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The following report(s) provides findings from an FDA-initiated query using Sentinel. While Sentinel queries may be undertaken to assess potential medical product safety risks, they may also be initiated for various other reasons. Some examples include determining a rate or count of an identified health outcome of interest, examining medical product use, exploring the feasibility of future, more detailed analyses within Sentinel, and seeking to better understand Sentinel capabilities.

Data obtained through Sentinel are intended to complement other types of evidence such as preclinical studies, clinical trials, postmarket studies, and adverse event reports, all of which are used by FDA to inform regulatory decisions regarding medical product safety. The information contained in this report is provided as part of FDA's commitment to place knowledge acquired from Sentinel in the public domain as soon as possible. Any public health actions taken by FDA regarding products involved in Sentinel queries will continue to be communicated through existing channels.

FDA wants to emphasize that the fact that FDA has initiated a query involving a medical product and is reporting findings related to that query does not mean that FDA is suggesting health care practitioners should change their prescribing practices for the medical product or that patients taking the medical product should stop using it. Patients who have questions about the use of an identified medical product should contact their health care practitioners.

The following report contains a description of the request, request specifications, and results from the modular program run(s).

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## Overview for Request: cder\_mpl1r\_wp275

**Request ID:** cder\_mpl1r\_wp275\_nsdp\_v01

**Request Description:** In this report, we characterized utilization pattern of injectable methotrexate from January 1, 2022 to December 31, 2023, stratified by age, calendar month, cancer indication, and cancer indication and month in the Sentinel Distributed Database (SDD).

**Sentinel Routine Querying Module:** Cohort Identification and Descriptive Analysis module, version 13.0.1

**Data Source:** We distributed this request to nine Sentinel Data Partners on February 5, 2024. The study period included available data from January 1, 2022 to most recent available data. Please see Appendix A for a list of dates of available data for each Data Partner.

**Study Design:** We identified episodes with evidence of methotrexate administered or dispensed among the pediatric population aged <18 years old and the adult population aged 18+ years old. For each population, we conducted six analysis scenarios as a combination of without/with cohort re-entry (i.e. capturing the first valid episode vs. capturing all valid episodes) and code types to measure methotrexate (using Healthcare Common Procedure Coding System (HCPCS) procedure codes and National Drug Codes (NDCs), NDCs only, or HCPCS codes only). We also stratified the methotrexate use by age groups (0-5, 6-12, 16-17, 18-45, 46-64, 65+), calendar month, cancer indication, and cancer indication and month. Additionally, we characterized the 100 most-frequently coded diagnoses within seven days before to two days after the day of methotrexate episodes and code distribution of methotrexate overall and by care settings. This is a Type 1 analysis in the Query Request Package (QRP) documentation.

**Exposures of Interest:** Our exposure of interest was injectable methotrexate use. We used three definitions to measure injectable methotrexate: (1) using both NDCs and HCPCS codes; (2) using NDCs only; (3) using HCPCS code only. Occurrence of methotrexate episodes was evaluated in any care setting. Please see Appendices B and C for the Healthcare Common Procedure Coding System procedure codes to identify cohort-defining exposures of interest.

**Cohort Eligibility Criteria:** Episodes were eligible for cohort entry if the individuals contributing the episodes were continuously enrolled in health plans with medical and drug coverage in seven days prior to two days after cohort-defining exposure of interest when we measured methotrexate with both NDC and HCPCS codes or NDCs only. We required continuous enrollment for medical coverage only when we measured methotrexate with HCPCS codes only. A gap in coverage of up to 45 days was allowed and treated as continuous enrollment.

**Baseline Characteristics:** We identified evidence of cancer indication within seven days prior to two days after the day of methotrexate episodes. Cancer evidence was defined as having at least one cancer diagnosis, chemotherapy diagnosis and procedure, radiation treatment procedure, or cancer-related surgery measured by related ICD-10-CM diagnosis and Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) procedure codes in any care setting.

**Please refer to Appendices D-G for the specifications of parameters, design diagram, and baseline characteristics used in this request.**

### Overview for Request: cder\_mpl1r\_wp275

**Note on Tables with Summary of Episodes:** Tables 1 consist of a summary of patients with episodes of injectable methotrexate per 10,000 eligible members and 10,000 eligible member-years by population, age group, month, cancer indication, and cancer indication and month. Within these tables, when we allowed capturing all methotrexate episodes, the number of patients with methotrexate episodes was assessed at every level of the strata such that an individual can be counted more than once if they have valid episodes in multiple levels of the strata. For example, using monthly strata as an example, if a patient had two episodes in the January 2022, they were counted once in the "number of patients" column and twice in the "number of index dates" column for the month January 2022. If a patient had two episodes across January 2022 and February 2022, they were counted once in the "number of patients" column and once in the "number of index dates" column for the month January 2022 and once in each column in the February 2022. Similarly, members that met eligibility criteria in multiple levels of the strata were counted as part of the eligible member denominator in every stratum in which they were deemed eligible. However, when we only captured the first episode of methotrexate, we only allowed one episode per patients (i.e., number in the column "number of patients" is equal to number in the column "number of index dates") and if a patient had methotrexate use in one particular stratum, they were not eligible to contribute into the numerator and denominator in any subsequent strata.

**Limitations:** Algorithms used to define exposure of methotrexate are imperfect; thus, it is possible that there may be misclassification. Therefore, data should be interpreted with this limitation in mind.

**Notes:** Please contact the Sentinel Operations Center ([info@sentinel-system.org](mailto:info@sentinel-system.org)) for questions and to provide comments/suggestions for future enhancements to this document. For more information on Sentinel's routine querying modules, please refer to the documentation (<https://dev.sentinel-system.org/projects/SENTINEL/repos/sentinel-routine-querying-tool-documentation/browse>).

<sup>1</sup>Chronic Conditions Data Warehouse. Condition Categories -Chronic Conditions Data Warehouse.  
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**Glossary of Terms for Analyses Using  
Cohort Identification and Descriptive Analysis (CIDA) Module\***

**Amount Supplied** - number of units (pills, tablets, vials) dispensed. Net amount per NDC per dispensing.

**Blackout Period** - number of days at the beginning of a treatment episode that events are to be ignored. If an event occurs during the blackout period, the episode is excluded.

**Care Setting** - type of medical encounter or facility where the exposure, event, or condition code was recorded. Possible care settings include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA). For laboratory results, possible care settings include: Emergency Department (E), Home (H), Inpatient (I), Outpatient (O), or Unknown or Missing (U). The Care Setting, along with the Principal Diagnosis Indicator (PDX), forms the Care Setting/PDX parameter.

**Ambulatory Visit (AV)** - includes visits at outpatient clinics, same-day surgeries, urgent care visits, and other same-day ambulatory hospital encounters, but excludes emergency department encounters.

**Emergency Department (ED)** - includes ED encounters that become inpatient stays (in which case inpatient stays would be a separate encounter). Excludes urgent care visits.

**Inpatient Hospital Stay (IP)** - includes all inpatient stays, same-day hospital discharges, hospital transfers, and acute hospital care where the discharge is after the admission date.

**Non-Acute Institutional Stay (IS)** - includes hospice, skilled nursing facility (SNF), rehab center, nursing home, residential, overnight non-hospital dialysis and other non-hospital stays.

**Other Ambulatory Visit (OA)** - includes other non overnight AV encounters such as hospice visits, home health visits, skilled nursing facility visits, other non-hospital visits, as well as telemedicine, telephone and email consultations.

**Charlson/Elixhauser Combined Comorbidity Score** - calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (e.g., in the 183 days prior to index).

**Code Days** - the minimum number of times the diagnosis must be found during the evaluation period in order to fulfill the algorithm to identify the corresponding patient characteristic.

**Cohort Definition (drug/exposure)** - indicates how the cohort will be defined: 01: Cohort includes only the first valid treatment episode during the query period; 02: Cohort includes all valid treatment episodes during the query period; 03: Cohort includes all valid treatment episodes during the query period until an event occurs.

**Computed Start Marketing Date** - represents the first observed dispensing date among all valid users within a GROUP (scenario) within each Data Partner site.

**Days Supplied** - number of days supplied for all dispensings in qualifying treatment episodes.

**Eligible Members** - number of members eligible for an incident treatment episode (defined by the drug/exposure and event washout periods) with drug and medical coverage during the query period.

**Enrollment Gap** - number of days allowed between two consecutive enrollment periods without breaking a "continuously enrolled" sequence.

**Episodes** - treatment episodes; length of episode is determined by days supplied in one dispensing or consecutive dispensings bridged by the episode gap.

**Episode Gap** - number of days allowed between two (or more) consecutive exposures (dispensings/procedures) to be considered the same treatment episode.

**Event Deduplication** - specifies how events are counted by the Modular Program (MP) algorithm: 0: Counts all occurrences of a health outcome of interest (HOI) during an exposure episode; 1: de-duplicates occurrences of the same HOI code and code type on the same day; 2: de-duplicates occurrences of the same HOI group on the same day (e.g., de-duplicates at the group level).

**Exposure Episode Length** - number of days after exposure initiation that is considered "exposed time."

**Glossary of Terms for Analyses Using  
Cohort Identification and Descriptive Analysis (CIDA) Module\***

**Exposure Extension Period** - number of days post treatment period in which the outcomes/events are counted for a treatment episode. Extensions are added after any episode gaps have been bridged.

**Lookback Period** - number of days wherein a member is required to have evidence of pre-existing condition (diagnosis/procedure/drug dispensing).

**Maximum Episode Duration** - truncates exposure episodes after a requester-specified number of exposed days. Applied after any gaps are bridged and extension days added to the length of the exposure episode.

**Member-Years** - sum of all days of enrollment with medical and drug coverage in the query period preceded by an exposure washout period all divided by 365.25.

**Minimum Days Supplied** - specifies a minimum number of days in length of the days supplied for the episode to be considered.

**Minimum Episode Duration** - specifies a minimum number of days in length of the episode for it to be considered. Applied after any gaps are bridged and extension days added to the length of the exposure episode.

**Monitoring Period** - used to define time periods of interest for both sequential analysis and simple cohort characterization requests.

**Principal Diagnosis (PDX)** - diagnosis or condition established to be chiefly responsible for admission of the patient to the hospital. 'P' = principal diagnosis, 'S' = secondary diagnosis, 'X' = unspecified diagnosis, '.' = blank. Along with the Care Setting values, forms the Caresetting/PDX parameter.

**Query Period** - period in which the modular program looks for exposures and outcomes of interest.

**Switch Evaluation Step Value** - value used to differentiate evaluation step. Each switch pattern can support up to 2 evaluation steps (0 = switch pattern evaluation start; 1 = first evaluation; 2 = second evaluation).

**Switch Gap Inclusion Indicator** - indicator for whether gaps in treatment episodes that are included in a switch episode will be counted as part of the switch episode duration.

**Switch Pattern Cohort Inclusion Date** - indicates which date to use for inclusion into the switch pattern cohort of interest as well as optionally as the index date of the treatment episode initiating the switch pattern. Valid options are the product approval date, product marketing date, other requester defined date, or computed start marketing date.

**Switch Pattern Cohort Inclusion Strategy** - indicates how the switch pattern cohort inclusion date will be used: 01: used only as a switch cohort entry date. First treatment episode dispensing date is used as index for computing time to first switch; 02: used as switch cohort entry date and as initial switch step index date for computing time to first switch.

**Treatment Episode Truncation Indicator** - indicates whether the exposure episode will be truncated at the occurrence of a requester-specified code.

**Washout Period (drug/exposure)** - number of days a user is required to have no evidence of prior exposure (drug dispensing/procedure) and continuous drug and medical coverage prior to an incident treatment episode.

**Washout Period (event/outcome)** - number of days a user is required to have no evidence of a prior event (procedure/diagnosis) and continuous drug and medical coverage prior to an incident treatment episode.

**Years at Risk** - number of days supplied plus any episode gaps and exposure extension periods all divided by 365.25.

\*all terms may not be used in this report



**Table 1a. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

	Number of Patients	Number of Index Dates	Number of Eligible Members <sup>1</sup>	Total Eligible Member-Years <sup>1</sup>	Number of Episodes per 10,000 Eligible Members <sup>1</sup>	Number of Episodes per 10,000 Eligible Member-Years <sup>1</sup>
<b>Pediatric Use</b>						
<i>Methotrexate (HCPCS and NDC) - First Episode</i>	2,871	2,871	10,355,660	10,896,493.6	2.77	2.63
<i>Methotrexate (HCPCS and NDC) - All Episodes</i>	2,871	17,788	10,355,660	10,899,111.6	17.18	16.32
<i>Methotrexate (NDC) - First Episode</i>	2,511	2,511	10,355,660	10,896,859.1	2.42	2.30
<i>Methotrexate (NDC) - All Episodes</i>	2,511	14,333	10,355,660	10,899,111.6	13.84	13.15
<i>Methotrexate (HCPCS) - First Episode</i>	1,561	1,561	16,920,335	18,474,087.0	0.92	0.84
<i>Methotrexate (HCPCS) - All Episodes</i>	1,561	12,306	16,920,335	18,475,659.1	7.27	6.66
<b>Adult Use</b>						
<i>Methotrexate (HCPCS and NDC) - First Episode</i>	72,457	72,457	75,175,744	82,841,314.5	9.64	8.75
<i>Methotrexate (HCPCS and NDC) - All Episodes</i>	72,457	344,971	75,175,744	82,906,830.8	45.89	41.61
<i>Methotrexate (NDC) - First Episode</i>	61,964	61,964	75,175,744	82,849,029.2	8.24	7.48
<i>Methotrexate (NDC) - All Episodes</i>	61,964	278,058	75,175,744	82,906,830.8	36.99	33.54
<i>Methotrexate (HCPCS) - First Episode</i>	22,532	22,532	109,681,251	123,468,780.7	2.05	1.82
<i>Methotrexate (HCPCS) - All Episodes</i>	22,532	114,094	109,681,251	123,485,607.4	10.40	9.24

<sup>1</sup>Eligible Members and Member-Years are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

**Table 1b. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Age Group**

	Number of Patients	Number of Index Dates	Number of Eligible Members <sup>1</sup>	Total Eligible Member-Years <sup>1</sup>	Number of Episodes per 10,000 Eligible Members <sup>1</sup>	Number of Episodes per 10,000 Eligible Member-Years <sup>1</sup>
<b>Pediatric Use</b>						
<i>Methotrexate (HCPCS and NDC) - First Episode</i>						
0-5 years	854	854	3,525,608	3,186,217.8	2.42	2.68
6-12 years	1,094	1,094	4,396,487	4,272,419.4	2.49	2.56
13-17 years	923	923	3,658,798	3,437,856.4	2.52	2.68
<i>Methotrexate (HCPCS and NDC) - All Episodes</i>						
0-5 years	854	5,950	3,525,608	3,186,893.3	16.88	18.67
6-12 years	1,217	6,763	4,396,694	4,273,502.0	15.38	15.83
13-17 years	1,018	5,075	3,658,965	3,438,716.2	13.87	14.76
<i>Methotrexate (NDC) - First Episode</i>						
0-5 years	703	703	3,525,608	3,186,347.5	1.99	2.21
6-12 years	968	968	4,396,523	4,272,565.6	2.20	2.27
13-17 years	840	840	3,658,819	3,437,946.0	2.30	2.44
<i>Methotrexate (NDC) - All Episodes</i>						
0-5 years	703	4,317	3,525,608	3,186,893.3	12.24	13.55
6-12 years	1,066	5,594	4,396,694	4,273,502.0	12.72	13.09
13-17 years	922	4,422	3,658,965	3,438,716.2	12.09	12.86
<i>Methotrexate (HCPCS) - First Episode</i>						
0-5 years	688	688	5,690,586	5,330,247.9	1.21	1.29
6-12 years	541	541	7,192,738	7,247,398.3	0.75	0.75
13-17 years	332	332	6,115,352	5,896,440.9	0.54	0.56
<i>Methotrexate (HCPCS) - All Episodes</i>						
0-5 years	688	5,763	5,690,586	5,330,840.8	10.13	10.81
6-12 years	643	4,152	7,192,910	7,248,047.9	5.77	5.73
13-17 years	372	2,391	6,115,423	5,896,770.3	3.91	4.05
<b>Adult Use</b>						

**Table 1b. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Age Group**

	Number of Patients	Number of Index Dates	Number of Eligible Members <sup>1</sup>	Total Eligible Member-Years <sup>1</sup>	Number of Episodes per 10,000 Eligible Members <sup>1</sup>	Number of Episodes per 10,000 Eligible Member-Years <sup>1</sup>
<i>Methotrexate (HCPCS and NDC) - First Episode</i>						
18-45 years	12,394	12,394	25,934,004	25,513,402.4	4.78	4.86
46-64 years	18,804	18,804	19,029,905	19,516,163.4	9.88	9.64
≥ 65 years	41,259	41,259	32,855,798	37,811,748.7	12.56	10.91
<i>Methotrexate (HCPCS and NDC) - All Episodes</i>						
18-45 years	12,394	38,880	25,934,004	25,522,792.1	14.99	15.23
46-64 years	19,123	91,891	19,030,471	19,533,576.9	48.29	47.04
≥ 65 years	41,981	214,200	32,856,990	37,850,461.8	65.19	56.59
<i>Methotrexate (NDC) - First Episode</i>						
18-45 years	10,106	10,106	25,934,004	25,515,052.3	3.90	3.96
46-64 years	17,843	17,843	19,029,925	19,516,842.4	9.38	9.14
≥ 65 years	34,015	34,015	32,855,880	37,817,134.5	10.35	8.99
<i>Methotrexate (NDC) - All Episodes</i>						
18-45 years	10,106	33,528	25,934,004	25,522,792.1	12.93	13.14
46-64 years	18,155	85,200	19,030,471	19,533,576.9	44.77	43.62
≥ 65 years	34,716	159,330	32,856,990	37,850,461.8	48.49	42.09
<i>Methotrexate (HCPCS) - First Episode</i>						
18-45 years	7,981	7,981	40,355,037	41,346,924.9	1.98	1.93
46-64 years	2,882	2,882	28,728,176	30,334,886.0	1.00	0.95
≥ 65 years	11,669	11,669	44,945,116	51,786,969.9	2.60	2.25
<i>Methotrexate (HCPCS) - All Episodes</i>						
18-45 years	7,981	17,285	40,355,037	41,352,748.9	4.28	4.18
46-64 years	2,905	16,486	28,728,256	30,337,060.3	5.74	5.43
≥ 65 years	11,715	80,323	44,945,307	51,795,798.2	17.87	15.51

<sup>1</sup>Eligible Members and Member-Years are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

**Table 1c. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Year and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members <sup>1</sup>	Total Eligible Member-Years <sup>1</sup>	Number of Episodes per 10,000 Eligible Members <sup>1</sup>	Number of Episodes per 10,000 Eligible Member-Years <sup>1</sup>
<b>Pediatric Use</b>						
<i>Methotrexate (HCPCS and NDC) - First Episode</i>						
<i>2022</i>						
January	736	736	6,972,278	571,948.7	1.06	12.87
February	362	362	6,957,962	527,213.8	0.52	6.87
March	263	263	6,957,791	583,388.0	0.38	4.51
April	130	130	6,946,910	563,506.5	0.19	2.31
May	119	119	6,941,282	581,748.6	0.17	2.05
June	97	97	6,935,306	562,014.1	0.14	1.73
July	102	102	6,898,064	577,515.9	0.15	1.77
August	101	101	6,896,397	577,559.2	0.15	1.75
September	85	85	6,889,496	557,987.2	0.12	1.52
October	95	95	6,862,561	575,251.0	0.14	1.65
November	80	80	6,851,313	556,568.4	0.12	1.44
December	76	76	6,838,596	571,520.2	0.11	1.33
<i>2023</i>						
January	124	124	6,956,982	570,439.4	0.18	2.17
February	102	102	6,931,414	525,573.8	0.15	1.94
March	98	98	6,918,784	580,823.1	0.14	1.69
April	84	84	6,885,103	549,655.5	0.12	1.53
May	55	55	5,071,325	425,863.7	0.11	1.29
June	42	42	5,064,632	411,313.5	0.08	1.02
July	48	48	5,045,741	422,784.4	0.10	1.14
August	44	44	4,960,813	399,498.5	0.09	1.10
September	*****	*****	1,840,227	141,584.2	*****	*****
October	*****	*****	376,648	30,728.5	*****	*****
November	*****	*****	199,243	16,247.8	*****	*****
December	*****	*****	199,746	15,759.5	*****	*****

**Table 1c. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Year and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members <sup>1</sup>	Total Eligible Member-Years <sup>1</sup>	Number of Episodes per 10,000 Eligible Members <sup>1</sup>	Number of Episodes per 10,000 Eligible Member-Years <sup>1</sup>
<i>Methotrexate (HCPCS and NDC) - All Episodes</i>						
<i>2022</i>						
January	736	929	6,972,278	571,982.0	1.33	16.24
February	766	949	6,958,687	527,284.4	1.36	18.00
March	844	1,092	6,958,866	583,490.7	1.57	18.71
April	792	984	6,948,228	563,619.2	1.42	17.46
May	776	999	6,942,691	581,872.8	1.44	17.17
June	738	949	6,936,798	562,139.9	1.37	16.88
July	774	970	6,899,622	577,651.6	1.41	16.79
August	810	1,039	6,898,014	577,700.6	1.51	17.99
September	765	954	6,891,190	558,129.0	1.38	17.09
October	757	958	6,864,303	575,402.1	1.40	16.65
November	764	933	6,853,110	556,718.4	1.36	16.76
December	744	922	6,840,437	571,678.1	1.35	16.13
<i>2023</i>						
January	743	917	6,958,728	570,591.7	1.32	16.07
February	700	855	6,933,254	525,718.2	1.23	16.26
March	735	935	6,920,689	580,987.8	1.35	16.09
April	679	833	6,887,053	549,815.3	1.21	15.15
May	489	619	5,072,753	425,986.4	1.22	14.53
June	463	588	5,066,084	411,433.8	1.16	14.29
July	423	539	5,047,199	422,908.9	1.07	12.75
August	455	590	4,962,253	399,616.7	1.19	14.76
September	141	165	1,840,730	141,624.0	0.90	11.65
October	23	26	376,785	30,739.9	0.69	8.46
November	21	22	199,320	16,254.2	1.10	13.53
December	21	21	199,827	15,766.0	1.05	13.32

*Methotrexate (NDC) - First Episode*

**Table 1c. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Year and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members <sup>1</sup>	Total Eligible Member-Years <sup>1</sup>	Number of Episodes per 10,000 Eligible Members <sup>1</sup>	Number of Episodes per 10,000 Eligible Member-Years <sup>1</sup>
<i>2022</i>						
January	636	636	6,972,278	571,954.0	0.91	11.12
February	301	301	6,958,060	527,223.9	0.43	5.71
March	231	231	6,957,949	583,402.9	0.33	3.96
April	112	112	6,947,095	563,522.6	0.16	1.99
May	104	104	6,941,480	581,766.0	0.15	1.79
June	95	95	6,935,515	562,031.3	0.14	1.69
July	91	91	6,898,269	577,533.7	0.13	1.58
August	90	90	6,896,608	577,577.6	0.13	1.56
September	76	76	6,889,713	558,005.3	0.11	1.36
October	88	88	6,862,784	575,270.2	0.13	1.53
November	80	80	6,851,541	556,587.1	0.12	1.44
December	64	64	6,838,820	571,539.5	0.09	1.12
<i>2023</i>						
January	105	105	6,957,195	570,458.0	0.15	1.84
February	90	90	6,931,642	525,591.7	0.13	1.71
March	88	88	6,919,021	580,843.7	0.13	1.52
April	76	76	6,885,350	549,675.9	0.11	1.38
May	44	44	5,071,563	425,884.2	0.09	1.03
June	37	37	5,064,878	411,333.7	0.07	0.90
July	43	43	5,045,988	422,805.5	0.09	1.02
August	35	35	4,961,052	399,518.2	0.07	0.88
September	*****	*****	1,840,321	141,591.7	*****	*****
October	*****	*****	376,687	30,731.8	*****	*****
November	*****	*****	199,264	16,249.5	*****	*****
December	*****	*****	199,767	15,761.2	*****	*****

*Methotrexate (NDC) - All Episodes*

*2022*

**Table 1c. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Year and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members <sup>1</sup>	Total Eligible Member-Years <sup>1</sup>	Number of Episodes per 10,000 Eligible Members <sup>1</sup>	Number of Episodes per 10,000 Eligible Member-Years <sup>1</sup>
January	636	755	6,972,278	571,982.0	1.08	13.20
February	644	762	6,958,687	527,284.4	1.10	14.45
March	739	913	6,958,866	583,490.7	1.31	15.65
April	680	807	6,948,228	563,619.2	1.16	14.32
May	662	815	6,942,691	581,872.8	1.17	14.01
June	635	762	6,936,798	562,139.9	1.10	13.56
July	660	784	6,899,622	577,651.6	1.14	13.57
August	695	839	6,898,014	577,700.6	1.22	14.52
September	653	774	6,891,190	558,129.0	1.12	13.87
October	654	785	6,864,303	575,402.1	1.14	13.64
November	657	756	6,853,110	556,718.4	1.10	13.58
December	631	750	6,840,437	571,678.1	1.10	13.12
<b>2023</b>						
January	628	735	6,958,728	570,591.7	1.06	12.88
February	598	692	6,933,254	525,718.2	1.00	13.16
March	632	772	6,920,689	580,987.8	1.12	13.29
April	590	697	6,887,053	549,815.3	1.01	12.68
May	382	457	5,072,753	425,986.4	0.90	10.73
June	367	438	5,066,084	411,433.8	0.86	10.65
July	350	416	5,047,199	422,908.9	0.82	9.84
August	361	436	4,962,253	399,616.7	0.88	10.91
September	108	122	1,840,730	141,624.0	0.66	8.61
October	21	23	376,785	30,739.9	0.61	7.48
November	21	22	199,320	16,254.2	1.10	13.53
December	21	21	199,827	15,766.0	1.05	13.32
<i>Methotrexate (HCPCS) - First Episode</i>						
<b>2022</b>						
January	369	369	11,868,852	977,076.6	0.31	3.78

**Table 1c. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Year and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members <sup>1</sup>	Total Eligible Member-Years <sup>1</sup>	Number of Episodes per 10,000 Eligible Members <sup>1</sup>	Number of Episodes per 10,000 Eligible Member-Years <sup>1</sup>
February	224	224	11,837,032	897,861.8	0.19	2.49
March	157	157	11,833,137	993,098.6	0.13	1.58
April	64	64	11,811,593	959,095.8	0.05	0.67
May	55	55	11,792,864	989,480.2	0.05	0.56
June	45	45	11,777,055	955,387.5	0.04	0.47
July	48	48	11,740,991	984,081.0	0.04	0.49
August	43	43	11,747,052	984,280.1	0.04	0.44
September	40	40	11,731,915	951,920.0	0.03	0.42
October	38	38	11,700,597	981,632.1	0.03	0.39
November	40	40	11,672,757	949,094.2	0.03	0.42
December	46	46	11,646,875	974,118.4	0.04	0.47
<b>2023</b>						
January	76	76	11,594,403	955,214.5	0.07	0.80
February	52	52	11,577,649	878,380.7	0.04	0.59
March	60	60	11,613,341	974,534.3	0.05	0.62
April	42	42	11,525,851	920,676.5	0.04	0.46
May	46	46	8,423,517	708,147.5	0.05	0.65
June	37	37	8,408,429	683,665.0	0.04	0.54
July	32	32	8,386,548	703,798.1	0.04	0.45
August	*****	*****	8,319,783	675,027.8	*****	*****
September	*****	*****	3,943,667	301,963.1	*****	*****
October	*****	*****	448,401	36,613.1	*****	*****
November	0	0	242,470	19,778.5	0.00	0.00
December	0	0	242,766	19,161.7	0.00	0.00
<b>Methotrexate (HCPCS) - All Episodes</b>						
<b>2022</b>						
January	369	577	11,868,852	977,094.3	0.49	5.91
February	414	606	11,837,397	897,899.3	0.51	6.75



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March	426	674	11,833,724	993,155.6	0.57	6.79
April	405	604	11,812,328	959,158.6	0.51	6.30
May	395	604	11,793,643	989,548.6	0.51	6.10
June	401	627	11,777,873	955,456.2	0.53	6.56
July	402	622	11,741,842	984,155.0	0.53	6.32
August	421	664	11,747,939	984,357.1	0.57	6.75
September	409	620	11,732,833	951,996.9	0.53	6.51
October	379	605	11,701,546	981,714.1	0.52	6.16
November	395	595	11,673,733	949,175.7	0.51	6.27
December	400	601	11,647,877	974,204.7	0.52	6.17
<b>2023</b>						
January	420	637	11,595,377	955,299.6	0.55	6.67
February	372	583	11,578,685	878,461.8	0.50	6.64
March	396	638	11,614,411	974,627.7	0.55	6.55
April	383	565	11,526,966	920,769.0	0.49	6.14
May	400	625	8,424,610	708,242.1	0.74	8.82
June	369	581	8,409,550	683,758.1	0.69	8.50
July	337	518	8,387,685	703,895.2	0.62	7.36
August	369	564	8,320,927	675,122.8	0.68	8.35
September	*****	*****	3,944,214	302,005.4	*****	*****
October	*****	*****	448,446	36,616.9	*****	*****
November	0	0	242,497	19,780.7	0.00	0.00
December	0	0	242,793	19,163.8	0.00	0.00

**Adult Use**

*Methotrexate (HCPCS and NDC) - First Episode*

**2022**

January	17,180	17,180	55,694,960	4,626,494.0	3.08	37.13
February	9,926	9,926	55,597,948	4,235,568.7	1.79	23.43

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March	8,157	8,157	55,609,084	4,691,342.8	1.47	17.39
April	4,678	4,678	55,573,412	4,536,106.2	0.84	10.31
May	3,641	3,641	55,576,356	4,689,371.5	0.66	7.76
June	3,073	3,073	55,635,556	4,539,869.1	0.55	6.77
July	2,514	2,514	55,618,974	4,688,456.1	0.45	5.36
August	2,655	2,655	55,643,969	4,687,464.0	0.48	5.66
September	2,365	2,365	55,592,731	4,536,229.1	0.43	5.21
October	2,149	2,149	55,567,078	4,689,320.0	0.39	4.58
November	2,082	2,082	55,582,777	4,543,367.6	0.37	4.58
December	1,932	1,932	55,593,446	4,676,855.9	0.35	4.13
<b>2023</b>						
January	2,650	2,650	56,281,291	4,664,318.2	0.47	5.68
February	2,356	2,356	56,314,779	4,289,818.0	0.42	5.49
March	2,426	2,426	56,342,193	4,645,719.8	0.43	5.22
April	1,038	1,038	36,095,119	2,906,031.5	0.29	3.57
May	843	843	29,400,164	2,478,991.6	0.29	3.40
June	766	766	29,467,411	2,402,636.8	0.26	3.19
July	739	739	29,494,687	2,481,120.8	0.25	2.98
August	828	828	29,072,057	2,376,736.4	0.28	3.48
September	389	389	16,107,402	1,234,772.0	0.24	3.15
October	41	41	1,524,218	123,698.7	0.27	3.31
November	14	14	603,310	49,307.0	0.23	2.84
December	15	15	603,188	47,718.8	0.25	3.14
<i>Methotrexate (HCPCS and NDC) - All Episodes</i>						
<b>2022</b>						
January	17,180	20,212	55,694,960	4,627,238.0	3.63	43.68
February	16,491	19,349	55,614,964	4,237,273.1	3.48	45.66
March	17,861	21,962	55,635,777	4,693,961.2	3.95	46.79

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April	17,661	20,902	55,607,883	4,539,127.2	3.76	46.05
May	18,202	21,794	55,615,175	4,692,823.8	3.92	46.44
June	17,970	21,505	55,677,616	4,543,443.8	3.86	47.33
July	17,326	20,290	55,663,635	4,692,345.4	3.65	43.24
August	18,577	22,377	55,690,717	4,691,540.7	4.02	47.70
September	17,383	20,487	55,641,647	4,540,331.4	3.68	45.12
October	17,370	20,332	55,617,830	4,693,711.1	3.66	43.32
November	17,425	20,593	55,635,232	4,547,761.0	3.70	45.28
December	17,193	20,241	55,647,631	4,681,520.9	3.64	43.24
<i>2023</i>						
January	17,272	20,429	56,333,816	4,668,873.1	3.63	43.76
February	16,017	18,614	56,369,328	4,294,083.4	3.30	43.35
March	16,741	20,081	56,398,579	4,650,423.3	3.56	43.18
April	6,591	7,472	36,120,706	2,908,151.7	2.07	25.69
May	5,359	6,319	29,422,788	2,480,946.3	2.15	25.47
June	5,094	5,905	29,490,619	2,404,568.9	2.00	24.56
July	5,127	5,866	29,518,318	2,483,149.8	1.99	23.62
August	5,368	6,216	29,095,431	2,378,700.0	2.14	26.13
September	3,107	3,436	16,121,866	1,235,903.3	2.13	27.80
October	323	338	1,525,894	123,836.3	2.22	27.29
November	110	114	603,863	49,352.9	1.89	23.10
December	132	137	603,751	47,764.1	2.27	28.68
<i>Methotrexate (NDC) - First Episode</i>						
<i>2022</i>						
January	15,135	15,135	55,694,960	4,626,600.1	2.72	32.71
February	9,282	9,282	55,599,972	4,235,749.9	1.67	21.91
March	7,491	7,491	55,611,721	4,691,594.1	1.35	15.97
April	4,089	4,089	55,576,667	4,536,396.9	0.74	9.01

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	Number of Patients	Number of Index Dates	Number of Eligible Members <sup>1</sup>	Total Eligible Member-Years <sup>1</sup>	Number of Episodes per 10,000 Eligible Members <sup>1</sup>	Number of Episodes per 10,000 Eligible Member-Years <sup>1</sup>
May	3,069	3,069	55,580,138	4,689,717.5	0.55	6.54
June	2,506	2,506	55,639,848	4,540,243.6	0.45	5.52
July	2,022	2,022	55,623,768	4,688,881.7	0.36	4.31
August	2,105	2,105	55,649,184	4,687,928.1	0.38	4.49
September	1,818	1,818	55,598,399	4,536,715.1	0.33	4.01
October	1,672	1,672	55,573,198	4,689,858.1	0.30	3.57
November	1,584	1,584	55,589,278	4,543,922.2	0.28	3.49
December	1,453	1,453	55,600,379	4,677,463.0	0.26	3.11
<b>2023</b>						
January	2,149	2,149	56,288,323	4,664,934.0	0.38	4.61
February	1,893	1,893	56,322,190	4,290,401.9	0.34	4.41
March	1,932	1,932	56,349,934	4,646,364.8	0.34	4.16
April	864	864	36,097,424	2,906,227.2	0.24	2.97
May	680	680	29,402,523	2,479,198.5	0.23	2.74
June	578	578	29,469,888	2,402,846.9	0.20	2.41
July	585	585	29,497,295	2,481,347.1	0.20	2.36
August	678	678	29,074,654	2,376,957.2	0.23	2.85
September	320	320	16,109,120	1,234,907.5	0.20	2.59
October	32	32	1,524,503	123,722.5	0.21	2.59
November	12	12	603,467	49,319.9	0.20	2.43
December	15	15	603,346	47,731.4	0.25	3.14
<i>Methotrexate (NDC) - All Episodes</i>						
<b>2022</b>						
January	15,135	16,050	55,694,960	4,627,238.0	2.88	34.69
February	14,486	15,243	55,614,964	4,237,273.1	2.74	35.97
March	15,681	16,980	55,635,777	4,693,961.2	3.05	36.17
April	15,509	16,512	55,607,883	4,539,127.2	2.97	36.38
May	16,119	17,329	55,615,175	4,692,823.8	3.12	36.93

**Table 1c. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Year and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members <sup>1</sup>	Total Eligible Member-Years <sup>1</sup>	Number of Episodes per 10,000 Eligible Members <sup>1</sup>	Number of Episodes per 10,000 Eligible Member-Years <sup>1</sup>
June	15,873	16,948	55,677,616	4,543,443.8	3.04	37.30
July	15,354	16,326	55,663,635	4,692,345.4	2.93	34.79
August	16,480	17,812	55,690,717	4,691,540.7	3.20	37.97
September	15,333	16,331	55,641,647	4,540,331.4	2.94	35.97
October	15,368	16,354	55,617,830	4,693,711.1	2.94	34.84
November	15,444	16,514	55,635,232	4,547,761.0	2.97	36.31
December	15,246	16,261	55,647,631	4,681,520.9	2.92	34.73
<i>2023</i>						
January	15,305	16,353	56,333,816	4,668,873.1	2.90	35.03
February	14,080	14,830	56,369,328	4,294,083.4	2.63	34.54
March	14,744	15,948	56,398,579	4,650,423.3	2.83	34.29
April	6,198	6,825	36,120,706	2,908,151.7	1.89	23.47
May	4,960	5,606	29,422,788	2,480,946.3	1.91	22.60
June	4,679	5,233	29,490,619	2,404,568.9	1.77	21.76
July	4,772	5,267	29,518,318	2,483,149.8	1.78	21.21
August	5,027	5,646	29,095,431	2,378,700.0	1.94	23.74
September	2,897	3,115	16,121,866	1,235,903.3	1.93	25.20
October	312	326	1,525,894	123,836.3	2.14	26.33
November	108	112	603,863	49,352.9	1.85	22.69
December	132	137	603,751	47,764.1	2.27	28.68
<i>Methotrexate (HCPCS) - First Episode</i>						
<i>2022</i>						
January	3,495	3,495	83,241,289	6,931,051.6	0.42	5.04
February	1,363	1,363	83,097,447	6,332,704.2	0.16	2.15
March	1,373	1,373	83,131,366	7,014,229.1	0.17	1.96
April	1,227	1,227	83,114,450	6,785,282.4	0.15	1.81
May	1,176	1,176	83,111,130	7,012,800.4	0.14	1.68
June	1,214	1,214	83,219,188	6,790,959.5	0.15	1.79

**Table 1c. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Year and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members <sup>1</sup>	Total Eligible Member-Years <sup>1</sup>	Number of Episodes per 10,000 Eligible Members <sup>1</sup>	Number of Episodes per 10,000 Eligible Member-Years <sup>1</sup>
July	1,023	1,023	83,343,392	7,025,622.7	0.12	1.46
August	1,173	1,173	83,407,144	7,028,312.5	0.14	1.67
September	1,123	1,123	83,355,134	6,799,420.4	0.13	1.65
October	1,059	1,059	83,285,548	7,027,730.2	0.13	1.51
November	1,063	1,063	83,273,026	6,806,935.8	0.13	1.56
December	1,005	1,005	83,323,066	7,008,396.4	0.12	1.43
<b>2023</b>						
January	1,115	1,115	82,712,592	6,878,901.0	0.13	1.62
February	1,019	1,019	82,810,098	6,308,560.8	0.12	1.62
March	1,119	1,119	83,042,034	6,852,160.6	0.13	1.63
April	572	572	54,526,210	4,386,850.4	0.10	1.30
May	553	553	43,241,889	3,647,966.0	0.13	1.52
June	574	574	43,334,913	3,535,131.9	0.13	1.62
July	525	525	43,344,530	3,650,174.7	0.12	1.44
August	538	538	42,984,780	3,519,321.2	0.13	1.53
September	212	212	24,382,822	1,867,555.9	0.09	1.14
October	*****	*****	1,721,996	140,040.3	*****	*****
November	*****	*****	737,684	60,309.6	*****	*****
December	0	0	737,545	58,363.2	0.00	0.00
<i>Methotrexate (HCPCS) - All Episodes</i>						
<b>2022</b>						
January	3,495	6,747	83,241,289	6,931,229.4	0.81	9.73
February	3,457	6,648	83,100,904	6,333,023.5	0.80	10.50
March	3,701	7,878	83,136,132	7,014,690.5	0.95	11.23
April	3,590	6,932	83,120,495	6,785,827.4	0.83	10.22
May	3,532	7,145	83,118,300	7,013,459.3	0.86	10.19
June	3,613	7,341	83,227,410	6,791,681.3	0.88	10.81
July	3,322	6,415	83,352,680	7,026,449.5	0.77	9.13

**Table 1c. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Year and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members <sup>1</sup>	Total Eligible Member-Years <sup>1</sup>	Number of Episodes per 10,000 Eligible Members <sup>1</sup>	Number of Episodes per 10,000 Eligible Member-Years <sup>1</sup>
August	3,589	7,350	83,417,282	7,029,219.5	0.88	10.46
September	3,461	6,678	83,366,256	6,800,374.9	0.80	9.82
October	3,454	6,516	83,297,595	7,028,793.9	0.78	9.27
November	3,420	6,741	83,285,928	6,808,038.6	0.81	9.90
December	3,318	6,396	83,336,893	7,009,608.1	0.77	9.12
<b>2023</b>						
January	3,384	6,641	82,726,509	6,880,125.6	0.80	9.65
February	3,328	6,250	82,824,889	6,309,730.6	0.75	9.91
March	3,484	6,873	83,057,606	6,853,483.2	0.83	10.03
April	1,300	2,234	54,534,528	4,387,551.6	0.41	5.09
May	1,287	2,288	43,249,971	3,648,674.5	0.53	6.27
June	1,265	2,101	43,343,422	3,535,851.3	0.48	5.94
July	1,161	1,936	43,353,436	3,650,949.7	0.45	5.30
August	1,167	2,019	42,993,943	3,520,098.1	0.47	5.74
September	581	951	24,388,152	1,867,973.7	0.39	5.09
October	*****	*****	1,722,338	140,068.8	*****	*****
November	*****	*****	737,878	60,325.6	*****	*****
December	0	0	737,740	58,378.7	0.00	0.00

<sup>1</sup>Eligible Members and Member-Years are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.

**Table 1d. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Evidence of Cancer	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
<b>Pediatric Use</b>						
<i>Methotrexate (HCPCS and NDC) - First Episode</i>						
Evidence of Cancer	1,237	1,237	10,355,660	1.19	2,871	0.43
No evidence of Cancer	1,634	1,634	10,355,660	1.58	2,871	0.57
<i>Methotrexate (HCPCS and NDC) - All Episodes</i>						
Evidence of Cancer	1,301	9,123	10,355,660	8.81	17,788	0.51
No evidence of Cancer	1,666	8,665	10,355,660	8.37	17,788	0.49
<i>Methotrexate (NDC) - First Episode</i>						
Evidence of Cancer	890	890	10,355,660	0.86	2,511	0.35
No evidence of Cancer	1,621	1,621	10,355,660	1.57	2,511	0.65
<i>Methotrexate (NDC) - All Episodes</i>						
Evidence of Cancer	951	5,698	10,355,660	5.50	14,333	0.40
No evidence of Cancer	1,652	8,635	10,355,660	8.34	14,333	0.60
<i>Methotrexate (HCPCS) - First Episode</i>						
Evidence of Cancer	1,492	1,492	16,920,335	0.88	1,561	0.96
No evidence of Cancer	69	69	16,920,335	0.04	1,561	0.04
<i>Methotrexate (HCPCS) - All Episodes</i>						
Evidence of Cancer	1,497	12,021	16,920,335	7.10	12,306	0.98
No evidence of Cancer	76	285	16,920,335	0.17	12,306	0.02
<b>Adult Use</b>						
<i>Methotrexate (HCPCS and NDC) - First Episode</i>						
Evidence of Cancer	13,369	13,369	75,175,744	1.78	72,457	0.18
No evidence of Cancer	59,088	59,088	75,175,744	7.86	72,457	0.82
<i>Methotrexate (HCPCS and NDC) - All Episodes</i>						
Evidence of Cancer	19,057	78,979	75,175,744	10.51	344,971	0.23
No evidence of Cancer	62,080	265,992	75,175,744	35.38	344,971	0.77



**Table 1d. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Evidence of Cancer	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
<i>Methotrexate (NDC) - First Episode</i>						
Evidence of Cancer	6,601	6,601	75,175,744	0.88	61,964	0.11
No evidence of Cancer	55,363	55,363	75,175,744	7.36	61,964	0.89
<i>Methotrexate (NDC) - All Episodes</i>						
Evidence of Cancer	11,854	28,259	75,175,744	3.76	278,058	0.10
No evidence of Cancer	57,956	249,799	75,175,744	33.23	278,058	0.90
<i>Methotrexate (HCPCS) - First Episode</i>						
Evidence of Cancer	13,277	13,277	109,681,251	1.21	22,532	0.59
No evidence of Cancer	9,255	9,255	109,681,251	0.84	22,532	0.41
<i>Methotrexate (HCPCS) - All Episodes</i>						
Evidence of Cancer	13,936	84,103	109,681,251	7.67	114,094	0.74
No evidence of Cancer	9,816	29,991	109,681,251	2.73	114,094	0.26

<sup>1</sup>Eligible Members and Member-Years are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
<b>Pediatric Use</b>						
<i>Methotrexate (HCPCS and NDC) - First Episode</i>						
<i>Evidence of Cancer, 2022</i>						
January	318	318	6,972,278	0.46	736	0.43
February	186	186	6,957,962	0.27	362	0.51
March	118	118	6,957,791	0.17	263	0.45
April	52	52	6,946,910	0.07	130	0.40
May	48	48	6,941,282	0.07	119	0.40
June	35	35	6,935,306	0.05	97	0.36
July	44	44	6,898,064	0.06	102	0.43
August	34	34	6,896,397	0.05	101	0.34
September	38	38	6,889,496	0.06	85	0.45
October	32	32	6,862,561	0.05	95	0.34
November	23	23	6,851,313	0.03	80	0.29
December	32	32	6,838,596	0.05	76	0.42
<i>Evidence of Cancer, 2023</i>						
January	65	65	6,956,982	0.09	124	0.52
February	38	38	6,931,414	0.05	102	0.37
March	43	43	6,918,784	0.06	98	0.44
April	34	34	6,885,103	0.05	84	0.40
May	25	25	5,071,325	0.05	55	0.45
June	21	21	5,064,632	0.04	42	0.50
July	22	22	5,045,741	0.04	48	0.46
August	*****	*****	4,960,813	*****	44	*****
September	*****	*****	1,840,227	*****	*****	*****

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
October	*****	*****	376,648	*****	*****	*****
November	0	0	199,243	0.00	*****	*****
December	0	0	199,746	0.00	*****	*****
<i>No evidence of Cancer, 2022</i>						
January	418	418	6,972,278	0.60	736	0.57
February	176	176	6,957,962	0.25	362	0.49
March	145	145	6,957,791	0.21	263	0.55
April	78	78	6,946,910	0.11	130	0.60
May	71	71	6,941,282	0.10	119	0.60
June	62	62	6,935,306	0.09	97	0.64
July	58	58	6,898,064	0.08	102	0.57
August	67	67	6,896,397	0.10	101	0.66
September	47	47	6,889,496	0.07	85	0.55
October	63	63	6,862,561	0.09	95	0.66
November	57	57	6,851,313	0.08	80	0.71
December	44	44	6,838,596	0.06	76	0.58
<i>No evidence of Cancer, 2023</i>						
January	59	59	6,956,982	0.08	124	0.48
February	64	64	6,931,414	0.09	102	0.63
March	55	55	6,918,784	0.08	98	0.56
April	50	50	6,885,103	0.07	84	0.60
May	30	30	5,071,325	0.06	55	0.55
June	21	21	5,064,632	0.04	42	0.50
July	26	26	5,045,741	0.05	48	0.54
August	*****	*****	4,960,813	*****	44	*****

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
September	*****	*****	1,840,227	*****	*****	*****
October	*****	*****	376,648	*****	*****	*****
November	*****	*****	199,243	*****	*****	*****
December	*****	*****	199,746	*****	*****	*****
<i>Methotrexate (HCPCS and NDC) - All Episodes</i>						
<i>Evidence of Cancer, 2022</i>						
January	319	490	6,972,278	0.70	929	0.53
February	353	522	6,958,687	0.75	949	0.55
March	365	573	6,958,866	0.82	1,092	0.52
April	342	504	6,948,228	0.73	984	0.51
May	329	507	6,942,691	0.73	999	0.51
June	318	488	6,936,798	0.70	949	0.51
July	327	488	6,899,622	0.71	970	0.50
August	346	534	6,898,014	0.77	1,039	0.51
September	330	485	6,891,190	0.70	954	0.51
October	306	464	6,864,303	0.68	958	0.48
November	313	447	6,853,110	0.65	933	0.48
December	311	449	6,840,437	0.66	922	0.49
<i>Evidence of Cancer, 2023</i>						
January	331	469	6,958,728	0.67	917	0.51
February	284	420	6,933,254	0.61	855	0.49
March	309	458	6,920,689	0.66	935	0.49
April	294	423	6,887,053	0.61	833	0.51
May	240	351	5,072,753	0.69	619	0.57
June	217	321	5,066,084	0.63	588	0.55

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
July	200	300	5,047,199	0.59	539	0.56
August	229	352	4,962,253	0.71	590	0.60
September	*****	*****	1,840,730	*****	165	*****
October	*****	*****	376,785	*****	26	*****
November	0	0	199,320	0.00	22	0.00
December	0	0	199,827	0.00	21	0.00
<i>No evidence of Cancer, 2022</i>						
January	420	439	6,972,278	0.63	929	0.47
February	415	427	6,958,687	0.61	949	0.45
March	481	519	6,958,866	0.75	1,092	0.48
April	451	480	6,948,228	0.69	984	0.49
May	451	492	6,942,691	0.71	999	0.49
June	423	461	6,936,798	0.66	949	0.49
July	448	482	6,899,622	0.70	970	0.50
August	467	505	6,898,014	0.73	1,039	0.49
September	437	469	6,891,190	0.68	954	0.49
October	451	494	6,864,303	0.72	958	0.52
November	453	486	6,853,110	0.71	933	0.52
December	435	473	6,840,437	0.69	922	0.51
<i>No evidence of Cancer, 2023</i>						
January	414	448	6,958,728	0.64	917	0.49
February	418	435	6,933,254	0.63	855	0.51
March	427	477	6,920,689	0.69	935	0.51
April	387	410	6,887,053	0.60	833	0.49
May	249	268	5,072,753	0.53	619	0.43

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
June	247	267	5,066,084	0.53	588	0.45
July	225	239	5,047,199	0.47	539	0.44
August	227	238	4,962,253	0.48	590	0.40
September	*****	*****	1,840,730	*****	165	*****
October	*****	*****	376,785	*****	26	*****
November	21	22	199,320	1.10	22	1.00
December	21	21	199,827	1.05	21	1.00
<i>Methotrexate (NDC) - First Episode</i>						
<i>Evidence of Cancer, 2022</i>						
January	219	219	6,972,278	0.31	636	0.34
February	126	126	6,958,060	0.18	301	0.42
March	86	86	6,957,949	0.12	231	0.37
April	34	34	6,947,095	0.05	112	0.30
May	33	33	6,941,480	0.05	104	0.32
June	34	34	6,935,515	0.05	95	0.36
July	33	33	6,898,269	0.05	91	0.36
August	26	26	6,896,608	0.04	90	0.29
September	30	30	6,889,713	0.04	76	0.39
October	25	25	6,862,784	0.04	88	0.28
November	23	23	6,851,541	0.03	80	0.29
December	21	21	6,838,820	0.03	64	0.33
<i>Evidence of Cancer, 2023</i>						
January	46	46	6,957,195	0.07	105	0.44
February	28	28	6,931,642	0.04	90	0.31
March	33	33	6,919,021	0.05	88	0.38

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
April	27	27	6,885,350	0.04	76	0.36
May	15	15	5,071,563	0.03	44	0.34
June	16	16	5,064,878	0.03	37	0.43
July	17	17	5,045,988	0.03	43	0.40
August	*****	*****	4,961,052	*****	35	*****
September	*****	*****	1,840,321	*****	*****	*****
October	0	0	376,687	0.00	*****	0.00
November	0	0	199,264	0.00	*****	0.00
December	0	0	199,767	0.00	*****	0.00
<i>No evidence of Cancer, 2022</i>						
January	417	417	6,972,278	0.60	636	0.66
February	175	175	6,958,060	0.25	301	0.58
March	145	145	6,957,949	0.21	231	0.63
April	78	78	6,947,095	0.11	112	0.70
May	71	71	6,941,480	0.10	104	0.68
June	61	61	6,935,515	0.09	95	0.64
July	58	58	6,898,269	0.08	91	0.64
August	64	64	6,896,608	0.09	90	0.71
September	46	46	6,889,713	0.07	76	0.61
October	63	63	6,862,784	0.09	88	0.72
November	57	57	6,851,541	0.08	80	0.71
December	43	43	6,838,820	0.06	64	0.67
<i>No evidence of Cancer, 2023</i>						
January	59	59	6,957,195	0.08	105	0.56
February	62	62	6,931,642	0.09	90	0.69

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
March	55	55	6,919,021	0.08	88	0.63
April	49	49	6,885,350	0.07	76	0.64
May	29	29	5,071,563	0.06	44	0.66
June	21	21	5,064,878	0.04	37	0.57
July	26	26	5,045,988	0.05	43	0.60
August	*****	*****	4,961,052	*****	35	*****
September	*****	*****	1,840,321	*****	*****	*****
October	*****	*****	376,687	*****	*****	*****
November	*****	*****	199,264	*****	*****	*****
December	*****	*****	199,767	*****	*****	*****
<i>Methotrexate (NDC) - All Episodes</i>						
<i>Evidence of Cancer, 2022</i>						
January	220	317	6,972,278	0.45	755	0.42
February	232	337	6,958,687	0.48	762	0.44
March	260	394	6,958,866	0.57	913	0.43
April	230	327	6,948,228	0.47	807	0.41
May	214	323	6,942,691	0.47	815	0.40
June	216	303	6,936,798	0.44	762	0.40
July	213	302	6,899,622	0.44	784	0.39
August	234	337	6,898,014	0.49	839	0.40
September	219	307	6,891,190	0.45	774	0.40
October	204	294	6,864,303	0.43	785	0.37
November	206	271	6,853,110	0.40	756	0.36
December	200	281	6,840,437	0.41	750	0.37

*Evidence of Cancer, 2023*



**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
January	218	289	6,958,728	0.42	735	0.39
February	185	261	6,933,254	0.38	692	0.38
March	208	297	6,920,689	0.43	772	0.38
April	207	289	6,887,053	0.42	697	0.41
May	134	190	5,072,753	0.37	457	0.42
June	121	171	5,066,084	0.34	438	0.39
July	127	177	5,047,199	0.35	416	0.43
August	136	199	4,962,253	0.40	436	0.46
September	24	32	1,840,730	0.17	122	0.26
October	0	0	376,785	0.00	23	0.00
November	0	0	199,320	0.00	22	0.00
December	0	0	199,827	0.00	21	0.00
<i>No evidence of Cancer, 2022</i>						
January	419	438	6,972,278	0.63	755	0.58
February	414	425	6,958,687	0.61	762	0.56
March	481	519	6,958,866	0.75	913	0.57
April	451	480	6,948,228	0.69	807	0.59
May	451	492	6,942,691	0.71	815	0.60
June	422	459	6,936,798	0.66	762	0.60
July	448	482	6,899,622	0.70	784	0.61
August	464	502	6,898,014	0.73	839	0.60
September	435	467	6,891,190	0.68	774	0.60
October	450	491	6,864,303	0.72	785	0.63
November	452	485	6,853,110	0.71	756	0.64
December	432	469	6,840,437	0.69	750	0.63

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
<i>No evidence of Cancer, 2023</i>						
January	412	446	6,958,728	0.64	735	0.61
February	415	431	6,933,254	0.62	692	0.62
March	425	475	6,920,689	0.69	772	0.62
April	385	408	6,887,053	0.59	697	0.59
May	248	267	5,072,753	0.53	457	0.58
June	247	267	5,066,084	0.53	438	0.61
July	225	239	5,047,199	0.47	416	0.57
August	226	237	4,962,253	0.48	436	0.54
September	84	90	1,840,730	0.49	122	0.74
October	21	23	376,785	0.61	23	1.00
November	21	22	199,320	1.10	22	1.00
December	21	21	199,827	1.05	21	1.00
<i>Methotrexate (HCPCS) - First Episode Evidence of Cancer, 2022</i>						
January	*****	*****	11,868,852	*****	369	*****
February	*****	*****	11,837,032	*****	224	*****
March	*****	*****	11,833,137	*****	157	*****
April	*****	*****	11,811,593	*****	64	*****
May	*****	*****	11,792,864	*****	55	*****
June	*****	*****	11,777,055	*****	45	*****
July	*****	*****	11,740,991	*****	48	*****
August	*****	*****	11,747,052	*****	43	*****
September	*****	*****	11,731,915	*****	40	*****
October	*****	*****	11,700,597	*****	38	*****

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
November	*****	*****	11,672,757	*****	40	*****
December	*****	*****	11,646,875	*****	46	*****
<i>Evidence of Cancer, 2023</i>						
January	*****	*****	11,594,403	*****	76	*****
February	*****	*****	11,577,649	*****	52	*****
March	*****	*****	11,613,341	*****	60	*****
April	*****	*****	11,525,851	*****	42	*****
May	*****	*****	8,423,517	*****	46	*****
June	*****	*****	8,408,429	*****	37	*****
July	*****	*****	8,386,548	*****	32	*****
August	*****	*****	8,319,783	*****	*****	*****
September	*****	*****	3,943,667	*****	*****	*****
October	*****	*****	448,401	*****	*****	*****
November	0	0	242,470	0.00	0	NaN
December	0	0	242,766	0.00	0	NaN
<i>No evidence of Cancer, 2022</i>						
January	*****	*****	11,868,852	*****	369	*****
February	*****	*****	11,837,032	*****	224	*****
March	*****	*****	11,833,137	*****	157	*****
April	*****	*****	11,811,593	*****	64	*****
May	*****	*****	11,792,864	*****	55	*****
June	*****	*****	11,777,055	*****	45	*****
July	0	0	11,740,991	0.00	48	0.00
August	*****	*****	11,747,052	*****	43	*****
September	*****	*****	11,731,915	*****	40	*****

