HEALTH INFORMATION DESIGNS

RxPERT PAXPRESS™

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Gabapentin

Clinical Criteria Information Included in this Document

Neurontin (gabapentin)

- **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.

Gralise (gabapentin Extended Release)

- **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
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Horizant (gabapentin enacarbil)

- **Drugs requiring prior authorization**: the list of drugs requiring prior authorization for this clinical criteria
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Revision Notes

Annual review by staff

Update references

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Gabapentin

Drugs Requiring Prior Authorization

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

Drugs Requiring Prior Authorization	
Label Name	**GCN**
GABAPENTIN 600 MG TABLET	94624
GABAPENTIN 800 MG TABLET	94447
GABAPENTIN 100 MG CAPSULE	00780
GABAPENTIN 300 MG CAPSULE	00781
GABAPENTIN 400 MG CAPSULE	00782
GABAPENTIN 250 MG/5 ML SOLN	13235
NEURONTIN 100 MG CAPSULE	00780
NEURONTIN 300 MG CAPSULE	00781
NEURONTIN 400 MG CAPSULE	00782
NEURONTIN 250 MG/5 ML SOLN	13235
NEURONTIN 600 MG TABLET	94624
NEURONTIN 800 MG TABLET	94447

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Gabapentin

Clinical Criteria Logic

1. Is the client less than (<) 3 years of age?
   [ ] Yes (Deny)
   [ ] No (Go to #2)

2. Is the incoming request for a dose less than or equal to (≤) 1,400 mg per day?
   [ ] Yes (Go to #5)
   [ ] No (Go to #3)

3. Does the client have a diagnosis of **chronic kidney disease** in the last 365 days?
   [ ] Yes (Deny)
   [ ] No (Go to #4)

4. Does the client have a **dialysis CPT code** in the last 180 days?
   [ ] Yes (Deny)
   [ ] No (Go to #5)

5. Does the client have a diagnosis of **epilepsy/convulsions, neuropathic pain, migraine, restless leg syndrome, or fibromyalgia** in the last 730 days?
   [ ] Yes (Approve - 365 days)
   [ ] No (Go to #6)

6. Does the client have a history of an **inferred migraine agent** in the last 90 days?
   [ ] Yes (Approve – 365 days)
   [ ] No (Deny)

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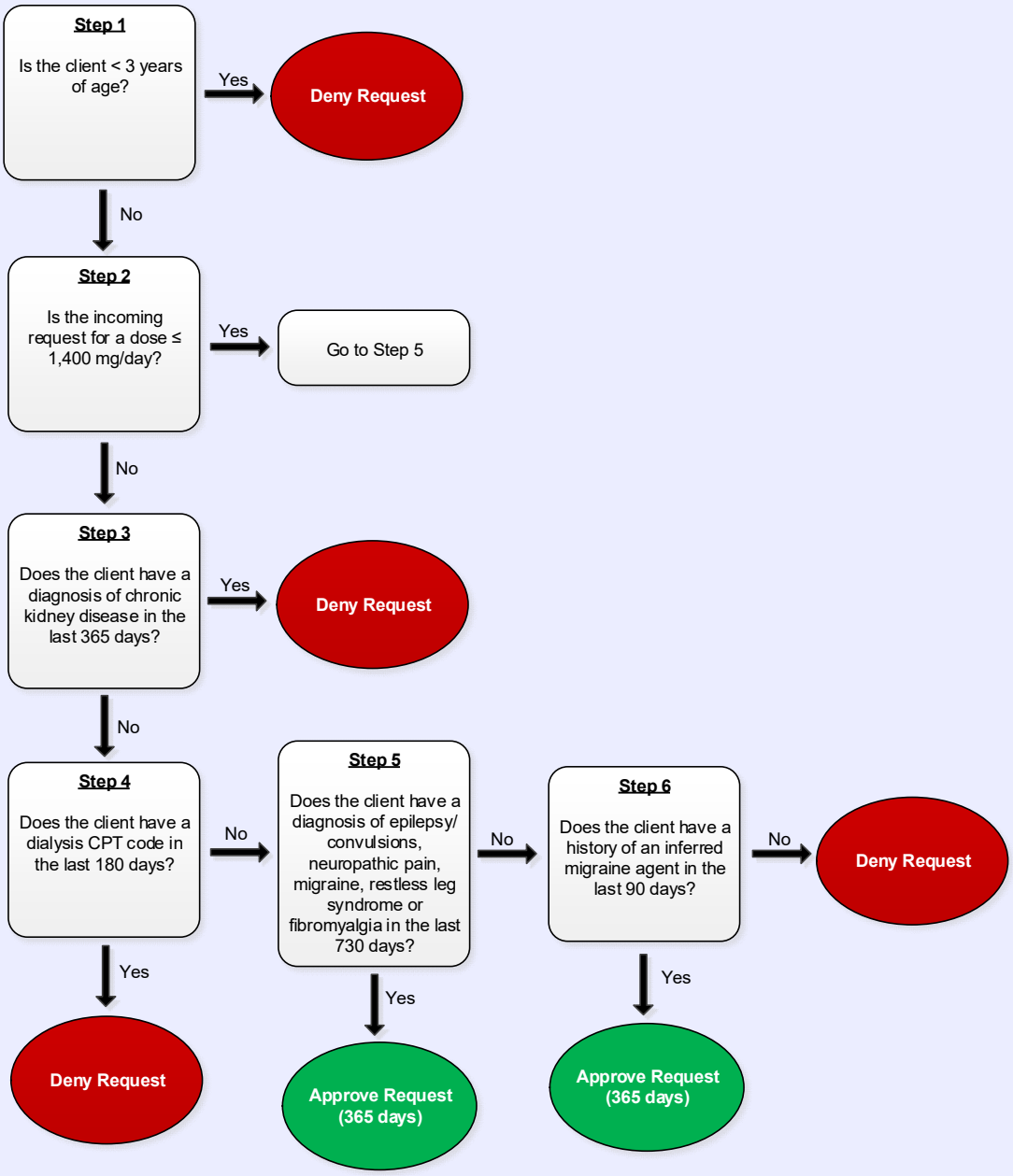
Clinical Criteria Logic Diagram



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Gabapentin

Clinical Criteria Supporting Tables

Step 3 (diagnosis of chronic kidney disease) **Required diagnosis**: *1* **Look back timeframe**: *365 days*	
ICD-10 Code	**Description**
I120	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 5 CHRONIC KIDNEY DISEASE OR END STAGE RENAL DISEASE
I129	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE
I130	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH HEART FAILURE AND STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE
I1310	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITHOUT HEART FAILURE, WITH STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE
I1311	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITHOUT HEART FAILURE, WITH STAGE 5 CHRONIC KIDNEY DISEASE, OR END STAGE RENAL DISEASE
I132	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH HEART FAILURE AND WITH STAGE 5 CHRONIC KIDNEY DISEASE, OR END STAGE RENAL DISEASE
N030	CHRONIC NEPHRITIC SYNDROME WITH MINOR GLOMERULAR ABNORMALITY
N031	CHRONIC NEPHRITIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N032	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N033	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N034	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N035	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N036	CHRONIC NEPHRITIC SYNDROME WITH DENSE DEPOSIT DISEASE
N037	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N038	CHRONIC NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N039	CHRONIC NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
N181	CHRONIC KIDNEY DISEASE, STAGE 1
N182	CHRONIC KIDNEY DISEASE, STAGE 2 (MILD)
N183	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)

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Step 3 (diagnosis of chronic kidney disease) **Required diagnosis**: *1* **Look back timeframe**: *365 days*	
ICD-10 Code	**Description**
N185	CHRONIC KIDNEY DISEASE, STAGE 5
N186	END STAGE RENAL DISEASE
N189	CHRONIC KIDNEY DISEASE, UNSPECIFIED

Step 4 (procedure for dialysis) **Required procedure:** *1* **Look back timeframe:** *180 days*	
CPT Code	**Description**
90940	HEMODIALYSIS ACCESS STUDY
90941	HEMODIALYSIS, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT; PAT OVER 40 KG
90942	HEMODIALYSIS, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT: PAT 21-40 KG
90943	HEMODIAL, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT; PAT OVER 40 KG
90944	HEMODIAL, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT; PAT UNDER 10 KG
90945	DIALYSIS, ONE EVALUATION
90947	DIALYSIS, REPEATED EVAL
90951	ESRD SERV, 4 VISITS P MO, <2
90952	ESRD SERV, 2-3 VSTS P MO, <2
90953	ESRD SERV, 1 VISIT P MO, <2
90954	ESRD SERV, 4 VSTS P MO, 2-11
90956	ESRD SRV, 1 VISIT P MO, 2-11
90957	ESRD SRV, 4 VSTS P MO, 12-19
90958	ESRD SRV 2-3 VSTS P MO 12-19
90966	ESRD HOME PT, SERV P MO, 20+
90967	ESRD HOME PT SERV P DAY, <2
90968	ESRD HOME PT SRV P DAY, 2-11
90969	ESRD HOME PT SRV P DAY 12-19
90976	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT MORE THAN 40 KG
90977	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT 21-40 KG
90978	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT 11-20 KG
90979	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT UNDER 10 KG
90982	PERITONEAL DIALYSIS FOR (ESRD), MAINT STABI COND, HOSP/OTHER FACIL PER SET; MORE 40 KG
90983	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABL COND,HOSP/OTHER FAC PER SET;PATIENT 21-40 KG

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Step 4 (procedure for dialysis) **Required procedure:** *1* **Look back timeframe:** *180 days*	
CPT Code	**Description**
90984	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABI COND, HOSP/OTHER FAC PER SET;PATIENT 11-20 KG
90985	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABI COND,HOSP/OTHER FAC PER SET;PATIENT UNDER 10K
90990	HEMODIALYSIS TRAINING AND/OR COUNSELING
90991	HOME HEMODIALYSIS CARE, OUTPAT, SERV PROVID BY PHYSI RESPONS FOR TOTAL CARE
90992	PERITONEAL DIALYSIS TRAINING AND/OR COUNSELING (MEDICARE ONLY)
90994	SUPERVISION OF CHRONIC AMBPERITONEAL DIAL (CAPD),HOME/OUT-PATIENT,MONTHLY

Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
A5215	LATE SYPHILITIC NEUROPATHY
B0221	POSTHERPETIC GENICULATE GANGLIONITIS
B0222	POSTHERPETIC TRIGEMINAL NEURALGIA
B0223	POSTHERPETIC POLYNEUROPATHY
B0224	POSTHERPETIC MYELITIS
B0229	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT
E0840	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC NEUROPATHY, UNSPECIFIED
E0841	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC MONONEUROPATHY
E0842	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC POLYNEUROPATHY
E0844	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC AMYOTROPHY
E0940	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E0941	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC MONONEUROPATHY
E0942	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC POLYNEUROPATHY
E0944	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC AMYOTROPHY
E1040	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
E1041	TYPE 1 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1042	TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1043	TYPE 1 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1044	TYPE 1 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1049	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E10610	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E1140	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1141	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1142	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1143	TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1144	TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1149	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E11610	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E1340	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1341	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1342	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1343	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1344	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1349	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E13610	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
G130	PARANEOPLASTIC NEUROMYOPATHY AND NEUROPATHY
G131	OTHER SYSTEMIC ATROPHY PRIMARILY AFFECTING CENTRAL NERVOUS SYSTEM IN NEOPLASTIC DISEASE
G210	MALIGNANT NEUROLEPTIC SYNDROME
G2570	DRUG INDUCED MOVEMENT DISORDER, UNSPECIFIED
G2571	DRUG INDUCED AKATHISIA
G2579	OTHER DRUG INDUCED MOVEMENT DISORDERS
G2581	RESTLESS LEGS SYNDROME
G2582	STIFF-MAN SYNDROME

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
G2583	BENIGN SHUDDERING ATTACKS
G2589	OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVEMENT DISORDERS
G259	EXTRAPYRAMIDAL AND MOVEMENT DISORDER, UNSPECIFIED
G26	EXTRAPYRAMIDAL AND MOVEMENT DISORDERS IN DISEASES CLASSIFIED ELSEWHERE
G320	SUBACUTE COMBINED DEGENERATION OF SPINAL CORD IN DISEASES CLASSIFIED ELSEWHERE
G40001	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40009	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40011	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITH STATUS EPILEPTICUS
G40019	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40101	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40109	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40111	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITH STATUS EPILEPTICUS
G40119	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40201	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40209	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40211	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITH STATUS EPILEPTICUS
G40219	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40301	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITH STATUS EPILEPTICUS

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
G40309	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40311	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITH STATUS EPILEPTICUS
G40319	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40401	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40409	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40411	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITH STATUS EPILEPTICUS
G40419	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40501	EPILEPTIC SEIZURES RELATED TO EXTERNAL CAUSES, NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40509	EPILEPTIC SEIZURES RELATED TO EXTERNAL CAUSES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40801	OTHER EPILEPSY, NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40802	OTHER EPILEPSY, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40803	OTHER EPILEPSY, INTRACTABLE, WITH STATUS EPILEPTICUS
G40804	OTHER EPILEPSY, INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40811	LENNOX-GASTAUT SYNDROME, NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40812	LENNOX-GASTAUT SYNDROME, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40813	LENNOX-GASTAUT SYNDROME, INTRACTABLE, WITH STATUS EPILEPTICUS
G40814	LENNOX-GASTAUT SYNDROME, INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40821	EPILEPTIC SPASMS, NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40822	EPILEPTIC SPASMS, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40823	EPILEPTIC SPASMS, INTRACTABLE, WITH STATUS EPILEPTICUS
G40824	EPILEPTIC SPASMS, INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G4089	OTHER SEIZURES
G40A01	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40A09	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40A11	ABSENCE EPILEPTIC SYNDROME, INTRACTABLE, WITH STATUS EPILEPTICUS
G40A19	ABSENCE EPILEPTIC SYNDROME, INTRACTABLE, WITHOUT STATUS EPILEPTICUS

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
G40B01	JUVENILE MYOCLONIC EPILEPSY, NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40B09	JUVENILE MYOCLONIC EPILEPSY, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40B11	JUVENILE MYOCLONIC EPILEPSY, INTRACTABLE, WITH STATUS EPILEPTICUS
G40B19	JUVENILE MYOCLONIC EPILEPSY, INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G43001	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
G43009	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43011	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43019	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43101	MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
G43109	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43111	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43119	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43401	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
G43409	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43411	HEMIPLEGIC MIGRAINE, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43419	HEMIPLEGIC MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43501	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
G43509	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43511	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43519	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43601	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
G43609	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43611	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43619	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43701	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
G43709	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43711	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43719	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43801	OTHER MIGRAINE, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
G43809	OTHER MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43811	OTHER MIGRAINE, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43819	OTHER MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43821	MENSTRUAL MIGRAINE, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
G43829	MENSTRUAL MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43831	MENSTRUAL MIGRAINE, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43839	MENSTRUAL MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43A0	CYCLICAL VOMITING, NOT INTRACTABLE
G43A1	CYCLICAL VOMITING, INTRACTABLE
G43B0	OPHTHALMOPLEGIC MIGRAINE, NOT INTRACTABLE
G43B1	OPHTHALMOPLEGIC MIGRAINE, INTRACTABLE
G43C0	PERIODIC HEADACHE SYNDROMES IN CHILD OR ADULT, NOT INTRACTABLE
G43C1	PERIODIC HEADACHE SYNDROMES IN CHILD OR ADULT, INTRACTABLE
G43D0	ABDOMINAL MIGRAINE, NOT INTRACTABLE
G43D1	ABDOMINAL MIGRAINE, INTRACTABLE
G500	TRIGEMINAL NEURALGIA
G501	ATYPICAL FACIAL PAIN
G508	OTHER DISORDERS OF TRIGEMINAL NERVE
G509	DISORDER OF TRIGEMINAL NERVE, UNSPECIFIED
G519	DISORDER OF FACIAL NERVE, UNSPECIFIED
G540	BRACHIAL PLEXUS DISORDERS
G541	LUMBOSACRAL PLEXUS DISORDERS
G542	CERVICAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED
G543	THORACIC ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED
G544	LUMBOSACRAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED
G545	NEURALGIC AMYOTROPHY
G546	PHANTOM LIMB SYNDROME WITH PAIN
G547	PHANTOM LIMB SYNDROME WITHOUT PAIN

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
G548	OTHER NERVE ROOT AND PLEXUS DISORDERS
G549	NERVE ROOT AND PLEXUS DISORDER, UNSPECIFIED
G55	NERVE ROOT AND PLEXUS COMPRESSIONS IN DISEASES CLASSIFIED ELSEWHERE
G5600	CARPAL TUNNEL SYNDROME, UNSPECIFIED UPPER LIMB
G5601	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB
G5602	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB
G5610	OTHER LESIONS OF MEDIAN NERVE, UNSPECIFIED UPPER LIMB
G5611	OTHER LESIONS OF MEDIAN NERVE, RIGHT UPPER LIMB
G5612	OTHER LESIONS OF MEDIAN NERVE, LEFT UPPER LIMB
G5620	LESION OF ULNAR NERVE, UNSPECIFIED UPPER LIMB
G5621	LESION OF ULNAR NERVE, RIGHT UPPER LIMB
G5622	LESION OF ULNAR NERVE, LEFT UPPER LIMB
G5630	LESION OF RADIAL NERVE, UNSPECIFIED UPPER LIMB
G5631	LESION OF RADIAL NERVE, RIGHT UPPER LIMB
G5632	LESION OF RADIAL NERVE, LEFT UPPER LIMB
G5640	CAUSALGIA OF UNSPECIFIED UPPER LIMB
G5641	CAUSALGIA OF RIGHT UPPER LIMB
G5642	CAUSALGIA OF LEFT UPPER LIMB
G5680	OTHER SPECIFIED MONONEUROPATHIES OF UNSPECIFIED UPPER LIMB
G5681	OTHER SPECIFIED MONONEUROPATHIES OF RIGHT UPPER LIMB
G5682	OTHER SPECIFIED MONONEUROPATHIES OF LEFT UPPER LIMB
G5690	UNSPECIFIED MONONEUROPATHY OF UNSPECIFIED UPPER LIMB
G5691	UNSPECIFIED MONONEUROPATHY OF RIGHT UPPER LIMB
G5692	UNSPECIFIED MONONEUROPATHY OF LEFT UPPER LIMB
G5700	LESION OF SCIATIC NERVE, UNSPECIFIED LOWER LIMB
G5701	LESION OF SCIATIC NERVE, RIGHT LOWER LIMB
G5702	LESION OF SCIATIC NERVE, LEFT LOWER LIMB
G5710	MERALGIA PARESTHETICA, UNSPECIFIED LOWER LIMB
G5711	MERALGIA PARESTHETICA, RIGHT LOWER LIMB
G5712	MERALGIA PARESTHETICA, LEFT LOWER LIMB
G5720	LESION OF FEMORAL NERVE, UNSPECIFIED LOWER LIMB
G5721	LESION OF FEMORAL NERVE, RIGHT LOWER LIMB
G5722	LESION OF FEMORAL NERVE, LEFT LOWER LIMB
G5730	LESION OF LATERAL POPLITEAL NERVE, UNSPECIFIED LOWER LIMB
G5731	LESION OF LATERAL POPLITEAL NERVE, RIGHT LOWER LIMB

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
G5732	LESION OF LATERAL POPLITEAL NERVE, LEFT LOWER LIMB
G5740	LESION OF MEDIAL POPLITEAL NERVE, UNSPECIFIED LOWER LIMB
G5741	LESION OF MEDIAL POPLITEAL NERVE, RIGHT LOWER LIMB
G5742	LESION OF MEDIAL POPLITEAL NERVE, LEFT LOWER LIMB
G5750	TARSAL TUNNEL SYNDROME, UNSPECIFIED LOWER LIMB
G5751	TARSAL TUNNEL SYNDROME, RIGHT LOWER LIMB
G5752	TARSAL TUNNEL SYNDROME, LEFT LOWER LIMB
G5760	LESION OF PLANTAR NERVE, UNSPECIFIED LOWER LIMB
G5761	LESION OF PLANTAR NERVE, RIGHT LOWER LIMB
G5762	LESION OF PLANTAR NERVE, LEFT LOWER LIMB
G5770	CAUSALGIA OF UNSPECIFIED LOWER LIMB
G5771	CAUSALGIA OF RIGHT LOWER LIMB
G5772	CAUSALGIA OF LEFT LOWER LIMB
G5780	OTHER SPECIFIED MONONEUROPATHIES OF UNSPECIFIED LOWER LIMB
G5781	OTHER SPECIFIED MONONEUROPATHIES OF RIGHT LOWER LIMB
G5782	OTHER SPECIFIED MONONEUROPATHIES OF LEFT LOWER LIMB
G5790	UNSPECIFIED MONONEUROPATHY OF UNSPECIFIED LOWER LIMB
G5791	UNSPECIFIED MONONEUROPATHY OF RIGHT LOWER LIMB
G5792	UNSPECIFIED MONONEUROPATHY OF LEFT LOWER LIMB
G580	INTERCOSTAL NEUROPATHY
G587	MONONEURITIS MULTIPLEX
G588	OTHER SPECIFIED MONONEUROPATHIES
G589	MONONEUROPATHY, UNSPECIFIED
G59	MONONEUROPATHY IN DISEASES CLASSIFIED ELSEWHERE
G600	HEREDITARY MOTOR AND SENSORY NEUROPATHY
G601	REFSUM'S DISEASE
G602	NEUROPATHY IN ASSOCIATION WITH HEREDITARY ATAXIA
G603	IDIOPATHIC PROGRESSIVE NEUROPATHY
G608	OTHER HEREDITARY AND IDIOPATHIC NEUROPATHIES
G609	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED
G610	GUILLAIN-BARRE SYNDROME
G611	SERUM NEUROPATHY
G6181	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS
G6189	OTHER INFLAMMATORY POLYNEUROPATHIES
G619	INFLAMMATORY POLYNEUROPATHY, UNSPECIFIED

