

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class

Increlex (Mecasermin)

Clinical Edit Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit 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 edit.

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

Revision Notes

- Added references for drug information



Increlex (Mecasermin)

Drugs Requiring Prior Authorization

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



Increlex (Mecasermin)

Clinical Edit Criteria Logic

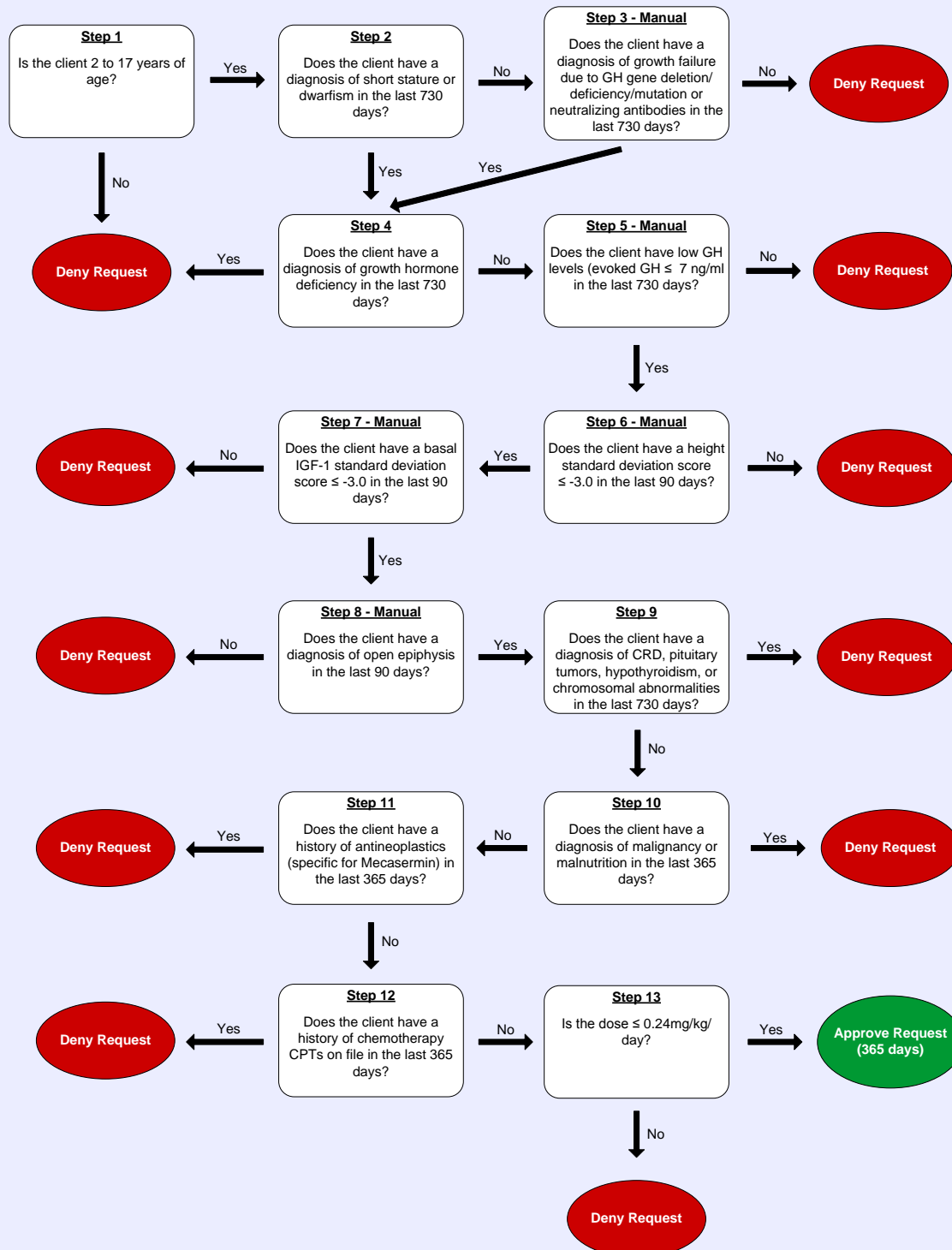
1. Is the client 2 to 17 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a diagnosis of short stature or dwarfism in the last 730 days?
 Yes (Go to #4)
 No (Go to #3)
3. Manual step – Does the client have a diagnosis of growth failure due to GH gene deletion/deficiency/mutation or neutralizing 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 (Go to #6)
 No (Deny)
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 Mecasermin) 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 Edit Criteria Logic Diagram





Increlex (Mecasermin)

Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of short stature or dwarfism) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
2594	DWARFISM NEC
78340	LACK NORM PHYSIO DEV NOS
78343	SHORT STATURE

Step 4 (diagnosis of growth hormone deficiency) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
2532	PANHYPOPITUITARISM
2533	PITUITARY DWARFISM
2537	IATROGENIC PITUITARY DIS
2538	PITUITARY DISORDER NEC
2539	PITUITARY DISORDER NOS

Step 9 (diagnosis of CRD, pituitary tumors, hypothyroidism, or chromosome abnormality) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
1943	MALIG NEO PITUITARY
2273	BENIGN NEO PITUITARY
2371	UNC BEHAV NEO PINEAL
2420	TOXIC DIFFUSE GOITER
24200	TOX DIF GOITER NO CRISIS
24201	TOX DIF GOITER W CRISIS
2421	TOXIC UNINODULAR GOITER
24210	TOX UNINOD GOIT NO CRIS
24211	TOX UNINOD GOIT W CRISIS
2422	TOXIC MULTINODULAR GOITER

