

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class

Synagis (Palivizumab)

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

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

Revision Notes

- Updated criteria logic and criteria logic diagram for the 2014-2015 season
- Added supporting tables for steps 3, 4, 8, 17, 19, and 20



Synagis (Palivizumab)

Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
SYNAGIS 50 MG/0.5 ML VIAL	24818
SYNAGIS 100 MG/1 ML VIAL	24824



Synagis (Palivizumab)

Clinical Edit Criteria Logic

For Initial Requests:

1. Is the client's chronological age less than (<) 12 months at the beginning of the RSV season for the client's county of residence?
 Yes (Go to #2)
 No (Go to #15)
2. Is the client's chronological age less than (<) 6 months at the beginning of the RSV season for the client's county of residence?
 Yes (Go to #3)
 No (Go to #4)
3. Is the client's gestational age less than (<) 31 6/7 weeks?
 Yes (Go to #24)
 No (Go to #7)
4. Is the client's gestational age less than or equal to (\leq) 28 6/7 weeks?
 Yes (Go to #24)
 No (Go to #5)
5. Does the client have a diagnosis of chronic lung disease (CLD) of prematurity?
 Yes (Go to #6)
 No (Go to #7)
6. Is the client's gestational age less than or equal to (\leq) 31 6/7 weeks?
 Yes (Go to #24)
 No (Go to #7)
7. Does the client have a severe congenital abnormality of the airway?
 Yes (Go to #24)
 No (Go to #8)
8. Does the client have a diagnosis of severe neuromuscular disease that compromises the handling of respiratory tract secretions?
 Yes (Go to #24)
 No (Go to #9)

9. Does the client have a diagnosis of hemodynamically significant heart disease?
 Yes (Go to #10)
 No (Go to #21)
10. Does the client have a diagnosis of heart failure?
 Yes (Go to #11)
 No (Go to #12)
11. Does the client have 1 claim for a medication for heart failure in the last 60 days?
 Yes (Go to #24)
 No (Go to #12)
12. Does the client have a diagnosis of moderate to severe pulmonary hypertension?
 Yes (Go to #24)
 No (Go to #13)
13. Does the client have a diagnosis of cyanotic heart disease?
 Yes (Go to #14)
 No (Go to #15)
14. Is prescribing provider a pediatric cardiologist, or has the prescribing provider indicated the name of consulting pediatric cardiologist and date of consultation?
 Yes (Go to #24)
 No (Deny)
15. Is the client less than (<) 24 months chronological age and greater than or equal to (≥) 12 months chronological age at the beginning of the RSV season for the client's county of residence?
 Yes (Go to #16)
 No (Go to #21)
16. Does the client have a diagnosis of chronic lung disease (CLD) of prematurity?
 Yes (Go to #17)
 No (Go to #19)
17. Is the client's gestational age less than or equal to (≤) 31 6/7 weeks?
 Yes (Go to #18)
 No (Go to #19)
18. Does the client have a history of any of the following in the last 180 days: chronic use of corticosteroids, diuretics, long-term mechanical ventilator, bronchodilator therapy, and/or supplemental oxygen?
 Yes (Go to #24)
 No (Go to #19)

19. Does the client have a diagnosis of an identified disease state that will leave them profoundly immunocompromised during the RSV season?
 Yes (Go to #24)
 No (Go to #20)
20. Has the client had a cardiac transplant during the RSV season?
 Yes (Go to #24)
 No (Go to #21)
21. Is the client less than (<) 24 months chronological age at the beginning of the RSV season for the client's county of residence?
 Yes (Go to #22)
 No (Deny)
22. Does the client have a condition other than those specified in Section 3 of the Synagis form? [manual step]
 Yes (Go to #23)
 No (Deny)
23. Has the prescribing provider indicated the name of the subspecialist and date of consultation OR is the requesting provider a subspecialist?
 Yes (Go to #24)
 No (Deny)
24. Is the claim for 1 pack of either the 50mg or 100mg vials?
 Yes (Go to #25)
 No (Deny)
25. Are there greater than (>) 4 dates of service for palivizumab since the beginning of the current RSV season (determined by client's county of residence) until today?
 Yes (Deny)
 No (Approve request for 1 dose)

For Renewal Requests:

