

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class

Opiate Overutilization

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, 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

- Updated the "Clinical Edit Criteria Logic" and "Clinical Edit Criteria Logic Diagram" to reflect modifications to steps 2 and 3



Opiate Overutilization

Drugs Requiring Prior Authorization

Opiate Analgesics	
Label Name	GCN
ACETAMINOPHEN-COD #2 TABLET	70131
ACETAMINOPHEN-COD #3 TABLET	70134
ACETAMINOPHEN-COD #4 TABLET	70136
ACETAMINOPHEN-CODEINE ELIXIR	55401
ACTIQ 200 MCG LOZENGE	19204
ACTIQ 400 MCG LOZENGE	19206
ACTIQ 600 MCG LOZENGE	19191
ACTIQ 800 MCG LOZENGE	19192
ACTIQ 1,200 MCG LOZENGE	19193
ACTIQ 1,600 MCG LOZENGE	19194
ALFENTANOL HCL 500MCG/NL AMPULE	42570
ASCOMP WITH CODEINE CAPSULE	69500
ASPIRIN-CODEINE 325-50 TABLET	69913
ASTRAMORPH-PF 0.5MG/ML AMPULE	19827
ASTRAMORPH-PF 0.5MG/ML VIAL	19835
ASTRAMORPH-PF 1MG/ML AMPULE	19828
ASTRAMORPH-PF 1MG/ML VIAL	19836
AVINZA 30 MG CAPSULE	17193
AVINZA 45 MG CAPSULE	16212
AVINZA 60 MG CAPSULE	17192
AVINZA 75 MG CAPSULE	16213
AVINZA 90 MG CAPSULE	17191
AVINZA 120 MG CAPSULE	17189
BELLADONNA-OPIUM 30-16.2MG SUPP	70741
BELLADONNA-OPIUM 60-16.2MG SUPP	70742
BUPRENEX 0.3 MG/ML AMPUL	27500
BUTALB-CAFF-ACETAMINOPH-CODEIN	70140
BUTALBITAL COMP-CODEINE #3 CAP	69500
BUTORPHANOL 1 MG/ML VIAL	16550
BUTORPHANOL 2 MG/ML VIAL	16551
BUTORPHANOL 10 MG/ML SPRAY	20351
BUTRANS 5 MCG/HR PATCH	25308

Opiate Analgesics	
Label Name	GCN
BUTRANS 10 MCG/HR PATCH	25309
BUTRANS 20 MCG/HR PATCH	25312
CAPITAL WITH CODEINE 120MG-12MG/5ML	70110
CARISOPRODOL CPD-CODEINE TABLET	13995
CO-GESIC 5-500 TABLET	70331
CODEINE SULFATE 15MG TABLET	16240
CODEINE SULFATE 30 MG TABLET	16241
CODEINE SULFATE 30MG/5ML SOLUTION	32307
CODEINE SULFATE 60 MG TABLET	16242
DEMEROL 50 MG/ML AMPUL	25605
DEMEROL 50 MG/ML AMPUL	25608
DEMEROL 75 MG/1.5 ML AMPUL	25607
DEMEROL 50 MG TABLET	15991
DEMEROL 50 MG/ML VIAL	15962
DEMEROL 100 MG/ML AMPUL	25626
DEMEROL 100 MG TABLET	15990
DEMEROL 100 MG/ML VIAL	15960
DEPODUR 15MG/1.5ML VIAL	23846
DILAUDID 2 MG TABLET	16141
DILAUDID 4 MG TABLET	16143
DILAUDID 8 MG TABLET	16144
DILAUDID-5 1 MG/ML LIQUID	20251
DILAUDID-HP 10 MG/ML AMPUL	98596
DILAUDID-HP 10 MG/ML VIAL	20451
DILAUDID-HP 250 MG VIAL	16092
DOLOPHINE HCL 10 MG TABLET	16420
DOLOREX FORTE CAPSULE	70320
DURAGESIC 12 MCG/HR PATCH	24635
DURAGESIC 25 MCG/HR PATCH	19200
DURAGESIC 50 MCG/HR PATCH	19201
DURAGESIC 75 MCG/HR PATCH	19202
DURAGESIC 100 MCG/HR PATCH	19203
EMBEDA 20-0.8 MG CAPSULE	27526
EMBEDA 30-1.2 MG CAPSULE	27535
EMBEDA 50-2 MG CAPSULE	27536
EMBEDA 60-2.4 MG CAPSULE	27537
EMBEDA 80-3.2 MG CAPSULE	27538

