE   |
| C8511   | UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK                          |
| C8512   | UNSPECIFIED B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES                                    |
| C8513   | UNSPECIFIED B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES                                  |
| C8514   | UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB                         |
| C8515   | UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB                |
| C8516   | UNSPECIFIED B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES                                      |
| C8517   | UNSPECIFIED B-CELL LYMPHOMA, SPLEEN   |
| C8518   | UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES                                |
| C8519   | UNSPECIFIED B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES                             |
| C8520   | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE                              |
| C8521   | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK           |
| C8522   | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES                     |
| C8523   | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES                   |
| C8524   | MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB          |
| 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                |



| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| C8584   | OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB           |
| C8585   | OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB  |
| C8586   | OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES                        |
| C8587   | OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, SPLEEN   |
| C8588   | OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES                  |
| C8589   | OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES               |
| C8590   | NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE   |
| C8591   | NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK                        |
| C8592   | NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES                                  |
| C8593   | NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES                                |
| C8594   | NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB                       |
| C8595   | NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB              |
| C8596   | NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES                                    |
| C8597   | NON-HODGKIN LYMPHOMA, UNSPECIFIED, SPLEEN   |
| C8598   | NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES                              |
| 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   |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |  |
|---|--|
| <b>Required diagnosis: 1</b>                                    |  |
| <b>Look back timeframe: 365 days</b>                            |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| C9002   | MULTIPLE MYELOMA IN RELAPSE  |
| C9010   | PLASMA CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION                               |
| C9011   | PLASMA CELL LEUKEMIA IN REMISSION  |
| C9012   | PLASMA CELL LEUKEMIA IN RELAPSE  |
| C9020   | EXTRAMEDULLARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION                        |
| C9021   | EXTRAMEDULLARY PLASMACYTOMA IN REMISSION   |
| C9022   | EXTRAMEDULLARY PLASMACYTOMA IN RELAPSE   |
| C9030   | SOLITARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION                              |
| C9031   | SOLITARY PLASMACYTOMA IN REMISSION   |
| C9032   | SOLITARY PLASMACYTOMA IN RELAPSE   |
| C9100   | ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION                       |
| C9101   | ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION                                       |
| C9102   | ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE   |
| C9110   | CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION        |
| C9111   | CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN REMISSION                         |
| C9112   | CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN RELAPSE                           |
| C9130   | PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION             |
| C9131   | PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE, IN REMISSION                             |
| C9132   | PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE, IN RELAPSE                               |
| C9140   | HAIRY CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION                                |
| C9141   | HAIRY CELL LEUKEMIA, IN REMISSION  |
| 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                |



| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |  |
|---|--|
| <b>Required diagnosis: 1</b>                                    |  |
| <b>Look back timeframe: 365 days</b>                            |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| C91A1   | MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION                                  |
| C91A2   | MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN RELAPSE                                    |
| C91Z0   | OTHER LYMPHOID LEUKEMIA NOT HAVING ACHIEVED REMISSION                              |
| C91Z1   | OTHER LYMPHOID LEUKEMIA, IN REMISSION  |
| C91Z2   | OTHER LYMPHOID LEUKEMIA, IN RELAPSE  |
| C9200   | ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION                         |
| C9201   | ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION  |
| C9202   | ACUTE MYELOBLASTIC LEUKEMIA, IN RELAPSE  |
| C9210   | CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, NOT HAVING ACHIEVED REMISSION          |
| C9211   | CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, IN REMISSION                           |
| C9212   | CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, IN RELAPSE                             |
| C9220   | ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, NOT HAVING ACHIEVED REMISSION |
| C9221   | ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, IN REMISSION                  |
| C9222   | ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, IN RELAPSE                    |
| C9230   | MYELOID SARCOMA, NOT HAVING ACHIEVED REMISSION                                     |
| C9231   | MYELOID SARCOMA, IN REMISSION  |
| 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                   |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| C92A2   | ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE DYSPLASIA, IN RELAPSE        |
| C92Z0   | OTHER MYELOID LEUKEMIA NOT HAVING ACHIEVED REMISSION                  |
| C92Z1   | OTHER MYELOID LEUKEMIA, IN REMISSION                                  |
| C92Z2   | OTHER MYELOID LEUKEMIA, IN RELAPSE                                    |
| C9300   | ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION   |
| C9301   | ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, IN REMISSION                    |
| C9302   | ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, IN RELAPSE                      |
| C9310   | CHRONIC MYELOMONOCYTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION         |
| C9311   | CHRONIC MYELOMONOCYTIC LEUKEMIA, IN REMISSION                         |
| C9312   | CHRONIC MYELOMONOCYTIC LEUKEMIA, IN RELAPSE                           |
| C9330   | JUVENILE MYELOMONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION       |
| C9331   | JUVENILE MYELOMONOCYTIC LEUKEMIA, IN REMISSION                        |
| C9332   | JUVENILE MYELOMONOCYTIC LEUKEMIA, IN RELAPSE                          |
| C9390   | MONOCYTIC LEUKEMIA, UNSPECIFIED, NOT HAVING ACHIEVED REMISSION        |
| C9391   | MONOCYTIC LEUKEMIA, UNSPECIFIED IN REMISSION                          |
| 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                 |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| C9502   | ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE                               |
| C9510   | CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE NOT HAVING ACHIEVED REMISSION           |
| C9511   | CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, IN REMISSION                           |
| C9512   | CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE                             |
| C9590   | LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION                               |
| C9591   | LEUKEMIA, UNSPECIFIED, IN REMISSION   |
| C9592   | LEUKEMIA, UNSPECIFIED, IN RELAPSE   |
| C960  | MULTIFOCAL AND MULTISYSTEMIC (DISSEMINATED) LANGERHANS-CELL HISTIOCYTOSIS         |
| C962  | MALIGNANT MAST CELL TUMOR   |
| C964  | SARCOMA OF DENDRITIC CELLS (ACCESSORY CELLS)                                      |
| C969  | MALIGNANT NEOPLASM OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE, UNSPECIFIED     |
| C96A  | HISTIOCYTIC SARCOMA   |
| C96Z  | OTHER SPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE |
| D030  | MELANOMA IN SITU OF LIP   |
| D0310   | MELANOMA IN SITU OF UNSPECIFIED EYELID, INCLUDING CANTHUS                         |
| 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   |

| <b>Step 10 (diagnosis of active malignancy or malnutrition)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>                                    |   |
| <b>Look back timeframe: 365 days</b>                            |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| D45   | POLYCYTHEMIA VERA   |
| E45   | RETARDED DEVELOPMENT FOLLOWING PROTEIN-CALORIE MALNUTRITION |

| <b>Step 11 (history of an antineoplastic agent for Mecasermin)</b> |            |
|--|------------|
| <b>Required quantity: 1</b>  |            |
| <b>Look back timeframe: 365 days</b>                               |            |
| <b>Label Name</b>  | <b>GCN</b> |
| ALKERAN 2 MG TABLET  | 38380      |
| ANASTROZOLE 1 MG TABLET  | 24410      |
| ARIMIDEX 1 MG TABLET   | 24410      |
| AROMASIN 25 MG TABLET  | 92896      |
| AVODART 0.5 MG SOFTGEL   | 18428      |
| BICALUTAMIDE 50 MG TABLET  | 00450      |
| CARAC CREAM  | 12514      |
| CASODEX 50 MG TABLET   | 00450      |
| CEENU 10 MG CAPSULE  | 38431      |
| CEENU 40 MG CAPSULE  | 38433      |
| CEENU 100 MG CAPSULE   | 38432      |
| COSMEGEN 0.5 MG VIAL   | 96679      |
| CYCLOPHOSPHAMIDE 25 MG TAB   | 38360      |
| CYCLOPHOSPHAMIDE 25 MG CAPSULE                                     | 35317      |
| CYCLOPHOSPHAMIDE 50 MG TABLET                                      | 38361      |
| CYCLOPHOSPHAMIDE 50 MG CAPSULE                                     | 35318      |
| CYTARABINE 100 MG VIAL   | 21485      |
| CYTARABINE 100 MG/ML VIAL  | 34231      |
| CYTARABINE 1 GM VIAL   | 21473      |
| CYTARABINE 2 GM VIAL   | 21501      |
| CYTARABINE 20 MG/ML VIAL   | 27365      |
| CYTARABINE 20 MG/ML VIAL   | 34230      |
| CYTARABINE 20 MG/ML VIAL   | 97825      |
| CYTARABINE 500 MG VIAL   | 21503      |
| EFUDEX 5% CREAM  | 30781      |
| EFUDEX 5% SOLUTION   | 30792      |
| EMCYT 140 MG CAPSULE   | 38700      |
| ETOPOSIDE 50 MG CAPSULE  | 07560      |