1. Has the client been hospitalized for RSV since the last palivizumab dose?
 Yes (Deny)
 No (Go to #2)

2. Has the pharmacy indicated the client's weight?
 Yes (Go to #3)
 No (Deny)

3. Did the pharmacy indicate date of last palivizumab dose?
 Yes (Go to #4)
 No (Deny)

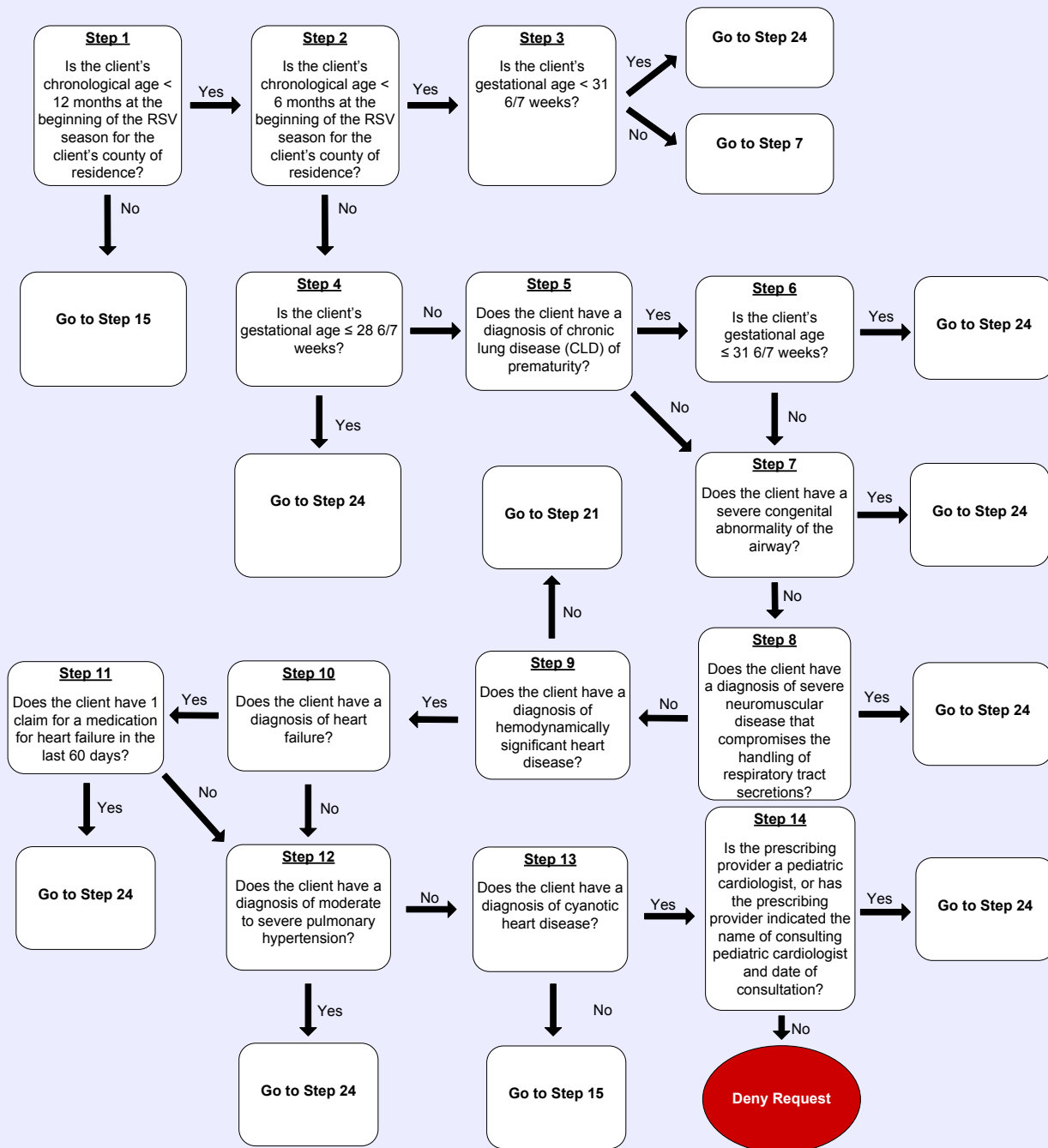
4. Are there greater than (>) 4 dates of service for palivizumab since the beginning of the current RSV season (determined by client's county of residence) until today?
 Yes (Deny)
 No (Approve request for 1 dose)

