Disclaimer

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_wp176

Request ID: cder_mpl1r_wp176_nsdp_v01

Request Description: In this request, we conducted post-hoc analyses of a previous request (cder_mpl1r_wp157) to examine diminished visual acuity and nasal perforation in single and repeat mometasone stent implant users in patients with nasal polyposis in the Sentinel Distributed Database (SDD), with an updated mometasone sinus definition and additional sensitivity analyses of the incidence criteria.

Sentinel Routine Querying Module: Cohort Identification and Descriptive Analysis (CIDA) module, version 8.0.3

Data Source: We distributed this request to 16 Data Partners on March 12, 2020. The study period included data from January 1, 2016 to September 30, 2019. Please see Appendix A for a list of dates of available data for each Data Partner.

Study Design: We identified single and repeat users of mometasone stent implants and evaluated the occurrence of diminished visual acuity and nasal septal perforation within 365 days after exposure, among a cohort aged 18 years and over, with pre-existing diagnosis of nasal polyps. This is a Type 2 analysis in the Query Request Package documentation.

Exposures of Interest: We identified exposures of interest, single and repeat mometasone stent implants, using National Drug Codes (NDC) and Healthcare Common Procedure Coding System (HCPCS) codes, Current Procedural Terminology, Third Edition (CPT-3) and Fourth Edition (CPT-4) codes. We defined four separate exposure cohorts as follows:

1) Single Propel Exposure: We defined single Propel exposure as evidence of a) HCPCS codes S1090 or C2625, or b) same day Propel dispensing (NDC) and implant procedure codes (HCPCS, CPT-3, or CPT-4). We excluded members with evidence of either Propel or Sinuva stent use in the 183 days prior to the first qualifying exposure (index). Cohort re-entry was not allowed. We censored treatment episodes at first evidence of Sinuva stent use after index date.
2) Repeat Propel Exposure: We defined repeat Propel exposure as evidence of 1) HCPCS codes S1090 or C2625, or 2) same day Propel dispensing (NDC) and implant procedure codes (HCPCS, CPT-3, or CPT-4). We required members to have evidence of Propel stent use in the 183 days prior to the first qualifying exposure (index). Cohort re-entry was not allowed. We censored treatment episodes at first evidence of Sinuva stent use after index date.
3) Single Sinuva Exposure: We defined new use of single Sinuva use as having no evidence of Sinuva or Propel stent in the 183 days prior to the first qualifying Sinuva HCPCS code - J7401, or dispensing (index). Cohort re-entry was not allowed. We censored treatment episodes at first evidence of Propel stent use after the index date. We conducted sensitivity analyses which did not require Propel washout for single Sinuva exposures.
4) Repeat Sinuva Exposure: We defined repeat Sinuva use as evidence of Sinuva or Propel use in the 183 days prior to the first qualifying Sinuva stent (index). Cohort re-entry was not allowed. We censored treatment episodes at first evidence of Propel stent use after the index date.

Please see Appendices B and C for a list of HCPCS, CPT-3, and CPT-4 codes used to define the exposures in this request. See Appendix J for design diagrams for each stent exposure, and Appendix K for design diagrams showing stent combinations.

Outcomes of Interest: We defined our outcomes of interest: diminished visual acuity and nasal septal perforation, using CPT-4 codes and International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM). We defined our nasal septal perforation outcome as evidence of CPT-4 code 30630 within 90 days of a nasal septal perforation diagnosis code. We conducted a sensitivity analysis requiring the CPT-4 code 30630 within 183 days of a nasal septal perforation diagnosis code. Please see Appendix D for a list of diagnosis and procedure codes used to define these outcomes, and Appendix K for design diagrams showing the diagnosis and procedure combination used for the nasal septal perforation definitions.