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
October	*****	*****	11,700,597	*****	38	*****
November	*****	*****	11,672,757	*****	40	*****
December	*****	*****	11,646,875	*****	46	*****
<i>No evidence of Cancer, 2023</i>						
January	*****	*****	11,594,403	*****	76	*****
February	*****	*****	11,577,649	*****	52	*****
March	*****	*****	11,613,341	*****	60	*****
April	*****	*****	11,525,851	*****	42	*****
May	*****	*****	8,423,517	*****	46	*****
June	*****	*****	8,408,429	*****	37	*****
July	*****	*****	8,386,548	*****	32	*****
August	*****	*****	8,319,783	*****	*****	*****
September	0	0	3,943,667	0.00	*****	0.00
October	0	0	448,401	0.00	*****	0.00
November	0	0	242,470	0.00	0	NaN
December	0	0	242,766	0.00	0	NaN
<i>Methotrexate (HCPCS) - All Episodes Evidence of Cancer, 2022</i>						
January	*****	563	11,868,852	0.47	577	0.98
February	*****	591	11,837,397	0.50	606	0.98
March	*****	662	11,833,724	0.56	674	0.98
April	*****	*****	11,812,328	*****	604	*****
May	*****	*****	11,793,643	*****	604	*****
June	*****	616	11,777,873	0.52	627	0.98
July	*****	610	11,741,842	0.52	622	0.98

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
August	*****	651	11,747,939	0.55	664	0.98
September	399	606	11,732,833	0.52	620	0.98
October	*****	588	11,701,546	0.50	605	0.97
November	*****	581	11,673,733	0.50	595	0.98
December	386	579	11,647,877	0.50	601	0.96
<i>Evidence of Cancer, 2023</i>						
January	407	615	11,595,377	0.53	637	0.97
February	*****	567	11,578,685	0.49	583	0.97
March	*****	621	11,614,411	0.53	638	0.97
April	*****	549	11,526,966	0.48	565	0.97
May	*****	612	8,424,610	0.73	625	0.98
June	*****	*****	8,409,550	*****	581	*****
July	*****	505	8,387,685	0.60	518	0.97
August	*****	552	8,320,927	0.66	564	0.98
September	*****	*****	3,944,214	*****	*****	*****
October	*****	*****	448,446	*****	*****	*****
November	0	0	242,497	0.00	0	NaN
December	0	0	242,793	0.00	0	NaN
<i>No evidence of Cancer, 2022</i>						
January	*****	14	11,868,852	0.01	577	0.02
February	*****	15	11,837,397	0.01	606	0.02
March	*****	12	11,833,724	0.01	674	0.02
April	*****	*****	11,812,328	*****	604	*****
May	*****	*****	11,793,643	*****	604	*****
June	*****	11	11,777,873	0.01	627	0.02

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
July	*****	12	11,741,842	0.01	622	0.02
August	*****	13	11,747,939	0.01	664	0.02
September	11	14	11,732,833	0.01	620	0.02
October	*****	17	11,701,546	0.01	605	0.03
November	*****	14	11,673,733	0.01	595	0.02
December	*****	22	11,647,877	0.02	601	0.04
<i>No evidence of Cancer, 2023</i>						
January	13	22	11,595,377	0.02	637	0.03
February	*****	16	11,578,685	0.01	583	0.03
March	*****	17	11,614,411	0.01	638	0.03
April	*****	16	11,526,966	0.01	565	0.03
May	*****	13	8,424,610	0.02	625	0.02
June	*****	*****	8,409,550	*****	581	*****
July	*****	13	8,387,685	0.02	518	0.03
August	*****	12	8,320,927	*****	564	*****
September	*****	*****	3,944,214	*****	*****	*****
October	0	0	448,446	0.00	*****	0.00
November	0	0	242,497	0.00	0	NaN
December	0	0	242,793	0.00	0	NaN

**Adult Use**

*Methotrexate (HCPCS and NDC) - First Episode*

*Evidence of Cancer, 2022*

January	2,706	2,706	55,694,960	0.49	17,180	0.16
February	1,139	1,139	55,597,948	0.20	9,926	0.11
March	1,073	1,073	55,609,084	0.19	8,157	0.13

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
April	831	831	55,573,412	0.15	4,678	0.18
May	676	676	55,576,356	0.12	3,641	0.19
June	646	646	55,635,556	0.12	3,073	0.21
July	562	562	55,618,974	0.10	2,514	0.22
August	604	604	55,643,969	0.11	2,655	0.23
September	575	575	55,592,731	0.10	2,365	0.24
October	556	556	55,567,078	0.10	2,149	0.26
November	545	545	55,582,777	0.10	2,082	0.26
December	497	497	55,593,446	0.09	1,932	0.26
<i>Evidence of Cancer, 2023</i>						
January	604	604	56,281,291	0.11	2,650	0.23
February	555	555	56,314,779	0.10	2,356	0.24
March	591	591	56,342,193	0.10	2,426	0.24
April	238	238	36,095,119	0.07	1,038	0.23
May	219	219	29,400,164	0.07	843	0.26
June	232	232	29,467,411	0.08	766	0.30
July	213	213	29,494,687	0.07	739	0.29
August	218	218	29,072,057	0.07	828	0.26
September	*****	*****	16,107,402	*****	389	*****
October	*****	*****	1,524,218	*****	41	*****
November	0	0	603,310	0.00	14	0.00
December	0	0	603,188	0.00	15	0.00
<i>No evidence of Cancer, 2022</i>						
January	14,474	14,474	55,694,960	2.60	17,180	0.84
February	8,787	8,787	55,597,948	1.58	9,926	0.89

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
March	7,084	7,084	55,609,084	1.27	8,157	0.87
April	3,847	3,847	55,573,412	0.69	4,678	0.82
May	2,965	2,965	55,576,356	0.53	3,641	0.81
June	2,427	2,427	55,635,556	0.44	3,073	0.79
July	1,952	1,952	55,618,974	0.35	2,514	0.78
August	2,051	2,051	55,643,969	0.37	2,655	0.77
September	1,790	1,790	55,592,731	0.32	2,365	0.76
October	1,593	1,593	55,567,078	0.29	2,149	0.74
November	1,537	1,537	55,582,777	0.28	2,082	0.74
December	1,435	1,435	55,593,446	0.26	1,932	0.74
<i>No evidence of Cancer, 2023</i>						
January	2,046	2,046	56,281,291	0.36	2,650	0.77
February	1,801	1,801	56,314,779	0.32	2,356	0.76
March	1,835	1,835	56,342,193	0.33	2,426	0.76
April	800	800	36,095,119	0.22	1,038	0.77
May	624	624	29,400,164	0.21	843	0.74
June	534	534	29,467,411	0.18	766	0.70
July	526	526	29,494,687	0.18	739	0.71
August	610	610	29,072,057	0.21	828	0.74
September	*****	*****	16,107,402	*****	389	*****
October	*****	*****	1,524,218	*****	41	*****
November	14	14	603,310	0.23	14	1.00
December	15	15	603,188	0.25	15	1.00

*Methotrexate (HCPCS and NDC) - All Episodes Evidence of Cancer, 2022*



**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
January	2,752	4,634	55,694,960	0.83	20,212	0.23
February	2,675	4,587	55,614,964	0.82	19,349	0.24
March	2,952	5,456	55,635,777	0.98	21,962	0.25
April	2,901	4,954	55,607,883	0.89	20,902	0.24
May	2,837	5,019	55,615,175	0.90	21,794	0.23
June	2,846	5,050	55,677,616	0.91	21,505	0.23
July	2,653	4,458	55,663,635	0.80	20,290	0.22
August	2,880	5,135	55,690,717	0.92	22,377	0.23
September	2,717	4,613	55,641,647	0.83	20,487	0.23
October	2,827	4,679	55,617,830	0.84	20,332	0.23
November	2,771	4,714	55,635,232	0.85	20,593	0.23
December	2,709	4,578	55,647,631	0.82	20,241	0.23
<i>Evidence of Cancer, 2023</i>						
January	2,694	4,676	56,333,816	0.83	20,429	0.23
February	2,707	4,466	56,369,328	0.79	18,614	0.24
March	2,819	4,895	56,398,579	0.87	20,081	0.24
April	873	1,358	36,120,706	0.38	7,472	0.18
May	823	1,357	29,422,788	0.46	6,319	0.21
June	784	1,262	29,490,619	0.43	5,905	0.21
July	750	1,195	29,518,318	0.40	5,866	0.20
August	764	1,252	29,095,431	0.43	6,216	0.20
September	401	621	16,121,866	0.39	3,436	0.18
October	*****	*****	1,525,894	*****	338	*****
November	*****	*****	603,863	*****	114	*****
December	*****	*****	603,751	*****	137	*****

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
<i>No evidence of Cancer, 2022</i>						
January	14,512	15,578	55,694,960	2.80	20,212	0.77
February	13,886	14,762	55,614,964	2.65	19,349	0.76
March	15,015	16,506	55,635,777	2.97	21,962	0.75
April	14,833	15,948	55,607,883	2.87	20,902	0.76
May	15,473	16,775	55,615,175	3.02	21,794	0.77
June	15,225	16,455	55,677,616	2.96	21,505	0.77
July	14,772	15,832	55,663,635	2.84	20,290	0.78
August	15,833	17,242	55,690,717	3.10	22,377	0.77
September	14,760	15,874	55,641,647	2.85	20,487	0.77
October	14,640	15,653	55,617,830	2.81	20,332	0.77
November	14,759	15,879	55,635,232	2.85	20,593	0.77
December	14,596	15,663	55,647,631	2.81	20,241	0.77
<i>No evidence of Cancer, 2023</i>						
January	14,670	15,753	56,333,816	2.80	20,429	0.77
February	13,393	14,148	56,369,328	2.51	18,614	0.76
March	14,013	15,186	56,398,579	2.69	20,081	0.76
April	5,745	6,114	36,120,706	1.69	7,472	0.82
May	4,568	4,962	29,422,788	1.69	6,319	0.79
June	4,343	4,643	29,490,619	1.57	5,905	0.79
July	4,393	4,671	29,518,318	1.58	5,866	0.80
August	4,630	4,964	29,095,431	1.71	6,216	0.80
September	2,719	2,815	16,121,866	1.75	3,436	0.82
October	*****	*****	1,525,894	*****	338	*****
November	*****	*****	603,863	*****	114	*****

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
December	*****	*****	603,751	*****	137	*****
<i>Methotrexate (NDC) - First Episode Evidence of Cancer, 2022</i>						
January	1,191	1,191	55,694,960	0.21	15,135	0.08
February	715	715	55,599,972	0.13	9,282	0.08
March	634	634	55,611,721	0.11	7,491	0.08
April	451	451	55,576,667	0.08	4,089	0.11
May	329	329	55,580,138	0.06	3,069	0.11
June	302	302	55,639,848	0.05	2,506	0.12
July	245	245	55,623,768	0.04	2,022	0.12
August	266	266	55,649,184	0.05	2,105	0.13
September	260	260	55,598,399	0.05	1,818	0.14
October	237	237	55,573,198	0.04	1,672	0.14
November	231	231	55,589,278	0.04	1,584	0.15
December	221	221	55,600,379	0.04	1,453	0.15
<i>Evidence of Cancer, 2023</i>						
January	262	262	56,288,323	0.05	2,149	0.12
February	275	275	56,322,190	0.05	1,893	0.15
March	279	279	56,349,934	0.05	1,932	0.14
April	139	139	36,097,424	0.04	864	0.16
May	125	125	29,402,523	0.04	680	0.18
June	125	125	29,469,888	0.04	578	0.22
July	122	122	29,497,295	0.04	585	0.21
August	146	146	29,074,654	0.05	678	0.22
September	*****	*****	16,109,120	*****	320	*****

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
October	*****	*****	1,524,503	*****	32	*****
November	0	0	603,467	0.00	12	0.00
December	0	0	603,346	0.00	15	0.00
<i>No evidence of Cancer, 2022</i>						
January	13,944	13,944	55,694,960	2.50	15,135	0.92
February	8,567	8,567	55,599,972	1.54	9,282	0.92
March	6,857	6,857	55,611,721	1.23	7,491	0.92
April	3,638	3,638	55,576,667	0.65	4,089	0.89
May	2,740	2,740	55,580,138	0.49	3,069	0.89
June	2,204	2,204	55,639,848	0.40	2,506	0.88
July	1,777	1,777	55,623,768	0.32	2,022	0.88
August	1,839	1,839	55,649,184	0.33	2,105	0.87
September	1,558	1,558	55,598,399	0.28	1,818	0.86
October	1,435	1,435	55,573,198	0.26	1,672	0.86
November	1,353	1,353	55,589,278	0.24	1,584	0.85
December	1,232	1,232	55,600,379	0.22	1,453	0.85
<i>No evidence of Cancer, 2023</i>						
January	1,887	1,887	56,288,323	0.34	2,149	0.88
February	1,618	1,618	56,322,190	0.29	1,893	0.85
March	1,653	1,653	56,349,934	0.29	1,932	0.86
April	725	725	36,097,424	0.20	864	0.84
May	555	555	29,402,523	0.19	680	0.82
June	453	453	29,469,888	0.15	578	0.78
July	463	463	29,497,295	0.16	585	0.79
August	532	532	29,074,654	0.18	678	0.78

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
September	*****	*****	16,109,120	*****	320	*****
October	*****	*****	1,524,503	*****	32	*****
November	12	12	603,467	0.20	12	1.00
December	15	15	603,346	0.25	15	1.00
<i>Methotrexate (NDC) - All Episodes</i>						
<i>Evidence of Cancer, 2022</i>						
January	1,214	1,474	55,694,960	0.26	16,050	0.09
February	1,173	1,447	55,614,964	0.26	15,243	0.09
March	1,314	1,663	55,635,777	0.30	16,980	0.10
April	1,283	1,593	55,607,883	0.29	16,512	0.10
May	1,296	1,645	55,615,175	0.30	17,329	0.09
June	1,294	1,617	55,677,616	0.29	16,948	0.10
July	1,192	1,478	55,663,635	0.27	16,326	0.09
August	1,348	1,706	55,690,717	0.31	17,812	0.10
September	1,226	1,507	55,641,647	0.27	16,331	0.09
October	1,316	1,624	55,617,830	0.29	16,354	0.10
November	1,283	1,615	55,635,232	0.29	16,514	0.10
December	1,268	1,541	55,647,631	0.28	16,261	0.09
<i>Evidence of Cancer, 2023</i>						
January	1,223	1,560	56,333,816	0.28	16,353	0.10
February	1,261	1,558	56,369,328	0.28	14,830	0.11
March	1,336	1,734	56,398,579	0.31	15,948	0.11
April	610	900	36,120,706	0.25	6,825	0.13
May	539	828	29,422,788	0.28	5,606	0.15
June	495	777	29,490,619	0.26	5,233	0.15

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
July	494	741	29,518,318	0.25	5,267	0.14
August	534	855	29,095,431	0.29	5,646	0.15
September	247	381	16,121,866	0.24	3,115	0.12
October	*****	*****	1,525,894	*****	326	*****
November	*****	*****	603,863	*****	112	*****
December	*****	*****	603,751	*****	137	*****
<i>No evidence of Cancer, 2022</i>						
January	13,962	14,576	55,694,960	2.62	16,050	0.91
February	13,344	13,796	55,614,964	2.48	15,243	0.91
March	14,418	15,317	55,635,777	2.75	16,980	0.90
April	14,259	14,919	55,607,883	2.68	16,512	0.90
May	14,880	15,684	55,615,175	2.82	17,329	0.91
June	14,623	15,331	55,677,616	2.75	16,948	0.90
July	14,214	14,848	55,663,635	2.67	16,326	0.91
August	15,207	16,106	55,690,717	2.89	17,812	0.90
September	14,156	14,824	55,641,647	2.66	16,331	0.91
October	14,101	14,730	55,617,830	2.65	16,354	0.90
November	14,214	14,899	55,635,232	2.68	16,514	0.90
December	14,029	14,720	55,647,631	2.65	16,261	0.91
<i>No evidence of Cancer, 2023</i>						
January	14,127	14,793	56,333,816	2.63	16,353	0.90
February	12,855	13,272	56,369,328	2.35	14,830	0.89
March	13,452	14,214	56,398,579	2.52	15,948	0.89
April	5,611	5,925	36,120,706	1.64	6,825	0.87
May	4,448	4,778	29,422,788	1.62	5,606	0.85

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
June	4,206	4,456	29,490,619	1.51	5,233	0.85
July	4,290	4,526	29,518,318	1.53	5,267	0.86
August	4,512	4,791	29,095,431	1.65	5,646	0.85
September	2,657	2,734	16,121,866	1.70	3,115	0.88
October	*****	*****	1,525,894	*****	326	*****
November	*****	*****	603,863	*****	112	*****
December	*****	*****	603,751	*****	137	*****
<i>Methotrexate (HCPCS) - First Episode</i>						
<i>Evidence of Cancer, 2022</i>						
January	2,475	2,475	83,241,289	0.30	3,495	0.71
February	818	818	83,097,447	0.10	1,363	0.60
March	811	811	83,131,366	0.10	1,373	0.59
April	727	727	83,114,450	0.09	1,227	0.59
May	643	643	83,111,130	0.08	1,176	0.55
June	659	659	83,219,188	0.08	1,214	0.54
July	600	600	83,343,392	0.07	1,023	0.59
August	683	683	83,407,144	0.08	1,173	0.58
September	633	633	83,355,134	0.08	1,123	0.56
October	641	641	83,285,548	0.08	1,059	0.61
November	605	605	83,273,026	0.07	1,063	0.57
December	535	535	83,323,066	0.06	1,005	0.53
<i>Evidence of Cancer, 2023</i>						
January	652	652	82,712,592	0.08	1,115	0.58
February	591	591	82,810,098	0.07	1,019	0.58
March	647	647	83,042,034	0.08	1,119	0.58

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
April	298	298	54,526,210	0.05	572	0.52
May	284	284	43,241,889	0.07	553	0.51
June	301	301	43,334,913	0.07	574	0.52
July	272	272	43,344,530	0.06	525	0.52
August	282	282	42,984,780	0.07	538	0.52
September	*****	*****	24,382,822	*****	212	*****
October	*****	*****	1,721,996	*****	*****	*****
November	0	0	737,684	0.00	*****	0.00
December	0	0	737,545	0.00	0	NaN
<i>No evidence of Cancer, 2022</i>						
January	1,020	1,020	83,241,289	0.12	3,495	0.29
February	545	545	83,097,447	0.07	1,363	0.40
March	562	562	83,131,366	0.07	1,373	0.41
April	500	500	83,114,450	0.06	1,227	0.41
May	533	533	83,111,130	0.06	1,176	0.45
June	555	555	83,219,188	0.07	1,214	0.46
July	423	423	83,343,392	0.05	1,023	0.41
August	490	490	83,407,144	0.06	1,173	0.42
September	490	490	83,355,134	0.06	1,123	0.44
October	418	418	83,285,548	0.05	1,059	0.39
November	458	458	83,273,026	0.05	1,063	0.43
December	470	470	83,323,066	0.06	1,005	0.47
<i>No evidence of Cancer, 2023</i>						
January	463	463	82,712,592	0.06	1,115	0.42
February	428	428	82,810,098	0.05	1,019	0.42



**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
March	472	472	83,042,034	0.06	1,119	0.42
April	274	274	54,526,210	0.05	572	0.48
May	269	269	43,241,889	0.06	553	0.49
June	273	273	43,334,913	0.06	574	0.48
July	253	253	43,344,530	0.06	525	0.48
August	256	256	42,984,780	0.06	538	0.48
September	*****	*****	24,382,822	*****	212	*****
October	*****	*****	1,721,996	*****	*****	*****
November	*****	*****	737,684	*****	*****	*****
December	0	0	737,545	0.00	0	NaN
<i>Methotrexate (HCPCS) - All Episodes</i>						
<i>Evidence of Cancer, 2022</i>						
January	2,508	4,964	83,241,289	0.60	6,747	0.74
February	2,462	4,906	83,100,904	0.59	6,648	0.74
March	2,653	5,858	83,136,132	0.70	7,878	0.74
April	2,583	5,188	83,120,495	0.62	6,932	0.75
May	2,498	5,261	83,118,300	0.63	7,145	0.74
June	2,523	5,361	83,227,410	0.64	7,341	0.73
July	2,363	4,716	83,352,680	0.57	6,415	0.74
August	2,533	5,421	83,417,282	0.65	7,350	0.74
September	2,447	4,877	83,366,256	0.59	6,678	0.73
October	2,490	4,865	83,297,595	0.58	6,516	0.75
November	2,456	4,988	83,285,928	0.60	6,741	0.74
December	2,325	4,725	83,336,893	0.57	6,396	0.74
<i>Evidence of Cancer, 2023</i>						

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
January	2,385	4,909	82,726,509	0.59	6,641	0.74
February	2,390	4,673	82,824,889	0.56	6,250	0.75
March	2,473	5,102	83,057,606	0.61	6,873	0.74
April	865	1,574	54,534,528	0.29	2,234	0.70
May	859	1,613	43,249,971	0.37	2,288	0.70
June	850	1,527	43,343,422	0.35	2,101	0.73
July	780	1,403	43,353,436	0.32	1,936	0.72
August	788	1,444	42,993,943	0.34	2,019	0.72
September	*****	*****	24,388,152	*****	951	*****
October	*****	*****	1,722,338	*****	*****	*****
November	0	0	737,878	0.00	*****	0.00
December	0	0	737,740	0.00	0	NaN
<i>No evidence of Cancer, 2022</i>						
January	1,047	1,783	83,241,289	0.21	6,747	0.26
February	1,045	1,742	83,100,904	0.21	6,648	0.26
March	1,127	2,020	83,136,132	0.24	7,878	0.26
April	1,066	1,744	83,120,495	0.21	6,932	0.25
May	1,115	1,884	83,118,300	0.23	7,145	0.26
June	1,171	1,980	83,227,410	0.24	7,341	0.27
July	1,034	1,699	83,352,680	0.20	6,415	0.26
August	1,146	1,929	83,417,282	0.23	7,350	0.26
September	1,082	1,801	83,366,256	0.22	6,678	0.27
October	1,033	1,651	83,297,595	0.20	6,516	0.25
November	1,051	1,753	83,285,928	0.21	6,741	0.26
December	1,080	1,671	83,336,893	0.20	6,396	0.26

**Table 1e. Summary of Injectable Methotrexate Users in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023, by Cancer Indication, Year, and Month**

	Number of Patients	Number of Index Dates	Number of Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Episodes per 10,000 Eligible Members Regardless of Evidence of Cancer <sup>1</sup>	Number of Index Dates Regardless of Indications	Proportion of Methotrexate with (or without) Evidence of Cancer among All Methotrexate Episodes
<i>No evidence of Cancer, 2023</i>						
January	1,078	1,732	82,726,509	0.21	6,641	0.26
February	1,016	1,577	82,824,889	0.19	6,250	0.25
March	1,083	1,771	83,057,606	0.21	6,873	0.26
April	462	660	54,534,528	0.12	2,234	0.30
May	448	675	43,249,971	0.16	2,288	0.30
June	440	574	43,343,422	0.13	2,101	0.27
July	402	533	43,353,436	0.12	1,936	0.28
August	399	575	42,993,943	0.13	2,019	0.28
September	*****	*****	24,388,152	*****	951	*****
October	*****	*****	1,722,338	*****	*****	*****
November	*****	*****	737,878	*****	*****	*****
December	0	0	737,740	0.00	0	NaN

<sup>1</sup>Eligible Members and Member-Years are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.

**Table 2a. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (HCPCS and NDC) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z5111	DX	10	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	2563	1082	1
C9100	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	3640	872	2
Z79899	DX	10	OTHER LONG TERM CURRENT DRUG THERAPY	1057	704	3
C9101	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA IN REMISSION	1633	552	4
T451X5A	DX	10	ADVERS EFF ANTINEOPLASTIC IMMUNOSUP RX INIT ENC	573	368	5
Z20822	DX	10	CONTACT W/AND (SUSPECTED) EXPOSURE TO COVID-19	433	298	6
D84821	DX	10	IMMUNODEFICIENCY DUE TO DRUGS	552	285	7
D849	DX	10	IMMUNODEFICIENCY UNSPECIFIED	481	277	8
M0880	DX	10	OTHER JUVENILE ARTHRITIS UNSPECIFIED SITE	262	190	9
Z95828	DX	10	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	234	161	10
R112	DX	10	NAUSEA WITH VOMITING UNSPECIFIED	273	158	11
D61810	DX	10	ANTINEOPLASTIC CHEMOTHERAPY INDUCED PANCYTOPENIA	293	153	12
Z5181	DX	10	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	190	140	13
D61818	DX	10	OTHER PANCYTOPENIA	270	131	14
Z7952	DX	10	LONG TERM CURRENT USE OF SYSTEMIC STEROIDS	145	118	15
Z9189	DX	10	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	165	110	16
D709	DX	10	NEUTROPENIA UNSPECIFIED	240	109	17
K5900	DX	10	CONSTIPATION UNSPECIFIED	168	105	18
M0840	DX	10	PAUCIARTICULAR JUVENILE RA UNSPECIFIED SITE	159	105	19
Z006	DX	10	ENCOUNTER EXAM NORML CMPAR CNTRL CLIN RSRCH PROG	277	103	20
Z452	DX	10	ENCOUNTER ADJUSTMENT&MGMT VASCULAR ACCESS DEVICE	163	102	21
C9590	DX	10	LEUKEMIA UNSPEC NOT HAVING ACHIEVED REMISSION	166	101	22
Z298	DX	10	ENCOUNTER OTHER SPECIFIED PROPHYLACTIC MEASURES	153	100	23
D649	DX	10	ANEMIA UNSPECIFIED	168	99	24
R110	DX	10	NAUSEA	143	99	25
R509	DX	10	FEVER UNSPECIFIED	209	97	26
Z792	DX	10	LONG TERM CURRENT USE OF ANTIBIOTICS	136	95	27
Z23	DX	10	ENCOUNTER FOR IMMUNIZATION	105	93	28
D6481	DX	10	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	155	90	29
D696	DX	10	THROMBOCYTOPENIA UNSPECIFIED	163	85	30
G620	DX	10	DRUG-INDUCED POLYNEUROPATHY	125	80	31

**Table 2a. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (HCPCS and NDC) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
R768	DX	10	OTH SPEC ABNORMAL IMMUNOLOGICAL FIND IN SERUM	108	78	32
D701	DX	10	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	121	77	33
C9500	DX	10	ACUTE LEUKEMIA UNS CELL TYPE NOT ACHIEVE REMISS	199	76	34
H209	DX	10	UNSPECIFIED IRIDOCYCLITIS	100	76	35
M083	DX	10	JUVENILE RHEUMATOID POLYARTHRITIS SERONEGATIVE	108	75	36
F419	DX	10	ANXIETY DISORDER UNSPECIFIED	122	72	37
Z8616	DX	10	PERSONAL HISTORY OF COVID-19	99	68	38
M6281	DX	10	MUSCLE WEAKNESS GENERALIZED	108	67	39
K5903	DX	10	DRUG INDUCED CONSTIPATION	98	65	40
R836	DX	10	ABNORMAL CYTOLOGICAL FIND IN CEREBROSPINAL FLUID	71	65	41
R7401	DX	10	ELEVATION LEVELS LIVER TRANSAMINASE LEVELS	87	64	42
Z01818	DX	10	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	84	64	43
C8350	DX	10	LYMPHOBLASTIC LYMPHOMA UNSPECIFIED SITE	265	61	44
R21	DX	10	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	96	60	45
I10	DX	10	ESSENTIAL PRIMARY HYPERTENSION	115	59	46
C9200	DX	10	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	273	55	47
Z888	DX	10	ALLERGY STATUS OTH DRUGS MEDS & BIOLOG SUBSTANCE	77	55	48
D801	DX	10	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	78	52	49
T451X5D	DX	10	ADVERS EFF ANTINEOPLAST IMMUNOSUP RX SUBSQ ENC	74	52	50
M3300	DX	10	JUVENILE DERMATOMYOSITIS ORGAN INVOLVEMENT UNS	97	48	51
Z9221	DX	10	PERSONAL HISTORY OF ANTINEOPLASTIC CHEMOTHERAPY	70	48	52
D6959	DX	10	OTHER SECONDARY THROMBOCYTOPENIA	69	47	53
T380X5A	DX	10	ADVERSE EFF GLUCOCORTICDS SYNTH ANALOG INIT ENC	73	47	54
Z791	DX	10	LONG TERM CURR NON-STEROIDAL&ANTI-INFLAMMATORIES	51	47	55
R5081	DX	10	FEVER PRESENTING W/COND CLASSIFIED ELSEWHERE	91	46	56
R634	DX	10	ABNORMAL WEIGHT LOSS	57	45	57
E559	DX	10	VITAMIN D DEFICIENCY UNSPECIFIED	55	42	58
R5383	DX	10	OTHER FATIGUE	57	42	59
R519	DX	10	HEADACHE UNSPECIFIED	60	40	60
Z79631	DX	10	LONG TERM CURRENT USE OF ANTIMETABOLITE AGENT	48	40	61
D630	DX	10	ANEMIA IN NEOPLASTIC DISEASE	53	39	62

**Table 2a. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (HCPCS and NDC) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
R059	DX	10	COUGH, UNSPECIFIED	61	37	63
R531	DX	10	WEAKNESS	59	37	64
U071	DX	10	COVID-19	85	37	65
Z01812	DX	10	ENCOUNTER FOR PREPROCEDURAL LABORATORY EXAM	41	36	66
F840	DX	10	AUTISTIC DISORDER	115	34	67
Z6852	DX	10	BODY MASS INDEX BMI PEDIATRIC 5TH % < 85TH % AGE	38	34	68
C9102	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA IN RELAPSE	161	32	69
R109	DX	10	UNSPECIFIED ABDOMINAL PAIN	59	32	70
G629	DX	10	POLYNEUROPATHY UNSPECIFIED	42	30	71
M2550	DX	10	PAIN IN UNSPECIFIED JOINT	36	30	72
Z0189	DX	10	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	34	30	73
Z713	DX	10	DIETARY COUNSELING AND SURVEILLANCE	39	30	74
Z98890	DX	10	OTHER SPECIFIED POSTPROCEDURAL STATES	42	30	75
I158	DX	10	OTHER SECONDARY HYPERTENSION	56	29	76
M0800	DX	10	UNSPECIFIED JUVENILE RA OF UNSPECIFIED SITE	39	29	77
J45909	DX	10	UNSPECIFIED ASTHMA UNCOMPLICATED	36	28	78
E871	DX	10	HYPO-OSMOLALITY AND HYPONATREMIA	49	27	79
Q909	DX	10	DOWN SYNDROME UNSPECIFIED	79	27	80
J069	DX	10	ACUTE UPPER RESPIRATORY INFECTION UNSPECIFIED	34	26	81
D72829	DX	10	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	34	25	82
L940	DX	10	LOCALIZED SCLERODERMA MORPHEA	44	25	83
C9120	DX	10	OTHER LYMPHOID LEUKEMIA NOT ACHIEVED REMISSION	52	24	84
M0890	DX	10	JUVENILE ARTHRITIS UNSPECIFIED UNSPECIFIED SITE	27	24	85
R2689	DX	10	OTHER ABNORMALITIES OF GAIT AND MOBILITY	37	24	86
Z00129	DX	10	ENCOUNTER RTN CHILD HEALTH EXAM W/O ABNORML FIND	28	24	87
Z20828	DX	10	CONTACT W/ & EXPOSURE OTH VIRAL COMMUNICABLE DZ	28	24	88
Z7189	DX	10	OTHER SPECIFIED COUNSELING	29	24	89
K219	DX	10	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	26	23	90
D7589	DX	10	OTHER SPEC DISEASES BLOOD & BLOOD-FORMING ORGANS	29	22	91
M25562	DX	10	PAIN IN LEFT KNEE	30	22	92
R739	DX	10	HYPERGLYCEMIA UNSPECIFIED	29	22	93

**Table 2a. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (HCPCS and NDC) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z856	DX	10	PERSONAL HISTORY OF LEUKEMIA	28	22	94
F411	DX	10	GENERALIZED ANXIETY DISORDER	28	21	95
M25561	DX	10	PAIN IN RIGHT KNEE	30	21	96
R700	DX	10	ELEVATED ERYTHROCYTE SEDIMENTATION RATE	38	20	97
Z789	DX	10	OTHER SPECIFIED HEALTH STATUS	31	20	98
G8929	DX	10	OTHER CHRONIC PAIN	24	19	99
M25461	DX	10	EFFUSION RIGHT KNEE	22	18	100
R000	DX	10	TACHYCARDIA UNSPECIFIED	25	18	100
R918	DX	10	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	22	18	100

**Table 2b. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (HCPCS and NDC) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z79899	DX	10	OTHER LONG TERM CURRENT DRUG THERAPY	6998	1360	1
Z5111	DX	10	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	18980	1151	2
C9100	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	23766	980	3
C9101	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA IN REMISSION	15714	864	4
T451X5A	DX	10	ADVERS EFF ANTINEOPLASTIC IMMUNOSUP RX INIT ENC	4790	675	5
Z20822	DX	10	CONTACT W/AND (SUSPECTED) EXPOSURE TO COVID-19	1972	577	6
D849	DX	10	IMMUNODEFICIENCY UNSPECIFIED	3401	543	7
D84821	DX	10	IMMUNODEFICIENCY DUE TO DRUGS	3921	539	8
R112	DX	10	NAUSEA WITH VOMITING UNSPECIFIED	2332	379	9
Z23	DX	10	ENCOUNTER FOR IMMUNIZATION	573	374	10
D61810	DX	10	ANTINEOPLASTIC CHEMOTHERAPY INDUCED PANCYTOPENIA	1967	347	11
Z95828	DX	10	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	1891	347	12
R509	DX	10	FEVER UNSPECIFIED	1311	336	13
M0880	DX	10	OTHER JUVENILE ARTHRITIS UNSPECIFIED SITE	845	334	14
Z5181	DX	10	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	1485	329	15
D709	DX	10	NEUTROPENIA UNSPECIFIED	1012	287	16
R110	DX	10	NAUSEA	1028	276	17
Z7952	DX	10	LONG TERM CURRENT USE OF SYSTEMIC STEROIDS	691	265	18
D6481	DX	10	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	1374	258	19
K5900	DX	10	CONSTIPATION UNSPECIFIED	1041	254	20
D649	DX	10	ANEMIA UNSPECIFIED	914	252	21
Z452	DX	10	ENCOUNTER ADJUSTMENT&MGMT VASCULAR ACCESS DEVICE	1089	239	22
Z79631	DX	10	LONG TERM CURRENT USE OF ANTIMETABOLITE AGENT	531	232	23
D61818	DX	10	OTHER PANCYTOPENIA	1160	229	24
D701	DX	10	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	917	227	25
Z298	DX	10	ENCOUNTER OTHER SPECIFIED PROPHYLACTIC MEASURES	1196	208	26
Z00129	DX	10	ENCOUNTER RTN CHILD HEALTH EXAM W/O ABNORML FIND	299	207	27
Z9189	DX	10	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	1022	207	28
R059	DX	10	COUGH, UNSPECIFIED	429	196	29
C9590	DX	10	LEUKEMIA UNSPEC NOT HAVING ACHIEVED REMISSION	628	195	30
D696	DX	10	THROMBOCYTOPENIA UNSPECIFIED	668	194	31



**Table 2b. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (HCPCS and NDC) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
G620	DX	10	DRUG-INDUCED POLYNEUROPATHY	1166	194	32
R7401	DX	10	ELEVATION LEVELS LIVER TRANSAMINASE LEVELS	576	192	33
M0840	DX	10	PAUCIARTICULAR JUVENILE RA UNSPECIFIED SITE	556	191	34
Z792	DX	10	LONG TERM CURRENT USE OF ANTIBIOTICS	893	190	35
M6281	DX	10	MUSCLE WEAKNESS GENERALIZED	763	183	36
R5081	DX	10	FEVER PRESENTING W/COND CLASSIFIED ELSEWHERE	454	177	37
F419	DX	10	ANXIETY DISORDER UNSPECIFIED	595	176	38
Z8616	DX	10	PERSONAL HISTORY OF COVID-19	564	174	39
Z006	DX	10	ENCOUNTER EXAM NORML CMPAR CNTRL CLIN RSRCH PROG	1929	164	40
J069	DX	10	ACUTE UPPER RESPIRATORY INFECTION UNSPECIFIED	311	158	41
R21	DX	10	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	371	158	42
M083	DX	10	JUVENILE RHEUMATOID POLYARTHRITIS SERONEGATIVE	414	156	43
Z9221	DX	10	PERSONAL HISTORY OF ANTINEOPLASTIC CHEMOTHERAPY	386	150	44
H209	DX	10	UNSPECIFIED IRIDOCYCLITIS	402	145	45
D801	DX	10	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	692	143	46
R836	DX	10	ABNORMAL CYTOLOGICAL FIND IN CEREBROSPINAL FLUID	444	142	47
D6959	DX	10	OTHER SECONDARY THROMBOCYTOPENIA	518	134	48
K5903	DX	10	DRUG INDUCED CONSTIPATION	522	133	49
T451X5D	DX	10	ADVERS EFF ANTINEOPLAST IMMUNOSUP RX SUBSQ ENC	476	133	50
Z888	DX	10	ALLERGY STATUS OTH DRUGS MEDS & BIOLOG SUBSTANCE	516	133	51
R768	DX	10	OTH SPEC ABNORMAL IMMUNOLOGICAL FIND IN SERUM	294	130	52
U071	DX	10	COVID-19	480	129	53
Z6852	DX	10	BODY MASS INDEX BMI PEDIATRIC 5TH % < 85TH % AGE	199	128	54
R519	DX	10	HEADACHE UNSPECIFIED	252	122	55
Z713	DX	10	DIETARY COUNSELING AND SURVEILLANCE	168	120	56
C9500	DX	10	ACUTE LEUKEMIA UNS CELL TYPE NOT ACHIEVE REMISS	985	116	57
G629	DX	10	POLYNEUROPATHY UNSPECIFIED	464	114	58
R634	DX	10	ABNORMAL WEIGHT LOSS	285	114	59
I10	DX	10	ESSENTIAL PRIMARY HYPERTENSION	547	113	60
M0800	DX	10	UNSPECIFIED JUVENILE RA OF UNSPECIFIED SITE	170	112	61
R5383	DX	10	OTHER FATIGUE	268	112	62

**Table 2b. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (HCPCS and NDC) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z01818	DX	10	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	486	112	63
R109	DX	10	UNSPECIFIED ABDOMINAL PAIN	238	111	64
E559	DX	10	VITAMIN D DEFICIENCY UNSPECIFIED	323	106	65
R000	DX	10	TACHYCARDIA UNSPECIFIED	233	104	66
T380X5A	DX	10	ADVERSE EFF GLUCOCORTICDS SYNTH ANALOG INIT ENC	335	104	67
R531	DX	10	WEAKNESS	386	102	68
Z856	DX	10	PERSONAL HISTORY OF LEUKEMIA	194	97	69
Z0189	DX	10	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	248	94	70
R1110	DX	10	VOMITING UNSPECIFIED	166	89	71
J029	DX	10	ACUTE PHARYNGITIS UNSPECIFIED	137	88	72
R7989	DX	10	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	211	83	73
Z98890	DX	10	OTHER SPECIFIED POSTPROCEDURAL STATES	219	83	74
M25562	DX	10	PAIN IN LEFT KNEE	146	82	75
D630	DX	10	ANEMIA IN NEOPLASTIC DISEASE	268	81	76
R2689	DX	10	OTHER ABNORMALITIES OF GAIT AND MOBILITY	313	76	77
M0890	DX	10	JUVENILE ARTHRITIS UNSPECIFIED UNSPECIFIED SITE	137	74	78
F411	DX	10	GENERALIZED ANXIETY DISORDER	218	71	79
M3300	DX	10	JUVENILE DERMATOMYOSITIS ORGAN INVOLVEMENT UNS	440	71	80
Z7189	DX	10	OTHER SPECIFIED COUNSELING	181	70	81
R0981	DX	10	NASAL CONGESTION	110	68	82
M25561	DX	10	PAIN IN RIGHT KNEE	156	66	83
H2013	DX	10	CHRONIC IRIDOCYCLITIS BILATERAL	155	65	84
C8350	DX	10	LYMPHOBLASTIC LYMPHOMA UNSPECIFIED SITE	1559	64	85
K219	DX	10	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	280	62	86
Z20828	DX	10	CONTACT W/ & EXPOSURE OTH VIRAL COMMUNICABLE DZ	92	62	87
R197	DX	10	DIARRHEA UNSPECIFIED	142	55	88
R630	DX	10	ANOREXIA	159	53	89
B348	DX	10	OTHER VIRAL INFECTIONS OF UNSPECIFIED SITE	132	52	90
I158	DX	10	OTHER SECONDARY HYPERTENSION	169	50	91
G8929	DX	10	OTHER CHRONIC PAIN	81	47	92
Z791	DX	10	LONG TERM CURR NON-STEROIDAL&ANTI-INFLAMMATORIES	69	47	93

**Table 2b. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (HCPCS and NDC) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
R918	DX	10	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	83	46	94
D7589	DX	10	OTHER SPEC DISEASES BLOOD & BLOOD-FORMING ORGANS	65	42	95
E860	DX	10	DEHYDRATION	102	42	96
Z01812	DX	10	ENCOUNTER FOR PREPROCEDURAL LABORATORY EXAM	81	42	97
C9102	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA IN RELAPSE	458	41	98
J45909	DX	10	UNSPECIFIED ASTHMA UNCOMPLICATED	96	41	99
R269	DX	10	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	116	41	100

**Table 2c. Most Frequent Diagnoses among Adult Injectable Methotrexate (HCPCS and NDC) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z79899	DX	10	OTHER LONG TERM CURRENT DRUG THERAPY	25885	18549	1
I10	DX	10	ESSENTIAL PRIMARY HYPERTENSION	10603	7225	2
M0579	DX	10	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	9025	6511	3
M069	DX	10	RHEUMATOID ARTHRITIS UNSPECIFIED	7379	5241	4
Z5111	DX	10	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	7965	4391	5
M0609	DX	10	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	5088	3764	6
O0090	DX	10	UNSPEC ECTOPIC PREGNANCY W/O INTRAUTERINE PREG	6568	3254	7
E559	DX	10	VITAMIN D DEFICIENCY UNSPECIFIED	3968	3159	8
M810	DX	10	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	3925	3117	9
E785	DX	10	HYPERLIPIDEMIA UNSPECIFIED	4237	3037	10
L4050	DX	10	ARTHROPATHIC PSORIASIS UNSPECIFIED	3730	2698	11
Z5181	DX	10	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	3291	2551	12
K219	DX	10	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	3324	2412	13
E119	DX	10	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	3490	2397	14
M797	DX	10	FIBROMYALGIA	2768	2226	15
E039	DX	10	HYPOTHYROIDISM UNSPECIFIED	3111	2200	16
R5383	DX	10	OTHER FATIGUE	2727	2123	17
Z20822	DX	10	CONTACT W/AND (SUSPECTED) EXPOSURE TO COVID-19	3226	2084	18
Z3A01	DX	10	LESS THAN 8 WEEKS GESTATION OF PREGNANCY	3793	1934	19
M5450	DX	10	LOW BACK PAIN, UNSPECIFIED	2653	1912	20
M064	DX	10	INFLAMMATORY POLYARTHROPATHY	2487	1883	21
Z23	DX	10	ENCOUNTER FOR IMMUNIZATION	1987	1870	22
M059	DX	10	RA WITH RHEUMATOID FACTOR UNSPECIFIED	2608	1865	23
Z3A00	DX	10	WEEKS OF GESTATION OF PREGNANCY NOT SPECIFIED	3170	1837	24
O3680X0	DX	10	PREGNANCY W/INCONCLUSIVE FETAL VIABILITY NA/UNS	4055	1808	25
M1990	DX	10	UNSPECIFIED OSTEOARTHRTIS UNSPECIFIED SITE	2237	1769	26
M2550	DX	10	PAIN IN UNSPECIFIED JOINT	2098	1692	27
Z7952	DX	10	LONG TERM CURRENT USE OF SYSTEMIC STEROIDS	2177	1681	28
G8929	DX	10	OTHER CHRONIC PAIN	2175	1644	29
D649	DX	10	ANEMIA UNSPECIFIED	2433	1622	30
Z87891	DX	10	PERSONAL HISTORY OF NICOTINE DEPENDENCE	2414	1589	31

**Table 2c. Most Frequent Diagnoses among Adult Injectable Methotrexate (HCPCS and NDC) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
M542	DX	10	CERVICALGIA	1975	1448	32
O209	DX	10	HEMORRHAGE IN EARLY PREGNANCY UNSPECIFIED	2709	1442	33
M150	DX	10	PRIMARY GENERALIZED OSTEOARTHRITIS	1679	1401	34
G4733	DX	10	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	1714	1350	35
F419	DX	10	ANXIETY DISORDER UNSPECIFIED	1802	1339	36
E782	DX	10	MIXED HYPERLIPIDEMIA	1615	1282	37
I2510	DX	10	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	1867	1244	38
L409	DX	10	PSORIASIS UNSPECIFIED	1458	1218	39
O200	DX	10	THREATENED ABORTION	2425	1190	40
Z0000	DX	10	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	1363	1180	41
Z3201	DX	10	ENCOUNTER FOR PREGNANCY TEST RESULT POSITIVE	1919	1167	42
M0600	DX	10	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	1461	1088	43
L4059	DX	10	OTHER PSORIATIC ARTHROPATHY	1411	1085	44
M170	DX	10	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1278	1069	45
F411	DX	10	GENERALIZED ANXIETY DISORDER	1310	1051	46
E669	DX	10	OBESITY UNSPECIFIED	1267	1044	47
M25561	DX	10	PAIN IN RIGHT KNEE	1460	1019	48
L570	DX	10	ACTINIC KERATOSIS	1114	999	49
R102	DX	10	PELVIC AND PERINEAL PAIN	1621	993	50
C9100	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	4705	950	51
D849	DX	10	IMMUNODEFICIENCY UNSPECIFIED	1305	947	52
M329	DX	10	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	1466	942	53
J449	DX	10	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	1360	930	54
M25562	DX	10	PAIN IN LEFT KNEE	1329	922	55
E6601	DX	10	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	1181	912	56
Z7901	DX	10	LONG TERM CURRENT USE OF ANTICOAGULANTS	1316	882	57
R110	DX	10	NAUSEA	1230	871	58
Z79891	DX	10	LONG TERM CURRENT USE OF OPIATE ANALGESIC	1099	869	59
M25511	DX	10	PAIN IN RIGHT SHOULDER	1237	861	60
M3500	DX	10	SJOGREN SYNDROME UNSPECIFIED	1096	859	61
M159	DX	10	POLYOSTEOARTHRITIS UNSPECIFIED	993	857	62

**Table 2c. Most Frequent Diagnoses among Adult Injectable Methotrexate (HCPCS and NDC) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
G894	DX	10	CHRONIC PAIN SYNDROME	1092	851	63
R0602	DX	10	SHORTNESS OF BREATH	1260	833	64
O26891	DX	10	OTHER SPEC PREGNANCY RELATED COND 1ST TRIMESTER	1359	832	65
Z452	DX	10	ENCOUNTER ADJUSTMENT&MGMT VASCULAR ACCESS DEVICE	1171	826	66
M5416	DX	10	RADICULOPATHY LUMBAR REGION	1102	820	67
M79641	DX	10	PAIN IN RIGHT HAND	996	813	68
Z1231	DX	10	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	1132	775	69
M47816	DX	10	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	929	773	70
E7800	DX	10	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	985	767	71
C8330	DX	10	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	2144	745	72
L400	DX	10	PSORIASIS VULGARIS	930	742	73
M5136	DX	10	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	900	721	74
N939	DX	10	ABNORMAL UTERINE & VAGINAL BLEEDING UNSPECIFIED	1077	709	75
O0281	DX	10	INAPPROPRIATE CHANGE QUAN HCG HCG EARLY PG	1306	702	76
C44722	DX	10	SQUAMOUS CELL CA SKIN RT LOWER LIMB INCL HIP	781	694	77
C44729	DX	10	SQUAMOUS CELL CA SKIN LT LOWER LIMB INCL HIP	770	682	78
R109	DX	10	UNSPECIFIED ABDOMINAL PAIN	974	677	79
O00101	DX	10	RIGHT TUBAL PREGNANCY W/O INTRAUTERINE PREGNANCY	1302	672	80
T451X5A	DX	10	ADVERS EFF ANTINEOPLASTIC IMMUNOSUP RX INIT ENC	1157	662	81
M6281	DX	10	MUSCLE WEAKNESS GENERALIZED	1575	649	82
Z85828	DX	10	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM SKIN	728	649	83
M8580	DX	10	OTH SPEC D/O BONE DENSITY STRUCTURE UNS SITE	716	615	84
R7989	DX	10	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	786	608	85
O039	DX	10	COMPLETE OR UNS SPONT ABORTION W/O COMPLICATION	949	580	86
N390	DX	10	URINARY TRACT INFECTION SITE NOT SPECIFIED	919	577	87
L821	DX	10	OTHER SEBORRHEIC KERATOSIS	601	575	88
M25512	DX	10	PAIN IN LEFT SHOULDER	797	559	89
O00102	DX	10	LEFT TUBAL PREGNANCY W/O INTRAUTERINE PREGNANCY	1143	558	90
I480	DX	10	PAROXYSMAL ATRIAL FIBRILLATION	833	552	91
I4891	DX	10	UNSPECIFIED ATRIAL FIBRILLATION	863	549	92
G629	DX	10	POLYNEUROPATHY UNSPECIFIED	766	543	93

**Table 2c. Most Frequent Diagnoses among Adult Injectable Methotrexate (HCPCS and NDC) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
D485	DX	10	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	599	535	94
M79642	DX	10	PAIN IN LEFT HAND	671	533	95
R768	DX	10	OTH SPEC ABNORMAL IMMUNOLOGICAL FIND IN SERUM	650	527	96
Z01818	DX	10	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	771	519	97
E1165	DX	10	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	729	516	98
O021	DX	10	MISSED ABORTION	963	515	99
O0080	DX	10	OTHER ECTOPIC PREGNANCY W/O INTRAUTERINE PREG	868	512	100

**Table 2d. Most Frequent Diagnoses among Adult Injectable Methotrexate (HCPCS and NDC) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z79899	DX	10	OTHER LONG TERM CURRENT DRUG THERAPY	102466	33546	1
I10	DX	10	ESSENTIAL PRIMARY HYPERTENSION	48312	18023	2
M069	DX	10	RHEUMATOID ARTHRITIS UNSPECIFIED	38480	12727	3
M0579	DX	10	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	51993	11769	4
E785	DX	10	HYPERLIPIDEMIA UNSPECIFIED	19711	8778	5
Z23	DX	10	ENCOUNTER FOR IMMUNIZATION	10671	8045	6
E559	DX	10	VITAMIN D DEFICIENCY UNSPECIFIED	14872	7819	7
M810	DX	10	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	17981	7254	8
K219	DX	10	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	15145	7036	9
M0609	DX	10	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	38436	6695	10
E119	DX	10	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	15382	6059	11
E039	DX	10	HYPOTHYROIDISM UNSPECIFIED	13852	5937	12
Z20822	DX	10	CONTACT W/AND (SUSPECTED) EXPOSURE TO COVID-19	10526	5565	13
Z5181	DX	10	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	11181	5438	14
R5383	DX	10	OTHER FATIGUE	10484	5276	15
M5450	DX	10	LOW BACK PAIN, UNSPECIFIED	11808	5152	16
Z5111	DX	10	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	35787	5000	17
G8929	DX	10	OTHER CHRONIC PAIN	9277	4768	18
L4050	DX	10	ARTHROPATHIC PSORIASIS UNSPECIFIED	14321	4723	19
Z0000	DX	10	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	6156	4640	20
E782	DX	10	MIXED HYPERLIPIDEMIA	8087	4433	21
D649	DX	10	ANEMIA UNSPECIFIED	10201	4349	22
M797	DX	10	FIBROMYALGIA	9091	4323	23
G4733	DX	10	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	8190	4057	24
M1990	DX	10	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	8360	4010	25
Z87891	DX	10	PERSONAL HISTORY OF NICOTINE DEPENDENCE	8131	3858	26
I2510	DX	10	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	8983	3768	27
M542	DX	10	CERVICALGIA	8746	3737	28
Z1231	DX	10	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	6031	3719	29
M059	DX	10	RA WITH RHEUMATOID FACTOR UNSPECIFIED	10932	3712	30
F419	DX	10	ANXIETY DISORDER UNSPECIFIED	7514	3647	31



**Table 2d. Most Frequent Diagnoses among Adult Injectable Methotrexate (HCPCS and NDC) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z7952	DX	10	LONG TERM CURRENT USE OF SYSTEMIC STEROIDS	7917	3589	32
O0090	DX	10	UNSPEC ECTOPIC PREGNANCY W/O INTRAUTERINE PREG	8890	3327	33
M2550	DX	10	PAIN IN UNSPECIFIED JOINT	6216	3213	34
M064	DX	10	INFLAMMATORY POLYARTHROPATHY	7581	3166	35
E669	DX	10	OBESITY UNSPECIFIED	5107	2952	36
L570	DX	10	ACTINIC KERATOSIS	4465	2949	37
R0602	DX	10	SHORTNESS OF BREATH	5613	2902	38
M25561	DX	10	PAIN IN RIGHT KNEE	6597	2830	39
M5416	DX	10	RADICULOPATHY LUMBAR REGION	6153	2821	40
E7800	DX	10	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	5651	2785	41
M150	DX	10	PRIMARY GENERALIZED OSTEOARTHRITIS	6279	2774	42
G894	DX	10	CHRONIC PAIN SYNDROME	5754	2676	43
M47816	DX	10	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	4974	2653	44
Z79891	DX	10	LONG TERM CURRENT USE OF OPIATE ANALGESIC	5306	2631	45
M25562	DX	10	PAIN IN LEFT KNEE	5959	2610	46
F411	DX	10	GENERALIZED ANXIETY DISORDER	6096	2583	47
E6601	DX	10	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	4995	2576	48
M5136	DX	10	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	5821	2539	49
N390	DX	10	URINARY TRACT INFECTION SITE NOT SPECIFIED	5366	2449	50
M159	DX	10	POLYOSTEOARTHRITIS UNSPECIFIED	4380	2444	51
M25511	DX	10	PAIN IN RIGHT SHOULDER	5940	2441	52
J449	DX	10	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	6737	2440	53
M170	DX	10	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	5747	2426	54
L821	DX	10	OTHER SEBORRHEIC KERATOSIS	2969	2359	55
L409	DX	10	PSORIASIS UNSPECIFIED	4437	2298	56
D849	DX	10	IMMUNODEFICIENCY UNSPECIFIED	4672	2288	57
Z7901	DX	10	LONG TERM CURRENT USE OF ANTICOAGULANTS	6519	2258	58
R059	DX	10	COUGH, UNSPECIFIED	3352	2194	59
M0600	DX	10	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	7487	2179	60
Z3A01	DX	10	LESS THAN 8 WEEKS GESTATION OF PREGNANCY	4388	1978	61
R7989	DX	10	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	3337	1958	62

**Table 2d. Most Frequent Diagnoses among Adult Injectable Methotrexate (HCPCS and NDC) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
U071	DX	10	COVID-19	3635	1953	63
Z3A00	DX	10	WEEKS OF GESTATION OF PREGNANCY NOT SPECIFIED	4367	1929	64
M25512	DX	10	PAIN IN LEFT SHOULDER	4760	1923	65
F32A	DX	10	DEPRESSION UNSPECIFIED	3740	1904	66
Z98890	DX	10	OTHER SPECIFIED POSTPROCEDURAL STATES	3522	1874	67
M6281	DX	10	MUSCLE WEAKNESS GENERALIZED	9033	1869	68
O3680X0	DX	10	PREGNANCY W/INCONCLUSIVE FETAL VIABILITY NA/UNS	4763	1844	69
R079	DX	10	CHEST PAIN UNSPECIFIED	3443	1807	70
M8580	DX	10	OTH SPEC D/O BONE DENSITY STRUCTURE UNS SITE	3017	1781	71
M25551	DX	10	PAIN IN RIGHT HIP	4096	1738	72
Z01818	DX	10	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	2896	1713	73
L4059	DX	10	OTHER PSORIATIC ARTHROPATHY	8390	1707	74
G4700	DX	10	INSOMNIA UNSPECIFIED	3084	1626	75
E1165	DX	10	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	3547	1559	76
I480	DX	10	PAROXYSMAL ATRIAL FIBRILLATION	4055	1529	77
R918	DX	10	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	2803	1524	78
I4891	DX	10	UNSPECIFIED ATRIAL FIBRILLATION	4121	1520	79
R42	DX	10	DIZZINESS AND GIDDINESS	3069	1494	80
R531	DX	10	WEAKNESS	4267	1485	81
Z85828	DX	10	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM SKIN	2434	1475	82
O209	DX	10	HEMORRHAGE IN EARLY PREGNANCY UNSPECIFIED	2952	1461	83
E538	DX	10	DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	3307	1439	84
D509	DX	10	IRON DEFICIENCY ANEMIA UNSPECIFIED	3635	1436	85
Z7982	DX	10	LONG TERM CURRENT USE OF ASPIRIN	2821	1403	86
M1711	DX	10	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	3189	1386	87
H04123	DX	10	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	1871	1370	88
G629	DX	10	POLYNEUROPATHY UNSPECIFIED	2980	1352	89
R600	DX	10	LOCALIZED EDEMA	2580	1350	90
M9903	DX	10	SEGMENTAL & SOMATIC DYSFUNCTION OF LUMBAR REGION	3926	1330	91
R109	DX	10	UNSPECIFIED ABDOMINAL PAIN	2246	1329	92
M3500	DX	10	SJOGREN SYNDROME UNSPECIFIED	3513	1316	93

**Table 2d. Most Frequent Diagnoses among Adult Injectable Methotrexate (HCPCS and NDC) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
B351	DX	10	TINEA UNGUIUM	2150	1301	94
D485	DX	10	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	1932	1263	95
Z794	DX	10	LONG TERM CURRENT USE OF INSULIN	2934	1262	96
M47812	DX	10	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	2248	1203	97
O200	DX	10	THREATENED ABORTION	2612	1192	98
Z961	DX	10	PRESENCE OF INTRAOCULAR LENS	1635	1184	99
Z3201	DX	10	ENCOUNTER FOR PREGNANCY TEST RESULT POSITIVE	2102	1176	100