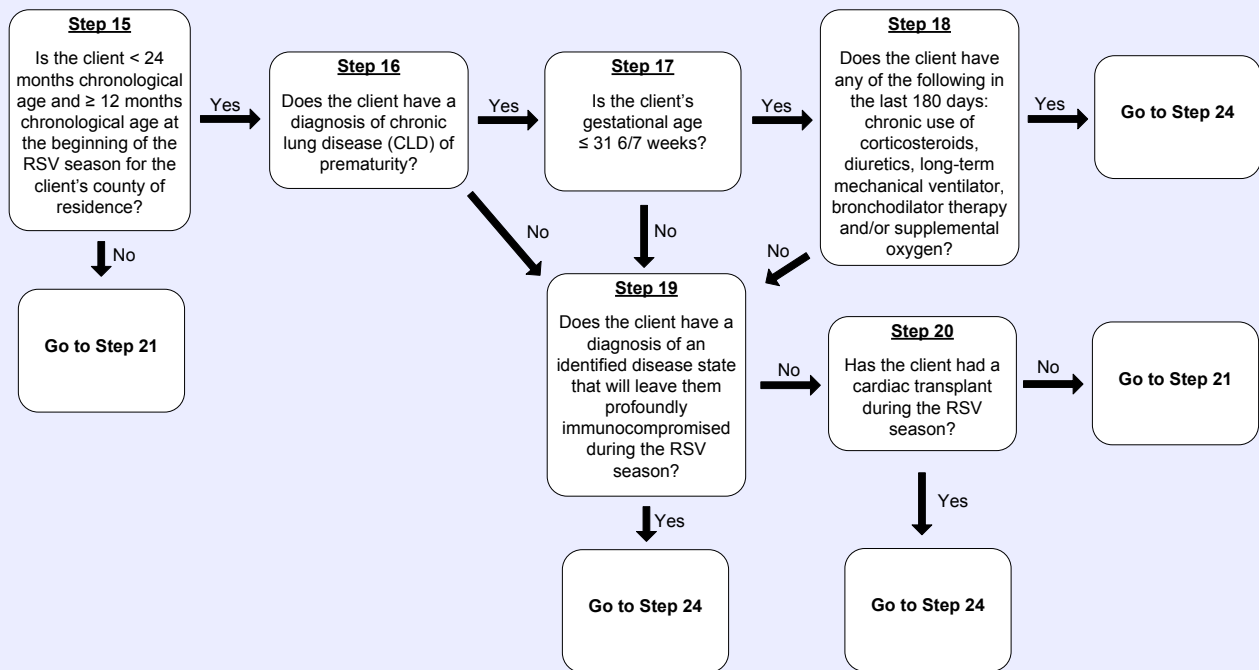


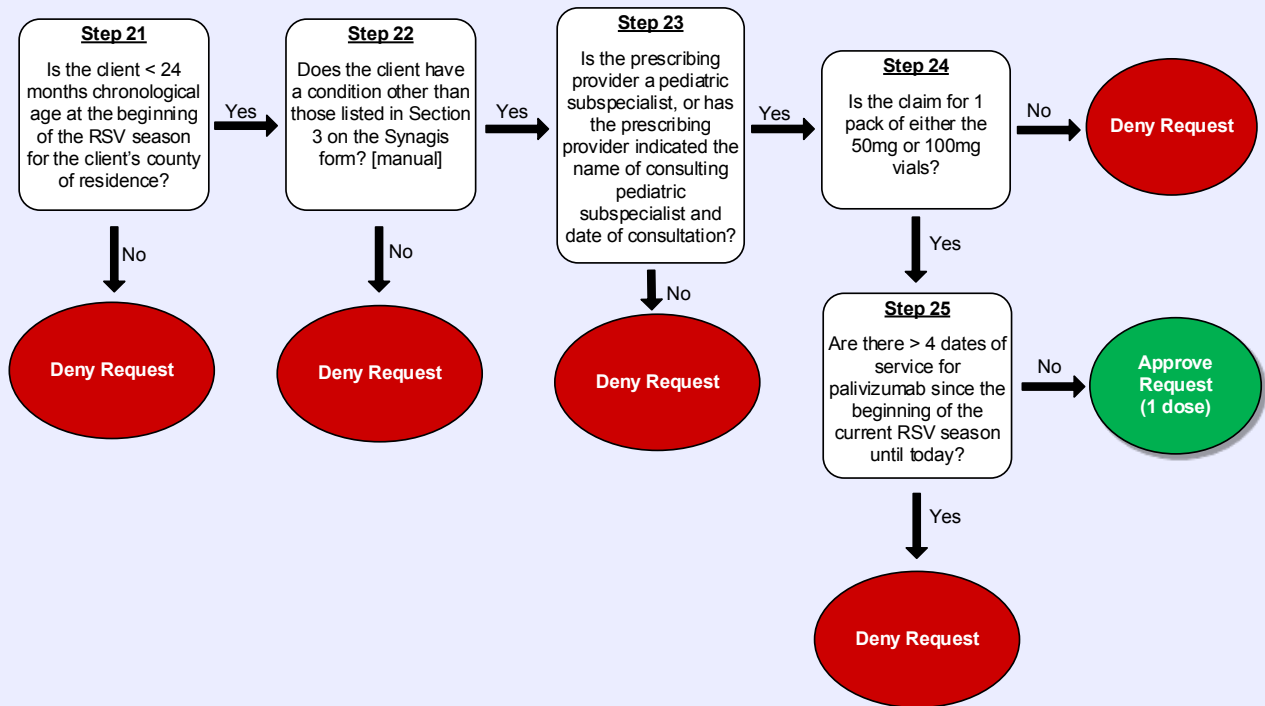
Synagis (Palivizumab)