Step 9 (diagnosis of CRD, pituitary tumors, hypothyroidism, or chromosome abnormality)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
24220	TOX MULTNOD GOIT NO CRIS
24221	TOX MULTNOD GOIT W CRIS
2423	TOXIC NODULAR GOITER UNSPECIFIED TYPE
24230	TOX NOD GOITER NO CRISIS
24231	TOX NOD GOITER W CRISIS
2424	THYROTOXICOSIS FROM ECTOPIC THYROID NODULE
24240	THYROTOX-ECT NOD NO CRIS
24241	THYROTOX-ECT NOD W CRIS
2428	THYROTOXICOSIS OF OTHER SPECIFIED ORIGIN
24280	THYRTOX ORIG NEC NO CRIS
24281	THYROTOX ORIG NEC W CRIS
2429	THYROTOXICOSIS WITHOUT MENTION OF GOITER OR OTHER CAUSE
24290	THYROTOX NOS NO CRISIS
24291	THYROTOX NOS W CRISIS
243	CONGENITAL HYPOTHYROIDISM
2440	POSTSURGICAL HYPOTHYROID
2441	POSTABLAT HYPOTHYR NEC
2442	IODINE HYPOTHYROIDISM
2443	IATROGEN HYPOTHYROID NEC
2448	ACQUIRED HYPOTHYROID NEC
2449	HYPOTHYROIDISM NOS
2461	DYSHORMONOGENIC GOITER
585	CHRONIC RENAL FAILURE
5851	CHRONIC KIDNEY DISEASE, STAGE I.
5852	CHRONIC KIDNEY DISEASE, STAGE II (MILD).
5853	CHRONIC KIDNEY DISEASE, STAGE III (MODERATE).
5854	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE).
5855	CHRONIC KIDNEY DISEASE, STAGE V.
5856	END STAGE RENAL DISEASE.
5859	CHRONIC KIDNEY DISEASE, UNSPECIFIED.
5880	RENAL OSTEODYSTROPHY
758	CHROMOSOMAL ANOMALIES
7580	DOWN'S SYNDROME
7581	PATAU'S SYNDROME
7582	EDWARDS' SYNDROME

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

Required diagnosis: 1

Look back timeframe: 730 days

ICD-9 Code	Description
7583	AUTOSOMAL DELETION SYND
75831	CRI-DU-CHAT SYNDROME
75832	VELO-CARDIO-FACIAL SYNDROME
75833	OTHER MICRODELETIONS
75839	OTHER AUTOSOMAL DELETIONS
7584	BALANCE AUTOSOM TRANSLOC
7585	AUTOSOMAL ANOMALIES NEC
7586	GONADAL DYSGENESIS
7587	KLINEFELTER'S SYNDROME
7588	OTHER CONDITIONS DUE TO CHROMOSOME ANOMALIES
75881	OTH COND DUE TO SEX CHRM
75889	OTH CON D/T CHRM ANM NEC
7589	CHROMOSOME ANOMALY NOS
7598	OTHER SPECIFIED CONGENITAL ANOMALIES
75981	PRADER-WILLI SYNDROME
75982	MARFAN SYNDROME
75983	FRAGILE X SYNDROME
75989	SPECFIED CONG ANOMAL NEC

Step 10 (diagnosis of active malignancy or malnutrition)

Required diagnosis: 1

Look back timeframe: 365 days

ICD-9 Code	Description
1400	MAL NEO UPPER VERMILION
1401	MAL NEO LOWER VERMILION
1403	MAL NEO UPPER LIP, INNER
1404	MAL NEO LOWER LIP, INNER
1405	MAL NEO LIP, INNER NOS
1406	MAL NEO LIP, COMMISSURE
1408	MAL NEO LIP NEC
1409	MAL NEO LIP/VERMIL NOS
141	MALIGNANT NEOPLASM OF TONGUE
1410	MAL NEO TONGUE BASE
1411	MAL NEO DORSAL TONGUE

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
1412	MAL NEO TIP/LAT TONGUE
1413	MAL NEO VENTRAL TONGUE
1414	MAL NEO ANT 2/3 TONGUE
1415	MAL NEO TONGUE JUNCTION
1416	MAL NEO LINGUAL TONSIL
1418	MALIG NEO TONGUE NEC
1419	MALIG NEO TONGUE NOS
142	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLANDS
1420	MALIG NEO PAROTID
1421	MALIG NEO SUBMANDIBULAR
1422	MALIG NEO SUBLINGUAL
1428	MAL NEO MAJ SALIVARY NEC
1429	MAL NEO SALIVARY NOS
143	MALIGNANT NEOPLASM OF GUM
1430	MALIG NEO UPPER GUM
1431	MALIG NEO LOWER GUM
1438	MALIG NEO GUM NEC
1439	MALIG NEO GUM NOS
144	MALIGNANT NEOPLASM OF FLOOR OF MOUTH
1440	MAL NEO ANT FLOOR MOUTH
1441	MAL NEO LAT FLOOR MOUTH
1448	MAL NEO MOUTH FLOOR NEC
1449	MAL NEO MOUTH FLOOR NOS
145	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF MOUTH
1450	MAL NEO CHEEK MUCOSA
1451	MAL NEO MOUTH VESTIBULE
1452	MALIG NEO HARD PALATE
1453	MALIG NEO SOFT PALATE
1454	MALIGNANT NEOPLASM UVULA
1455	MALIGNANT NEO PALATE NOS
1456	MALIG NEO RETROMOLAR
1458	MALIG NEOPLASM MOUTH NEC
1459	MALIG NEOPLASM MOUTH NOS
146	MALIGNANT NEOPLASM OF OROPHARYNX
1460	MALIGNANT NEOPL TONSIL
1461	MAL NEO TONSILLAR FOSSA

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
1462	MAL NEO TONSIL PILLARS
1463	MALIGN NEOPL VALLECULA
1464	MAL NEO ANT EPIGLOTTIS
1465	MAL NEO EPIGLOTTIS JUNCT
1466	MAL NEO LAT OROPHARYNX
1467	MAL NEO POST OROPHARYNX
1468	MAL NEO OROPHARYNX NEC
1469	MALIG NEO OROPHARYNX NOS
147	MALIGNANT NEOPLASM OF NASOPHARYNX
1470	MAL NEO SUPER NASOPHARYN
1471	MAL NEO POST NASOPHARYNX
1472	MAL NEO LAT NASOPHARYNX
1473	MAL NEO ANT NASOPHARYNX
1478	MAL NEO NASOPHARYNX NEC
1479	MAL NEO NASOPHARYNX NOS
148	MALIGNANT NEOPLASM OF HYPOPHARYNX
1480	MAL NEO POSTCRICOID
1481	MAL NEO PYRIFORM SINUS
1482	MAL NEO ARYEPIGLOTT FOLD
1483	MAL NEO POST HYPOPHARYNX
1488	MAL NEO HYPOPHARYNX NEC
1489	MAL NEO HYPOPHARYNX NOS
149	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES WITHIN THE LIP ORAL CAVITY AND PHARYNX
1490	MAL NEO PHARYNX NOS
1491	MAL NEO WALDEYER'S RING
1498	MAL NEO ORAL/PHARYNX NEC
1499	MAL NEO OROPHRYN ILL-DEF
150	MALIGNANT NEOPLASM OF ESOPHAGUS
1500	MAL NEO CERVICAL ESOPHAG
1501	MAL NEO THORACIC ESOPHAG
1502	MAL NEO ABDOMIN ESOPHAG
1503	MAL NEO UPPER 3RD ESOPH
1504	MAL NEO MIDDLE 3RD ESOPH
1505	MAL NEO LOWER 3RD ESOPH
1508	MAL NEO ESOPHAGUS NEC