Overview for Request: cder_mpl1r_wp176
Cohort Eligibility Criteria: We required members to be enrolled in health plans with medical and drug coverage for at least 183 days prior to their index date in order to be included in the cohort; a gap in coverage of up to 45 days was allowed and treated as continuous enrollment. The following age groups were included in the cohort: 18-24, 25-40, 41-64 and 65+ years. To be included in the cohort, we required members to have a prior diagnosis of nasal polyps in the 183 days prior to their index date. We excluded members with evidence of the following conditions and treatments in the 183 days prior to the index date: glaucoma or glaucoma treatment, cataracts, nasal septal perforation, eye laser surgery, trabeculoplasty, and cataract surgery. These inclusion and exclusion criteria were defined using ICD-9-CM, ICD-10-CM, HCPCS, CPT-4, and NDC codes. Please refer to Appendix E for a list of diagnosis and procedure coeds and Appendix F for a list of generic and brand names of medical products used to define these criteria. **Follow-Up Time:** We assigned 365 days episode length for each qualifying exposure of interest and followed members until the first occurrence of any of the following: 1) disenrollment, 2) the end date of the data provided by each Data Partner (see Appendix A), 3) the end of the exposure episode, 4) occurrence of other exposure, e.g. if Propel is exposure of interest, then follow-up ends on first occurrence of Sinuva exposure, and vice-versa; or 5) occurrence of outcome. **Baseline Characteristics:** We assessed the following baseline characteristics in the 183 days prior to the exposure index date: age group, race, sex, year, comorbidity score, health service utilization, sinus surgery, use of oral or intranasal steroids, blepharitis, cardiovascular disease, corneal abrasion, corneal graft, diabetes, diabetic retinopathy, Fuchs' endothelial dystrophy, episcleritis, heterochromic cyclitis, keratitis, macular degeneration, retinitis pigmentosa, subconjunctival hemorrhage, uremia, uveitis or iritis, and vasculitis. Please refer to Appendix G for a list of diagnosis and procedure codes and Appendix H for a list of generic and brand names of medical products used to define baseline characteristics. **Please see Appendix I for the specifications of parameters used in the analyses for this request.** **Limitations:** Algorithms to define exposures, outcomes, inclusion and exclusion criteria, and covariates may be imperfect and may be misclassified. Therefore, data should be interpreted with this limitation in mind. **Notes:** Please contact the Sentinel Operations Center (info@sentinelsystem.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.sentinelsystem.org/projects/SENTINEL/repos/sentinel-routine-querying-tool-documentation/browse).

Sentinel

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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."

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.

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

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. Baseline Characteristics for Single Propel Stent Users with One Year Follow-Up in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019

	Single Propel Stent (One Year Follow-Up)	
Characteristic[1]	**Number**	**Percent**
Number of users	3,385	
Demographics	**Mean**	**Standard Deviation**
Mean Age (Years)	55.9	12.9
	Number	**Percent**
Age (Years)		
18-24	128	3.8%
25-40	598	17.7%
41-64	1,374	40.6%
65+	*****	*****
Sex		
Female	1,340	39.6%
Male	2,045	60.4%
Race[2]		
Unknown	*****	*****
American Indian or Alaska Native	*****	*****
Asian	39	1.2%
Black or African American	124	3.7%
Native Hawaiian or Other Pacific Islander	*****	*****
White	1,588	46.9%
Hispanic Origin	*****	*****
Year		
2016	*****	*****
2017	959	28.3%
2018	1,101	32.5%
2019	*****	*****
Recorded history of:		
Blepharitis	16	0.5%
Cardiovascular Disease	1,650	48.7%
Corneal Abrasion	*****	*****
Corneal Graft	0	0.0%
Diabetes	507	15.0%
Raw Diabetic Retinopathy	30	0.9%
Dystrophy Fuchs Endothelial Eye	*****	*****
Episcleritis	*****	*****
Heterochromic Cyclitis	0	0.0%
Keratitis	*****	*****
Macular Degeneration	36	1.1%
Retinitis Pigmentosa	0	0.0%
Subconjunctival Hemorrhage	*****	*****
Uremia	53	1.6%
Uveitis/Iritis	*****	*****
Vasculitis	0	0.0%
Sinus Surgery	79	2.3%
Oral Steroids	2,506	74.0%
Intranasal Steroids	1,224	36.2%

Table 1a. Baseline Characteristics for Single Propel Stent Users with One Year Follow-Up in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019

	Single Propel Stent (One Year Follow-Up)	
Health Service Utilization Intensity:	**Mean**	**Standard Deviation**
Mean number of ambulatory encounters (AV)	12.8	10.5
Mean number of emergency room encounters (ED)	0.3	0.9
Mean number of inpatient hospital encounters (IP)	0.1	0.3
Mean number of non-acute institutional encounters (IS)	0.0	0.1
Mean number of other ambulatory encounters (OA)	2.0	5
Mean number of unique drug classes	7.5	4.3
Mean number of generics	8.2	4.8
Mean number of filled prescriptions	16.8	13.6

[1]All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

2Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete

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

Table 1b. Baseline Characteristics for Single Sinuva Stent Users with One Year Follow-Up in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019