Opiate Analgesics	
Label Name	GCN
EMBEDA 100-4 MG CAPSULE	27539
ENDOCET 5-325 TABLET	70491
ENDOCET 7.5-325 MG TABLET	14965
ENDOCET 7.5-500 MG TABLET	50756
ENDOCET 10-325 MG TABLET	14966
ENDOCET 10-650 MG TABLET	50766
ENDODAN 4.83-325 MG TABLET	26836
ETH-OXYDOSE 20 MG/ML SOLUTION	16281
EXALGO ER 8 MG TABLET	22056
EXALGO ER 12 MG TABLET	28427
EXALGO ER 16 MG TABLET	22098
EXALGO ER 32 MG TABLET	33088
FENTANYL 12 MCG/HR PATCH	24635
FENTANYL 25 MCG/HR PATCH	19200
FENTANYL 50 MCG/HR PATCH	19201
FENTANYL 75 MCG/HR PATCH	19202
FENTANYL 100 MCG/HR PATCH	19203
FENTANYL CITRATE OTFC 200 MCG	19204
FENTANYL CITRATE OTFC 400 MCG	19206
FENTANYL CITRATE OTFC 600 MCG	19191
FENTANYL CITRATE OTFC 800 MCG	19192
FENTANYL CIT OTFC 1,200 MCG	19193
FENTANYL CIT OTFC 1,600 MCG	19194
FENTORA 100 MCG BUCCAL TABLET	97280
FENTORA 200 MCG BUCCAL TABLET	97281
FENTORA 400 MCG BUCCAL TABLET	97283
FENTORA 600 MCG BUCCAL TABLET	97284
FENTORA 800 MCG BUCCAL TABLET	97285
FIORICET-COD 30-50-325-40 CAP	70140
FIORINAL-COD 30-50-325-40 CAP	69500
HYCET 7.5 MG-325 MG/15 ML SOL	21146
HYDROCODON-ACETAMINOPH 2.5-500	70338
HYDROCODON-ACETAMINOPHEN 5-300	26470
HYDROCODON-ACETAMINOPHEN 5-325	12486
HYDROCODON-ACETAMINOPHEN 5-500	70331
HYDROCODON-ACETAMINOPH 7.5-300	26709
HYDROCODON-ACETAMINOPH 7.5-325	12488

Opiate Analgesics	
Label Name	GCN
HYDROCODON-ACETAMINOPH 7.5-500	70339
HYDROCODON-ACETAMINOPH 7.5-650	70333
HYDROCODON-ACETAMINOPH 7.5-750	70335
HYDROCODON-ACETAMINOPHN 10-300	22929
HYDROCODON-ACETAMINOPHN 10-325	70330
HYDROCODON-ACETAMINOPHN 10-500	70334
HYDROCODON-ACETAMINOPHN 10-650	70332
HYDROCODON-ACETAMINOPHN 10-660	70363
HYDROCODON-ACETAMINOPHN 10-750	85319
HYDROCODONE-ACETAMINOPHEN SOLN	20906
HYDROCODONE BT-IBUPROFEN TAB	63101
HYDROGESIC 5-500 MG CAPSULE	70320
HYDROMORPHONE 1MG/ML SYRINGE	98594
HYDROMORPHONE 2MG/ML VIAL	16100
HYDROMORPHONE 3 MG SUPPOS	16130
HYDROMORPHONE 2 MG TABLET	16141
HYDROMORPHONE 4 MG TABLET	16143
HYDROMORPHONE 8 MG TABLET	16144
HYDROMORPHONE 10 MG/ML VIAL	20451
IBUDONE 5-200 MG TABLET	22678
IBUDONE 10-200 MG TABLET	99371
INFUMORPH 10 MG/ML AMPUL P-F	19829
INFUMORPH 25 MG/ML AMPUL P-F	19843
KADIAN ER 10 MG CAPSULE	26490
KADIAN ER 20 MG CAPSULE	26492
KADIAN ER 30 MG CAPSULE	97534
KADIAN ER 50 MG CAPSULE	26493
KADIAN ER 60 MG CAPSULE	97535
KADIAN ER 80 MG CAPSULE	97508
KADIAN ER 100 MG CAPSULE	26494
KADIAN ER 200 MG CAPSULE	98135
LAZANDA 100MCG SPRAY/PUMP	27648
LAZANDA 400MCG SPRAY/PUMP	29146
LEVORPHANOL 2 MG TABLET	16350
LORCET 10-650 TABLET	70332
LORCET PLUS TABLET	70333
LORTAB 5-500 TABLET	70331