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
G620	DRUG-INDUCED POLYNEUROPATHY
G621	ALCOHOLIC POLYNEUROPATHY
G622	POLYNEUROPATHY DUE TO OTHER TOXIC AGENTS
G6281	CRITICAL ILLNESS POLYNEUROPATHY
G6282	RADIATION-INDUCED POLYNEUROPATHY
G6289	OTHER SPECIFIED POLYNEUROPATHIES
G629	POLYNEUROPATHY, UNSPECIFIED
G63	POLYNEUROPATHY IN DISEASES CLASSIFIED ELSEWHERE
G64	OTHER DISORDERS OF PERIPHERAL NERVOUS SYSTEM
G650	SEQUELAE OF GUILLAIN-BARRE SYNDROME
G651	SEQUELAE OF OTHER INFLAMMATORY POLYNEUROPATHY
G652	SEQUELAE OF TOXIC POLYNEUROPATHY
G9001	CAROTID SINUS SYNCOPE
G9009	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY
G902	HORNER'S SYNDROME
G904	AUTONOMIC DYSREFLEXIA
G9050	COMPLEX REGIONAL PAIN SYNDROME I, UNSPECIFIED
G90511	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT UPPER LIMB
G90512	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT UPPER LIMB
G90513	COMPLEX REGIONAL PAIN SYNDROME I OF UPPER LIMB, BILATERAL
G90519	COMPLEX REGIONAL PAIN SYNDROME I OF UNSPECIFIED UPPER LIMB
G90521	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB
G90522	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT LOWER LIMB
G90523	COMPLEX REGIONAL PAIN SYNDROME I OF LOWER LIMB, BILATERAL
G90529	COMPLEX REGIONAL PAIN SYNDROME I OF UNSPECIFIED LOWER LIMB
G9059	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE
G908	OTHER DISORDERS OF AUTONOMIC NERVOUS SYSTEM
G909	DISORDER OF THE AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED
G950	SYRINGOMYELIA AND SYRINGOBULBIA
G9511	ACUTE INFARCTION OF SPINAL CORD (EMBOLIC) (NONEMBOLIC)
G9519	OTHER VASCULAR MYELOPATHIES
G9520	UNSPECIFIED CORD COMPRESSION
G9529	OTHER CORD COMPRESSION
G9581	CONUS MEDULLARIS SYNDROME
G9589	OTHER SPECIFIED DISEASES OF SPINAL CORD

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
G959	DISEASE OF SPINAL CORD, UNSPECIFIED
G990	AUTONOMIC NEUROPATHY IN DISEASES CLASSIFIED ELSEWHERE
G992	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE
M0550	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE
M05511	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER
M05512	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER
M05519	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER
M05521	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW
M05522	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW
M05529	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW
M05531	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST
M05532	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT WRIST
M05539	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST
M05541	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HAND
M05542	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HAND
M05549	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND
M05551	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HIP
M05552	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HIP
M05559	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP
M05561	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE
M05562	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT KNEE
M05569	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE
M05571	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT
M05572	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
M05579	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT
M0559	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES
M2578	OSTEOPHYTE, VERTEBRAE
M3483	SYSTEMIC SCLEROSIS WITH POLYNEUROPATHY
M356	RELAPSING PANNICULITIS [WEBER-CHRISTIAN]
M4320	FUSION OF SPINE, SITE UNSPECIFIED
M4321	FUSION OF SPINE, OCCIPITO-ATLANTO-AXIAL REGION
M4322	FUSION OF SPINE, CERVICAL REGION
M4323	FUSION OF SPINE, CERVICOTHORACIC REGION
M4324	FUSION OF SPINE, THORACIC REGION
M4325	FUSION OF SPINE, THORACOLUMBAR REGION
M4326	FUSION OF SPINE, LUMBAR REGION
M4327	FUSION OF SPINE, LUMBOSACRAL REGION
M4328	FUSION OF SPINE, SACRAL AND SACROCOCCYGEAL REGION
M438X9	OTHER SPECIFIED DEFORMING DORSOPATHIES, SITE UNSPECIFIED
M4640	DISCITIS, UNSPECIFIED, SITE UNSPECIFIED
M4641	DISCITIS, UNSPECIFIED, OCCIPITO-ATLANTO-AXIAL REGION
M4642	DISCITIS, UNSPECIFIED, CERVICAL REGION
M4643	DISCITIS, UNSPECIFIED, CERVICOTHORACIC REGION
M4644	DISCITIS, UNSPECIFIED, THORACIC REGION
M4645	DISCITIS, UNSPECIFIED, THORACOLUMBAR REGION
M4646	DISCITIS, UNSPECIFIED, LUMBAR REGION
M4647	DISCITIS, UNSPECIFIED, LUMBOSACRAL REGION
M4648	DISCITIS, UNSPECIFIED, SACRAL AND SACROCOCCYGEAL REGION
M4649	DISCITIS, UNSPECIFIED, MULTIPLE SITES IN SPINE
M47011	ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, OCCIPITO-ATLANTO-AXIAL REGION
M47012	ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, CERVICAL REGION
M47013	ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, CERVICOTHORACIC REGION
M47014	ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, THORACIC REGION
M47015	ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, THORACOLUMBAR REGION
M47016	ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, LUMBAR REGION

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
M47019	ANTERIOR SPINAL ARTERY COMPRESSION SYNDROMES, SITE UNSPECIFIED
M47021	VERTEBRAL ARTERY COMPRESSION SYNDROMES, OCCIPITO-ATLANTO-AXIAL REGION
M47022	VERTEBRAL ARTERY COMPRESSION SYNDROMES, CERVICAL REGION
M47029	VERTEBRAL ARTERY COMPRESSION SYNDROMES, SITE UNSPECIFIED
M4711	OTHER SPONDYLOSIS WITH MYELOPATHY, OCCIPITO-ATLANTO-AXIAL REGION
M4712	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION
M4713	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICOTHORACIC REGION
M4714	OTHER SPONDYLOSIS WITH MYELOPATHY, THORACIC REGION
M4715	OTHER SPONDYLOSIS WITH MYELOPATHY, THORACOLUMBAR REGION
M4716	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION
M4721	OTHER SPONDYLOSIS WITH RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL REGION
M4722	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION
M4723	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICOTHORACIC REGION
M4724	OTHER SPONDYLOSIS WITH RADICULOPATHY, THORACIC REGION
M4725	OTHER SPONDYLOSIS WITH RADICULOPATHY, THORACOLUMBAR REGION
M4726	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION
M4727	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION
M4728	OTHER SPONDYLOSIS WITH RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION
M47811	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL REGION
M47812	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION
M47813	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICOTHORACIC REGION
M47814	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION
M47815	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACOLUMBAR REGION
M47816	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION
M47817	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION
M47818	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION
M47891	OTHER SPONDYLOSIS, OCCIPITO-ATLANTO-AXIAL REGION
M47892	OTHER SPONDYLOSIS, CERVICAL REGION

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
M47893	OTHER SPONDYLOSIS, CERVICOTHORACIC REGION
M47894	OTHER SPONDYLOSIS, THORACIC REGION
M47895	OTHER SPONDYLOSIS, THORACOLUMBAR REGION
M47896	OTHER SPONDYLOSIS, LUMBAR REGION
M47897	OTHER SPONDYLOSIS, LUMBOSACRAL REGION
M47898	OTHER SPONDYLOSIS, SACRAL AND SACROCOCCYGEAL REGION
M4800	SPINAL STENOSIS, SITE UNSPECIFIED
M4804	SPINAL STENOSIS, THORACIC REGION
M4805	SPINAL STENOSIS, THORACOLUMBAR REGION
M4806	SPINAL STENOSIS, LUMBAR REGION
M4807	SPINAL STENOSIS, LUMBOSACRAL REGION
M4808	SPINAL STENOSIS, SACRAL AND SACROCOCCYGEAL REGION
M4810	ANKYLOSING HYPEROSTOSIS [FORESTIER], SITE UNSPECIFIED
M4811	ANKYLOSING HYPEROSTOSIS [FORESTIER], OCCIPITO-ATLANTO-AXIAL REGION
M4812	ANKYLOSING HYPEROSTOSIS [FORESTIER], CERVICAL REGION
M4813	ANKYLOSING HYPEROSTOSIS [FORESTIER], CERVICOTHORACIC REGION
M4814	ANKYLOSING HYPEROSTOSIS [FORESTIER], THORACIC REGION
M4815	ANKYLOSING HYPEROSTOSIS [FORESTIER], THORACOLUMBAR REGION
M4816	ANKYLOSING HYPEROSTOSIS [FORESTIER], LUMBAR REGION
M4817	ANKYLOSING HYPEROSTOSIS [FORESTIER], LUMBOSACRAL REGION
M4818	ANKYLOSING HYPEROSTOSIS [FORESTIER], SACRAL AND SACROCOCCYGEAL REGION
M4819	ANKYLOSING HYPEROSTOSIS [FORESTIER], MULTIPLE SITES IN SPINE
M4820	KISSING SPINE, SITE UNSPECIFIED
M4821	KISSING SPINE, OCCIPITO-ATLANTO-AXIAL REGION
M4822	KISSING SPINE, CERVICAL REGION
M4823	KISSING SPINE, CERVICOTHORACIC REGION
M4824	KISSING SPINE, THORACIC REGION
M4825	KISSING SPINE, THORACOLUMBAR REGION
M4826	KISSING SPINE, LUMBAR REGION
M4827	KISSING SPINE, LUMBOSACRAL REGION
M4830	TRAUMATIC SPONDYLOPATHY, SITE UNSPECIFIED
M4831	TRAUMATIC SPONDYLOPATHY, OCCIPITO-ATLANTO-AXIAL REGION
M4832	TRAUMATIC SPONDYLOPATHY, CERVICAL REGION
M4833	TRAUMATIC SPONDYLOPATHY, CERVICOTHORACIC REGION