Clinical Edit Criteria Logic Diagram

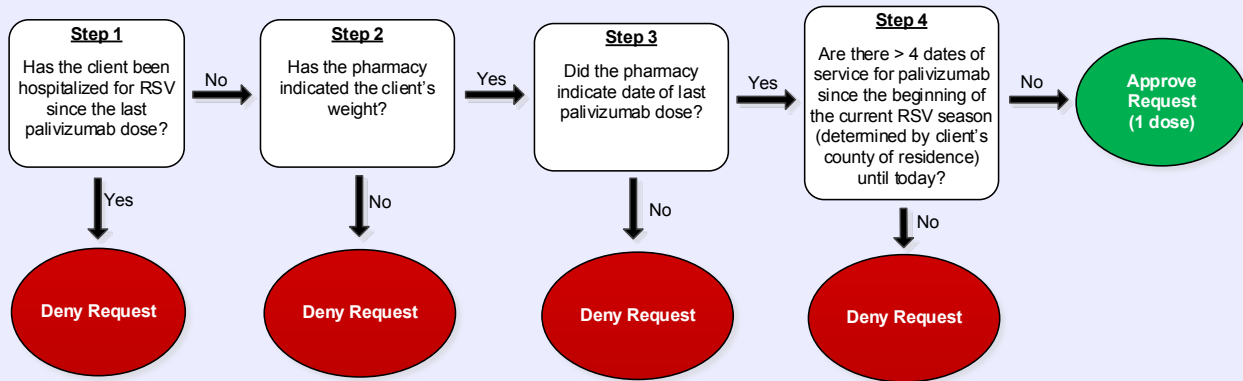
For Initial Requests:







For Renewal Requests:





Synagis (Palivizumab)

Clinical Edit Criteria Supporting Tables

Step 3 (gestational age less than 31 6/7 weeks) Required diagnosis: 1 Look back timeframe: N/A	
ICD-9 Code	Description
76521	LESS THAN 24 COMPLETED WEEKS
76522	24 COMPLETED WEEKS
76523	25-26 COMPLETED WEEKS
76524	27-28 COMPLETED WEEKS
76525	29-30 COMPLETED WEEKS
76526	31-32 COMPLETED WEEKS

Step 4 (gestational age less than or equal to 28 6/7 weeks) Required diagnosis: 1 Look back timeframe: N/A	
ICD-9 Code	Description
76521	LESS THAN 24 COMPLETED WEEKS
76522	24 COMPLETED WEEKS
76523	25-26 COMPLETED WEEKS
76524	27-28 COMPLETED WEEKS

Step 5 (diagnosis of CLD of prematurity) Required diagnosis: 1 Look back timeframe: 24 months	
CLD of Prematurity Diagnosis Codes	
ICD-9 Code	Description
4940	BRONCHIECTASIS WITHOUT ACUTE EXACERBATION
4941	BRONCHIECTASIS WITH ACUTE EXACERBATION
51883	CHRONIC RESPIRATORY FAILURE
7484	CONGENITAL CYSTIC LUNG
7485	AGENESIS, HYPOPLASIA, AND DYSPLASIA OF LUNG
74861	CONGENITAL BRONCHIECTASIS

Step 5 (diagnosis of CLD of prematurity)	
Required diagnosis: 1	
Look back timeframe: 24 months	
CLD of Prematurity Diagnosis Codes	
7506	CONGENITAL HIATUS HERNIA
7566	ANOMALIES OF DIAPHRAGM
7700	CONGENITAL PNEUMONIA
7701	FETAL AND NEWBORN ASPIRATION
77010	UNSPECIFIED
77011	MECONIUM ASPIRATION WITHOUT RESPIRATORY SYMPTOMS
77012	MECONIUM ASPIRATION WITH RESPIRATORY SYMPTOMS
77013	ASPIRATION OF CLEAR AMNIOTIC FLUID WITHOUT RESPIRATORY SYMPTOMS
77014	ASPIRATION OF CLEAR AMNIOTIC FLUID WITH RESPIRATORY SYMPTOMS
77015	ASPIRATION OF BLOOD WITHOUT RESPIRATORY SYMPTOMS
77016	ASPIRATION OF BLOOD WITH RESPIRATORY SYMPTOMS
77017	OTHER FETAL AND NEWBORN ASPIRATION WITHOUT RESPIRATORY SYMPTOMS
77018	OTHER FETAL AND NEWBORN ASPIRATION WITH RESPIRATORY SYMPTOMS
7702	INTERSTITIAL EMPHYSEMA AND RELATED CONDITIONS
7703	PULMONARY HEMORRHAGE
7704	PRIMARY ATELECTASIS
7705	OTHER AND UNSPECIFIED ATELECTASIS
7707	CHRONIC RESPIRATORY DISEASE ARISING IN THE PERINATAL PERIOD