**Table 2e. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (NDC) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z5111	DX	10	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1842	769	1
C9100	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	2640	634	2
Z79899	DX	10	OTHER LONG TERM CURRENT DRUG THERAPY	793	547	3
C9101	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA IN REMISSION	1128	393	4
T451X5A	DX	10	ADVERS EFF ANTINEOPLASTIC IMMUNOSUP RX INIT ENC	379	252	5
Z20822	DX	10	CONTACT W/AND (SUSPECTED) EXPOSURE TO COVID-19	313	216	6
D849	DX	10	IMMUNODEFICIENCY UNSPECIFIED	355	204	7
D84821	DX	10	IMMUNODEFICIENCY DUE TO DRUGS	376	201	8
M0880	DX	10	OTHER JUVENILE ARTHRITIS UNSPECIFIED SITE	261	189	9
Z95828	DX	10	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	182	121	10
R112	DX	10	NAUSEA WITH VOMITING UNSPECIFIED	170	107	11
M0840	DX	10	PAUCIARTICULAR JUVENILE RA UNSPECIFIED SITE	160	106	12
Z5181	DX	10	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	141	104	13
D61810	DX	10	ANTINEOPLASTIC CHEMOTHERAPY INDUCED PANCYTOPENIA	170	103	14
Z7952	DX	10	LONG TERM CURRENT USE OF SYSTEMIC STEROIDS	106	88	15
Z23	DX	10	ENCOUNTER FOR IMMUNIZATION	93	82	16
D61818	DX	10	OTHER PANCYTOPENIA	168	81	17
Z298	DX	10	ENCOUNTER OTHER SPECIFIED PROPHYLACTIC MEASURES	120	81	18
R768	DX	10	OTH SPEC ABNORMAL IMMUNOLOGICAL FIND IN SERUM	109	79	19
H209	DX	10	UNSPECIFIED IRIDOCYCLITIS	103	77	20
M083	DX	10	JUVENILE RHEUMATOID POLYARTHRITIS SERONEGATIVE	108	75	21
R509	DX	10	FEVER UNSPECIFIED	147	75	22
Z9189	DX	10	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	106	73	23
D709	DX	10	NEUTROPENIA UNSPECIFIED	143	72	24
K5900	DX	10	CONSTIPATION UNSPECIFIED	112	71	25
Z006	DX	10	ENCOUNTER EXAM NORML CMPAR CNTRL CLIN RSRCH PROG	191	71	26
R110	DX	10	NAUSEA	93	68	27
D6481	DX	10	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	127	67	28
D649	DX	10	ANEMIA UNSPECIFIED	88	66	29
C9590	DX	10	LEUKEMIA UNSPEC NOT HAVING ACHIEVED REMISSION	121	64	30
Z792	DX	10	LONG TERM CURRENT USE OF ANTIBIOTICS	82	61	31

**Table 2e. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (NDC) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
F419	DX	10	ANXIETY DISORDER UNSPECIFIED	83	59	32
R7401	DX	10	ELEVATION LEVELS LIVER TRANSAMINASE LEVELS	82	59	33
Z452	DX	10	ENCOUNTER ADJUSTMENT&MGMT VASCULAR ACCESS DEVICE	94	59	34
D701	DX	10	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	92	58	35
G620	DX	10	DRUG-INDUCED POLYNEUROPATHY	90	58	36
C9500	DX	10	ACUTE LEUKEMIA UNS CELL TYPE NOT ACHIEVE REMISS	134	55	37
M3300	DX	10	JUVENILE DERMATOMYOSITIS ORGAN INVOLVEMENT UNS	103	53	38
R21	DX	10	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	80	52	39
Z01818	DX	10	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	71	52	40
D696	DX	10	THROMBOCYTOPENIA UNSPECIFIED	91	51	41
Z8616	DX	10	PERSONAL HISTORY OF COVID-19	64	49	42
R836	DX	10	ABNORMAL CYTOLOGICAL FIND IN CEREBROSPINAL FLUID	53	48	43
Z791	DX	10	LONG TERM CURR NON-STEROIDAL&ANTI-INFLAMMATORIES	50	46	44
C8350	DX	10	LYMPHOBLASTIC LYMPHOMA UNSPECIFIED SITE	225	45	45
M6281	DX	10	MUSCLE WEAKNESS GENERALIZED	84	45	46
D801	DX	10	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	63	44	47
K5903	DX	10	DRUG INDUCED CONSTIPATION	71	44	48
Z888	DX	10	ALLERGY STATUS OTH DRUGS MEDS & BIOLOG SUBSTANCE	64	43	49
R634	DX	10	ABNORMAL WEIGHT LOSS	49	40	50
E559	DX	10	VITAMIN D DEFICIENCY UNSPECIFIED	51	39	51
I10	DX	10	ESSENTIAL PRIMARY HYPERTENSION	79	38	52
T451X5D	DX	10	ADVERS EFF ANTINEOPLAST IMMUNOSUP RX SUBSQT ENC	56	37	53
T380X5A	DX	10	ADVERSE EFF GLUCOCORTICDS SYNTH ANALOG INIT ENC	51	36	54
R531	DX	10	WEAKNESS	54	35	55
R5081	DX	10	FEVER PRESENTING W/COND CLASSIFIED ELSEWHERE	57	33	56
D6959	DX	10	OTHER SECONDARY THROMBOCYTOPENIA	47	32	57
Z00129	DX	10	ENCOUNTER RTN CHILD HEALTH EXAM W/O ABNORML FIND	32	32	58
M0890	DX	10	JUVENILE ARTHRITIS UNSPECIFIED UNSPECIFIED SITE	34	31	59
M2550	DX	10	PAIN IN UNSPECIFIED JOINT	37	31	60
R5383	DX	10	OTHER FATIGUE	37	31	61
Z6852	DX	10	BODY MASS INDEX BMI PEDIATRIC 5TH % < 85TH % AGE	32	30	62

**Table 2e. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (NDC) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z79631	DX	10	LONG TERM CURRENT USE OF ANTIMETABOLITE AGENT	36	30	63
C9200	DX	10	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	128	28	64
M0800	DX	10	UNSPECIFIED JUVENILE RA OF UNSPECIFIED SITE	38	28	65
R059	DX	10	COUGH, UNSPECIFIED	47	28	66
Z7189	DX	10	OTHER SPECIFIED COUNSELING	37	28	67
L4054	DX	10	PSORIATIC JUVENILE ARTHROPATHY	42	27	68
L940	DX	10	LOCALIZED SCLERODERMA MORPHEA	48	27	69
M25561	DX	10	PAIN IN RIGHT KNEE	38	27	70
M25562	DX	10	PAIN IN LEFT KNEE	35	27	71
J45909	DX	10	UNSPECIFIED ASTHMA UNCOMPLICATED	33	25	72
M25462	DX	10	EFFUSION LEFT KNEE	33	25	73
H2013	DX	10	CHRONIC IRIDOCYCLITIS BILATERAL	31	24	74
C9102	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA IN RELAPSE	95	23	75
U071	DX	10	COVID-19	48	23	76
G629	DX	10	POLYNEUROPATHY UNSPECIFIED	31	22	77
J069	DX	10	ACUTE UPPER RESPIRATORY INFECTION UNSPECIFIED	30	22	78
Z0189	DX	10	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	24	22	79
Z9221	DX	10	PERSONAL HISTORY OF ANTINEOPLASTIC CHEMOTHERAPY	34	22	80
R197	DX	10	DIARRHEA UNSPECIFIED	27	21	81
Q909	DX	10	DOWN SYNDROME UNSPECIFIED	59	20	82
Z713	DX	10	DIETARY COUNSELING AND SURVEILLANCE	26	20	83
M25461	DX	10	EFFUSION RIGHT KNEE	24	19	84
R2689	DX	10	OTHER ABNORMALITIES OF GAIT AND MOBILITY	24	19	85
R700	DX	10	ELEVATED ERYTHROCYTE SEDIMENTATION RATE	31	19	86
F411	DX	10	GENERALIZED ANXIETY DISORDER	24	18	87
F840	DX	10	AUTISTIC DISORDER	58	18	88
K5090	DX	10	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	24	18	89
R109	DX	10	UNSPECIFIED ABDOMINAL PAIN	31	18	90
C91Z0	DX	10	OTHER LYMPHOID LEUKEMIA NOT ACHIEVED REMISSION	35	17	91
E871	DX	10	HYPO-OSMOLALITY AND HYPONATREMIA	30	17	92
G8929	DX	10	OTHER CHRONIC PAIN	22	17	93

**Table 2e. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (NDC) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
R760	DX	10	RAISED ANTIBODY TITER	18	17	94
Z856	DX	10	PERSONAL HISTORY OF LEUKEMIA	20	17	95
Z881	DX	10	ALLERGY STATUS TO OTHER ANTIBIOTIC AGENTS	21	17	96
K219	DX	10	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	20	16	97
R000	DX	10	TACHYCARDIA UNSPECIFIED	23	16	98
R918	DX	10	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	17	16	99
Z20828	DX	10	CONTACT W/ & EXPOSURE OTH VIRAL COMMUNICABLE DZ	19	16	100

**Table 2f. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (NDC) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z79899	DX	10	OTHER LONG TERM CURRENT DRUG THERAPY	4245	1091	1
Z5111	DX	10	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	11917	812	2
C9100	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	15281	701	3
C9101	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA IN REMISSION	9774	599	4
T451X5A	DX	10	ADVERS EFF ANTINEOPLASTIC IMMUNOSUP RX INIT ENC	2909	467	5
Z20822	DX	10	CONTACT W/AND (SUSPECTED) EXPOSURE TO COVID-19	1176	419	6
D849	DX	10	IMMUNODEFICIENCY UNSPECIFIED	2181	397	7
D84821	DX	10	IMMUNODEFICIENCY DUE TO DRUGS	2378	380	8
M0880	DX	10	OTHER JUVENILE ARTHRITIS UNSPECIFIED SITE	838	332	9
Z23	DX	10	ENCOUNTER FOR IMMUNIZATION	421	308	10
R112	DX	10	NAUSEA WITH VOMITING UNSPECIFIED	1418	266	11
Z5181	DX	10	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	623	260	12
Z95828	DX	10	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	1197	247	13
R509	DX	10	FEVER UNSPECIFIED	810	242	14
D61810	DX	10	ANTINEOPLASTIC CHEMOTHERAPY INDUCED PANCYTOPENIA	1137	236	15
Z79631	DX	10	LONG TERM CURRENT USE OF ANTIMETABOLITE AGENT	370	195	16
Z7952	DX	10	LONG TERM CURRENT USE OF SYSTEMIC STEROIDS	491	194	17
M0840	DX	10	PAUCIARTICULAR JUVENILE RA UNSPECIFIED SITE	559	193	18
R110	DX	10	NAUSEA	612	190	19
Z00129	DX	10	ENCOUNTER RTN CHILD HEALTH EXAM W/O ABNORML FIND	220	181	20
D709	DX	10	NEUTROPENIA UNSPECIFIED	614	179	21
D6481	DX	10	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	904	176	22
K5900	DX	10	CONSTIPATION UNSPECIFIED	602	169	23
D649	DX	10	ANEMIA UNSPECIFIED	541	168	24
D701	DX	10	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	620	165	25
M083	DX	10	JUVENILE RHEUMATOID POLYARTHRITIS SERONEGATIVE	410	156	26
Z298	DX	10	ENCOUNTER OTHER SPECIFIED PROPHYLACTIC MEASURES	657	153	27
H209	DX	10	UNSPECIFIED IRIDOCYCLITIS	391	146	28
R7401	DX	10	ELEVATION LEVELS LIVER TRANSAMINASE LEVELS	365	144	29
F419	DX	10	ANXIETY DISORDER UNSPECIFIED	423	142	30
R059	DX	10	COUGH, UNSPECIFIED	264	141	31



**Table 2f. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (NDC) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z452	DX	10	ENCOUNTER ADJUSTMENT&MGMT VASCULAR ACCESS DEVICE	504	140	32
Z9189	DX	10	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	629	140	33
D61818	DX	10	OTHER PANCYTOPENIA	685	135	34
C9590	DX	10	LEUKEMIA UNSPEC NOT HAVING ACHIEVED REMISSION	373	129	35
G620	DX	10	DRUG-INDUCED POLYNEUROPATHY	765	129	36
R768	DX	10	OTH SPEC ABNORMAL IMMUNOLOGICAL FIND IN SERUM	261	129	37
J069	DX	10	ACUTE UPPER RESPIRATORY INFECTION UNSPECIFIED	237	125	38
D696	DX	10	THROMBOCYTOPENIA UNSPECIFIED	405	122	39
Z8616	DX	10	PERSONAL HISTORY OF COVID-19	319	122	40
M6281	DX	10	MUSCLE WEAKNESS GENERALIZED	469	120	41
Z006	DX	10	ENCOUNTER EXAM NORML CMPAR CNTRL CLIN RSRCH PROG	1171	116	42
Z792	DX	10	LONG TERM CURRENT USE OF ANTIBIOTICS	507	116	43
R21	DX	10	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	246	113	44
M0800	DX	10	UNSPECIFIED JUVENILE RA OF UNSPECIFIED SITE	170	112	45
R5081	DX	10	FEVER PRESENTING W/COND CLASSIFIED ELSEWHERE	257	111	46
R836	DX	10	ABNORMAL CYTOLOGICAL FIND IN CEREBROSPINAL FLUID	323	107	47
Z6852	DX	10	BODY MASS INDEX BMI PEDIATRIC 5TH % < 85TH % AGE	158	106	48
Z713	DX	10	DIETARY COUNSELING AND SURVEILLANCE	137	98	49
D801	DX	10	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	441	97	50
D6959	DX	10	OTHER SECONDARY THROMBOCYTOPENIA	283	96	51
Z9221	DX	10	PERSONAL HISTORY OF ANTINEOPLASTIC CHEMOTHERAPY	216	93	52
R634	DX	10	ABNORMAL WEIGHT LOSS	228	92	53
E559	DX	10	VITAMIN D DEFICIENCY UNSPECIFIED	246	90	54
Z888	DX	10	ALLERGY STATUS OTH DRUGS MEDS & BIOLOG SUBSTANCE	369	90	55
K5903	DX	10	DRUG INDUCED CONSTIPATION	355	89	56
R109	DX	10	UNSPECIFIED ABDOMINAL PAIN	154	87	57
U071	DX	10	COVID-19	291	86	58
M3300	DX	10	JUVENILE DERMATOMYOSITIS ORGAN INVOLVEMENT UNS	497	84	59
R531	DX	10	WEAKNESS	299	84	60
Z01818	DX	10	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	412	84	61
C9500	DX	10	ACUTE LEUKEMIA UNS CELL TYPE NOT ACHIEVE REMISS	504	83	62

**Table 2f. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (NDC) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
G629	DX	10	POLYNEUROPATHY UNSPECIFIED	288	83	63
R519	DX	10	HEADACHE UNSPECIFIED	152	83	64
J029	DX	10	ACUTE PHARYNGITIS UNSPECIFIED	127	81	65
T451X5D	DX	10	ADVERS EFF ANTINEOPLAST IMMUNOSUP RX SUBSQT ENC	310	79	66
H2013	DX	10	CHRONIC IRIDOCYCLITIS BILATERAL	173	75	67
M25562	DX	10	PAIN IN LEFT KNEE	139	75	68
R5383	DX	10	OTHER FATIGUE	176	75	69
I10	DX	10	ESSENTIAL PRIMARY HYPERTENSION	376	73	70
M0890	DX	10	JUVENILE ARTHRITIS UNSPECIFIED UNSPECIFIED SITE	133	73	71
M25561	DX	10	PAIN IN RIGHT KNEE	148	73	72
R000	DX	10	TACHYCARDIA UNSPECIFIED	169	73	73
T380X5A	DX	10	ADVERSE EFF GLUCOCORTICDS SYNTH ANALOG INIT ENC	212	72	74
F411	DX	10	GENERALIZED ANXIETY DISORDER	219	71	75
Z856	DX	10	PERSONAL HISTORY OF LEUKEMIA	128	69	76
R7989	DX	10	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	171	64	77
Z7189	DX	10	OTHER SPECIFIED COUNSELING	136	60	78
D630	DX	10	ANEMIA IN NEOPLASTIC DISEASE	168	56	79
Z791	DX	10	LONG TERM CURR NON-STEROIDAL&ANTI-INFLAMMATORIES	86	55	80
Z98890	DX	10	OTHER SPECIFIED POSTPROCEDURAL STATES	97	54	81
J45909	DX	10	UNSPECIFIED ASTHMA UNCOMPLICATED	120	49	82
R1110	DX	10	VOMITING UNSPECIFIED	87	49	83
R2689	DX	10	OTHER ABNORMALITIES OF GAIT AND MOBILITY	170	49	84
G8929	DX	10	OTHER CHRONIC PAIN	79	45	85
K219	DX	10	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	183	44	86
Z0189	DX	10	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	104	44	87
R197	DX	10	DIARRHEA UNSPECIFIED	115	42	88
L940	DX	10	LOCALIZED SCLERODERMA MORPHEA	202	41	89
Z20828	DX	10	CONTACT W/ & EXPOSURE OTH VIRAL COMMUNICABLE DZ	62	40	90
I158	DX	10	OTHER SECONDARY HYPERTENSION	125	38	91
R269	DX	10	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	96	36	92
R630	DX	10	ANOREXIA	102	36	93

**Table 2f. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (NDC) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z79620	DX	10	LONG TERM USE OF IMMUNOSUPPRESSIVE BIOLOGIC	54	36	94
B348	DX	10	OTHER VIRAL INFECTIONS OF UNSPECIFIED SITE	86	34	95
Z00121	DX	10	ENCOUNTER RTN CHILD HEALTH EXAM W/ABNORMAL FIND	35	34	96
E860	DX	10	DEHYDRATION	78	31	97
M0809	DX	10	UNSPECIFIED JUVENILE RA MULTIPLE SITES	61	27	98
R918	DX	10	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	36	27	99
C8350	DX	10	LYMPHOBLASTIC LYMPHOMA UNSPECIFIED SITE	664	26	100
R748	DX	10	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	56	26	100

**Table 2g. Most Frequent Diagnoses among Adult Injectable Methotrexate (NDC) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z79899	DX	10	OTHER LONG TERM CURRENT DRUG THERAPY	21654	16016	1
M0579	DX	10	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	8243	5981	2
I10	DX	10	ESSENTIAL PRIMARY HYPERTENSION	7787	5516	3
M069	DX	10	RHEUMATOID ARTHRITIS UNSPECIFIED	6694	4802	4
M0609	DX	10	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	4460	3319	5
E559	DX	10	VITAMIN D DEFICIENCY UNSPECIFIED	3584	2869	6
M810	DX	10	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	3455	2742	7
L4050	DX	10	ARTHROPATHIC PSORIASIS UNSPECIFIED	3577	2585	8
Z5181	DX	10	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	2915	2314	9
E785	DX	10	HYPERLIPIDEMIA UNSPECIFIED	2978	2211	10
M797	DX	10	FIBROMYALGIA	2674	2146	11
O0090	DX	10	UNSPEC ECTOPIC PREGNANCY W/O INTRAUTERINE PREG	4093	2128	12
K219	DX	10	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	2520	1900	13
E119	DX	10	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	2520	1807	14
R5383	DX	10	OTHER FATIGUE	2206	1786	15
M064	DX	10	INFLAMMATORY POLYARTHROPATHY	2315	1750	16
E039	DX	10	HYPOTHYROIDISM UNSPECIFIED	2348	1724	17
M059	DX	10	RA WITH RHEUMATOID FACTOR UNSPECIFIED	2419	1723	18
M5450	DX	10	LOW BACK PAIN, UNSPECIFIED	2297	1691	19
M1990	DX	10	UNSPECIFIED OSTEOARTHRTIS UNSPECIFIED SITE	2005	1586	20
Z23	DX	10	ENCOUNTER FOR IMMUNIZATION	1640	1563	21
M2550	DX	10	PAIN IN UNSPECIFIED JOINT	1909	1533	22
G8929	DX	10	OTHER CHRONIC PAIN	1963	1498	23
Z20822	DX	10	CONTACT W/AND (SUSPECTED) EXPOSURE TO COVID-19	2125	1443	24
Z7952	DX	10	LONG TERM CURRENT USE OF SYSTEMIC STEROIDS	1718	1372	25
Z3A01	DX	10	LESS THAN 8 WEEKS GESTATION OF PREGNANCY	2567	1347	26
M542	DX	10	CERVICALGIA	1778	1314	27
M150	DX	10	PRIMARY GENERALIZED OSTEOARTHRTIS	1555	1310	28
Z3A00	DX	10	WEEKS OF GESTATION OF PREGNANCY NOT SPECIFIED	2148	1269	29
Z5111	DX	10	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	2293	1267	30
O3680X0	DX	10	PREGNANCY W/INCONCLUSIVE FETAL VIABILITY NA/UNS	2606	1182	31

**Table 2g. Most Frequent Diagnoses among Adult Injectable Methotrexate (NDC) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
G4733	DX	10	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	1445	1169	32
L409	DX	10	PSORIASIS UNSPECIFIED	1375	1157	33
D649	DX	10	ANEMIA UNSPECIFIED	1598	1132	34
E782	DX	10	MIXED HYPERLIPIDEMIA	1325	1065	35
M0600	DX	10	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	1394	1034	36
Z0000	DX	10	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	1185	1028	37
F419	DX	10	ANXIETY DISORDER UNSPECIFIED	1328	1004	38
O209	DX	10	HEMORRHAGE IN EARLY PREGNANCY UNSPECIFIED	1843	973	39
Z87891	DX	10	PERSONAL HISTORY OF NICOTINE DEPENDENCE	1366	958	40
M170	DX	10	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1143	957	41
G894	DX	10	CHRONIC PAIN SYNDROME	1196	939	42
M25561	DX	10	PAIN IN RIGHT KNEE	1328	937	43
L4059	DX	10	OTHER PSORIATIC ARTHROPATHY	1189	926	44
Z79891	DX	10	LONG TERM CURRENT USE OF OPIATE ANALGESIC	1146	924	45
F411	DX	10	GENERALIZED ANXIETY DISORDER	1139	913	46
M329	DX	10	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	1405	902	47
I2510	DX	10	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	1289	892	48
O200	DX	10	THREATENED ABORTION	1768	877	49
E669	DX	10	OBESITY UNSPECIFIED	992	846	50
M25562	DX	10	PAIN IN LEFT KNEE	1214	845	51
Z3201	DX	10	ENCOUNTER FOR PREGNANCY TEST RESULT POSITIVE	1403	839	52
R768	DX	10	OTH SPEC ABNORMAL IMMUNOLOGICAL FIND IN SERUM	1026	829	53
M159	DX	10	POLYOSTEOARTHRITIS UNSPECIFIED	947	820	54
E6601	DX	10	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	1039	809	55
M5416	DX	10	RADICULOPATHY LUMBAR REGION	1056	792	56
M3500	DX	10	SJOGREN SYNDROME UNSPECIFIED	1013	787	57
Z1231	DX	10	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	1129	786	58
D849	DX	10	IMMUNODEFICIENCY UNSPECIFIED	970	773	59
M25511	DX	10	PAIN IN RIGHT SHOULDER	1082	757	60
M79641	DX	10	PAIN IN RIGHT HAND	931	755	61
J449	DX	10	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	1044	728	62

**Table 2g. Most Frequent Diagnoses among Adult Injectable Methotrexate (NDC) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
M47816	DX	10	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	840	702	63
M5136	DX	10	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	871	695	64
R102	DX	10	PELVIC AND PERINEAL PAIN	1132	692	65
R0602	DX	10	SHORTNESS OF BREATH	993	659	66
M79642	DX	10	PAIN IN LEFT HAND	793	641	67
Z7901	DX	10	LONG TERM CURRENT USE OF ANTICOAGULANTS	924	629	68
M8580	DX	10	OTH SPEC D/O BONE DENSITY STRUCTURE UNS SITE	717	623	69
M25512	DX	10	PAIN IN LEFT SHOULDER	856	601	70
L400	DX	10	PSORIASIS VULGARIS	720	595	71
O26891	DX	10	OTHER SPEC PREGNANCY RELATED COND 1ST TRIMESTER	911	574	72
F331	DX	10	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	688	544	73
M6281	DX	10	MUSCLE WEAKNESS GENERALIZED	1322	527	74
U071	DX	10	COVID-19	880	521	75
O0281	DX	10	INAPPROPRIATE CHANGE QUAN HCG HCG EARLY PG	970	519	76
E7800	DX	10	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	636	500	77
R109	DX	10	UNSPECIFIED ABDOMINAL PAIN	707	494	78
N939	DX	10	ABNORMAL UTERINE & VAGINAL BLEEDING UNSPECIFIED	735	487	79
N390	DX	10	URINARY TRACT INFECTION SITE NOT SPECIFIED	722	459	80
O00101	DX	10	RIGHT TUBAL PREGNANCY W/O INTRAUTERINE PREGNANCY	855	458	81
R7989	DX	10	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	583	457	82
I480	DX	10	PAROXYSMAL ATRIAL FIBRILLATION	616	416	83
L570	DX	10	ACTINIC KERATOSIS	457	412	84
M8589	DX	10	OTH SPEC D/O BONE DENSITY STRUCTURE MX SITES	474	410	85
M19041	DX	10	PRIMARY OSTEOARTHRITIS RIGHT HAND	521	408	86
M0589	DX	10	OTHER RA WITH RHEUMATOID FACTOR MULTIPLE SITES	531	401	87
O039	DX	10	COMPLETE OR UNS SPONT ABORTION W/O COMPLICATION	648	400	88
M9903	DX	10	SEGMENTAL & SOMATIC DYSFUNCTION OF LUMBAR REGION	527	390	89
O00102	DX	10	LEFT TUBAL PREGNANCY W/O INTRAUTERINE PREGNANCY	775	389	90
E1165	DX	10	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	523	387	91
M25551	DX	10	PAIN IN RIGHT HIP	548	382	92
C9100	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	1916	378	93

**Table 2g. Most Frequent Diagnoses among Adult Injectable Methotrexate (NDC) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
G629	DX	10	POLYNEUROPATHY UNSPECIFIED	495	375	94
M47812	DX	10	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	463	375	95
O021	DX	10	MISSED ABORTION	685	374	96
M1711	DX	10	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	509	373	97
M19042	DX	10	PRIMARY OSTEOARTHRITIS LEFT HAND	463	366	98
M9901	DX	10	SEGMENTAL & SOMATIC DYSFUNCTION CERVICAL REGION	500	364	99
M9902	DX	10	SEGMENTAL & SOMATIC DYSFUNCTION THORACIC REGION	479	353	100

**Table 2i. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (HCPCS) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z5111	DX	10	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	2873	1321	1
C9100	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	4095	1107	2
C9101	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA IN REMISSION	1809	699	3
Z79899	DX	10	OTHER LONG TERM CURRENT DRUG THERAPY	842	524	4
T451X5A	DX	10	ADVERS EFF ANTINEOPLASTIC IMMUNOSUP RX INIT ENC	657	432	5
D849	DX	10	IMMUNODEFICIENCY UNSPECIFIED	568	330	6
D84821	DX	10	IMMUNODEFICIENCY DUE TO DRUGS	557	306	7
Z20822	DX	10	CONTACT W/AND (SUSPECTED) EXPOSURE TO COVID-19	454	299	8
D61810	DX	10	ANTINEOPLASTIC CHEMOTHERAPY INDUCED PANCYTOPENIA	380	205	9
R112	DX	10	NAUSEA WITH VOMITING UNSPECIFIED	317	199	10
Z95828	DX	10	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	278	186	11
D61818	DX	10	OTHER PANCYTOPENIA	326	168	12
Z298	DX	10	ENCOUNTER OTHER SPECIFIED PROPHYLACTIC MEASURES	226	137	13
Z452	DX	10	ENCOUNTER ADJUSTMENT&MGMT VASCULAR ACCESS DEVICE	227	137	14
K5900	DX	10	CONSTIPATION UNSPECIFIED	215	136	15
D649	DX	10	ANEMIA UNSPECIFIED	223	132	16
C9590	DX	10	LEUKEMIA UNSPEC NOT HAVING ACHIEVED REMISSION	188	128	17
Z9189	DX	10	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	195	123	18
Z006	DX	10	ENCOUNTER EXAM NORML CMPAR CNTRL CLIN RSRCH PROG	270	122	19
D709	DX	10	NEUTROPENIA UNSPECIFIED	242	119	20
D6481	DX	10	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	184	112	21
Z792	DX	10	LONG TERM CURRENT USE OF ANTIBIOTICS	158	111	22
D696	DX	10	THROMBOCYTOPENIA UNSPECIFIED	182	106	23
Z7952	DX	10	LONG TERM CURRENT USE OF SYSTEMIC STEROIDS	128	99	24
R110	DX	10	NAUSEA	138	94	25
R836	DX	10	ABNORMAL CYTOLOGICAL FIND IN CEREBROSPINAL FLUID	104	92	26
Z5181	DX	10	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	129	90	27
D701	DX	10	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	128	89	28
G620	DX	10	DRUG-INDUCED POLYNEUROPATHY	132	88	29
R509	DX	10	FEVER UNSPECIFIED	181	86	30
C9500	DX	10	ACUTE LEUKEMIA UNS CELL TYPE NOT ACHIEVE REMISS	193	78	31



**Table 2i. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (HCPCS) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
I10	DX	10	ESSENTIAL PRIMARY HYPERTENSION	165	78	32
K5903	DX	10	DRUG INDUCED CONSTIPATION	111	75	33
R7401	DX	10	ELEVATION LEVELS LIVER TRANSAMINASE LEVELS	100	75	34
C8350	DX	10	LYMPHOBLASTIC LYMPHOMA UNSPECIFIED SITE	277	74	35
Z9221	DX	10	PERSONAL HISTORY OF ANTINEOPLASTIC CHEMOTHERAPY	100	72	36
Z8616	DX	10	PERSONAL HISTORY OF COVID-19	97	68	37
Z01818	DX	10	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	86	66	38
C9200	DX	10	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	299	62	39
F419	DX	10	ANXIETY DISORDER UNSPECIFIED	115	60	40
Z888	DX	10	ALLERGY STATUS OTH DRUGS MEDS & BIOLOG SUBSTANCE	80	60	41
D801	DX	10	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	93	59	42
R5081	DX	10	FEVER PRESENTING W/COND CLASSIFIED ELSEWHERE	112	58	43
M6281	DX	10	MUSCLE WEAKNESS GENERALIZED	74	55	44
D6959	DX	10	OTHER SECONDARY THROMBOCYTOPENIA	78	54	45
T380X5A	DX	10	ADVERSE EFF GLUCOCORTICDS SYNTH ANALOG INIT ENC	83	54	46
Z0189	DX	10	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	54	48	47
C9102	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA IN RELAPSE	209	47	48
T451X5D	DX	10	ADVERS EFF ANTINEOPLAST IMMUNOSUP RX SUBSQT ENC	65	47	49
G629	DX	10	POLYNEUROPATHY UNSPECIFIED	71	46	50
D630	DX	10	ANEMIA IN NEOPLASTIC DISEASE	63	45	51
U071	DX	10	COVID-19	88	45	52
E871	DX	10	HYPO-OSMOLALITY AND HYPONATREMIA	74	43	53
R519	DX	10	HEADACHE UNSPECIFIED	56	40	54
K219	DX	10	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	48	39	55
C9120	DX	10	OTHER LYMPHOID LEUKEMIA NOT ACHIEVED REMISSION	77	38	56
R739	DX	10	HYPERGLYCEMIA UNSPECIFIED	67	38	57
C9201	DX	10	ACUTE MYELOBLASTIC LEUKEMIA IN REMISSION	91	37	58
Z98890	DX	10	OTHER SPECIFIED POSTPROCEDURAL STATES	47	37	59
D72829	DX	10	ELEVATED WHITE BLOOD CELL COUNT UNSPECIFIED	51	36	60
R109	DX	10	UNSPECIFIED ABDOMINAL PAIN	70	36	61
D7589	DX	10	OTHER SPEC DISEASES BLOOD & BLOOD-FORMING ORGANS	44	35	62

**Table 2i. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (HCPCS) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
E559	DX	10	VITAMIN D DEFICIENCY UNSPECIFIED	61	35	63
R531	DX	10	WEAKNESS	51	35	64
Z01812	DX	10	ENCOUNTER FOR PREPROCEDURAL LABORATORY EXAM	44	35	65
Z23	DX	10	ENCOUNTER FOR IMMUNIZATION	44	33	66
I158	DX	10	OTHER SECONDARY HYPERTENSION	60	32	67
R000	DX	10	TACHYCARDIA UNSPECIFIED	47	31	68
Z856	DX	10	PERSONAL HISTORY OF LEUKEMIA	40	31	69
Q909	DX	10	DOWN SYNDROME UNSPECIFIED	87	30	70
R5383	DX	10	OTHER FATIGUE	46	30	71
R918	DX	10	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	43	30	72
J45909	DX	10	UNSPECIFIED ASTHMA UNCOMPLICATED	36	29	73
R059	DX	10	COUGH, UNSPECIFIED	39	29	74
Z789	DX	10	OTHER SPECIFIED HEALTH STATUS	49	28	75
Z7901	DX	10	LONG TERM CURRENT USE OF ANTICOAGULANTS	47	27	76
Z881	DX	10	ALLERGY STATUS TO OTHER ANTIBIOTIC AGENTS	33	27	77
E883	DX	10	TUMOR LYSIS SYNDROME	59	26	78
Z1152	DX	10	ENCOUNTER FOR SCREENING FOR COVID-19	48	26	79
F840	DX	10	AUTISTIC DISORDER	70	25	80
R634	DX	10	ABNORMAL WEIGHT LOSS	27	19	81
D759	DX	10	DISEASE BLOOD & BLOOD-FORMING ORGANS UNSPECIFIED	31	18	82
D72819	DX	10	DECREASED WHITE BLOOD CELL COUNT UNSPECIFIED	22	17	83
R21	DX	10	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	28	17	84
T451X5S	DX	10	ADVERS EFF ANTINEOPLASTIC IMMUNOSUP RX SEQUELA	24	17	85
Z6852	DX	10	BODY MASS INDEX BMI PEDIATRIC 5TH % < 85TH % AGE	21	16	86
G969	DX	10	DISORDER OF CENTRAL NERVOUS SYSTEM UNSPECIFIED	17	15	87
Z7189	DX	10	OTHER SPECIFIED COUNSELING	18	15	88
C8590	DX	10	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	43	14	89
E46	DX	10	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION	24	14	90
R2689	DX	10	OTHER ABNORMALITIES OF GAIT AND MOBILITY	22	14	91
Z931	DX	10	GASTROSTOMY STATUS	30	14	92
J9859	DX	10	OTHER DISEASES MEDIASTINUM NOT ELSEWHERE CLASS	33	13	93

**Table 2i. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (HCPCS) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
R197	DX	10	DIARRHEA UNSPECIFIED	20	13	94
R5381	DX	10	OTHER MALAISE	23	13	95
R838	DX	10	OTHER ABNORMAL FINDINGS IN CEREBROSPINAL FLUID	15	13	96
Z5112	DX	10	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	18	13	97
E8339	DX	10	OTHER DISORDERS OF PHOSPHORUS METABOLISM	18	12	98
K2960	DX	10	OTHER GASTRITIS WITHOUT BLEEDING	20	12	99
M79606	DX	10	PAIN IN LEG UNSPECIFIED	12	12	100
R140	DX	10	ABDOMINAL DISTENSION GASEOUS	20	12	100
R6330	DX	10	FEEDING DIFFICULTIES, UNSPECIFIED	34	12	100
R7881	DX	10	BACTEREMIA	28	12	100
R9431	DX	10	ABNORMAL ELECTROCARDIOGRAM	14	12	100
Z00129	DX	10	ENCOUNTER RTN CHILD HEALTH EXAM W/O ABNORML FIND	16	12	100
Z6854	DX	10	BODY MASS INDEX BMI PED >/EQUAL 95TH% FOR AGE	12	12	100
Z86718	DX	10	PERSONAL HISTORY OTH VENOUS THROMBOSIS&EMBOLISM	16	12	100

**Table 2j. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (HCPCS) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z5111	DX	10	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	23245	1413	1
C9100	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	27881	1235	2
C9101	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA IN REMISSION	18398	1072	3
Z79899	DX	10	OTHER LONG TERM CURRENT DRUG THERAPY	7351	922	4
T451X5A	DX	10	ADVERS EFF ANTINEOPLASTIC IMMUNOSUP RX INIT ENC	5668	832	5
Z20822	DX	10	CONTACT W/AND (SUSPECTED) EXPOSURE TO COVID-19	2435	606	6
D849	DX	10	IMMUNODEFICIENCY UNSPECIFIED	4258	603	7
D84821	DX	10	IMMUNODEFICIENCY DUE TO DRUGS	4383	566	8
R112	DX	10	NAUSEA WITH VOMITING UNSPECIFIED	2628	455	9
D61810	DX	10	ANTINEOPLASTIC CHEMOTHERAPY INDUCED PANCYTOPENIA	2451	442	10
Z95828	DX	10	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	2657	424	11
R509	DX	10	FEVER UNSPECIFIED	1551	374	12
D709	DX	10	NEUTROPENIA UNSPECIFIED	1244	364	13
D6481	DX	10	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	1677	330	14
Z452	DX	10	ENCOUNTER ADJUSTMENT&MGMT VASCULAR ACCESS DEVICE	1445	326	15
K5900	DX	10	CONSTIPATION UNSPECIFIED	1383	314	16
D649	DX	10	ANEMIA UNSPECIFIED	1144	310	17
D701	DX	10	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	1044	296	18
R110	DX	10	NAUSEA	1192	292	19
D61818	DX	10	OTHER PANCYTOPENIA	1404	291	20
Z298	DX	10	ENCOUNTER OTHER SPECIFIED PROPHYLACTIC MEASURES	1846	285	21
C9590	DX	10	LEUKEMIA UNSPEC NOT HAVING ACHIEVED REMISSION	845	256	22
R7401	DX	10	ELEVATION LEVELS LIVER TRANSAMINASE LEVELS	749	244	23
Z7952	DX	10	LONG TERM CURRENT USE OF SYSTEMIC STEROIDS	735	243	24
D696	DX	10	THROMBOCYTOPENIA UNSPECIFIED	757	242	25
Z9189	DX	10	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	1361	238	26
R5081	DX	10	FEVER PRESENTING W/COND CLASSIFIED ELSEWHERE	643	236	27
G620	DX	10	DRUG-INDUCED POLYNEUROPATHY	1470	235	28
Z792	DX	10	LONG TERM CURRENT USE OF ANTIBIOTICS	1143	233	29
Z9221	DX	10	PERSONAL HISTORY OF ANTINEOPLASTIC CHEMOTHERAPY	593	218	30
Z23	DX	10	ENCOUNTER FOR IMMUNIZATION	418	208	31

**Table 2j. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (HCPCS) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z8616	DX	10	PERSONAL HISTORY OF COVID-19	661	207	32
Z5181	DX	10	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	1732	204	33
R836	DX	10	ABNORMAL CYTOLOGICAL FIND IN CEREBROSPINAL FLUID	657	192	34
R059	DX	10	COUGH, UNSPECIFIED	448	186	35
Z006	DX	10	ENCOUNTER EXAM NORML CMPAR CNTRL CLIN RSRCH PROG	2047	185	36
D6959	DX	10	OTHER SECONDARY THROMBOCYTOPENIA	654	174	37
D801	DX	10	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	832	172	38
K5903	DX	10	DRUG INDUCED CONSTIPATION	628	157	39
M6281	DX	10	MUSCLE WEAKNESS GENERALIZED	772	156	40
Z888	DX	10	ALLERGY STATUS OTH DRUGS MEDS & BIOLOG SUBSTANCE	618	156	41
I10	DX	10	ESSENTIAL PRIMARY HYPERTENSION	712	152	42
U071	DX	10	COVID-19	557	147	43
T451X5D	DX	10	ADVERS EFF ANTINEOPLAST IMMUNOSUP RX SUBSQT ENC	623	145	44
G629	DX	10	POLYNEUROPATHY UNSPECIFIED	620	144	45
F419	DX	10	ANXIETY DISORDER UNSPECIFIED	590	139	46
J069	DX	10	ACUTE UPPER RESPIRATORY INFECTION UNSPECIFIED	248	134	47
C9500	DX	10	ACUTE LEUKEMIA UNS CELL TYPE NOT ACHIEVE REMISS	1053	132	48
Z856	DX	10	PERSONAL HISTORY OF LEUKEMIA	277	131	49
Z01818	DX	10	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	602	130	50
R21	DX	10	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	303	128	51
R519	DX	10	HEADACHE UNSPECIFIED	296	121	52
T380X5A	DX	10	ADVERSE EFF GLUCOCORTICDS SYNTH ANALOG INIT ENC	425	118	53
Z79631	DX	10	LONG TERM CURRENT USE OF ANTIMETABOLITE AGENT	479	118	54
Z0189	DX	10	ENCOUNTER OTHER SPECIFIED SPECIAL EXAMINATIONS	402	116	55
R109	DX	10	UNSPECIFIED ABDOMINAL PAIN	274	115	56
R000	DX	10	TACHYCARDIA UNSPECIFIED	260	108	57
Z98890	DX	10	OTHER SPECIFIED POSTPROCEDURAL STATES	277	108	58
D630	DX	10	ANEMIA IN NEOPLASTIC DISEASE	333	107	59
R5383	DX	10	OTHER FATIGUE	316	107	60
R531	DX	10	WEAKNESS	466	106	61
R634	DX	10	ABNORMAL WEIGHT LOSS	307	106	62

**Table 2j. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (HCPCS) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
K219	DX	10	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	439	100	63
B348	DX	10	OTHER VIRAL INFECTIONS OF UNSPECIFIED SITE	198	91	64
E860	DX	10	DEHYDRATION	201	91	65
R1110	DX	10	VOMITING UNSPECIFIED	172	90	66
Z00129	DX	10	ENCOUNTER RTN CHILD HEALTH EXAM W/O ABNORML FIND	201	90	67
C8350	DX	10	LYMPHOBLASTIC LYMPHOMA UNSPECIFIED SITE	2081	89	68
R918	DX	10	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	180	87	69
C9102	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA IN RELAPSE	848	86	70
R197	DX	10	DIARRHEA UNSPECIFIED	250	81	71
K1230	DX	10	ORAL MUCOSITIS ULCERATIVE UNSPECIFIED	162	79	72
D7589	DX	10	OTHER SPEC DISEASES BLOOD & BLOOD-FORMING ORGANS	160	78	73
E559	DX	10	VITAMIN D DEFICIENCY UNSPECIFIED	372	78	74
E871	DX	10	HYPO-OSMOLALITY AND HYPONATREMIA	261	78	75
C9200	DX	10	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	521	77	76
R630	DX	10	ANOREXIA	288	75	77
R2689	DX	10	OTHER ABNORMALITIES OF GAIT AND MOBILITY	360	74	78
Z01812	DX	10	ENCOUNTER FOR PREPROCEDURAL LABORATORY EXAM	184	72	79
Z6852	DX	10	BODY MASS INDEX BMI PEDIATRIC 5TH % < 85TH % AGE	191	72	80
Z7901	DX	10	LONG TERM CURRENT USE OF ANTICOAGULANTS	245	67	81
I158	DX	10	OTHER SECONDARY HYPERTENSION	330	66	82
Z789	DX	10	OTHER SPECIFIED HEALTH STATUS	289	65	83
Z881	DX	10	ALLERGY STATUS TO OTHER ANTIBIOTIC AGENTS	233	65	84
E162	DX	10	HYPOGLYCEMIA UNSPECIFIED	203	60	85
R739	DX	10	HYPERGLYCEMIA UNSPECIFIED	241	60	86
Z713	DX	10	DIETARY COUNSELING AND SURVEILLANCE	106	59	87
R5381	DX	10	OTHER MALAISE	256	58	88
R7989	DX	10	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	123	44	89
J45909	DX	10	UNSPECIFIED ASTHMA UNCOMPLICATED	102	42	90
Z5112	DX	10	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	101	41	91
D759	DX	10	DISEASE BLOOD & BLOOD-FORMING ORGANS UNSPECIFIED	146	40	92
Z09	DX	10	ENC F/U EXAM AFTR CMPL TX OTH THAN MALIG NEOPLSM	115	37	93

**Table 2j. Most Frequent Diagnoses among Pediatric Injectable Methotrexate (HCPCS) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z20828	DX	10	CONTACT W/ & EXPOSURE OTH VIRAL COMMUNICABLE DZ	66	37	94
C9501	DX	10	ACUTE LEUKEMIA UNS CELL TYPE IN REMISSION	353	36	95
R269	DX	10	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	102	36	96
Z79633	DX	10	LONG TERM CURRENT USE OF MITOTIC INHIBITOR	119	36	97
G969	DX	10	DISORDER OF CENTRAL NERVOUS SYSTEM UNSPECIFIED	132	35	98
L22	DX	10	DIAPER DERMATITIS	138	34	99
T451X5S	DX	10	ADVERS EFF ANTINEOPLASTIC IMMUNOSUP RX SEQUELA	133	34	100
Z7189	DX	10	OTHER SPECIFIED COUNSELING	107	34	100

**Table 2h. Most Frequent Diagnoses among Adult Injectable Methotrexate (NDC) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z79899	DX	10	OTHER LONG TERM CURRENT DRUG THERAPY	70739	29803	1
I10	DX	10	ESSENTIAL PRIMARY HYPERTENSION	33660	14897	2
M069	DX	10	RHEUMATOID ARTHRITIS UNSPECIFIED	27098	11711	3
M0579	DX	10	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	29721	11076	4
E785	DX	10	HYPERLIPIDEMIA UNSPECIFIED	12991	7028	5
E559	DX	10	VITAMIN D DEFICIENCY UNSPECIFIED	11813	6879	6
Z23	DX	10	ENCOUNTER FOR IMMUNIZATION	8099	6783	7
M810	DX	10	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	12677	6399	8
M0609	DX	10	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	17365	6111	9
K219	DX	10	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	10731	5896	10
E119	DX	10	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	10674	4999	11
Z5181	DX	10	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	9634	4994	12
E039	DX	10	HYPOTHYROIDISM UNSPECIFIED	9892	4989	13
M5450	DX	10	LOW BACK PAIN, UNSPECIFIED	9357	4566	14
L4050	DX	10	ARTHROPATHIC PSORIASIS UNSPECIFIED	11082	4529	15
G8929	DX	10	OTHER CHRONIC PAIN	8059	4384	16
R5383	DX	10	OTHER FATIGUE	7488	4306	17
Z20822	DX	10	CONTACT W/AND (SUSPECTED) EXPOSURE TO COVID-19	7094	4263	18
M797	DX	10	FIBROMYALGIA	8191	4138	19
Z0000	DX	10	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	4979	3977	20
E782	DX	10	MIXED HYPERLIPIDEMIA	5999	3711	21
G4733	DX	10	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	7049	3660	22
M1990	DX	10	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	6725	3552	23
M059	DX	10	RA WITH RHEUMATOID FACTOR UNSPECIFIED	7978	3475	24
M542	DX	10	CERVICALGIA	7249	3383	25
Z1231	DX	10	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	5109	3324	26
D649	DX	10	ANEMIA UNSPECIFIED	6687	3239	27
Z7952	DX	10	LONG TERM CURRENT USE OF SYSTEMIC STEROIDS	5422	3021	28
I2510	DX	10	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	6161	3002	29
F419	DX	10	ANXIETY DISORDER UNSPECIFIED	5610	2964	30
M064	DX	10	INFLAMMATORY POLYARTHROPATHY	5742	2914	31



**Table 2h. Most Frequent Diagnoses among Adult Injectable Methotrexate (NDC) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
M2550	DX	10	PAIN IN UNSPECIFIED JOINT	5058	2907	32
Z87891	DX	10	PERSONAL HISTORY OF NICOTINE DEPENDENCE	4947	2856	33
M5416	DX	10	RADICULOPATHY LUMBAR REGION	5133	2573	34
M150	DX	10	PRIMARY GENERALIZED OSTEOARTHRITIS	4912	2555	35
M25561	DX	10	PAIN IN RIGHT KNEE	5118	2536	36
E669	DX	10	OBESITY UNSPECIFIED	3988	2533	37
G894	DX	10	CHRONIC PAIN SYNDROME	5116	2496	38
M47816	DX	10	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	4199	2405	39
R0602	DX	10	SHORTNESS OF BREATH	4344	2389	40
Z79891	DX	10	LONG TERM CURRENT USE OF OPIATE ANALGESIC	4581	2382	41
M25562	DX	10	PAIN IN LEFT KNEE	4874	2359	42
M159	DX	10	POLYOSTEOARTHRITIS UNSPECIFIED	3895	2320	43
E6601	DX	10	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	4139	2318	44
F411	DX	10	GENERALIZED ANXIETY DISORDER	5071	2289	45
M5136	DX	10	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	4098	2275	46
O0090	DX	10	UNSPEC ECTOPIC PREGNANCY W/O INTRAUTERINE PREG	5642	2238	47
M170	DX	10	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	3859	2186	48
M25511	DX	10	PAIN IN RIGHT SHOULDER	4708	2160	49
L409	DX	10	PSORIASIS UNSPECIFIED	3712	2133	50
E7800	DX	10	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	3514	2108	51
M0600	DX	10	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	5045	2075	52
J449	DX	10	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	4969	2028	53
N390	DX	10	URINARY TRACT INFECTION SITE NOT SPECIFIED	3993	1982	54
D849	DX	10	IMMUNODEFICIENCY UNSPECIFIED	3518	1950	55
U071	DX	10	COVID-19	3354	1863	56
R059	DX	10	COUGH, UNSPECIFIED	2634	1838	57
M6281	DX	10	MUSCLE WEAKNESS GENERALIZED	7395	1711	58
M25512	DX	10	PAIN IN LEFT SHOULDER	3578	1704	59
L570	DX	10	ACTINIC KERATOSIS	2153	1693	60
Z7901	DX	10	LONG TERM CURRENT USE OF ANTICOAGULANTS	4215	1681	61
M25551	DX	10	PAIN IN RIGHT HIP	3490	1671	62

**Table 2h. Most Frequent Diagnoses among Adult Injectable Methotrexate (NDC) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
M329	DX	10	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	4315	1644	63
M8580	DX	10	OTH SPEC D/O BONE DENSITY STRUCTURE UNS SITE	2424	1591	64
L821	DX	10	OTHER SEBORRHEIC KERATOSIS	1839	1589	65
F32A	DX	10	DEPRESSION UNSPECIFIED	2871	1579	66
R7989	DX	10	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	2427	1542	67
G4700	DX	10	INSOMNIA UNSPECIFIED	2429	1519	68
M3500	DX	10	SJOGREN SYNDROME UNSPECIFIED	3178	1513	69
M79641	DX	10	PAIN IN RIGHT HAND	2312	1513	70
R079	DX	10	CHEST PAIN UNSPECIFIED	2740	1508	71
L4059	DX	10	OTHER PSORIATIC ARTHROPATHY	3593	1506	72
Z5111	DX	10	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	11426	1449	73
Z3A01	DX	10	LESS THAN 8 WEEKS GESTATION OF PREGNANCY	2915	1380	74
Z3A00	DX	10	WEEKS OF GESTATION OF PREGNANCY NOT SPECIFIED	2933	1335	75
M79671	DX	10	PAIN IN RIGHT FOOT	1921	1299	76
H04123	DX	10	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	1564	1273	77
M47812	DX	10	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	2245	1269	78
E1165	DX	10	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	2370	1247	79
I480	DX	10	PAROXYSMAL ATRIAL FIBRILLATION	2879	1224	80
Z98890	DX	10	OTHER SPECIFIED POSTPROCEDURAL STATES	2058	1215	81
O3680X0	DX	10	PREGNANCY W/INCONCLUSIVE FETAL VIABILITY NA/UNS	2998	1204	82
M9903	DX	10	SEGMENTAL & SOMATIC DYSFUNCTION OF LUMBAR REGION	3181	1194	83
M9901	DX	10	SEGMENTAL & SOMATIC DYSFUNCTION CERVICAL REGION	3077	1179	84
E538	DX	10	DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	1820	1150	85
M1711	DX	10	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	2098	1150	86
D509	DX	10	IRON DEFICIENCY ANEMIA UNSPECIFIED	2307	1145	87
R531	DX	10	WEAKNESS	3009	1140	88
Z794	DX	10	LONG TERM CURRENT USE OF INSULIN	2321	1112	89
M8589	DX	10	OTH SPEC D/O BONE DENSITY STRUCTURE MX SITES	1661	1111	90
R918	DX	10	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1811	1091	91
M1712	DX	10	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	1939	1069	92
M25552	DX	10	PAIN IN LEFT HIP	2157	1066	93

**Table 2h. Most Frequent Diagnoses among Adult Injectable Methotrexate (NDC) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
R109	DX	10	UNSPECIFIED ABDOMINAL PAIN	1755	1063	94
M79672	DX	10	PAIN IN LEFT FOOT	1510	1044	95
G629	DX	10	POLYNEUROPATHY UNSPECIFIED	1907	1012	96
B351	DX	10	TINEA UNGUIUM	1348	998	97
O209	DX	10	HEMORRHAGE IN EARLY PREGNANCY UNSPECIFIED	1992	986	98
R600	DX	10	LOCALIZED EDEMA	1644	968	99
D84821	DX	10	IMMUNODEFICIENCY DUE TO DRUGS	1712	943	100

**Table 2k. Most Frequent Diagnoses among Adult Injectable Methotrexate (HCPCS) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z5111	DX	10	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	9991	5493	1
Z79899	DX	10	OTHER LONG TERM CURRENT DRUG THERAPY	7831	4867	2
O0090	DX	10	UNSPEC ECTOPIC PREGNANCY W/O INTRAUTERINE PREG	8193	4064	3
I10	DX	10	ESSENTIAL PRIMARY HYPERTENSION	5088	2938	4
Z3A01	DX	10	LESS THAN 8 WEEKS GESTATION OF PREGNANCY	4816	2496	5
Z3A00	DX	10	WEEKS OF GESTATION OF PREGNANCY NOT SPECIFIED	4014	2368	6
O3680X0	DX	10	PREGNANCY W/INCONCLUSIVE FETAL VIABILITY NA/UNS	5087	2294	7
O209	DX	10	HEMORRHAGE IN EARLY PREGNANCY UNSPECIFIED	3379	1875	8
E785	DX	10	HYPERLIPIDEMIA UNSPECIFIED	2234	1439	9
Z3201	DX	10	ENCOUNTER FOR PREGNANCY TEST RESULT POSITIVE	2242	1420	10
O200	DX	10	THREATENED ABORTION	2765	1385	11
Z20822	DX	10	CONTACT W/AND (SUSPECTED) EXPOSURE TO COVID-19	2408	1360	12
C9100	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	6315	1316	13
R102	DX	10	PELVIC AND PERINEAL PAIN	1979	1211	14
Z87891	DX	10	PERSONAL HISTORY OF NICOTINE DEPENDENCE	1889	1131	15
C44729	DX	10	SQUAMOUS CELL CA SKIN LT LOWER LIMB INCL HIP	1231	1107	16
C44722	DX	10	SQUAMOUS CELL CA SKIN RT LOWER LIMB INCL HIP	1228	1094	17
M0579	DX	10	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	1583	1085	18
O26891	DX	10	OTHER SPEC PREGNANCY RELATED COND 1ST TRIMESTER	1736	1078	19
E119	DX	10	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	1700	1004	20
C8330	DX	10	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	2769	986	21
Z452	DX	10	ENCOUNTER ADJUSTMENT&MGMT VASCULAR ACCESS DEVICE	1382	966	22
L570	DX	10	ACTINIC KERATOSIS	1066	955	23
D649	DX	10	ANEMIA UNSPECIFIED	1594	934	24
K219	DX	10	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	1497	914	25
M069	DX	10	RHEUMATOID ARTHRITIS UNSPECIFIED	1523	906	26
T451X5A	DX	10	ADVERS EFF ANTINEOPLASTIC IMMUNOSUP RX INIT ENC	1555	890	27
E039	DX	10	HYPOTHYROIDISM UNSPECIFIED	1367	839	28
M0609	DX	10	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	1167	830	29
N939	DX	10	ABNORMAL UTERINE & VAGINAL BLEEDING UNSPECIFIED	1195	825	30
C679	DX	10	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	2702	819	31

**Table 2k. Most Frequent Diagnoses among Adult Injectable Methotrexate (HCPCS) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
O00101	DX	10	RIGHT TUBAL PREGNANCY W/O INTRAUTERINE PREGNANCY	1595	817	32
O0281	DX	10	INAPPROPRIATE CHANGE QUAN HCG HCG EARLY PG	1371	787	33
Z5112	DX	10	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	1105	752	34
O00102	DX	10	LEFT TUBAL PREGNANCY W/O INTRAUTERINE PREGNANCY	1426	712	35
R109	DX	10	UNSPECIFIED ABDOMINAL PAIN	1003	694	36
Z170	DX	10	ESTROGEN RECEPTOR POSITIVE STATUS	1377	690	37
F419	DX	10	ANXIETY DISORDER UNSPECIFIED	1043	680	38
O039	DX	10	COMPLETE OR UNS SPONT ABORTION W/O COMPLICATION	1089	675	39
R110	DX	10	NAUSEA	1028	659	40
R5383	DX	10	OTHER FATIGUE	934	653	41
O0080	DX	10	OTHER ECTOPIC PREGNANCY W/O INTRAUTERINE PREG	1066	633	42
Z85828	DX	10	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM SKIN	703	624	43
E559	DX	10	VITAMIN D DEFICIENCY UNSPECIFIED	810	621	44
D485	DX	10	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	679	602	45
C9101	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA IN REMISSION	1522	593	46
O021	DX	10	MISSED ABORTION	1050	589	47
C8590	DX	10	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	1032	574	48
C8339	DX	10	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	1724	563	49
O26899	DX	10	OTHER SPEC PREGNANCY RELATED COND UNS TRIMESTER	787	563	50
D701	DX	10	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	959	537	51
I2510	DX	10	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	897	532	52
C8338	DX	10	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	1977	530	53
Z01818	DX	10	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	790	523	54
R112	DX	10	NAUSEA WITH VOMITING UNSPECIFIED	876	514	55
N912	DX	10	AMENORRHEA UNSPECIFIED	826	505	56
M810	DX	10	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	634	502	57
D696	DX	10	THROMBOCYTOPENIA UNSPECIFIED	962	491	58
C50919	DX	10	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	888	490	59
M5450	DX	10	LOW BACK PAIN, UNSPECIFIED	710	454	60
Z7952	DX	10	LONG TERM CURRENT USE OF SYSTEMIC STEROIDS	684	450	61
R836	DX	10	ABNORMAL CYTOLOGICAL FIND IN CEREBROSPINAL FLUID	522	427	62