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
1509	MAL NEO ESOPHAGUS NOS
151	MALIGNANT NEOPLASM OF STOMACH
1510	MAL NEO STOMACH CARDIA
1511	MALIGNANT NEO PYLORUS
1512	MAL NEO PYLORIC ANTRUM
1513	MAL NEO STOMACH FUNDUS
1514	MAL NEO STOMACH BODY
1515	MAL NEO STOM LESSER CURV
1516	MAL NEO STOM GREAT CURV
1518	MALIG NEOPL STOMACH NEC
1519	MALIG NEOPL STOMACH NOS
152	MALIGNANT NEOPLASM OF SMALL INTESTINE INCLUDING DUODENUM
1520	MALIGNANT NEOPL DUODENUM
1521	MALIGNANT NEOPL JEJUNUM
1522	MALIGNANT NEOPLASM ILEUM
1523	MAL NEO MECKEL'S DIVERT
1528	MAL NEO SMALL BOWEL NEC
1529	MAL NEO SMALL BOWEL NOS
153	MALIGNANT NEOPLASM OF COLON
1530	MAL NEO HEPATIC FLEXURE
1531	MAL NEO TRANSVERSE COLON
1532	MAL NEO DESCEND COLON
1533	MAL NEO SIGMOID COLON
1534	MALIGNANT NEOPLASM CECUM
1535	MALIGNANT NEO APPENDIX
1536	MALIG NEO ASCEND COLON
1537	MAL NEO SPLENIC FLEXURE
1538	MALIGNANT NEO COLON NEC
1539	MALIGNANT NEO COLON NOS
154	MALIGNANT NEOPLASM OF RECTUM RECTOSIGMOID JUNCTION AND ANUS
1540	MAL NEO RECTOSIGMOID JCT
1541	MALIGNANT NEOPL RECTUM
1542	MALIG NEOPL ANAL CANAL
1543	MALIGNANT NEO ANUS NOS
1548	MAL NEO RECTUM/ANUS NEC

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
155	MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCTS
1550	MAL NEO LIVER, PRIMARY
1551	MAL NEO INTRAHEPAT DUCTS
1552	MALIGNANT NEO LIVER NOS
156	MALIGNANT NEOPLASM OF GALLBLADDER AND EXTRAHEPATIC BILE DUCTS
1560	MALIG NEO GALLBLADDER
1561	MAL NEO EXTRAHEPAT DUCTS
1562	MAL NEO AMPULLA OF VATER
1568	MALIG NEO BILIARY NEC
1569	MALIG NEO BILIARY NOS
157	MALIGNANT NEOPLASM OF PANCREAS
1570	MAL NEO PANCREAS HEAD
1571	MAL NEO PANCREAS BODY
1572	MAL NEO PANCREAS TAIL
1573	MAL NEO PANCREATIC DUCT
1574	MAL NEO ISLET LANGERHANS
1578	MALIG NEO PANCREAS NEC
1579	MALIG NEO PANCREAS NOS
158	MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM
1580	MAL NEO RETROPERITONEUM
1588	MAL NEO PERITONEUM NEC
1589	MAL NEO PERITONEUM NOS
159	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES WITHIN THE DIGESTIVE ORGANS AND PERITONEUM
1590	MALIG NEO INTESTINE NOS
1591	MALIGNANT NEO SPLEEN NEC
1598	MAL NEO GI/INTRA-ABD NEC
1599	MAL NEO GI TRACT ILL-DEF
160	MALIGNANT NEOPLASM OF NASAL CAVITIES MIDDLE EAR AND ACCESSORY SINUSES
1600	MAL NEO NASAL CAVITIES
1601	MALIG NEO MIDDLE EAR
1602	MAL NEO MAXILLARY SINUS
1603	MAL NEO ETHMOIDAL SINUS
1604	MALIG NEO FRONTAL SINUS
1605	MAL NEO SPHENOID SINUS

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
1608	MAL NEO ACCESS SINUS NEC
1609	MAL NEO ACCESS SINUS NOS
161	MALIGNANT NEOPLASM OF LARYNX
1610	MALIGNANT NEO GLOTTIS
1611	MALIG NEO SUPRAGLOTTIS
1612	MALIG NEO SUBGLOTTIS
1613	MAL NEO CARTILAGE LARYNX
1618	MALIGNANT NEO LARYNX NEC
1619	MALIGNANT NEO LARYNX NOS
162	MALIGNANT NEOPLASM OF TRACHEA BRONCHUS AND LUNG
1620	MALIGNANT NEO TRACHEA
1622	MALIG NEO MAIN BRONCHUS
1623	MAL NEO UPPER LOBE LUNG
1624	MAL NEO MIDDLE LOBE LUNG
1625	MAL NEO LOWER LOBE LUNG
1628	MAL NEO BRONCH/LUNG NEC
1629	MAL NEO BRONCH/LUNG NOS
163	MALIGNANT NEOPLASM OF PLEURA
1630	MAL NEO PARIETAL PLEURA
1631	MAL NEO VISCERAL PLEURA
1638	MALIG NEOPL PLEURA NEC
1639	MALIG NEOPL PLEURA NOS
164	MALIGNANT NEOPLASM OF THYMUS HEART AND MEDIASTINUM
1640	MALIGNANT NEOPL THYMUS
1641	MALIGNANT NEOPL HEART
1642	MAL NEO ANT MEDIASTINUM
1643	MAL NEO POST MEDIASTINUM
1648	MAL NEO MEDIASTINUM NEC
1649	MAL NEO MEDIASTINUM NOS
165	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES WITHIN THE RESPIRATORY SYSTEM AND INTRATHORACIC ORGANS
1650	MAL NEO UPPER RESP NOS
1658	MAL NEO THORAX/RESP NEC
1659	MAL NEO RESP SYSTEM NOS
170	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE
1700	MAL NEO SKULL/FACE BONE