Opiate Analgesics	
Label Name	GCN
LORTAB 7.5-500 TABLET	70339
LORTAB 10-500 TABLET	70334
LORTAB ELIXIR	20906
MAGNACET 5MG-400MG TABLET	97874
MAGNACET 7.5MG-400MG TABLET	97875
MAGNACET 10MG-400MG TABLET	97876
MEPERIDINE 25 MG/ML VIAL	25613
MEPERIDINE 50 MG/5 ML SOLUTION	15980
MEPERIDINE 50 MG TABLET	15991
MEPERIDINE 50 MG/ML VIAL	25609
MEPERIDINE 75 MG/ML VIAL	25617
MEPERIDINE 100 MG TABLET	15990
MEPERIDINE 100 MG/ML VIAL	25627
MEPERITAB 50 MG TABLET	15991
MEPERITAB 100 MG TABLET	15990
METHADONE 5 MG/5 ML SOLUTION	16400
METHADONE 10 MG/ML ORAL CONC	16415
METHADONE 10 MG/5 ML SOLUTION	16410
METHADONE 40 MG TABLET DISPR	16423
METHADONE HCL 5 MG TABLET	16422
METHADONE HCL 10 MG TABLET	16420
METHADONE INTENSOL 10 MG/ML	16415
METHADOSE 10 MG/ML ORAL CONC	16415
METHADOSE 10 MG TABLET	16420
METHADOSE 40 MG TABLET DISPR	16423
MORPHINE 15 MG/ML VIAL	16041
MORPHINE SULF 2 MG/ML SYRINGE	16032
MORPHINE SULF 4 MG/ML SYRINGE	16035
MORPHINE SULF 5 MG SUPP	16053
MORPHINE SULF 5 MG/ML VIAL	16042
MORPHINE SULF 8 MG/ML AMPULE	16022
MORPHINE SULF 8 MG/ML SYRINGE	16038
MORPHINE SULF 8 MG/ML VIAL	16043
MORPHINE SUFL 10 MG SUPP	16051
MORPHINE SULF 10MG/ML VIAL	16040
MORPHINE SULF 10 MG/5 ML SOLN	16060
MORPHINE SULF 20 MG SUPP	16052

Opiate Analgesics	
Label Name	GCN
MORPHINE SULF 20 MG/5 ML SOLN	16062
MORPHINE SULF 25 MG/ML VIAL	19844
MORPHINE SULF 100 MG/5 ML SOLN	16063
MORPHINE SULFATE 50 MG/ML VIAL	16277
MORPHINE SULF CR 15 MG TABLET	16643
MORPHINE SULF CR 30 MG TABLET	16640
MORPHINE SULF CR 60 MG TABLET	16641
MORPHINE SULF CR 100 MG TABLET	16642
MORPHINE SULF CR 200 MG TABLET	16078
MORPHINE SULF ER 15 MG TABLET	16643
MORPHINE SULF ER 30 MG TABLET	16640
MORPHINE SULF ER 60 MG TABLET	16641
MORPHINE SULF ER 100 MG TABLET	16642
MORPHINE SULF ER 200 MG TABLET	16078
MORPHINE SULFATE IR 15 MG TAB	16070
MORPHINE SULFATE IR 30 MG TAB	16071
MS CONTIN 15 MG TABLET	16643
MS CONTIN 60 MG TABLET	16641
MS CONTIN 100 MG TABLET	16642
MS CONTIN 200 MG TABLET	16078
MS CONTIN CR 30 MG TABLET	16640
NALBUPHINE 10 MG/ML AMPUL	16360
NALBUPHINE 200 MG/10 ML VIAL	16371
NORCO 10-325 TABLET	70330
NUCYNTA 50 MG TABLET	26163
NUCYNTA 75 MG TABLET	26164
NUCYNTA 100 MG TABLET	26165
NUCYNTA ER 50MG TABLET	29787
NUCYNTA ER 100MG TABLET	29788
NUCYNTA ER 150MG TABLET	29789
NUCYNTA ER 200MG TABLET	29791
NUCYNTA ER 250MG TABLET	29792
ONSOLIS 200 MCG SOLUBLE FILM	27545
ONSOLIS 400 MCG SOLUBLE FILM	27546
ONSOLIS 600 MCG SOLUBLE FILM	27547
ONSOLIS 800 MCG SOLUBLE FILM	27548
ONSOLIS 1,200 MCG SOLUBLE FILM	27549