**Table 2k. Most Frequent Diagnoses among Adult Injectable Methotrexate (HCPCS) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z98890	DX	10	OTHER SPECIFIED POSTPROCEDURAL STATES	575	424	63
Z7901	DX	10	LONG TERM CURRENT USE OF ANTICOAGULANTS	666	415	64
Z3200	DX	10	ENCOUNTER FOR PREGNANCY TEST RESULT UNKNOWN	655	412	65
O00109	DX	10	UNSPECIFIED TUBAL PREGNANCY W/O IU PREGNANCY	554	411	66
E7800	DX	10	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	556	405	67
O26851	DX	10	SPOTTING COMPLICATING PREGNANCY FIRST TRIMESTER	540	400	68
O99891	DX	10	OTHER SPCF DISEASE/CONDITION COMPL PREGNANCY	613	396	69
R1032	DX	10	LEFT LOWER QUADRANT PAIN	665	390	70
E669	DX	10	OBESITY UNSPECIFIED	512	380	71
R1031	DX	10	RIGHT LOWER QUADRANT PAIN	649	379	72
D61818	DX	10	OTHER PANCYTOPENIA	827	371	73
Z23	DX	10	ENCOUNTER FOR IMMUNIZATION	416	368	74
L821	DX	10	OTHER SEBORRHEIC KERATOSIS	369	357	75
C44622	DX	10	SQUAMOUS CELL CA SKIN RT UPPER LIMB INCL SHLDR	403	351	76
Z5181	DX	10	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	528	351	77
Z3490	DX	10	ENC SUPERVISION NORMAL PREG UNS UNS TRIMESTER	532	346	78
Z8759	DX	10	PERSONAL HX OTH COMP PREG CHILDBIRTH&PUERPERIUM	604	342	79
C44629	DX	10	SQUAMOUS CELL CA SKIN LT UPPER LIMB INCL SHLDR	390	338	80
L400	DX	10	PSORIASIS VULGARIS	430	329	81
Z08	DX	10	ENCOUNTER F/U EXAM AFTER CMPL TX MALIG NEOPLASM	326	315	82
O0091	DX	10	UNSPEC ECTOPIC PREGNANCY INTRAUTERINE PREGNANCY	384	310	83
O3481	DX	10	MATERNAL CARE OTH ABNORM PELVIC ORGAN 1ST TRI	426	310	84
Z7982	DX	10	LONG TERM CURRENT USE OF ASPIRIN	468	303	85
E782	DX	10	MIXED HYPERLIPIDEMIA	398	291	86
O4690	DX	10	ANTEPARTUM HEMORRHAGE UNS UNSPECIFIED TRIMESTER	448	283	87
R1030	DX	10	LOWER ABDOMINAL PAIN UNSPECIFIED	416	283	88
Z3689	DX	10	ENCOUNTER FOR OTH SPECIFIED ANTENATAL SCREENING	326	281	89
O00201	DX	10	RIGHT OVARIAN PREGNANCY WITHOUT IU PREGNANCY	474	278	90
O208	DX	10	OTHER HEMORRHAGE IN EARLY PREGNANCY	325	278	91
N926	DX	10	IRREGULAR MENSTRUATION UNSPECIFIED	439	276	92
J449	DX	10	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	432	268	93

**Table 2k. Most Frequent Diagnoses among Adult Injectable Methotrexate (HCPCS) Users in the [-7, 2] Days Around First Exposure Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
N83201	DX	10	UNSPECIFIED OVARIAN CYST RIGHT SIDE	415	267	94
I4891	DX	10	UNSPECIFIED ATRIAL FIBRILLATION	468	261	95
L578	DX	10	OTH SKN CHANGES D/T CHRN EXPS TO NONIONIZING RAD	266	257	96
O4691	DX	10	ANTEPARTUM HEMORRHAGE UNS FIRST TRIMESTER	366	253	97
Z7689	DX	10	PERSONS ENCOUNTER HEALTH SRVC OTH CIRCUMSTANCES	326	253	98
M064	DX	10	INFLAMMATORY POLYARTHROPATHY	353	251	99
J45909	DX	10	UNSPECIFIED ASTHMA UNCOMPLICATED	480	249	100

**Table 2I. Most Frequent Diagnoses among Adult Injectable Methotrexate (HCPCS) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z79899	DX	10	OTHER LONG TERM CURRENT DRUG THERAPY	51274	6873	1
Z5111	DX	10	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	45182	6072	2
I10	DX	10	ESSENTIAL PRIMARY HYPERTENSION	22746	5131	3
O0090	DX	10	UNSPEC ECTOPIC PREGNANCY W/O INTRAUTERINE PREG	11235	4260	4
E785	DX	10	HYPERLIPIDEMIA UNSPECIFIED	9966	2843	5
Z3A01	DX	10	LESS THAN 8 WEEKS GESTATION OF PREGNANCY	5592	2560	6
Z3A00	DX	10	WEEKS OF GESTATION OF PREGNANCY NOT SPECIFIED	5667	2494	7
Z20822	DX	10	CONTACT W/AND (SUSPECTED) EXPOSURE TO COVID-19	5832	2376	8
O3680X0	DX	10	PREGNANCY W/INCONCLUSIVE FETAL VIABILITY NA/UNS	5958	2293	9
D649	DX	10	ANEMIA UNSPECIFIED	5864	1961	10
O209	DX	10	HEMORRHAGE IN EARLY PREGNANCY UNSPECIFIED	3674	1902	11
K219	DX	10	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	6420	1881	12
Z23	DX	10	ENCOUNTER FOR IMMUNIZATION	3914	1804	13
E119	DX	10	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	7307	1769	14
M069	DX	10	RHEUMATOID ARTHRITIS UNSPECIFIED	16460	1753	15
Z87891	DX	10	PERSONAL HISTORY OF NICOTINE DEPENDENCE	5129	1720	16
L570	DX	10	ACTINIC KERATOSIS	3200	1692	17
T451X5A	DX	10	ADVERS EFF ANTINEOPLASTIC IMMUNOSUP RX INIT ENC	6461	1675	18
E559	DX	10	VITAMIN D DEFICIENCY UNSPECIFIED	5017	1654	19
R5383	DX	10	OTHER FATIGUE	4845	1652	20
E039	DX	10	HYPOTHYROIDISM UNSPECIFIED	6003	1563	21
Z3201	DX	10	ENCOUNTER FOR PREGNANCY TEST RESULT POSITIVE	2364	1403	22
C9100	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	21200	1389	23
O200	DX	10	THREATENED ABORTION	2859	1352	24
M810	DX	10	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	7641	1333	25
Z452	DX	10	ENCOUNTER ADJUSTMENT&MGMT VASCULAR ACCESS DEVICE	3153	1328	26
M0579	DX	10	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	33397	1318	27
R110	DX	10	NAUSEA	4124	1254	28
R102	DX	10	PELVIC AND PERINEAL PAIN	2263	1252	29
F419	DX	10	ANXIETY DISORDER UNSPECIFIED	3427	1238	30
Z5112	DX	10	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	4407	1178	31



**Table 2I. Most Frequent Diagnoses among Adult Injectable Methotrexate (HCPCS) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z0000	DX	10	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	2063	1171	32
C8330	DX	10	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	6960	1167	33
C44729	DX	10	SQUAMOUS CELL CA SKIN LT LOWER LIMB INCL HIP	2861	1161	34
E782	DX	10	MIXED HYPERLIPIDEMIA	3110	1143	35
C44722	DX	10	SQUAMOUS CELL CA SKIN RT LOWER LIMB INCL HIP	2868	1141	36
O26891	DX	10	OTHER SPEC PREGNANCY RELATED COND 1ST TRIMESTER	1917	1093	37
D485	DX	10	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	1903	1064	38
I2510	DX	10	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	3694	1058	39
L821	DX	10	OTHER SEBORRHEIC KERATOSIS	1561	1041	40
Z85828	DX	10	PERSONAL HISTORY OTHER MALIGNANT NEOPLASM SKIN	2009	1001	41
M5450	DX	10	LOW BACK PAIN, UNSPECIFIED	3505	1000	42
M0609	DX	10	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	30590	995	43
E7800	DX	10	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	2976	958	44
D701	DX	10	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	3979	957	45
Z01818	DX	10	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	1995	946	46
Z7952	DX	10	LONG TERM CURRENT USE OF SYSTEMIC STEROIDS	3873	934	47
C679	DX	10	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	6875	928	48
R112	DX	10	NAUSEA WITH VOMITING UNSPECIFIED	3558	924	49
O00101	DX	10	RIGHT TUBAL PREGNANCY W/O INTRAUTERINE PREGNANCY	2267	893	50
N939	DX	10	ABNORMAL UTERINE & VAGINAL BLEEDING UNSPECIFIED	1480	871	51
R109	DX	10	UNSPECIFIED ABDOMINAL PAIN	1474	864	52
D696	DX	10	THROMBOCYTOPENIA UNSPECIFIED	2696	861	53
C9101	DX	10	ACUTE LYMPHOBLASTIC LEUKEMIA IN REMISSION	6603	856	54
R0602	DX	10	SHORTNESS OF BREATH	2064	843	55
Z7901	DX	10	LONG TERM CURRENT USE OF ANTICOAGULANTS	3242	837	56
C8590	DX	10	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	2856	835	57
K5900	DX	10	CONSTIPATION UNSPECIFIED	2326	834	58
O0281	DX	10	INAPPROPRIATE CHANGE QUAN HCG HCG EARLY PG	1625	830	59
N390	DX	10	URINARY TRACT INFECTION SITE NOT SPECIFIED	2114	804	60
Z98890	DX	10	OTHER SPECIFIED POSTPROCEDURAL STATES	1857	803	61
R918	DX	10	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1823	787	62

**Table 2I. Most Frequent Diagnoses among Adult Injectable Methotrexate (HCPCS) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
Z5181	DX	10	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	2489	776	63
O00102	DX	10	LEFT TUBAL PREGNANCY W/O INTRAUTERINE PREGNANCY	1934	774	64
E669	DX	10	OBESITY UNSPECIFIED	1833	744	65
C50919	DX	10	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	4146	733	66
Z170	DX	10	ESTROGEN RECEPTOR POSITIVE STATUS	6418	732	67
R519	DX	10	HEADACHE UNSPECIFIED	2085	721	68
R7989	DX	10	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	1543	717	69
O039	DX	10	COMPLETE OR UNS SPONT ABORTION W/O COMPLICATION	1218	705	70
O0080	DX	10	OTHER ECTOPIC PREGNANCY W/O INTRAUTERINE PREG	1662	696	71
E876	DX	10	HYPOKALEMIA	2308	670	72
R836	DX	10	ABNORMAL CYTOLOGICAL FIND IN CEREBROSPINAL FLUID	1680	663	73
O021	DX	10	MISSED ABORTION	1253	613	74
C8339	DX	10	DIFFUSE LARGE B-CELL LYMPHOMA EXTRANOD SOLID ORG	3760	612	75
E860	DX	10	DEHYDRATION	2337	608	76
O26899	DX	10	OTHER SPEC PREGNANCY RELATED COND UNS TRIMESTER	958	595	77
G629	DX	10	POLYNEUROPATHY UNSPECIFIED	1830	590	78
G4733	DX	10	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	1541	574	79
Z08	DX	10	ENCOUNTER F/U EXAM AFTER CMPL TX MALIG NEOPLASM	900	551	80
M1990	DX	10	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	1576	531	81
J449	DX	10	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	2189	528	82
Z7189	DX	10	OTHER SPECIFIED COUNSELING	870	515	83
Z7982	DX	10	LONG TERM CURRENT USE OF ASPIRIN	1375	515	84
N912	DX	10	AMENORRHEA UNSPECIFIED	896	510	85
I4891	DX	10	UNSPECIFIED ATRIAL FIBRILLATION	1694	499	86
L578	DX	10	OTH SKN CHANGES D/T CHRN EXPS TO NONIONIZING RAD	781	474	87
L814	DX	10	OTHER MELANIN HYPERPIGMENTATION	738	468	88
O00109	DX	10	UNSPECIFIED TUBAL PREGNANCY W/O IU PREGNANCY	798	468	89
R600	DX	10	LOCALIZED EDEMA	1217	467	90
G8929	DX	10	OTHER CHRONIC PAIN	1308	459	91
C8338	DX	10	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	3717	433	92
E8342	DX	10	HYPOMAGNESEMIA	2077	432	93

**Table 2I. Most Frequent Diagnoses among Adult Injectable Methotrexate (HCPCS) Users in the [-7, 2] Days Around All Exposure Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Category	Code Type	Code Description	Code Count	Patient Count	Rank
R1032	DX	10	LEFT LOWER QUADRANT PAIN	775	428	94
R42	DX	10	DIZZINESS AND GIDDINESS	1251	428	95
Z3200	DX	10	ENCOUNTER FOR PREGNANCY TEST RESULT UNKNOWN	755	425	96
Z1231	DX	10	ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST	1012	424	97
R531	DX	10	WEAKNESS	1585	422	98
L820	DX	10	INFLAMED SEBORRHEIC KERATOSIS	644	421	99
H04123	DX	10	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	774	410	100
R1031	DX	10	RIGHT LOWER QUADRANT PAIN	801	410	100

**Table 3a. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	972	N/A
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	662	N/A
J9250	Methotrexate sodium, 5 mg	PX	HC	221	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	200	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	94	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	89	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	76	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	73	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	57	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	49	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	42	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	36	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	34	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	33	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	19	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	16	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	14	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	14	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	11	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	11	IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP

**Table 3a. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	*****	N/A
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	IP
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		IP
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV

**Table 3a. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	ED
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	OA
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	OA
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND		OA
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	ED
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	OA
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		OA
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP

**Table 3a. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	OA
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	OA
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		OA

**Table 3a. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
Methotrexatesodiumpf1gram	Methotrexate sodium (preservative free), 1 gram	RX	N/A	*****	N/A
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	ED
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	*****	N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	OA
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		OA
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	IP
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.



**Table 3b. Total Code Counts of Methotrexate (HCPCS and NDC) - Pediatric Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	977
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	668
J9250	Methotrexate sodium, 5 mg	PX	HC	470
J9260	Methotrexate sodium, 50 mg	PX	HC	442
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	216
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	205
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	157
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	66
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	49
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	37
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	19
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	15
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****
Methotrexatesodiumpf1gram	Methotrexate sodium (preservative free), 1 gram	RX	N/A	*****

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.

**Table 3c. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	5,013	N/A
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	3,740	N/A
J9250	Methotrexate sodium, 5 mg	PX	HC	1,688	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	1,556	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	545	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	541	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	435	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	387	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	356	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	320	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	278	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	261	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	256	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	230	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	209	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	153	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	102	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	91	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	87	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	76	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	75	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	74	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV

**Table 3c. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC	65	AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	63	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	62	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	62	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	55	IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
J9260	Methotrexate sodium, 50 mg	PX	HC	50	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	49	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	49	OA
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	44	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	42	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	37	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	36	OA
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		OA
J9250	Methotrexate sodium, 5 mg	PX	HC	33	AV
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	32	IP
J9250	Methotrexate sodium, 5 mg	PX	HC	31	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	24	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	22	AV
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	21	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	20	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV

**Table 3c. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	19	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	17	OA
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		OA
J9260	Methotrexate sodium, 50 mg	PX	HC	13	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	13	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	12	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	12	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC	12	OA
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		OA
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	12	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	11	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	11	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	11	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		OA
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP

**Table 3c. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	OA
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND		OA
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	OA
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		OA
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	IP
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		IP
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	*****	N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV

**Table 3c. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		OA
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV

**Table 3c. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	OA
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	IP
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	IP
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3c. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND		AV



**Table 3c. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3c. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	ED
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	ED
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	ED
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	ED
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP

**Table 3c. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV

**Table 3c. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV

**Table 3c. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		OA
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		OA
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	OA
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		OA
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND		IP
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	*****	N/A
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
Methotrexatesodiumpf1gram	Methotrexate sodium (preservative free), 1 gram	RX	N/A	*****	N/A
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP

**Table 3c. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	IP
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	*****	N/A
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV

**Table 3c. Full Code Distribution of Methotrexate (HCPCS and NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	IP
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.

**Table 3d. Total Code Counts of Methotrexate (HCPCS and NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	5,026
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	3,761
J9250	Methotrexate sodium, 5 mg	PX	HC	3,692
J9260	Methotrexate sodium, 50 mg	PX	HC	3,688
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,283
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,230
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,091
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	846
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	292
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	274
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	216
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	120
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	115
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	72
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	71
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	45
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	31
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	29
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	15
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	14
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****
Methotrexatesodiumpf1gram	Methotrexate sodium (preservative free), 1 gram	RX	N/A	*****

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.



**Table 3e. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	36,420	N/A
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	19,353	N/A
J9260	Methotrexate sodium, 50 mg	PX	HC	5,590	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	4,751	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	493	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	332	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	315	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	288	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	279	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	278	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	265	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	259	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	201	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	196	ED
J9250	Methotrexate sodium, 5 mg	PX	HC	176	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	171	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	158	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	141	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	139	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	128	ED
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	122	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV

**Table 3e. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	88	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	84	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	83	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	81	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	80	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	75	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	71	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	70	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	66	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	63	ED
J9250	Methotrexate sodium, 5 mg	PX	HC	62	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	56	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	55	AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	54	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	51	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	47	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	45	ED
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	44	N/A
J9250	Methotrexate sodium, 5 mg	PX	HC	42	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	42	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	42	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	42	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	42	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	42	N/A
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	42	N/A
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	42	ED
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	42	N/A
J9260	Methotrexate sodium, 50 mg	PX	HC	42	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	42	ED
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	42	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	42	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	42	IP

**Table 3e. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9250	Methotrexate sodium, 5 mg	PX	HC	41	ED
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
J9250	Methotrexate sodium, 5 mg	PX	HC	40	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	38	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	36	ED
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	35	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	32	ED
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		ED
J9250	Methotrexate sodium, 5 mg	PX	HC	29	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	26	ED
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
J9260	Methotrexate sodium, 50 mg	PX	HC	26	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	24	N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	24	N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	22	AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	22	IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	19	IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	19	ED
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	16	OA
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		OA
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	16	IP

**Table 3e. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9250	Methotrexate sodium, 5 mg	PX	HC	15	ED
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		ED
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	15	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	15	ED
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	15	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	13	AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	13	ED
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	13	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	12	AV
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	12	AV
63323012110	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	11	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	11	ED
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	11	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	11	AV
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC	11	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	11	IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
J9250	Methotrexate sodium, 5 mg	PX	HC	11	ED
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
63323012302	Methotrexate sodium, 25 mg/mL	PX	ND		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV

**Table 3e. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	OA
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
63323012302	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP

**Table 3e. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		OA
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP

**Table 3e. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	OA
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		OA
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED

**Table 3e. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		OA
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
63323012302	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV



**Table 3e. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		OA
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3e. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3e. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3e. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
63323012110	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	IP
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		OA
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3e. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3e. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Methotrexatesodium25mgml J9260	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
00703367801	Methotrexate sodium, 50 mg	PX	HC		AV
Methotrexatesodium25mgml J9260 16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml J9260	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
16729027730	Methotrexate sodium, 50 mg	PX	HC		AV
Methotrexatesodium25mgml J9260 16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml J9260	Methotrexate sodium, 25 mg/mL	RX	N/A	*****	N/A
00143951901	Methotrexate sodium, 50 mg	PX	HC		AV
Methotrexatesodium25mgml J9250 00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodium25mgml J9250	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
00703367801	Methotrexate sodium, 5 mg	PX	HC		AV
Methotrexatesodium25mgml J9250 16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
Methotrexatesodiumpf25mgml 00143951901	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED

**Table 3e. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	ED
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	IP
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP

**Table 3e. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		OA
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.



**Table 3f. Total Code Counts of Methotrexate (HCPCS and NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	36,640
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	19,490
J9260	Methotrexate sodium, 50 mg	PX	HC	8,512
J9250	Methotrexate sodium, 5 mg	PX	HC	7,106
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,256
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	920
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	728
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	613
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	445
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	396
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	223
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	199
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	170
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	141
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	121
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	80
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	40
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	36
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	30
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	29
63323012302	Methotrexate sodium, 25 mg/mL	PX	ND	19
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	17
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	16
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	14
63323012110	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	13

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	165,051	N/A
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	93,216	N/A
J9250	Methotrexate sodium, 5 mg	PX	HC	38,184	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	27,706	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	2,873	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	2,123	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	1,430	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	1,076	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	799	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	794	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	759	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	743	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	719	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	682	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	596	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	513	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	437	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	417	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	402	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		
J9260	Methotrexate sodium, 50 mg	PX	HC		
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		
J9260	Methotrexate sodium, 50 mg	PX	HC		
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		
J9260	Methotrexate sodium, 50 mg	PX	HC		
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		
J9260	Methotrexate sodium, 50 mg	PX	HC		
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND		
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC	399	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	345	ED
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	310	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	283	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	266	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	262	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	215	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	213	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	198	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	185	N/A
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC	168	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	150	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	128	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	123	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	120	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	106	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	96	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	92	N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	91	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	86	IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	85	AV

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC	81	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	81	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	78	ED
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	72	ED
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	69	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	68	OA
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	68	OA
J9250	Methotrexate sodium, 5 mg	PX	HC	58	AV
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	58	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	56	AV
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	56	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	56	ED
J9250	Methotrexate sodium, 5 mg	PX	HC	56	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	53	AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	53	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	53	OA
J9250	Methotrexate sodium, 5 mg	PX	HC	52	AV
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	51	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC	50	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	50	ED
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	50	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	49	ED
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	49	ED
J9250	Methotrexate sodium, 5 mg	PX	HC	49	ED
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	49	ED
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	48	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	46	AV
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	46	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC	40	AV

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC	39	ED
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		ED
J9250	Methotrexate sodium, 5 mg	PX	HC	39	OA
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		OA
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	39	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	38	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	35	AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	34	ED
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	34	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	32	IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	31	IP
J9250	Methotrexate sodium, 5 mg	PX	HC	30	AV
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	29	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	28	AV
63323012110	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9260	Methotrexate sodium, 50 mg	PX	HC	26	AV
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	26	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	25	AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND		AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	23	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	23	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	23	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	23	ED
J9250	Methotrexate sodium, 5 mg	PX	HC	20	ED
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		ED

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC	18	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	17	ED
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	17	ED
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	17	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	16	AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	15	AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	14	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	14	IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
J9250	Methotrexate sodium, 5 mg	PX	HC	14	AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	13	AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	13	ED
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
J9260	Methotrexate sodium, 50 mg	PX	HC	12	ED
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
J9260	Methotrexate sodium, 50 mg	PX	HC	12	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		OA
J9260	Methotrexate sodium, 50 mg	PX	HC	12	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	12	ED
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC	11	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	11	IP
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		OA
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV



**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		OA
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
J9260	Methotrexate sodium, 50 mg	PX	HC		OA
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
J9250	Methotrexate sodium, 5 mg	PX	HC		OA
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9250	Methotrexate sodium, 5 mg	PX	HC		OA
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		OA
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
63323012110	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	OA
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC		OA
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	IS
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		IS
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IS
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	ED

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC		ED
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		ED
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9260	Methotrexate sodium, 50 mg	PX	HC		OA
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED



**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9260	Methotrexate sodium, 50 mg	PX	HC		AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Methotrexatesodium25mgml J9260	Methotrexate sodium, 25 mg/mL Methotrexate sodium, 50 mg	RX PX	N/A HC	*****	N/A ED
Methotrexatesodium25mgml 61703035010	Methotrexate sodium, 25 mg/mL Methotrexate sodium, 25 mg/mL	RX PX	N/A ND	*****	N/A AV
Methotrexatesodium25mgml 61703035037	Methotrexate sodium, 25 mg/mL Methotrexate sodium, 25 mg/mL	RX PX	N/A ND	*****	N/A AV
Methotrexatesodium25mgml 61703035038	Methotrexate sodium, 25 mg/mL Methotrexate sodium, 25 mg/mL	RX PX	N/A ND	*****	N/A AV
Methotrexatesodium25mgml J9260 00143951910	Methotrexate sodium, 25 mg/mL Methotrexate sodium, 50 mg Methotrexate sodium (preservative free), 25 mg/mL	RX PX PX	N/A HC ND	*****	N/A AV AV
Methotrexatesodium25mgml J9260 00703367801	Methotrexate sodium, 25 mg/mL Methotrexate sodium, 50 mg Methotrexate sodium (preservative free), 25 mg/mL	RX PX PX	N/A HC ND	*****	N/A AV AV
Methotrexatesodium25mgml J9260 16729027730	Methotrexate sodium, 25 mg/mL Methotrexate sodium, 50 mg Methotrexate sodium (preservative free), 25 mg/mL	RX PX PX	N/A HC ND	*****	N/A AV AV
Methotrexatesodium25mgml 00143951901	Methotrexate sodium, 25 mg/mL Methotrexate sodium (preservative free), 25 mg/mL	RX PX	N/A ND	*****	N/A ED
Methotrexatesodium25mgml J9250 00703367801	Methotrexate sodium, 25 mg/mL Methotrexate sodium, 5 mg Methotrexate sodium (preservative free), 25 mg/mL	RX PX PX	N/A HC ND	*****	N/A ED AV
Methotrexatesodium25mgml J9250 16729027735	Methotrexate sodium, 25 mg/mL Methotrexate sodium, 5 mg Methotrexate sodium (preservative free), 25 mg/mL	RX PX PX	N/A HC ND	*****	N/A AV AV
00143951910 00143951901	Methotrexate sodium (preservative free), 25 mg/mL Methotrexate sodium (preservative free), 25 mg/mL	PX PX	ND ND	*****	IP IP
00143951910 00143951901	Methotrexate sodium (preservative free), 25 mg/mL Methotrexate sodium (preservative free), 25 mg/mL	PX PX	ND ND	*****	AV AV

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	IP
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	ED
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP

**Table 3g. Full Code Distribution of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
J9250	Methotrexate sodium, 5 mg	PX	HC		ED
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC		IP
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.

**Table 3h. Total Code Counts of Methotrexate (HCPCS and NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	165,496
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	93,551
J9250	Methotrexate sodium, 5 mg	PX	HC	47,496
J9260	Methotrexate sodium, 50 mg	PX	HC	37,195
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	5,114
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	3,243
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	2,195
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,951
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,513
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	1,472
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	774
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	591
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	559
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	459
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	445
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	393
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	122
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	99
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	75
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	75
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	73
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	67
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	49
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	32
63323012110	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	30

**Table 3i. Full Code Distribution of Methotrexate (NDC) - Pediatric Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	972	N/A
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	665	N/A
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	224	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	216	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	150	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	69	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	51	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	34	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	20	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	13	IP
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	12	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	11	AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	11	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	*****	N/A
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP

**Table 3i. Full Code Distribution of Methotrexate (NDC) - Pediatric Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	IP
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND		IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf1gram	Methotrexate sodium (preservative free), 1 gram	RX	N/A	*****	N/A
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.



**Table 3j. Total Code Counts of Methotrexate (NDC) - Pediatric Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	977
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	670
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	236
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	227
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	168
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	75
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	56
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	40
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	22
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	18
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	12
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	11
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****
Methotrexatesodiumpf1gram	Methotrexate sodium (preservative free), 1 gram	RX	N/A	*****

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.

**Table 3k. Full Code Distribution of Methotrexate (NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	5,013	N/A
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	3,746	N/A
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,177	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,144	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	922	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	737	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	266	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	239	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	203	AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	109	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	76	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	62	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	62	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	61	IP
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	45	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	37	OA
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	36	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	31	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	31	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	28	AV
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	28	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	27	OA
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	27	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	27	AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	20	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	18	IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	13	OA
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	12	N/A
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	12	N/A
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	12	IP
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA

**Table 3k. Full Code Distribution of Methotrexate (NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	IP
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3k. Full Code Distribution of Methotrexate (NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND		IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3k. Full Code Distribution of Methotrexate (NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND		IP
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf1gram	Methotrexate sodium (preservative free), 1 gram	RX	N/A	*****	N/A
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3k. Full Code Distribution of Methotrexate (NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	IP
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		ED
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.

**Table 3I. Total Code Counts of Methotrexate (NDC) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	5,026
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	3,761
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,283
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,230
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,091
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	846
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	292
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	274
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	216
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	120
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	115
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	72
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	71
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	45
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	31
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	29
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	15
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	14
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****
Methotrexatesodiumpf1gram	Methotrexate sodium (preservative free), 1 gram	RX	N/A	*****

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.

**Table 3m. Full Code Distribution of Methotrexate (NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	36,754	N/A
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	19,521	N/A
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,017	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	729	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	595	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	585	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	363	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	323	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	237	ED
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	180	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	162	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	154	ED
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	143	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	132	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	108	ED
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	101	ED
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	90	AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	76	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	54	N/A
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	38	ED
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	33	IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	30	IP
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	26	ED
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	26	ED
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	25	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	25	ED
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	24	AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	22	AV
63323012302	Methotrexate sodium, 25 mg/mL	PX	ND	19	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	17	OA
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	16	ED
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	15	ED
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	15	N/A
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV



**Table 3m. Full Code Distribution of Methotrexate (NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	15	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	14	IP
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	14	AV
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	14	AV
63323012110	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	13	AV
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	12	AV
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	11	ED
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	11	N/A
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	11	ED
67457048040	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
67457046610	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	IP
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA

**Table 3m. Full Code Distribution of Methotrexate (NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	ED
67457048040	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3m. Full Code Distribution of Methotrexate (NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	IP
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
67457046610	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	*****	N/A
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED

**Table 3m. Full Code Distribution of Methotrexate (NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	IP
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	ED
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A		N/A
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3m. Full Code Distribution of Methotrexate (NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.

**Table 3n. Total Code Counts of Methotrexate (NDC) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	36,865
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	19,610
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,278
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	937
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	747
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	636
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	457
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	406
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	225
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	205
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	175
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	144
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	123
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	81
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	40
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	37
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	30
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	29
63323012302	Methotrexate sodium, 25 mg/mL	PX	ND	19
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	18
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	16
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	15
63323012110	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	13
67457048040	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	12
67457046610	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.

**Table 3o. Full Code Distribution of Methotrexate (NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	165,226	N/A
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	93,309	N/A
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	5,053	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	2,910	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,904	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,677	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,441	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	1,245	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	716	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	564	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	503	AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	436	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	411	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	323	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	278	ED
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	190	ED
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	185	N/A
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A		N/A
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	132	ED
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	115	ED
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	102	AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	83	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	75	OA
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	67	AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	67	AV
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	62	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	55	IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	49	IP
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	48	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	44	IP
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	44	ED
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	43	OA
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	37	AV
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	31	AV

**Table 3o. Full Code Distribution of Methotrexate (NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
63323012110	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	30	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	29	ED
63323012302	Methotrexate sodium, 25 mg/mL	PX	ND	28	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	28	ED
67457046610	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	26	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	26	ED
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	25	N/A
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	25	IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	18	ED
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	18	IP
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	16	ED
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	14	N/A
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND		AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	14	N/A
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	12	N/A
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND		AV
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	12	ED
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	11	ED
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	11	IP
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	*****	N/A
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		OA
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	*****	N/A
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	*****	N/A
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV



**Table 3o. Full Code Distribution of Methotrexate (NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	*****	N/A
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	IP
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	*****	N/A
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	*****	N/A
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	*****	N/A
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	*****	N/A
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	ED
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	OA
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	*****	N/A
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	*****	N/A
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA

**Table 3o. Full Code Distribution of Methotrexate (NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Methotrexatesodiumpf25mgml 00703367101	Methotrexate sodium (preservative free), 25 mg/mL Methotrexate sodium (preservative free), 25 mg/mL	RX PX	N/A ND	*****	N/A OA
Methotrexatesodiumpf25mgml 00703367193	Methotrexate sodium (preservative free), 25 mg/mL Methotrexate sodium (preservative free), 25 mg/mL	RX PX	N/A ND	*****	N/A AV
Methotrexatesodiumpf25mgml 16729027730	Methotrexate sodium (preservative free), 25 mg/mL Methotrexate sodium (preservative free), 25 mg/mL	RX PX	N/A ND	*****	N/A AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodium25mgml 00703367101	Methotrexate sodium, 25 mg/mL Methotrexate sodium (preservative free), 25 mg/mL	RX PX	N/A ND	*****	N/A AV
Methotrexatesodium25mgml 00703367801	Methotrexate sodium, 25 mg/mL Methotrexate sodium (preservative free), 25 mg/mL	RX PX	N/A ND	*****	N/A AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	IP
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV

**Table 3o. Full Code Distribution of Methotrexate (NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	ED
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	IP

**Table 3o. Full Code Distribution of Methotrexate (NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	*****	N/A
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	AV
63323012302	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	IP
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
67457046610	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	*****	N/A
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	*****	N/A
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	*****	N/A
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	*****	N/A
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	*****	N/A
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IS
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	*****	N/A
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	ED
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	*****	ED

**Table 3o. Full Code Distribution of Methotrexate (NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND		AV
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	*****	N/A
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	*****	N/A
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	*****	N/A
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		IP
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	OA
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	*****	AV
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND		AV
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	*****	IP

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.

**Table 3p. Total Code Counts of Methotrexate (NDC) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts
Methotrexatesodium25mgml	Methotrexate sodium, 25 mg/mL	RX	N/A	165,496
Methotrexatesodiumpf25mgml	Methotrexate sodium (preservative free), 25 mg/mL	RX	N/A	93,551
63323012310	Methotrexate sodium, 25 mg/mL	PX	ND	5,114
16729027730	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	3,243
00143951901	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	2,195
00143951910	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,951
00703367501	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	1,513
61703035038	Methotrexate sodium, 25 mg/mL	PX	ND	1,472
61703035037	Methotrexate sodium, 25 mg/mL	PX	ND	774
00703367801	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	591
00703367101	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	559
16729027703	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	459
63323012250	Methotrexate sodium (preservative free), 1 gram	PX	ND	445
61703040841	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	393
61703035010	Methotrexate sodium, 25 mg/mL	PX	ND	122
61703035009	Methotrexate sodium, 25 mg/mL	PX	ND	99
00143983001	Methotrexate sodium (preservative free), 1 gram	PX	ND	75
61703040825	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	75
16729027735	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	73
00703367193	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	67
00143936701	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	49
61703012440	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	32
63323012110	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	30
63323012302	Methotrexate sodium, 25 mg/mL	PX	ND	29
67457046610	Methotrexate sodium (preservative free), 25 mg/mL	PX	ND	27

**Table 3q. Full Code Distribution of Methotrexate (HCPCS) - Pediatric Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9250	Methotrexate sodium, 5 mg	PX	HC	769	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	697	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	44	IP
J9250	Methotrexate sodium, 5 mg	PX	HC	16	IP
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	IS

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.

**Table 3r. Total Code Counts of Methotrexate (HCPCS) - Pediatric Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

<b>Code</b>	<b>Code Description</b>	<b>Code Category</b>	<b>Code Type</b>	<b>Overall Counts</b>
J9250	Methotrexate sodium, 5 mg	PX	HC	806
J9260	Methotrexate sodium, 50 mg	PX	HC	762



**Table 3s. Full Code Distribution of Methotrexate (HCPCS) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9250	Methotrexate sodium, 5 mg	PX	HC	5,779	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	5,551	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	275	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	193	IP
J9250	Methotrexate sodium, 5 mg	PX	HC	188	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	183	AV
J9250	Methotrexate sodium, 5 mg	PX	HC		AV
J9250	Methotrexate sodium, 5 mg	PX	HC	97	IP
J9250	Methotrexate sodium, 5 mg	PX	HC	15	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	11	IP
J9250	Methotrexate sodium, 5 mg	PX	HC		IP
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	OA
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	IS

\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.

**Table 3t. Total Code Counts of Methotrexate (HCPCS) - Pediatric Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts
J9250	Methotrexate sodium, 5 mg	PX	HC	6,277
J9260	Methotrexate sodium, 50 mg	PX	HC	6,227

**Table 3u. Full Code Distribution of Methotrexate (HCPCS) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9260	Methotrexate sodium, 50 mg	PX	HC	11,117	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	9,338	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	964	ED
J9250	Methotrexate sodium, 5 mg	PX	HC	740	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	124	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	67	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	61	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	59	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	59	IP
J9250	Methotrexate sodium, 5 mg	PX	HC	46	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	IS

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.

**Table 3v. Total Code Counts of Methotrexate (HCPCS) - Adult Use First Episode in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts
J9260	Methotrexate sodium, 50 mg	PX	HC	12,359
J9250	Methotrexate sodium, 5 mg	PX	HC	10,249

**Table 3w. Full Code Distribution of Methotrexate (HCPCS) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
J9250	Methotrexate sodium, 5 mg	PX	HC	61,407	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	49,730	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	1,120	ED
J9250	Methotrexate sodium, 5 mg	PX	HC	870	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	234	IP
J9250	Methotrexate sodium, 5 mg	PX	HC	220	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	205	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	205	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	147	OA
J9250	Methotrexate sodium, 5 mg	PX	HC	122	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	22	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	22	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	IP
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	IS
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	OA
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	OA
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	OA
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	ED
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	AV
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	AV
J9250	Methotrexate sodium, 5 mg	PX	HC	*****	ED
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	IP
J9260	Methotrexate sodium, 50 mg	PX	HC	*****	ED

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.

**Table 3x. Total Code Counts of Methotrexate (HCPCS) - Adult Use All Episodes in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

<b>Code</b>	<b>Code Description</b>	<b>Code Category</b>	<b>Code Type</b>	<b>Overall Counts</b>
J9250	Methotrexate sodium, 5 mg	PX	HC	62,833
J9260	Methotrexate sodium, 50 mg	PX	HC	51,502

**Table 4a. Summary of Episode-Level<sup>1</sup> Cohort Attrition in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

	Pediatric Use					
	Methotrexate (HCPCS and NDC) - All Episodes		Methotrexate (NDC) - All Episodes		Methotrexate (HCPCS) - All Episodes	
	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded
<b>Members meeting enrollment and demographic requirements</b>						
Enrolled at any point during the query period	134,083,145	N/A	134,083,145	N/A	134,083,145	N/A
Had required coverage type (medical and/or drug coverage)	84,977,101	49,106,044	84,977,101	49,106,044	125,671,699	8,411,446
Enrolled during specified age range	10,592,185	74,384,916	10,592,185	74,384,916	17,314,762	108,356,937
Had requestable medical charts	10,592,185	0	10,592,185	0	17,314,762	0
Met demographic requirements (sex, race, and Hispanic origin)	10,585,942	6,243	10,585,942	6,243	17,305,652	9,110
<b>Members with a valid index event</b>						
Had any cohort-defining claim during the query period	2,979	10,582,963	2,602	10,583,340	1,628	17,304,024
<b>Cohort episodes with a valid index date</b>						
Total number of claims with cohort-identifying codes during the query period	18,634	N/A	15,029	N/A	12,767	N/A
Claim recorded during specified age range	17,937	697	14,450	579	12,396	371
Episode defining index claim recorded during the query period	17,937	0	14,450	0	12,396	0
<b>Cohort episodes with required pre-index history</b>						
Had sufficient pre-index continuous enrollment	17,864	73	14,395	55	12,351	45
Met inclusion and exclusion criteria	17,864	0	14,395	0	12,351	0
Had sufficient post-index continuous enrollment	17,788	76	14,333	62	12,306	45
<b>Final cohort</b>						
Number of members	2,871	N/A	2,511	N/A	1,561	N/A
Number of episodes	17,788	N/A	14,333	N/A	12,306	N/A

<sup>1</sup>Cohorts are formed by first evaluating enrollment and demographic requirements as well as index events among members, then evaluating index dates, pre-index history, and post-index follow-up among episodes. Because of this, the number remaining often increases from the member- to episode-level steps.

**Table 4a. Summary of Episode-Level<sup>1</sup> Cohort Attrition in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

	Adult Use					
	Methotrexate (HCPCS and NDC) - All Episodes		Methotrexate (NDC) - All Episodes		Methotrexate (HCPCS) - All Episodes	
	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded
<b>Members meeting enrollment and demographic requirements</b>						
Enrolled at any point during the query period	134,083,145	N/A	134,083,145	N/A	134,083,145	N/A
Had required coverage type (medical and/or drug coverage)	84,977,101	49,106,044	84,977,101	49,106,044	125,671,699	8,411,446
Enrolled during specified age range	75,425,546	9,551,555	75,425,546	9,551,555	110,112,167	15,559,532
Had requestable medical charts	75,425,546	0	75,425,546	0	110,112,167	0
Met demographic requirements (sex, race, and Hispanic origin)	75,386,808	38,738	75,386,808	38,738	110,046,972	65,195
<b>Members with a valid index event</b>						
Had any cohort-defining claim during the query period	72,951	75,313,857	62,355	75,324,453	22,752	110,024,220
<b>Cohort episodes with a valid index date</b>						
Total number of claims with cohort-identifying codes during the query period	348,507	N/A	281,021	N/A	115,285	N/A
Claim recorded during specified age range	347,609	898	280,219	802	114,840	445
Episode defining index claim recorded during the query period	347,609	0	280,219	0	114,840	0
<b>Cohort episodes with required pre-index history</b>						
Had sufficient pre-index continuous enrollment	346,622	987	279,368	851	114,617	223
Met inclusion and exclusion criteria	346,622	0	279,368	0	114,617	0
Had sufficient post-index continuous enrollment	344,971	1,651	278,058	1,310	114,094	523
<b>Final cohort</b>						
Number of members	72,457	N/A	61,964	N/A	22,532	N/A
Number of episodes	344,971	N/A	278,058	N/A	114,094	N/A

<sup>1</sup>Cohorts are formed by first evaluating enrollment and demographic requirements as well as index events among members, then evaluating index dates, pre-index history, and post-index follow-up among episodes. Because of this, the number remaining often increases from the member- to episode-level steps.



**Table 4b. Summary of Patient-Level Cohort Attrition in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

	Pediatric Use					
	Methotrexate (HCPCS and NDC) - First Episode		Methotrexate (NDC) - First Episode		Methotrexate (HCPCS) - First Episode	
	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded
<b>Members meeting enrollment and demographic requirements</b>						
Enrolled at any point during the query period	134,083,145	N/A	134,083,145	N/A	134,083,145	N/A
Had required coverage type (medical and/or drug coverage)	84,977,101	49,106,044	84,977,101	49,106,044	125,671,699	8,411,446
Enrolled during specified age range	10,592,185	74,384,916	10,592,185	74,384,916	17,314,762	108,356,937
Had requestable medical charts	10,592,185	0	10,592,185	0	17,314,762	0
Met demographic requirements (sex, race, and Hispanic origin)	10,585,942	6,243	10,585,942	6,243	17,305,652	9,110
<b>Members with a valid index event</b>						
Had any cohort-defining claim during the query period	2,979	10,582,963	2,602	10,583,340	1,628	17,304,024
Claim recorded during specified age range	2,885	94	2,525	77	1,566	62
Episode defining index claim recorded during the query period	2,885	0	2,525	0	1,566	0
<b>Members with required pre-index history</b>						
Had sufficient pre-index continuous enrollment	*****	*****	*****	*****	*****	*****
Met inclusion and exclusion criteria	*****	*****	*****	*****	*****	*****
Had sufficient post-index continuous enrollment	*****	*****	*****	*****	*****	*****
<b>Final cohort</b>						
Number of members	2,871	N/A	2,511	N/A	1,561	N/A
Number of episodes	2,871	N/A	2,511	N/A	1,561	N/A

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.

**Table 4b. Summary of Patient-Level Cohort Attrition in the Sentinel Distributed Database from January 1, 2022 to December 31, 2023**

	Adult Use					
	Methotrexate (HCPCS and NDC) - First Episode		Methotrexate (NDC) - First Episode		Methotrexate (HCPCS) - First Episode	
	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded
<b>Members meeting enrollment and demographic requirements</b>						
Enrolled at any point during the query period	134,083,145	N/A	134,083,145	N/A	134,083,145	N/A
Had required coverage type (medical and/or drug coverage)	84,977,101	49,106,044	84,977,101	49,106,044	125,671,699	8,411,446
Enrolled during specified age range	75,425,546	9,551,555	75,425,546	9,551,555	110,112,167	15,559,532
Had requestable medical charts	75,425,546	0	75,425,546	0	110,112,167	0
Met demographic requirements (sex, race, and Hispanic origin)	75,386,808	38,738	75,386,808	38,738	110,046,972	65,195
<b>Members with a valid index event</b>						
Had any cohort-defining claim during the query period	72,951	75,313,857	62,355	75,324,453	22,752	110,024,220
Claim recorded during specified age range	72,828	123	62,241	114	22,705	47
Episode defining index claim recorded during the query period	72,828	0	62,241	0	22,705	0
<b>Members with required pre-index history</b>						
Had sufficient pre-index continuous enrollment	72,602	226	62,065	176	22,623	82
Met inclusion and exclusion criteria	72,602	0	62,065	0	22,623	0
Had sufficient post-index continuous enrollment	72,457	145	61,964	101	22,532	91
<b>Final cohort</b>						
Number of members	72,457	N/A	61,964	N/A	22,532	N/A
Number of episodes	72,457	N/A	61,964	N/A	22,532	N/A

\*\*\*\*Data are not presented in these cells due to a small sample size or to ensure a small cell cannot be recalculated through the cells presented.

**Appendix A. Dates of Available Data for Each Data Partner (DP) as of Request Distribution Date (January 31, 2024)**

Masked DP ID	DP Start Date	DP End Date <sup>1</sup>
DP01	01/01/2008	04/30/2023
DP02	07/01/2017	12/31/2023
DP03	07/01/2017	09/30/2023
DP04	01/01/2004	07/31/2023
DP05	07/01/2017	10/31/2023
DP06	07/01/2017	10/31/2023
DP07	01/01/2010	03/31/2023
DP08	01/01/2017	09/30/2023
DP09	01/01/2017	08/31/2023

<sup>1</sup>End Date represents the earliest of: (1) query end date, or (2) last day of the most recent month for which all of a Data Partner's data tables (enrollment, dispensing, etc.) have at least 80% of the record count relative to the prior month.

**Appendix B. List of Healthcare Common Procedure Coding System, Level II (HCPCS) Codes Used to Define Exposures in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
<b>Injectable Methotrexate</b>			
J9250	Methotrexate sodium, 5 mg	Procedure	HCPCS
J9260	Methotrexate sodium, 50 mg	Procedure	HCPCS

**Appendix C. List of Generic and Brand Names of Medical Products Used to Define Exposures in this Request**

Generic Name	Brand Name
<b>Injectable Methotrexate</b>	
methotrexate sodium	methotrexate sodium
methotrexate sodium (PF)	methotrexate sodium/PF

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
<b>Cancer</b>			
0061T	Destruction/reduction of malignant breast tumor including breast carcinoma cells in the margins, microwave phased array thermotherapy, disposable catheter with combined temperature monitoring probe and microwave sensor, externally applied microwave energy, including interstitial placement of sensor	Procedure	CPT-3
0082T	Stereotactic body radiation therapy, treatment delivery, one or more treatment areas, per day	Procedure	CPT-3
0083T	Stereotactic body radiation therapy, treatment management, per day	Procedure	CPT-3
01150	Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation	Procedure	CPT-4
0135T	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Procedure	CPT-3
0182T	High dose rate electronic brachytherapy, per fraction	Procedure	CPT-3
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)	Procedure	CPT-3
0190T	Placement of intraocular radiation source applicator (List separately in addition to primary procedure)	Procedure	CPT-3
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	Procedure	CPT-4
0301T	Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement of disposable catheter with combined temperature monitoring probe and microwave focusing sensocatheter under ultrasound thermotherapy guidance	Procedure	CPT-3
0340T	Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance	Procedure	CPT-3
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	Procedure	CPT-3
0520F	Radiation dose limits to normal tissues established prior to the initiation of a course of 3D conformal radiation for a minimum of 2 tissue/organ (ONC)	Procedure	CPT-2
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	Procedure	CPT-3
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	Procedure	CPT-3
0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	Procedure	CPT-3
OBPQ01Z	Removal of Radioactive Element from Pleura, Open Approach	Procedure	ICD-10-PCS
OBPQ31Z	Removal of Radioactive Element from Pleura, Percutaneous Approach	Procedure	ICD-10-PCS
OBPQ41Z	Removal of Radioactive Element from Pleura, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
OBPQ71Z	Removal of Radioactive Element from Pleura, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
OBPQ81Z	Removal of Radioactive Element from Pleura, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
OWP901Z	Removal of Radioactive Element from Right Pleural Cavity, Open Approach	Procedure	ICD-10-PCS
OWP931Z	Removal of Radioactive Element from Right Pleural Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
OWP941Z	Removal of Radioactive Element from Right Pleural Cavity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
OWPB01Z	Removal of Radioactive Element from Left Pleural Cavity, Open Approach	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
0WPB31Z	Removal of Radioactive Element from Left Pleural Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
0WPB41Z	Removal of Radioactive Element from Left Pleural Cavity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WPQ01Z	Removal of Radioactive Element from Respiratory Tract, Open Approach	Procedure	ICD-10-PCS
0WW901Z	Revision of Radioactive Element in Right Pleural Cavity, Open Approach	Procedure	ICD-10-PCS
0WW931Z	Revision of Radioactive Element in Right Pleural Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
0WW941Z	Revision of Radioactive Element in Right Pleural Cavity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WWB01Z	Revision of Radioactive Element in Left Pleural Cavity, Open Approach	Procedure	ICD-10-PCS
0WWB31Z	Revision of Radioactive Element in Left Pleural Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
0WWB41Z	Revision of Radioactive Element in Left Pleural Cavity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WWQ01Z	Revision of Radioactive Element in Respiratory Tract, Open Approach	Procedure	ICD-10-PCS
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	Procedure	CPT-4
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	Procedure	CPT-4
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	Procedure	CPT-4
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	Procedure	CPT-4
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	Procedure	CPT-4
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	Procedure	CPT-4
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	Procedure	CPT-4
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	Procedure	CPT-4
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	Procedure	CPT-4
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	Procedure	CPT-4
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	Procedure	CPT-4
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	Procedure	CPT-4
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	Procedure	CPT-4
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	Procedure	CPT-4
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	Procedure	CPT-4

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	Procedure	CPT-4
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	Procedure	CPT-4
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	Procedure	CPT-4
17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	Procedure	CPT-4
17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0	Procedure	CPT-4
17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0	Procedure	CPT-4
17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0	Procedure	CPT-4
17264	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0	Procedure	CPT-4
17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	Procedure	CPT-4
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	Procedure	CPT-4
17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	Procedure	CPT-4
17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	Procedure	CPT-4
17273	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	Procedure	CPT-4
17274	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	Procedure	CPT-4
17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	Procedure	CPT-4
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	Procedure	CPT-4
17281	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	Procedure	CPT-4



**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	Procedure	CPT-4
17283	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	Procedure	CPT-4
17284	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	Procedure	CPT-4
17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	Procedure	CPT-4
17303	Chemosurgery (Mohs' Micrographic Technique), First Stage, Fixed Tissue Technique, Including Removal Of All Gross Tumor And Application Of Fixative	Procedure	CPT-4
17304	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); first stage, fresh tissue technique, up to 5 specimens	Procedure	CPT-4
17305	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); second stage, fixed or fresh tissue, up to 5 specimens	Procedure	CPT-4
17306	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); third stage, fixed or fresh tissue, up to 5 specimens	Procedure	CPT-4
17307	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); additional stage(s), up to 5 specimens, each stage	Procedure	CPT-4
17310	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); each additional specimen, after the first 5 specimens, fixed or fresh tissue, any stage (List separately in addition to code for primary procedure)	Procedure	CPT-4

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks	Procedure	CPT-4
17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	Procedure	CPT-4
17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks	Procedure	CPT-4
17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	Procedure	CPT-4
17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)	Procedure	CPT-4
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	Procedure	CPT-4
19160	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	Procedure	CPT-4
19162	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	Procedure	CPT-4
19180	Mastectomy, simple, complete	Procedure	CPT-4
19182	Mastectomy, subcutaneous	Procedure	CPT-4
19200	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	Procedure	CPT-4
19220	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	Procedure	CPT-4
19240	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	Procedure	CPT-4
19260	Excision of chest wall tumor including ribs	Procedure	CPT-4
19271	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy	Procedure	CPT-4

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
19272	Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	Procedure	CPT-4
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Procedure	CPT-4
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	Procedure	CPT-4
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	Procedure	CPT-4
19303	Mastectomy, simple, complete	Procedure	CPT-4
19304	Mastectomy, subcutaneous	Procedure	CPT-4
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	Procedure	CPT-4
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	Procedure	CPT-4
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	Procedure	CPT-4
20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	Procedure	CPT-4
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Procedure	CPT-4
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Procedure	CPT-4
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Procedure	CPT-4
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Procedure	CPT-4
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Procedure	CPT-4
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Procedure	CPT-4
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Procedure	CPT-4
21034	Excision of malignant tumor of maxilla or zygoma	Procedure	CPT-4
21044	Excision of malignant tumor of mandible;	Procedure	CPT-4
21045	Excision of malignant tumor of mandible; radical resection	Procedure	CPT-4
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Procedure	CPT-4
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Procedure	CPT-4
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Procedure	CPT-4
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Procedure	CPT-4
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Procedure	CPT-4
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Procedure	CPT-4
21601	Excision of chest wall tumor including rib(s)	Procedure	CPT-4

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy	Procedure	CPT-4
21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	Procedure	CPT-4
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Procedure	CPT-4
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Procedure	CPT-4
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Procedure	CPT-4
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Procedure	CPT-4
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Procedure	CPT-4
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Procedure	CPT-4
22105	PART RESECT VERTEBRAL COMPONENT TUMOR; CERV	Procedure	CPT-4
22106	PART RESECT VERTEBRAL COMPONENT TUMOR; THORACIC	Procedure	CPT-4
22107	PART RESECT VERTEBRAL COMPONENT TUMOR; LUMBAR	Procedure	CPT-4
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Procedure	CPT-4
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Procedure	CPT-4
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Procedure	CPT-4
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Procedure	CPT-4
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Procedure	CPT-4
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Procedure	CPT-4
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Procedure	CPT-4
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Procedure	CPT-4
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Procedure	CPT-4
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Procedure	CPT-4
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Procedure	CPT-4
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Procedure	CPT-4
23200	Radical resection of tumor; clavicle	Procedure	CPT-4
23210	Radical resection of tumor; scapula	Procedure	CPT-4
23220	Radical resection of tumor, proximal humerus	Procedure	CPT-4
23221	Radical resection of bone tumor, proximal humerus; with autograft (includes obtaining graft)	Procedure	CPT-4
23222	Radical resection of bone tumor, proximal humerus; with prosthetic replacement	Procedure	CPT-4
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater	Procedure	CPT-4
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Procedure	CPT-4
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Procedure	CPT-4

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Code	Description	Code Category	Code Type
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Procedure	CPT-4
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Procedure	CPT-4
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Procedure	CPT-4
24150	Radical resection of tumor, shaft or distal humerus	Procedure	CPT-4
24151	Radical resection for tumor, shaft or distal humerus; with autograft (includes obtaining graft)	Procedure	CPT-4
24152	Radical resection of tumor, radial head or neck	Procedure	CPT-4
24153	Radical resection for tumor, radial head or neck; with autograft (includes obtaining graft)	Procedure	CPT-4
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Procedure	CPT-4
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Procedure	CPT-4
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Procedure	CPT-4
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Procedure	CPT-4
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Procedure	CPT-4
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Procedure	CPT-4
25170	Radical resection of tumor, radius or ulna	Procedure	CPT-4
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Procedure	CPT-4
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Procedure	CPT-4
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Procedure	CPT-4
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Procedure	CPT-4
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Procedure	CPT-4
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Procedure	CPT-4
26250	Radical resection of tumor, metacarpal	Procedure	CPT-4
26255	Radical resection, metacarpal (eg, tumor); with autograft (includes obtaining graft)	Procedure	CPT-4
26260	Radical resection of tumor, proximal or middle phalanx of finger	Procedure	CPT-4
26261	Radical resection, proximal or middle phalanx of finger (eg, tumor); with autograft (includes obtaining graft)	Procedure	CPT-4
26262	Radical resection of tumor, distal phalanx of finger	Procedure	CPT-4
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Procedure	CPT-4
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Procedure	CPT-4

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Code	Description	Code Category	Code Type
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Procedure	CPT-4
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Procedure	CPT-4
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Procedure	CPT-4
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Procedure	CPT-4
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Procedure	CPT-4
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Procedure	CPT-4
27077	Radical resection of tumor; innominate bone, total	Procedure	CPT-4
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Procedure	CPT-4
27079	Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur, with skin flaps	Procedure	CPT-4
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Procedure	CPT-4
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Procedure	CPT-4
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Procedure	CPT-4
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Procedure	CPT-4
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Procedure	CPT-4
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Procedure	CPT-4
27365	Radical resection of tumor, femur or knee	Procedure	CPT-4
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Procedure	CPT-4
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Procedure	CPT-4
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Procedure	CPT-4
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Procedure	CPT-4
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Procedure	CPT-4
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Procedure	CPT-4
27645	Radical resection of tumor; tibia	Procedure	CPT-4
27646	Radical resection of tumor; fibula	Procedure	CPT-4
27647	Radical resection of tumor; talus or calcaneus	Procedure	CPT-4
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Procedure	CPT-4
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Procedure	CPT-4
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Procedure	CPT-4