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
1701	MALIGNANT NEO MANDIBLE
1702	MALIG NEO VERTEBRAE
1703	MAL NEO RIBS/STERN/CLAV
1704	MAL NEO LONG BONES ARM
1705	MAL NEO BONES WRIST/HAND
1706	MAL NEO PELVIC GIRDLE
1707	MAL NEO LONG BONES LEG
1708	MAL NEO BONES ANKLE/FOOT
1709	MALIG NEOPL BONE NOS
171	MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE
1710	MAL NEO SOFT TISSUE HEAD
1712	MAL NEO SOFT TISSUE ARM
1713	MAL NEO SOFT TISSUE LEG
1714	MAL NEO SOFT TIS THORAX
1715	MAL NEO SOFT TIS ABDOMEN
1716	MAL NEO SOFT TIS PELVIS
1717	MAL NEOPL TRUNK NOS
1718	MAL NEO SOFT TISSUE NEC
1719	MAL NEO SOFT TISSUE NOS
172	MALIGNANT MELANOMA OF SKIN
1720	MALIG MELANOMA LIP
1721	MALIG MELANOMA EYELID
1722	MALIG MELANOMA EAR
1723	MAL MELANOM FACE NEC/NOS
1724	MAL MELANOMA SCALP/NECK
1725	MALIG MELANOMA TRUNK
1726	MALIG MELANOMA ARM
1727	MALIG MELANOMA LEG
1728	MALIG MELANOMA SKIN NEC
1729	MALIG MELANOMA SKIN NOS
173	OTHER MALIGNANT NEOPLASM OF SKIN
1730	MALIG NEO SKIN LIP
1731	MALIG NEO SKIN EYELID
1732	MALIG NEO SKIN EAR
1733	MAL NEO SKIN FACE NEC
1734	MAL NEO SCALP/SKIN NECK

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
1735	MALIG NEO SKIN TRUNK
1736	MALIG NEO SKIN ARM
1737	MALIG NEO SKIN LEG
1738	MALIG NEO SKIN NEC
1739	MALIG NEO SKIN NOS
174	MALIGNANT NEOPLASM OF FEMALE BREAST
1740	MALIG NEO NIPPLE
1741	MAL NEO BREAST-CENTRAL
1742	MAL NEO BREAST UP-INNER
1743	MAL NEO BREAST LOW-INNER
1744	MAL NEO BREAST UP-OUTER
1745	MAL NEO BREAST LOW-OUTER
1746	MAL NEO BREAST-AXILLARY
1748	MALIGN NEOPL BREAST NEC
1749	MALIGN NEOPL BREAST NOS
175	MALIGNANT NEOPLASM OF MALE BREAST
1750	MAL NEO MALE NIPPLE
1759	MAL NEO MALE BREAST NEC
176	KAPOSI'S SARCOMA
1760	SKIN - KAPOSI'S SARCOMA
1761	SFT TISSUE - KPSI'S SRCMA
1762	PALATE - KPSI's SARCOMA
1763	GI SITES - KPSI'S SRCOMA
1764	LUNG - KAPOSI'S SARCOMA
1765	LYM NDS - KPSI'S SARCOMA
1768	SPF STS - KPSI'S SARCOMA
1769	KAPOSI'S SARCOMA NOS
179	MALIG NEOPL UTERUS NOS
180	MALIGNANT NEOPLASM OF CERVIX UTERI
1800	MALIG NEO ENDOCERVIX
1801	MALIG NEO EXOCERVIX
1808	MALIG NEO CERVIX NEC
1809	MAL NEO CERVIX UTERI NOS
181	MALIGNANT NEOPL PLACENTA
182	MALIGNANT NEOPLASM OF BODY OF UTERUS
1820	MALIG NEO CORPUS UTERI

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
1821	MAL NEO UTERINE ISTHMUS
1828	MAL NEO BODY UTERUS NEC
183	MALIGNANT NEOPLASM OF OVARY AND OTHER UTERINE ADNEXA
1830	MALIGN NEOPL OVARY
1832	MAL NEO FALLOPIAN TUBE
1833	MAL NEO BROAD LIGAMENT
1834	MALIG NEO PARAMETRIUM
1835	MAL NEO ROUND LIGAMENT
1838	MAL NEO ADNEXA NEC
1839	MAL NEO ADNEXA NOS
184	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS
1840	MALIGN NEOPL VAGINA
1841	MAL NEO LABIA MAJORA
1842	MAL NEO LABIA MINORA
1843	MALIGN NEOPL CLITORIS
1844	MALIGN NEOPL VULVA NOS
1848	MAL NEO FEMALE GENIT NEC
1849	MAL NEO FEMALE GENIT NOS
185	MALIGN NEOPL PROSTATE
186	MALIGNANT NEOPLASM OF TESTIS
1860	MAL NEO UNDESCEND TESTIS
1869	MALIG NEO TESTIS NEC
187	MALIGNANT NEOPLASM OF PENIS AND OTHER MALE GENITAL ORGANS
1871	MALIGN NEOPL PREPUCE
1872	MALIG NEO GLANS PENIS
1873	MALIG NEO PENIS BODY
1874	MALIG NEO PENIS NOS
1875	MALIG NEO EPIDIDYMIS
1876	MAL NEO SPERMATIC CORD
1877	MALIGN NEOPL SCROTUM
1878	MAL NEO MALE GENITAL NEC
1879	MAL NEO MALE GENITAL NOS
188	MALIGNANT NEOPLASM OF BLADDER
1880	MAL NEO BLADDER-TRIGONE
1881	MAL NEO BLADDER-DOME

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
1882	MAL NEO BLADDER-LATERAL
1883	MAL NEO BLADDER-ANTERIOR
1884	MAL NEO BLADDER-POST
1885	MAL NEO BLADDER NECK
1886	MAL NEO URETERIC ORIFICE
1887	MALIG NEO URACHUS
1888	MALIG NEO BLADDER NEC
1889	MALIG NEO BLADDER NOS
189	MALIGNANT NEOPLASM OF KIDNEY AND OTHER AND UNSPECIFIED URINARY ORGANS
1890	MALIG NEOPL KIDNEY
1891	MALIG NEO RENAL PELVIS
1892	MALIGN NEOPL URETER
1893	MALIGN NEOPL URETHRA
1894	MAL NEO PARAURETHRAL
1898	MAL NEO URINARY NEC
1899	MAL NEO URINARY NOS
190	MALIGNANT NEOPLASM OF EYE
1900	MALIGN NEOPL EYEBALL
1901	MALIGN NEOPL ORBIT
1902	MAL NEO LACRIMAL GLAND
1903	MAL NEO CONJUNCTIVA
1904	MALIGN NEOPL CORNEA
1905	MALIGN NEOPL RETINA
1906	MALIGN NEOPL CHOROID
1907	MAL NEO LACRIMAL DUCT
1908	MALIGN NEOPL EYE NEC
1909	MALIGN NEOPL EYE NOS
191	MALIGNANT NEOPLASM OF BRAIN
1910	MALIGN NEOPL CEREBRUM
1911	MALIG NEO FRONTAL LOBE
1912	MAL NEO TEMPORAL LOBE
1913	MAL NEO PARIETAL LOBE
1914	MAL NEO OCCIPITAL LOBE
1915	MAL NEO CEREB VENTRICLE
1916	MAL NEO CEREBELLUM NOS