| <b>Step 11 (history of an antineoplastic agent for Mecasermin)</b> |            |
|--|------------|
| <b>Required quantity: 1</b>  |            |
| <b>Look back timeframe: 365 days</b>                               |            |
| <b>Label Name</b>  | <b>GCN</b> |
| ETOPOSIDE 100 MG/5 ML VIAL   | 07481      |
| ETOPOSIDE 500 MG/25 ML VIAL  | 07481      |
| ETOPOSIDE 1,000 MG/50 ML VIAL                                      | 07481      |
| EVISTA 60 MG TABLET  | 59011      |
| FARESTON 60 MG TABLET  | 42721      |
| FEMARA 2.5 MG TABLET   | 49541      |
| KISQALI FEMARA 200 MG CO-PACK                                      | 43366      |
| KISQALI FEMARA 400 MG CO-PACK                                      | 43368      |
| KISQALI FEMARA 600 MG CO-PACK                                      | 43369      |
| FINASTERIDE 1 MG TABLET  | 29248      |
| FINASTERIDE 5 MG TABLET  | 30521      |
| FLUOROPLEX 1% CREAM  | 30780      |
| FLUOROURACIL 2% TOPICAL SOLN                                       | 30791      |
| FLUOROURACIL 5% CREAM  | 30781      |
| FLUOROURACIL 5% TOP SOLUTION                                       | 30792      |
| FLUOROURACIL 500 MG/10 ML VIAL                                     | 97455      |
| FLUOROURACIL 1 GRAM/20 ML VIAL                                     | 97456      |
| FLUOROURACIL 2.5 GRAM/50 ML VIAL                                   | 97457      |
| FLUOROURACIL 5 GRAM/100 ML VIAL                                    | 97458      |
| FLUTAMIDE 125 MG CAPSULE   | 25740      |
| GEMZAR 200 MG VIAL   | 38530      |
| GEMZAR 1 GRAM VIAL   | 38532      |
| GLEEVEC 100 MG TABLET  | 19908      |
| GLEEVEC 400 MG TABLET  | 19907      |
| HEXALEN 50 MG CAPSULE  | 34221      |
| HYCAMTIN 0.25 MG CAPSULE   | 14254      |
| HYCAMTIN 1 MG CAPSULE  | 14256      |
| IRESSA 250 MG TABLET   | 19586      |
| JALYN 0.5-0.4 MG CAPSULE   | 28596      |
| LETROZOLE 2.5 MG TABLET  | 49541      |
| LEUKERAN 2 MG TABLET   | 38370      |
| LYSODREN 500 MG TABLET   | 38710      |
| MATULANE 50 MG CAPSULE   | 38740      |
| MEGACE 40 MG/ML ORAL SUSP  | 40381      |
| MEGACE ES 625 MG/5 ML SUSP   | 24948      |
| MEGESTROL 20 MG TABLET   | 38680      |