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Code	Description	Code Category	Code Type
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Procedure	CPT-4
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Procedure	CPT-4
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Procedure	CPT-4
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Procedure	CPT-4
28173	Radical resection of tumor; metatarsal	Procedure	CPT-4
28175	Radical resection of tumor; phalanx of toe	Procedure	CPT-4
31300	Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, cordectomy	Procedure	CPT-4
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;	Procedure	CPT-4
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	Procedure	CPT-4
31640	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor	Procedure	CPT-4
31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	Procedure	CPT-4
31785	Excision of tracheal tumor or carcinoma; cervical	Procedure	CPT-4
31786	Excision of tracheal tumor or carcinoma; thoracic	Procedure	CPT-4
32503	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)	Procedure	CPT-4
32504	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction	Procedure	CPT-4
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Procedure	CPT-4
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Procedure	CPT-4
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Procedure	CPT-4
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	Procedure	CPT-4
33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass	Procedure	CPT-4
33130	Resection of external cardiac tumor	Procedure	CPT-4
3318F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiation therapy (ONC)	Procedure	CPT-2
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	Procedure	CPT-4
39220	Resection of mediastinal tumor	Procedure	CPT-4
3E00X05	Introduction of Other Antineoplastic into Skin and Mucous Membranes, External Approach	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
3E01305	Introduction of Other Antineoplastic into Subcutaneous Tissue, Percutaneous Approach	Procedure	ICD-10-PCS
3E02305	Introduction of Other Antineoplastic into Muscle, Percutaneous Approach	Procedure	ICD-10-PCS
3E03005	Introduction of Other Antineoplastic into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E03305	Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E04005	Introduction of Other Antineoplastic into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E04305	Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E05005	Introduction of Other Antineoplastic into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
3E05305	Introduction of Other Antineoplastic into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E06005	Introduction of Other Antineoplastic into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E06305	Introduction of Other Antineoplastic into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E09305	Introduction of Other Antineoplastic into Nose, Percutaneous Approach	Procedure	ICD-10-PCS
3E09705	Introduction of Other Antineoplastic into Nose, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E09X05	Introduction of Other Antineoplastic into Nose, External Approach	Procedure	ICD-10-PCS
3E0A305	Introduction of Other Antineoplastic into Bone Marrow, Percutaneous Approach	Procedure	ICD-10-PCS
3E0B305	Introduction of Other Antineoplastic into Ear, Percutaneous Approach	Procedure	ICD-10-PCS
3E0B705	Introduction of Other Antineoplastic into Ear, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0BX05	Introduction of Other Antineoplastic into Ear, External Approach	Procedure	ICD-10-PCS
3E0C305	Introduction of Other Antineoplastic into Eye, Percutaneous Approach	Procedure	ICD-10-PCS
3E0C705	Introduction of Other Antineoplastic into Eye, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0CX05	Introduction of Other Antineoplastic into Eye, External Approach	Procedure	ICD-10-PCS
3E0D305	Introduction of Other Antineoplastic into Mouth and Pharynx, Percutaneous Approach	Procedure	ICD-10-PCS
3E0D705	Introduction of Other Antineoplastic into Mouth and Pharynx, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0DX05	Introduction of Other Antineoplastic into Mouth and Pharynx, External Approach	Procedure	ICD-10-PCS
3E0E305	Introduction of Other Antineoplastic into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
3E0E705	Introduction of Other Antineoplastic into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0E805	Introduction of Other Antineoplastic into Products of Conception, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0F305	Introduction of Other Antineoplastic into Respiratory Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0F705	Introduction of Other Antineoplastic into Respiratory Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0F805	Introduction of Other Antineoplastic into Respiratory Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0G305	Introduction of Other Antineoplastic into Upper GI, Percutaneous Approach	Procedure	ICD-10-PCS
3E0G705	Introduction of Other Antineoplastic into Upper GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0G805	Introduction of Other Antineoplastic into Upper GI, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0H305	Introduction of Other Antineoplastic into Lower GI, Percutaneous Approach	Procedure	ICD-10-PCS
3E0H705	Introduction of Other Antineoplastic into Lower GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0H805	Introduction of Other Antineoplastic into Lower GI, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS



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Code	Description	Code Category	Code Type
3E0J305	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0J705	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0J805	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0K305	Introduction of Other Antineoplastic into Genitourinary Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0K705	Introduction of Other Antineoplastic into Genitourinary Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0L305	Introduction of Other Antineoplastic into Pleural Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0L705	Introduction of Other Antineoplastic into Pleural Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0M305	Introduction of Other Antineoplastic into Peritoneal Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0M705	Introduction of Other Antineoplastic into Peritoneal Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0N305	Introduction of Other Antineoplastic into Male Reproductive, Percutaneous Approach	Procedure	ICD-10-PCS
3E0N705	Introduction of Other Antineoplastic into Male Reproductive, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0N805	Introduction of Other Antineoplastic into Male Reproductive, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0P305	Introduction of Other Antineoplastic into Female Reproductive, Percutaneous Approach	Procedure	ICD-10-PCS
3E0P705	Introduction of Other Antineoplastic into Female Reproductive, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0P805	Introduction of Other Antineoplastic into Female Reproductive, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0Q005	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Open Approach	Procedure	ICD-10-PCS
3E0Q305	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Q705	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0R305	Introduction of Other Antineoplastic into Spinal Canal, Percutaneous Approach	Procedure	ICD-10-PCS
3E0S305	Introduction of Other Antineoplastic into Epidural Space, Percutaneous Approach	Procedure	ICD-10-PCS
3E0U305	Introduction of Other Antineoplastic into Joints, Percutaneous Approach	Procedure	ICD-10-PCS
3E0V305	Introduction of Other Antineoplastic into Bones, Percutaneous Approach	Procedure	ICD-10-PCS
3E0W305	Introduction of Other Antineoplastic into Lymphatics, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Y305	Introduction of Other Antineoplastic into Pericardial Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Y705	Introduction of Other Antineoplastic into Pericardial Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
4165F	3-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT) received (PRCA)	Procedure	CPT-2
4181F	Conformal radiation therapy received (NMA-No Measure Associated)	Procedure	CPT-2
4200F	External beam radiotherapy as primary therapy to prostate with or without nodal irradiation (PRCA)	Procedure	CPT-2

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Code	Description	Code Category	Code Type
4201F	External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient (PRCA)	Procedure	CPT-2
43611	Excision, local; malignant tumor of stomach	Procedure	CPT-4
45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	Procedure	CPT-4
45170	Excision of rectal tumor, transanal approach	Procedure	CPT-4
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	Procedure	CPT-4
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	Procedure	CPT-4
45180	EXC &/OR ELECTRODESICCATION MALIG TUMOR RECTUM	Procedure	CPT-4
45181	Excision And/or Electrodesiccation Of Malignant Tumor Of	Procedure	CPT-4
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	Procedure	CPT-4
45336	SIGMOIDOSCOPY; ABLATE TUMOR MUCOSAL LESION	Procedure	CPT-4
46938	Cryosurgery of rectal tumor; malignant	Procedure	CPT-4
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	Procedure	CPT-4
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	Procedure	CPT-4
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	Procedure	CPT-4
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	Procedure	CPT-4
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	Procedure	CPT-4
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Procedure	CPT-4
47710	EXC BILE DUCT TUMOR W/REPR	Procedure	CPT-4
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	Procedure	CPT-4
47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic	Procedure	CPT-4
49215	Excision of presacral or sacrococcygeal tumor	Procedure	CPT-4
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Procedure	CPT-4
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Procedure	CPT-4
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Procedure	CPT-4
50562	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor	Procedure	CPT-4
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	Procedure	CPT-4
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Procedure	CPT-4
51530	Cystotomy; for excision of bladder tumor	Procedure	CPT-4
51550	Cystectomy, partial; simple	Procedure	CPT-4

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)	Procedure	CPT-4
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	Procedure	CPT-4
51570	Cystectomy, complete; (separate procedure)	Procedure	CPT-4
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	Procedure	CPT-4
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;	Procedure	CPT-4
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	Procedure	CPT-4
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;	Procedure	CPT-4
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	Procedure	CPT-4
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	Procedure	CPT-4
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	Procedure	CPT-4
52204	Cystourethroscopy, with biopsy(s)	Procedure	CPT-4
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	Procedure	CPT-4
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	Procedure	CPT-4
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	Procedure	CPT-4
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	Procedure	CPT-4
52339	Cystourethroscopy, with ureteroscopy and/or pyeloscopy (includes dilation of the ureter and/or pyeloureteral junction by any method); with resection of tumor	Procedure	CPT-4
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	Procedure	CPT-4
54530	Orchiectomy, radical, for tumor; inguinal approach	Procedure	CPT-4
54535	Orchiectomy, radical, for tumor; with abdominal exploration	Procedure	CPT-4
55859	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Procedure	CPT-4
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	Procedure	CPT-4
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	Procedure	CPT-4

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Code	Description	Code Category	Code Type
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	Procedure	CPT-4
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Procedure	CPT-4
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	Procedure	CPT-4
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	Procedure	CPT-4
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach	Procedure	CPT-4
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	Procedure	CPT-4
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	Procedure	CPT-4
58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)	Procedure	CPT-4
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;	Procedure	CPT-4
58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	Procedure	CPT-4
60200	Excision of cyst or adenoma of thyroid, or transection of isthmus	Procedure	CPT-4
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy	Procedure	CPT-4
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	Procedure	CPT-4
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	Procedure	CPT-4
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	Procedure	CPT-4
60240	Thyroidectomy, total or complete	Procedure	CPT-4
60245	THYROIDECTOMY SUBTL/PART	Procedure	CPT-4
60246	THYROIDECTOMY; W/REMOV SUBSTERNAL THYROID GLAND	Procedure	CPT-4
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	Procedure	CPT-4
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	Procedure	CPT-4
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	Procedure	CPT-4
60271	Thyroidectomy, including substernal thyroid; cervical approach	Procedure	CPT-4
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor	Procedure	CPT-4
60600	Excision of carotid body tumor; without excision of carotid artery	Procedure	CPT-4
60605	Excision of carotid body tumor; with excision of carotid artery	Procedure	CPT-4

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Code	Description	Code Category	Code Type
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	Procedure	CPT-4
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	Procedure	CPT-4
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	Procedure	CPT-4
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	Procedure	CPT-4
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	Procedure	CPT-4
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	Procedure	CPT-4
61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy	Procedure	CPT-4
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma	Procedure	CPT-4
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach	Procedure	CPT-4
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	Procedure	CPT-4
61793	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions	Procedure	CPT-4
62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	Procedure	CPT-4
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	Procedure	CPT-4
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	Procedure	CPT-4
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	Procedure	CPT-4
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	Procedure	CPT-4
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	Procedure	CPT-4
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	Procedure	CPT-4
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	Procedure	CPT-4
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	Procedure	CPT-4
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	Procedure	CPT-4
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	Procedure	CPT-4
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	Procedure	CPT-4
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	Procedure	CPT-4
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	Procedure	CPT-4

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Code	Description	Code Category	Code Type
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	Procedure	CPT-4
68540	Excision of lacrimal gland tumor; frontal approach	Procedure	CPT-4
68550	Excision of lacrimal gland tumor; involving osteotomy	Procedure	CPT-4
69550	Excision aural glomus tumor; transcanal	Procedure	CPT-4
69552	Excision aural glomus tumor; transmastoid	Procedure	CPT-4
69554	Excision aural glomus tumor; extended (extratemporal)	Procedure	CPT-4
69970	Removal of tumor, temporal bone	Procedure	CPT-4
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Procedure	CPT-4
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Procedure	CPT-4
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Procedure	CPT-4
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Procedure	CPT-4
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Procedure	CPT-4
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Procedure	CPT-4
77402	Radiation treatment delivery, =>1 MeV; simple	Procedure	CPT-4
77403	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV	Procedure	CPT-4
77404	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV	Procedure	CPT-4
77406	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater	Procedure	CPT-4
77407	Radiation treatment delivery, =>1 MeV; intermediate	Procedure	CPT-4
77408	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV	Procedure	CPT-4
77409	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV	Procedure	CPT-4
77411	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater	Procedure	CPT-4
77412	Radiation treatment delivery, =>1 MeV; complex	Procedure	CPT-4
77413	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV	Procedure	CPT-4
77414	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV	Procedure	CPT-4
77416	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater	Procedure	CPT-4
77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	Procedure	CPT-4

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Code	Description	Code Category	Code Type
77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy	Procedure	CPT-4
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	Procedure	CPT-4
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	Procedure	CPT-4
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Procedure	CPT-4
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Procedure	CPT-4
77427	Radiation treatment management, 5 treatments	Procedure	CPT-4
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Procedure	CPT-4
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Procedure	CPT-4
77469	Intraoperative radiation treatment management	Procedure	CPT-4
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	Procedure	CPT-4
77499	Unlisted procedure, therapeutic radiology treatment management	Procedure	CPT-4
77520	Proton treatment delivery; simple, without compensation	Procedure	CPT-4
77522	Proton treatment delivery; simple, with compensation	Procedure	CPT-4
77523	Proton treatment delivery; intermediate	Procedure	CPT-4
77525	Proton treatment delivery; complex	Procedure	CPT-4
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	Procedure	CPT-4
77761	Intracavitary radiation source application; simple	Procedure	CPT-4
77762	Intracavitary radiation source application; intermediate	Procedure	CPT-4
77763	Intracavitary radiation source application; complex	Procedure	CPT-4
77776	Interstitial radiation source application; simple	Procedure	CPT-4
77777	Interstitial radiation source application; intermediate	Procedure	CPT-4
77778	Interstitial radiation source application; complex	Procedure	CPT-4
77781	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters	Procedure	CPT-4
77782	Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters	Procedure	CPT-4
77783	Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters	Procedure	CPT-4
77784	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters	Procedure	CPT-4
77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel	Procedure	CPT-4
77786	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels	Procedure	CPT-4
77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels	Procedure	CPT-4
77789	Surface application of low dose rate radionuclide source	Procedure	CPT-4
77799	Unlisted procedure, clinical brachytherapy	Procedure	CPT-4
79005	Radiopharmaceutical therapy, by oral administration	Procedure	CPT-4
79101	Radiopharmaceutical therapy, by intravenous administration	Procedure	CPT-4
79200	Radiopharmaceutical therapy, by intracavitary administration	Procedure	CPT-4
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	Procedure	CPT-4
79400	Radiopharmaceutical therapy, nonthyroid, nonhematologic by intervenous injection	Procedure	CPT-4

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Code	Description	Code Category	Code Type
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	Procedure	CPT-4
79420	Intravascular radiopharmaceutical therapy, particulate	Procedure	CPT-4
79440	Radiopharmaceutical therapy, by intra-articular administration	Procedure	CPT-4
79900	Provision of therapeutic radiopharmaceutical(s)	Procedure	CPT-4
79999	Radiopharmaceutical therapy, unlisted procedure	Procedure	CPT-4
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	Procedure	CPT-4
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	Procedure	CPT-4
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	Procedure	CPT-4
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	Procedure	CPT-4
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	Procedure	CPT-4
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	Procedure	CPT-4
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	Procedure	CPT-4
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96420	Chemotherapy administration, intra-arterial; push technique	Procedure	CPT-4
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	Procedure	CPT-4
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	Procedure	CPT-4
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	Procedure	CPT-4
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	Procedure	CPT-4
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	Procedure	CPT-4
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	Procedure	CPT-4
96549	Unlisted chemotherapy procedure	Procedure	CPT-4
A4650	Implantable radiation dosimeter, each	Procedure	HCPCS



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Code	Description	Code Category	Code Type
C00	Malignant neoplasm of lip	Diagnosis	ICD-10-CM
C00.0	Malignant neoplasm of external upper lip	Diagnosis	ICD-10-CM
C00.1	Malignant neoplasm of external lower lip	Diagnosis	ICD-10-CM
C00.2	Malignant neoplasm of external lip, unspecified	Diagnosis	ICD-10-CM
C00.3	Malignant neoplasm of upper lip, inner aspect	Diagnosis	ICD-10-CM
C00.4	Malignant neoplasm of lower lip, inner aspect	Diagnosis	ICD-10-CM
C00.5	Malignant neoplasm of lip, unspecified, inner aspect	Diagnosis	ICD-10-CM
C00.6	Malignant neoplasm of commissure of lip, unspecified	Diagnosis	ICD-10-CM
C00.8	Malignant neoplasm of overlapping sites of lip	Diagnosis	ICD-10-CM
C00.9	Malignant neoplasm of lip, unspecified	Diagnosis	ICD-10-CM
C01	Malignant neoplasm of base of tongue	Diagnosis	ICD-10-CM
C02	Malignant neoplasm of other and unspecified parts of tongue	Diagnosis	ICD-10-CM
C02.0	Malignant neoplasm of dorsal surface of tongue	Diagnosis	ICD-10-CM
C02.1	Malignant neoplasm of border of tongue	Diagnosis	ICD-10-CM
C02.2	Malignant neoplasm of ventral surface of tongue	Diagnosis	ICD-10-CM
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	Diagnosis	ICD-10-CM
C02.4	Malignant neoplasm of lingual tonsil	Diagnosis	ICD-10-CM
C02.8	Malignant neoplasm of overlapping sites of tongue	Diagnosis	ICD-10-CM
C02.9	Malignant neoplasm of tongue, unspecified	Diagnosis	ICD-10-CM
C03	Malignant neoplasm of gum	Diagnosis	ICD-10-CM
C03.0	Malignant neoplasm of upper gum	Diagnosis	ICD-10-CM
C03.1	Malignant neoplasm of lower gum	Diagnosis	ICD-10-CM
C03.9	Malignant neoplasm of gum, unspecified	Diagnosis	ICD-10-CM
C04	Malignant neoplasm of floor of mouth	Diagnosis	ICD-10-CM
C04.0	Malignant neoplasm of anterior floor of mouth	Diagnosis	ICD-10-CM
C04.1	Malignant neoplasm of lateral floor of mouth	Diagnosis	ICD-10-CM
C04.8	Malignant neoplasm of overlapping sites of floor of mouth	Diagnosis	ICD-10-CM
C04.9	Malignant neoplasm of floor of mouth, unspecified	Diagnosis	ICD-10-CM
C05	Malignant neoplasm of palate	Diagnosis	ICD-10-CM
C05.0	Malignant neoplasm of hard palate	Diagnosis	ICD-10-CM
C05.1	Malignant neoplasm of soft palate	Diagnosis	ICD-10-CM
C05.2	Malignant neoplasm of uvula	Diagnosis	ICD-10-CM
C05.8	Malignant neoplasm of overlapping sites of palate	Diagnosis	ICD-10-CM
C05.9	Malignant neoplasm of palate, unspecified	Diagnosis	ICD-10-CM
C06	Malignant neoplasm of other and unspecified parts of mouth	Diagnosis	ICD-10-CM
C06.0	Malignant neoplasm of cheek mucosa	Diagnosis	ICD-10-CM
C06.1	Malignant neoplasm of vestibule of mouth	Diagnosis	ICD-10-CM
C06.2	Malignant neoplasm of retromolar area	Diagnosis	ICD-10-CM
C06.8	Malignant neoplasm of overlapping sites of other and unspecified parts of mouth	Diagnosis	ICD-10-CM
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth	Diagnosis	ICD-10-CM
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth	Diagnosis	ICD-10-CM
C06.9	Malignant neoplasm of mouth, unspecified	Diagnosis	ICD-10-CM
C07	Malignant neoplasm of parotid gland	Diagnosis	ICD-10-CM
C08	Malignant neoplasm of other and unspecified major salivary glands	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C08.0	Malignant neoplasm of submandibular gland	Diagnosis	ICD-10-CM
C08.1	Malignant neoplasm of sublingual gland	Diagnosis	ICD-10-CM
C08.9	Malignant neoplasm of major salivary gland, unspecified	Diagnosis	ICD-10-CM
C09	Malignant neoplasm of tonsil	Diagnosis	ICD-10-CM
C09.0	Malignant neoplasm of tonsillar fossa	Diagnosis	ICD-10-CM
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	Diagnosis	ICD-10-CM
C09.8	Malignant neoplasm of overlapping sites of tonsil	Diagnosis	ICD-10-CM
C09.9	Malignant neoplasm of tonsil, unspecified	Diagnosis	ICD-10-CM
C10	Malignant neoplasm of oropharynx	Diagnosis	ICD-10-CM
C10.0	Malignant neoplasm of vallecula	Diagnosis	ICD-10-CM
C10.1	Malignant neoplasm of anterior surface of epiglottis	Diagnosis	ICD-10-CM
C10.2	Malignant neoplasm of lateral wall of oropharynx	Diagnosis	ICD-10-CM
C10.3	Malignant neoplasm of posterior wall of oropharynx	Diagnosis	ICD-10-CM
C10.4	Malignant neoplasm of branchial cleft	Diagnosis	ICD-10-CM
C10.8	Malignant neoplasm of overlapping sites of oropharynx	Diagnosis	ICD-10-CM
C10.9	Malignant neoplasm of oropharynx, unspecified	Diagnosis	ICD-10-CM
C11	Malignant neoplasm of nasopharynx	Diagnosis	ICD-10-CM
C11.0	Malignant neoplasm of superior wall of nasopharynx	Diagnosis	ICD-10-CM
C11.1	Malignant neoplasm of posterior wall of nasopharynx	Diagnosis	ICD-10-CM
C11.2	Malignant neoplasm of lateral wall of nasopharynx	Diagnosis	ICD-10-CM
C11.3	Malignant neoplasm of anterior wall of nasopharynx	Diagnosis	ICD-10-CM
C11.8	Malignant neoplasm of overlapping sites of nasopharynx	Diagnosis	ICD-10-CM
C11.9	Malignant neoplasm of nasopharynx, unspecified	Diagnosis	ICD-10-CM
C12	Malignant neoplasm of pyriform sinus	Diagnosis	ICD-10-CM
C13	Malignant neoplasm of hypopharynx	Diagnosis	ICD-10-CM
C13.0	Malignant neoplasm of postcricoid region	Diagnosis	ICD-10-CM
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	Diagnosis	ICD-10-CM
C13.2	Malignant neoplasm of posterior wall of hypopharynx	Diagnosis	ICD-10-CM
C13.8	Malignant neoplasm of overlapping sites of hypopharynx	Diagnosis	ICD-10-CM
C13.9	Malignant neoplasm of hypopharynx, unspecified	Diagnosis	ICD-10-CM
C14	Malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx	Diagnosis	ICD-10-CM
C14.0	Malignant neoplasm of pharynx, unspecified	Diagnosis	ICD-10-CM
C14.2	Malignant neoplasm of Waldeyer's ring	Diagnosis	ICD-10-CM
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx	Diagnosis	ICD-10-CM
C15	Malignant neoplasm of esophagus	Diagnosis	ICD-10-CM
C15.3	Malignant neoplasm of upper third of esophagus	Diagnosis	ICD-10-CM
C15.4	Malignant neoplasm of middle third of esophagus	Diagnosis	ICD-10-CM
C15.5	Malignant neoplasm of lower third of esophagus	Diagnosis	ICD-10-CM
C15.8	Malignant neoplasm of overlapping sites of esophagus	Diagnosis	ICD-10-CM
C15.9	Malignant neoplasm of esophagus, unspecified	Diagnosis	ICD-10-CM
C16	Malignant neoplasm of stomach	Diagnosis	ICD-10-CM
C16.0	Malignant neoplasm of cardia	Diagnosis	ICD-10-CM
C16.1	Malignant neoplasm of fundus of stomach	Diagnosis	ICD-10-CM
C16.2	Malignant neoplasm of body of stomach	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C16.3	Malignant neoplasm of pyloric antrum	Diagnosis	ICD-10-CM
C16.4	Malignant neoplasm of pylorus	Diagnosis	ICD-10-CM
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified	Diagnosis	ICD-10-CM
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified	Diagnosis	ICD-10-CM
C16.8	Malignant neoplasm of overlapping sites of stomach	Diagnosis	ICD-10-CM
C16.9	Malignant neoplasm of stomach, unspecified	Diagnosis	ICD-10-CM
C17	Malignant neoplasm of small intestine	Diagnosis	ICD-10-CM
C17.0	Malignant neoplasm of duodenum	Diagnosis	ICD-10-CM
C17.1	Malignant neoplasm of jejunum	Diagnosis	ICD-10-CM
C17.2	Malignant neoplasm of ileum	Diagnosis	ICD-10-CM
C17.3	Meckel's diverticulum, malignant	Diagnosis	ICD-10-CM
C17.8	Malignant neoplasm of overlapping sites of small intestine	Diagnosis	ICD-10-CM
C17.9	Malignant neoplasm of small intestine, unspecified	Diagnosis	ICD-10-CM
C18	Malignant neoplasm of colon	Diagnosis	ICD-10-CM
C18.0	Malignant neoplasm of cecum	Diagnosis	ICD-10-CM
C18.1	Malignant neoplasm of appendix	Diagnosis	ICD-10-CM
C18.2	Malignant neoplasm of ascending colon	Diagnosis	ICD-10-CM
C18.3	Malignant neoplasm of hepatic flexure	Diagnosis	ICD-10-CM
C18.4	Malignant neoplasm of transverse colon	Diagnosis	ICD-10-CM
C18.5	Malignant neoplasm of splenic flexure	Diagnosis	ICD-10-CM
C18.6	Malignant neoplasm of descending colon	Diagnosis	ICD-10-CM
C18.7	Malignant neoplasm of sigmoid colon	Diagnosis	ICD-10-CM
C18.8	Malignant neoplasm of overlapping sites of colon	Diagnosis	ICD-10-CM
C18.9	Malignant neoplasm of colon, unspecified	Diagnosis	ICD-10-CM
C19	Malignant neoplasm of rectosigmoid junction	Diagnosis	ICD-10-CM
C20	Malignant neoplasm of rectum	Diagnosis	ICD-10-CM
C21	Malignant neoplasm of anus and anal canal	Diagnosis	ICD-10-CM
C21.0	Malignant neoplasm of anus, unspecified	Diagnosis	ICD-10-CM
C21.1	Malignant neoplasm of anal canal	Diagnosis	ICD-10-CM
C21.2	Malignant neoplasm of cloacogenic zone	Diagnosis	ICD-10-CM
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal	Diagnosis	ICD-10-CM
C22	Malignant neoplasm of liver and intrahepatic bile ducts	Diagnosis	ICD-10-CM
C22.0	Liver cell carcinoma	Diagnosis	ICD-10-CM
C22.1	Intrahepatic bile duct carcinoma	Diagnosis	ICD-10-CM
C22.2	Hepatoblastoma	Diagnosis	ICD-10-CM
C22.3	Angiosarcoma of liver	Diagnosis	ICD-10-CM
C22.4	Other sarcomas of liver	Diagnosis	ICD-10-CM
C22.7	Other specified carcinomas of liver	Diagnosis	ICD-10-CM
C22.8	Malignant neoplasm of liver, primary, unspecified as to type	Diagnosis	ICD-10-CM
C22.9	Malignant neoplasm of liver, not specified as primary or secondary	Diagnosis	ICD-10-CM
C23	Malignant neoplasm of gallbladder	Diagnosis	ICD-10-CM
C24	Malignant neoplasm of other and unspecified parts of biliary tract	Diagnosis	ICD-10-CM
C24.0	Malignant neoplasm of extrahepatic bile duct	Diagnosis	ICD-10-CM
C24.1	Malignant neoplasm of ampulla of Vater	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C24.8	Malignant neoplasm of overlapping sites of biliary tract	Diagnosis	ICD-10-CM
C24.9	Malignant neoplasm of biliary tract, unspecified	Diagnosis	ICD-10-CM
C25	Malignant neoplasm of pancreas	Diagnosis	ICD-10-CM
C25.0	Malignant neoplasm of head of pancreas	Diagnosis	ICD-10-CM
C25.1	Malignant neoplasm of body of pancreas	Diagnosis	ICD-10-CM
C25.2	Malignant neoplasm of tail of pancreas	Diagnosis	ICD-10-CM
C25.3	Malignant neoplasm of pancreatic duct	Diagnosis	ICD-10-CM
C25.4	Malignant neoplasm of endocrine pancreas	Diagnosis	ICD-10-CM
C25.7	Malignant neoplasm of other parts of pancreas	Diagnosis	ICD-10-CM
C25.8	Malignant neoplasm of overlapping sites of pancreas	Diagnosis	ICD-10-CM
C25.9	Malignant neoplasm of pancreas, unspecified	Diagnosis	ICD-10-CM
C26	Malignant neoplasm of other and ill-defined digestive organs	Diagnosis	ICD-10-CM
C26.0	Malignant neoplasm of intestinal tract, part unspecified	Diagnosis	ICD-10-CM
C26.1	Malignant neoplasm of spleen	Diagnosis	ICD-10-CM
C26.9	Malignant neoplasm of ill-defined sites within the digestive system	Diagnosis	ICD-10-CM
C30	Malignant neoplasm of nasal cavity and middle ear	Diagnosis	ICD-10-CM
C30.0	Malignant neoplasm of nasal cavity	Diagnosis	ICD-10-CM
C30.1	Malignant neoplasm of middle ear	Diagnosis	ICD-10-CM
C31	Malignant neoplasm of accessory sinuses	Diagnosis	ICD-10-CM
C31.0	Malignant neoplasm of maxillary sinus	Diagnosis	ICD-10-CM
C31.1	Malignant neoplasm of ethmoidal sinus	Diagnosis	ICD-10-CM
C31.2	Malignant neoplasm of frontal sinus	Diagnosis	ICD-10-CM
C31.3	Malignant neoplasm of sphenoid sinus	Diagnosis	ICD-10-CM
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses	Diagnosis	ICD-10-CM
C31.9	Malignant neoplasm of accessory sinus, unspecified	Diagnosis	ICD-10-CM
C32	Malignant neoplasm of larynx	Diagnosis	ICD-10-CM
C32.0	Malignant neoplasm of glottis	Diagnosis	ICD-10-CM
C32.1	Malignant neoplasm of supraglottis	Diagnosis	ICD-10-CM
C32.2	Malignant neoplasm of subglottis	Diagnosis	ICD-10-CM
C32.3	Malignant neoplasm of laryngeal cartilage	Diagnosis	ICD-10-CM
C32.8	Malignant neoplasm of overlapping sites of larynx	Diagnosis	ICD-10-CM
C32.9	Malignant neoplasm of larynx, unspecified	Diagnosis	ICD-10-CM
C33	Malignant neoplasm of trachea	Diagnosis	ICD-10-CM
C34	Malignant neoplasm of bronchus and lung	Diagnosis	ICD-10-CM
C34.0	Malignant neoplasm of main bronchus	Diagnosis	ICD-10-CM
C34.00	Malignant neoplasm of unspecified main bronchus	Diagnosis	ICD-10-CM
C34.01	Malignant neoplasm of right main bronchus	Diagnosis	ICD-10-CM
C34.02	Malignant neoplasm of left main bronchus	Diagnosis	ICD-10-CM
C34.1	Malignant neoplasm of upper lobe, bronchus or lung	Diagnosis	ICD-10-CM
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung	Diagnosis	ICD-10-CM
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung	Diagnosis	ICD-10-CM
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung	Diagnosis	ICD-10-CM
C34.2	Malignant neoplasm of middle lobe, bronchus or lung	Diagnosis	ICD-10-CM
C34.3	Malignant neoplasm of lower lobe, bronchus or lung	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung	Diagnosis	ICD-10-CM
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	Diagnosis	ICD-10-CM
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung	Diagnosis	ICD-10-CM
C34.8	Malignant neoplasm of overlapping sites of bronchus and lung	Diagnosis	ICD-10-CM
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	Diagnosis	ICD-10-CM
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung	Diagnosis	ICD-10-CM
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung	Diagnosis	ICD-10-CM
C34.9	Malignant neoplasm of unspecified part of bronchus or lung	Diagnosis	ICD-10-CM
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung	Diagnosis	ICD-10-CM
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung	Diagnosis	ICD-10-CM
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung	Diagnosis	ICD-10-CM
C37	Malignant neoplasm of thymus	Diagnosis	ICD-10-CM
C38	Malignant neoplasm of heart, mediastinum and pleura	Diagnosis	ICD-10-CM
C38.0	Malignant neoplasm of heart	Diagnosis	ICD-10-CM
C38.1	Malignant neoplasm of anterior mediastinum	Diagnosis	ICD-10-CM
C38.2	Malignant neoplasm of posterior mediastinum	Diagnosis	ICD-10-CM
C38.3	Malignant neoplasm of mediastinum, part unspecified	Diagnosis	ICD-10-CM
C38.4	Malignant neoplasm of pleura	Diagnosis	ICD-10-CM
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura	Diagnosis	ICD-10-CM
C39	Malignant neoplasm of other and ill-defined sites in the respiratory system and intrathoracic organs	Diagnosis	ICD-10-CM
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified	Diagnosis	ICD-10-CM
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified	Diagnosis	ICD-10-CM
C40	Malignant neoplasm of bone and articular cartilage of limbs	Diagnosis	ICD-10-CM
C40.0	Malignant neoplasm of scapula and long bones of upper limb	Diagnosis	ICD-10-CM
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb	Diagnosis	ICD-10-CM
C40.01	Malignant neoplasm of scapula and long bones of right upper limb	Diagnosis	ICD-10-CM
C40.02	Malignant neoplasm of scapula and long bones of left upper limb	Diagnosis	ICD-10-CM
C40.1	Malignant neoplasm of short bones of upper limb	Diagnosis	ICD-10-CM
C40.10	Malignant neoplasm of short bones of unspecified upper limb	Diagnosis	ICD-10-CM
C40.11	Malignant neoplasm of short bones of right upper limb	Diagnosis	ICD-10-CM
C40.12	Malignant neoplasm of short bones of left upper limb	Diagnosis	ICD-10-CM
C40.2	Malignant neoplasm of long bones of lower limb	Diagnosis	ICD-10-CM
C40.20	Malignant neoplasm of long bones of unspecified lower limb	Diagnosis	ICD-10-CM
C40.21	Malignant neoplasm of long bones of right lower limb	Diagnosis	ICD-10-CM
C40.22	Malignant neoplasm of long bones of left lower limb	Diagnosis	ICD-10-CM
C40.3	Malignant neoplasm of short bones of lower limb	Diagnosis	ICD-10-CM
C40.30	Malignant neoplasm of short bones of unspecified lower limb	Diagnosis	ICD-10-CM
C40.31	Malignant neoplasm of short bones of right lower limb	Diagnosis	ICD-10-CM
C40.32	Malignant neoplasm of short bones of left lower limb	Diagnosis	ICD-10-CM
C40.8	Malignant neoplasm of overlapping sites of bone and articular cartilage of limb	Diagnosis	ICD-10-CM
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb	Diagnosis	ICD-10-CM
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb	Diagnosis	ICD-10-CM
C40.9	Malignant neoplasm of unspecified bones and articular cartilage of limb	Diagnosis	ICD-10-CM
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb	Diagnosis	ICD-10-CM
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb	Diagnosis	ICD-10-CM
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb	Diagnosis	ICD-10-CM
C41	Malignant neoplasm of bone and articular cartilage of other and unspecified sites	Diagnosis	ICD-10-CM
C41.0	Malignant neoplasm of bones of skull and face	Diagnosis	ICD-10-CM
C41.1	Malignant neoplasm of mandible	Diagnosis	ICD-10-CM
C41.2	Malignant neoplasm of vertebral column	Diagnosis	ICD-10-CM
C41.3	Malignant neoplasm of ribs, sternum and clavicle	Diagnosis	ICD-10-CM
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx	Diagnosis	ICD-10-CM
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified	Diagnosis	ICD-10-CM
C43.0	Malignant melanoma of lip	Diagnosis	ICD-10-CM
C43.1	Malignant melanoma of eyelid, including canthus	Diagnosis	ICD-10-CM
C43.10	Malignant melanoma of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C43.11	Malignant melanoma of right eyelid, including canthus	Diagnosis	ICD-10-CM
C43.111	Malignant melanoma of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C43.112	Malignant melanoma of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C43.12	Malignant melanoma of left eyelid, including canthus	Diagnosis	ICD-10-CM
C43.121	Malignant melanoma of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C43.122	Malignant melanoma of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C43.2	Malignant melanoma of ear and external auricular canal	Diagnosis	ICD-10-CM
C43.20	Malignant melanoma of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C43.21	Malignant melanoma of right ear and external auricular canal	Diagnosis	ICD-10-CM
C43.22	Malignant melanoma of left ear and external auricular canal	Diagnosis	ICD-10-CM
C43.3	Malignant melanoma of other and unspecified parts of face	Diagnosis	ICD-10-CM
C43.30	Malignant melanoma of unspecified part of face	Diagnosis	ICD-10-CM
C43.31	Malignant melanoma of nose	Diagnosis	ICD-10-CM
C43.39	Malignant melanoma of other parts of face	Diagnosis	ICD-10-CM
C43.4	Malignant melanoma of scalp and neck	Diagnosis	ICD-10-CM
C43.5	Malignant melanoma of trunk	Diagnosis	ICD-10-CM
C43.59	Malignant melanoma of other part of trunk	Diagnosis	ICD-10-CM
C43.6	Malignant melanoma of upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.60	Malignant melanoma of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.61	Malignant melanoma of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.62	Malignant melanoma of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.7	Malignant melanoma of lower limb, including hip	Diagnosis	ICD-10-CM
C43.70	Malignant melanoma of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C43.71	Malignant melanoma of right lower limb, including hip	Diagnosis	ICD-10-CM
C43.72	Malignant melanoma of left lower limb, including hip	Diagnosis	ICD-10-CM
C45	Mesothelioma	Diagnosis	ICD-10-CM
C45.0	Mesothelioma of pleura	Diagnosis	ICD-10-CM
C45.1	Mesothelioma of peritoneum	Diagnosis	ICD-10-CM
C45.2	Mesothelioma of pericardium	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C45.7	Mesothelioma of other sites	Diagnosis	ICD-10-CM
C45.9	Mesothelioma, unspecified	Diagnosis	ICD-10-CM
C46	Kaposi's sarcoma	Diagnosis	ICD-10-CM
C46.1	Kaposi's sarcoma of soft tissue	Diagnosis	ICD-10-CM
C46.2	Kaposi's sarcoma of palate	Diagnosis	ICD-10-CM
C46.3	Kaposi's sarcoma of lymph nodes	Diagnosis	ICD-10-CM
C46.4	Kaposi's sarcoma of gastrointestinal sites	Diagnosis	ICD-10-CM
C46.5	Kaposi's sarcoma of lung	Diagnosis	ICD-10-CM
C46.50	Kaposi's sarcoma of unspecified lung	Diagnosis	ICD-10-CM
C46.51	Kaposi's sarcoma of right lung	Diagnosis	ICD-10-CM
C46.52	Kaposi's sarcoma of left lung	Diagnosis	ICD-10-CM
C46.7	Kaposi's sarcoma of other sites	Diagnosis	ICD-10-CM
C46.9	Kaposi's sarcoma, unspecified	Diagnosis	ICD-10-CM
C47	Malignant neoplasm of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck	Diagnosis	ICD-10-CM
C47.1	Malignant neoplasm of peripheral nerves of upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.2	Malignant neoplasm of peripheral nerves of lower limb, including hip	Diagnosis	ICD-10-CM
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip	Diagnosis	ICD-10-CM
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip	Diagnosis	ICD-10-CM
C47.3	Malignant neoplasm of peripheral nerves of thorax	Diagnosis	ICD-10-CM
C47.4	Malignant neoplasm of peripheral nerves of abdomen	Diagnosis	ICD-10-CM
C47.5	Malignant neoplasm of peripheral nerves of pelvis	Diagnosis	ICD-10-CM
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified	Diagnosis	ICD-10-CM
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified	Diagnosis	ICD-10-CM
C48	Malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-10-CM
C48.0	Malignant neoplasm of retroperitoneum	Diagnosis	ICD-10-CM
C48.1	Malignant neoplasm of specified parts of peritoneum	Diagnosis	ICD-10-CM
C48.2	Malignant neoplasm of peritoneum, unspecified	Diagnosis	ICD-10-CM
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum	Diagnosis	ICD-10-CM
C49	Malignant neoplasm of other connective and soft tissue	Diagnosis	ICD-10-CM
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck	Diagnosis	ICD-10-CM
C49.1	Malignant neoplasm of connective and soft tissue of upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.2	Malignant neoplasm of connective and soft tissue of lower limb, including hip	Diagnosis	ICD-10-CM
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip	Diagnosis	ICD-10-CM
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	Diagnosis	ICD-10-CM
C49.3	Malignant neoplasm of connective and soft tissue of thorax	Diagnosis	ICD-10-CM
C49.4	Malignant neoplasm of connective and soft tissue of abdomen	Diagnosis	ICD-10-CM
C49.5	Malignant neoplasm of connective and soft tissue of pelvis	Diagnosis	ICD-10-CM
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified	Diagnosis	ICD-10-CM
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue	Diagnosis	ICD-10-CM
C49.9	Malignant neoplasm of connective and soft tissue, unspecified	Diagnosis	ICD-10-CM
C49.A	Gastrointestinal stromal tumor	Diagnosis	ICD-10-CM
C49.A0	Gastrointestinal stromal tumor, unspecified site	Diagnosis	ICD-10-CM
C49.A1	Gastrointestinal stromal tumor of esophagus	Diagnosis	ICD-10-CM
C49.A2	Gastrointestinal stromal tumor of stomach	Diagnosis	ICD-10-CM
C49.A3	Gastrointestinal stromal tumor of small intestine	Diagnosis	ICD-10-CM
C49.A4	Gastrointestinal stromal tumor of large intestine	Diagnosis	ICD-10-CM
C49.A5	Gastrointestinal stromal tumor of rectum	Diagnosis	ICD-10-CM
C49.A9	Gastrointestinal stromal tumor of other sites	Diagnosis	ICD-10-CM
C4A	Merkel cell carcinoma	Diagnosis	ICD-10-CM
C4A.0	Merkel cell carcinoma of lip	Diagnosis	ICD-10-CM
C4A.1	Merkel cell carcinoma of eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.11	Merkel cell carcinoma of right eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.12	Merkel cell carcinoma of left eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.2	Merkel cell carcinoma of ear and external auricular canal	Diagnosis	ICD-10-CM
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C4A.21	Merkel cell carcinoma of right ear and external auricular canal	Diagnosis	ICD-10-CM
C4A.22	Merkel cell carcinoma of left ear and external auricular canal	Diagnosis	ICD-10-CM
C4A.3	Merkel cell carcinoma of other and unspecified parts of face	Diagnosis	ICD-10-CM
C4A.30	Merkel cell carcinoma of unspecified part of face	Diagnosis	ICD-10-CM
C4A.31	Merkel cell carcinoma of nose	Diagnosis	ICD-10-CM
C4A.39	Merkel cell carcinoma of other parts of face	Diagnosis	ICD-10-CM
C4A.4	Merkel cell carcinoma of scalp and neck	Diagnosis	ICD-10-CM
C4A.5	Merkel cell carcinoma of trunk	Diagnosis	ICD-10-CM
C4A.59	Merkel cell carcinoma of other part of trunk	Diagnosis	ICD-10-CM
C4A.6	Merkel cell carcinoma of upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM



**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A.7	Merkel cell carcinoma of lower limb, including hip	Diagnosis	ICD-10-CM
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C4A.71	Merkel cell carcinoma of right lower limb, including hip	Diagnosis	ICD-10-CM
C4A.72	Merkel cell carcinoma of left lower limb, including hip	Diagnosis	ICD-10-CM
C4A.8	Merkel cell carcinoma of overlapping sites	Diagnosis	ICD-10-CM
C4A.9	Merkel cell carcinoma, unspecified	Diagnosis	ICD-10-CM
C50	Malignant neoplasm of breast	Diagnosis	ICD-10-CM
C50.0	Malignant neoplasm of nipple and areola	Diagnosis	ICD-10-CM
C50.01	Malignant neoplasm of nipple and areola, female	Diagnosis	ICD-10-CM
C50.011	Malignant neoplasm of nipple and areola, right female breast	Diagnosis	ICD-10-CM
C50.012	Malignant neoplasm of nipple and areola, left female breast	Diagnosis	ICD-10-CM
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast	Diagnosis	ICD-10-CM
C50.02	Malignant neoplasm of nipple and areola, male	Diagnosis	ICD-10-CM
C50.021	Malignant neoplasm of nipple and areola, right male breast	Diagnosis	ICD-10-CM
C50.022	Malignant neoplasm of nipple and areola, left male breast	Diagnosis	ICD-10-CM
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast	Diagnosis	ICD-10-CM
C50.1	Malignant neoplasm of central portion of breast	Diagnosis	ICD-10-CM
C50.11	Malignant neoplasm of central portion of breast, female	Diagnosis	ICD-10-CM
C50.111	Malignant neoplasm of central portion of right female breast	Diagnosis	ICD-10-CM
C50.112	Malignant neoplasm of central portion of left female breast	Diagnosis	ICD-10-CM
C50.119	Malignant neoplasm of central portion of unspecified female breast	Diagnosis	ICD-10-CM
C50.12	Malignant neoplasm of central portion of breast, male	Diagnosis	ICD-10-CM
C50.121	Malignant neoplasm of central portion of right male breast	Diagnosis	ICD-10-CM
C50.122	Malignant neoplasm of central portion of left male breast	Diagnosis	ICD-10-CM
C50.129	Malignant neoplasm of central portion of unspecified male breast	Diagnosis	ICD-10-CM
C50.2	Malignant neoplasm of upper-inner quadrant of breast	Diagnosis	ICD-10-CM
C50.21	Malignant neoplasm of upper-inner quadrant of breast, female	Diagnosis	ICD-10-CM
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast	Diagnosis	ICD-10-CM
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	Diagnosis	ICD-10-CM
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.22	Malignant neoplasm of upper-inner quadrant of breast, male	Diagnosis	ICD-10-CM
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast	Diagnosis	ICD-10-CM
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast	Diagnosis	ICD-10-CM
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.3	Malignant neoplasm of lower-inner quadrant of breast	Diagnosis	ICD-10-CM
C50.31	Malignant neoplasm of lower-inner quadrant of breast, female	Diagnosis	ICD-10-CM
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast	Diagnosis	ICD-10-CM
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast	Diagnosis	ICD-10-CM
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.32	Malignant neoplasm of lower-inner quadrant of breast, male	Diagnosis	ICD-10-CM
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast	Diagnosis	ICD-10-CM
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.4	Malignant neoplasm of upper-outer quadrant of breast	Diagnosis	ICD-10-CM
C50.41	Malignant neoplasm of upper-outer quadrant of breast, female	Diagnosis	ICD-10-CM
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast	Diagnosis	ICD-10-CM
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast	Diagnosis	ICD-10-CM
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.42	Malignant neoplasm of upper-outer quadrant of breast, male	Diagnosis	ICD-10-CM
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast	Diagnosis	ICD-10-CM
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast	Diagnosis	ICD-10-CM
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.5	Malignant neoplasm of lower-outer quadrant of breast	Diagnosis	ICD-10-CM
C50.51	Malignant neoplasm of lower-outer quadrant of breast, female	Diagnosis	ICD-10-CM
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast	Diagnosis	ICD-10-CM
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast	Diagnosis	ICD-10-CM
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.52	Malignant neoplasm of lower-outer quadrant of breast, male	Diagnosis	ICD-10-CM
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast	Diagnosis	ICD-10-CM
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast	Diagnosis	ICD-10-CM
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.6	Malignant neoplasm of axillary tail of breast	Diagnosis	ICD-10-CM
C50.61	Malignant neoplasm of axillary tail of breast, female	Diagnosis	ICD-10-CM
C50.611	Malignant neoplasm of axillary tail of right female breast	Diagnosis	ICD-10-CM
C50.612	Malignant neoplasm of axillary tail of left female breast	Diagnosis	ICD-10-CM
C50.619	Malignant neoplasm of axillary tail of unspecified female breast	Diagnosis	ICD-10-CM
C50.62	Malignant neoplasm of axillary tail of breast, male	Diagnosis	ICD-10-CM
C50.621	Malignant neoplasm of axillary tail of right male breast	Diagnosis	ICD-10-CM
C50.622	Malignant neoplasm of axillary tail of left male breast	Diagnosis	ICD-10-CM
C50.629	Malignant neoplasm of axillary tail of unspecified male breast	Diagnosis	ICD-10-CM
C50.8	Malignant neoplasm of overlapping sites of breast	Diagnosis	ICD-10-CM
C50.81	Malignant neoplasm of overlapping sites of breast, female	Diagnosis	ICD-10-CM
C50.811	Malignant neoplasm of overlapping sites of right female breast	Diagnosis	ICD-10-CM
C50.812	Malignant neoplasm of overlapping sites of left female breast	Diagnosis	ICD-10-CM
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast	Diagnosis	ICD-10-CM
C50.82	Malignant neoplasm of overlapping sites of breast, male	Diagnosis	ICD-10-CM
C50.821	Malignant neoplasm of overlapping sites of right male breast	Diagnosis	ICD-10-CM
C50.822	Malignant neoplasm of overlapping sites of left male breast	Diagnosis	ICD-10-CM
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast	Diagnosis	ICD-10-CM
C50.9	Malignant neoplasm of breast of unspecified site	Diagnosis	ICD-10-CM
C50.91	Malignant neoplasm of breast of unspecified site, female	Diagnosis	ICD-10-CM
C50.911	Malignant neoplasm of unspecified site of right female breast	Diagnosis	ICD-10-CM
C50.912	Malignant neoplasm of unspecified site of left female breast	Diagnosis	ICD-10-CM
C50.919	Malignant neoplasm of unspecified site of unspecified female breast	Diagnosis	ICD-10-CM
C50.92	Malignant neoplasm of breast of unspecified site, male	Diagnosis	ICD-10-CM
C50.921	Malignant neoplasm of unspecified site of right male breast	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C50.922	Malignant neoplasm of unspecified site of left male breast	Diagnosis	ICD-10-CM
C50.929	Malignant neoplasm of unspecified site of unspecified male breast	Diagnosis	ICD-10-CM
C51	Malignant neoplasm of vulva	Diagnosis	ICD-10-CM
C51.0	Malignant neoplasm of labium majus	Diagnosis	ICD-10-CM
C51.1	Malignant neoplasm of labium minus	Diagnosis	ICD-10-CM
C51.2	Malignant neoplasm of clitoris	Diagnosis	ICD-10-CM
C51.8	Malignant neoplasm of overlapping sites of vulva	Diagnosis	ICD-10-CM
C51.9	Malignant neoplasm of vulva, unspecified	Diagnosis	ICD-10-CM
C52	Malignant neoplasm of vagina	Diagnosis	ICD-10-CM
C53	Malignant neoplasm of cervix uteri	Diagnosis	ICD-10-CM
C53.0	Malignant neoplasm of endocervix	Diagnosis	ICD-10-CM
C53.1	Malignant neoplasm of exocervix	Diagnosis	ICD-10-CM
C53.8	Malignant neoplasm of overlapping sites of cervix uteri	Diagnosis	ICD-10-CM
C53.9	Malignant neoplasm of cervix uteri, unspecified	Diagnosis	ICD-10-CM
C54	Malignant neoplasm of corpus uteri	Diagnosis	ICD-10-CM
C54.0	Malignant neoplasm of isthmus uteri	Diagnosis	ICD-10-CM
C54.1	Malignant neoplasm of endometrium	Diagnosis	ICD-10-CM
C54.2	Malignant neoplasm of myometrium	Diagnosis	ICD-10-CM
C54.3	Malignant neoplasm of fundus uteri	Diagnosis	ICD-10-CM
C54.8	Malignant neoplasm of overlapping sites of corpus uteri	Diagnosis	ICD-10-CM
C54.9	Malignant neoplasm of corpus uteri, unspecified	Diagnosis	ICD-10-CM
C55	Malignant neoplasm of uterus, part unspecified	Diagnosis	ICD-10-CM
C56	Malignant neoplasm of ovary	Diagnosis	ICD-10-CM
C56.1	Malignant neoplasm of right ovary	Diagnosis	ICD-10-CM
C56.2	Malignant neoplasm of left ovary	Diagnosis	ICD-10-CM
C56.9	Malignant neoplasm of unspecified ovary	Diagnosis	ICD-10-CM
C57	Malignant neoplasm of other and unspecified female genital organs	Diagnosis	ICD-10-CM
C57.0	Malignant neoplasm of fallopian tube	Diagnosis	ICD-10-CM
C57.00	Malignant neoplasm of unspecified fallopian tube	Diagnosis	ICD-10-CM
C57.01	Malignant neoplasm of right fallopian tube	Diagnosis	ICD-10-CM
C57.02	Malignant neoplasm of left fallopian tube	Diagnosis	ICD-10-CM
C57.1	Malignant neoplasm of broad ligament	Diagnosis	ICD-10-CM
C57.10	Malignant neoplasm of unspecified broad ligament	Diagnosis	ICD-10-CM
C57.11	Malignant neoplasm of right broad ligament	Diagnosis	ICD-10-CM
C57.12	Malignant neoplasm of left broad ligament	Diagnosis	ICD-10-CM
C57.2	Malignant neoplasm of round ligament	Diagnosis	ICD-10-CM
C57.20	Malignant neoplasm of unspecified round ligament	Diagnosis	ICD-10-CM
C57.21	Malignant neoplasm of right round ligament	Diagnosis	ICD-10-CM
C57.22	Malignant neoplasm of left round ligament	Diagnosis	ICD-10-CM
C57.3	Malignant neoplasm of parametrium	Diagnosis	ICD-10-CM
C57.4	Malignant neoplasm of uterine adnexa, unspecified	Diagnosis	ICD-10-CM
C57.7	Malignant neoplasm of other specified female genital organs	Diagnosis	ICD-10-CM
C57.8	Malignant neoplasm of overlapping sites of female genital organs	Diagnosis	ICD-10-CM
C57.9	Malignant neoplasm of female genital organ, unspecified	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C58	Malignant neoplasm of placenta	Diagnosis	ICD-10-CM
C60	Malignant neoplasm of penis	Diagnosis	ICD-10-CM
C60.0	Malignant neoplasm of prepuce	Diagnosis	ICD-10-CM
C60.1	Malignant neoplasm of glans penis	Diagnosis	ICD-10-CM
C60.2	Malignant neoplasm of body of penis	Diagnosis	ICD-10-CM
C60.8	Malignant neoplasm of overlapping sites of penis	Diagnosis	ICD-10-CM
C60.9	Malignant neoplasm of penis, unspecified	Diagnosis	ICD-10-CM
C61	Malignant neoplasm of prostate	Diagnosis	ICD-10-CM
C62	Malignant neoplasm of testis	Diagnosis	ICD-10-CM
C62.0	Malignant neoplasm of undescended testis	Diagnosis	ICD-10-CM
C62.00	Malignant neoplasm of unspecified undescended testis	Diagnosis	ICD-10-CM
C62.01	Malignant neoplasm of undescended right testis	Diagnosis	ICD-10-CM
C62.02	Malignant neoplasm of undescended left testis	Diagnosis	ICD-10-CM
C62.1	Malignant neoplasm of descended testis	Diagnosis	ICD-10-CM
C62.10	Malignant neoplasm of unspecified descended testis	Diagnosis	ICD-10-CM
C62.11	Malignant neoplasm of descended right testis	Diagnosis	ICD-10-CM
C62.12	Malignant neoplasm of descended left testis	Diagnosis	ICD-10-CM
C62.9	Malignant neoplasm of testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C63	Malignant neoplasm of other and unspecified male genital organs	Diagnosis	ICD-10-CM
C63.0	Malignant neoplasm of epididymis	Diagnosis	ICD-10-CM
C63.00	Malignant neoplasm of unspecified epididymis	Diagnosis	ICD-10-CM
C63.01	Malignant neoplasm of right epididymis	Diagnosis	ICD-10-CM
C63.02	Malignant neoplasm of left epididymis	Diagnosis	ICD-10-CM
C63.1	Malignant neoplasm of spermatic cord	Diagnosis	ICD-10-CM
C63.10	Malignant neoplasm of unspecified spermatic cord	Diagnosis	ICD-10-CM
C63.11	Malignant neoplasm of right spermatic cord	Diagnosis	ICD-10-CM
C63.12	Malignant neoplasm of left spermatic cord	Diagnosis	ICD-10-CM
C63.2	Malignant neoplasm of scrotum	Diagnosis	ICD-10-CM
C63.7	Malignant neoplasm of other specified male genital organs	Diagnosis	ICD-10-CM
C63.8	Malignant neoplasm of overlapping sites of male genital organs	Diagnosis	ICD-10-CM
C63.9	Malignant neoplasm of male genital organ, unspecified	Diagnosis	ICD-10-CM
C64	Malignant neoplasm of kidney, except renal pelvis	Diagnosis	ICD-10-CM
C64.1	Malignant neoplasm of right kidney, except renal pelvis	Diagnosis	ICD-10-CM
C64.2	Malignant neoplasm of left kidney, except renal pelvis	Diagnosis	ICD-10-CM
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	Diagnosis	ICD-10-CM
C65	Malignant neoplasm of renal pelvis	Diagnosis	ICD-10-CM
C65.1	Malignant neoplasm of right renal pelvis	Diagnosis	ICD-10-CM
C65.2	Malignant neoplasm of left renal pelvis	Diagnosis	ICD-10-CM
C65.9	Malignant neoplasm of unspecified renal pelvis	Diagnosis	ICD-10-CM
C66	Malignant neoplasm of ureter	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C66.1	Malignant neoplasm of right ureter	Diagnosis	ICD-10-CM
C66.2	Malignant neoplasm of left ureter	Diagnosis	ICD-10-CM
C66.9	Malignant neoplasm of unspecified ureter	Diagnosis	ICD-10-CM
C67	Malignant neoplasm of bladder	Diagnosis	ICD-10-CM
C67.0	Malignant neoplasm of trigone of bladder	Diagnosis	ICD-10-CM
C67.1	Malignant neoplasm of dome of bladder	Diagnosis	ICD-10-CM
C67.2	Malignant neoplasm of lateral wall of bladder	Diagnosis	ICD-10-CM
C67.3	Malignant neoplasm of anterior wall of bladder	Diagnosis	ICD-10-CM
C67.4	Malignant neoplasm of posterior wall of bladder	Diagnosis	ICD-10-CM
C67.5	Malignant neoplasm of bladder neck	Diagnosis	ICD-10-CM
C67.6	Malignant neoplasm of ureteric orifice	Diagnosis	ICD-10-CM
C67.7	Malignant neoplasm of urachus	Diagnosis	ICD-10-CM
C67.8	Malignant neoplasm of overlapping sites of bladder	Diagnosis	ICD-10-CM
C67.9	Malignant neoplasm of bladder, unspecified	Diagnosis	ICD-10-CM
C68	Malignant neoplasm of other and unspecified urinary organs	Diagnosis	ICD-10-CM
C68.0	Malignant neoplasm of urethra	Diagnosis	ICD-10-CM
C68.1	Malignant neoplasm of paraurethral glands	Diagnosis	ICD-10-CM
C68.8	Malignant neoplasm of overlapping sites of urinary organs	Diagnosis	ICD-10-CM
C68.9	Malignant neoplasm of urinary organ, unspecified	Diagnosis	ICD-10-CM
C69	Malignant neoplasm of eye and adnexa	Diagnosis	ICD-10-CM
C69.0	Malignant neoplasm of conjunctiva	Diagnosis	ICD-10-CM
C69.00	Malignant neoplasm of unspecified conjunctiva	Diagnosis	ICD-10-CM
C69.01	Malignant neoplasm of right conjunctiva	Diagnosis	ICD-10-CM
C69.02	Malignant neoplasm of left conjunctiva	Diagnosis	ICD-10-CM
C69.1	Malignant neoplasm of cornea	Diagnosis	ICD-10-CM
C69.10	Malignant neoplasm of unspecified cornea	Diagnosis	ICD-10-CM
C69.11	Malignant neoplasm of right cornea	Diagnosis	ICD-10-CM
C69.12	Malignant neoplasm of left cornea	Diagnosis	ICD-10-CM
C69.2	Malignant neoplasm of retina	Diagnosis	ICD-10-CM
C69.20	Malignant neoplasm of unspecified retina	Diagnosis	ICD-10-CM
C69.21	Malignant neoplasm of right retina	Diagnosis	ICD-10-CM
C69.22	Malignant neoplasm of left retina	Diagnosis	ICD-10-CM
C69.3	Malignant neoplasm of choroid	Diagnosis	ICD-10-CM
C69.30	Malignant neoplasm of unspecified choroid	Diagnosis	ICD-10-CM
C69.31	Malignant neoplasm of right choroid	Diagnosis	ICD-10-CM
C69.32	Malignant neoplasm of left choroid	Diagnosis	ICD-10-CM
C69.4	Malignant neoplasm of ciliary body	Diagnosis	ICD-10-CM
C69.40	Malignant neoplasm of unspecified ciliary body	Diagnosis	ICD-10-CM
C69.41	Malignant neoplasm of right ciliary body	Diagnosis	ICD-10-CM
C69.42	Malignant neoplasm of left ciliary body	Diagnosis	ICD-10-CM
C69.5	Malignant neoplasm of lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.51	Malignant neoplasm of right lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.52	Malignant neoplasm of left lacrimal gland and duct	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C69.6	Malignant neoplasm of orbit	Diagnosis	ICD-10-CM
C69.60	Malignant neoplasm of unspecified orbit	Diagnosis	ICD-10-CM
C69.61	Malignant neoplasm of right orbit	Diagnosis	ICD-10-CM
C69.62	Malignant neoplasm of left orbit	Diagnosis	ICD-10-CM
C69.8	Malignant neoplasm of overlapping sites of eye and adnexa	Diagnosis	ICD-10-CM
C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa	Diagnosis	ICD-10-CM
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa	Diagnosis	ICD-10-CM
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa	Diagnosis	ICD-10-CM
C69.9	Malignant neoplasm of unspecified site of eye	Diagnosis	ICD-10-CM
C69.90	Malignant neoplasm of unspecified site of unspecified eye	Diagnosis	ICD-10-CM
C69.91	Malignant neoplasm of unspecified site of right eye	Diagnosis	ICD-10-CM
C69.92	Malignant neoplasm of unspecified site of left eye	Diagnosis	ICD-10-CM
C70	Malignant neoplasm of meninges	Diagnosis	ICD-10-CM
C70.0	Malignant neoplasm of cerebral meninges	Diagnosis	ICD-10-CM
C70.1	Malignant neoplasm of spinal meninges	Diagnosis	ICD-10-CM
C70.9	Malignant neoplasm of meninges, unspecified	Diagnosis	ICD-10-CM
C71	Malignant neoplasm of brain	Diagnosis	ICD-10-CM
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles	Diagnosis	ICD-10-CM
C71.1	Malignant neoplasm of frontal lobe	Diagnosis	ICD-10-CM
C71.2	Malignant neoplasm of temporal lobe	Diagnosis	ICD-10-CM
C71.3	Malignant neoplasm of parietal lobe	Diagnosis	ICD-10-CM
C71.4	Malignant neoplasm of occipital lobe	Diagnosis	ICD-10-CM
C71.5	Malignant neoplasm of cerebral ventricle	Diagnosis	ICD-10-CM
C71.6	Malignant neoplasm of cerebellum	Diagnosis	ICD-10-CM
C71.7	Malignant neoplasm of brain stem	Diagnosis	ICD-10-CM
C71.8	Malignant neoplasm of overlapping sites of brain	Diagnosis	ICD-10-CM
C71.9	Malignant neoplasm of brain, unspecified	Diagnosis	ICD-10-CM
C72	Malignant neoplasm of spinal cord, cranial nerves and other parts of central nervous system	Diagnosis	ICD-10-CM
C72.0	Malignant neoplasm of spinal cord	Diagnosis	ICD-10-CM
C72.1	Malignant neoplasm of cauda equina	Diagnosis	ICD-10-CM
C72.2	Malignant neoplasm of olfactory nerve	Diagnosis	ICD-10-CM
C72.20	Malignant neoplasm of unspecified olfactory nerve	Diagnosis	ICD-10-CM
C72.21	Malignant neoplasm of right olfactory nerve	Diagnosis	ICD-10-CM
C72.22	Malignant neoplasm of left olfactory nerve	Diagnosis	ICD-10-CM
C72.3	Malignant neoplasm of optic nerve	Diagnosis	ICD-10-CM
C72.30	Malignant neoplasm of unspecified optic nerve	Diagnosis	ICD-10-CM
C72.31	Malignant neoplasm of right optic nerve	Diagnosis	ICD-10-CM
C72.32	Malignant neoplasm of left optic nerve	Diagnosis	ICD-10-CM
C72.4	Malignant neoplasm of acoustic nerve	Diagnosis	ICD-10-CM
C72.40	Malignant neoplasm of unspecified acoustic nerve	Diagnosis	ICD-10-CM
C72.41	Malignant neoplasm of right acoustic nerve	Diagnosis	ICD-10-CM
C72.42	Malignant neoplasm of left acoustic nerve	Diagnosis	ICD-10-CM
C72.5	Malignant neoplasm of other and unspecified cranial nerves	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C72.50	Malignant neoplasm of unspecified cranial nerve	Diagnosis	ICD-10-CM
C72.59	Malignant neoplasm of other cranial nerves	Diagnosis	ICD-10-CM
C72.9	Malignant neoplasm of central nervous system, unspecified	Diagnosis	ICD-10-CM
C73	Malignant neoplasm of thyroid gland	Diagnosis	ICD-10-CM
C74	Malignant neoplasm of adrenal gland	Diagnosis	ICD-10-CM
C74.0	Malignant neoplasm of cortex of adrenal gland	Diagnosis	ICD-10-CM
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.01	Malignant neoplasm of cortex of right adrenal gland	Diagnosis	ICD-10-CM
C74.02	Malignant neoplasm of cortex of left adrenal gland	Diagnosis	ICD-10-CM
C74.1	Malignant neoplasm of medulla of adrenal gland	Diagnosis	ICD-10-CM
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.11	Malignant neoplasm of medulla of right adrenal gland	Diagnosis	ICD-10-CM
C74.12	Malignant neoplasm of medulla of left adrenal gland	Diagnosis	ICD-10-CM
C74.9	Malignant neoplasm of unspecified part of adrenal gland	Diagnosis	ICD-10-CM
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.91	Malignant neoplasm of unspecified part of right adrenal gland	Diagnosis	ICD-10-CM
C74.92	Malignant neoplasm of unspecified part of left adrenal gland	Diagnosis	ICD-10-CM
C75	Malignant neoplasm of other endocrine glands and related structures	Diagnosis	ICD-10-CM
C75.0	Malignant neoplasm of parathyroid gland	Diagnosis	ICD-10-CM
C75.1	Malignant neoplasm of pituitary gland	Diagnosis	ICD-10-CM
C75.2	Malignant neoplasm of craniopharyngeal duct	Diagnosis	ICD-10-CM
C75.3	Malignant neoplasm of pineal gland	Diagnosis	ICD-10-CM
C75.4	Malignant neoplasm of carotid body	Diagnosis	ICD-10-CM
C75.5	Malignant neoplasm of aortic body and other paraganglia	Diagnosis	ICD-10-CM
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified	Diagnosis	ICD-10-CM
C75.9	Malignant neoplasm of endocrine gland, unspecified	Diagnosis	ICD-10-CM
C76	Malignant neoplasm of other and ill-defined sites	Diagnosis	ICD-10-CM
C76.0	Malignant neoplasm of head, face and neck	Diagnosis	ICD-10-CM
C76.1	Malignant neoplasm of thorax	Diagnosis	ICD-10-CM
C76.2	Malignant neoplasm of abdomen	Diagnosis	ICD-10-CM
C76.3	Malignant neoplasm of pelvis	Diagnosis	ICD-10-CM
C76.4	Malignant neoplasm of upper limb	Diagnosis	ICD-10-CM
C76.40	Malignant neoplasm of unspecified upper limb	Diagnosis	ICD-10-CM
C76.41	Malignant neoplasm of right upper limb	Diagnosis	ICD-10-CM
C76.42	Malignant neoplasm of left upper limb	Diagnosis	ICD-10-CM
C76.5	Malignant neoplasm of lower limb	Diagnosis	ICD-10-CM
C76.50	Malignant neoplasm of unspecified lower limb	Diagnosis	ICD-10-CM
C76.51	Malignant neoplasm of right lower limb	Diagnosis	ICD-10-CM
C76.52	Malignant neoplasm of left lower limb	Diagnosis	ICD-10-CM
C76.8	Malignant neoplasm of other specified ill-defined sites	Diagnosis	ICD-10-CM
C77	Secondary and unspecified malignant neoplasm of lymph nodes	Diagnosis	ICD-10-CM
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	Diagnosis	ICD-10-CM
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes	Diagnosis	ICD-10-CM
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes	Diagnosis	ICD-10-CM
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	Diagnosis	ICD-10-CM
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified	Diagnosis	ICD-10-CM
C78	Secondary malignant neoplasm of respiratory and digestive organs	Diagnosis	ICD-10-CM
C78.0	Secondary malignant neoplasm of lung	Diagnosis	ICD-10-CM
C78.00	Secondary malignant neoplasm of unspecified lung	Diagnosis	ICD-10-CM
C78.01	Secondary malignant neoplasm of right lung	Diagnosis	ICD-10-CM
C78.02	Secondary malignant neoplasm of left lung	Diagnosis	ICD-10-CM
C78.1	Secondary malignant neoplasm of mediastinum	Diagnosis	ICD-10-CM
C78.2	Secondary malignant neoplasm of pleura	Diagnosis	ICD-10-CM
C78.3	Secondary malignant neoplasm of other and unspecified respiratory organs	Diagnosis	ICD-10-CM
C78.30	Secondary malignant neoplasm of unspecified respiratory organ	Diagnosis	ICD-10-CM
C78.39	Secondary malignant neoplasm of other respiratory organs	Diagnosis	ICD-10-CM
C78.4	Secondary malignant neoplasm of small intestine	Diagnosis	ICD-10-CM
C78.5	Secondary malignant neoplasm of large intestine and rectum	Diagnosis	ICD-10-CM
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-10-CM
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct	Diagnosis	ICD-10-CM
C78.8	Secondary malignant neoplasm of other and unspecified digestive organs	Diagnosis	ICD-10-CM
C78.80	Secondary malignant neoplasm of unspecified digestive organ	Diagnosis	ICD-10-CM
C78.89	Secondary malignant neoplasm of other digestive organs	Diagnosis	ICD-10-CM
C79	Secondary malignant neoplasm of other and unspecified sites	Diagnosis	ICD-10-CM
C79.0	Secondary malignant neoplasm of kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.1	Secondary malignant neoplasm of bladder and other and unspecified urinary organs	Diagnosis	ICD-10-CM
C79.10	Secondary malignant neoplasm of unspecified urinary organs	Diagnosis	ICD-10-CM
C79.11	Secondary malignant neoplasm of bladder	Diagnosis	ICD-10-CM
C79.19	Secondary malignant neoplasm of other urinary organs	Diagnosis	ICD-10-CM
C79.3	Secondary malignant neoplasm of brain and cerebral meninges	Diagnosis	ICD-10-CM
C79.31	Secondary malignant neoplasm of brain	Diagnosis	ICD-10-CM
C79.32	Secondary malignant neoplasm of cerebral meninges	Diagnosis	ICD-10-CM
C79.4	Secondary malignant neoplasm of other and unspecified parts of nervous system	Diagnosis	ICD-10-CM
C79.40	Secondary malignant neoplasm of unspecified part of nervous system	Diagnosis	ICD-10-CM
C79.49	Secondary malignant neoplasm of other parts of nervous system	Diagnosis	ICD-10-CM
C79.5	Secondary malignant neoplasm of bone and bone marrow	Diagnosis	ICD-10-CM
C79.51	Secondary malignant neoplasm of bone	Diagnosis	ICD-10-CM
C79.52	Secondary malignant neoplasm of bone marrow	Diagnosis	ICD-10-CM
C79.6	Secondary malignant neoplasm of ovary	Diagnosis	ICD-10-CM
C79.60	Secondary malignant neoplasm of unspecified ovary	Diagnosis	ICD-10-CM