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
1917	MAL NEO BRAIN STEM
1918	MALIG NEO BRAIN NEC
1919	MALIG NEO BRAIN NOS
192	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF NERVOUS SYSTEM
1920	MAL NEO CRANIAL NERVES
1921	MAL NEO CEREBRAL MENING
1922	MAL NEO SPINAL CORD
1923	MAL NEO SPINAL MENINGES
1928	MAL NEO NERVOUS SYST NEC
1929	MAL NEO NERVOUS SYST NOS
193	MALIGN NEOPL THYROID
194	MALIGNANT NEOPLASM OF OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES
1940	MALIGN NEOPL ADRENAL
1941	MALIG NEO PARATHYROID
1943	MALIG NEO PITUITARY
1944	MALIGN NEO PINEAL GLAND
1945	MAL NEO CAROTID BODY
1946	MAL NEO PARAGANGLIA NEC
1948	MAL NEO ENDOCRINE NEC
1949	MAL NEO ENDOCRINE NOS
195	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES
1950	MAL NEO HEAD/FACE/NECK
1951	MALIGN NEOPL THORAX
1952	MALIG NEO ABDOMEN
1953	MALIGN NEOPL PELVIS
1954	MALIGN NEOPL ARM
1955	MALIGN NEOPL LEG
1958	MALIG NEO SITE NEC
196	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES
1960	MAL NEO LYMPH-HEAD/NECK
1961	MAL NEO LYMPH-INTRATHOR
1962	MAL NEO LYMPH INTRA-ABD
1963	MAL NEO LYMPH-AXILLA/ARM
1965	MAL NEO LYMPH-INGUIN/LEG
1966	MAL NEO LYMPH-INTRAPELV

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
1968	MAL NEO LYMPH NODE-MULT
1969	MAL NEO LYMPH NODE NOS
197	SECONDARY MALIGNANT NEOPLASM OF RESPIRATORY AND DIGESTIVE SYSTEMS
1970	SECONDARY MALIG NEO LUNG
1971	SEC MAL NEO MEDIASTINUM
1972	SECOND MALIG NEO PLEURA
1973	SEC MALIG NEO RESP NEC
1974	SEC MALIG NEO SM BOWEL
1975	SEC MALIG NEO LG BOWEL
1976	SEC MAL NEO PERITONEUM
1977	SECOND MALIG NEO LIVER
1978	SEC MAL NEO GI NEC
198	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES
1980	SECOND MALIG NEO KIDNEY
1981	SEC MALIG NEO URIN NEC
1982	SECONDARY MALIG NEO SKIN
1983	SEC MAL NEO BRAIN/SPINE
1984	SEC MALIG NEO NERVE NEC
1985	SECONDARY MALIG NEO BONE
1986	SECOND MALIG NEO OVARY
1987	SECOND MALIG NEO ADRENAL
1988	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES
19881	SECOND MALIG NEO BREAST
19882	SECOND MALIG NEO GENITAL
19889	SECONDARY MALIG NEO NEC
199	MALIGNANT NEOPLASM WITHOUT SPECIFICATION OF SITE
1990	MALIG NEO DISSEMINATED
1991	MALIGNANT NEOPLASM NOS
1992	MALIGNANT NEOPLASM ASSOCIATED WITH TRANSPLANT ORGAN
200	LYMPHOSARCOMA AND RETICULOSARCOMA AND OTHER SPECIFIED MALIGNANT TUMORS OF LYMPHATIC TISSUE
2000	RETICULOSARCOMA
20000	RETCLSRC UNSP XTRNDL ORG
20001	RETICULOSARCOMA HEAD
20002	RETICULOSARCOMA THORAX
20003	RETICULOSARCOMA ABDOM

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
20004	RETICULOSARCOMA AXILLA
20005	RETICULOSARCOMA INGUIN
20006	RETICULOSARCOMA PELVIC
20007	RETICULOSARCOMA SPLEEN
20008	RETICULOSARCOMA MULT
2001	LYMPHOSARCOMA
20010	LYMPHSRC UNSP XTRNDL ORG
20011	LYMPHOSARCOMA HEAD
20012	LYMPHOSARCOMA THORAX
20013	LYMPHOSARCOMA ABDOM
20014	LYMPHOSARCOMA AXILLA
20015	LYMPHOSARCOMA INGUIN
20016	LYMPHOSARCOMA PELVIC
20017	LYMPHOSARCOMA SPLEEN
20018	LYMPHOSARCOMA MULT
2002	BURKITT'S TUMOR OR LYMPHOMA
20020	BRKT TMR UNSP XTRNDL ORG
20021	BURKITT'S TUMOR HEAD
20022	BURKITT'S TUMOR THORAX
20023	BURKITT'S TUMOR ABDOM
20024	BURKITT'S TUMOR AXILLA
20025	BURKITT'S TUMOR INGUIN
20026	BURKITT'S TUMOR PELVIC
20027	BURKITT'S TUMOR SPLEEN
20028	BURKITT'S TUMOR MULT
2003	MARGINAL ZONE LYMPHOMA
20030	MARGINAL ZONE LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
20031	MARGINAL ZONE LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
20032	MARGINAL ZONE LYMPHOMA, INTRATHORACIC LYMPH NODES
20033	MARGINAL ZONE LYMPHOMA, INTRAABDOMINAL LYMPH NODES
20034	MARGINAL ZONE LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
20035	MARGINAL ZONE LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
20036	MARGINAL ZONE LYMPHOMA, INTRAPELVIC LYMPH NODES
20037	MARGINAL ZONE LYMPHOMA, SPLEEN
20038	MARGINAL ZONE LYMPHOMA, LYMPH NODES OF MULTIPLE SITES