Opiate Analgesics	
Label Name	GCN
OPANA 1 MG/ML AMPULE	16150
OPANA 5 MG TABLET	27243
OPANA 10 MG TABLET	27244
OPANA ER 5 MG TABLET	27247
OPANA ER 7.5 MG TABLET	99492
OPANA ER 10 MG TABLET	27248
OPANA ER 15 MG TABLET	99493
OPANA ER 20 MG TABLET	27249
OPANA ER 30 MG TABLET	99494
OPANA ER 40 MG TABLET	27253
ORAMORPH SR 15 MG TABLET	16643
ORAMORPH SR 30 MG TABLET	16640
ORAMORPH SR 60 MG TABLET	16641
ORAMORPH SR 100 MG TABLET	16642
OXECTA 5MG TABLET	32047
OXECTA 7.5MG TABLET	31256
OXYCODON-ACETAMINOPHEN 2.5-325	70492
OXYCODONE-ACETAMINOPHEN 5-325	70491
OXYCODONE-ACETAMINOPHEN 5-500	70500
OXYCODON-ACETAMINOPHEN 7.5-325	14965
OXYCODON-ACETAMINOPHEN 7.5-500	50756
OXYCODONE-ACETAMINOPHEN 10-325	14966
OXYCODONE-ACETAMINOPHEN 10-650	50766
OXYCODONE-ASA 4.88-325 TABLET	70481
OXYCODONE CONC 20 MG/ML SOLN	16281
OXYCODONE HCL 5 MG CAPSULE	16285
OXYCODONE HCL 5 MG/5 ML SOL	16280
OXYCODONE HCL 5 MG TABLET	16290
OXYCODONE HCL 10 MG TABLET	16291
OXYCODONE HCL 10 MG TABLET ER	16282
OXYCODONE HCL 15 MG TABLET	20091
OXYCODONE HCL 20 MG/ML SOLN	16281
OXYCODONE HCL 20 MG TABLET	21194
OXYCODONE HCL 20 MG TABLET ER	16283
OXYCODONE HCL 30 MG TABLET	20092
OXYCODONE HCL CR 80 MG TABLET	16286
OXYCODONE HCL ER 80 MG TABLET	16286

Opiate Analgesics	
Label Name	GCN
OXYCODONE-ASA 4.5-0.38-325 TAB	70481
OXYCODONE-IBUPROFEN 5-400 TAB	23827
OXYCONTIN 10 MG TABLET	16282
OXYCONTIN 15 MG TABLET	99238
OXYCONTIN 20 MG TABLET	16283
OXYCONTIN 30 MG TABLET	99239
OXYCONTIN 40 MG TABLET	16284
OXYCONTIN 60 MG TABLET	99240
OXYCONTIN 80 MG TABLET	16286
OXYMORPHONE HCL 5 MG TABLET	27243
OXYMORPHONE HCL 10 MG TABLET	27244
PENTAZOCIN-ACETAMINOPHN 25-650	71050
PENTAZOCINE-NALOXONE TABLET	71060
PERCOCET 2.5-325 MG TABLET	70492
PERCOCET 5-325 MG TABLET	70491
PERCOCET 7.5-325 MG TABLET	14965
PERCOCET 7.5-500 MG TABLET	50756
PERCOCET 10-325 MG TABLET	14966
PERCOCET 10-650 MG TABLET	50766
PERCODAN TABLET	26836
POLYGESIC 5/500 CAPSULE	70320
PRIMALEV 2.5-300 MG TABLET	26953
PRIMLEV 5-300 MG TABLET	26954
PRIMLEV 7.5-300 MG TABLET	26955
PRIMLEV 10-300 MG TABLET	26956
PROPOXYPH-ACETAMINOPHEN 50-325	70933
REPREXAIN 2.5-200 MG TABLET	16279
REPREXAIN 5-200 MG TABLET	22678
REPREXAIN 7.5-200 MG TABLET	63101
REPREXAIN 10-200 MG TABLET	99371
ROXICET 5-325 ORAL SOLUTION	70470
ROXICET 5-325 TABLET	70491
ROXICET 5-500 CAPLET	70490
ROXICODONE 5 MG/5 ML SOLUTION	16280
ROXICODONE 5 MG TABLET	16290
ROXICODONE 15 MG TABLET	20091
ROXICODONE 30 MG TABLET	20092