**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C79.61	Secondary malignant neoplasm of right ovary	Diagnosis	ICD-10-CM
C79.62	Secondary malignant neoplasm of left ovary	Diagnosis	ICD-10-CM
C79.7	Secondary malignant neoplasm of adrenal gland	Diagnosis	ICD-10-CM
C79.70	Secondary malignant neoplasm of unspecified adrenal gland	Diagnosis	ICD-10-CM
C79.71	Secondary malignant neoplasm of right adrenal gland	Diagnosis	ICD-10-CM
C79.72	Secondary malignant neoplasm of left adrenal gland	Diagnosis	ICD-10-CM
C79.8	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-10-CM
C79.81	Secondary malignant neoplasm of breast	Diagnosis	ICD-10-CM
C79.82	Secondary malignant neoplasm of genital organs	Diagnosis	ICD-10-CM
C79.89	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-10-CM
C79.9	Secondary malignant neoplasm of unspecified site	Diagnosis	ICD-10-CM
C7A	Malignant neuroendocrine tumors	Diagnosis	ICD-10-CM
C7A.0	Malignant carcinoid tumors	Diagnosis	ICD-10-CM
C7A.00	Malignant carcinoid tumor of unspecified site	Diagnosis	ICD-10-CM
C7A.01	Malignant carcinoid tumors of the small intestine	Diagnosis	ICD-10-CM
C7A.010	Malignant carcinoid tumor of the duodenum	Diagnosis	ICD-10-CM
C7A.011	Malignant carcinoid tumor of the jejunum	Diagnosis	ICD-10-CM
C7A.012	Malignant carcinoid tumor of the ileum	Diagnosis	ICD-10-CM
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion	Diagnosis	ICD-10-CM
C7A.02	Malignant carcinoid tumors of the appendix, large intestine, and rectum	Diagnosis	ICD-10-CM
C7A.020	Malignant carcinoid tumor of the appendix	Diagnosis	ICD-10-CM
C7A.021	Malignant carcinoid tumor of the cecum	Diagnosis	ICD-10-CM
C7A.022	Malignant carcinoid tumor of the ascending colon	Diagnosis	ICD-10-CM
C7A.023	Malignant carcinoid tumor of the transverse colon	Diagnosis	ICD-10-CM
C7A.024	Malignant carcinoid tumor of the descending colon	Diagnosis	ICD-10-CM
C7A.025	Malignant carcinoid tumor of the sigmoid colon	Diagnosis	ICD-10-CM
C7A.026	Malignant carcinoid tumor of the rectum	Diagnosis	ICD-10-CM
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion	Diagnosis	ICD-10-CM
C7A.09	Malignant carcinoid tumors of other sites	Diagnosis	ICD-10-CM
C7A.090	Malignant carcinoid tumor of the bronchus and lung	Diagnosis	ICD-10-CM
C7A.091	Malignant carcinoid tumor of the thymus	Diagnosis	ICD-10-CM
C7A.092	Malignant carcinoid tumor of the stomach	Diagnosis	ICD-10-CM
C7A.093	Malignant carcinoid tumor of the kidney	Diagnosis	ICD-10-CM
C7A.094	Malignant carcinoid tumor of the foregut, unspecified	Diagnosis	ICD-10-CM
C7A.095	Malignant carcinoid tumor of the midgut, unspecified	Diagnosis	ICD-10-CM
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified	Diagnosis	ICD-10-CM
C7A.098	Malignant carcinoid tumors of other sites	Diagnosis	ICD-10-CM
C7A.1	Malignant poorly differentiated neuroendocrine tumors	Diagnosis	ICD-10-CM
C7A.8	Other malignant neuroendocrine tumors	Diagnosis	ICD-10-CM
C7B	Secondary neuroendocrine tumors	Diagnosis	ICD-10-CM
C7B.0	Secondary carcinoid tumors	Diagnosis	ICD-10-CM
C7B.00	Secondary carcinoid tumors, unspecified site	Diagnosis	ICD-10-CM
C7B.01	Secondary carcinoid tumors of distant lymph nodes	Diagnosis	ICD-10-CM
C7B.02	Secondary carcinoid tumors of liver	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C7B.03	Secondary carcinoid tumors of bone	Diagnosis	ICD-10-CM
C7B.04	Secondary carcinoid tumors of peritoneum	Diagnosis	ICD-10-CM
C7B.09	Secondary carcinoid tumors of other sites	Diagnosis	ICD-10-CM
C7B.1	Secondary Merkel cell carcinoma	Diagnosis	ICD-10-CM
C7B.8	Other secondary neuroendocrine tumors	Diagnosis	ICD-10-CM
C80	Malignant neoplasm without specification of site	Diagnosis	ICD-10-CM
C80.0	Disseminated malignant neoplasm, unspecified	Diagnosis	ICD-10-CM
C80.1	Malignant (primary) neoplasm, unspecified	Diagnosis	ICD-10-CM
C80.2	Malignant neoplasm associated with transplanted organ	Diagnosis	ICD-10-CM
C81	Hodgkin lymphoma	Diagnosis	ICD-10-CM
C81.0	Nodular lymphocyte predominant Hodgkin lymphoma	Diagnosis	ICD-10-CM
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.1	Nodular sclerosis Hodgkin lymphoma	Diagnosis	ICD-10-CM
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.2	Mixed cellularity Hodgkin lymphoma	Diagnosis	ICD-10-CM
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C81.27	Mixed cellularity Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.3	Lymphocyte depleted Hodgkin lymphoma	Diagnosis	ICD-10-CM
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.4	Lymphocyte-rich Hodgkin lymphoma	Diagnosis	ICD-10-CM
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.7	Other Hodgkin lymphoma	Diagnosis	ICD-10-CM
C81.70	Other Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.77	Other Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.9	Hodgkin lymphoma, unspecified	Diagnosis	ICD-10-CM
C81.90	Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.97	Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82	Follicular lymphoma	Diagnosis	ICD-10-CM
C82.0	Follicular lymphoma grade I	Diagnosis	ICD-10-CM
C82.00	Follicular lymphoma grade I, unspecified site	Diagnosis	ICD-10-CM
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.07	Follicular lymphoma grade I, spleen	Diagnosis	ICD-10-CM
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.1	Follicular lymphoma grade II	Diagnosis	ICD-10-CM
C82.10	Follicular lymphoma grade II, unspecified site	Diagnosis	ICD-10-CM
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.17	Follicular lymphoma grade II, spleen	Diagnosis	ICD-10-CM
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.2	Follicular lymphoma grade III, unspecified	Diagnosis	ICD-10-CM
C82.20	Follicular lymphoma grade III, unspecified, unspecified site	Diagnosis	ICD-10-CM
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.27	Follicular lymphoma grade III, unspecified, spleen	Diagnosis	ICD-10-CM
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.3	Follicular lymphoma grade IIIa	Diagnosis	ICD-10-CM
C82.30	Follicular lymphoma grade IIIa, unspecified site	Diagnosis	ICD-10-CM
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.37	Follicular lymphoma grade IIIa, spleen	Diagnosis	ICD-10-CM
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.4	Follicular lymphoma grade IIIb	Diagnosis	ICD-10-CM
C82.40	Follicular lymphoma grade IIIb, unspecified site	Diagnosis	ICD-10-CM
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.47	Follicular lymphoma grade IIIb, spleen	Diagnosis	ICD-10-CM
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.5	Diffuse follicle center lymphoma	Diagnosis	ICD-10-CM
C82.50	Diffuse follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.57	Diffuse follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.6	Cutaneous follicle center lymphoma	Diagnosis	ICD-10-CM
C82.60	Cutaneous follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.67	Cutaneous follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.8	Other types of follicular lymphoma	Diagnosis	ICD-10-CM
C82.80	Other types of follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.87	Other types of follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.9	Follicular lymphoma, unspecified	Diagnosis	ICD-10-CM
C82.90	Follicular lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.97	Follicular lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83	Non-follicular lymphoma	Diagnosis	ICD-10-CM
C83.0	Small cell B-cell lymphoma	Diagnosis	ICD-10-CM
C83.00	Small cell B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.07	Small cell B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.1	Mantle cell lymphoma	Diagnosis	ICD-10-CM
C83.10	Mantle cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.17	Mantle cell lymphoma, spleen	Diagnosis	ICD-10-CM
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.19	Mantle cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.3	Diffuse large B-cell lymphoma	Diagnosis	ICD-10-CM
C83.30	Diffuse large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.37	Diffuse large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.5	Lymphoblastic (diffuse) lymphoma	Diagnosis	ICD-10-CM
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.57	Lymphoblastic (diffuse) lymphoma, spleen	Diagnosis	ICD-10-CM
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.7	Burkitt lymphoma	Diagnosis	ICD-10-CM
C83.70	Burkitt lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.72	Burkitt lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.76	Burkitt lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.77	Burkitt lymphoma, spleen	Diagnosis	ICD-10-CM
C83.78	Burkitt lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.79	Burkitt lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.8	Other non-follicular lymphoma	Diagnosis	ICD-10-CM
C83.80	Other non-follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.87	Other non-follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.9	Non-follicular (diffuse) lymphoma, unspecified	Diagnosis	ICD-10-CM
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84	Mature T/NK-cell lymphomas	Diagnosis	ICD-10-CM
C84.0	Mycosis fungoides	Diagnosis	ICD-10-CM
C84.00	Mycosis fungoides, unspecified site	Diagnosis	ICD-10-CM
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.02	Mycosis fungoides, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.03	Mycosis fungoides, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.06	Mycosis fungoides, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.07	Mycosis fungoides, spleen	Diagnosis	ICD-10-CM
C84.08	Mycosis fungoides, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.09	Mycosis fungoides, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.1	Sezary disease	Diagnosis	ICD-10-CM
C84.10	Sezary disease, unspecified site	Diagnosis	ICD-10-CM
C84.11	Sezary disease, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.12	Sezary disease, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.13	Sezary disease, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.14	Sezary disease, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.16	Sezary disease, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.17	Sezary disease, spleen	Diagnosis	ICD-10-CM
C84.18	Sezary disease, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.19	Sezary disease, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.4	Peripheral T-cell lymphoma, not classified	Diagnosis	ICD-10-CM
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site	Diagnosis	ICD-10-CM
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.47	Peripheral T-cell lymphoma, not classified, spleen	Diagnosis	ICD-10-CM
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.6	Anaplastic large cell lymphoma, ALK-positive	Diagnosis	ICD-10-CM



**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site	Diagnosis	ICD-10-CM
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen	Diagnosis	ICD-10-CM
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.7	Anaplastic large cell lymphoma, ALK-negative	Diagnosis	ICD-10-CM
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site	Diagnosis	ICD-10-CM
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen	Diagnosis	ICD-10-CM
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.9	Mature T/NK-cell lymphomas, unspecified	Diagnosis	ICD-10-CM
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site	Diagnosis	ICD-10-CM
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen	Diagnosis	ICD-10-CM
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.A	Cutaneous T-cell lymphoma, unspecified	Diagnosis	ICD-10-CM
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.Z	Other mature T/NK-cell lymphomas	Diagnosis	ICD-10-CM
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site	Diagnosis	ICD-10-CM
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.Z7	Other mature T/NK-cell lymphomas, spleen	Diagnosis	ICD-10-CM
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85	Other specified and unspecified types of non-Hodgkin lymphoma	Diagnosis	ICD-10-CM
C85.1	Unspecified B-cell lymphoma	Diagnosis	ICD-10-CM
C85.10	Unspecified B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.17	Unspecified B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.2	Mediastinal (thymic) large B-cell lymphoma	Diagnosis	ICD-10-CM
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.8	Other specified types of non-Hodgkin lymphoma	Diagnosis	ICD-10-CM
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.87	Other specified types of non-Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.9	Non-Hodgkin lymphoma, unspecified	Diagnosis	ICD-10-CM
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.97	Non-Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C86	Other specified types of T/NK-cell lymphoma	Diagnosis	ICD-10-CM
C86.0	Extranodal NK/T-cell lymphoma, nasal type	Diagnosis	ICD-10-CM
C86.1	Hepatosplenic T-cell lymphoma	Diagnosis	ICD-10-CM
C86.2	Enteropathy-type (intestinal) T-cell lymphoma	Diagnosis	ICD-10-CM
C86.3	Subcutaneous panniculitis-like T-cell lymphoma	Diagnosis	ICD-10-CM
C86.4	Blastic NK-cell lymphoma	Diagnosis	ICD-10-CM
C86.5	Angioimmunoblastic T-cell lymphoma	Diagnosis	ICD-10-CM
C86.6	Primary cutaneous CD30-positive T-cell proliferations	Diagnosis	ICD-10-CM
C88	Malignant immunoproliferative diseases and certain other B-cell lymphomas	Diagnosis	ICD-10-CM
C88.0	Waldenstrom macroglobulinemia	Diagnosis	ICD-10-CM
C88.2	Heavy chain disease	Diagnosis	ICD-10-CM
C88.3	Immunoproliferative small intestinal disease	Diagnosis	ICD-10-CM
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]	Diagnosis	ICD-10-CM
C88.8	Other malignant immunoproliferative diseases	Diagnosis	ICD-10-CM
C88.9	Malignant immunoproliferative disease, unspecified	Diagnosis	ICD-10-CM
C90	Multiple myeloma and malignant plasma cell neoplasms	Diagnosis	ICD-10-CM
C90.0	Multiple myeloma	Diagnosis	ICD-10-CM
C90.00	Multiple myeloma not having achieved remission	Diagnosis	ICD-10-CM
C90.01	Multiple myeloma in remission	Diagnosis	ICD-10-CM
C90.02	Multiple myeloma in relapse	Diagnosis	ICD-10-CM
C90.1	Plasma cell leukemia	Diagnosis	ICD-10-CM
C90.10	Plasma cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C90.11	Plasma cell leukemia in remission	Diagnosis	ICD-10-CM
C90.12	Plasma cell leukemia in relapse	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C90.2	Extramedullary plasmacytoma	Diagnosis	ICD-10-CM
C90.20	Extramedullary plasmacytoma not having achieved remission	Diagnosis	ICD-10-CM
C90.21	Extramedullary plasmacytoma in remission	Diagnosis	ICD-10-CM
C90.22	Extramedullary plasmacytoma in relapse	Diagnosis	ICD-10-CM
C90.3	Solitary plasmacytoma	Diagnosis	ICD-10-CM
C90.30	Solitary plasmacytoma not having achieved remission	Diagnosis	ICD-10-CM
C90.31	Solitary plasmacytoma in remission	Diagnosis	ICD-10-CM
C90.32	Solitary plasmacytoma in relapse	Diagnosis	ICD-10-CM
C91	Lymphoid leukemia	Diagnosis	ICD-10-CM
C91.0	Acute lymphoblastic leukemia [ALL]	Diagnosis	ICD-10-CM
C91.00	Acute lymphoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C91.01	Acute lymphoblastic leukemia, in remission	Diagnosis	ICD-10-CM
C91.02	Acute lymphoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C91.1	Chronic lymphocytic leukemia of B-cell type	Diagnosis	ICD-10-CM
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission	Diagnosis	ICD-10-CM
C91.11	Chronic lymphocytic leukemia of B-cell type in remission	Diagnosis	ICD-10-CM
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse	Diagnosis	ICD-10-CM
C91.3	Prolymphocytic leukemia of B-cell type	Diagnosis	ICD-10-CM
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission	Diagnosis	ICD-10-CM
C91.31	Prolymphocytic leukemia of B-cell type, in remission	Diagnosis	ICD-10-CM
C91.32	Prolymphocytic leukemia of B-cell type, in relapse	Diagnosis	ICD-10-CM
C91.4	Hairy cell leukemia	Diagnosis	ICD-10-CM
C91.40	Hairy cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C91.41	Hairy cell leukemia, in remission	Diagnosis	ICD-10-CM
C91.42	Hairy cell leukemia, in relapse	Diagnosis	ICD-10-CM
C91.5	Adult T-cell lymphoma/leukemia (HTLV-1-associated)	Diagnosis	ICD-10-CM
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission	Diagnosis	ICD-10-CM
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission	Diagnosis	ICD-10-CM
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse	Diagnosis	ICD-10-CM
C91.6	Prolymphocytic leukemia of T-cell type	Diagnosis	ICD-10-CM
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission	Diagnosis	ICD-10-CM
C91.61	Prolymphocytic leukemia of T-cell type, in remission	Diagnosis	ICD-10-CM
C91.62	Prolymphocytic leukemia of T-cell type, in relapse	Diagnosis	ICD-10-CM
C91.9	Lymphoid leukemia, unspecified	Diagnosis	ICD-10-CM
C91.90	Lymphoid leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
C91.91	Lymphoid leukemia, unspecified, in remission	Diagnosis	ICD-10-CM
C91.92	Lymphoid leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
C91.A	Mature B-cell leukemia Burkitt-type	Diagnosis	ICD-10-CM
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission	Diagnosis	ICD-10-CM
C91.A1	Mature B-cell leukemia Burkitt-type, in remission	Diagnosis	ICD-10-CM
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse	Diagnosis	ICD-10-CM
C91.Z	Other lymphoid leukemia	Diagnosis	ICD-10-CM
C91.Z0	Other lymphoid leukemia not having achieved remission	Diagnosis	ICD-10-CM
C91.Z1	Other lymphoid leukemia, in remission	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C91.22	Other lymphoid leukemia, in relapse	Diagnosis	ICD-10-CM
C92	Myeloid leukemia	Diagnosis	ICD-10-CM
C92.0	Acute myeloblastic leukemia	Diagnosis	ICD-10-CM
C92.00	Acute myeloblastic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.01	Acute myeloblastic leukemia, in remission	Diagnosis	ICD-10-CM
C92.02	Acute myeloblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.1	Chronic myeloid leukemia, BCR/ABL-positive	Diagnosis	ICD-10-CM
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	Diagnosis	ICD-10-CM
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission	Diagnosis	ICD-10-CM
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse	Diagnosis	ICD-10-CM
C92.2	Atypical chronic myeloid leukemia, BCR/ABL-negative	Diagnosis	ICD-10-CM
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission	Diagnosis	ICD-10-CM
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission	Diagnosis	ICD-10-CM
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse	Diagnosis	ICD-10-CM
C92.3	Myeloid sarcoma	Diagnosis	ICD-10-CM
C92.30	Myeloid sarcoma, not having achieved remission	Diagnosis	ICD-10-CM
C92.31	Myeloid sarcoma, in remission	Diagnosis	ICD-10-CM
C92.32	Myeloid sarcoma, in relapse	Diagnosis	ICD-10-CM
C92.4	Acute promyelocytic leukemia	Diagnosis	ICD-10-CM
C92.40	Acute promyelocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.41	Acute promyelocytic leukemia, in remission	Diagnosis	ICD-10-CM
C92.42	Acute promyelocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.5	Acute myelomonocytic leukemia	Diagnosis	ICD-10-CM
C92.50	Acute myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.51	Acute myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
C92.52	Acute myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.6	Acute myeloid leukemia with 11q23-abnormality	Diagnosis	ICD-10-CM
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission	Diagnosis	ICD-10-CM
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission	Diagnosis	ICD-10-CM
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse	Diagnosis	ICD-10-CM
C92.9	Myeloid leukemia, unspecified	Diagnosis	ICD-10-CM
C92.90	Myeloid leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
C92.91	Myeloid leukemia, unspecified in remission	Diagnosis	ICD-10-CM
C92.92	Myeloid leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
C92.A	Acute myeloid leukemia with multilineage dysplasia	Diagnosis	ICD-10-CM
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission	Diagnosis	ICD-10-CM
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission	Diagnosis	ICD-10-CM
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse	Diagnosis	ICD-10-CM
C92.Z	Other myeloid leukemia	Diagnosis	ICD-10-CM
C92.Z0	Other myeloid leukemia not having achieved remission	Diagnosis	ICD-10-CM
C92.Z1	Other myeloid leukemia, in remission	Diagnosis	ICD-10-CM
C92.Z2	Other myeloid leukemia, in relapse	Diagnosis	ICD-10-CM
C93	Monocytic leukemia	Diagnosis	ICD-10-CM
C93.0	Acute monoblastic/monocytic leukemia	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.01	Acute monoblastic/monocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.02	Acute monoblastic/monocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C93.1	Chronic myelomonocytic leukemia	Diagnosis	ICD-10-CM
C93.10	Chronic myelomonocytic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C93.11	Chronic myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.12	Chronic myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C93.3	Juvenile myelomonocytic leukemia	Diagnosis	ICD-10-CM
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.31	Juvenile myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.32	Juvenile myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C93.9	Monocytic leukemia, unspecified	Diagnosis	ICD-10-CM
C93.90	Monocytic leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
C93.91	Monocytic leukemia, unspecified in remission	Diagnosis	ICD-10-CM
C93.92	Monocytic leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
C93.Z	Other monocytic leukemia	Diagnosis	ICD-10-CM
C93.Z0	Other monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.Z1	Other monocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.Z2	Other monocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C94	Other leukemias of specified cell type	Diagnosis	ICD-10-CM
C94.0	Acute erythroid leukemia	Diagnosis	ICD-10-CM
C94.00	Acute erythroid leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C94.01	Acute erythroid leukemia, in remission	Diagnosis	ICD-10-CM
C94.02	Acute erythroid leukemia, in relapse	Diagnosis	ICD-10-CM
C94.2	Acute megakaryoblastic leukemia	Diagnosis	ICD-10-CM
C94.20	Acute megakaryoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C94.21	Acute megakaryoblastic leukemia, in remission	Diagnosis	ICD-10-CM
C94.22	Acute megakaryoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C94.3	Mast cell leukemia	Diagnosis	ICD-10-CM
C94.30	Mast cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C94.31	Mast cell leukemia, in remission	Diagnosis	ICD-10-CM
C94.32	Mast cell leukemia, in relapse	Diagnosis	ICD-10-CM
C94.4	Acute panmyelosis with myelofibrosis	Diagnosis	ICD-10-CM
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission	Diagnosis	ICD-10-CM
C94.41	Acute panmyelosis with myelofibrosis, in remission	Diagnosis	ICD-10-CM
C94.42	Acute panmyelosis with myelofibrosis, in relapse	Diagnosis	ICD-10-CM
C94.6	Myelodysplastic disease, not classified	Diagnosis	ICD-10-CM
C94.8	Other specified leukemias	Diagnosis	ICD-10-CM
C94.80	Other specified leukemias not having achieved remission	Diagnosis	ICD-10-CM
C94.81	Other specified leukemias, in remission	Diagnosis	ICD-10-CM
C94.82	Other specified leukemias, in relapse	Diagnosis	ICD-10-CM
C95	Leukemia of unspecified cell type	Diagnosis	ICD-10-CM
C95.0	Acute leukemia of unspecified cell type	Diagnosis	ICD-10-CM
C95.00	Acute leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
C95.01	Acute leukemia of unspecified cell type, in remission	Diagnosis	ICD-10-CM
C95.02	Acute leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C95.1	Chronic leukemia of unspecified cell type	Diagnosis	ICD-10-CM
C95.10	Chronic leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
C95.11	Chronic leukemia of unspecified cell type, in remission	Diagnosis	ICD-10-CM
C95.12	Chronic leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C95.9	Leukemia, unspecified	Diagnosis	ICD-10-CM
C95.90	Leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
C95.91	Leukemia, unspecified, in remission	Diagnosis	ICD-10-CM
C95.92	Leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
C96	Other and unspecified malignant neoplasms of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96.2	Malignant mast cell neoplasm	Diagnosis	ICD-10-CM
C96.20	Malignant mast cell neoplasm, unspecified	Diagnosis	ICD-10-CM
C96.21	Aggressive systemic mastocytosis	Diagnosis	ICD-10-CM
C96.22	Mast cell sarcoma	Diagnosis	ICD-10-CM
C96.29	Other malignant mast cell neoplasm	Diagnosis	ICD-10-CM
C96.4	Sarcoma of dendritic cells (accessory cells)	Diagnosis	ICD-10-CM
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96.6	Unifocal Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
C96.A	Histiocytic sarcoma	Diagnosis	ICD-10-CM
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
C9714	Placement of balloon catheter into the breast for interstitial radiation therapy following a partial mastectomy; concurrent/immediate (add-on)	Procedure	HCPCS
C9715	Placement of balloon catheter into the breast for interstitial radiation therapy following a partial mastectomy; delayed	Procedure	HCPCS
C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure	Procedure	HCPCS
C9728	Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple	Procedure	HCPCS
D00	Radiation Therapy, Central and Peripheral Nervous System, Beam Radiation	Procedure	ICD-10-PCS
D000	Beam Radiation / Brain	Procedure	ICD-10-PCS
D0000ZZ	Beam Radiation of Brain using Photons <1 MeV	Procedure	ICD-10-PCS
D0001ZZ	Beam Radiation of Brain using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D0002ZZ	Beam Radiation of Brain using Photons >10 MeV	Procedure	ICD-10-PCS
D0003Z0	Beam Radiation of Brain using Electrons, Intraoperative	Procedure	ICD-10-PCS
D0003ZZ	Beam Radiation of Brain using Electrons	Procedure	ICD-10-PCS
D0004ZZ	Beam Radiation of Brain using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D0005ZZ	Beam Radiation of Brain using Neutrons	Procedure	ICD-10-PCS
D0006ZZ	Beam Radiation of Brain using Neutron Capture	Procedure	ICD-10-PCS
D001	Beam Radiation / Brain Stem	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
D0010ZZ	Beam Radiation of Brain Stem using Photons <1 MeV	Procedure	ICD-10-PCS
D0011ZZ	Beam Radiation of Brain Stem using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D0012ZZ	Beam Radiation of Brain Stem using Photons >10 MeV	Procedure	ICD-10-PCS
D0013Z0	Beam Radiation of Brain Stem using Electrons, Intraoperative	Procedure	ICD-10-PCS
D0013ZZ	Beam Radiation of Brain Stem using Electrons	Procedure	ICD-10-PCS
D0014ZZ	Beam Radiation of Brain Stem using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D0015ZZ	Beam Radiation of Brain Stem using Neutrons	Procedure	ICD-10-PCS
D0016ZZ	Beam Radiation of Brain Stem using Neutron Capture	Procedure	ICD-10-PCS
D006	Beam Radiation / Spinal Cord	Procedure	ICD-10-PCS
D0060ZZ	Beam Radiation of Spinal Cord using Photons <1 MeV	Procedure	ICD-10-PCS
D0061ZZ	Beam Radiation of Spinal Cord using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D0062ZZ	Beam Radiation of Spinal Cord using Photons >10 MeV	Procedure	ICD-10-PCS
D0063Z0	Beam Radiation of Spinal Cord using Electrons, Intraoperative	Procedure	ICD-10-PCS
D0063ZZ	Beam Radiation of Spinal Cord using Electrons	Procedure	ICD-10-PCS
D0064ZZ	Beam Radiation of Spinal Cord using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D0065ZZ	Beam Radiation of Spinal Cord using Neutrons	Procedure	ICD-10-PCS
D0066ZZ	Beam Radiation of Spinal Cord using Neutron Capture	Procedure	ICD-10-PCS
D007	Beam Radiation / Peripheral Nerve	Procedure	ICD-10-PCS
D0070ZZ	Beam Radiation of Peripheral Nerve using Photons <1 MeV	Procedure	ICD-10-PCS
D0071ZZ	Beam Radiation of Peripheral Nerve using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D0072ZZ	Beam Radiation of Peripheral Nerve using Photons >10 MeV	Procedure	ICD-10-PCS
D0073Z0	Beam Radiation of Peripheral Nerve using Electrons, Intraoperative	Procedure	ICD-10-PCS
D0073ZZ	Beam Radiation of Peripheral Nerve using Electrons	Procedure	ICD-10-PCS
D0074ZZ	Beam Radiation of Peripheral Nerve using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D0075ZZ	Beam Radiation of Peripheral Nerve using Neutrons	Procedure	ICD-10-PCS
D0076ZZ	Beam Radiation of Peripheral Nerve using Neutron Capture	Procedure	ICD-10-PCS
D01	Radiation Therapy, Central and Peripheral Nervous System, Brachytherapy	Procedure	ICD-10-PCS
D02	Radiation Therapy, Central and Peripheral Nervous System, Stereotactic Radiosurgery	Procedure	ICD-10-PCS
DOY	Radiation Therapy, Central and Peripheral Nervous System, Other Radiation	Procedure	ICD-10-PCS
DOY0	Other Radiation / Brain	Procedure	ICD-10-PCS
DOY07ZZ	Contact Radiation of Brain	Procedure	ICD-10-PCS
DOY0CZZ	Intraoperative Radiation Therapy (IORT) of Brain	Procedure	ICD-10-PCS
DOY0FZZ	Plaque Radiation of Brain	Procedure	ICD-10-PCS
DOY1	Other Radiation / Brain Stem	Procedure	ICD-10-PCS
DOY17ZZ	Contact Radiation of Brain Stem	Procedure	ICD-10-PCS
DOY1CZZ	Intraoperative Radiation Therapy (IORT) of Brain Stem	Procedure	ICD-10-PCS
DOY1FZZ	Plaque Radiation of Brain Stem	Procedure	ICD-10-PCS
DOY6	Other Radiation / Spinal Cord	Procedure	ICD-10-PCS
DOY67ZZ	Contact Radiation of Spinal Cord	Procedure	ICD-10-PCS
DOY6CZZ	Intraoperative Radiation Therapy (IORT) of Spinal Cord	Procedure	ICD-10-PCS
DOY6FZZ	Plaque Radiation of Spinal Cord	Procedure	ICD-10-PCS
DOY7	Other Radiation / Peripheral Nerve	Procedure	ICD-10-PCS
DOY77ZZ	Contact Radiation of Peripheral Nerve	Procedure	ICD-10-PCS
DOY7CZZ	Intraoperative Radiation Therapy (IORT) of Peripheral Nerve	Procedure	ICD-10-PCS



**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
D0Y7FZZ	Plaque Radiation of Peripheral Nerve	Procedure	ICD-10-PCS
D25.0	Submucous leiomyoma of uterus	Diagnosis	ICD-10-CM
D25.1	Intramural leiomyoma of uterus	Diagnosis	ICD-10-CM
D25.2	Subserosal leiomyoma of uterus	Diagnosis	ICD-10-CM
D25.9	Leiomyoma of uterus, unspecified	Diagnosis	ICD-10-CM
D37.01	Neoplasm of uncertain behavior of lip	Diagnosis	ICD-10-CM
D37.02	Neoplasm of uncertain behavior of tongue	Diagnosis	ICD-10-CM
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands	Diagnosis	ICD-10-CM
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands	Diagnosis	ICD-10-CM
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands	Diagnosis	ICD-10-CM
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified	Diagnosis	ICD-10-CM
D37.04	Neoplasm of uncertain behavior of the minor salivary glands	Diagnosis	ICD-10-CM
D37.05	Neoplasm of uncertain behavior of pharynx	Diagnosis	ICD-10-CM
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity	Diagnosis	ICD-10-CM
D37.1	Neoplasm of uncertain behavior of stomach	Diagnosis	ICD-10-CM
D37.2	Neoplasm of uncertain behavior of small intestine	Diagnosis	ICD-10-CM
D37.3	Neoplasm of uncertain behavior of appendix	Diagnosis	ICD-10-CM
D37.4	Neoplasm of uncertain behavior of colon	Diagnosis	ICD-10-CM
D37.5	Neoplasm of uncertain behavior of rectum	Diagnosis	ICD-10-CM
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts	Diagnosis	ICD-10-CM
D37.8	Neoplasm of uncertain behavior of other specified digestive organs	Diagnosis	ICD-10-CM
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified	Diagnosis	ICD-10-CM
D38.0	Neoplasm of uncertain behavior of larynx	Diagnosis	ICD-10-CM
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung	Diagnosis	ICD-10-CM
D38.2	Neoplasm of uncertain behavior of pleura	Diagnosis	ICD-10-CM
D38.3	Neoplasm of uncertain behavior of mediastinum	Diagnosis	ICD-10-CM
D38.4	Neoplasm of uncertain behavior of thymus	Diagnosis	ICD-10-CM
D38.5	Neoplasm of uncertain behavior of other respiratory organs	Diagnosis	ICD-10-CM
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified	Diagnosis	ICD-10-CM
D39.0	Neoplasm of uncertain behavior of uterus	Diagnosis	ICD-10-CM
D39.10	Neoplasm of uncertain behavior of unspecified ovary	Diagnosis	ICD-10-CM
D39.11	Neoplasm of uncertain behavior of right ovary	Diagnosis	ICD-10-CM
D39.12	Neoplasm of uncertain behavior of left ovary	Diagnosis	ICD-10-CM
D39.2	Neoplasm of uncertain behavior of placenta	Diagnosis	ICD-10-CM
D39.8	Neoplasm of uncertain behavior of other specified female genital organs	Diagnosis	ICD-10-CM
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified	Diagnosis	ICD-10-CM
D40.0	Neoplasm of uncertain behavior of prostate	Diagnosis	ICD-10-CM
D40.10	Neoplasm of uncertain behavior of unspecified testis	Diagnosis	ICD-10-CM
D40.11	Neoplasm of uncertain behavior of right testis	Diagnosis	ICD-10-CM
D40.12	Neoplasm of uncertain behavior of left testis	Diagnosis	ICD-10-CM
D40.8	Neoplasm of uncertain behavior of other specified male genital organs	Diagnosis	ICD-10-CM
D40.9	Neoplasm of uncertain behavior of male genital organ, unspecified	Diagnosis	ICD-10-CM
D41.00	Neoplasm of uncertain behavior of unspecified kidney	Diagnosis	ICD-10-CM
D41.01	Neoplasm of uncertain behavior of right kidney	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
D41.02	Neoplasm of uncertain behavior of left kidney	Diagnosis	ICD-10-CM
D41.10	Neoplasm of uncertain behavior of unspecified renal pelvis	Diagnosis	ICD-10-CM
D41.11	Neoplasm of uncertain behavior of right renal pelvis	Diagnosis	ICD-10-CM
D41.12	Neoplasm of uncertain behavior of left renal pelvis	Diagnosis	ICD-10-CM
D41.20	Neoplasm of uncertain behavior of unspecified ureter	Diagnosis	ICD-10-CM
D41.21	Neoplasm of uncertain behavior of right ureter	Diagnosis	ICD-10-CM
D41.22	Neoplasm of uncertain behavior of left ureter	Diagnosis	ICD-10-CM
D41.3	Neoplasm of uncertain behavior of urethra	Diagnosis	ICD-10-CM
D41.4	Neoplasm of uncertain behavior of bladder	Diagnosis	ICD-10-CM
D41.8	Neoplasm of uncertain behavior of other specified urinary organs	Diagnosis	ICD-10-CM
D41.9	Neoplasm of uncertain behavior of unspecified urinary organ	Diagnosis	ICD-10-CM
D42.0	Neoplasm of uncertain behavior of cerebral meninges	Diagnosis	ICD-10-CM
D42.1	Neoplasm of uncertain behavior of spinal meninges	Diagnosis	ICD-10-CM
D42.9	Neoplasm of uncertain behavior of meninges, unspecified	Diagnosis	ICD-10-CM
D43.0	Neoplasm of uncertain behavior of brain, supratentorial	Diagnosis	ICD-10-CM
D43.1	Neoplasm of uncertain behavior of brain, infratentorial	Diagnosis	ICD-10-CM
D43.2	Neoplasm of uncertain behavior of brain, unspecified	Diagnosis	ICD-10-CM
D43.3	Neoplasm of uncertain behavior of cranial nerves	Diagnosis	ICD-10-CM
D43.4	Neoplasm of uncertain behavior of spinal cord	Diagnosis	ICD-10-CM
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system	Diagnosis	ICD-10-CM
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified	Diagnosis	ICD-10-CM
D44.0	Neoplasm of uncertain behavior of thyroid gland	Diagnosis	ICD-10-CM
D44.10	Neoplasm of uncertain behavior of unspecified adrenal gland	Diagnosis	ICD-10-CM
D44.11	Neoplasm of uncertain behavior of right adrenal gland	Diagnosis	ICD-10-CM
D44.12	Neoplasm of uncertain behavior of left adrenal gland	Diagnosis	ICD-10-CM
D44.2	Neoplasm of uncertain behavior of parathyroid gland	Diagnosis	ICD-10-CM
D44.3	Neoplasm of uncertain behavior of pituitary gland	Diagnosis	ICD-10-CM
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct	Diagnosis	ICD-10-CM
D44.5	Neoplasm of uncertain behavior of pineal gland	Diagnosis	ICD-10-CM
D44.6	Neoplasm of uncertain behavior of carotid body	Diagnosis	ICD-10-CM
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia	Diagnosis	ICD-10-CM
D44.9	Neoplasm of uncertain behavior of unspecified endocrine gland	Diagnosis	ICD-10-CM
D45	Polycythemia vera	Diagnosis	ICD-10-CM
D46.0	Refractory anemia without ring sideroblasts, so stated	Diagnosis	ICD-10-CM
D46.1	Refractory anemia with ring sideroblasts	Diagnosis	ICD-10-CM
D46.20	Refractory anemia with excess of blasts, unspecified	Diagnosis	ICD-10-CM
D46.21	Refractory anemia with excess of blasts 1	Diagnosis	ICD-10-CM
D46.22	Refractory anemia with excess of blasts 2	Diagnosis	ICD-10-CM
D46.4	Refractory anemia, unspecified	Diagnosis	ICD-10-CM
D46.9	Myelodysplastic syndrome, unspecified	Diagnosis	ICD-10-CM
D46.A	Refractory cytopenia with multilineage dysplasia	Diagnosis	ICD-10-CM
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts	Diagnosis	ICD-10-CM
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality	Diagnosis	ICD-10-CM
D46.Z	Other myelodysplastic syndromes	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
D47.01	Cutaneous mastocytosis	Diagnosis	ICD-10-CM
D47.02	Systemic mastocytosis	Diagnosis	ICD-10-CM
D47.09	Other mast cell neoplasms of uncertain behavior	Diagnosis	ICD-10-CM
D47.1	Chronic myeloproliferative disease	Diagnosis	ICD-10-CM
D47.3	Essential (hemorrhagic) thrombocythemia	Diagnosis	ICD-10-CM
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)	Diagnosis	ICD-10-CM
D47.Z2	Castleman disease	Diagnosis	ICD-10-CM
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage	Diagnosis	ICD-10-CM
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue	Diagnosis	ICD-10-CM
D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
D48.3	Neoplasm of uncertain behavior of retroperitoneum	Diagnosis	ICD-10-CM
D48.4	Neoplasm of uncertain behavior of peritoneum	Diagnosis	ICD-10-CM
D48.60	Neoplasm of uncertain behavior of unspecified breast	Diagnosis	ICD-10-CM
D48.61	Neoplasm of uncertain behavior of right breast	Diagnosis	ICD-10-CM
D48.62	Neoplasm of uncertain behavior of left breast	Diagnosis	ICD-10-CM
D48.7	Neoplasm of uncertain behavior of other specified sites	Diagnosis	ICD-10-CM
D48.9	Neoplasm of uncertain behavior, unspecified	Diagnosis	ICD-10-CM
D49.0	Neoplasm of unspecified behavior of digestive system	Diagnosis	ICD-10-CM
D49.1	Neoplasm of unspecified behavior of respiratory system	Diagnosis	ICD-10-CM
D49.3	Neoplasm of unspecified behavior of breast	Diagnosis	ICD-10-CM
D49.4	Neoplasm of unspecified behavior of bladder	Diagnosis	ICD-10-CM
D49.511	Neoplasm of unspecified behavior of right kidney	Diagnosis	ICD-10-CM
D49.512	Neoplasm of unspecified behavior of left kidney	Diagnosis	ICD-10-CM
D49.519	Neoplasm of unspecified behavior of unspecified kidney	Diagnosis	ICD-10-CM
D49.59	Neoplasm of unspecified behavior of other genitourinary organ	Diagnosis	ICD-10-CM
D49.6	Neoplasm of unspecified behavior of brain	Diagnosis	ICD-10-CM
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system	Diagnosis	ICD-10-CM
D49.81	Neoplasm of unspecified behavior of retina and choroid	Diagnosis	ICD-10-CM
D49.89	Neoplasm of unspecified behavior of other specified sites	Diagnosis	ICD-10-CM
D49.9	Neoplasm of unspecified behavior of unspecified site	Diagnosis	ICD-10-CM
D70	Radiation Therapy, Lymphatic and Hematologic System, Beam Radiation	Procedure	ICD-10-PCS
D700	Beam Radiation / Bone Marrow	Procedure	ICD-10-PCS
D7000ZZ	Beam Radiation of Bone Marrow using Photons <1 MeV	Procedure	ICD-10-PCS
D7001ZZ	Beam Radiation of Bone Marrow using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7002ZZ	Beam Radiation of Bone Marrow using Photons >10 MeV	Procedure	ICD-10-PCS
D7003Z0	Beam Radiation of Bone Marrow using Electrons, Intraoperative	Procedure	ICD-10-PCS
D7003ZZ	Beam Radiation of Bone Marrow using Electrons	Procedure	ICD-10-PCS
D7004ZZ	Beam Radiation of Bone Marrow using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7005ZZ	Beam Radiation of Bone Marrow using Neutrons	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
D7006ZZ	Beam Radiation of Bone Marrow using Neutron Capture	Procedure	ICD-10-PCS
D701	Beam Radiation / Thymus	Procedure	ICD-10-PCS
D7010ZZ	Beam Radiation of Thymus using Photons <1 MeV	Procedure	ICD-10-PCS
D7011ZZ	Beam Radiation of Thymus using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7012ZZ	Beam Radiation of Thymus using Photons >10 MeV	Procedure	ICD-10-PCS
D7013Z0	Beam Radiation of Thymus using Electrons, Intraoperative	Procedure	ICD-10-PCS
D7013ZZ	Beam Radiation of Thymus using Electrons	Procedure	ICD-10-PCS
D7014ZZ	Beam Radiation of Thymus using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7015ZZ	Beam Radiation of Thymus using Neutrons	Procedure	ICD-10-PCS
D7016ZZ	Beam Radiation of Thymus using Neutron Capture	Procedure	ICD-10-PCS
D702	Beam Radiation / Spleen	Procedure	ICD-10-PCS
D7020ZZ	Beam Radiation of Spleen using Photons <1 MeV	Procedure	ICD-10-PCS
D7021ZZ	Beam Radiation of Spleen using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7022ZZ	Beam Radiation of Spleen using Photons >10 MeV	Procedure	ICD-10-PCS
D7023Z0	Beam Radiation of Spleen using Electrons, Intraoperative	Procedure	ICD-10-PCS
D7023ZZ	Beam Radiation of Spleen using Electrons	Procedure	ICD-10-PCS
D7024ZZ	Beam Radiation of Spleen using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7025ZZ	Beam Radiation of Spleen using Neutrons	Procedure	ICD-10-PCS
D7026ZZ	Beam Radiation of Spleen using Neutron Capture	Procedure	ICD-10-PCS
D703	Beam Radiation / Lymphatics, Neck	Procedure	ICD-10-PCS
D7030ZZ	Beam Radiation of Neck Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS
D7031ZZ	Beam Radiation of Neck Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7032ZZ	Beam Radiation of Neck Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D7033Z0	Beam Radiation of Neck Lymphatics using Electrons, Intraoperative	Procedure	ICD-10-PCS
D7033ZZ	Beam Radiation of Neck Lymphatics using Electrons	Procedure	ICD-10-PCS
D7034ZZ	Beam Radiation of Neck Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7035ZZ	Beam Radiation of Neck Lymphatics using Neutrons	Procedure	ICD-10-PCS
D7036ZZ	Beam Radiation of Neck Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D704	Beam Radiation / Lymphatics, Axillary	Procedure	ICD-10-PCS
D7040ZZ	Beam Radiation of Axillary Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS
D7041ZZ	Beam Radiation of Axillary Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7042ZZ	Beam Radiation of Axillary Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D7043Z0	Beam Radiation of Axillary Lymphatics using Electrons, Intraoperative	Procedure	ICD-10-PCS
D7043ZZ	Beam Radiation of Axillary Lymphatics using Electrons	Procedure	ICD-10-PCS
D7044ZZ	Beam Radiation of Axillary Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7045ZZ	Beam Radiation of Axillary Lymphatics using Neutrons	Procedure	ICD-10-PCS
D7046ZZ	Beam Radiation of Axillary Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D705	Beam Radiation / Lymphatics, Thorax	Procedure	ICD-10-PCS
D7050ZZ	Beam Radiation of Thorax Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS
D7051ZZ	Beam Radiation of Thorax Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7052ZZ	Beam Radiation of Thorax Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D7053Z0	Beam Radiation of Thorax Lymphatics using Electrons, Intraoperative	Procedure	ICD-10-PCS
D7053ZZ	Beam Radiation of Thorax Lymphatics using Electrons	Procedure	ICD-10-PCS
D7054ZZ	Beam Radiation of Thorax Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
D7055ZZ	Beam Radiation of Thorax Lymphatics using Neutrons	Procedure	ICD-10-PCS
D7056ZZ	Beam Radiation of Thorax Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D706	Beam Radiation / Lymphatics, Abdomen	Procedure	ICD-10-PCS
D7060ZZ	Beam Radiation of Abdomen Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS
D7061ZZ	Beam Radiation of Abdomen Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7062ZZ	Beam Radiation of Abdomen Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D7063Z0	Beam Radiation of Abdomen Lymphatics using Electrons, Intraoperative	Procedure	ICD-10-PCS
D7063ZZ	Beam Radiation of Abdomen Lymphatics using Electrons	Procedure	ICD-10-PCS
D7064ZZ	Beam Radiation of Abdomen Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7065ZZ	Beam Radiation of Abdomen Lymphatics using Neutrons	Procedure	ICD-10-PCS
D7066ZZ	Beam Radiation of Abdomen Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D707	Beam Radiation / Lymphatics, Pelvis	Procedure	ICD-10-PCS
D7070ZZ	Beam Radiation of Pelvis Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS
D7071ZZ	Beam Radiation of Pelvis Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7072ZZ	Beam Radiation of Pelvis Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D7073Z0	Beam Radiation of Pelvis Lymphatics using Electrons, Intraoperative	Procedure	ICD-10-PCS
D7073ZZ	Beam Radiation of Pelvis Lymphatics using Electrons	Procedure	ICD-10-PCS
D7074ZZ	Beam Radiation of Pelvis Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7075ZZ	Beam Radiation of Pelvis Lymphatics using Neutrons	Procedure	ICD-10-PCS
D7076ZZ	Beam Radiation of Pelvis Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D708	Beam Radiation / Lymphatics, Inguinal	Procedure	ICD-10-PCS
D7080ZZ	Beam Radiation of Inguinal Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS
D7081ZZ	Beam Radiation of Inguinal Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7082ZZ	Beam Radiation of Inguinal Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D7083Z0	Beam Radiation of Inguinal Lymphatics using Electrons, Intraoperative	Procedure	ICD-10-PCS
D7083ZZ	Beam Radiation of Inguinal Lymphatics using Electrons	Procedure	ICD-10-PCS
D7084ZZ	Beam Radiation of Inguinal Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7085ZZ	Beam Radiation of Inguinal Lymphatics using Neutrons	Procedure	ICD-10-PCS
D7086ZZ	Beam Radiation of Inguinal Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D71	Radiation Therapy, Lymphatic and Hematologic System, Brachytherapy	Procedure	ICD-10-PCS
D72	Radiation Therapy, Lymphatic and Hematologic System, Stereotactic Radiosurgery	Procedure	ICD-10-PCS
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	Procedure	HCPCS
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	Procedure	HCPCS
D7Y	Radiation Therapy, Lymphatic and Hematologic System, Other Radiation	Procedure	ICD-10-PCS
D7Y0	Other Radiation / Bone Marrow	Procedure	ICD-10-PCS
D7Y0FZZ	Plaque Radiation of Bone Marrow	Procedure	ICD-10-PCS
D7Y1	Other Radiation / Thymus	Procedure	ICD-10-PCS
D7Y1FZZ	Plaque Radiation of Thymus	Procedure	ICD-10-PCS
D7Y2	Other Radiation / Spleen	Procedure	ICD-10-PCS
D7Y2FZZ	Plaque Radiation of Spleen	Procedure	ICD-10-PCS
D7Y3	Other Radiation / Lymphatics, Neck	Procedure	ICD-10-PCS
D7Y3FZZ	Plaque Radiation of Neck Lymphatics	Procedure	ICD-10-PCS
D7Y4	Other Radiation / Lymphatics, Axillary	Procedure	ICD-10-PCS
D7Y4FZZ	Plaque Radiation of Axillary Lymphatics	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
D7Y5	Other Radiation / Lymphatics, Thorax	Procedure	ICD-10-PCS
D7Y5FZZ	Plaque Radiation of Thorax Lymphatics	Procedure	ICD-10-PCS
D7Y6	Other Radiation / Lymphatics, Abdomen	Procedure	ICD-10-PCS
D7Y6FZZ	Plaque Radiation of Abdomen Lymphatics	Procedure	ICD-10-PCS
D7Y7	Other Radiation / Lymphatics, Pelvis	Procedure	ICD-10-PCS
D7Y7FZZ	Plaque Radiation of Pelvis Lymphatics	Procedure	ICD-10-PCS
D7Y8	Other Radiation / Lymphatics, Inguinal	Procedure	ICD-10-PCS
D7Y8FZZ	Plaque Radiation of Inguinal Lymphatics	Procedure	ICD-10-PCS
D80	Radiation Therapy, Eye, Beam Radiation	Procedure	ICD-10-PCS
D800	Beam Radiation / Eye	Procedure	ICD-10-PCS
D8000ZZ	Beam Radiation of Eye using Photons <1 MeV	Procedure	ICD-10-PCS
D8001ZZ	Beam Radiation of Eye using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D8002ZZ	Beam Radiation of Eye using Photons >10 MeV	Procedure	ICD-10-PCS
D8003Z0	Beam Radiation of Eye using Electrons, Intraoperative	Procedure	ICD-10-PCS
D8003ZZ	Beam Radiation of Eye using Electrons	Procedure	ICD-10-PCS
D8004ZZ	Beam Radiation of Eye using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D8005ZZ	Beam Radiation of Eye using Neutrons	Procedure	ICD-10-PCS
D8006ZZ	Beam Radiation of Eye using Neutron Capture	Procedure	ICD-10-PCS
D81	Radiation Therapy, Eye, Brachytherapy	Procedure	ICD-10-PCS
D82	Radiation Therapy, Eye, Stereotactic Radiosurgery	Procedure	ICD-10-PCS
D8Y	Radiation Therapy, Eye, Other Radiation	Procedure	ICD-10-PCS
D8Y0	Other Radiation / Eye	Procedure	ICD-10-PCS
D8Y07ZZ	Contact Radiation of Eye	Procedure	ICD-10-PCS
D8Y0FZZ	Plaque Radiation of Eye	Procedure	ICD-10-PCS
D90	Radiation Therapy, Ear, Nose, Mouth and Throat, Beam Radiation	Procedure	ICD-10-PCS
D900	Beam Radiation / Ear	Procedure	ICD-10-PCS
D9000ZZ	Beam Radiation of Ear using Photons <1 MeV	Procedure	ICD-10-PCS
D9001ZZ	Beam Radiation of Ear using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9002ZZ	Beam Radiation of Ear using Photons >10 MeV	Procedure	ICD-10-PCS
D9003Z0	Beam Radiation of Ear using Electrons, Intraoperative	Procedure	ICD-10-PCS
D9003ZZ	Beam Radiation of Ear using Electrons	Procedure	ICD-10-PCS
D9004ZZ	Beam Radiation of Ear using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9005ZZ	Beam Radiation of Ear using Neutrons	Procedure	ICD-10-PCS
D9006ZZ	Beam Radiation of Ear using Neutron Capture	Procedure	ICD-10-PCS
D901	Beam Radiation / Nose	Procedure	ICD-10-PCS
D9010ZZ	Beam Radiation of Nose using Photons <1 MeV	Procedure	ICD-10-PCS
D9011ZZ	Beam Radiation of Nose using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9012ZZ	Beam Radiation of Nose using Photons >10 MeV	Procedure	ICD-10-PCS
D9013Z0	Beam Radiation of Nose using Electrons, Intraoperative	Procedure	ICD-10-PCS
D9013ZZ	Beam Radiation of Nose using Electrons	Procedure	ICD-10-PCS
D9014ZZ	Beam Radiation of Nose using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9015ZZ	Beam Radiation of Nose using Neutrons	Procedure	ICD-10-PCS
D9016ZZ	Beam Radiation of Nose using Neutron Capture	Procedure	ICD-10-PCS
D903	Beam Radiation / Hypopharynx	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
D9030ZZ	Beam Radiation of Hypopharynx using Photons <1 MeV	Procedure	ICD-10-PCS
D9031ZZ	Beam Radiation of Hypopharynx using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9032ZZ	Beam Radiation of Hypopharynx using Photons >10 MeV	Procedure	ICD-10-PCS
D9033Z0	Beam Radiation of Hypopharynx using Electrons, Intraoperative	Procedure	ICD-10-PCS
D9033ZZ	Beam Radiation of Hypopharynx using Electrons	Procedure	ICD-10-PCS
D9034ZZ	Beam Radiation of Hypopharynx using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9035ZZ	Beam Radiation of Hypopharynx using Neutrons	Procedure	ICD-10-PCS
D9036ZZ	Beam Radiation of Hypopharynx using Neutron Capture	Procedure	ICD-10-PCS
D904	Beam Radiation / Mouth	Procedure	ICD-10-PCS
D9040ZZ	Beam Radiation of Mouth using Photons <1 MeV	Procedure	ICD-10-PCS
D9041ZZ	Beam Radiation of Mouth using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9042ZZ	Beam Radiation of Mouth using Photons >10 MeV	Procedure	ICD-10-PCS
D9043Z0	Beam Radiation of Mouth using Electrons, Intraoperative	Procedure	ICD-10-PCS
D9043ZZ	Beam Radiation of Mouth using Electrons	Procedure	ICD-10-PCS
D9044ZZ	Beam Radiation of Mouth using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9045ZZ	Beam Radiation of Mouth using Neutrons	Procedure	ICD-10-PCS
D9046ZZ	Beam Radiation of Mouth using Neutron Capture	Procedure	ICD-10-PCS
D905	Beam Radiation / Tongue	Procedure	ICD-10-PCS
D9050ZZ	Beam Radiation of Tongue using Photons <1 MeV	Procedure	ICD-10-PCS
D9051ZZ	Beam Radiation of Tongue using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9052ZZ	Beam Radiation of Tongue using Photons >10 MeV	Procedure	ICD-10-PCS
D9053Z0	Beam Radiation of Tongue using Electrons, Intraoperative	Procedure	ICD-10-PCS
D9053ZZ	Beam Radiation of Tongue using Electrons	Procedure	ICD-10-PCS
D9054ZZ	Beam Radiation of Tongue using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9055ZZ	Beam Radiation of Tongue using Neutrons	Procedure	ICD-10-PCS
D9056ZZ	Beam Radiation of Tongue using Neutron Capture	Procedure	ICD-10-PCS
D906	Beam Radiation / Salivary Glands	Procedure	ICD-10-PCS
D9060ZZ	Beam Radiation of Salivary Glands using Photons <1 MeV	Procedure	ICD-10-PCS
D9061ZZ	Beam Radiation of Salivary Glands using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9062ZZ	Beam Radiation of Salivary Glands using Photons >10 MeV	Procedure	ICD-10-PCS
D9063Z0	Beam Radiation of Salivary Glands using Electrons, Intraoperative	Procedure	ICD-10-PCS
D9063ZZ	Beam Radiation of Salivary Glands using Electrons	Procedure	ICD-10-PCS
D9064ZZ	Beam Radiation of Salivary Glands using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9065ZZ	Beam Radiation of Salivary Glands using Neutrons	Procedure	ICD-10-PCS
D9066ZZ	Beam Radiation of Salivary Glands using Neutron Capture	Procedure	ICD-10-PCS
D907	Beam Radiation / Sinuses	Procedure	ICD-10-PCS
D9070ZZ	Beam Radiation of Sinuses using Photons <1 MeV	Procedure	ICD-10-PCS
D9071ZZ	Beam Radiation of Sinuses using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9072ZZ	Beam Radiation of Sinuses using Photons >10 MeV	Procedure	ICD-10-PCS
D9073Z0	Beam Radiation of Sinuses using Electrons, Intraoperative	Procedure	ICD-10-PCS
D9073ZZ	Beam Radiation of Sinuses using Electrons	Procedure	ICD-10-PCS
D9074ZZ	Beam Radiation of Sinuses using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9075ZZ	Beam Radiation of Sinuses using Neutrons	Procedure	ICD-10-PCS
D9076ZZ	Beam Radiation of Sinuses using Neutron Capture	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
D908	Beam Radiation / Hard Palate	Procedure	ICD-10-PCS
D9080ZZ	Beam Radiation of Hard Palate using Photons <1 MeV	Procedure	ICD-10-PCS
D9081ZZ	Beam Radiation of Hard Palate using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9082ZZ	Beam Radiation of Hard Palate using Photons >10 MeV	Procedure	ICD-10-PCS
D9083Z0	Beam Radiation of Hard Palate using Electrons, Intraoperative	Procedure	ICD-10-PCS
D9083ZZ	Beam Radiation of Hard Palate using Electrons	Procedure	ICD-10-PCS
D9084ZZ	Beam Radiation of Hard Palate using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9085ZZ	Beam Radiation of Hard Palate using Neutrons	Procedure	ICD-10-PCS
D9086ZZ	Beam Radiation of Hard Palate using Neutron Capture	Procedure	ICD-10-PCS
D909	Beam Radiation / Soft Palate	Procedure	ICD-10-PCS
D9090ZZ	Beam Radiation of Soft Palate using Photons <1 MeV	Procedure	ICD-10-PCS
D9091ZZ	Beam Radiation of Soft Palate using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9092ZZ	Beam Radiation of Soft Palate using Photons >10 MeV	Procedure	ICD-10-PCS
D9093Z0	Beam Radiation of Soft Palate using Electrons, Intraoperative	Procedure	ICD-10-PCS
D9093ZZ	Beam Radiation of Soft Palate using Electrons	Procedure	ICD-10-PCS
D9094ZZ	Beam Radiation of Soft Palate using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9095ZZ	Beam Radiation of Soft Palate using Neutrons	Procedure	ICD-10-PCS
D9096ZZ	Beam Radiation of Soft Palate using Neutron Capture	Procedure	ICD-10-PCS
D90B	Beam Radiation / Larynx	Procedure	ICD-10-PCS
D90B0ZZ	Beam Radiation of Larynx using Photons <1 MeV	Procedure	ICD-10-PCS
D90B1ZZ	Beam Radiation of Larynx using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D90B2ZZ	Beam Radiation of Larynx using Photons >10 MeV	Procedure	ICD-10-PCS
D90B3Z0	Beam Radiation of Larynx using Electrons, Intraoperative	Procedure	ICD-10-PCS
D90B3ZZ	Beam Radiation of Larynx using Electrons	Procedure	ICD-10-PCS
D90B4ZZ	Beam Radiation of Larynx using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D90B5ZZ	Beam Radiation of Larynx using Neutrons	Procedure	ICD-10-PCS
D90B6ZZ	Beam Radiation of Larynx using Neutron Capture	Procedure	ICD-10-PCS
D90D	Beam Radiation / Nasopharynx	Procedure	ICD-10-PCS
D90D0ZZ	Beam Radiation of Nasopharynx using Photons <1 MeV	Procedure	ICD-10-PCS
D90D1ZZ	Beam Radiation of Nasopharynx using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D90D2ZZ	Beam Radiation of Nasopharynx using Photons >10 MeV	Procedure	ICD-10-PCS
D90D3Z0	Beam Radiation of Nasopharynx using Electrons, Intraoperative	Procedure	ICD-10-PCS
D90D3ZZ	Beam Radiation of Nasopharynx using Electrons	Procedure	ICD-10-PCS
D90D4ZZ	Beam Radiation of Nasopharynx using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D90D5ZZ	Beam Radiation of Nasopharynx using Neutrons	Procedure	ICD-10-PCS
D90D6ZZ	Beam Radiation of Nasopharynx using Neutron Capture	Procedure	ICD-10-PCS
D90F	Beam Radiation / Oropharynx	Procedure	ICD-10-PCS
D90F0ZZ	Beam Radiation of Oropharynx using Photons <1 MeV	Procedure	ICD-10-PCS
D90F1ZZ	Beam Radiation of Oropharynx using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D90F2ZZ	Beam Radiation of Oropharynx using Photons >10 MeV	Procedure	ICD-10-PCS
D90F3Z0	Beam Radiation of Oropharynx using Electrons, Intraoperative	Procedure	ICD-10-PCS
D90F3ZZ	Beam Radiation of Oropharynx using Electrons	Procedure	ICD-10-PCS
D90F4ZZ	Beam Radiation of Oropharynx using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D90F5ZZ	Beam Radiation of Oropharynx using Neutrons	Procedure	ICD-10-PCS