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
2004	MANTLE CELL LYMPHOMA
20040	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
20041	MANTLE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
20042	MANTLE CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
20043	MANTLE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
20044	MANTLE CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
20045	MANTLE CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
20046	MANTLE CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
20047	MANTLE CELL LYMPHOMA, SPLEEN
20048	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
2005	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA
20050	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
20051	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
20052	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, INTRATHORACIC LYMPH NODES
20053	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
20054	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
20055	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
20056	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, INTRAPELVIC LYMPH NODES
20057	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, SPLEEN
20058	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
2006	ANAPLASTIC LARGE CELL LYMPHOMA
20060	ANAPLASTIC LARGE CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
20061	ANAPLASTIC LARGE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
20062	ANAPLASTIC LARGE CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
20063	ANAPLASTIC LARGE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
20064	ANAPLASTIC LARGE CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
20065	ANAPLASTIC LARGE CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
20066	ANAPLASTIC LARGE CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
20067	ANAPLASTIC LARGE CELL LYMPHOMA, SPLEEN

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
20068	ANAPLASTIC LARGE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
2007	LARGE CELL LYMPHOMA
20070	LARGE CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
20071	LARGE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
20072	LARGE CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
20073	LARGE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
20074	LARGE CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
20075	LARGE CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
20076	LARGE CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
20077	LARGE CELL LYMPHOMA, SPLEEN
20078	LARGE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
2008	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA
20080	OTH VARN UNSP XTRNDL ORG
20081	MIXED LYMPHOSARC HEAD
20082	MIXED LYMPHOSARC THORAX
20083	MIXED LYMPHOSARC ABDOM
20084	MIXED LYMPHOSARC AXILLA
20085	MIXED LYMPHOSARC INGUIN
20086	MIXED LYMPHOSARC PELVIC
20087	MIXED LYMPHOSARC SPLEEN
20088	MIXED LYMPHOSARC MULT
201	HODGKIN'S DISEASE
2010	HODGKIN'S PARAGRANULOMA
20100	HDGK PRG UNSP XTRNDL ORG
20101	HODGKINS PARAGRAN HEAD
20102	HODGKINS PARAGRAN THORAX
20103	HODGKINS PARAGRAN ABDOM
20104	HODGKINS PARAGRAN AXILLA
20105	HODGKINS PARAGRAN INGUIN
20106	HODGKINS PARAGRAN PELVIC
20107	HODGKINS PARAGRAN SPLEEN
20108	HODGKINS PARAGRAN MULT
2011	HODGKIN'S GRANULOMA
20110	HDGK GRN UNSP XTRNDL ORG
20111	HODGKINS GRANULOM HEAD

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
20112	HODGKINS GRANULOM THORAX
20113	HODGKINS GRANULOM ABDOM
20114	HODGKINS GRANULOM AXILLA
20115	HODGKINS GRANULOM INGUIN
20116	HODGKINS GRANULOM PELVIC
20117	HODGKINS GRANULOM SPLEEN
20118	HODGKINS GRANULOM MULT
2012	HODGKIN'S SARCOMA
20120	HDGK SRC UNSP XTRNDL ORG
20121	HODGKINS SARCOMA HEAD
20122	HODGKINS SARCOMA THORAX
20123	HODGKINS SARCOMA ABDOM
20124	HODGKINS SARCOMA AXILLA
20125	HODGKINS SARCOMA INGUIN
20126	HODGKINS SARCOMA PELVIC
20127	HODGKINS SARCOMA SPLEEN
20128	HODGKINS SARCOMA MULT
2014	HODGKIN'S DISEASE LYMPHOCYTIC-HISTIOCYTIC PREDOMINANCE
20140	LYM-HST UNSP XTRNDL ORGN
20141	HODG LYMPH-HISTIO HEAD
20142	HODG LYMPH-HISTIO THORAX
20143	HODG LYMPH-HISTIO ABDOM
20144	HODG LYMPH-HISTIO AXILLA
20145	HODG LYMPH-HISTIO INGUIN
20146	HODG LYMPH-HISTIO PELVIC
20147	HODG LYMPH-HISTIO SPLEEN
20148	HODG LYMPH-HISTIO MULT
2015	HODGKIN'S DISEASE NODULAR SCLEROSIS
20150	NDR SCLR UNSP XTRNDL ORG
20151	HODG NODUL SCLERO HEAD
20152	HODG NODUL SCLERO THORAX
20153	HODG NODUL SCLERO ABDOM
20154	HODG NODUL SCLERO AXILLA
20155	HODG NODUL SCLERO INGUIN
20156	HODG NODUL SCLERO PELVIC
20157	HODG NODUL SCLERO SPLEEN

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
20158	HODG NODUL SCLERO MULT
2016	HODGKIN'S DISEASE MIXED CELLULARITY
20160	MXD CELR UNSP XTRNDL ORG
20161	HODGKINS MIX CELL HEAD
20162	HODGKINS MIX CELL THORAX
20163	HODGKINS MIX CELL ABDOM
20164	HODGKINS MIX CELL AXILLA
20165	HODGKINS MIX CELL INGUIN
20166	HODGKINS MIX CELL PELVIC
20167	HODGKINS MIX CELL SPLEEN
20168	HODGKINS MIX CELL MULT
2017	HODGKIN'S DISEASE LYMPHOCYTIC DEPLETION
20170	LYM DPLT UNSP XTRNDL ORG
20171	HODG LYMPH DEPLET HEAD
20172	HODG LYMPH DEPLET THORAX
20173	HODG LYMPH DEPLET ABDOM
20174	HODG LYMPH DEPLET AXILLA
20175	HODG LYMPH DEPLET INGUIN
20176	HODG LYMPH DEPLET PELVIC
20177	HODG LYMPH DEPLET SPLEEN
20178	HODG LYMPH DEPLET MULT
2019	HODGKIN'S DISEASE UNSPECIFIED TYPE
20190	HDGK DIS UNSP XTRNDL ORG
20191	HODGKINS DIS NOS HEAD
20192	HODGKINS DIS NOS THORAX
20193	HODGKINS DIS NOS ABDOM
20194	HODGKINS DIS NOS AXILLA
20195	HODGKINS DIS NOS INGUIN
20196	HODGKINS DIS NOS PELVIC
20197	HODGKINS DIS NOS SPLEEN
20198	HODGKINS DIS NOS MULT
202	OTHER MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE
2020	NODULAR LYMPHOMA
20200	NDLR LYM UNSP XTRNDL ORG
20201	NODULAR LYMPHOMA HEAD
20202	NODULAR LYMPHOMA THORAX