| <b>Step 11 (history of an antineoplastic agent for Mecasermin)</b> |            |
|--|------------|
| <b>Required quantity: 1</b>  |            |
| <b>Look back timeframe: 365 days</b>                               |            |
| <b>Label Name</b>  | <b>GCN</b> |
| MEGESTROL 40 MG TABLET   | 38681      |
| MEGESTROL ACET 40 MG/ML SUSP                                       | 40381      |
| MERCAPTOPYRINE 50 MG TABLET  | 38520      |
| METHOTREXATE 2.5 MG TABLET   | 38489      |
| METHOTREXATE 25 MG/ML VIAL   | 18936      |
| METHOTREXATE 25 MG/ML VIAL   | 38466      |
| MITOMYCIN 5 MG VIAL  | 38601      |
| MITOMYCIN 20 MG VIAL   | 38600      |
| MITOMYCIN 40 MG VIAL   | 38602      |
| 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      |
| NEXAVAR 200 MG TABLET  | 26263      |
| NILANDRON 150 MG TABLET  | 22645      |
| NOVANTRONE 2 MG/ML VIAL  | 07544      |
| OFORTA 10 MG TABLET  | 12473      |
| ONCASPAR 750 UNIT/ML VIAL  | 24231      |
| PROSCAR 5 MG TABLET  | 30521      |
| PURINETHOL 50 MG TABLET  | 38520      |
| 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 140 MG TABLET  | 29406      |
| SUTENT 12.5 MG CAPSULE   | 26452      |
| SUTENT 25 MG CAPSULE   | 26453      |
| SUTENT 37.5 MG CAPSULE   | 35596      |
| SUTENT 50 MG CAPSULE   | 26454      |
| TABLOID 40 MG TABLET   | 10290      |
| 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      |

| <b>Step 11 (history of an antineoplastic agent for Mecasermin)</b> |            |
|--|------------|
| <b>Required quantity: 1</b>  |            |
| <b>Look back timeframe: 365 days</b>                               |            |
| <b>Label Name</b>  | <b>GCN</b> |
| TARGRETIN 1% GEL   | 89921      |
| TARGRETIN 75 MG SOFTGEL  | 92373      |
| TASIGNA 150 MG CAPSULE   | 28737      |
| TASIGNA 200 MG CAPSULE   | 99070      |
| TEMODAR 5 MG CAPSULE   | 92893      |
| 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      |
| TYKERB 250 MG TABLET   | 98140      |
| VINBLASTINE 1 MG/ML VIAL   | 38970      |
| VINBLASTINE SULF 10 MG VIAL  | 38560      |
| VINCRISTINE 1 MG/ML VIAL   | 38572      |
| VINCRISTINE 2 MG/2 ML VIAL   | 97630      |
| VOTRIENT 200 MG TABLET   | 27829      |
| XELODA 150 MG TABLET   | 31611      |
| XELODA 500 MG TABLET   | 31612      |
| ZOLINZA 100 MG CAPSULE   | 97345      |

| <b>Step 12 (procedure for chemotherapy)</b> |                              |
|---|------------------------------|
| <b>Required diagnosis: 1</b>                |                              |
| <b>Look back timeframe: 365 days</b>        |                              |
| <b>CPT Code</b>                             | <b>Description</b>           |
| 96401                                       | CHEMO, ANTI-NEOPL, SQ/IM     |
| 96402                                       | CHEMO HORMON ANTINEOPL SQ/IM |
| 96405                                       | CHEMO INTRALESIONAL, UP TO 7 |
| 96406                                       | CHEMO INTRALESIONAL OVER 7   |
| 96409                                       | CHEMO, IV PUSH, SNGL DRUG    |
| 96411                                       | CHEMO, IV PUSH, ADDL DRUG    |
| 96413                                       | CHEMO, IV INFUSION, 1 HR     |
| 96415                                       | CHEMO, IV INFUSION, ADDL HR  |
| 96416                                       | CHEMO PROLONG INFUSE W/PUMP  |
| 96417                                       | CHEMO IV INFUS EACH ADDL SEQ |
| 96420                                       | CHEMO, IA, PUSH TECHNIQUE    |