Step 6 (gestational age less than or equal to 31 6/7 weeks)	
Required diagnosis: 1	
Look back timeframe: N/A	
Gestational Age ≤ 31 6/7 Weeks Diagnosis Codes	
ICD-9 Code	Description
76521	LESS THAN 24 COMPLETED WEEKS
76522	24 COMPLETED WEEKS
76523	25-26 COMPLETED WEEKS
76524	27-28 COMPLETED WEEKS
76525	29-30 COMPLETED WEEKS
76526	31-32 COMPLETED WEEKS

Step 7 (diagnosis of severe congenital abnormality of the airway)	
Required diagnosis: 1	
Look back timeframe: N/A	
ICD-9 Code	Description
32725	CONGENITAL CENTRAL ALVEOLAR HYPOVENTILATION
5191	OTHER DISEASES OF TRACHEA AND BRONCHUS NOT ELSEWHERE CLASSIFIED
748	CONGENITAL ANOMALIES OF RESPIRATORY SYSTEM
7480	CHOANAL ATRESIA
7481	OTHER ANOMALIES OF NOSE
7482	WEB OF LARYNX
7483	OTHER ANOMALIES OF LARYNX, TRACHEA, AND BRONCHUS
7484	CONGENITAL CYSTIC LUNG
7485	AGENESIS, HYPOPLASIA, AND DYSPLASIA OF LUNG
74860	ANOMALY OF LUNG, UNSPECIFIED
74861	CONGENITAL BRONCHIECTASIS
74869	OTHER CONGENITAL ANOMALIES OF LUNG
7488	OTHER SPECIFIED ANOMALIES OF RESPIRATORY SYSTEM
7489	UNSPECIFIED ANOMALY OF RESPIRATORY SYSTEM
75015	MACROGLOSSIA
7509	UNSPECIFIED ANOMALY OF UPPER ALIMENTARY TRACT
7566	ANOMALIES OF DIAPHRAGM
75989	OTHER SPECIFIED CONGENITAL ANOMALIES

Step 8 (diagnosis of severe neuromuscular disease)	
Required diagnosis: 1	
Look back timeframe: N/A	
ICD-9 Code	Description
0450	ACUTE PARALYTIC POLIOMYELITIS SPECIFIED AS BULBAR
04500	ACUTE PARALYTIC POLIOMYELITIS SPECIFIED AS BULBAR, POLIOVIRUS, UNSPECIFIED TYPE
04501	ACUTE PARALYTIC POLIOMYELITIS SPECIFIED AS BULBAR, POLIOVIRUS TYPE I
04502	ACUTE PARALYTIC POLIOMYELITIS SPECIFIED AS BULBAR, POLIOVIRUS TYPE II

Step 8 (diagnosis of severe neuromuscular disease)	
Required diagnosis: 1	
Look back timeframe: N/A	
ICD-9 Code	Description
04503	ACUTE PARALYTIC POLIOMYELITIS SPECIFIED AS BULBAR, POLIOVIRUS TYPE III
0451	ACUTE POLIOMYELITIS WITH OTHER PARALYSIS
04510	ACUTE POLIOMYELITIS WITH OTHER PARALYSIS, POLIOVIRUS, UNSPECIFIED TYPE
04511	ACUTE POLIOMYELITIS WITH OTHER PARALYSIS, POLIOVIRUS TYPE I
04512	ACUTE POLIOMYELITIS WITH OTHER PARALYSIS, POLIOVIRUS TYPE II
04513	ACUTE POLIOMYELITIS WITH OTHER PARALYSIS, POLIOVIRUS TYPE III
3300	LEUKODYSTROPHY
3301	CEREBRAL LIPIDOSES
3332	MYOCLONUS
3340	FRIEDREICH'S ATAXIA
3341	HEREDITARY SPASTIC PARAPLEGIA
3350	WERDNIG-HOFFMANN DISEASE
33510	SPINAL MUSCULAR ATROPHY, UNSPECIFIED
33511	KUGELBERG-WELANDER DISEASE
33520	AMYOTROPHIC LATERAL SCLEROSIS
33521	PROGRESSIVE MUSCULAR ATROPHY
33522	PROGRESSIVE BULBAR PALSY
33523	PSEUDOBULBAR PALSY
33524	PRIMARY LATERAL SCLEROSIS

Step 9 (diagnosis of hemodynamically significant heart disease)	
Required diagnosis: 1	
Look back timeframe: 24 months	
ICD-9 Code	Description
3960	MITRAL VALVE STENOSIS AND AORTIC VALVE STENOSIS
3961	MITRAL VALVE STENOSIS AND AORTIC VALVE INSUFFICIENCY
3962	MITRAL VALVE INSUFFICIENCY AND AORTIC VALVE STENOSIS
3963	MITRAL VALVE INSUFFICIENCY AND AORTIC VALVE INSUFFICIENCY
3968	MULTIPLE INVOLVE OF MITRAL AND AORTIC VALVES
3969	MITRAL AND AORTIC VALVE DISEASES, UNSPECIFIED