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
20203	NODULAR LYMPHOMA ABDOM
20204	NODULAR LYMPHOMA AXILLA
20205	NODULAR LYMPHOMA INGUIN
20206	NODULAR LYMPHOMA PELVIC
20207	NODULAR LYMPHOMA SPLEEN
20208	NODULAR LYMPHOMA MULT
2021	MYCOSIS FUNGOIDES
20210	MYCS FNG UNSP XTRNDL ORG
20211	MYCOSIS FUNGOIDES HEAD
20212	MYCOSIS FUNGOIDES THORAX
20213	MYCOSIS FUNGOIDES ABDOM
20214	MYCOSIS FUNGOIDES AXILLA
20215	MYCOSIS FUNGOIDES INGUIN
20216	MYCOSIS FUNGOIDES PELVIC
20217	MYCOSIS FUNGOIDES SPLEEN
20218	MYCOSIS FUNGOIDES MULT
2022	SEZARY'S DISEASE
20220	SZRY DIS UNSP XTRNDL ORG
20221	SEZARY'S DISEASE HEAD
20222	SEZARY'S DISEASE THORAX
20223	SEZARY'S DISEASE ABDOM
20224	SEZARY'S DISEASE AXILLA
20225	SEZARY'S DISEASE INGUIN
20226	SEZARY'S DISEASE PELVIC
20227	SEZARY'S DISEASE SPLEEN
20228	SEZARY'S DISEASE MULT
2023	MALIGNANT HISTIOCYTOSIS
20230	MLG HIST UNSP XTRNDL ORG
20231	MAL HISTIOCYTOSIS HEAD
20232	MAL HISTIOCYTOSIS THORAX
20233	MAL HISTIOCYTOSIS ABDOM
20234	MAL HISTIOCYTOSIS AXILLA
20235	MAL HISTIOCYTOSIS INGUIN
20236	MAL HISTIOCYTOSIS PELVIC
20237	MAL HISTIOCYTOSIS SPLEEN
20238	MAL HISTIOCYTOSIS MULT

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
2024	LEUKEMIC RETICULOENDOTHELIOSIS
20240	LK RTCTL UNSP XTRNDL ORG
20241	HAIRY-CELL LEUKEM HEAD
20242	HAIRY-CELL LEUKEM THORAX
20243	HAIRY-CELL LEUKEM ABDOM
20244	HAIRY-CELL LEUKEM AXILLA
20245	HAIRY-CELL LEUKEM INGUIN
20246	HAIRY-CELL LEUKEM PELVIC
20247	HAIRY-CELL LEUKEM SPLEEN
20248	HAIRY-CELL LEUKEM MULT
2025	LETTERER-SIWE DISEASE
20250	LTR-SIWE UNSP XTRNDL ORG
20251	LETTERER-SIWE DIS HEAD
20252	LETTERER-SIWE DIS THORAX
20253	LETTERER-SIWE DIS ABDOM
20254	LETTERER-SIWE DIS AXILLA
20255	LETTERER-SIWE DIS INGUIN
20256	LETTERER-SIWE DIS PELVIC
20257	LETTERER-SIWE DIS SPLEEN
20258	LETTERER-SIWE DIS MULT
2026	MALIGNANT MAST CELL TUMORS
20260	MLG MAST UNSP XTRNDL ORG
20261	MAL MASTOCYTOSIS HEAD
20262	MAL MASTOCYTOSIS THORAX
20263	MAL MASTOCYTOSIS ABDOM
20264	MAL MASTOCYTOSIS AXILLA
20265	MAL MASTOCYTOSIS INGUIN
20266	MAL MASTOCYTOSIS PELVIC
20267	MAL MASTOCYTOSIS SPLEEN
20268	MAL MASTOCYTOSIS MULT
2027	PERIPHERAL T-CELL LYMPHOMA
20270	PERIPHERAL T CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
20271	PERIPHERAL T CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
20272	PERIPHERAL T CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
20273	PERIPHERAL T CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
20274	PERIPHERAL T CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
20275	PERIPHERAL T CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
20276	PERIPHERAL T CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
20277	PERIPHERAL T CELL LYMPHOMA, SPLEEN
20278	PERIPHERAL T CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
2028	OTHER MALIGNANT LYMPHOMAS
20280	OTH LYMP UNSP XTRNDL ORG
20281	LYMPHOMAS NEC HEAD
20282	LYMPHOMAS NEC THORAX
20283	LYMPHOMAS NEC ABDOM
20284	LYMPHOMAS NEC AXILLA
20285	LYMPHOMAS NEC INGUIN
20286	LYMPHOMAS NEC PELVIC
20287	LYMPHOMAS NEC SPLEEN
20288	LYMPHOMAS NEC MULT
2029	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE
20290	UNSP LYM UNSP XTRNDL ORG
20291	LYMPHOID MAL NEC HEAD
20292	LYMPHOID MAL NEC THORAX
20293	LYMPHOID MAL NEC ABDOM
20294	LYMPHOID MAL NEC AXILLA
20295	LYMPHOID MAL NEC INGUIN
20296	LYMPHOID MAL NEC PELVIC
20297	LYMPHOID MAL NEC SPLEEN
20298	LYMPHOID MAL NEC MULT
203	MULTIPLE MYELOMA AND IMMUNOPROLIFERATIVE NEOPLASMS
2030	MULTIPLE MYELOMA
20300	MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20301	MULT MYELM W REMISSION
20302	MULTIPLE MYELOMA, IN RELAPSE
2031	PLASMA CELL LEUKEMIA
20310	PLASMA CELL LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20311	PLSM CELL LEUK W RMSON

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
20312	PLASMA CELL LEUKEMIA, IN RELAPSE
2038	OTHER IMMUNOPROLIFERATIVE NEOPLASMS
20380	OTHER IMMUNOPROLIFERATIVE NEOPLASMS, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20381	OTH IMNPRFL NPL W RMSN
20382	OTHER IMMUNOPROLIFERATIVE NEOPLASMS, IN RELAPSE
204	LYMPHOID LEUKEMIA
2040	ACUTE LYMPHOID LEUKEMIA
20400	ACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20401	ACT LYM LEUK W RMSION
20402	ACUTE LYMPHOID LEUKEMIA, IN RELAPSE
2041	CHRONIC LYMPHOID LEUKEMIA
20410	CHRONIC LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20411	CHR LYM LEUK W RMSION
20412	CHRONIC LYMPHOID LEUKEMIA, IN RELAPSE
2042	SUBACUTE LYMPHOID LEUKEMIA
20420	SUBACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20421	SBAC LYM LEUK W RMSION
20422	SUBACUTE LYMPHOID LEUKEMIA, IN RELAPSE
2048	OTHER LYMPHOID LEUKEMIA
20480	OTHER LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20481	OTH LYM LEUK W RMSION
20482	OTHER LYMPHOID LEUKEMIA, IN RELAPSE
2049	UNSPECIFIED LYMPHOID LEUKEMIA
20490	UNSPECIFIED LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20491	UNS LYM LEUK W RMSION
20492	UNSPECIFIED LYMPHOID LEUKEMIA, IN RELAPSE
205	MYELOID LEUKEMIA
2050	ACUTE MYELOID LEUKEMIA
20500	ACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20501	ACT MYL LEUK W RMSION
20502	ACUTE MYELOID LEUKEMIA, IN RELAPSE
2051	CHRONIC MYELOID LEUKEMIA