Opiate Analgesics	
Label Name	GCN
ROXICODONE INTENSOL 20 MG/ML	16281
SUBSYS 100 MCG SPRAY	31187
SUBSYS 200 MCG SPRAY	31189
SUBSYS 400 MCG SPRAY	31188
SUBSYS 600 MCG SPRAY	31192
SUBSYS 800 MCG SPRAY	31193
SUBSYS 1200 MCG SPRAY	31596
SUBSYS 1600 MCG SPRAY	31597
SYNALGOS-DC CAPSULE	52190
TALACEN CAPLET	71050
TALWIN 30 MG/ML VIAL	16590
TALWIN NX TABLET	71060
THERACODOPHEN-325	97812
THERACODOPHEN-650	97813
THERADOCOPHEN-LOW 90	97814
TREZIX 16-356-30 CAPSULE	70270
TYLENOL WITH CODEINE #3 TABLET	70134
TYLENOL WITH CODEINE #4 TABLET	70136
TYLOX 5-500 CAPSULE	70500
VICODIN 5-500 TABLET	70331
VICODIN ES 7.5-750 MG TABLET	70335
VICODIN HP TABLET	70363
VICOPROFEN 200-7.5 MG TAB	63101
XODOL 5-300 TABLET	26470
XODOL 7.5-300 MG TABLET	26709
XODOL 10-300 TABLET	22929
XOLOX 10-500 MG TABLET	27245
ZAMICET SOLUTION	99967
ZOLVIT 10 MG-300 MG/15 ML SOL	29246
ZYDONE 5-400 MG TABLET	70401
ZYDONE 7.5-400 MG TABLET	70402
ZYDONE 10-400 MG TABLET	70403