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
M4834	TRAUMATIC SPONDYLOPATHY, THORACIC REGION
M4835	TRAUMATIC SPONDYLOPATHY, THORACOLUMBAR REGION
M4836	TRAUMATIC SPONDYLOPATHY, LUMBAR REGION
M4837	TRAUMATIC SPONDYLOPATHY, LUMBOSACRAL REGION
M4838	TRAUMATIC SPONDYLOPATHY, SACRAL AND SACROCOCCYGEAL REGION
M489	SPONDYLOPATHY, UNSPECIFIED
M5000	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION
M5001	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION
M5002	CERVICAL DISC DISORDER WITH MYELOPATHY, MID-CERVICAL REGION
M5003	CERVICAL DISC DISORDER WITH MYELOPATHY, CERVICOTHORACIC REGION
M5020	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION
M5021	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION
M5022	OTHER CERVICAL DISC DISPLACEMENT, MID-CERVICAL REGION
M5023	OTHER CERVICAL DISC DISPLACEMENT, CERVICOTHORACIC REGION
M5030	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION
M5031	OTHER CERVICAL DISC DEGENERATION, HIGH CERVICAL REGION
M5032	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION
M5033	OTHER CERVICAL DISC DEGENERATION, CERVICOTHORACIC REGION
M5080	OTHER CERVICAL DISC DISORDERS, UNSPECIFIED CERVICAL REGION
M5081	OTHER CERVICAL DISC DISORDERS, HIGH CERVICAL REGION
M5082	OTHER CERVICAL DISC DISORDERS, MID-CERVICAL REGION
M5083	OTHER CERVICAL DISC DISORDERS, CERVICOTHORACIC REGION
M5090	CERVICAL DISC DISORDER, UNSPECIFIED, UNSPECIFIED CERVICAL REGION
M5091	CERVICAL DISC DISORDER, UNSPECIFIED, HIGH CERVICAL REGION
M5092	CERVICAL DISC DISORDER, UNSPECIFIED, MID-CERVICAL REGION
M5093	CERVICAL DISC DISORDER, UNSPECIFIED, CERVICOTHORACIC REGION
M5104	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, THORACIC REGION
M5105	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, THORACOLUMBAR REGION
M5106	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION
M5114	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, THORACIC REGION

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
M5115	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, THORACOLUMBAR REGION
M5116	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION
M5117	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION
M5124	OTHER INTERVERTEBRAL DISC DISPLACEMENT, THORACIC REGION
M5125	OTHER INTERVERTEBRAL DISC DISPLACEMENT, THORACOLUMBAR REGION
M5126	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION
M5127	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION
M5134	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION
M5135	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACOLUMBAR REGION
M5136	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION
M5137	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION
M5144	SCHMORL'S NODES, THORACIC REGION
M5145	SCHMORL'S NODES, THORACOLUMBAR REGION
M5146	SCHMORL'S NODES, LUMBAR REGION
M5147	SCHMORL'S NODES, LUMBOSACRAL REGION
M5184	OTHER INTERVERTEBRAL DISC DISORDERS, THORACIC REGION
M5185	OTHER INTERVERTEBRAL DISC DISORDERS, THORACOLUMBAR REGION
M5186	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBAR REGION
M5187	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION
M519	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER
M532X7	SPINAL INSTABILITIES, LUMBOSACRAL REGION
M532X8	SPINAL INSTABILITIES, SACRAL AND SACROCOCCYGEAL REGION
M533	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED
M5380	OTHER SPECIFIED DORSOPATHIES, SITE UNSPECIFIED
M5384	OTHER SPECIFIED DORSOPATHIES, THORACIC REGION
M5385	OTHER SPECIFIED DORSOPATHIES, THORACOLUMBAR REGION
M5386	OTHER SPECIFIED DORSOPATHIES, LUMBAR REGION
M5387	OTHER SPECIFIED DORSOPATHIES, LUMBOSACRAL REGION
M5388	OTHER SPECIFIED DORSOPATHIES, SACRAL AND SACROCOCCYGEAL REGION
M539	DORSOPATHY, UNSPECIFIED
M5403	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, CERVICOTHORACIC REGION

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
M5404	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, THORACIC REGION
M5405	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, THORACOLUMBAR REGION
M5406	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, LUMBAR REGION
M5407	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, LUMBOSACRAL REGION
M5408	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, SACRAL AND SACROCOCCYGEAL REGION
M5409	PANNICULITIS AFFECTING REGIONS, NECK AND BACK, MULTIPLE SITES IN SPINE
M5410	RADICULOPATHY, SITE UNSPECIFIED
M5414	RADICULOPATHY, THORACIC REGION
M5415	RADICULOPATHY, THORACOLUMBAR REGION
M5416	RADICULOPATHY, LUMBAR REGION
M5417	RADICULOPATHY, LUMBOSACRAL REGION
M5418	RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION
M5430	SCIATICA, UNSPECIFIED SIDE
M5431	SCIATICA, RIGHT SIDE
M5432	SCIATICA, LEFT SIDE
M5440	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE
M5441	LUMBAGO WITH SCIATICA, RIGHT SIDE
M5442	LUMBAGO WITH SCIATICA, LEFT SIDE
M545	LOW BACK PAIN
M546	PAIN IN THORACIC SPINE
M5489	OTHER DORSALGIA
M549	DORSALGIA, UNSPECIFIED
M6080	OTHER MYOSITIS, UNSPECIFIED SITE
M60811	OTHER MYOSITIS, RIGHT SHOULDER
M60812	OTHER MYOSITIS, LEFT SHOULDER
M60819	OTHER MYOSITIS, UNSPECIFIED SHOULDER
M60821	OTHER MYOSITIS, RIGHT UPPER ARM
M60822	OTHER MYOSITIS, LEFT UPPER ARM
M60829	OTHER MYOSITIS, UNSPECIFIED UPPER ARM
M60831	OTHER MYOSITIS, RIGHT FOREARM
M60832	OTHER MYOSITIS, LEFT FOREARM
M60839	OTHER MYOSITIS, UNSPECIFIED FOREARM

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
M60841	OTHER MYOSITIS, RIGHT HAND
M60842	OTHER MYOSITIS, LEFT HAND
M60849	OTHER MYOSITIS, UNSPECIFIED HAND
M60851	OTHER MYOSITIS, RIGHT THIGH
M60852	OTHER MYOSITIS, LEFT THIGH
M60859	OTHER MYOSITIS, UNSPECIFIED THIGH
M60861	OTHER MYOSITIS, RIGHT LOWER LEG
M60862	OTHER MYOSITIS, LEFT LOWER LEG
M60869	OTHER MYOSITIS, UNSPECIFIED LOWER LEG
M60871	OTHER MYOSITIS, RIGHT ANKLE AND FOOT
M60872	OTHER MYOSITIS, LEFT ANKLE AND FOOT
M60879	OTHER MYOSITIS, UNSPECIFIED ANKLE AND FOOT
M6088	OTHER MYOSITIS, OTHER SITE
M6089	OTHER MYOSITIS, MULTIPLE SITES
M609	MYOSITIS, UNSPECIFIED
M62830	MUSCLE SPASM OF BACK
M7080	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE OF UNSPECIFIED SITE
M70811	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT SHOULDER
M70812	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT SHOULDER
M70819	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED SHOULDER
M70821	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT UPPER ARM
M70822	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT UPPER ARM
M70829	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED UPPER ARMS
M70831	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT FOREARM
M70832	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT FOREARM
M70839	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED FOREARM
M70841	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT HAND
M70842	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT HAND
M70849	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED HAND

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
M70851	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT THIGH
M70852	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT THIGH
M70859	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED THIGH
M70861	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT LOWER LEG
M70862	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT LOWER LEG
M70869	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED LEG
M70871	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, RIGHT ANKLE AND FOOT
M70872	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, LEFT ANKLE AND FOOT
M70879	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED ANKLE AND FOOT
M7088	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE OTHER SITE
M7089	OTHER SOFT TISSUE DISORDERS RELATED TO USE, OVERUSE AND PRESSURE MULTIPLE SITES
M7090	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE OF UNSPECIFIED SITE
M70911	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT SHOULDER
M70912	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT SHOULDER
M70919	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED SHOULDER
M70921	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT UPPER ARM
M70922	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT UPPER ARM
M70929	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED UPPER ARM
M70931	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT FOREARM
M70932	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT FOREARM
M70939	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED FOREARM
M70941	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT HAND
M70942	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT HAND

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
M70949	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED HAND
M70951	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT THIGH
M70952	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT THIGH
M70959	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED THIGH
M70961	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT LOWER LEG
M70962	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT LOWER LEG
M70969	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED LOWER LEG
M70971	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, RIGHT ANKLE AND FOOT
M70972	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, LEFT ANKLE AND FOOT
M70979	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE, UNSPECIFIED ANKLE AND FOOT
M7098	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE OTHER
M7099	UNSPECIFIED SOFT TISSUE DISORDER RELATED TO USE, OVERUSE AND PRESSURE MULTIPLE SITES
M729	FIBROBLASTIC DISORDER, UNSPECIFIED
M790	RHEUMATISM, UNSPECIFIED
M791	MYALGIA
M792	NEURALGIA AND NEURITIS, UNSPECIFIED
M793	PANNICULITIS, UNSPECIFIED
M794	HYPERTROPHY OF (INFRAPATELLAR) FAT PAD
M795	RESIDUAL FOREIGN BODY IN SOFT TISSUE
M79601	PAIN IN RIGHT ARM
M79602	PAIN IN LEFT ARM
M79603	PAIN IN ARM, UNSPECIFIED
M79604	PAIN IN RIGHT LEG
M79605	PAIN IN LEFT LEG
M79606	PAIN IN LEG, UNSPECIFIED
M79609	PAIN IN UNSPECIFIED LIMB
M79621	PAIN IN RIGHT UPPER ARM
M79622	PAIN IN LEFT UPPER ARM
M79629	PAIN IN UNSPECIFIED UPPER ARM

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
M79631	PAIN IN RIGHT FOREARM
M79632	PAIN IN LEFT FOREARM
M79639	PAIN IN UNSPECIFIED FOREARM
M79641	PAIN IN RIGHT HAND
M79642	PAIN IN LEFT HAND
M79643	PAIN IN UNSPECIFIED HAND
M79644	PAIN IN RIGHT FINGER(S)
M79645	PAIN IN LEFT FINGER(S)
M79646	PAIN IN UNSPECIFIED FINGER(S)
M79651	PAIN IN RIGHT THIGH
M79652	PAIN IN LEFT THIGH
M79659	PAIN IN UNSPECIFIED THIGH
M79661	PAIN IN RIGHT LOWER LEG
M79662	PAIN IN LEFT LOWER LEG
M79669	PAIN IN UNSPECIFIED LOWER LEG
M79671	PAIN IN RIGHT FOOT
M79672	PAIN IN LEFT FOOT
M79673	PAIN IN UNSPECIFIED FOOT
M79674	PAIN IN RIGHT TOE(S)
M79675	PAIN IN LEFT TOE(S)
M79676	PAIN IN UNSPECIFIED TOE(S)
M797	FIBROMYALGIA
M7981	NONTRAUMATIC HEMATOMA OF SOFT TISSUE
M7989	OTHER SPECIFIED SOFT TISSUE DISORDERS
M799	SOFT TISSUE DISORDER, UNSPECIFIED
M79A11	NONTRAUMATIC COMPARTMENT SYNDROME OF RIGHT UPPER EXTREMITY
M79A12	NONTRAUMATIC COMPARTMENT SYNDROME OF LEFT UPPER EXTREMITY
M79A19	NONTRAUMATIC COMPARTMENT SYNDROME OF UNSPECIFIED UPPER EXTREMITY
M79A21	NONTRAUMATIC COMPARTMENT SYNDROME OF RIGHT LOWER EXTREMITY
M79A22	NONTRAUMATIC COMPARTMENT SYNDROME OF LEFT LOWER EXTREMITY
M79A29	NONTRAUMATIC COMPARTMENT SYNDROME OF UNSPECIFIED LOWER EXTREMITY
M79A3	NONTRAUMATIC COMPARTMENT SYNDROME OF ABDOMEN
M79A9	NONTRAUMATIC COMPARTMENT SYNDROME OF OTHER SITES