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
20510	CHRONIC MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20511	CHR MYL LEUK W RMSION
20512	CHRONIC MYELOID LEUKEMIA, IN RELAPSE
2052	SUBACUTE MYELOID LEUKEMIA
20520	SUBACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20521	SBAC MYL LEUK W RMSION
20522	SUBACUTE MYELOID LEUKEMIA, IN RELAPSE
2053	MYELOID SARCOMA
20530	MYELOID SARCOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20531	MYL SRCOMA W RMSION
20532	MYELOID SARCOMA, IN RELAPSE
2058	OTHER MYELOID LEUKEMIA
20580	OTHER MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20581	OTH MYL LEUK W RMSION
20582	OTHER MYELOID LEUKEMIA, IN RELAPSE
2059	UNSPECIFIED MYELOID LEUKEMIA
20590	UNSPECIFIED MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20591	UNS MYL LEUK W RMSION
20592	UNSPECIFIED MYELOID LEUKEMIA, IN RELAPSE
206	MONOCYTIC LEUKEMIA
2060	ACUTE MONOCYTIC LEUKEMIA
20600	ACUTE MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20601	ACT MONO LEUK W RMSION
20602	ACUTE MONOCYTIC LEUKEMIA, IN RELAPSE
2061	CHRONIC MONOCYTIC LEUKEMIA
20610	CHRONIC MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20611	CHR MONO LEUK W RMSION
20612	CHRONIC MONOCYTIC LEUKEMIA, IN RELAPSE
2062	SUBACUTE MONOCYTIC LEUKEMIA
20620	SUBACUTE MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20621	SBAC MONO LEUK W RMSION
20622	SUBACUTE MONOCYTIC LEUKEMIA, IN RELAPSE

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
2068	OTHER MONOCYTIC LEUKEMIA
20680	OTHER MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20681	OTH MONO LEUK W RMSION
20682	OTHER MONOCYTIC LEUKEMIA, IN RELAPSE
2069	UNSPECIFIED MONOCYTIC LEUKEMIA
20690	UNSPECIFIED MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20691	UNS MONO LEUK W RMSION
20692	UNSPECIFIED MONOCYTIC LEUKEMIA, IN RELAPSE
207	OTHER SPECIFIED LEUKEMIA
2070	ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA
20700	ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20701	ACT ERTH/ERYLK W RMSON
20702	ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA, IN RELAPSE
2071	CHRONIC ERYTHREMIA
20710	CHRONIC ERYTHREMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20711	CHR ERYTHRM W REMISION
20712	CHRONIC ERYTHREMIA, IN RELAPSE
2072	MEGAKARYOCYTIC LEUKEMIA
20720	MEGAKARYOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20721	MGKRYCYT LEUK W RMSION
20722	MEGAKARYOCYTIC LEUKEMIA, IN RELAPSE
2078	OTHER SPECIFIED LEUKEMIA
20780	OTHER SPECIFIED LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20781	OTH SPF LEUK W REMSION
20782	OTHER SPECIFIED LEUKEMIA, IN RELAPSE
208	LEUKEMIA OF UNSPECIFIED CELL TYPE
2080	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE
20800	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20801	ACT LEUK UNS CL W RMSON
20802	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
2081	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE
20810	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION

Step 10 (diagnosis of active malignancy or malnutrition)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
20811	CHR LEUK UNS CL W RMSON
20812	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
2082	SUBACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE
20820	SUBACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20821	SBAC LEUK UNS CL W RMSON
20822	SUBACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
2088	OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE
20880	OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20881	OTH LEUK UNS CL W RMSON
20882	OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
2089	UNSPECIFIED LEUKEMIA
20890	UNSPECIFIED LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
20891	LEUKEMIA NOS W REMISSION
2632	ARREST DEVEL D/T MALNUTR

Step 11 (history of an antineoplastic agent for Mecasermin)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
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 50 MG TABLET	38361

Step 11 (history of an antineoplastic agent for Mecasermin)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
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
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
FINASTERIDE 5 MG TABLET	30521
FLUOROPLEX 1% CREAM	30780
FLUOROURACIL 2% TOPICAL SOLN	30791
FLUOROURACIL 5% CREAM	30781
FLUOROURACIL 5% TOP SOLUTION	30792
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

Step 11 (history of an antineoplastic agent for Mecasermin)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
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
MEGESTROL 40 MG TABLET	38681
MEGESTROL ACET 40 MG/ML SUSP	40381
MERCAPTOPYRINE 50 MG TABLET	38520
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
SUTENT 12.5 MG CAPSULE	26452
SUTENT 25 MG CAPSULE	26453
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
TARGRETIN 1% GEL	89921

Step 11 (history of an antineoplastic agent for Mecasermin)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
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

Step 12 (procedure for chemotherapy)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
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
96422	CHEMO IA INFUSION UP TO 1 HR

Step 12 (procedure for chemotherapy)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
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
J9110	CYTARABINE HCL 500 MG INJ

Step 12 (procedure for chemotherapy)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
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
J9350	TOPOTECAN INJECTION

Step 12 (procedure for chemotherapy)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
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	VINORELBINE TARTRATE INJ
J9600	PORFIMER SODIUM INJECTION
J9999	CHEMOTHERAPY DRUG



Increlex (Mecasermin)

Clinical Edit 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"> Added a new section to specify the drugs requiring prior authorization Clarified wording in steps 11 and 12 of the criteria logic and logic diagram 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 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 In the "Clinical Edit Criteria Supporting Tables" section, revised table to specify the procedure codes pertinent to step 12 of the logic diagram
10/20/2012	<ul style="list-style-type: none"> Clarified wording in step 5 of the criteria logic and logic diagram
08/28/2013	<ul style="list-style-type: none"> Added references for drug information
7/8/14	<ul style="list-style-type: none"> Step 5 (written and flowchart) was changed from <i>evoked GH \geq 7 mg/mL</i> to <i>evoked GH \leq 7 ng/mL</i>