| <b>Step 12 (procedure for chemotherapy)</b> |                              |
|---|------------------------------|
| <b>Required diagnosis: 1</b>                |                              |
| <b>Look back timeframe: 365 days</b>        |                              |
| <b>CPT Code</b>                             | <b>Description</b>           |
| 96422                                       | CHEMO IA INFUSION UP TO 1 HR |
| 96423                                       | CHEMO IA INFUSE EACH ADDL HR |
| 96425                                       | CHEMOTHERAPY INFUSION METHOD |
| 96440                                       | CHEMOTHERAPY, INTRACAVITARY  |
| 96445                                       | CHEMOTHERAPY, INTRACAVITARY  |
| 96450                                       | CHEMOTHERAPY, INTO CNS       |
| 96521                                       | REFILL/MAINT, PORTABLE PUMP  |
| 96542                                       | CHEMOTHERAPY INJECTION       |
| 96549                                       | CHEMOTHERAPY, UNSPECIFIED    |
| J9000                                       | DOXORUBICIN HCL INJECTION    |
| J9001                                       | DOXORUBICIN HCL LIPOSOME INJ |
| J9010                                       | ALEMTUZUMAB INJECTION        |
| J9015                                       | ALDESLEUKIN INJECTION        |
| J9020                                       | ASPARAGINASE INJECTION       |
| J9027                                       | CLOFARABINE INJECTION        |
| J9033                                       | BENDAMUSTINE INJECTION       |
| J9040                                       | BLEOMYCIN SULFATE INJECTION  |
| J9041                                       | BORTEZOMIB INJECTION         |
| J9045                                       | CARBOPLATIN INJECTION        |
| J9050                                       | CARMUSTINE INJECTION         |
| J9055                                       | CETUXIMAB INJECTION          |
| J9060                                       | CISPLATIN 10 MG INJECTION    |
| J9062                                       | CISPLATIN 50 MG INJECTION    |
| J9065                                       | INJ CLADRIBINE PER 1 MG      |
| J9070                                       | CYCLOPHOSPHAMIDE 100 MG INJ  |
| J9080                                       | CYCLOPHOSPHAMIDE 200 MG INJ  |
| J9090                                       | CYCLOPHOSPHAMIDE 500 MG INJ  |
| J9091                                       | CYCLOPHOSPHAMIDE 1.0 GRM INJ |
| J9092                                       | CYCLOPHOSPHAMIDE 2.0 GRM INJ |
| J9093                                       | CYCLOPHOSPHAMIDE LYOPHILIZED |
| J9094                                       | CYCLOPHOSPHAMIDE LYOPHILIZED |
| J9095                                       | CYCLOPHOSPHAMIDE LYOPHILIZED |
| J9096                                       | CYCLOPHOSPHAMIDE LYOPHILIZED |
| J9097                                       | CYCLOPHOSPHAMIDE LYOPHILIZED |
| J9098                                       | CYTARABINE LIPOSOME INJ      |
| J9100                                       | CYTARABINE HCL 100 MG INJ    |

| <b>Step 12 (procedure for chemotherapy)</b> |                           |
|---|---------------------------|
| <b>Required diagnosis: 1</b>                |                           |
| <b>Look back timeframe: 365 days</b>        |                           |
| <b>CPT Code</b>                             | <b>Description</b>        |
| J9110                                       | CYTARABINE HCL 500 MG INJ |
| J9120                                       | DACTINOMYCIN INJECTION    |
| J9130                                       | DACARBAZINE 10 MG INJ     |
| J9140                                       | DACARBAZINE 200 MG INJ    |
| J9150                                       | DAUNORUBICIN INJECTION    |
| J9151                                       | DAUNORUBICIN CITRATE INJ  |
| J9155                                       | DEGARELIX INJECTION       |
| J9160                                       | DENILEUKIN DIFTITOX INJ   |
| J9170                                       | DOCETAXEL INJECTION       |
| J9171                                       | DOCETAXEL INJECTION       |
| J9178                                       | INJ, EPIRUBICIN HCL, 2 MG |
| J9181                                       | ETOPOSIDE INJECTION       |
| J9182                                       | ETOPOSIDE 100 MG INJ      |
| J9185                                       | FLUDARABINE PHOSPHATE INJ |
| J9190                                       | FLUOROURACIL INJECTION    |
| J9200                                       | FLOXURIDINE INJECTION     |
| J9201                                       | GEMCITABINE HCL INJECTION |
| J9206                                       | IRINOTECAN INJECTION      |
| J9207                                       | IXABEPILONE INJECTION     |
| J9208                                       | IFOSFOMIDE INJECTION      |
| J9211                                       | IDARUBICIN HCL INJECTION  |
| J9261                                       | NELARABINE INJECTION      |
| J9263                                       | OXALIPLATIN               |
| J9264                                       | PACLITAXEL PROTEIN BOUND  |
| J9265                                       | PACLITAXEL INJECTION      |
| J9266                                       | PEGASPARGASE INJECTION    |
| J9268                                       | PENTOSTATIN INJECTION     |
| J9280                                       | MITOMYCIN 5 MG INJ        |
| J9290                                       | MITOMYCIN 20 MG INJ       |
| J9291                                       | MITOMYCIN 40 MG INJ       |
| J9303                                       | PANITUMUMAB INJECTION     |
| J9305                                       | PEMETREXED INJECTION      |
| J9320                                       | STREPTOZOCIN INJECTION    |
| J9328                                       | TEMOZOLOMIDE INJECTION    |
| J9330                                       | TEMSIROLIMUS INJECTION    |
| J9340                                       | THIOTEPA INJECTION        |