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
M961	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED
M9922	SUBLUXATION STENOSIS OF NEURAL CANAL OF THORACIC REGION
M9923	SUBLUXATION STENOSIS OF NEURAL CANAL OF LUMBAR REGION
M9924	SUBLUXATION STENOSIS OF NEURAL CANAL OF SACRAL REGION
M9925	SUBLUXATION STENOSIS OF NEURAL CANAL OF PELVIC REGION
M9926	SUBLUXATION STENOSIS OF NEURAL CANAL OF LOWER EXTREMITY
M9927	SUBLUXATION STENOSIS OF NEURAL CANAL OF UPPER EXTREMITY
M9928	SUBLUXATION STENOSIS OF NEURAL CANAL OF RIB CAGE
M9929	SUBLUXATION STENOSIS OF NEURAL CANAL OF ABDOMEN AND OTHER REGIONS
M9932	OSSEOUS STENOSIS OF NEURAL CANAL OF THORACIC REGION
M9933	OSSEOUS STENOSIS OF NEURAL CANAL OF LUMBAR REGION
M9934	OSSEOUS STENOSIS OF NEURAL CANAL OF SACRAL REGION
M9935	OSSEOUS STENOSIS OF NEURAL CANAL OF PELVIC REGION
M9936	OSSEOUS STENOSIS OF NEURAL CANAL OF LOWER EXTREMITY
M9937	OSSEOUS STENOSIS OF NEURAL CANAL OF UPPER EXTREMITY
M9938	OSSEOUS STENOSIS OF NEURAL CANAL OF RIB CAGE
M9939	OSSEOUS STENOSIS OF NEURAL CANAL OF ABDOMEN AND OTHER REGIONS
M9942	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF THORACIC REGION
M9943	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF LUMBAR REGION
M9944	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF SACRAL REGION
M9945	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF PELVIC REGION
M9946	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF LOWER EXTREMITY
M9947	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF UPPER EXTREMITY
M9948	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF RIB CAGE
M9949	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF ABDOMEN AND OTHER REGIONS
M9952	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF THORACIC REGION
M9953	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF LUMBAR REGION
M9954	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF SACRAL REGION
M9955	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF PELVIC REGION
M9956	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF LOWER EXTREMITY

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Step 5 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia) **Required procedure**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
M9957	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF UPPER EXTREMITY
M9958	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF RIB CAGE
M9959	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF ABDOMEN AND OTHER REGIONS
M9962	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF THORACIC REGION
M9963	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION
M9964	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF SACRAL REGION
M9965	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF PELVIC REGION
M9966	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF LOWER EXTREMITY
M9967	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF UPPER EXTREMITY
M9968	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF RIB CAGE
M9969	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF ABDOMEN AND OTHER REGIONS
M9972	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF THORACIC REGION
M9973	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION
M9974	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF SACRAL REGION
M9975	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF PELVIC REGION
M9976	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LOWER EXTREMITY
M9977	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF UPPER EXTREMITY
M9978	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF RIB CAGE
M9979	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF ABDOMEN AND OTHER REGIONS
R252	CRAMP AND SPASM
R29898	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM
R569	UNSPECIFIED CONVULSIONS

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Step 6 (history of an inferred migraine agent) **Required quantity**: *1* **Look back timeframe**: *90 days*	
Label Name	**GCN**
ADALAT CC 30 MG TABLET	02226
ADALAT CC 60 MG TABLET	02227
ADALAT CC 90 MG TABLET	02228
AFEDITAB CR 30 MG TABLET	02226
AFEDITAB CR 60 MG TABLET	02227
ALL DAY PAIN RELIEF 220 MG TAB	47132
ALL DAY PAIN RLF 220 MG CAPLET	47132
ALMOTRIPTAN MALEATE 12.5 MG TAB	12472
ALMOTRIPTAN MALEATE 6.25 MG TAB	13587
AMERGE 1 MG TABLET	81112
AMERGE 2.5 MG TABLET	81111
AMITRIPTYLINE HCL 10 MG TAB	16512
AMITRIPTYLINE HCL 100 MG TAB	16513
AMITRIPTYLINE HCL 150 MG TAB	16514
AMITRIPTYLINE HCL 25 MG TAB	16515
AMITRIPTYLINE HCL 50 MG TAB	16516
AMITRIPTYLINE HCL 75 MG TAB	16517
ANAPROX DS 550 MG TABLET	47131
ARTHROTEC EC 50 MG-200 MCG TAB	62729
ARTHROTEC EC 75 MG-200 MCG TAB	06263
ATENOLOL 100 MG TABLET	20660
ATENOLOL 25 MG TABLET	20662
ATENOLOL 50 MG TABLET	20661
AXERT 12.5 MG TABLET	12472
AXERT 6.25 MG TABLET	13587
BUTORPHANOL 10 MG/ML SPRAY	20351
BYSTOLIC 10 MG TABLET	99236
BYSTOLIC 2.5 MG TABLET	99235
BYSTOLIC 20 MG TABLET	18703
BYSTOLIC 5 MG TABLET	07055
CALAN SR 120 MG CAPLET	32472
CALAN SR 180 MG CAPLET	32471
CALAN SR 240 MG CAPLET	32470
CALAN 80 MG TABLET	02342
CAMBIA 50 MG POWDER PACKET	30891
CARDIZEM 120 MG TABLET	02363

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Step 6 (history of an inferred migraine agent) **Required quantity**: *1* **Look back timeframe**: *90 days*	
Label Name	**GCN**
CARDIZEM 30 MG TABLET	02360
CARDIZEM 60 MG TABLET	02361
CARDIZEM CD 120 MG CAPSULE	02326
CARDIZEM CD 180 MG CAPSULE	02323
CARDIZEM CD 240 MG CAPSULE	02324
CARDIZEM CD 300 MG CAPSULE	02325
CARDIZEM CD 360 MG CAPSULE	07460
CARDIZEM LA 180 MG TABLET	19183
CARDIZEM LA 360 MG TABLET	19186
CARTIA XT 120 MG CAPSULE	02326
CARTIA XT 180 MG CAPSULE	02323
CARTIA XT 240 MG CAPSULE	02324
CARTIA XT 300 MG CAPSULE	02325
CELEBREX 100 MG CAPSULE	42001
CELEBREX 200 MG CAPSULE	42002
CELEBREX 400 MG CAPSULE	18127
CELEBREX 50 MG CAPSULE	97785
CELECOXIB 100 MG CAPSULE	42001
CELECOXIB 200 MG CAPSULE	42002
CELECOXIB 400 MG CAPSULE	18127
CELECOXIB 50 MG CAPSULE	97785
CHILDREN IBUPROFEN 100 MG/5 ML	35930
CORGARD 20 MG TABLET	20654
CORGARD 40 MG TABLET	20652
CORGARD 80 MG TABLET	20653
DAYPRO 600 MG CAPLET	01750
DEPAKENE 250 MG CAPSULE	17270
DEPAKENE 250 MG/5 ML SYRUP	17280
DEPAKOTE 125 MG SPRINKLE CAP	17400
DEPAKOTE DR 125 MG TABLET	17292
DEPAKOTE DR 250 MG TABLET	17290
DEPAKOTE DR 500 MG TABLET	17291
DEPAKOTE ER 250 MG TABLET	18754
DEPAKOTE ER 500 MG TABLET	18040
DICLOFENAC POT 50 MG TABLET	13960
DICLOFENAC SOD EC 25 MG TAB	35850

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Step 6 (history of an inferred migraine agent) **Required quantity**: *1* **Look back timeframe**: *90 days*	
Label Name	**GCN**
DICLOFENAC SOD EC 50 MG TAB	35851
DICLOFENAC SOD EC 75 MG TAB	35852
DICLOFENAC SOD ER 100 MG TAB	13310
DICLOFENAC-MISOPROST 50-200 TAB	62729
DICLOFENAC-MISOPROST 70-200 TAB	06263
DIFLUNISAL 500 MG TABLET	16851
DIHYDROERGOTAMINE 1 MG/ML AM	01590
DILT XR 120 MG CAPSULE	07463
DILT XR 180 MG CAPSULE	07461
DILT XR 240 MG CAPSULE	07462
DILTIAZEM 120 MG TABLET	02363
DILTIAZEM 12HR ER 120 MG CAP	02321
DILTIAZEM 12HR ER 60 MG CAP	02322
DILTIAZEM 12HR ER 90 MG CAP	02320
DILTIAZEM 24HR CD 120 MG CAP	02326
DILTIAZEM 24HR CD 180 MG CAP	02323
DILTIAZEM 24HR CD 240 MG CAP	02324
DILTIAZEM 24HR CD 300 MG CAP	02325
DILTIAZEM 24HR ER 120 MG CAP	02326
DILTIAZEM 24HR ER 180 MG CAP	02323
DILTIAZEM 24HR ER 240 MG CAP	02324
DILTIAZEM 24HR ER 300 MG CAP	02325
DILTIAZEM 24HR ER 360 MG CAP	07460
DILTIAZEM 30 MG TABLET	02360
DILTIAZEM 60 MG TABLET	02361
DILTIAZEM 90 MG TABLET	02362
DILTIAZEM ER 120 MG CAPSULE	02330
DILTIAZEM ER 120 MG CAPSULE	07463
DILTIAZEM ER 180 MG CAPSULE	02329
DILTIAZEM ER 180 MG CAPSULE	07461
DILTIAZEM ER 240 MG CAPSULE	07462
DILTIAZEM HCL ER 240 MG CAP	02332
DILTIAZEM HCL ER 300 MG CAP	02333
DILTIAZEM HCL ER 360 MG CAP	02328
DILTIAZEM HCL ER 420 MG CAP	94691
DIVALPROEX SOD DR 125 MG TAB	17292