Step 9 (diagnosis of hemodynamically significant heart disease)	
Required diagnosis: 1	
Look back timeframe: 24 months	
ICD-9 Code	Description
4150	ACUTE COR PULMONALE
4160	PRIMARY PULMONARY HYPERTENSION
4168	OTHER CHRONIC PULMONARY HEART DISEASES
4170	ARTERIOVENOUS FISTULA OF PULMONARY VESSELS
4171	ANEURYSM OF PULMONARY ARTERY
4178	OTHER SPECIFIED DISEASES OF PULMONARY CIRCULATION
4179	UNSPECIFIED DISEASE OF PULMONARY CIRCULATION
4229	ACUTE MYOCARDITIS, UNSPECIFIED
42291	IDIOPATHIC MYOCARDITIS
42292	SEPTIC MYOCARDITIS
42293	TOXIC MYOCARDITIS
42299	OTHER ACUTE MYOCARDITIS
4240	MITRAL VALVE DISORDERS
4241	AORTIC VALVE DISORDERS
4242	TRICUSPID VALVE DISORDERS, SPECIFIED AS NONRHEUMATIC
4243	PULMONARY VALVE DISORDERS
4249	ENDOCARDITIS VALVE UNSPECIFIED
42490	ENDOCARDITIS VALVE UNSPECIFIED, UNSPECIFIED CAUSE
42491	ENDOCARDITIS IN DISEASES CLASSIFIED ELSEWHERE
42499	OTHER ENDOCARDITIS, VALVE UNSPECIFIED
425	CARDIOMYOPATHY
4251	HYPERTROPHIC CARDIOMYOPATHY
42511	HYPERTROPHIC OBSTRUCTIVE CARDIOMYOPATHY
42518	OTHER HYPERTROPHIC CARDIOMYOPATHY
4252	OBSCURE CARDIOMYOPATHY OF AFRICA
4253	ENDOCARDIAL FIBROELASTOSIS
4254	OTHER PRIMARY CARDIOMYOPATHIES
4255	ALCOHOLIC CARDIOMYOPATHY
4257	NUTRITIONAL AND METABOLIC CARDIOPATHY
4258	...IN OTHER DISEASES CLASSIFIED ELSEWHERE
4259	SECONDARY CARDIOMYOPATHY, UNSPECIFIED
4272	SYSTOLIC HEART FAILURE

Step 9 (diagnosis of hemodynamically significant heart disease)	
Required diagnosis: 1	
Look back timeframe: 24 months	
ICD-9 Code	Description
428	HEART FAILURE
4281	LEFT HEART FAILURE
42820UNSPECIFIED
42821	ACUTE SYSTOLIC HEART FAILURE
42822	CHRONIC SYSTOLIC HEART FAILURE
42823	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE
4283	DIASTOLIC HEART FAILURE
42831	ACUTE DIASTOLIC HEART FAILURE
42832	CHRONIC DIASTOLIC HEART FAILURE
42833	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE
4284	COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
42840UNSPECIFIED
42841	ACUTE COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
42842	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
42843	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
4289UNSPECIFIED
4290	MYOCARDITIS, UNSPECIFIED
4291	MYOCARDITIS, DEGENERATION
4292	CARDIOVASCULAR DISEASE, UNSPECIFIED
4293	CARDIOMEGALY
4294	FUNCTIONAL DISTURBANCES FOLLOWING CARDIAC SURGERY
4295	RUPTURE OF CHORDAE TENDINEAE
4296	RUPTURE OF PAPILLARY MUSCLE
7450	COMMON TRUNCUS
7451	TRANSPOSITION OF GREAT VESSELS
74510	COMPLETE TRANSPOSITION OF GREAT VESSELS
74511	DOUBLE OUTLET RIGHT VENTRICLE
74512	CORRECTED TRANSPOSITION OF GREAT VESSELS
74519	OTHER TRANSPOSITION OF GREAT VESSELS
7452	TETRALOGY OF FALLOT
7453	COMMON VENTRICLE