	Single Sinuva Stent (One Year Follow-Up)	
Characteristic[1]	**Number**	**Percent**
Number of users	*****	
Demographics	**Mean**	**Standard Deviation**
Mean Age (Years)	47	10.9
	Number	**Percent**
Age (Years)		
18-24	*****	*****
25-40	*****	*****
41-64	*****	*****
65+	*****	*****
Sex		
Female	46	40.7%
Male	*****	*****
Race[2]		
Unknown	*****	*****
American Indian or Alaska Native	0	0.0%
Asian	0	0.0%
Black or African American	*****	*****
Native Hawaiian or Other Pacific Islander	0	0.0%
White	*****	*****
Hispanic Origin	*****	*****
Year		
2016	0	0.0%
2017	0	0.0%
2018	*****	*****
2019	*****	*****
Recorded history of:		
Blepharitis	0	0.0%
Cardiovascular Disease	*****	*****
Corneal Abrasion	0	0.0%
Corneal Graft	0	0.0%
Diabetes	*****	*****
Raw Diabetic Retinopathy	0	0.0%
Dystrophy Fuchs Endothelial Eye	0	0.0%
Episcleritis	0	0.0%
Heterochromic Cyclitis	0	0.00%
Keratitis	0	0.0%
Macular Degeneration	0	0.0%
Retinitis Pigmentosa	0	0.0%
Subconjunctival Hemorrhage	0	0.0%
Uremia	*****	*****
Uveitis/Iritis	0	0.0%
Vasculitis	0	0.0%
Sinus Surgery	17	15.0%
Oral Steroids	*****	*****
Intranasal Steroids	*****	*****

Table 1b. Baseline Characteristics for Single Sinuva Stent Users with One Year Follow-Up in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019

	Single Sinuva Stent (One Year Follow-Up)	
Health Service Utilization Intensity:	**Mean**	**Standard Deviation**
Mean number of ambulatory encounters (AV)	10.7	7.6
Mean number of emergency room encounters (ED)	0.1	0.5
Mean number of inpatient hospital encounters (IP)	0.1	0.3
Mean number of non-acute institutional encounters (IS)	0.0	0
Mean number of other ambulatory encounters (OA)	1.5	2.9
Mean number of unique drug classes	7.1	3.5
Mean number of generics	7.6	3.9
Mean number of filled prescriptions	15.7	11.7

[1]All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

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Table 1c. Baseline Characteristics for Single Sinuva Stent Users with One Year Follow Up, Incident with Respect to Self in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019

	Single Sinuva Stent (One Year Follow-Up, Incident with Respect to Self)	
Characteristic[1]	**Number**	**Percent**
Number of users	*****	
Demographics	**Mean**	**Standard Deviation**
Mean Age (Years)	47	10.9
	Number	**Percent**
Age (Years)		
18-24	*****	*****
25-40	*****	*****
41-64	*****	*****
65+	*****	*****
Sex		
Female	*****	*****
Male	*****	*****
Race[2]		
Unknown	105	92.9%
American Indian or Alaska Native	0	0.0%
Asian	0	0.0%
Black or African American	*****	*****
Native Hawaiian or Other Pacific Islander	0	0.0%
White	*****	*****
Hispanic Origin	*****	*****
Year		
2016	0	0.0%
2017	0	0.0%
2018	*****	*****
2019	*****	*****
Recorded history of:		
Blepharitis	0	0.0%
Cardiovascular Disease	*****	*****
Corneal Abrasion	0	0.0%
Corneal Graft	0	0.0%
Diabetes	*****	*****
Raw Diabetic Retinopathy	0	0.0%
Dystrophy Fuchs Endothelial Eye	0	0.0%
Episcleritis	0	0.0%
Heterochromic Cyclitis	0	0.0%
Keratitis	0	0.0%
Macular Degeneration	0	0.0%
Retinitis Pigmentosa	0	0.0%
Subconjunctival Hemorrhage	0	0.0%
Uremia	*****	*****
Uveitis/Iritis	0	0.0%
Vasculitis	0	0.0%
Sinus Surgery	*****	*****
Oral Steroids	*****	*****

Table 1c. Baseline Characteristics for Single Sinuva Stent Users with One Year Follow Up, Incident with Respect to Self in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019

	Single Sinuva Stent (One Year Follow-Up, Incident with Respect to Self)	
Intranasal Steroids	34	30.1%
Health Service Utilization Intensity:	**Mean**	**Standard Deviation**
Mean number of ambulatory encounters (AV)	10.7	7.6
Mean number of emergency room encounters (ED)	0.1	0.5
Mean number of inpatient hospital encounters (IP)	0.1	0.3
Mean number of non-acute institutional encounters (IS)	0.0	0
Mean number of other ambulatory encounters (OA)	1.5	2.9
Mean number of unique drug classes	7.1	3.5
Mean number of generics	7.6	3.9
Mean number of filled prescriptions	15.7	11.7