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Step 6 (history of an inferred migraine agent) **Required quantity**: *1* **Look back timeframe**: *90 days*	
Label Name	**GCN**
DIVALPROEX SOD DR 250 MG TAB	17290
DIVALPROEX SOD DR 500 MG TAB	17291
DIVALPROEX SOD ER 250 MG TAB	18754
DIVALPROEX SOD ER 500 MG TAB	18040
DIVALPROEX SODIUM 125 MG CAP	17400
DOXEPIN 10 MG CAPSULE	16563
DOXEPIN 10 MG/ML ORAL CONC	16571
DOXEPIN 100 MG CAPSULE	16564
DOXEPIN 150 MG CAPSULE	16565
DOXEPIN 25 MG CAPSULE	16566
DOXEPIN 50 MG CAPSULE	16567
DOXEPIN 75 MG CAPSULE	16568
DUEXIS 800-26.6 MG TABLET	30547
ETODOLAC 200 MG CAPSULE	33870
ETODOLAC 300 MG CAPSULE	33871
ETODOLAC 400 MG TABLET	61761
ETODOLAC 500 MG TABLET	61766
ETODOLAC ER 400 MG TABLET	61765
ETODOLAC ER 500 MG TABLET	61767
ETODOLAC ER 600 MG TABLET	61762
FELDENE 10 MG CAPSULE	35820
FELDENE 20 MG CAPSULE	35821
FENOPROFEN 400 MG CAPSULE	27999
FENOPROFEN 600 MG TABLET	35760
FLURBIPROFEN 100 MG TABLET	35711
FLURBIPROFEN 50 MG TABLET	35710
FROVA 2.5 MG TABLET	14977
FROVATRIPTAN SUCC 2.5 MG TAB	14977
HYDROCODONE BT-IBUPROFEN TAB	63101
HYDROCODONE-IBUPROFEN 10-200	99371
HYDROCODONE-IBUPROFEN 2.5-200	16279
HYDROCODONE-IBUPROFEN 5-200 MG	22678
IBUDONE 10-200 MG TABLET	99371
IBUDONE 5-200 MG TABLET	22678
IBU-DROPS 40 MG/ML SUSP DRPS	35931
IBUPROFEN 100 MG/5 ML SUSP	35930

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Step 6 (history of an inferred migraine agent) **Required quantity**: *1* **Look back timeframe**: *90 days*	
Label Name	**GCN**
IBUPROFEN 200 MG CAPLET	35743
IBUPROFEN 200 MG SOFTGEL	35431
IBUPROFEN 200 MG TABLET	35743
IBUPROFEN 400 MG TABLET	35741
IBUPROFEN 600 MG TABLET	35742
IBUPROFEN 800 MG TABLET	35744
IBUPROFEN JR STR 100 MG TB CHW	35749
IMITREX 100 MG TABLET	05701
IMITREX 20 MG NASAL SPRAY	50744
IMITREX 25 MG TABLET	05702
IMITREX 4 MG/0.5 ML CARTRIDGES	26667
IMITREX 4 MG/0.5 ML PEN INJECT	26666
IMITREX 5 MG NASAL SPRAY	50740
IMITREX 50 MG TABLET	05700
IMITREX 6 MG/0.5 ML CARTRIDGES	24708
IMITREX 6 MG/0.5 ML PEN INJECT	50741
IMITREX 6 MG/0.5 ML VIAL	50742
INDERAL LA 120 MG CAPSULE	03231
INDERAL LA 160 MG CAPSULE	03232
INDERAL LA 60 MG CAPSULE	03233
INDERAL LA 80 MG CAPSULE	03230
INDERAL XL 80 MG CAPSULE	20621
INDERAL XL 120 MG CAPSULE	19359
INDOCIN 25 MG/5 ML SUSPENSION	36490
INDOCIN 50 MG SUPPOSITORY	20240
INDOMETHACIN 25 MG CAPSULE	35680
INDOMETHACIN 50 MG CAPSULE	35681
INDOMETHACIN ER 75 MG CAPSULE	35690
INFANT IBUPROFEN SUSP 50 MG/1.25 ML	35931
INFANTS IBU-DROPS SUSPENSION	35931
INNOPRAN XL 120 MG CAPSULE	19359
INNOPRAN XL 80 MG CAPSULE	20621
KETOPROFEN 50 MG CAPSULE	34420
KETOPROFEN 75 MG CAPSULE	34421
KETOPROFEN ER 200 MG CAPSULE	33792
KETOROLAC 10 MG TABLET	32531

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Step 6 (history of an inferred migraine agent) **Required quantity**: *1* **Look back timeframe**: *90 days*	
Label Name	**GCN**
KETOROLAC 15 MG/ML VIAL	35238
KETOROLAC 30 MG/ML VIAL	35239
KETOROLAC 60 MG/2 ML VIAL	35236
MATZIM LA 180 MG TABLET	19183
MATZIM LA 240 MG TABLET	19184
MATZIM LA 300 MG TABLET	19185
MATZIM LA 360 MG TABLET	19186
MATZIM LA 420 MG TABLET	19187
MAXALT 10 MG TABLET	19592
MAXALT 5 MG TABLET	19591
MAXALT MLT 10 MG TABLET	19594
MAXALT MLT 5 MG TABLET	19593
MECLOFENAMATE 100 MG CAPSULE	35810
MECLOFENAMATE 50 MG CAPSULE	35811
MEFENAMIC ACID 250 MG CAPSULE	16530
MELOXICAM 15 MG TABLET	31662
MELOXICAM 7.5 MG TABLET	31661
MELOXICAM 7.5 MG/5 ML SUSP	26227
METOPROLOL SUCC ER 100 MG TAB	20742
METOPROLOL SUCC ER 200 MG TAB	20743
METOPROLOL SUCC ER 25 MG TAB	12947
METOPROLOL SUCC ER 50 MG TAB	20741
METOPROLOL TARTRATE 100 MG TAB	20641
METOPROLOL TARTRATE 25 MG TAB	17734
METOPROLOL TARTRATE 50 MG TAB	20642
MIGERGOT SUPPOSITORY	72930
MIGRANAL NASAL SPRAY	24732
MOBIC 15 MG TABLET	31662
MOBIC 7.5 MG TABLET	31661
MOBIC 7.5 MG/5 ML SUSPENSION	26227
NABUMETONE 500 MG TABLET	32961
NABUMETONE 750 MG TABLET	32962
NADOLOL 20 MG TABLET	20654
NADOLOL 40 MG TABLET	20652
NADOLOL 80 MG TABLET	20653
NALFON 400 MG CAPSULE	27999

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Step 6 (history of an inferred migraine agent) **Required quantity**: *1* **Look back timeframe**: *90 days*	
Label Name	**GCN**
NAPROSYN EC 500 MG TABLET	61851
NAPROXEN 125 MG/5 ML SUSPEN	41670
NAPROXEN 250 MG TABLET	35790
NAPROXEN 375 MG TABLET	35792
NAPROXEN 500 MG TABLET	35793
NAPROXEN DR 375 MG TABLET	61850
NAPROXEN DR 500 MG TABLET	61851
NAPROXEN SOD CR 500 MG TABLET	92253
NAPROXEN SODIUM 275 MG TAB	47130
NAPROXEN SODIUM 550 MG TAB	47131
NARATRIPTAN HCL 1 MG TABLET	81112
NARATRIPTAN HCL 2.5 MG TABLET	81111
NIFEDICAL XL 30 MG TABLET	02221
NIFEDICAL XL 60 MG TABLET	02222
NIFEDIPINE 10 MG CAPSULE	02350
NIFEDIPINE 20 MG CAPSULE	02351
NIFEDIPINE ER 30 MG TABLET	02221
NIFEDIPINE ER 30 MG TABLET	02226
NIFEDIPINE ER 60 MG TABLET	02222
NIFEDIPINE ER 60 MG TABLET	02227
NIFEDIPINE ER 90 MG TABLET	02223
NIFEDIPINE ER 90 MG TABLET	02228
NIMODIPINE 30 MG CAPSULE	02440
NORTRIPTYLINE 10 MG/5 ML SOL	16535
NORTRIPTYLINE HCL 10 MG CAP	16529
NORTRIPTYLINE HCL 25 MG CAP	16532
NORTRIPTYLINE HCL 50 MG CAP	16533
NORTRIPTYLINE HCL 75 MG CAP	16534
OXAPROZIN 600 MG TABLET	01750
OXYCODONE-IBUPROFEN 5-400 TAB	23827
PAMELOR 10 MG CAPSULE	16529
PAMELOR 25 MG CAPSULE	16532
PAMELOR 50 MG CAPSULE	16533
PAMELOR 75 MG CAPSULE	16534
PIROXICAM 10 MG CAPSULE	35820
PIROXICAM 20 MG CAPSULE	35821

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Step 6 (history of an inferred migraine agent) **Required quantity**: *1* **Look back timeframe**: *90 days*	
Label Name	**GCN**
PONSTEL 250 MG KAPSEALS	16530
PROCARDIA 10 MG CAPSULE	02350
PROCARDIA XL 30 MG TABLET	02221
PROCARDIA XL 60 MG TABLET	02222
PROCARDIA XL 90 MG TABLET	02223
PROPRANOLOL 10 MG TABLET	20630
PROPRANOLOL 20 MG TABLET	20631
PROPRANOLOL 20 MG/5 ML SOLN	45260
PROPRANOLOL 40 MG TABLET	20632
PROPRANOLOL 40 MG/5 ML SOLN	45261
PROPRANOLOL 60 MG TABLET	20633
PROPRANOLOL 80 MG TABLET	20634
PROPRANOLOL ER 120 MG CAPSULE	03231
PROPRANOLOL ER 160 MG CAPSULE	03232
PROPRANOLOL ER 60 MG CAPSULE	03233
PROPRANOLOL ER 80 MG CAPSULE	03230
QC IBUPROFEN 200 MG SOFTGEL	35431
QC NAPROXEN SOD 220 MG TABLET	47132
RELPAX 20 MG TABLET	15173
RELPAX 40 MG TABLET	15174
REPREXAIN 10-200 MG TABLET	99371
REPREXAIN 2.5-200 MG TABLET	16279
REPREXAIN 5-200 MG TABLET	22678
RIZATRIPTAN 10 MG ODT	19594
RIZATRIPTAN 10 MG TABLET	19592
RIZATRIPTAN 5 MG ODT	19593
RIZATRIPTAN 5 MG TABLET	19591
SM IBUPROFEN 200 MG CAPLET	35743
SM IBUPROFEN 200 MG TABLET	35743
SPRIX 15.75 MG NASAL SPRAY	29928
SULINDAC 150 MG TABLET	35800
SULINDAC 200 MG TABLET	35801
SUMATRIPTAN 20 MG NASAL SPRAY	50744
SUMATRIPTAN 4 MG/0.5 ML KIT	26666
SUMATRIPTAN 4 MG/0.5 ML REFILL	26667
SUMATRIPTAN 5 MG NASAL SPRAY	50740