Step 9 (diagnosis of hemodynamically significant heart disease)	
Required diagnosis: 1	
Look back timeframe: 24 months	
ICD-9 Code	Description
7454	VENTRICLE SEPTAL DEFECT
7455	OSTIUM SECUNDUM TYPE ATRIAL SEPTAL DEFECT
7456	ENDOCARDIAL CUSHION DEFECTS
74560	ENDOCARDIAL CUSION DEFECT, UNSPECIFIED TYPE
74561	OSTIUM PRIMUM DEFECT
74569	OTHER ENDOCARDIAL CUSHION DEFECTS
7457	COR BILOCULARE
7458	OTHER BULBUS CORDIS ANOMALIES AND ANOMALIES OF CARDIAC SEPTAL CLOSURE
7459	UNSPECIFIED DEFECT OF SEPTAL CLOSURE
7460	ANOMALIES OF PULMONARY VALVE CONGENITAL
74600	ANOMALIES OF PULMONARY VALVE
74601	ATRESIA OF PULMONARY VALVE, CONGENITAL
74602	STENOSIS OF PULMONARY VALVE, CONGENITAL
74609	OTHER CONGENITAL ANOMALIES OF PULMONARY VALVE
7461	TRICUSPID ATRESIA AND STENOSIS, CONGENITAL
7462	EBSTEIN'S ANOMALY
7463	CONGENITAL STENOSIS OF AORTIC VALVE
7464	CONGENITAL INSUFFICIENCY OF AORTIC VALVE
7465	CONGENITAL MITRAL STENOSIS
7466	CONGENITAL MITRAL INSUFFICIENCY
7467	HYPOPLASTIC LEFT HEART SYNDROME
7468	OTHER SPECIFIED CONGENITAL ANORMALIES OF HEART
74681	SUBAORTIC STENOSIS
74682	COR TRIATRIATUM
74683	INFUNDIBULAR PULMONIC STENOSIS
74684	OBSTRUCTIVE ANOMALIES OF HEART, NOT ELSEWHERE CLASSIFIED
74685	CORONARY ARTERY ANOMALY
74686	CONGENITAL HEART BLOCK
74687	MALPOSITION OF HEAR AND CARDIAC APEX
74689	OTHER SPECIFIED CONGENITAL ANOMALIES OF HEART
7469	UNSPECIFED CONGENITAL ANOMALY OF HEART

Step 9 (diagnosis of hemodynamically significant heart disease)	
Required diagnosis: 1	
Look back timeframe: 24 months	
ICD-9 Code	Description
7470	PATENT DUCTUS ARTERIOUS
74710	...(PREDUCTAL) (POSTDUCTAL)
74711	INTERRUPTION OF AORTIC ARCH
7472	OTHER CONGENITAL ANOMALIES OF AORTA
74720	ANOMALY OF AORTA, UNSPECIFIED
74721	ANOMALIES OF AORTIC ARCH
74722	ATRESIA AND STENOSIS OF AORTA
74729	OTHER ANOMALIES OF AORTA
7473	CONGENITAL ANOMALIES OF PULMONARY ARTERY
74731	PULMONARY ARTERY COARCTATION AND ATRESIA
74732	PULMONARY ARTERIOVENOUS MALFORMATION
74739	OTHER ANOMALIES OF PULMONARY ARTERY AND PULMONARY CIRCULATION
74740	ANOMALY OF GREAT VEINS, UNSPECIFIED
74741	TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION
74742	PARTIAL ANOMALOUS PULMONARY VENOUS CONNECTION
74749	OTHER ANOMALIES OF GREAT VEINS
74783	PERSISTENT FETAL CIRCULATION

Step 16 (diagnosis of CLD of prematurity)
Required diagnosis: 1
Look back timeframe: 24 months

For the list of diagnosis codes that pertain to this step, see the **CLD of Prematurity Diagnosis Codes** table.

Step 17 (gestational age less than or equal to 31 6/7 weeks)
Required diagnosis: 1
Look back timeframe: N/A

For the list of diagnosis codes that pertain to this step, see the **Gestational Age ≤ 31 6/7 Weeks Diagnosis Codes** table.

Step 19 (diagnosis of profoundly immunocompromised)	
Required diagnosis: 1	
Look back timeframe: 24 months	
ICD-9 Code	Description
V42.0	KIDNEY REPLACED BY TRANSPLANT
V42.6	LUNG REPLACED BY TRANSPLANT
V42.7	LIVER REPLACED BY TRANSPLANT
V42.81	BONE MARROW REPLACED BY TRANSPLANT
V42.82	PERIPHERAL STEM CELLS REPLACED BY TRANSPLANT
CPT Code	Description
77261	RADIATION THERAPY PLANNING
77262	RADIATION THERAPY PLANNING
77263	RADIATION THERAPY PLANNING
77280	SET RADIATION THERAPY FIELD
77285	SET RADIATION THERAPY FIELD
77290	SET RADIATION THERAPY FIELD
77295	SET RADIATION THERAPY FIELD
77299	RADIATION THERAPY PLANNING
77300	RADIATION THERAPY DOSE PLAN
77301	RADIOTHERAPY DOS PLAN, IMRT
77305	RADIATION THERAPY DOSE PLAN
77310	RADIATION THERAPY DOSE PLAN
77315	RADIATION THERAPY DOSE PLAN
77321	RADIATION THERAPY PORT PLAN
77326	RADIATION THERAPY DOSE PLAN
77327	RADIATION THERAPY DOSE PLAN
77328	RADIATION THERAPY DOSE PLAN
77331	SPECIAL RADIATION DOSIMETRY
77332	RADIATION TREATMENT AID(S)
77333	RADIATION TREATMENT AID(S)
77334	RADIATION TREATMENT AID(S)
77336	RADIATION PHYSICS CONSULT
77338	DESIGN MLC DEVICE FOR IMRT
77370	RADIATION PHYSICS CONSULT
77371	SRS, MULTISOURCE
77372	SRS, LINEAR BASED