[1]All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

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Table 1d. Baseline Characteristics for Repeat Propel Stent Users with One Year Follow-Up in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019

	Repeat Propel Stent (One Year Follow-Up)	
Characteristic[1]	**Number**	**Percent**
Number of users	*****	
Demographics	**Mean**	**Standard Deviation**
Mean Age (Years)	53.1	10.9
	Number	**Percent**
Age (Years)		
18-24	*****	*****
25-40	*****	*****
41-64	*****	*****
65+	15	39.5%
Sex		
Female	*****	*****
Male	*****	*****
Race[2]		
Unknown	*****	*****
American Indian or Alaska Native	*****	*****
Asian	*****	*****
Black or African American	*****	*****
Native Hawaiian or Other Pacific Islander	0	0.0%
White	*****	*****
Hispanic Origin	0	0.0%
Year		
2016	*****	*****
2017	*****	*****
2018	*****	*****
2019	*****	*****
Recorded history of:		
Blepharitis	*****	*****
Cardiovascular Disease	17	44.7%
Corneal Abrasion	0	0.0%
Corneal Graft	0	0.0%
Diabetes	*****	*****
Raw Diabetic Retinopathy	0	0.0%
Dystrophy Fuchs Endothelial Eye	0	0.0%
Episcleritis	0	0.0%
Heterochromic Cyclitis	0	0.0%
Keratitis	*****	*****
Macular Degeneration	*****	*****
Retinitis Pigmentosa	0	0.0%
Subconjunctival Hemorrhage	0	0.0%
Uremia	*****	*****
Uveitis/Iritis	0	0.0%
Vasculitis	0	0.0%
Sinus Surgery	*****	*****
Oral Steroids	*****	*****
Intranasal Steroids	*****	*****

Table 1d. Baseline Characteristics for Repeat Propel Stent Users with One Year Follow-Up in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019

	Repeat Propel Stent (One Year Follow-Up)	
Health Service Utilization Intensity:	**Mean**	**Standard Deviation**
Mean number of ambulatory encounters (AV)	22.3	16.4
Mean number of emergency room encounters (ED)	0.5	0.9
Mean number of inpatient hospital encounters (IP)	0.3	1
Mean number of non-acute institutional encounters (IS)	0.0	0
Mean number of other ambulatory encounters (OA)	5.1	6.3
Mean number of unique drug classes	9.8	3.7
Mean number of generics	10.8	4.1
Mean number of filled prescriptions	20.2	8.3

[1]All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

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Table 1e. Baseline Characteristics for Repeat Sinuva Stent Users with One Year Follow-Up in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019

	Repeat Sinuva Stent (One Year Follow-Up)	
Characteristic[1]	**Number**	**Percent**
Number of users	*****	
Demographics	**Mean**	**Standard Deviation**
Mean Age (Years)	50.1	7.2
	Number	**Percent**
Age (Years)		
18-24	*****	*****
25-40	*****	*****
41-64	*****	*****
65+	*****	*****
Sex		
Female	*****	*****
Male	*****	*****
Race[2]		
Unknown	*****	*****
American Indian or Alaska Native	0	0.0%
Asian	0	0.0%
Black or African American	*****	*****
Native Hawaiian or Other Pacific Islander	*****	*****
White	*****	*****
Hispanic Origin	0	0.0%
Year		
2016	0	0.0%
2017	0	0.0%
2018	*****	*****
2019	*****	*****
Recorded history of:		
Blepharitis	0	0.0%
Cardiovascular Disease	*****	*****
Corneal Abrasion	0	0.0%
Corneal Graft	0	0.0%
Diabetes	*****	*****
Raw Diabetic Retinopathy	0	0.0%
Dystrophy Fuchs Endothelial Eye	0	0.0%
Episcleritis	0	0.0%
Heterochromic Cyclitis	0	0.0%
Keratitis	0	0.0%
Macular Degeneration	0	0.0%
Retinitis Pigmentosa	0	0.0%
Subconjunctival Hemorrhage	0	0.0%
Uremia	*****	*****
Uveitis/Iritis	0	0.0%
Vasculitis	0	0.0%
Sinus Surgery	11	57.9%
Oral Steroids	*****	*****
Intranasal Steroids	*****	*****

Table 1e. Baseline Characteristics for Repeat Sinuva Stent Users with One Year Follow-Up in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019