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Step 6 (history of an inferred migraine agent) **Required quantity**: *1* **Look back timeframe**: *90 days*	
Label Name	**GCN**
SUMATRIPTAN 6 MG/0.5 ML INJECT	50741
SUMATRIPTAN 6 MG/0.5 ML REFILL	24708
SUMATRIPTAN 6 MG/0.5 ML SYRNG	04428
SUMATRIPTAN 6 MG/0.5 ML VIAL	50742
SUMATRIPTAN SUCC 100 MG TABLET	05701
SUMATRIPTAN SUCC 25 MG TABLET	05702
SUMATRIPTAN SUCC 50 MG TABLET	05700
SUMAVEL DOSEPRO 4 MG/0.5 ML	37213
SUMAVEL DOSEPRO 6 MG/0.5 ML	28054
TAZTIA XT 120 MG CAPSULE	02330
TAZTIA XT 180 MG CAPSULE	02329
TAZTIA XT 240 MG CAPSULE	02332
TAZTIA XT 300 MG CAPSULE	02333
TAZTIA XT 360 MG CAPSULE	02328
TENORMIN 100 MG TABLET	20660
TENORMIN 25 MG TABLET	20662
TENORMIN 50 MG TABLET	20661
TIAZAC ER 120 MG CAPSULE	02330
TIAZAC ER 180 MG CAPSULE	02329
TIAZAC ER 240 MG CAPSULE	02332
TIAZAC ER 300 MG CAPSULE	02333
TIAZAC ER 360 MG CAPSULE	02328
TIAZAC ER 420 MG CAPSULE	94691
TIMOLOL MALEATE 10 MG TABLET	20670
TIMOLOL MALEATE 20 MG TABLET	20671
TIMOLOL MALEATE 5 MG TABLET	20672
TOLMETIN SODIUM 200 MG TAB	35780
TOLMETIN SODIUM 400 MG CAP	35770
TOLMETIN SODIUM 600 MG TAB	35781
TOPAMAX 100 MG TABLET	36551
TOPAMAX 15 MG SPRINKLE CAP	36556
TOPAMAX 200 MG TABLET	36552
TOPAMAX 25 MG SPRINKLE CAP	36557
TOPAMAX 25 MG TABLET	36553
TOPAMAX 50 MG TABLET	36550
TOPIRAMATE 100 MG TABLET	36551

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Step 6 (history of an inferred migraine agent) **Required quantity**: *1* **Look back timeframe**: *90 days*	
Label Name	**GCN**
TOPIRAMATE 15 MG SPRINKLE CAP	36556
TOPIRAMATE 200 MG TABLET	36552
TOPIRAMATE 25 MG SPRINKLE CAP	36557
TOPIRAMATE 25 MG TABLET	36553
TOPIRAMATE 50 MG TABLET	36550
TOPROL XL 100 MG TABLET	20742
TOPROL XL 200 MG TABLET	20743
TOPROL XL 25 MG TABLET	12947
TOPROL XL 50 MG TABLET	20741
TREXIMET 85-500 MG TABLET	99597
VALPROIC ACID 250 MG CAPSULE	17270
VALPROIC ACID 250 MG/5 ML SYR	17280
VERAPAMIL 40 MG TABLET	47110
VERAPAMIL 80 MG TABLET	02342
VERAPAMIL 120 MG TABLET	02341
VIMOVO DR 375-20 MG TABLET	28572
VIMOVO DR 500-20 MG TABLET	28570
VOLTAREN-XR 100 MG TABLET	13310
ZOLMITRIPTAN 2.5 MG ODT	42098
ZOLMITRIPTAN 2.5 MG TABLET	46131
ZOLMITRIPTAN 5 MG ODT	14324
ZOLMITRIPTAN 5 MG TABLET	46132
ZOMIG 2.5 MG NASAL SPRAY	24217
ZOMIG 2.5 MG TABLET	46131
ZOMIG 5 MG NASAL SPRAY	18972
ZOMIG 5 MG TABLET	46132
ZOMIG ZMT 2.5 MG TABLET	42098
ZOMIG ZMT 5 MG TABLET	14324
ZORVOLEX 18 MG CAPSULE	35499
ZORVOLEX 35 MG CAPSULE	35503

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Gralise (gabapentin Extended Release)

Drugs Requiring Prior Authorization

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

Drugs Requiring Prior Authorization	
Label Name	**GCN**
GRALISE ER 300 MG TABLET	30295
GRALISE ER 600 MG TABLET	30296

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Gralise (gabapentin Extended Release)

Clinical Criteria Logic

1. Is the client less than (<) 18 years of age?
   [ ] Yes (Deny)
   [ ] No (Go to #2)

2. Is the incoming request for a dose less than or equal to (≤) 1,800 mg per day?
   [ ] Yes (Go to #3)
   [ ] No (Deny)

3. Does the client have a diagnosis of **postherpetic neuralgia** in the last 730 days?
   [ ] Yes (Go to #4)
   [ ] No (Deny)

4. Does the client have a diagnosis of **severe renal impairment or hemodialysis** in the last 365 days?
   [ ] Yes (Deny)
   [ ] No (Approve – 365 days)

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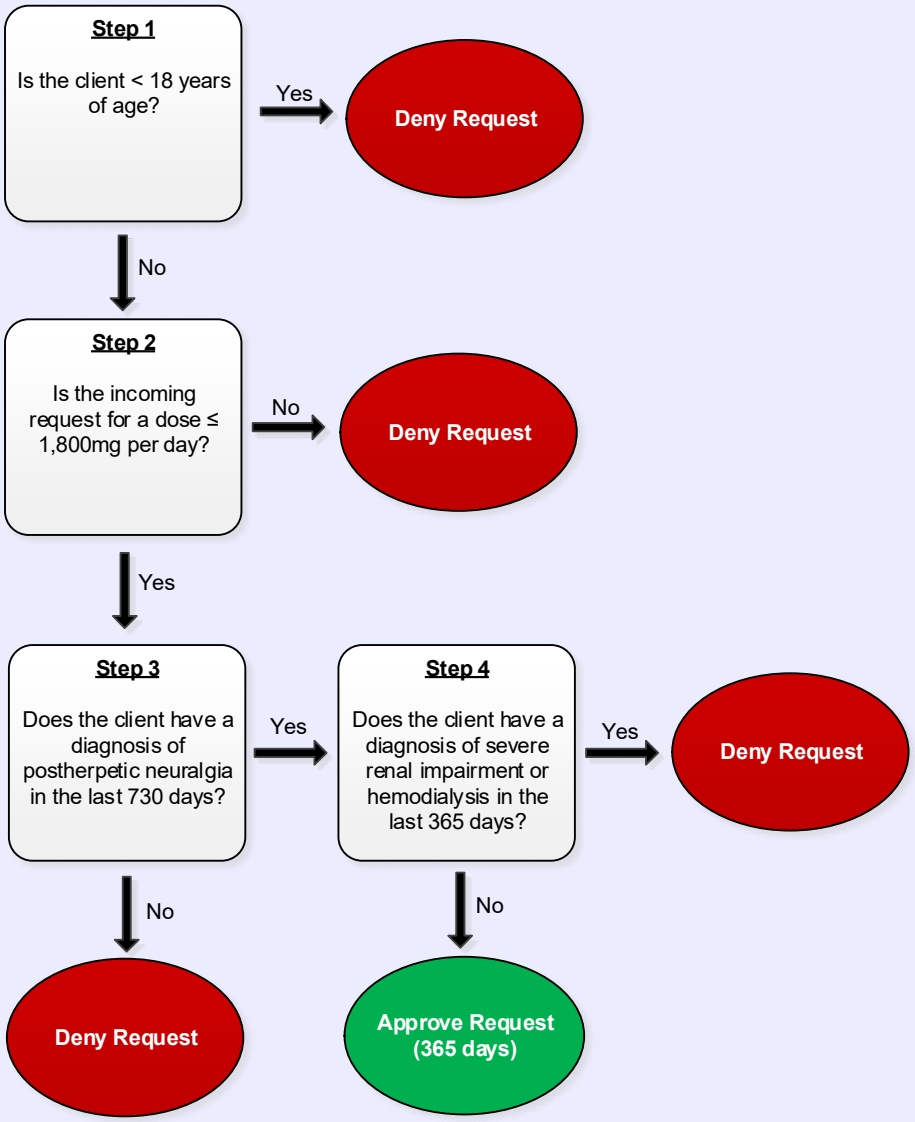
Gralise (gabapentin Extended Release)

Clinical Criteria Logic Diagram



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Gralise (gabapentin Extended Release)

Clinical Criteria Supporting Tables

Step 3 (diagnosis of postherpetic neuralgia) **Required diagnosis**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
B0221	POSTHERPETIC GENICULATE GANGLIONITIS
B0222	POSTHERPETIC TRIGEMINAL NEURALGIA
B0223	POSTHERPETIC POLYNEUROPATHY
B0224	POSTHERPETIC MYELITIS
B0229	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT

Step 4 (diagnosis of severe renal impairment or hemodialysis) **Required diagnosis**: *1* **Look back timeframe**: *365 days*	
ICD-10 Code	**Description**
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)
N185	CHRONIC KIDNEY DISEASE, STAGE 5
N186	END STAGE RENAL DISEASE
CPT Code	**Description**
90940	HEMODIALYSIS ACCESS STUDY
90941	HEMODIALYSIS, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT; PAT OVER 40 KG
90942	HEMODIALYSIS, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT: PAT 21-40 KG
90943	HEMODIAL, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT; PAT OVER 40 KG
90944	HEMODIAL, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT; PAT UNDER 10 KG
90945	DIALYSIS, ONE EVALUATION
90947	DIALYSIS, REPEATED EVAL
90951	ESRD SERV, 4 VISITS P MO, <2
90952	ESRD SERV, 2-3 VSTS P MO, <2
90953	ESRD SERV, 1 VISIT P MO, <2
90954	ESRD SERV, 4 VSTS P MO, 2-11
90956	ESRD SRV, 1 VISIT P MO, 2-11
90957	ESRD SRV, 4 VSTS P MO, 12-19
90958	ESRD SRV 2-3 VSTS P MO 12-19