**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
D90F6ZZ	Beam Radiation of Oropharynx using Neutron Capture	Procedure	ICD-10-PCS
D91	Radiation Therapy, Ear, Nose, Mouth and Throat, Brachytherapy	Procedure	ICD-10-PCS
D92	Radiation Therapy, Ear, Nose, Mouth and Throat, Stereotactic Radiosurgery	Procedure	ICD-10-PCS
D9Y	Radiation Therapy, Ear, Nose, Mouth and Throat, Other Radiation	Procedure	ICD-10-PCS
D9Y0	Other Radiation / Ear	Procedure	ICD-10-PCS
D9Y07ZZ	Contact Radiation of Ear	Procedure	ICD-10-PCS
D9Y0FZZ	Plaque Radiation of Ear	Procedure	ICD-10-PCS
D9Y1	Other Radiation / Nose	Procedure	ICD-10-PCS
D9Y17ZZ	Contact Radiation of Nose	Procedure	ICD-10-PCS
D9Y1FZZ	Plaque Radiation of Nose	Procedure	ICD-10-PCS
D9Y3	Other Radiation / Hypopharynx	Procedure	ICD-10-PCS
D9Y37ZZ	Contact Radiation of Hypopharynx	Procedure	ICD-10-PCS
D9Y4	Other Radiation / Mouth	Procedure	ICD-10-PCS
D9Y47ZZ	Contact Radiation of Mouth	Procedure	ICD-10-PCS
D9Y4CZZ	Intraoperative Radiation Therapy (IORT) of Mouth	Procedure	ICD-10-PCS
D9Y4FZZ	Plaque Radiation of Mouth	Procedure	ICD-10-PCS
D9Y5	Other Radiation / Tongue	Procedure	ICD-10-PCS
D9Y57ZZ	Contact Radiation of Tongue	Procedure	ICD-10-PCS
D9Y5FZZ	Plaque Radiation of Tongue	Procedure	ICD-10-PCS
D9Y6	Other Radiation / Salivary Glands	Procedure	ICD-10-PCS
D9Y67ZZ	Contact Radiation of Salivary Glands	Procedure	ICD-10-PCS
D9Y6FZZ	Plaque Radiation of Salivary Glands	Procedure	ICD-10-PCS
D9Y7	Other Radiation / Sinuses	Procedure	ICD-10-PCS
D9Y77ZZ	Contact Radiation of Sinuses	Procedure	ICD-10-PCS
D9Y7FZZ	Plaque Radiation of Sinuses	Procedure	ICD-10-PCS
D9Y8	Other Radiation / Hard Palate	Procedure	ICD-10-PCS
D9Y87ZZ	Contact Radiation of Hard Palate	Procedure	ICD-10-PCS
D9Y8FZZ	Plaque Radiation of Hard Palate	Procedure	ICD-10-PCS
D9Y9	Other Radiation / Soft Palate	Procedure	ICD-10-PCS
D9Y97ZZ	Contact Radiation of Soft Palate	Procedure	ICD-10-PCS
D9Y9FZZ	Plaque Radiation of Soft Palate	Procedure	ICD-10-PCS
D9YB	Other Radiation / Larynx	Procedure	ICD-10-PCS
D9YB7ZZ	Contact Radiation of Larynx	Procedure	ICD-10-PCS
D9YBCZZ	Intraoperative Radiation Therapy (IORT) of Larynx	Procedure	ICD-10-PCS
D9YBFZZ	Plaque Radiation of Larynx	Procedure	ICD-10-PCS
D9YC	Other Radiation / Pharynx	Procedure	ICD-10-PCS
D9YCCZZ	Intraoperative Radiation Therapy (IORT) of Pharynx	Procedure	ICD-10-PCS
D9YCFZZ	Plaque Radiation of Pharynx	Procedure	ICD-10-PCS
D9YD	Other Radiation / Nasopharynx	Procedure	ICD-10-PCS
D9YD7ZZ	Contact Radiation of Nasopharynx	Procedure	ICD-10-PCS
D9YDCZZ	Intraoperative Radiation Therapy (IORT) of Nasopharynx	Procedure	ICD-10-PCS
D9YDFZZ	Plaque Radiation of Nasopharynx	Procedure	ICD-10-PCS
D9YF	Other Radiation / Oropharynx	Procedure	ICD-10-PCS
D9YF7ZZ	Contact Radiation of Oropharynx	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
DB0	Radiation Therapy, Respiratory System, Beam Radiation	Procedure	ICD-10-PCS
DB00	Beam Radiation / Trachea	Procedure	ICD-10-PCS
DB000ZZ	Beam Radiation of Trachea using Photons <1 MeV	Procedure	ICD-10-PCS
DB001ZZ	Beam Radiation of Trachea using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB002ZZ	Beam Radiation of Trachea using Photons >10 MeV	Procedure	ICD-10-PCS
DB003Z0	Beam Radiation of Trachea using Electrons, Intraoperative	Procedure	ICD-10-PCS
DB003ZZ	Beam Radiation of Trachea using Electrons	Procedure	ICD-10-PCS
DB004ZZ	Beam Radiation of Trachea using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB005ZZ	Beam Radiation of Trachea using Neutrons	Procedure	ICD-10-PCS
DB006ZZ	Beam Radiation of Trachea using Neutron Capture	Procedure	ICD-10-PCS
DB01	Beam Radiation / Bronchus	Procedure	ICD-10-PCS
DB010ZZ	Beam Radiation of Bronchus using Photons <1 MeV	Procedure	ICD-10-PCS
DB011ZZ	Beam Radiation of Bronchus using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB012ZZ	Beam Radiation of Bronchus using Photons >10 MeV	Procedure	ICD-10-PCS
DB013Z0	Beam Radiation of Bronchus using Electrons, Intraoperative	Procedure	ICD-10-PCS
DB013ZZ	Beam Radiation of Bronchus using Electrons	Procedure	ICD-10-PCS
DB014ZZ	Beam Radiation of Bronchus using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB015ZZ	Beam Radiation of Bronchus using Neutrons	Procedure	ICD-10-PCS
DB016ZZ	Beam Radiation of Bronchus using Neutron Capture	Procedure	ICD-10-PCS
DB02	Beam Radiation / Lung	Procedure	ICD-10-PCS
DB020ZZ	Beam Radiation of Lung using Photons <1 MeV	Procedure	ICD-10-PCS
DB021ZZ	Beam Radiation of Lung using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB022ZZ	Beam Radiation of Lung using Photons >10 MeV	Procedure	ICD-10-PCS
DB023Z0	Beam Radiation of Lung using Electrons, Intraoperative	Procedure	ICD-10-PCS
DB023ZZ	Beam Radiation of Lung using Electrons	Procedure	ICD-10-PCS
DB024ZZ	Beam Radiation of Lung using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB025ZZ	Beam Radiation of Lung using Neutrons	Procedure	ICD-10-PCS
DB026ZZ	Beam Radiation of Lung using Neutron Capture	Procedure	ICD-10-PCS
DB05	Beam Radiation / Pleura	Procedure	ICD-10-PCS
DB050ZZ	Beam Radiation of Pleura using Photons <1 MeV	Procedure	ICD-10-PCS
DB051ZZ	Beam Radiation of Pleura using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB052ZZ	Beam Radiation of Pleura using Photons >10 MeV	Procedure	ICD-10-PCS
DB053Z0	Beam Radiation of Pleura using Electrons, Intraoperative	Procedure	ICD-10-PCS
DB053ZZ	Beam Radiation of Pleura using Electrons	Procedure	ICD-10-PCS
DB054ZZ	Beam Radiation of Pleura using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB055ZZ	Beam Radiation of Pleura using Neutrons	Procedure	ICD-10-PCS
DB056ZZ	Beam Radiation of Pleura using Neutron Capture	Procedure	ICD-10-PCS
DB06	Beam Radiation / Mediastinum	Procedure	ICD-10-PCS
DB060ZZ	Beam Radiation of Mediastinum using Photons <1 MeV	Procedure	ICD-10-PCS
DB061ZZ	Beam Radiation of Mediastinum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB062ZZ	Beam Radiation of Mediastinum using Photons >10 MeV	Procedure	ICD-10-PCS
DB063Z0	Beam Radiation of Mediastinum using Electrons, Intraoperative	Procedure	ICD-10-PCS
DB063ZZ	Beam Radiation of Mediastinum using Electrons	Procedure	ICD-10-PCS
DB064ZZ	Beam Radiation of Mediastinum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
DB065ZZ	Beam Radiation of Mediastinum using Neutrons	Procedure	ICD-10-PCS
DB066ZZ	Beam Radiation of Mediastinum using Neutron Capture	Procedure	ICD-10-PCS
DB07	Beam Radiation / Chest Wall	Procedure	ICD-10-PCS
DB070ZZ	Beam Radiation of Chest Wall using Photons <1 MeV	Procedure	ICD-10-PCS
DB071ZZ	Beam Radiation of Chest Wall using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB072ZZ	Beam Radiation of Chest Wall using Photons >10 MeV	Procedure	ICD-10-PCS
DB073Z0	Beam Radiation of Chest Wall using Electrons, Intraoperative	Procedure	ICD-10-PCS
DB073ZZ	Beam Radiation of Chest Wall using Electrons	Procedure	ICD-10-PCS
DB074ZZ	Beam Radiation of Chest Wall using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB075ZZ	Beam Radiation of Chest Wall using Neutrons	Procedure	ICD-10-PCS
DB076ZZ	Beam Radiation of Chest Wall using Neutron Capture	Procedure	ICD-10-PCS
DB08	Beam Radiation / Diaphragm	Procedure	ICD-10-PCS
DB080ZZ	Beam Radiation of Diaphragm using Photons <1 MeV	Procedure	ICD-10-PCS
DB081ZZ	Beam Radiation of Diaphragm using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB082ZZ	Beam Radiation of Diaphragm using Photons >10 MeV	Procedure	ICD-10-PCS
DB083Z0	Beam Radiation of Diaphragm using Electrons, Intraoperative	Procedure	ICD-10-PCS
DB083ZZ	Beam Radiation of Diaphragm using Electrons	Procedure	ICD-10-PCS
DB084ZZ	Beam Radiation of Diaphragm using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB085ZZ	Beam Radiation of Diaphragm using Neutrons	Procedure	ICD-10-PCS
DB086ZZ	Beam Radiation of Diaphragm using Neutron Capture	Procedure	ICD-10-PCS
DB1	Radiation Therapy, Respiratory System, Brachytherapy	Procedure	ICD-10-PCS
DB2	Radiation Therapy, Respiratory System, Stereotactic Radiosurgery	Procedure	ICD-10-PCS
DBY	Radiation Therapy, Respiratory System, Other Radiation	Procedure	ICD-10-PCS
DBY0	Other Radiation / Trachea	Procedure	ICD-10-PCS
DBY07ZZ	Contact Radiation of Trachea	Procedure	ICD-10-PCS
DBY0FZZ	Plaque Radiation of Trachea	Procedure	ICD-10-PCS
DBY1	Other Radiation / Bronchus	Procedure	ICD-10-PCS
DBY17ZZ	Contact Radiation of Bronchus	Procedure	ICD-10-PCS
DBY1FZZ	Plaque Radiation of Bronchus	Procedure	ICD-10-PCS
DBY2	Other Radiation / Lung	Procedure	ICD-10-PCS
DBY27ZZ	Contact Radiation of Lung	Procedure	ICD-10-PCS
DBY2FZZ	Plaque Radiation of Lung	Procedure	ICD-10-PCS
DBY5	Other Radiation / Pleura	Procedure	ICD-10-PCS
DBY57ZZ	Contact Radiation of Pleura	Procedure	ICD-10-PCS
DBY5FZZ	Plaque Radiation of Pleura	Procedure	ICD-10-PCS
DBY6	Other Radiation / Mediastinum	Procedure	ICD-10-PCS
DBY67ZZ	Contact Radiation of Mediastinum	Procedure	ICD-10-PCS
DBY6FZZ	Plaque Radiation of Mediastinum	Procedure	ICD-10-PCS
DBY7	Other Radiation / Chest Wall	Procedure	ICD-10-PCS
DBY77ZZ	Contact Radiation of Chest Wall	Procedure	ICD-10-PCS
DBY7FZZ	Plaque Radiation of Chest Wall	Procedure	ICD-10-PCS
DBY8	Other Radiation / Diaphragm	Procedure	ICD-10-PCS
DBY87ZZ	Contact Radiation of Diaphragm	Procedure	ICD-10-PCS
DBY8FZZ	Plaque Radiation of Diaphragm	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
DD0	Radiation Therapy, Gastrointestinal System, Beam Radiation	Procedure	ICD-10-PCS
DD00	Beam Radiation / Esophagus	Procedure	ICD-10-PCS
DD000ZZ	Beam Radiation of Esophagus using Photons <1 MeV	Procedure	ICD-10-PCS
DD001ZZ	Beam Radiation of Esophagus using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD002ZZ	Beam Radiation of Esophagus using Photons >10 MeV	Procedure	ICD-10-PCS
DD003Z0	Beam Radiation of Esophagus using Electrons, Intraoperative	Procedure	ICD-10-PCS
DD003ZZ	Beam Radiation of Esophagus using Electrons	Procedure	ICD-10-PCS
DD004ZZ	Beam Radiation of Esophagus using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD005ZZ	Beam Radiation of Esophagus using Neutrons	Procedure	ICD-10-PCS
DD006ZZ	Beam Radiation of Esophagus using Neutron Capture	Procedure	ICD-10-PCS
DD01	Beam Radiation / Stomach	Procedure	ICD-10-PCS
DD010ZZ	Beam Radiation of Stomach using Photons <1 MeV	Procedure	ICD-10-PCS
DD011ZZ	Beam Radiation of Stomach using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD012ZZ	Beam Radiation of Stomach using Photons >10 MeV	Procedure	ICD-10-PCS
DD013Z0	Beam Radiation of Stomach using Electrons, Intraoperative	Procedure	ICD-10-PCS
DD013ZZ	Beam Radiation of Stomach using Electrons	Procedure	ICD-10-PCS
DD014ZZ	Beam Radiation of Stomach using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD015ZZ	Beam Radiation of Stomach using Neutrons	Procedure	ICD-10-PCS
DD016ZZ	Beam Radiation of Stomach using Neutron Capture	Procedure	ICD-10-PCS
DD02	Beam Radiation / Duodenum	Procedure	ICD-10-PCS
DD020ZZ	Beam Radiation of Duodenum using Photons <1 MeV	Procedure	ICD-10-PCS
DD021ZZ	Beam Radiation of Duodenum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD022ZZ	Beam Radiation of Duodenum using Photons >10 MeV	Procedure	ICD-10-PCS
DD023Z0	Beam Radiation of Duodenum using Electrons, Intraoperative	Procedure	ICD-10-PCS
DD023ZZ	Beam Radiation of Duodenum using Electrons	Procedure	ICD-10-PCS
DD024ZZ	Beam Radiation of Duodenum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD025ZZ	Beam Radiation of Duodenum using Neutrons	Procedure	ICD-10-PCS
DD026ZZ	Beam Radiation of Duodenum using Neutron Capture	Procedure	ICD-10-PCS
DD03	Beam Radiation / Jejunum	Procedure	ICD-10-PCS
DD030ZZ	Beam Radiation of Jejunum using Photons <1 MeV	Procedure	ICD-10-PCS
DD031ZZ	Beam Radiation of Jejunum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD032ZZ	Beam Radiation of Jejunum using Photons >10 MeV	Procedure	ICD-10-PCS
DD033Z0	Beam Radiation of Jejunum using Electrons, Intraoperative	Procedure	ICD-10-PCS
DD033ZZ	Beam Radiation of Jejunum using Electrons	Procedure	ICD-10-PCS
DD034ZZ	Beam Radiation of Jejunum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD035ZZ	Beam Radiation of Jejunum using Neutrons	Procedure	ICD-10-PCS
DD036ZZ	Beam Radiation of Jejunum using Neutron Capture	Procedure	ICD-10-PCS
DD04	Beam Radiation / Ileum	Procedure	ICD-10-PCS
DD040ZZ	Beam Radiation of Ileum using Photons <1 MeV	Procedure	ICD-10-PCS
DD041ZZ	Beam Radiation of Ileum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD042ZZ	Beam Radiation of Ileum using Photons >10 MeV	Procedure	ICD-10-PCS
DD043Z0	Beam Radiation of Ileum using Electrons, Intraoperative	Procedure	ICD-10-PCS
DD043ZZ	Beam Radiation of Ileum using Electrons	Procedure	ICD-10-PCS
DD044ZZ	Beam Radiation of Ileum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
DD045ZZ	Beam Radiation of Ileum using Neutrons	Procedure	ICD-10-PCS
DD046ZZ	Beam Radiation of Ileum using Neutron Capture	Procedure	ICD-10-PCS
DD05	Beam Radiation / Colon	Procedure	ICD-10-PCS
DD050ZZ	Beam Radiation of Colon using Photons <1 MeV	Procedure	ICD-10-PCS
DD051ZZ	Beam Radiation of Colon using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD052ZZ	Beam Radiation of Colon using Photons >10 MeV	Procedure	ICD-10-PCS
DD053Z0	Beam Radiation of Colon using Electrons, Intraoperative	Procedure	ICD-10-PCS
DD053ZZ	Beam Radiation of Colon using Electrons	Procedure	ICD-10-PCS
DD054ZZ	Beam Radiation of Colon using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD055ZZ	Beam Radiation of Colon using Neutrons	Procedure	ICD-10-PCS
DD056ZZ	Beam Radiation of Colon using Neutron Capture	Procedure	ICD-10-PCS
DD07	Beam Radiation / Rectum	Procedure	ICD-10-PCS
DD070ZZ	Beam Radiation of Rectum using Photons <1 MeV	Procedure	ICD-10-PCS
DD071ZZ	Beam Radiation of Rectum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD072ZZ	Beam Radiation of Rectum using Photons >10 MeV	Procedure	ICD-10-PCS
DD073Z0	Beam Radiation of Rectum using Electrons, Intraoperative	Procedure	ICD-10-PCS
DD073ZZ	Beam Radiation of Rectum using Electrons	Procedure	ICD-10-PCS
DD074ZZ	Beam Radiation of Rectum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD075ZZ	Beam Radiation of Rectum using Neutrons	Procedure	ICD-10-PCS
DD076ZZ	Beam Radiation of Rectum using Neutron Capture	Procedure	ICD-10-PCS
DD1	Radiation Therapy, Gastrointestinal System, Brachytherapy	Procedure	ICD-10-PCS
DD2	Radiation Therapy, Gastrointestinal System, Stereotactic Radiosurgery	Procedure	ICD-10-PCS
DDY	Radiation Therapy, Gastrointestinal System, Other Radiation	Procedure	ICD-10-PCS
DDY0	Other Radiation / Esophagus	Procedure	ICD-10-PCS
DDY07ZZ	Contact Radiation of Esophagus	Procedure	ICD-10-PCS
DDY0FZZ	Plaque Radiation of Esophagus	Procedure	ICD-10-PCS
DDY1	Other Radiation / Stomach	Procedure	ICD-10-PCS
DDY17ZZ	Contact Radiation of Stomach	Procedure	ICD-10-PCS
DDY1CZZ	Intraoperative Radiation Therapy (IORT) of Stomach	Procedure	ICD-10-PCS
DDY1FZZ	Plaque Radiation of Stomach	Procedure	ICD-10-PCS
DDY2	Other Radiation / Duodenum	Procedure	ICD-10-PCS
DDY27ZZ	Contact Radiation of Duodenum	Procedure	ICD-10-PCS
DDY2CZZ	Intraoperative Radiation Therapy (IORT) of Duodenum	Procedure	ICD-10-PCS
DDY2FZZ	Plaque Radiation of Duodenum	Procedure	ICD-10-PCS
DDY3	Other Radiation / Jejunum	Procedure	ICD-10-PCS
DDY37ZZ	Contact Radiation of Jejunum	Procedure	ICD-10-PCS
DDY3CZZ	Intraoperative Radiation Therapy (IORT) of Jejunum	Procedure	ICD-10-PCS
DDY3FZZ	Plaque Radiation of Jejunum	Procedure	ICD-10-PCS
DDY4	Other Radiation / Ileum	Procedure	ICD-10-PCS
DDY47ZZ	Contact Radiation of Ileum	Procedure	ICD-10-PCS
DDY4CZZ	Intraoperative Radiation Therapy (IORT) of Ileum	Procedure	ICD-10-PCS
DDY4FZZ	Plaque Radiation of Ileum	Procedure	ICD-10-PCS
DDY5	Other Radiation / Colon	Procedure	ICD-10-PCS
DDY57ZZ	Contact Radiation of Colon	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
DDY5CZZ	Intraoperative Radiation Therapy (IORT) of Colon	Procedure	ICD-10-PCS
DDY5FZZ	Plaque Radiation of Colon	Procedure	ICD-10-PCS
DDY7	Other Radiation / Rectum	Procedure	ICD-10-PCS
DDY77ZZ	Contact Radiation of Rectum	Procedure	ICD-10-PCS
DDY7CZZ	Intraoperative Radiation Therapy (IORT) of Rectum	Procedure	ICD-10-PCS
DDY7FZZ	Plaque Radiation of Rectum	Procedure	ICD-10-PCS
DDY8	Other Radiation / Anus	Procedure	ICD-10-PCS
DDY8CZZ	Intraoperative Radiation Therapy (IORT) of Anus	Procedure	ICD-10-PCS
DDY8FZZ	Plaque Radiation of Anus	Procedure	ICD-10-PCS
DF0	Radiation Therapy, Hepatobiliary System and Pancreas, Beam Radiation	Procedure	ICD-10-PCS
DF00	Beam Radiation / Liver	Procedure	ICD-10-PCS
DF000ZZ	Beam Radiation of Liver using Photons <1 MeV	Procedure	ICD-10-PCS
DF001ZZ	Beam Radiation of Liver using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DF002ZZ	Beam Radiation of Liver using Photons >10 MeV	Procedure	ICD-10-PCS
DF003Z0	Beam Radiation of Liver using Electrons, Intraoperative	Procedure	ICD-10-PCS
DF003ZZ	Beam Radiation of Liver using Electrons	Procedure	ICD-10-PCS
DF004ZZ	Beam Radiation of Liver using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DF005ZZ	Beam Radiation of Liver using Neutrons	Procedure	ICD-10-PCS
DF006ZZ	Beam Radiation of Liver using Neutron Capture	Procedure	ICD-10-PCS
DF01	Beam Radiation / Gallbladder	Procedure	ICD-10-PCS
DF010ZZ	Beam Radiation of Gallbladder using Photons <1 MeV	Procedure	ICD-10-PCS
DF011ZZ	Beam Radiation of Gallbladder using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DF012ZZ	Beam Radiation of Gallbladder using Photons >10 MeV	Procedure	ICD-10-PCS
DF013Z0	Beam Radiation of Gallbladder using Electrons, Intraoperative	Procedure	ICD-10-PCS
DF013ZZ	Beam Radiation of Gallbladder using Electrons	Procedure	ICD-10-PCS
DF014ZZ	Beam Radiation of Gallbladder using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DF015ZZ	Beam Radiation of Gallbladder using Neutrons	Procedure	ICD-10-PCS
DF016ZZ	Beam Radiation of Gallbladder using Neutron Capture	Procedure	ICD-10-PCS
DF02	Beam Radiation / Bile Ducts	Procedure	ICD-10-PCS
DF020ZZ	Beam Radiation of Bile Ducts using Photons <1 MeV	Procedure	ICD-10-PCS
DF021ZZ	Beam Radiation of Bile Ducts using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DF022ZZ	Beam Radiation of Bile Ducts using Photons >10 MeV	Procedure	ICD-10-PCS
DF023Z0	Beam Radiation of Bile Ducts using Electrons, Intraoperative	Procedure	ICD-10-PCS
DF023ZZ	Beam Radiation of Bile Ducts using Electrons	Procedure	ICD-10-PCS
DF024ZZ	Beam Radiation of Bile Ducts using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DF025ZZ	Beam Radiation of Bile Ducts using Neutrons	Procedure	ICD-10-PCS
DF026ZZ	Beam Radiation of Bile Ducts using Neutron Capture	Procedure	ICD-10-PCS
DF03	Beam Radiation / Pancreas	Procedure	ICD-10-PCS
DF030ZZ	Beam Radiation of Pancreas using Photons <1 MeV	Procedure	ICD-10-PCS
DF031ZZ	Beam Radiation of Pancreas using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DF032ZZ	Beam Radiation of Pancreas using Photons >10 MeV	Procedure	ICD-10-PCS
DF033Z0	Beam Radiation of Pancreas using Electrons, Intraoperative	Procedure	ICD-10-PCS
DF033ZZ	Beam Radiation of Pancreas using Electrons	Procedure	ICD-10-PCS
DF034ZZ	Beam Radiation of Pancreas using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
DF035ZZ	Beam Radiation of Pancreas using Neutrons	Procedure	ICD-10-PCS
DF036ZZ	Beam Radiation of Pancreas using Neutron Capture	Procedure	ICD-10-PCS
DF1	Radiation Therapy, Hepatobiliary System and Pancreas, Brachytherapy	Procedure	ICD-10-PCS
DF2	Radiation Therapy, Hepatobiliary System and Pancreas, Stereotactic Radiosurgery	Procedure	ICD-10-PCS
DFY	Radiation Therapy, Hepatobiliary System and Pancreas, Other Radiation	Procedure	ICD-10-PCS
DFY0	Other Radiation / Liver	Procedure	ICD-10-PCS
DFY07ZZ	Contact Radiation of Liver	Procedure	ICD-10-PCS
DFY0CZZ	Intraoperative Radiation Therapy (IORT) of Liver	Procedure	ICD-10-PCS
DFY0FZZ	Plaque Radiation of Liver	Procedure	ICD-10-PCS
DFY1	Other Radiation / Gallbladder	Procedure	ICD-10-PCS
DFY17ZZ	Contact Radiation of Gallbladder	Procedure	ICD-10-PCS
DFY1CZZ	Intraoperative Radiation Therapy (IORT) of Gallbladder	Procedure	ICD-10-PCS
DFY1FZZ	Plaque Radiation of Gallbladder	Procedure	ICD-10-PCS
DFY2	Other Radiation / Bile Ducts	Procedure	ICD-10-PCS
DFY27ZZ	Contact Radiation of Bile Ducts	Procedure	ICD-10-PCS
DFY2CZZ	Intraoperative Radiation Therapy (IORT) of Bile Ducts	Procedure	ICD-10-PCS
DFY2FZZ	Plaque Radiation of Bile Ducts	Procedure	ICD-10-PCS
DFY3	Other Radiation / Pancreas	Procedure	ICD-10-PCS
DFY37ZZ	Contact Radiation of Pancreas	Procedure	ICD-10-PCS
DFY3CZZ	Intraoperative Radiation Therapy (IORT) of Pancreas	Procedure	ICD-10-PCS
DFY3FZZ	Plaque Radiation of Pancreas	Procedure	ICD-10-PCS
DG0	Radiation Therapy, Endocrine System, Beam Radiation	Procedure	ICD-10-PCS
DG00	Beam Radiation / Pituitary Gland	Procedure	ICD-10-PCS
DG000ZZ	Beam Radiation of Pituitary Gland using Photons <1 MeV	Procedure	ICD-10-PCS
DG001ZZ	Beam Radiation of Pituitary Gland using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DG002ZZ	Beam Radiation of Pituitary Gland using Photons >10 MeV	Procedure	ICD-10-PCS
DG003Z0	Beam Radiation of Pituitary Gland using Electrons, Intraoperative	Procedure	ICD-10-PCS
DG003ZZ	Beam Radiation of Pituitary Gland using Electrons	Procedure	ICD-10-PCS
DG005ZZ	Beam Radiation of Pituitary Gland using Neutrons	Procedure	ICD-10-PCS
DG006ZZ	Beam Radiation of Pituitary Gland using Neutron Capture	Procedure	ICD-10-PCS
DG01	Beam Radiation / Pineal Body	Procedure	ICD-10-PCS
DG010ZZ	Beam Radiation of Pineal Body using Photons <1 MeV	Procedure	ICD-10-PCS
DG011ZZ	Beam Radiation of Pineal Body using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DG012ZZ	Beam Radiation of Pineal Body using Photons >10 MeV	Procedure	ICD-10-PCS
DG013Z0	Beam Radiation of Pineal Body using Electrons, Intraoperative	Procedure	ICD-10-PCS
DG013ZZ	Beam Radiation of Pineal Body using Electrons	Procedure	ICD-10-PCS
DG015ZZ	Beam Radiation of Pineal Body using Neutrons	Procedure	ICD-10-PCS
DG016ZZ	Beam Radiation of Pineal Body using Neutron Capture	Procedure	ICD-10-PCS
DG02	Beam Radiation / Adrenal Glands	Procedure	ICD-10-PCS
DG020ZZ	Beam Radiation of Adrenal Glands using Photons <1 MeV	Procedure	ICD-10-PCS
DG021ZZ	Beam Radiation of Adrenal Glands using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DG022ZZ	Beam Radiation of Adrenal Glands using Photons >10 MeV	Procedure	ICD-10-PCS
DG023Z0	Beam Radiation of Adrenal Glands using Electrons, Intraoperative	Procedure	ICD-10-PCS
DG023ZZ	Beam Radiation of Adrenal Glands using Electrons	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
DG025ZZ	Beam Radiation of Adrenal Glands using Neutrons	Procedure	ICD-10-PCS
DG026ZZ	Beam Radiation of Adrenal Glands using Neutron Capture	Procedure	ICD-10-PCS
DG04	Beam Radiation / Parathyroid Glands	Procedure	ICD-10-PCS
DG040ZZ	Beam Radiation of Parathyroid Glands using Photons <1 MeV	Procedure	ICD-10-PCS
DG041ZZ	Beam Radiation of Parathyroid Glands using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DG042ZZ	Beam Radiation of Parathyroid Glands using Photons >10 MeV	Procedure	ICD-10-PCS
DG043Z0	Beam Radiation of Parathyroid Glands using Electrons, Intraoperative	Procedure	ICD-10-PCS
DG043ZZ	Beam Radiation of Parathyroid Glands using Electrons	Procedure	ICD-10-PCS
DG045ZZ	Beam Radiation of Parathyroid Glands using Neutrons	Procedure	ICD-10-PCS
DG046ZZ	Beam Radiation of Parathyroid Glands using Neutron Capture	Procedure	ICD-10-PCS
DG05	Beam Radiation / Thyroid	Procedure	ICD-10-PCS
DG050ZZ	Beam Radiation of Thyroid using Photons <1 MeV	Procedure	ICD-10-PCS
DG051ZZ	Beam Radiation of Thyroid using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DG052ZZ	Beam Radiation of Thyroid using Photons >10 MeV	Procedure	ICD-10-PCS
DG053Z0	Beam Radiation of Thyroid using Electrons, Intraoperative	Procedure	ICD-10-PCS
DG053ZZ	Beam Radiation of Thyroid using Electrons	Procedure	ICD-10-PCS
DG055ZZ	Beam Radiation of Thyroid using Neutrons	Procedure	ICD-10-PCS
DG056ZZ	Beam Radiation of Thyroid using Neutron Capture	Procedure	ICD-10-PCS
DG1	Radiation Therapy, Endocrine System, Brachytherapy	Procedure	ICD-10-PCS
DG2	Radiation Therapy, Endocrine System, Stereotactic Radiosurgery	Procedure	ICD-10-PCS
DGY	Radiation Therapy, Endocrine System, Other Radiation	Procedure	ICD-10-PCS
DGY0	Other Radiation / Pituitary Gland	Procedure	ICD-10-PCS
DGY07ZZ	Contact Radiation of Pituitary Gland	Procedure	ICD-10-PCS
DGY0FZZ	Plaque Radiation of Pituitary Gland	Procedure	ICD-10-PCS
DGY1	Other Radiation / Pineal Body	Procedure	ICD-10-PCS
DGY17ZZ	Contact Radiation of Pineal Body	Procedure	ICD-10-PCS
DGY1FZZ	Plaque Radiation of Pineal Body	Procedure	ICD-10-PCS
DGY2	Other Radiation / Adrenal Glands	Procedure	ICD-10-PCS
DGY27ZZ	Contact Radiation of Adrenal Glands	Procedure	ICD-10-PCS
DGY2FZZ	Plaque Radiation of Adrenal Glands	Procedure	ICD-10-PCS
DGY4	Other Radiation / Parathyroid Glands	Procedure	ICD-10-PCS
DGY47ZZ	Contact Radiation of Parathyroid Glands	Procedure	ICD-10-PCS
DGY4FZZ	Plaque Radiation of Parathyroid Glands	Procedure	ICD-10-PCS
DGY5	Other Radiation / Thyroid	Procedure	ICD-10-PCS
DGY57ZZ	Contact Radiation of Thyroid	Procedure	ICD-10-PCS
DGY5FZZ	Plaque Radiation of Thyroid	Procedure	ICD-10-PCS
DH0	Radiation Therapy, Skin, Beam Radiation	Procedure	ICD-10-PCS
DH02	Beam Radiation / Skin, Face	Procedure	ICD-10-PCS
DH020ZZ	Beam Radiation of Face Skin using Photons <1 MeV	Procedure	ICD-10-PCS
DH021ZZ	Beam Radiation of Face Skin using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DH022ZZ	Beam Radiation of Face Skin using Photons >10 MeV	Procedure	ICD-10-PCS
DH023Z0	Beam Radiation of Face Skin using Electrons, Intraoperative	Procedure	ICD-10-PCS
DH023ZZ	Beam Radiation of Face Skin using Electrons	Procedure	ICD-10-PCS
DH024ZZ	Beam Radiation of Face Skin using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS



**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
DH025ZZ	Beam Radiation of Face Skin using Neutrons	Procedure	ICD-10-PCS
DH026ZZ	Beam Radiation of Face Skin using Neutron Capture	Procedure	ICD-10-PCS
DH03	Beam Radiation / Skin, Neck	Procedure	ICD-10-PCS
DH030ZZ	Beam Radiation of Neck Skin using Photons <1 MeV	Procedure	ICD-10-PCS
DH031ZZ	Beam Radiation of Neck Skin using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DH032ZZ	Beam Radiation of Neck Skin using Photons >10 MeV	Procedure	ICD-10-PCS
DH033Z0	Beam Radiation of Neck Skin using Electrons, Intraoperative	Procedure	ICD-10-PCS
DH033ZZ	Beam Radiation of Neck Skin using Electrons	Procedure	ICD-10-PCS
DH034ZZ	Beam Radiation of Neck Skin using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DH035ZZ	Beam Radiation of Neck Skin using Neutrons	Procedure	ICD-10-PCS
DH036ZZ	Beam Radiation of Neck Skin using Neutron Capture	Procedure	ICD-10-PCS
DH04	Beam Radiation / Skin, Arm	Procedure	ICD-10-PCS
DH040ZZ	Beam Radiation of Arm Skin using Photons <1 MeV	Procedure	ICD-10-PCS
DH041ZZ	Beam Radiation of Arm Skin using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DH042ZZ	Beam Radiation of Arm Skin using Photons >10 MeV	Procedure	ICD-10-PCS
DH043Z0	Beam Radiation of Arm Skin using Electrons, Intraoperative	Procedure	ICD-10-PCS
DH043ZZ	Beam Radiation of Arm Skin using Electrons	Procedure	ICD-10-PCS
DH044ZZ	Beam Radiation of Arm Skin using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DH045ZZ	Beam Radiation of Arm Skin using Neutrons	Procedure	ICD-10-PCS
DH046ZZ	Beam Radiation of Arm Skin using Neutron Capture	Procedure	ICD-10-PCS
DH06	Beam Radiation / Skin, Chest	Procedure	ICD-10-PCS
DH060ZZ	Beam Radiation of Chest Skin using Photons <1 MeV	Procedure	ICD-10-PCS
DH061ZZ	Beam Radiation of Chest Skin using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DH062ZZ	Beam Radiation of Chest Skin using Photons >10 MeV	Procedure	ICD-10-PCS
DH063Z0	Beam Radiation of Chest Skin using Electrons, Intraoperative	Procedure	ICD-10-PCS
DH063ZZ	Beam Radiation of Chest Skin using Electrons	Procedure	ICD-10-PCS
DH064ZZ	Beam Radiation of Chest Skin using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DH065ZZ	Beam Radiation of Chest Skin using Neutrons	Procedure	ICD-10-PCS
DH066ZZ	Beam Radiation of Chest Skin using Neutron Capture	Procedure	ICD-10-PCS
DH07	Beam Radiation / Skin, Back	Procedure	ICD-10-PCS
DH070ZZ	Beam Radiation of Back Skin using Photons <1 MeV	Procedure	ICD-10-PCS
DH071ZZ	Beam Radiation of Back Skin using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DH072ZZ	Beam Radiation of Back Skin using Photons >10 MeV	Procedure	ICD-10-PCS
DH073Z0	Beam Radiation of Back Skin using Electrons, Intraoperative	Procedure	ICD-10-PCS
DH073ZZ	Beam Radiation of Back Skin using Electrons	Procedure	ICD-10-PCS
DH074ZZ	Beam Radiation of Back Skin using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DH075ZZ	Beam Radiation of Back Skin using Neutrons	Procedure	ICD-10-PCS
DH076ZZ	Beam Radiation of Back Skin using Neutron Capture	Procedure	ICD-10-PCS
DH08	Beam Radiation / Skin, Abdomen	Procedure	ICD-10-PCS
DH080ZZ	Beam Radiation of Abdomen Skin using Photons <1 MeV	Procedure	ICD-10-PCS
DH081ZZ	Beam Radiation of Abdomen Skin using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DH082ZZ	Beam Radiation of Abdomen Skin using Photons >10 MeV	Procedure	ICD-10-PCS
DH083Z0	Beam Radiation of Abdomen Skin using Electrons, Intraoperative	Procedure	ICD-10-PCS
DH083ZZ	Beam Radiation of Abdomen Skin using Electrons	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
DH084ZZ	Beam Radiation of Abdomen Skin using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DH085ZZ	Beam Radiation of Abdomen Skin using Neutrons	Procedure	ICD-10-PCS
DH086ZZ	Beam Radiation of Abdomen Skin using Neutron Capture	Procedure	ICD-10-PCS
DH09	Beam Radiation / Skin, Buttock	Procedure	ICD-10-PCS
DH090ZZ	Beam Radiation of Buttock Skin using Photons <1 MeV	Procedure	ICD-10-PCS
DH091ZZ	Beam Radiation of Buttock Skin using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DH092ZZ	Beam Radiation of Buttock Skin using Photons >10 MeV	Procedure	ICD-10-PCS
DH093Z0	Beam Radiation of Buttock Skin using Electrons, Intraoperative	Procedure	ICD-10-PCS
DH093ZZ	Beam Radiation of Buttock Skin using Electrons	Procedure	ICD-10-PCS
DH094ZZ	Beam Radiation of Buttock Skin using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DH095ZZ	Beam Radiation of Buttock Skin using Neutrons	Procedure	ICD-10-PCS
DH096ZZ	Beam Radiation of Buttock Skin using Neutron Capture	Procedure	ICD-10-PCS
DH0B	Beam Radiation / Skin, Leg	Procedure	ICD-10-PCS
DH0B0ZZ	Beam Radiation of Leg Skin using Photons <1 MeV	Procedure	ICD-10-PCS
DH0B1ZZ	Beam Radiation of Leg Skin using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DH0B2ZZ	Beam Radiation of Leg Skin using Photons >10 MeV	Procedure	ICD-10-PCS
DH0B3Z0	Beam Radiation of Leg Skin using Electrons, Intraoperative	Procedure	ICD-10-PCS
DH0B3ZZ	Beam Radiation of Leg Skin using Electrons	Procedure	ICD-10-PCS
DH0B4ZZ	Beam Radiation of Leg Skin using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DH0B5ZZ	Beam Radiation of Leg Skin using Neutrons	Procedure	ICD-10-PCS
DH0B6ZZ	Beam Radiation of Leg Skin using Neutron Capture	Procedure	ICD-10-PCS
DHY	Radiation Therapy, Skin, Other Radiation	Procedure	ICD-10-PCS
DHY2	Other Radiation / Skin, Face	Procedure	ICD-10-PCS
DHY27ZZ	Contact Radiation of Face Skin	Procedure	ICD-10-PCS
DHY2FZZ	Plaque Radiation of Face Skin	Procedure	ICD-10-PCS
DHY3	Other Radiation / Skin, Neck	Procedure	ICD-10-PCS
DHY37ZZ	Contact Radiation of Neck Skin	Procedure	ICD-10-PCS
DHY3FZZ	Plaque Radiation of Neck Skin	Procedure	ICD-10-PCS
DHY4	Other Radiation / Skin, Arm	Procedure	ICD-10-PCS
DHY47ZZ	Contact Radiation of Arm Skin	Procedure	ICD-10-PCS
DHY4FZZ	Plaque Radiation of Arm Skin	Procedure	ICD-10-PCS
DHY5	Other Radiation / Skin, Hand	Procedure	ICD-10-PCS
DHY5FZZ	Plaque Radiation of Hand Skin	Procedure	ICD-10-PCS
DHY6	Other Radiation / Skin, Chest	Procedure	ICD-10-PCS
DHY67ZZ	Contact Radiation of Chest Skin	Procedure	ICD-10-PCS
DHY6FZZ	Plaque Radiation of Chest Skin	Procedure	ICD-10-PCS
DHY7	Other Radiation / Skin, Back	Procedure	ICD-10-PCS
DHY77ZZ	Contact Radiation of Back Skin	Procedure	ICD-10-PCS
DHY7FZZ	Plaque Radiation of Back Skin	Procedure	ICD-10-PCS
DHY8	Other Radiation / Skin, Abdomen	Procedure	ICD-10-PCS
DHY87ZZ	Contact Radiation of Abdomen Skin	Procedure	ICD-10-PCS
DHY8FZZ	Plaque Radiation of Abdomen Skin	Procedure	ICD-10-PCS
DHY9	Other Radiation / Skin, Buttock	Procedure	ICD-10-PCS
DHY97ZZ	Contact Radiation of Buttock Skin	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
DHY9FZZ	Plaque Radiation of Buttock Skin	Procedure	ICD-10-PCS
DHYB	Other Radiation / Skin, Leg	Procedure	ICD-10-PCS
DHYB7ZZ	Contact Radiation of Leg Skin	Procedure	ICD-10-PCS
DHYBFZZ	Plaque Radiation of Leg Skin	Procedure	ICD-10-PCS
DHYC	Other Radiation / Skin, Foot	Procedure	ICD-10-PCS
DHYCFZZ	Plaque Radiation of Foot Skin	Procedure	ICD-10-PCS
DM0	Radiation Therapy, Breast, Beam Radiation	Procedure	ICD-10-PCS
DM00	Beam Radiation / Breast, Left	Procedure	ICD-10-PCS
DM000ZZ	Beam Radiation of Left Breast using Photons <1 MeV	Procedure	ICD-10-PCS
DM001ZZ	Beam Radiation of Left Breast using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DM002ZZ	Beam Radiation of Left Breast using Photons >10 MeV	Procedure	ICD-10-PCS
DM003Z0	Beam Radiation of Left Breast using Electrons, Intraoperative	Procedure	ICD-10-PCS
DM003ZZ	Beam Radiation of Left Breast using Electrons	Procedure	ICD-10-PCS
DM004ZZ	Beam Radiation of Left Breast using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DM005ZZ	Beam Radiation of Left Breast using Neutrons	Procedure	ICD-10-PCS
DM006ZZ	Beam Radiation of Left Breast using Neutron Capture	Procedure	ICD-10-PCS
DM01	Beam Radiation / Breast, Right	Procedure	ICD-10-PCS
DM010ZZ	Beam Radiation of Right Breast using Photons <1 MeV	Procedure	ICD-10-PCS
DM011ZZ	Beam Radiation of Right Breast using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DM012ZZ	Beam Radiation of Right Breast using Photons >10 MeV	Procedure	ICD-10-PCS
DM013Z0	Beam Radiation of Right Breast using Electrons, Intraoperative	Procedure	ICD-10-PCS
DM013ZZ	Beam Radiation of Right Breast using Electrons	Procedure	ICD-10-PCS
DM014ZZ	Beam Radiation of Right Breast using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DM015ZZ	Beam Radiation of Right Breast using Neutrons	Procedure	ICD-10-PCS
DM016ZZ	Beam Radiation of Right Breast using Neutron Capture	Procedure	ICD-10-PCS
DM1	Radiation Therapy, Breast, Brachytherapy	Procedure	ICD-10-PCS
DM2	Radiation Therapy, Breast, Stereotactic Radiosurgery	Procedure	ICD-10-PCS
DMY	Radiation Therapy, Breast, Other Radiation	Procedure	ICD-10-PCS
DMY0	Other Radiation / Breast, Left	Procedure	ICD-10-PCS
DMY07ZZ	Contact Radiation of Left Breast	Procedure	ICD-10-PCS
DMY0FZZ	Plaque Radiation of Left Breast	Procedure	ICD-10-PCS
DMY1	Other Radiation / Breast, Right	Procedure	ICD-10-PCS
DMY17ZZ	Contact Radiation of Right Breast	Procedure	ICD-10-PCS
DMY1FZZ	Plaque Radiation of Right Breast	Procedure	ICD-10-PCS
DP0	Radiation Therapy, Musculoskeletal System, Beam Radiation	Procedure	ICD-10-PCS
DP00	Beam Radiation / Skull	Procedure	ICD-10-PCS
DP000ZZ	Beam Radiation of Skull using Photons <1 MeV	Procedure	ICD-10-PCS
DP001ZZ	Beam Radiation of Skull using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP002ZZ	Beam Radiation of Skull using Photons >10 MeV	Procedure	ICD-10-PCS
DP003Z0	Beam Radiation of Skull using Electrons, Intraoperative	Procedure	ICD-10-PCS
DP003ZZ	Beam Radiation of Skull using Electrons	Procedure	ICD-10-PCS
DP004ZZ	Beam Radiation of Skull using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP005ZZ	Beam Radiation of Skull using Neutrons	Procedure	ICD-10-PCS
DP006ZZ	Beam Radiation of Skull using Neutron Capture	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
DP02	Beam Radiation / Maxilla	Procedure	ICD-10-PCS
DP020ZZ	Beam Radiation of Maxilla using Photons <1 MeV	Procedure	ICD-10-PCS
DP021ZZ	Beam Radiation of Maxilla using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP022ZZ	Beam Radiation of Maxilla using Photons >10 MeV	Procedure	ICD-10-PCS
DP023Z0	Beam Radiation of Maxilla using Electrons, Intraoperative	Procedure	ICD-10-PCS
DP023ZZ	Beam Radiation of Maxilla using Electrons	Procedure	ICD-10-PCS
DP024ZZ	Beam Radiation of Maxilla using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP025ZZ	Beam Radiation of Maxilla using Neutrons	Procedure	ICD-10-PCS
DP026ZZ	Beam Radiation of Maxilla using Neutron Capture	Procedure	ICD-10-PCS
DP03	Beam Radiation / Mandible	Procedure	ICD-10-PCS
DP030ZZ	Beam Radiation of Mandible using Photons <1 MeV	Procedure	ICD-10-PCS
DP031ZZ	Beam Radiation of Mandible using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP032ZZ	Beam Radiation of Mandible using Photons >10 MeV	Procedure	ICD-10-PCS
DP033Z0	Beam Radiation of Mandible using Electrons, Intraoperative	Procedure	ICD-10-PCS
DP033ZZ	Beam Radiation of Mandible using Electrons	Procedure	ICD-10-PCS
DP034ZZ	Beam Radiation of Mandible using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP035ZZ	Beam Radiation of Mandible using Neutrons	Procedure	ICD-10-PCS
DP036ZZ	Beam Radiation of Mandible using Neutron Capture	Procedure	ICD-10-PCS
DP04	Beam Radiation / Sternum	Procedure	ICD-10-PCS
DP040ZZ	Beam Radiation of Sternum using Photons <1 MeV	Procedure	ICD-10-PCS
DP041ZZ	Beam Radiation of Sternum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP042ZZ	Beam Radiation of Sternum using Photons >10 MeV	Procedure	ICD-10-PCS
DP043Z0	Beam Radiation of Sternum using Electrons, Intraoperative	Procedure	ICD-10-PCS
DP043ZZ	Beam Radiation of Sternum using Electrons	Procedure	ICD-10-PCS
DP044ZZ	Beam Radiation of Sternum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP045ZZ	Beam Radiation of Sternum using Neutrons	Procedure	ICD-10-PCS
DP046ZZ	Beam Radiation of Sternum using Neutron Capture	Procedure	ICD-10-PCS
DP05	Beam Radiation / Rib(s)	Procedure	ICD-10-PCS
DP050ZZ	Beam Radiation of Rib(s) using Photons <1 MeV	Procedure	ICD-10-PCS
DP051ZZ	Beam Radiation of Rib(s) using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP052ZZ	Beam Radiation of Rib(s) using Photons >10 MeV	Procedure	ICD-10-PCS
DP053Z0	Beam Radiation of Rib(s) using Electrons, Intraoperative	Procedure	ICD-10-PCS
DP053ZZ	Beam Radiation of Rib(s) using Electrons	Procedure	ICD-10-PCS
DP054ZZ	Beam Radiation of Rib(s) using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP055ZZ	Beam Radiation of Rib(s) using Neutrons	Procedure	ICD-10-PCS
DP056ZZ	Beam Radiation of Rib(s) using Neutron Capture	Procedure	ICD-10-PCS
DP06	Beam Radiation / Humerus	Procedure	ICD-10-PCS
DP060ZZ	Beam Radiation of Humerus using Photons <1 MeV	Procedure	ICD-10-PCS
DP061ZZ	Beam Radiation of Humerus using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP062ZZ	Beam Radiation of Humerus using Photons >10 MeV	Procedure	ICD-10-PCS
DP063Z0	Beam Radiation of Humerus using Electrons, Intraoperative	Procedure	ICD-10-PCS
DP063ZZ	Beam Radiation of Humerus using Electrons	Procedure	ICD-10-PCS
DP064ZZ	Beam Radiation of Humerus using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP065ZZ	Beam Radiation of Humerus using Neutrons	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
DP066ZZ	Beam Radiation of Humerus using Neutron Capture	Procedure	ICD-10-PCS
DP07	Beam Radiation / Radius/Ulna	Procedure	ICD-10-PCS
DP070ZZ	Beam Radiation of Radius/Ulna using Photons <1 MeV	Procedure	ICD-10-PCS
DP071ZZ	Beam Radiation of Radius/Ulna using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP072ZZ	Beam Radiation of Radius/Ulna using Photons >10 MeV	Procedure	ICD-10-PCS
DP073Z0	Beam Radiation of Radius/Ulna using Electrons, Intraoperative	Procedure	ICD-10-PCS
DP073ZZ	Beam Radiation of Radius/Ulna using Electrons	Procedure	ICD-10-PCS
DP074ZZ	Beam Radiation of Radius/Ulna using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP075ZZ	Beam Radiation of Radius/Ulna using Neutrons	Procedure	ICD-10-PCS
DP076ZZ	Beam Radiation of Radius/Ulna using Neutron Capture	Procedure	ICD-10-PCS
DP08	Beam Radiation / Pelvic Bones	Procedure	ICD-10-PCS
DP080ZZ	Beam Radiation of Pelvic Bones using Photons <1 MeV	Procedure	ICD-10-PCS
DP081ZZ	Beam Radiation of Pelvic Bones using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP082ZZ	Beam Radiation of Pelvic Bones using Photons >10 MeV	Procedure	ICD-10-PCS
DP083Z0	Beam Radiation of Pelvic Bones using Electrons, Intraoperative	Procedure	ICD-10-PCS
DP083ZZ	Beam Radiation of Pelvic Bones using Electrons	Procedure	ICD-10-PCS
DP084ZZ	Beam Radiation of Pelvic Bones using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP085ZZ	Beam Radiation of Pelvic Bones using Neutrons	Procedure	ICD-10-PCS
DP086ZZ	Beam Radiation of Pelvic Bones using Neutron Capture	Procedure	ICD-10-PCS
DP09	Beam Radiation / Femur	Procedure	ICD-10-PCS
DP090ZZ	Beam Radiation of Femur using Photons <1 MeV	Procedure	ICD-10-PCS
DP091ZZ	Beam Radiation of Femur using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP092ZZ	Beam Radiation of Femur using Photons >10 MeV	Procedure	ICD-10-PCS
DP093Z0	Beam Radiation of Femur using Electrons, Intraoperative	Procedure	ICD-10-PCS
DP093ZZ	Beam Radiation of Femur using Electrons	Procedure	ICD-10-PCS
DP094ZZ	Beam Radiation of Femur using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP095ZZ	Beam Radiation of Femur using Neutrons	Procedure	ICD-10-PCS
DP096ZZ	Beam Radiation of Femur using Neutron Capture	Procedure	ICD-10-PCS
DP0B	Beam Radiation / Tibia/Fibula	Procedure	ICD-10-PCS
DP0B0ZZ	Beam Radiation of Tibia/Fibula using Photons <1 MeV	Procedure	ICD-10-PCS
DP0B1ZZ	Beam Radiation of Tibia/Fibula using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP0B2ZZ	Beam Radiation of Tibia/Fibula using Photons >10 MeV	Procedure	ICD-10-PCS
DP0B3Z0	Beam Radiation of Tibia/Fibula using Electrons, Intraoperative	Procedure	ICD-10-PCS
DP0B3ZZ	Beam Radiation of Tibia/Fibula using Electrons	Procedure	ICD-10-PCS
DP0B4ZZ	Beam Radiation of Tibia/Fibula using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP0B5ZZ	Beam Radiation of Tibia/Fibula using Neutrons	Procedure	ICD-10-PCS
DP0B6ZZ	Beam Radiation of Tibia/Fibula using Neutron Capture	Procedure	ICD-10-PCS
DP0C	Beam Radiation / Other Bone	Procedure	ICD-10-PCS
DP0C0ZZ	Beam Radiation of Other Bone using Photons <1 MeV	Procedure	ICD-10-PCS
DP0C1ZZ	Beam Radiation of Other Bone using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP0C2ZZ	Beam Radiation of Other Bone using Photons >10 MeV	Procedure	ICD-10-PCS
DP0C3Z0	Beam Radiation of Other Bone using Electrons, Intraoperative	Procedure	ICD-10-PCS
DP0C3ZZ	Beam Radiation of Other Bone using Electrons	Procedure	ICD-10-PCS
DP0C4ZZ	Beam Radiation of Other Bone using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
DPOC5ZZ	Beam Radiation of Other Bone using Neutrons	Procedure	ICD-10-PCS
DPOC6ZZ	Beam Radiation of Other Bone using Neutron Capture	Procedure	ICD-10-PCS
DPY	Radiation Therapy, Musculoskeletal System, Other Radiation	Procedure	ICD-10-PCS
DPY0	Other Radiation / Skull	Procedure	ICD-10-PCS
DPY07ZZ	Contact Radiation of Skull	Procedure	ICD-10-PCS
DPY0FZZ	Plaque Radiation of Skull	Procedure	ICD-10-PCS
DPY2	Other Radiation / Maxilla	Procedure	ICD-10-PCS
DPY27ZZ	Contact Radiation of Maxilla	Procedure	ICD-10-PCS
DPY2FZZ	Plaque Radiation of Maxilla	Procedure	ICD-10-PCS
DPY3	Other Radiation / Mandible	Procedure	ICD-10-PCS
DPY37ZZ	Contact Radiation of Mandible	Procedure	ICD-10-PCS
DPY3FZZ	Plaque Radiation of Mandible	Procedure	ICD-10-PCS
DPY4	Other Radiation / Sternum	Procedure	ICD-10-PCS
DPY47ZZ	Contact Radiation of Sternum	Procedure	ICD-10-PCS
DPY4FZZ	Plaque Radiation of Sternum	Procedure	ICD-10-PCS
DPY5	Other Radiation / Rib(s)	Procedure	ICD-10-PCS
DPY57ZZ	Contact Radiation of Rib(s)	Procedure	ICD-10-PCS
DPY5FZZ	Plaque Radiation of Rib(s)	Procedure	ICD-10-PCS
DPY6	Other Radiation / Humerus	Procedure	ICD-10-PCS
DPY67ZZ	Contact Radiation of Humerus	Procedure	ICD-10-PCS
DPY6FZZ	Plaque Radiation of Humerus	Procedure	ICD-10-PCS
DPY7	Other Radiation / Radius/Ulna	Procedure	ICD-10-PCS
DPY77ZZ	Contact Radiation of Radius/Ulna	Procedure	ICD-10-PCS
DPY7FZZ	Plaque Radiation of Radius/Ulna	Procedure	ICD-10-PCS
DPY8	Other Radiation / Pelvic Bones	Procedure	ICD-10-PCS
DPY87ZZ	Contact Radiation of Pelvic Bones	Procedure	ICD-10-PCS
DPY8FZZ	Plaque Radiation of Pelvic Bones	Procedure	ICD-10-PCS
DPY9	Other Radiation / Femur	Procedure	ICD-10-PCS
DPY97ZZ	Contact Radiation of Femur	Procedure	ICD-10-PCS
DPY9FZZ	Plaque Radiation of Femur	Procedure	ICD-10-PCS
DPYB	Other Radiation / Tibia/Fibula	Procedure	ICD-10-PCS
DPYB7ZZ	Contact Radiation of Tibia/Fibula	Procedure	ICD-10-PCS
DPYBFZZ	Plaque Radiation of Tibia/Fibula	Procedure	ICD-10-PCS
DPYC	Other Radiation / Other Bone	Procedure	ICD-10-PCS
DPYC7ZZ	Contact Radiation of Other Bone	Procedure	ICD-10-PCS
DPYCFZZ	Plaque Radiation of Other Bone	Procedure	ICD-10-PCS
DT0	Radiation Therapy, Urinary System, Beam Radiation	Procedure	ICD-10-PCS
DT00	Beam Radiation / Kidney	Procedure	ICD-10-PCS
DT000ZZ	Beam Radiation of Kidney using Photons <1 MeV	Procedure	ICD-10-PCS
DT001ZZ	Beam Radiation of Kidney using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DT002ZZ	Beam Radiation of Kidney using Photons >10 MeV	Procedure	ICD-10-PCS
DT003Z0	Beam Radiation of Kidney using Electrons, Intraoperative	Procedure	ICD-10-PCS
DT003ZZ	Beam Radiation of Kidney using Electrons	Procedure	ICD-10-PCS
DT004ZZ	Beam Radiation of Kidney using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
DT005ZZ	Beam Radiation of Kidney using Neutrons	Procedure	ICD-10-PCS
DT006ZZ	Beam Radiation of Kidney using Neutron Capture	Procedure	ICD-10-PCS
DT01	Beam Radiation / Ureter	Procedure	ICD-10-PCS
DT010ZZ	Beam Radiation of Ureter using Photons <1 MeV	Procedure	ICD-10-PCS
DT011ZZ	Beam Radiation of Ureter using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DT012ZZ	Beam Radiation of Ureter using Photons >10 MeV	Procedure	ICD-10-PCS
DT013Z0	Beam Radiation of Ureter using Electrons, Intraoperative	Procedure	ICD-10-PCS
DT013ZZ	Beam Radiation of Ureter using Electrons	Procedure	ICD-10-PCS
DT014ZZ	Beam Radiation of Ureter using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DT015ZZ	Beam Radiation of Ureter using Neutrons	Procedure	ICD-10-PCS
DT016ZZ	Beam Radiation of Ureter using Neutron Capture	Procedure	ICD-10-PCS
DT02	Beam Radiation / Bladder	Procedure	ICD-10-PCS
DT020ZZ	Beam Radiation of Bladder using Photons <1 MeV	Procedure	ICD-10-PCS
DT021ZZ	Beam Radiation of Bladder using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DT022ZZ	Beam Radiation of Bladder using Photons >10 MeV	Procedure	ICD-10-PCS
DT023Z0	Beam Radiation of Bladder using Electrons, Intraoperative	Procedure	ICD-10-PCS
DT023ZZ	Beam Radiation of Bladder using Electrons	Procedure	ICD-10-PCS
DT024ZZ	Beam Radiation of Bladder using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DT025ZZ	Beam Radiation of Bladder using Neutrons	Procedure	ICD-10-PCS
DT026ZZ	Beam Radiation of Bladder using Neutron Capture	Procedure	ICD-10-PCS
DT03	Beam Radiation / Urethra	Procedure	ICD-10-PCS
DT030ZZ	Beam Radiation of Urethra using Photons <1 MeV	Procedure	ICD-10-PCS
DT031ZZ	Beam Radiation of Urethra using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DT032ZZ	Beam Radiation of Urethra using Photons >10 MeV	Procedure	ICD-10-PCS
DT033Z0	Beam Radiation of Urethra using Electrons, Intraoperative	Procedure	ICD-10-PCS
DT033ZZ	Beam Radiation of Urethra using Electrons	Procedure	ICD-10-PCS
DT034ZZ	Beam Radiation of Urethra using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DT035ZZ	Beam Radiation of Urethra using Neutrons	Procedure	ICD-10-PCS
DT036ZZ	Beam Radiation of Urethra using Neutron Capture	Procedure	ICD-10-PCS
DT1	Radiation Therapy, Urinary System, Brachytherapy	Procedure	ICD-10-PCS
DT2	Radiation Therapy, Urinary System, Stereotactic Radiosurgery	Procedure	ICD-10-PCS
DTY	Radiation Therapy, Urinary System, Other Radiation	Procedure	ICD-10-PCS
DTY0	Other Radiation / Kidney	Procedure	ICD-10-PCS
DTY07ZZ	Contact Radiation of Kidney	Procedure	ICD-10-PCS
DTY0CZZ	Intraoperative Radiation Therapy (IORT) of Kidney	Procedure	ICD-10-PCS
DTY0FZZ	Plaque Radiation of Kidney	Procedure	ICD-10-PCS
DTY1	Other Radiation / Ureter	Procedure	ICD-10-PCS
DTY17ZZ	Contact Radiation of Ureter	Procedure	ICD-10-PCS
DTY1CZZ	Intraoperative Radiation Therapy (IORT) of Ureter	Procedure	ICD-10-PCS
DTY1FZZ	Plaque Radiation of Ureter	Procedure	ICD-10-PCS
DTY2	Other Radiation / Bladder	Procedure	ICD-10-PCS
DTY27ZZ	Contact Radiation of Bladder	Procedure	ICD-10-PCS
DTY2CZZ	Intraoperative Radiation Therapy (IORT) of Bladder	Procedure	ICD-10-PCS
DTY2FZZ	Plaque Radiation of Bladder	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
DTY3	Other Radiation / Urethra	Procedure	ICD-10-PCS
DTY37ZZ	Contact Radiation of Urethra	Procedure	ICD-10-PCS
DTY3CZZ	Intraoperative Radiation Therapy (IORT) of Urethra	Procedure	ICD-10-PCS
DTY3FZZ	Plaque Radiation of Urethra	Procedure	ICD-10-PCS
DU0	Radiation Therapy, Female Reproductive System, Beam Radiation	Procedure	ICD-10-PCS
DU00	Beam Radiation / Ovary	Procedure	ICD-10-PCS
DU000ZZ	Beam Radiation of Ovary using Photons <1 MeV	Procedure	ICD-10-PCS
DU001ZZ	Beam Radiation of Ovary using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DU002ZZ	Beam Radiation of Ovary using Photons >10 MeV	Procedure	ICD-10-PCS
DU003Z0	Beam Radiation of Ovary using Electrons, Intraoperative	Procedure	ICD-10-PCS
DU003ZZ	Beam Radiation of Ovary using Electrons	Procedure	ICD-10-PCS
DU004ZZ	Beam Radiation of Ovary using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DU005ZZ	Beam Radiation of Ovary using Neutrons	Procedure	ICD-10-PCS
DU006ZZ	Beam Radiation of Ovary using Neutron Capture	Procedure	ICD-10-PCS
DU01	Beam Radiation / Cervix	Procedure	ICD-10-PCS
DU010ZZ	Beam Radiation of Cervix using Photons <1 MeV	Procedure	ICD-10-PCS
DU011ZZ	Beam Radiation of Cervix using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DU012ZZ	Beam Radiation of Cervix using Photons >10 MeV	Procedure	ICD-10-PCS
DU013Z0	Beam Radiation of Cervix using Electrons, Intraoperative	Procedure	ICD-10-PCS
DU013ZZ	Beam Radiation of Cervix using Electrons	Procedure	ICD-10-PCS
DU014ZZ	Beam Radiation of Cervix using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DU015ZZ	Beam Radiation of Cervix using Neutrons	Procedure	ICD-10-PCS
DU016ZZ	Beam Radiation of Cervix using Neutron Capture	Procedure	ICD-10-PCS
DU02	Beam Radiation / Uterus	Procedure	ICD-10-PCS
DU020ZZ	Beam Radiation of Uterus using Photons <1 MeV	Procedure	ICD-10-PCS
DU021ZZ	Beam Radiation of Uterus using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DU022ZZ	Beam Radiation of Uterus using Photons >10 MeV	Procedure	ICD-10-PCS
DU023Z0	Beam Radiation of Uterus using Electrons, Intraoperative	Procedure	ICD-10-PCS
DU023ZZ	Beam Radiation of Uterus using Electrons	Procedure	ICD-10-PCS
DU024ZZ	Beam Radiation of Uterus using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DU025ZZ	Beam Radiation of Uterus using Neutrons	Procedure	ICD-10-PCS
DU026ZZ	Beam Radiation of Uterus using Neutron Capture	Procedure	ICD-10-PCS
DU1	Radiation Therapy, Female Reproductive System, Brachytherapy	Procedure	ICD-10-PCS
DU2	Radiation Therapy, Female Reproductive System, Stereotactic Radiosurgery	Procedure	ICD-10-PCS
DUY	Radiation Therapy, Female Reproductive System, Other Radiation	Procedure	ICD-10-PCS
DUY0	Other Radiation / Ovary	Procedure	ICD-10-PCS
DUY07ZZ	Contact Radiation of Ovary	Procedure	ICD-10-PCS
DUY0CZZ	Intraoperative Radiation Therapy (IORT) of Ovary	Procedure	ICD-10-PCS
DUY0FZZ	Plaque Radiation of Ovary	Procedure	ICD-10-PCS
DUY1	Other Radiation / Cervix	Procedure	ICD-10-PCS
DUY17ZZ	Contact Radiation of Cervix	Procedure	ICD-10-PCS
DUY1CZZ	Intraoperative Radiation Therapy (IORT) of Cervix	Procedure	ICD-10-PCS
DUY1FZZ	Plaque Radiation of Cervix	Procedure	ICD-10-PCS
DUY2	Other Radiation / Uterus	Procedure	ICD-10-PCS



**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
DUY27ZZ	Contact Radiation of Uterus	Procedure	ICD-10-PCS
DUY2CZZ	Intraoperative Radiation Therapy (IORT) of Uterus	Procedure	ICD-10-PCS
DUY2FZZ	Plaque Radiation of Uterus	Procedure	ICD-10-PCS
DV0	Radiation Therapy, Male Reproductive System, Beam Radiation	Procedure	ICD-10-PCS
DV00	Beam Radiation / Prostate	Procedure	ICD-10-PCS
DV000ZZ	Beam Radiation of Prostate using Photons <1 MeV	Procedure	ICD-10-PCS
DV001ZZ	Beam Radiation of Prostate using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DV002ZZ	Beam Radiation of Prostate using Photons >10 MeV	Procedure	ICD-10-PCS
DV003Z0	Beam Radiation of Prostate using Electrons, Intraoperative	Procedure	ICD-10-PCS
DV003ZZ	Beam Radiation of Prostate using Electrons	Procedure	ICD-10-PCS
DV004ZZ	Beam Radiation of Prostate using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DV005ZZ	Beam Radiation of Prostate using Neutrons	Procedure	ICD-10-PCS
DV006ZZ	Beam Radiation of Prostate using Neutron Capture	Procedure	ICD-10-PCS
DV01	Beam Radiation / Testis	Procedure	ICD-10-PCS
DV010ZZ	Beam Radiation of Testis using Photons <1 MeV	Procedure	ICD-10-PCS
DV011ZZ	Beam Radiation of Testis using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DV012ZZ	Beam Radiation of Testis using Photons >10 MeV	Procedure	ICD-10-PCS
DV013Z0	Beam Radiation of Testis using Electrons, Intraoperative	Procedure	ICD-10-PCS
DV013ZZ	Beam Radiation of Testis using Electrons	Procedure	ICD-10-PCS
DV014ZZ	Beam Radiation of Testis using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DV015ZZ	Beam Radiation of Testis using Neutrons	Procedure	ICD-10-PCS
DV016ZZ	Beam Radiation of Testis using Neutron Capture	Procedure	ICD-10-PCS
DV1	Radiation Therapy, Male Reproductive System, Brachytherapy	Procedure	ICD-10-PCS
DV2	Radiation Therapy, Male Reproductive System, Stereotactic Radiosurgery	Procedure	ICD-10-PCS
DVY	Radiation Therapy, Male Reproductive System, Other Radiation	Procedure	ICD-10-PCS
DVY0	Other Radiation / Prostate	Procedure	ICD-10-PCS
DVY07ZZ	Contact Radiation of Prostate	Procedure	ICD-10-PCS
DVY0CZZ	Intraoperative Radiation Therapy (IORT) of Prostate	Procedure	ICD-10-PCS
DVY0FZZ	Plaque Radiation of Prostate	Procedure	ICD-10-PCS
DVY1	Other Radiation / Testis	Procedure	ICD-10-PCS
DVY17ZZ	Contact Radiation of Testis	Procedure	ICD-10-PCS
DVY1FZZ	Plaque Radiation of Testis	Procedure	ICD-10-PCS
DW0	Radiation Therapy, Anatomical Regions, Beam Radiation	Procedure	ICD-10-PCS
DW01	Beam Radiation / Head and Neck	Procedure	ICD-10-PCS
DW010ZZ	Beam Radiation of Head and Neck using Photons <1 MeV	Procedure	ICD-10-PCS
DW011ZZ	Beam Radiation of Head and Neck using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW012ZZ	Beam Radiation of Head and Neck using Photons >10 MeV	Procedure	ICD-10-PCS
DW013Z0	Beam Radiation of Head and Neck using Electrons, Intraoperative	Procedure	ICD-10-PCS
DW013ZZ	Beam Radiation of Head and Neck using Electrons	Procedure	ICD-10-PCS
DW014ZZ	Beam Radiation of Head and Neck using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW015ZZ	Beam Radiation of Head and Neck using Neutrons	Procedure	ICD-10-PCS
DW016ZZ	Beam Radiation of Head and Neck using Neutron Capture	Procedure	ICD-10-PCS
DW02	Beam Radiation / Chest	Procedure	ICD-10-PCS
DW020ZZ	Beam Radiation of Chest using Photons <1 MeV	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
DW021ZZ	Beam Radiation of Chest using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW022ZZ	Beam Radiation of Chest using Photons >10 MeV	Procedure	ICD-10-PCS
DW023Z0	Beam Radiation of Chest using Electrons, Intraoperative	Procedure	ICD-10-PCS
DW023ZZ	Beam Radiation of Chest using Electrons	Procedure	ICD-10-PCS
DW024ZZ	Beam Radiation of Chest using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW025ZZ	Beam Radiation of Chest using Neutrons	Procedure	ICD-10-PCS
DW026ZZ	Beam Radiation of Chest using Neutron Capture	Procedure	ICD-10-PCS
DW03	Beam Radiation / Abdomen	Procedure	ICD-10-PCS
DW030ZZ	Beam Radiation of Abdomen using Photons <1 MeV	Procedure	ICD-10-PCS
DW031ZZ	Beam Radiation of Abdomen using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW032ZZ	Beam Radiation of Abdomen using Photons >10 MeV	Procedure	ICD-10-PCS
DW033Z0	Beam Radiation of Abdomen using Electrons, Intraoperative	Procedure	ICD-10-PCS
DW033ZZ	Beam Radiation of Abdomen using Electrons	Procedure	ICD-10-PCS
DW034ZZ	Beam Radiation of Abdomen using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW035ZZ	Beam Radiation of Abdomen using Neutrons	Procedure	ICD-10-PCS
DW036ZZ	Beam Radiation of Abdomen using Neutron Capture	Procedure	ICD-10-PCS
DW04	Beam Radiation / Hemibody	Procedure	ICD-10-PCS
DW040ZZ	Beam Radiation of Hemibody using Photons <1 MeV	Procedure	ICD-10-PCS
DW041ZZ	Beam Radiation of Hemibody using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW042ZZ	Beam Radiation of Hemibody using Photons >10 MeV	Procedure	ICD-10-PCS
DW043Z0	Beam Radiation of Hemibody using Electrons, Intraoperative	Procedure	ICD-10-PCS
DW043ZZ	Beam Radiation of Hemibody using Electrons	Procedure	ICD-10-PCS
DW044ZZ	Beam Radiation of Hemibody using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW045ZZ	Beam Radiation of Hemibody using Neutrons	Procedure	ICD-10-PCS
DW046ZZ	Beam Radiation of Hemibody using Neutron Capture	Procedure	ICD-10-PCS
DW05	Beam Radiation / Whole Body	Procedure	ICD-10-PCS
DW050ZZ	Beam Radiation of Whole Body using Photons <1 MeV	Procedure	ICD-10-PCS
DW051ZZ	Beam Radiation of Whole Body using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW052ZZ	Beam Radiation of Whole Body using Photons >10 MeV	Procedure	ICD-10-PCS
DW053Z0	Beam Radiation of Whole Body using Electrons, Intraoperative	Procedure	ICD-10-PCS
DW053ZZ	Beam Radiation of Whole Body using Electrons	Procedure	ICD-10-PCS
DW054ZZ	Beam Radiation of Whole Body using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW055ZZ	Beam Radiation of Whole Body using Neutrons	Procedure	ICD-10-PCS
DW056ZZ	Beam Radiation of Whole Body using Neutron Capture	Procedure	ICD-10-PCS
DW06	Beam Radiation / Pelvic Region	Procedure	ICD-10-PCS
DW060ZZ	Beam Radiation of Pelvic Region using Photons <1 MeV	Procedure	ICD-10-PCS
DW061ZZ	Beam Radiation of Pelvic Region using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW062ZZ	Beam Radiation of Pelvic Region using Photons >10 MeV	Procedure	ICD-10-PCS
DW063Z0	Beam Radiation of Pelvic Region using Electrons, Intraoperative	Procedure	ICD-10-PCS
DW063ZZ	Beam Radiation of Pelvic Region using Electrons	Procedure	ICD-10-PCS
DW064ZZ	Beam Radiation of Pelvic Region using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW065ZZ	Beam Radiation of Pelvic Region using Neutrons	Procedure	ICD-10-PCS
DW066ZZ	Beam Radiation of Pelvic Region using Neutron Capture	Procedure	ICD-10-PCS
DW1	Radiation Therapy, Anatomical Regions, Brachytherapy	Procedure	ICD-10-PCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
DW2	Radiation Therapy, Anatomical Regions, Stereotactic Radiosurgery	Procedure	ICD-10-PCS
DWY	Radiation Therapy, Anatomical Regions, Other Radiation	Procedure	ICD-10-PCS
DWY1	Other Radiation / Head and Neck	Procedure	ICD-10-PCS
DWY17ZZ	Contact Radiation of Head and Neck	Procedure	ICD-10-PCS
DWY1FZZ	Plaque Radiation of Head and Neck	Procedure	ICD-10-PCS
DWY2	Other Radiation / Chest	Procedure	ICD-10-PCS
DWY27ZZ	Contact Radiation of Chest	Procedure	ICD-10-PCS
DWY2FZZ	Plaque Radiation of Chest	Procedure	ICD-10-PCS
DWY3	Other Radiation / Abdomen	Procedure	ICD-10-PCS
DWY37ZZ	Contact Radiation of Abdomen	Procedure	ICD-10-PCS
DWY3FZZ	Plaque Radiation of Abdomen	Procedure	ICD-10-PCS
DWY4	Other Radiation / Hemibody	Procedure	ICD-10-PCS
DWY47ZZ	Contact Radiation of Hemibody	Procedure	ICD-10-PCS
DWY4FZZ	Plaque Radiation of Hemibody	Procedure	ICD-10-PCS
DWY5	Other Radiation / Whole Body	Procedure	ICD-10-PCS
DWY57ZZ	Contact Radiation of Whole Body	Procedure	ICD-10-PCS
DWY5FZZ	Plaque Radiation of Whole Body	Procedure	ICD-10-PCS
DWY6	Other Radiation / Pelvic Region	Procedure	ICD-10-PCS
DWY67ZZ	Contact Radiation of Pelvic Region	Procedure	ICD-10-PCS
DWY6FZZ	Plaque Radiation of Pelvic Region	Procedure	ICD-10-PCS
G0174	Intensity modulated radiation therapy (imrt) delivery to one or more treatment areas, multiple couch angles/fields/arc, custom collimated pencil-beams with treatment setup and verification images, complete course of therapy requiring more than one session, per session	Procedure	HCPCS
G0178	Intensity modulated radiation therapy (imrt) plan, including dose volume histograms for target and critical structure partial tolerances, inverse plan optimization performed for highly conformal distributions, plan positional accuracy and dose verification, per course of treatment	Procedure	HCPCS
G0256	Prostate brachytherapy using permanently implanted palladium seeds, including transperitoneal placement of needles or catheters into the prostate, cystoscopy and application of permanent interstitial radiation source	Procedure	HCPCS
G0261	Prostate brachytherapy using permanently implanted iodine seeds, including transperineal placement of needles or catheters into the prostate, cystoscopy and application of permanent interstitial radiation source	Procedure	HCPCS
G0498	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion	Procedure	HCPCS
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	Procedure	HCPCS
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	Procedure	HCPCS

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

Code	Description	Code Category	Code Type
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	Procedure	HCPCS
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	Procedure	HCPCS
G6007	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: up to 5 mev	Procedure	HCPCS
G6008	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 6-10 mev	Procedure	HCPCS
G6009	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 11-19 mev	Procedure	HCPCS
G6010	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	Procedure	HCPCS
G6011	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	Procedure	HCPCS
G6012	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	Procedure	HCPCS
G6013	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	Procedure	HCPCS
G6014	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	Procedure	HCPCS
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	Procedure	HCPCS
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	Procedure	HCPCS
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	Procedure	HCPCS
J8999	Prescription drug, oral, chemotherapeutic, NOS	Procedure	HCPCS
J9999	Not otherwise classified, antineoplastic drugs	Procedure	HCPCS
M1072	Radiation therapy for anal cancer under the Radiation Oncology model, 90-day episode, professional component	Procedure	HCPCS
M1073	Radiation therapy for anal cancer under the Radiation Oncology model, 90-day episode, technical component	Procedure	HCPCS
M1074	Radiation therapy for bladder cancer under the Radiation Oncology model, 90-day episode, professional component	Procedure	HCPCS
M1075	Radiation therapy for bladder cancer under the Radiation Oncology model, 90-day episode, technical component	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M1076	Radiation therapy for bone metastases under the Radiation Oncology model, 90-day episode, professional component	Procedure	HCPCS
M1077	Radiation therapy for bone metastases under the Radiation Oncology model, 90-day episode, technical component	Procedure	HCPCS
M1078	Radiation therapy for brain metastases under the Radiation Oncology model, 90-day episode, professional component	Procedure	HCPCS
M1079	Radiation therapy for brain metastases under the Radiation Oncology model, 90-day episode, technical component	Procedure	HCPCS
M1080	Radiation therapy for breast cancer under the Radiation Oncology model, 90-day episode, professional component	Procedure	HCPCS
M1081	Radiation therapy for breast cancer under the Radiation Oncology model, 90-day episode, technical component	Procedure	HCPCS
M1082	Radiation therapy for cervical cancer under the Radiation Oncology model, 90-day episode, professional component	Procedure	HCPCS
M1083	Radiation therapy for cervical cancer under the Radiation Oncology model, 90-day episode, technical component	Procedure	HCPCS
M1084	Radiation therapy for CNS tumors under the Radiation Oncology model, 90-day episode, professional component	Procedure	HCPCS
M1085	Radiation therapy for CNS tumors under the Radiation Oncology model, 90-day episode, technical component	Procedure	HCPCS
M1086	Radiation therapy for colorectal cancer under the Radiation Oncology model, 90-day episode, professional component	Procedure	HCPCS
M1087	Radiation therapy for colorectal cancer under the Radiation Oncology model, 90-day episode, technical component	Procedure	HCPCS
M1088	Radiation therapy for head and neck cancer under the Radiation Oncology model, 90-day episode, professional component	Procedure	HCPCS
M1089	Radiation therapy for head and neck cancer under the Radiation Oncology model, 90-day episode, technical component	Procedure	HCPCS
M1094	Radiation therapy for lung cancer under the Radiation Oncology model, 90-day episode, professional component	Procedure	HCPCS
M1095	Radiation therapy for lung cancer under the Radiation Oncology model, 90-day episode, technical component	Procedure	HCPCS
M1096	Radiation therapy for lymphoma under the Radiation Oncology model, 90-day episode, professional component	Procedure	HCPCS
M1097	Radiation therapy for lymphoma under the Radiation Oncology model, 90-day episode, technical component	Procedure	HCPCS
M1098	Radiation therapy for pancreatic cancer under the Radiation Oncology model, 90-day episode, professional component	Procedure	HCPCS
M1099	Radiation therapy for pancreatic cancer under the Radiation Oncology model, 90-day episode, technical component	Procedure	HCPCS
M1100	Radiation therapy for prostate cancer under the Radiation Oncology model, 90-day episode, professional component	Procedure	HCPCS
M1101	Radiation therapy for prostate cancer under the Radiation Oncology model, 90-day episode, technical component	Procedure	HCPCS

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Code	Description	Code Category	Code Type
M1102	Radiation therapy for upper GI cancer under the Radiation Oncology model, 90-day episode, professional component	Procedure	HCPCS
M1103	Radiation therapy for upper GI cancer under the Radiation Oncology model, 90-day episode, technical component	Procedure	HCPCS
M1104	Radiation therapy for uterine cancer under the Radiation Oncology model, 90-day episode, professional component	Procedure	HCPCS
M1105	Radiation therapy for uterine cancer under the Radiation Oncology model, 90-day episode, technical component	Procedure	HCPCS
O9A.1	Malignant neoplasm complicating pregnancy, childbirth and the puerperium	Diagnosis	ICD-10-CM
O9A.11	Malignant neoplasm complicating pregnancy	Diagnosis	ICD-10-CM
O9A.111	Malignant neoplasm complicating pregnancy, first trimester	Diagnosis	ICD-10-CM
O9A.112	Malignant neoplasm complicating pregnancy, second trimester	Diagnosis	ICD-10-CM
O9A.113	Malignant neoplasm complicating pregnancy, third trimester	Diagnosis	ICD-10-CM
O9A.119	Malignant neoplasm complicating pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O9A.12	Malignant neoplasm complicating childbirth	Diagnosis	ICD-10-CM
O9A.13	Malignant neoplasm complicating the puerperium	Diagnosis	ICD-10-CM
Q85.00	Neurofibromatosis, unspecified	Diagnosis	ICD-10-CM
Q85.01	Neurofibromatosis, type 1	Diagnosis	ICD-10-CM
Q85.02	Neurofibromatosis, type 2	Diagnosis	ICD-10-CM
Q85.03	Schwannomatosis	Diagnosis	ICD-10-CM
Q85.09	Other neurofibromatosis	Diagnosis	ICD-10-CM
R97.21	Rising PSA following treatment for malignant neoplasm of prostate	Diagnosis	ICD-10-CM
S2090	Ablation, open, one or more renal tumor(s); cryosurgical	Procedure	HCPCS
S2091	Ablation, percutaneous, one or more renal tumor(s); cryosurgical	Procedure	HCPCS
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	Procedure	HCPCS
S2107	Adoptive immunotherapy i.e. development of specific antitumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment	Procedure	HCPCS
S2210	Cryosurgical ablation (in situ destruction) of tumorous tissue, one or more lesions; liver	Procedure	HCPCS
S2270	Insertion of vaginal cylinder for application of radiation source or clinical brachytherapy (report separately in addition to radiation source delivery)	Procedure	HCPCS
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Procedure	HCPCS
S8049	Intraoperative radiation therapy (single administration)	Procedure	HCPCS
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Procedure	HCPCS
Z51.0	Encounter for antineoplastic radiation therapy	Diagnosis	ICD-10-CM
Z51.1	Encounter for antineoplastic chemotherapy and immunotherapy	Diagnosis	ICD-10-CM
Z51.11	Encounter for antineoplastic chemotherapy	Diagnosis	ICD-10-CM
Z51.12	Encounter for antineoplastic immunotherapy	Diagnosis	ICD-10-CM
Z85	Personal history of malignant neoplasm	Diagnosis	ICD-10-CM
Z85.0	Personal history of malignant neoplasm of digestive organs	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ	Diagnosis	ICD-10-CM
Z85.01	Personal history of malignant neoplasm of esophagus	Diagnosis	ICD-10-CM
Z85.02	Personal history of malignant neoplasm of stomach	Diagnosis	ICD-10-CM
Z85.020	Personal history of malignant carcinoid tumor of stomach	Diagnosis	ICD-10-CM
Z85.028	Personal history of other malignant neoplasm of stomach	Diagnosis	ICD-10-CM
Z85.03	Personal history of malignant neoplasm of large intestine	Diagnosis	ICD-10-CM
Z85.030	Personal history of malignant carcinoid tumor of large intestine	Diagnosis	ICD-10-CM
Z85.038	Personal history of other malignant neoplasm of large intestine	Diagnosis	ICD-10-CM
Z85.04	Personal history of malignant neoplasm of rectum, rectosigmoid junction, and anus	Diagnosis	ICD-10-CM
Z85.040	Personal history of malignant carcinoid tumor of rectum	Diagnosis	ICD-10-CM
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus	Diagnosis	ICD-10-CM
Z85.05	Personal history of malignant neoplasm of liver	Diagnosis	ICD-10-CM
Z85.06	Personal history of malignant neoplasm of small intestine	Diagnosis	ICD-10-CM
Z85.060	Personal history of malignant carcinoid tumor of small intestine	Diagnosis	ICD-10-CM
Z85.068	Personal history of other malignant neoplasm of small intestine	Diagnosis	ICD-10-CM
Z85.07	Personal history of malignant neoplasm of pancreas	Diagnosis	ICD-10-CM
Z85.09	Personal history of malignant neoplasm of other digestive organs	Diagnosis	ICD-10-CM
Z85.1	Personal history of malignant neoplasm of trachea, bronchus and lung	Diagnosis	ICD-10-CM
Z85.11	Personal history of malignant neoplasm of bronchus and lung	Diagnosis	ICD-10-CM
Z85.110	Personal history of malignant carcinoid tumor of bronchus and lung	Diagnosis	ICD-10-CM
Z85.118	Personal history of other malignant neoplasm of bronchus and lung	Diagnosis	ICD-10-CM
Z85.12	Personal history of malignant neoplasm of trachea	Diagnosis	ICD-10-CM
Z85.2	Personal history of malignant neoplasm of other respiratory and intrathoracic organs	Diagnosis	ICD-10-CM
Z85.20	Personal history of malignant neoplasm of unspecified respiratory organ	Diagnosis	ICD-10-CM
Z85.21	Personal history of malignant neoplasm of larynx	Diagnosis	ICD-10-CM
Z85.22	Personal history of malignant neoplasm of nasal cavities, middle ear, and accessory sinuses	Diagnosis	ICD-10-CM
Z85.23	Personal history of malignant neoplasm of thymus	Diagnosis	ICD-10-CM
Z85.230	Personal history of malignant carcinoid tumor of thymus	Diagnosis	ICD-10-CM
Z85.238	Personal history of other malignant neoplasm of thymus	Diagnosis	ICD-10-CM
Z85.29	Personal history of malignant neoplasm of other respiratory and intrathoracic organs	Diagnosis	ICD-10-CM
Z85.3	Personal history of malignant neoplasm of breast	Diagnosis	ICD-10-CM
Z85.4	Personal history of malignant neoplasm of genital organs	Diagnosis	ICD-10-CM
Z85.40	Personal history of malignant neoplasm of unspecified female genital organ	Diagnosis	ICD-10-CM
Z85.41	Personal history of malignant neoplasm of cervix uteri	Diagnosis	ICD-10-CM
Z85.42	Personal history of malignant neoplasm of other parts of uterus	Diagnosis	ICD-10-CM
Z85.43	Personal history of malignant neoplasm of ovary	Diagnosis	ICD-10-CM
Z85.44	Personal history of malignant neoplasm of other female genital organs	Diagnosis	ICD-10-CM
Z85.45	Personal history of malignant neoplasm of unspecified male genital organ	Diagnosis	ICD-10-CM
Z85.46	Personal history of malignant neoplasm of prostate	Diagnosis	ICD-10-CM
Z85.47	Personal history of malignant neoplasm of testis	Diagnosis	ICD-10-CM
Z85.48	Personal history of malignant neoplasm of epididymis	Diagnosis	ICD-10-CM
Z85.49	Personal history of malignant neoplasm of other male genital organs	Diagnosis	ICD-10-CM

**Appendix D. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Cancer Indication in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
Z85.5	Personal history of malignant neoplasm of urinary tract	Diagnosis	ICD-10-CM
Z85.50	Personal history of malignant neoplasm of unspecified urinary tract organ	Diagnosis	ICD-10-CM
Z85.51	Personal history of malignant neoplasm of bladder	Diagnosis	ICD-10-CM
Z85.52	Personal history of malignant neoplasm of kidney	Diagnosis	ICD-10-CM
Z85.520	Personal history of malignant carcinoid tumor of kidney	Diagnosis	ICD-10-CM
Z85.528	Personal history of other malignant neoplasm of kidney	Diagnosis	ICD-10-CM
Z85.53	Personal history of malignant neoplasm of renal pelvis	Diagnosis	ICD-10-CM
Z85.54	Personal history of malignant neoplasm of ureter	Diagnosis	ICD-10-CM
Z85.59	Personal history of malignant neoplasm of other urinary tract organ	Diagnosis	ICD-10-CM
Z85.6	Personal history of leukemia	Diagnosis	ICD-10-CM
Z85.7	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues	Diagnosis	ICD-10-CM
Z85.71	Personal history of Hodgkin lymphoma	Diagnosis	ICD-10-CM
Z85.72	Personal history of non-Hodgkin lymphomas	Diagnosis	ICD-10-CM
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues	Diagnosis	ICD-10-CM
Z85.8	Personal history of malignant neoplasms of other organs and systems	Diagnosis	ICD-10-CM
Z85.81	Personal history of malignant neoplasm of lip, oral cavity, and pharynx	Diagnosis	ICD-10-CM
Z85.810	Personal history of malignant neoplasm of tongue	Diagnosis	ICD-10-CM
Z85.818	Personal history of malignant neoplasm of other sites of lip, oral cavity, and pharynx	Diagnosis	ICD-10-CM
Z85.819	Personal history of malignant neoplasm of unspecified site of lip, oral cavity, and pharynx	Diagnosis	ICD-10-CM
Z85.821	Personal history of Merkel cell carcinoma	Diagnosis	ICD-10-CM
Z85.83	Personal history of malignant neoplasm of bone and soft tissue	Diagnosis	ICD-10-CM
Z85.830	Personal history of malignant neoplasm of bone	Diagnosis	ICD-10-CM
Z85.831	Personal history of malignant neoplasm of soft tissue	Diagnosis	ICD-10-CM
Z85.84	Personal history of malignant neoplasm of eye and nervous tissue	Diagnosis	ICD-10-CM
Z85.840	Personal history of malignant neoplasm of eye	Diagnosis	ICD-10-CM
Z85.841	Personal history of malignant neoplasm of brain	Diagnosis	ICD-10-CM
Z85.848	Personal history of malignant neoplasm of other parts of nervous tissue	Diagnosis	ICD-10-CM
Z85.85	Personal history of malignant neoplasm of endocrine glands	Diagnosis	ICD-10-CM
Z85.850	Personal history of malignant neoplasm of thyroid	Diagnosis	ICD-10-CM
Z85.858	Personal history of malignant neoplasm of other endocrine glands	Diagnosis	ICD-10-CM
Z85.89	Personal history of malignant neoplasm of other organs and systems	Diagnosis	ICD-10-CM
Z85.9	Personal history of malignant neoplasm, unspecified	Diagnosis	ICD-10-CM



**Appendix E. Specifications Defining Parameters Used in this Request**

The Center for Drug Evaluation and Research has requested execution of the Cohort Identification and Descriptive Analysis (CIDA) tool [version 13.0.1] to estimate rates of injectable methotrexate and most frequent diagnoses among users in the Sentinel Distributed Database.

**Query period:** January 1, 2022 - Most recently available data  
**Pre-index enrollment requirement:** 7 days  
**Post-index requirement:** 2 days  
**Enrollment gap:** 45 days  
**Stratifications:** Age, year-month, cancer indication, cancer indication\*year-month  
**Censor output categorization:** n/a  
**Restrictions:** Male and Female  
**Distribution of index-defining codes:** Yes  
**Envelope macro:** Do not reclassify encounters  
**Freeze data:** No

**Exposure/Event**

Scenario	Index Exposure/ Event	Coverage Requirement	Age Groups	Cohort definition	Washout period	Care setting	Principal diagnosis position	Create Baseline Table?	Censor enrollment at evidence of
1	Injectable Methotrexate (HCPCS and NDCs)	Medical and Drug	0-17 (0-5, 6-12, 13-17)	*First valid index date during query period	0	Any care setting	n/a	Yes (for covar strata)	*Death; *Data Partner End Date; *Query End Date
2	Injectable Methotrexate HCPCS and NDCs)	Medical and Drug	0-17 (0-5, 6-12, 13-17)	*All valid index dates during query period	0	Any care setting	n/a	Yes (for covar strata)	*Death; *Data Partner End Date; *Query End Date
3	Injectable Methotrexate (HCPCS and NDCs)	Medical and Drug	18+ (18-45, 46-64, 65+)	*First valid index date during query period	0	Any care setting	n/a	Yes (for covar strata)	*Death; *Data Partner End Date; *Query End Date
4	Injectable Methotrexate HCPCS and NDCs)	Medical and Drug	18+ (18-45, 46-64, 65+)	*All valid index dates during query period	0	Any care setting	n/a	Yes (for covar strata)	*Death; *Data Partner End Date; *Query End Date
5	Injectable Methotrexate (NDCs Only)	Medical and Drug	0-17 (0-5, 6-12, 13-17)	*First valid index date during query period	0	Any care setting	n/a	Yes (for covar strata)	*Death; *Data Partner End Date; *Query End Date
6	Injectable Methotrexate (NDCs Only)	Medical and Drug	0-17 (0-5, 6-12, 13-17)	*All valid index dates during query period	0	Any care setting	n/a	Yes (for covar strata)	*Death; *Data Partner End Date; *Query End Date

Exposure/Event									
Scenario	Index Exposure/ Event	Coverage Requirement	Age Groups	Cohort definition	Washout period	Care setting	Principal diagnosis position	Create Baseline Table?	Censor enrollment at evidence of
7	Injectable Methotrexate (NDCs Only)	Medical and Drug	18+ (18-45, 46-64, 65+)	*First valid index date during query period	0	Any care setting	n/a	Yes (for covar strata)	*Death; *Data Partner End Date; *Query End Date
8	Injectable Methotrexate (NDCs Only)	Medical and Drug	18+ (18-45, 46-64, 65+)	*All valid index dates during query period	0	Any care setting	n/a	Yes (for covar strata)	*Death; *Data Partner End Date; *Query End Date
9	Injectable Methotrexate (HCPCS Only)	Medical	0-17 (0-5, 6-12, 13-17)	*First valid index date during query period	0	Any care setting	n/a	Yes (for covar strata)	*Death; *Data Partner End Date; *Query End Date
10	Injectable Methotrexate (HCPCS Only)	Medical	0-17 (0-5, 6-12, 13-17)	*All valid index dates during query period	0	Any care setting	n/a	Yes (for covar strata)	*Death; *Data Partner End Date; *Query End Date
11	Injectable Methotrexate (HCPCS Only)	Medical	18+ (18-45, 46-64, 65+)	*First valid index date during query period	0	Any care setting	n/a	Yes (for covar strata)	*Death; *Data Partner End Date; *Query End Date
12	Injectable Methotrexate (HCPCS Only)	Medical	18+ (18-45, 46-64, 65+)	*All valid index dates during query period	0	Any care setting	n/a	Yes (for covar strata)	*Death; *Data Partner End Date; *Query End Date

ICD-9, ICD-10, HCPCS, and CPT codes are provided by Optum360.  
NDC codes are checked against First Data Bank's FDB MedKnowledge®.

**Appendix F. Specifications Defining Baseline Characteristic and Most Frequent Utilization Parameters in this Request**

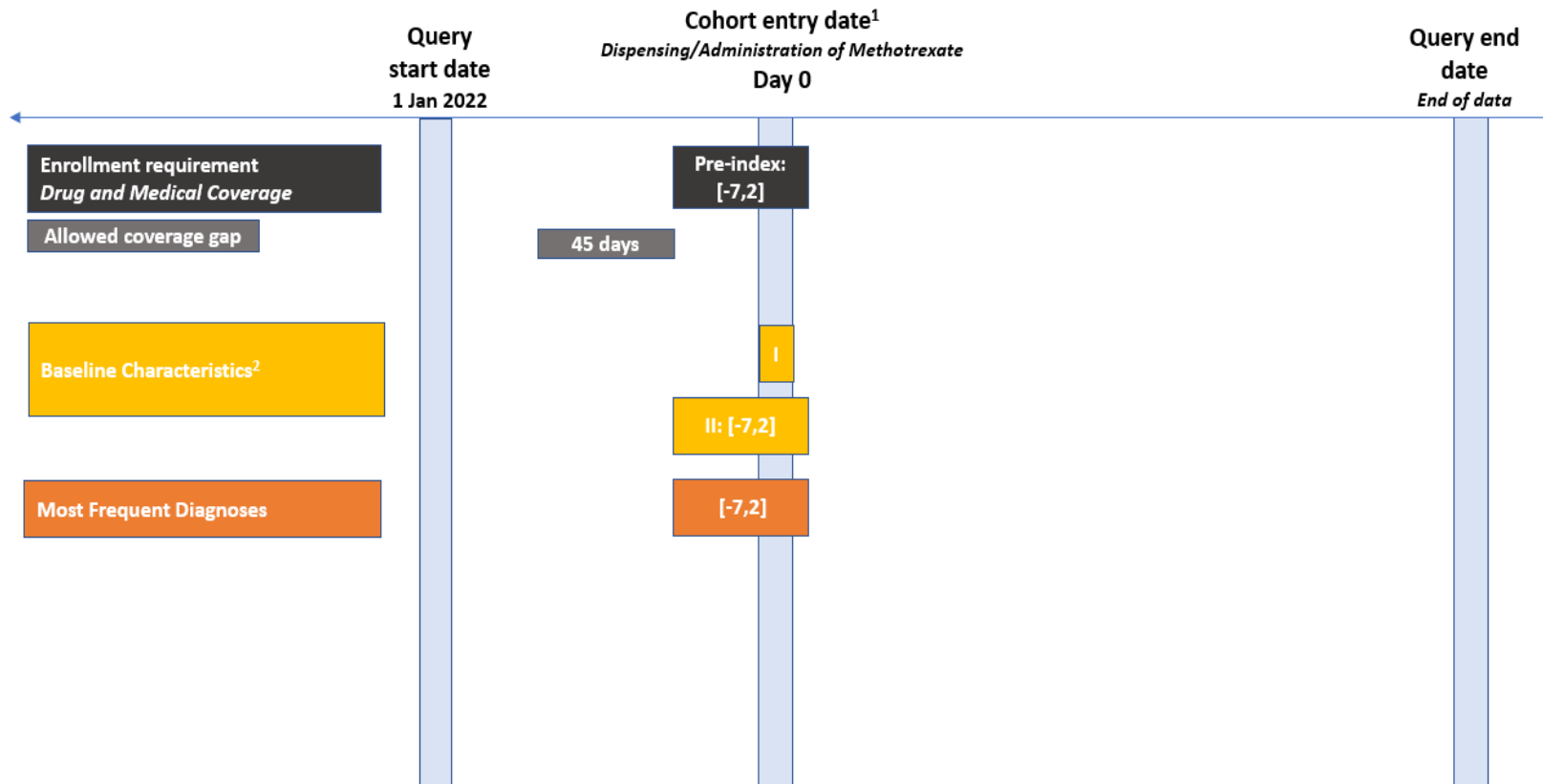
**Baseline Characteristics**

Covariate Number	Covariate	Care setting	Principal diagnosis position	Code Category	Evaluation period start	Evaluation period end	Number of instances the covariate should be found in evaluation period
1	Cancer (Defined by cancer diagnosis, chemotherapy DX/PX, radiation treatment procedure, or cancer-related surgery)	Any	Any	*DX: Diagnosis code *PX: Procedure code	-7	2	1

**Most Frequent Utilization**

Number of codes to return	MFU evaluation period start	MFU evaluation period end	Code Category	Encounter care setting	Principal encounter	Counting method
100	-7	2	Diagnosis codes	Any care setting	n/a	The MFU output is sorted by patient counts

## Appendix G. Design Diagram of Cohort Entry Requirements



<sup>1</sup> We had two analysis scenarios: 1) including the first valid index date; 2) including all valid index dates during the query period

<sup>2</sup> Baseline characteristics:

Window I: Age, Year and month

Window II: Cancer indication