	Repeat Sinuva Stent (One Year Follow-Up)	
Health Service Utilization Intensity:	**Mean**	**Standard Deviation**
Mean number of ambulatory encounters (AV)	16.3	6.9
Mean number of emergency room encounters (ED)	0.2	0.4
Mean number of inpatient hospital encounters (IP)	0.2	0.4
Mean number of non-acute institutional encounters (IS)	0.1	0.2
Mean number of other ambulatory encounters (OA)	2.2	3.3
Mean number of unique drug classes	10.1	3.6
Mean number of generics	10.7	3.9
Mean number of filled prescriptions	22.3	15.9

[1]All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

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Table 2. Summary of Diminished Visual Acuity and Nasal Septal Perforation in Single and Repeat Mometasone Stent Implant Users in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019, Overall

New Users	Eligible Members[1]	Number of Exposed Patients per 1,000 Eligible Members	Years at Risk	Average Years at Risk	All Events	Number of Users with an Event	Number of Exposed Members with an Outcome per 1,000 Years at Risk
Diminished Visual Acuity							
Single Propel Stent (One-year follow-up)							
3,385	308,575	10.97	2,536.0	0.75	64	51	20.11
Single Sinuva Stent (One-year follow-up)							
*****	308,575	0.37	*****	*****	*****	*****	15.70
Single Sinuva Stent (One-year follow-up, incident with respect to self)							
*****	308,575	0.37	*****	*****	*****	*****	15.70
Repeat Propel Stent (One-year follow-up)							
*****	310,039	0.12	*****	*****	*****	*****	173.61
Repeat Sinuva Stent (One-year follow-up)							
*****	310,039	0.06	9.0	0.47	0	0	0.00
Nasal Septal Perforation - First Definition[2]							
Single Propel Stent (One-year follow-up)							
3,385	308,575	10.97	2,557.3	0.76	0	0	0.00
Single Sinuva Stent (One-year follow-up)							
*****	308,575	0.37	64.5	0.57	0	0	0.00
Single Sinuva Stent (One-year follow-up, incident with respect to self)							
*****	308,575	0.37	64.5	0.57	0	0	0.00
Repeat Propel Stent (One-year follow-up)							
*****	310,039	0.12	30.9	0.81	0	0	0.00
Repeat Sinuva Stent (One-year follow-up)							
*****	310,039	0.06	9.0	0.47	0	0	0.00
Nasal Septal Perforation - Second Definition[3]							
Single Propel Stent (One-year follow-up)							
3,385	308,575	10.97	2,557.3	0.76	0	0	0.00
Single Sinuva Stent (One-year follow-up)							
*****	308,575	0.37	64.5	0.57	0	0	0.00
Single Sinuva Stent (One-year follow-up, incident with respect to self)							
*****	308,575	0.37	64.5	0.57	0	0	0.00

Table 2. Summary of Diminished Visual Acuity and Nasal Septal Perforation in Single and Repeat Mometasone Stent Implant Users in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019, Overall

New Users	Eligible Members[1]	Number of Exposed Patients per 1,000 Eligible Members	Years at Risk	Average Years at Risk	All Events	Number of Users with an Event	Number of Exposed Members with an Outcome per 1,000 Years at Risk
Repeat Propel Stent (One-year follow-up)							
*****	310,039	0.12	30.9	0.81	0	0	0.00
Repeat Sinuva Stent (One-year follow-up)							
*****	310,039	0.06	9.0	0.47	0	0	0.00

[1]Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period

[2]Nasal Septal Perforation defined as a combination of diagnosis and procedure codes, with the procedure code occuring within 90 days after diagnosis

[3]Nasal Septal Perforation defined as a combination of diagnosis and procedure codes, with the procedure code occuring within 183 days after diagnosis

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

Table 3. Summary of Diminished Visual Acuity and Nasal Septal Perforation in Single and Repeat Mometasone Stent Implant Users in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019, by Year