Step 19 (diagnosis of profoundly immunocompromised)	
Required diagnosis: 1	
Look back timeframe: 24 months	
77373	SBRT DELIVERY
77399	EXTERNAL RADIATION DOSIMETRY
77401	RADIATION TREATMENT DELIVERY
77402	RADIATION TREATMENT DELIVERY
77403	RADIATION TREATMENT DELIVERY
77404	RADIATION TREATMENT DELIVERY
77406	RADIATION TREATMENT DELIVERY
77407	RADIATION TREATMENT DELIVERY
77408	RADIATION TREATMENT DELIVERY
77409	RADIATION TREATMENT DELIVERY
77411	RADIATION TREATMENT DELIVERY
77412	RADIATION TREATMENT DELIVERY
77413	RADIATION TREATMENT DELIVERY
77414	RADIATION TREATMENT DELIVERY
77416	RADIATION TREATMENT DELIVERY
77417	RADIOLOGY PORT FILM(S)
77418	RADIATION TX DELIVERY, IMRT
77421	STEREOSCOPIC X-RAY GUIDANCE
77422	NEUTRON BEAM TX, SIMPLE
77423	NEUTRON BEAM TX, COMPLEX
77427	RADIATION TX MANAGEMENT, X5
77431	RADIATION THERAPY MANAGEMENT
77432	STEREOTACTIC RADIATION TRMT
77435	SBRT MANAGEMENT
77470	SPECIAL RADIATION TREATMENT
77499	RADIATION THERAPY MANAGEMENT
77520	PROTON TRMT, SIMPLE W/O COMP
77522	PROTON TRMT, SIMPLE W/COMP
77523	PROTON TRMT, INTERMEDIATE
77525	PROTON TREATMENT, COMPLEX
96401	CHEMO, ANTI-NEOPL, SQ/IM
96402	CHEMO HORMON ANTINEOPL SQ/IM
96405	CHEMO INTRALESIONAL, UP TO 7

Step 19 (diagnosis of profoundly immunocompromised)	
Required diagnosis: 1	
Look back timeframe: 24 months	
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 TECNIQUE
96422	CHEMO IA INFUSION UP TO 1 HR
96423	CHEMO IA INFUSE EACH ADDL HR
96425	CHEMOTHERAPY INFUSION METHOD
96440	CHEMOTHERAPY, INTRACAVITARY
96445	CHEMOTHERAPY, INTRACAVITARY
96450	CHEMOTHERAPY, INTO CNS
96521	REFILL/MAINT, PORTABLE PUMP
96542	CHEMOTHERAPY INJECTION
96549	CHEMOTHERAPY, UNSPECIFIED
J9000	DOXORUBICIN HCL INJECTION
J9001	DOXORUBICIN HCL LIPOSOME INJ
J9010	ALEMTUZUMAB INJECTION
J9015	ALDESLEUKIN INJECTION
J9020	ASPARAGINASE INJECTION
J9027	CLOFARABINE INJECTION
J9033	BENDAMUSTINE INJECTION
J9040	BLEOMYCIN SULFATE INJECTION
J9041	BORTEZOMIB INJECTION
J9045	CARBOPLATIN INJECTION
J9050	CARMUSTINE INJECTION
J9055	CETUXIMAB INJECTION
J9060	CISPLATIN 10 MG INJECTION
J9062	CISPLATIN 50 MG INJECTION
J9065	INJ CLADRIBINE PER 1 MG
J9070	CYCLOPHOSPHAMIDE 100 MG INJ

Step 19 (diagnosis of profoundly immunocompromised)	
Required diagnosis: 1	
Look back timeframe: 24 months	
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
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

Step 19 (diagnosis of profoundly immunocompromised)	
Required diagnosis: 1	
Look back timeframe: 24 months	
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
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

Step 20 (history of cardiac transplant)	
Required diagnosis: 1	
Look back timeframe: N/A	
ICD-9 Code	Description
V42.1	HEART REPLACED BY TRANSPLANT

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
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09/10/2013	<ul style="list-style-type: none">▪ Updated criteria logic and criteria logic diagram for the 2013-2014 season▪ Added supporting tables for Steps 3, 4, and 10
09/11/2014	<ul style="list-style-type: none">▪ Updated criteria logic and criteria logic diagram for the 2014-2015 season▪ Added supporting tables for steps 3, 4, 8, 17, 19, and 20