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Step 4 (diagnosis of severe renal impairment or hemodialysis) **Required diagnosis**: *1* **Look back timeframe**: *365 days*	
90966	ESRD HOME PT, SERV P MO, 20+
90967	ESRD HOME PT SERV P DAY, <2
90968	ESRD HOME PT SRV P DAY, 2-11
90969	ESRD HOME PT SRV P DAY 12-19
90976	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT MORE THAN 40 KG
90977	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT 21-40 KG
90978	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT 11-20 KG
90979	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT UNDER 10 KG
90982	PERITONEAL DIALYSIS FOR (ESRD), MAINT STABI COND, HOSP/OTHER FACIL PER SET; MORE 40 KG
90983	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABL COND,HOSP/OTHER FAC PER SET;PATIENT 21-40 KG
90984	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABI COND, HOSP/OTHER FAC PER SET;PATIENT 11-20 KG
90985	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABI COND,HOSP/OTHER FAC PER SET;PATIENT UNDER 10K
90990	HEMODIALYSIS TRAINING AND/OR COUNSELING
90991	HOME HEMODIALYSIS CARE, OUTPAT, SERV PROVID BY PHYSI RESPONS FOR TOTAL CARE
90992	PERITONEAL DIALYSIS TRAINING AND/OR COUNSELING (MEDICARE ONLY)
90994	SUPERVISION OF CHRONIC AMBPERITONEAL DIAL (CAPD),HOME/OUT-PATIENT,MONTHLY

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Horizant (gabapentin enacarbil)

Drugs Requiring Prior Authorization

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

Drugs Requiring Prior Authorization	
Label Name	**GCN**
HORIZANT ER 300 MG TABLET	35819
HORIZANT ER 600 MG TABLET	29888

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Horizant (gabapentin enacarbil)

Clinical Criteria Logic

1. Is the client less than (<) 18 years of age?
   [ ] Yes (Deny)
   [ ] No (Go to #2)

2. Does the client have a diagnosis of **restless leg syndrome** in the last 730 days?
   [ ] Yes (Go to #3)
   [ ] No (Go to #4)

3. Is the incoming request for a dose less than or equal to (≤) 600 mg per day?
   [ ] Yes (Go to #6)
   [ ] No (Go to #4)

4. Does the client have a diagnosis of **postherpetic neuralgia** in the last 730 days?
   [ ] Yes (Go to #5)
   [ ] No (Deny)

5. Is the incoming request for a dose less than or equal to (≤) 1,200 mg per day?
   [ ] Yes (Go to #6)
   [ ] No (Deny)

6. Does the client have a diagnosis of **alcohol abuse or dependence** in the last 180 days?
   [ ] Yes (Deny)
   [ ] No (Approve – 365 days)

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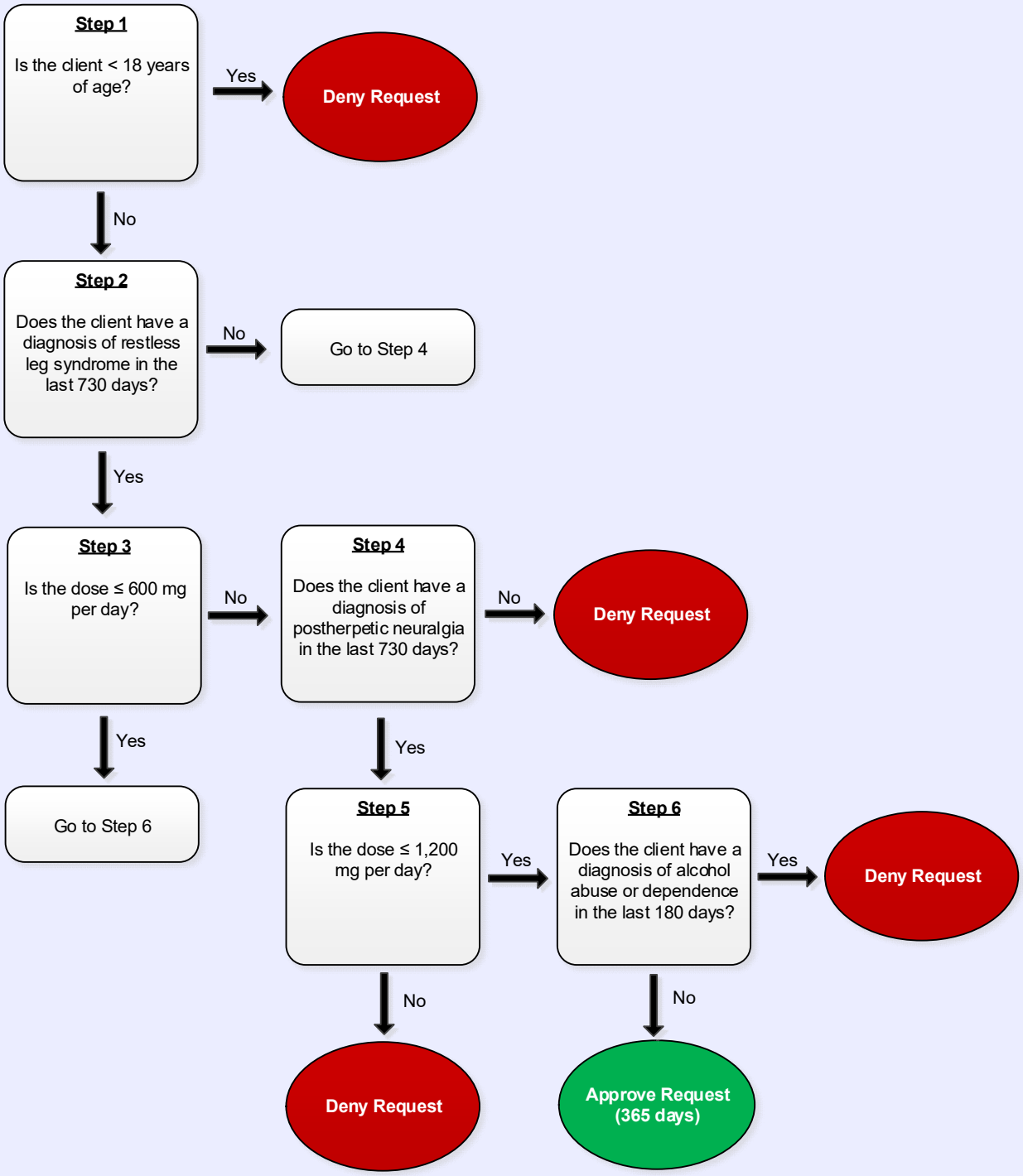
Horizant (gabapentin enacarbil)

Clinical Criteria Logic Diagram



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Horizant (gabapentin enacarbil)

Clinical Criteria Supporting Tables

Step 2 (diagnosis of restless leg syndrome) **Required diagnosis**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
G2581	RESTLESS LEGS SYNDROME

Step 4 (diagnosis of postherpetic neuralgia) **Required diagnosis**: *1* **Look back timeframe**: *730 days*	
ICD-10 Code	**Description**
B0221	POSTHERPETIC GENICULATE GANGLIONITIS
B0222	POSTHERPETIC TRIGEMINAL NEURALGIA
B0223	POSTHERPETIC POLYNEUROPATHY
B0224	POSTHERPETIC MYELITIS
B0229	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT

Step 6 (diagnosis of alcohol abuse or dependence) **Required diagnosis**: *1* **Look back timeframe**: *180 days*	
ICD-10 Code	**Description**
F1010	ALCOHOL ABUSE UNCOMPLICATED
F10120	ALCOHOL ABUSE WITH INTOXICATION UNCOMPLICATED
F10121	ALCOHOL ABUSE WITH INTOXICATION DELIRIUM
F10129	ALCOHOL ABUSE WITH INTOXICATION UNSPECIFIED
F1014	ALCOHOL ABUSE WITH ALCOHOL-INDUCED MOOD DISORDER
F10150	ALCOHOL ABUSE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F10151	ALCOHOL ABUSE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F10159	ALCOHOL ABUSE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F10180	ALCOHOL ABUSE WITH ALCOHOL-INDUCED ANXIETY DISORDER
F10181	ALCOHOL ABUSE WITH ALCOHOL-INDUCED SEXUAL DYSFUNCTION
F10182	ALCOHOL ABUSE WITH ALCOHOL-INDUCED SLEEP DISORDER

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Step 6 (diagnosis of alcohol abuse or dependence) **Required diagnosis**: *1* **Look back timeframe**: *180 days*	
F10188	ALCOHOL ABUSE WITH OTHER ALCOHOL-INDUCED DISORDER
F1019	ALCOHOL ABUSE WITH OTHER ALCOHOL-INDUCED DISORDERS WITH UNSPECIFIED ALCOHOL-INDUCED DISORDER
F1020	ALCOHOL DEPENDENCE UNCOMPLICATED
F10220	ALCOHOL DEPENDENCE WITH INTOXICATION UNCOMPLICATED
F10221	ALCOHOL DEPENDENCE WITH INTOXICATION DELIRIUM
F10229	ALCOHOL DEPENDENCE WITH INTOXICATION UNSPECIFIED
F10230	ALCOHOL DEPENDENCE WITH WITHDRAWAL UNCOMPLICATED
F10231	ALCOHOL DEPENDENCE WITH WITHDRAWAL DELIRIUM
F10232	ALCOHOL DEPENDENCE WITH WITHDRAWAL WITH PERCEPTUAL DISTURBANCE
F10239	ALCOHOL DEPENDENCE WITH WITHDRAWAL UNSPECIFIED
F1024	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED MOOD DISORDER
F10250	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F10251	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F10259	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS UNSPECIFIED
F1026	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PERSISTING AMNESTIC DISORDER
F1027	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PERSISTING DEMENTIA
F10280	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED ANXIETY DISORDER
F10281	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED SEXUAL DYSFUNCTION
F10282	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED SLEEP DISORDER
F10288	ALCOHOL DEPENDENCE WITH OTHER ALCOHOL-INDUCED DISORDER
F1029	ALCOHOL DEPENDENCE WITH UNSPECIFIED ALCOHOL-INDUCED DISORDER

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Gabapentin

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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
03/14/2011	Added step 6 for medical justification
10/21/2011	• Added a new section to specify the drugs requiring prior authorization • In the "Clinical Edit Criteria Logic" section, clarified wording associated with steps 1 and 6 • In the "Clinical Edit Criteria Supporting Tables" section, revised tables to specify the diagnosis codes pertinent to steps 2 and 4 of the logic diagram • In the "Clinical Edit Criteria Supporting Tables" section, revised table to specify the procedure codes pertinent to step 3 of the logic diagram • In the "Clinical Edit Criteria Supporting Tables" section, revised table to specify the drug names and GCNs pertinent to step 5 of the logic diagram
04/03/2015	• Updated to include 1CD-10s
12/12/2017	• Annual review by staff • Removed ICD-9 codes • Added age check to criteria logic • Updated logic diagram • Updated Table 5 • Added criteria for Gralise • Added criteria for Horizant • Updated references,
03/29/2019	• Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table
04/15/2021	• Annual review by staff • Removed GCN for Gralise 30-day starter pack (30297) • Added GCNs for Calan SR (32472, 32471, 32470); frovatriptan (14977); Inderal XL (20621, 19359); verapamil 120mg (02341) to Table 5
10/28/2022	• Annual review by staff • Updated references
10/30/2023	• Annual review by staff • Updated references

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