Year	New Users	Eligible Members[1]	Number of Exposed Patients per 1,000 Eligible Members	Years at Risk	Average Years at Risk	All Events	Number of Users with an Event	Number of Exposed Members with an Outcome per 1,000 Years at Risk
Diminished Visual Acuity								
Single Propel Stent (One-year follow-up)								
2016	*****	134,147	6.11	*****	*****	*****	*****	12.33
2017	959	134,911	7.11	834.2	0.87	14	12	14.39
2018	1,101	131,701	8.36	836.6	0.76	35	26	31.08
2019	*****	86,695	5.84	*****	*****	*****	*****	29.56
Single Sinuva Stent (One-year follow-up)								
2016	0	134,147	0.00	0.0	.	0	0	.
2017	0	135,300	0.00	0.0	.	0	0	.
2018	*****	132,367	0.57	*****	*****	*****	*****	18.15
2019	*****	87,473	0.43	8.6	0.23	0	0	0.00
Single Sinuva Stent (One-year follow-up, incident with respect to self)								
2016	0	134,147	0.00	0.0	.	0	0	.
2017	0	135,300	0.00	0.0	.	0	0	.
2018	*****	132,367	0.57	*****	*****	*****	*****	18.15
2019	*****	87,473	0.43	8.6	0.23	0	0	0.00
Repeat Propel Stent (One-year follow-up)								
2016	*****	134,610	0.08	*****	*****	*****	*****	92.59
2017	*****	135,999	0.08	9.4	0.85	0	0	0.00
2018	*****	133,211	0.08	*****	*****	*****	*****	441.18
2019	*****	88,204	0.07	*****	*****	*****	*****	588.24
Repeat Sinuva Stent (One-year follow-up)								
2016	0	134,610	0.00	0.0	.	0	0	.
2017	0	136,008	0.00	0.0	.	0	0	.
2018	*****	133,223	0.08	7.4	0.74	0	0	0.00
2019	*****	88,208	0.10	1.5	0.17	0	0	0.00
Nasal Septal Perforation - First Definition[2]								
Single Propel Stent (One-year follow-up)								
2016	*****	134,147	6.11	733.8	0.90	0	0	0.00
2017	959	134,911	7.11	839.9	0.88	0	0	0.00

Table 3. Summary of Diminished Visual Acuity and Nasal Septal Perforation in Single and Repeat Mometasone Stent Implant Users in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019, by Year

Year	New Users	Eligible Members[1]	Number of Exposed Patients per 1,000 Eligible Members	Years at Risk	Average Years at Risk	All Events	Number of Users with an Event	Number of Exposed Members with an Outcome per 1,000 Years at Risk
2018	1,101	131,701	8.36	847.5	0.77	0	0	0.00
2019	506	86,695	5.84	136.1	0.27	0	0	0.00
Single Sinuva Stent (One-year follow-up)								
2016	0	134,147	0.00	0.0	.	0	0	.
2017	0	135,300	0.00	0.0	.	0	0	.
2018	*****	132,367	0.57	55.9	0.75	0	0	0.00
2019	*****	87,473	0.43	8.6	0.23	0	0	0.00
Single Sinuva Stent (One-year follow-up, incident with respect to self)								
2016	0	134,147	0.00	0.0	.	0	0	.
2017	0	135,300	0.00	0.0	.	0	0	.
2018	*****	132,367	0.57	55.9	0.75	0	0	0.00
2019	*****	87,473	0.43	8.6	0.23	0	0	0.00
Repeat Propel Stent (One-year follow-up)								
2016	11	134,610	0.08	11.0	1.00	0	0	0.00
2017	11	135,999	0.08	9.4	0.85	0	0	0.00
2018	*****	133,211	0.08	8.5	0.85	0	0	0.00
2019	*****	88,204	0.07	2.0	0.33	0	0	0.00
Repeat Sinuva Stent (One-year follow-up)								
2016	0	134,610	0.00	0.0	.	0	0	.
2017	0	136,008	0.00	0.0	.	0	0	.
2018	*****	133,223	0.08	7.4	0.74	0	0	0.00
2019	*****	88,208	0.10	1.5	0.17	0	0	0.00
Nasal Septal Perforation - Second Definition[3]								
Single Propel Stent (One-year follow-up)								
2016	*****	134,147	6.11	733.8	0.90	0	0	0.00
2017	959	134,911	7.11	839.9	0.88	0	0	0.00
2018	1,101	131,701	8.36	847.5	0.77	0	0	0.00
2019	506	86,695	5.84	136.1	0.27	0	0	0.00
Single Sinuva Stent (One-year follow-up)								
2016	0	134,147	0.00	0.0	.	0	0	.

Table 3. Summary of Diminished Visual Acuity and Nasal Septal Perforation in Single and Repeat Mometasone Stent Implant Users in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019, by Year