| <b>Step 12 (procedure for chemotherapy)</b> |                              |
|---|------------------------------|
| <b>Required diagnosis: 1</b>                |                              |
| <b>Look back timeframe: 365 days</b>        |                              |
| <b>CPT Code</b>                             | <b>Description</b>           |
| J9350                                       | TOPOTECAN INJECTION          |
| J9355                                       | TRASTUZUMAB INJECTION        |
| J9357                                       | VALRUBICIN INJECTION         |
| J9360                                       | VINBLASTINE SULFATE INJ      |
| J9370                                       | VINCRISTINE SULFATE 1 MG INJ |
| J9375                                       | VINCRISTINE SULFATE 2 MG INJ |
| J9380                                       | VINCRISTINE SULFATE 5 MG INJ |
| J9390                                       | VINOURELBINE TARTRATE INJ    |
| J9600                                       | PORFIMER SODIUM INJECTION    |
| J9999                                       | CHEMOTHERAPY DRUG            |



## Increlex (Mecasermin)

### Clinical Criteria References

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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  |
|------------------|--|
| 01/31/2011       | Initial publication and posting to website   |
| 03/05/2012       | <ul style="list-style-type: none"> <li>Added a new section to specify the drugs requiring prior authorization</li> <li>Clarified wording in steps 11 and 12 of the criteria logic and logic diagram</li> <li>In the "Clinical Edit Criteria Supporting Tables" section, revised tables to specify the diagnosis codes pertinent to steps 2, 4, 9, and 10 of the logic diagram</li> <li>In the "Clinical Edit Criteria Supporting Tables" section, revised table to specify the drug names and GCNs pertinent to step 11 of the logic diagram</li> <li>In the "Clinical Edit Criteria Supporting Tables" section, revised table to specify the procedure codes pertinent to step 12 of the logic diagram</li> </ul> |
| 10/20/2012       | <ul style="list-style-type: none"> <li>Clarified wording in step 5 of the criteria logic and logic diagram</li> </ul>  |
| 08/28/2013       | <ul style="list-style-type: none"> <li>Added references for drug information</li> </ul>  |
| 04/03/2015       | <ul style="list-style-type: none"> <li>Updated to include ICD-10s</li> </ul>   |
| 05/08/2017       | <p>Annual review by staff</p> <ul style="list-style-type: none"> <li>Updated question 5 of criteria logic to read (evoked GH <math>\leq</math> 7 ng/mL) and if yes (deny), if no (go to #6)</li> <li>Updated logic diagram</li> <li>Updated references</li> </ul>  |
| 03/29/2019       | <ul style="list-style-type: none"> <li>Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a>.) on each 'Drug Requiring PA' table</li> </ul>  |
| 10/19/2022       | <ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCNs for cyclophosphamide (35317, 35318), Kisqali Femara co-pack (43366, 43368, 43369), finasteride (29248), fluorouracil (97455, 97456, 97457, 97458), methotrexate (38489), Sprycel (29405, 99867, 29406), and Sutent (35596) to Table 11</li> <li>Updated references</li> </ul>  |