Opiate Overutilization

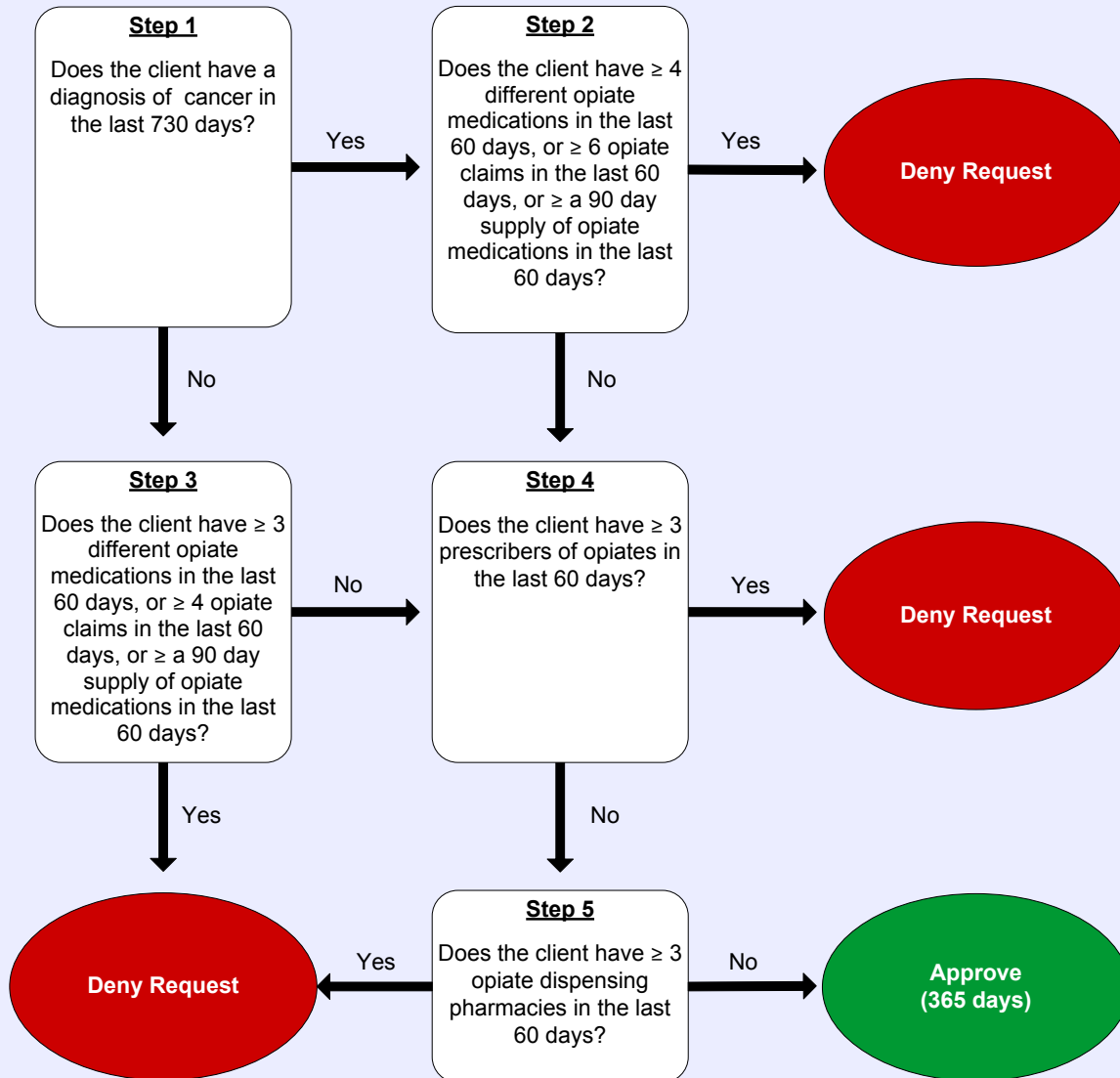
Clinical Edit Criteria Logic

1. Does the client have a diagnosis of cancer in the last 730 days?
 Yes (Go to #2)
 No (Go to #3)
2. Does the client have greater than or equal to (\geq) 4 different opiate medications in the last 60 days, or greater than or equal to (\geq) 6 opiate claims in the last 60 days, or greater than or equal to (\geq) a 90 day supply of opiate medications in the last 60 days?
 Yes (Deny)
 No (Go to #4)
3. Does the client have greater than or equal to (\geq) 3 different opiate medications in the last 60 days, or greater than or equal to (\geq) 4 opiate claims in the last 60 days, or greater than or equal to (\geq) a 90 day supply of opiate medications in the last 60 days?
 Yes (Deny)
 No (Go to #4)
4. Does the client have greater than or equal to (\geq) 3 prescribers of opiates in the last 60 days?
 Yes (Deny)
 No (Go to #5)
5. Does the client have greater than or equal to (\geq) 3 opiate dispensing pharmacies in the last 60 days?
 Yes (Deny)
 No (Approve – 365 days)



Opiate Overutilization

Clinical Edit Criteria Logic Diagram





Opiate Overutilization

Clinical Edit Criteria Supporting Tables

Step 1 (diagnosis of cancer) Required diagnosis: 1 Look back timeframe: 730 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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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
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

Step 1 (diagnosis of cancer)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
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

Step 2 (≥ 4 claims for different opiate medications, or ≥ 6 opiate claims, or ≥ 90 day supply of opiate medications)

Required quantity: 4 or 6

Look back timeframe: 60 days

For the list of opiate analgesics that pertain to this step, see the [Opiate Analgesics](#) table in the "Drugs Requiring Prior Authorization" section.

Note: Click the hyperlink to navigate directly to the table.

Step 3 (≥ 3 claims for different opiate medications, or ≥ 4 opiate claims, or ≥ 90 day supply of opiate medications)

Required quantity: 3 or 4

Look back timeframe: 60 days

For the list of opiate analgesics that pertain to this step, see the [Opiate Analgesics](#) table in the "Drugs Requiring Prior Authorization" section.

Note: Click the hyperlink to navigate directly to the table.



Opiate Overutilization

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
11/03/2011	<ul style="list-style-type: none"> • Added a new section to specify the drugs requiring prior authorization • In the "Clinical Edit Criteria Supporting Tables" section, revised section to specify the drug names and GCNs pertinent to steps 1, 2, 6, 7, 8 and 9 of the logic diagram • In the "Clinical Edit Criteria Supporting Tables" section, revised table to specify the diagnosis codes pertinent to step 5 of the logic diagram
03/29/2013	<ul style="list-style-type: none"> • Updated "Opiate Analgesics" table by removing Suboxone • Updated "Clinical Edit Criteria Logic," "Clinical Edit Criteria Logic Diagram," and "Clinical Edit Criteria Supporting Tables" sections to reflect modifications to steps 1-9 • Updated "Clinical Edit Criteria References" section
10/04/2013	<ul style="list-style-type: none"> • Updated the "Clinical Edit Criteria Logic," and "Clinical Edit Criteria Logic Diagram" to reflect modifications to steps 2 and 3