Year	New Users	Eligible Members[1]	Number of Exposed Patients per 1,000 Eligible Members	Years at Risk	Average Years at Risk	All Events	Number of Users with an Event	Number of Exposed Members with an Outcome per 1,000 Years at Risk
2017	0	135,300	0.00	0.0	.	0	0	.
2018	*****	132,367	0.57	55.9	0.75	0	0	0.00
2019	*****	87,473	0.43	8.6	0.23	0	0	0.00
Single Sinuva Stent (One-year follow-up, incident with respect to self)								
2016	0	134,147	0.00	0.0	.	0	0	.
2017	0	135,300	0.00	0.0	.	0	0	.
2018	*****	132,367	0.57	55.9	0.75	0	0	0.00
2019	*****	87,473	0.43	8.6	0.23	0	0	0.00
Repeat Propel Stent (One-year follow-up)								
2016	11	134,610	0.08	11.0	1.00	0	0	0.00
2017	11	135,999	0.08	9.4	0.85	0	0	0.00
2018	*****	133,211	0.08	8.5	0.85	0	0	0.00
2019	*****	88,204	0.07	2.0	0.33	0	0	0.00
Repeat Sinuva Stent (One-year follow-up)								
2016	0	134,610	0.00	0.0	.	0	0	.
2017	0	136,008	0.00	0.0	.	0	0	.
2018	*****	133,223	0.08	7.4	0.74	0	0	0.00
2019	*****	88,208	0.10	1.5	0.17	0	0	0.00

[1]Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period

[2]Nasal Septal Perforation defined as a combination of diagnosis and procedure codes, with the procedure code occuring within 90 days after diagnosis

[3]Nasal Septal Perforation defined as a combination of diagnosis and procedure codes, with the procedure code occuring within 183 days after diagnosis

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

Table 4. Summary of Diminished Visual Acuity and Nasal Septal Perforation in Single and Repeat Mometasone Stent Implant Users in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019, by Sex

Sex	New Users	Eligible Members[1]	Number of Exposed Patients per 1,000 Eligible Members	Years at Risk	Average Years at Risk	All Events	Number of Users with an Event	Number of Exposed Members with an Outcome per 1,000 Years at Risk
Diminished Visual Acuity								
Single Propel Stent (One-year follow-up)								
Female	1,340	136,249	9.83	1,004.3	0.75	39	28	27.88
Male	2,045	172,326	11.87	1,531.8	0.75	25	23	15.02
Single Sinuva Stent (One-year follow-up)								
Female	46	136,249	0.34	*****	*****	*****	*****	38.46
Male	*****	172,326	0.39	37.7	0.56	0	0	0.00
Single Sinuva Stent (One-year follow-up, incident with respect to self)								
Female	*****	136,249	0.34	*****	*****	*****	*****	38.46
Male	*****	172,326	0.39	37.7	0.56	0	0	0.00
Repeat Propel Stent (One-year follow-up)								
Female	*****	136,925	0.11	*****	*****	*****	*****	267.86
Male	*****	173,114	0.13	*****	*****	*****	*****	114.29
Repeat Sinuva Stent (One-year follow-up)								
Female	*****	136,925	0.06	4.0	0.50	0	0	0.00
Male	*****	173,114	0.06	4.9	0.45	0	0	0.00
Nasal Septal Perforation - First Definition[2]								
Single Propel Stent (One-year follow-up)								
Female	1,340	136,249	9.83	1,015.4	0.76	0	0	0.00
Male	2,045	172,326	11.87	1,541.9	0.75	0	0	0.00
Single Sinuva Stent (One-year follow-up)								
Female	46	136,249	0.34	26.8	0.58	0	0	0.00
Male	*****	172,326	0.39	37.7	0.56	0	0	0.00
Single Sinuva Stent (One-year follow-up, incident with respect to self)								
Female	*****	136,249	0.34	26.8	0.58	0	0	0.00
Male	*****	172,326	0.39	37.7	0.56	0	0	0.00
Repeat Propel Stent (One-year follow-up)								
Female	*****	136,925	0.11	12.2	0.81	0	0	0.00
Male	*****	173,114	0.13	18.7	0.81	0	0	0.00
Repeat Sinuva Stent (One-year follow-up)								

Table 4. Summary of Diminished Visual Acuity and Nasal Septal Perforation in Single and Repeat Mometasone Stent Implant Users in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019, by Sex

Sex	New Users	Eligible Members[1]	Number of Exposed Patients per 1,000 Eligible Members	Years at Risk	Average Years at Risk	All Events	Number of Users with an Event	Number of Exposed Members with an Outcome per 1,000 Years at Risk
Female	*****	136,925	0.06	4.0	0.50	0	0	0.00
Male	*****	173,114	0.06	4.9	0.45	0	0	0.00
Nasal Septal Perforation - Second Definition[3]								
Single Propel Stent (One-year follow-up)								
Female	1,340	136,249	9.83	1,015.4	0.76	0	0	0.00
Male	2,045	172,326	11.87	1,541.9	0.75	0	0	0.00
Single Sinuva Stent (One-year follow-up)								
Female	46	136,249	0.34	26.8	0.58	0	0	0.00
Male	*****	172,326	0.39	37.7	0.56	0	0	0.00
Single Sinuva Stent (One-year follow-up, incident with respect to self)								
Female	*****	136,249	0.34	26.8	0.58	0	0	0.00
Male	*****	172,326	0.39	37.7	0.56	0	0	0.00
Repeat Propel Stent (One-year follow-up)								
Female	*****	136,925	0.11	12.2	0.81	0	0	0.00
Male	*****	173,114	0.13	18.7	0.81	0	0	0.00
Repeat Sinuva Stent (One-year follow-up)								
Female	*****	136,925	0.06	4.0	0.50	0	0	0.00
Male	*****	173,114	0.06	4.9	0.45	0	0	0.00

[1]Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period

[2]Nasal Septal Perforation defined as a combination of diagnosis and procedure codes, with the procedure code occuring within 90 days after diagnosis

[3]Nasal Septal Perforation defined as a combination of diagnosis and procedure codes, with the procedure code occuring within 183 days after diagnosis

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

Table 5. Summary of Diminished Visual Acuity and Nasal Septal Perforation in Single and Repeat Mometasone Stent Implant Users in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019, by Age Group

Age Group	New Users	Eligible Members[1]	Number of Exposed Patients per 1,000 Eligible Members	Years at Risk	Average Years at Risk	All Events	Number of Users with an Event	Number of Exposed Members with an Outcome per 1,000 Years at Risk
Diminished Visual Acuity								
Single Propel Stent (One-year follow-up)								
18-24 years	128	11,216	11.41	*****	*****	*****	*****	43.62
25-40 years	598	46,187	12.95	*****	*****	*****	*****	13.74
41-64 years	1,374	111,447	12.33	*****	*****	*****	*****	15.69
65+ years	*****	145,279	8.85	987.7	0.77	36	25	25.31
Single Sinuva Stent (One-year follow-up)								
18-24 years	*****	11,216	0.36	3.3	0.83	0	0	0.00
25-40 years	*****	46,199	0.54	*****	*****	*****	*****	63.69
41-64 years	*****	111,476	0.72	41.4	0.52	0	0	0.00
65+ years	*****	145,296	0.03	3.4	0.85	0	0	0.00
Single Sinuva Stent (One-year follow-up, incident with respect to self)								
18-24 years	*****	11,216	0.36	3.3	0.83	0	0	0.00
25-40 years	*****	46,199	0.54	*****	*****	*****	*****	63.69
41-64 years	*****	111,476	0.72	41.4	0.52	0	0	0.00
65+ years	*****	145,296	0.03	3.4	0.85	0	0	0.00
Repeat Propel Stent (One-year follow-up)								
18-24 years	*****	11,289	0.18	0.7	0.35	0	0	0.00
25-40 years	12	46,468	0.26	*****	*****	*****	*****	105.26
41-64 years	*****	112,050	0.08	*****	*****	*****	*****	307.69
65+ years	15	145,881	0.10	*****	*****	*****	*****	165.29
Repeat Sinuva Stent (One-year follow-up)								
18-24 years	0	11,289	0.00	0.0	.	0	0	.
25-40 years	*****	46,468	0.09	0.9	0.23	0	0	0.00
41-64 years	*****	112,050	0.12	7.0	0.54	0	0	0.00
65+ years	*****	145,882	0.01	1.0	0.50	0	0	0.00
Nasal Septal Perforation - First Definition[2]								
Single Propel Stent (One-year follow-up)								
18-24 years	128	11,216	11.41	93.6	0.73	0	0	0.00
25-40 years	598	46,187	12.95	438.0	0.73	0	0	0.00

Table 5. Summary of Diminished Visual Acuity and Nasal Septal Perforation in Single and Repeat Mometasone Stent Implant Users in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019, by Age Group

Age Group	New Users	Eligible Members[1]	Number of Exposed Patients per 1,000 Eligible Members	Years at Risk	Average Years at Risk	All Events	Number of Users with an Event	Number of Exposed Members with an Outcome per 1,000 Years at Risk
41-64 years	1,374	111,447	12.33	1,027.9	0.75	0	0	0.00
65+ years	*****	145,279	8.85	997.9	0.78	0	0	0.00
Single Sinuva Stent (One-year follow-up)								
18-24 years	*****	11,216	0.36	3.3	0.83	0	0	0.00
25-40 years	*****	46,199	0.54	16.4	0.66	0	0	0.00
41-64 years	*****	111,476	0.72	41.4	0.52	0	0	0.00
65+ years	*****	145,296	0.03	3.4	0.85	0	0	0.00
Single Sinuva Stent (One-year follow-up, incident with respect to self)								
18-24 years	*****	11,216	0.36	3.3	0.83	0	0	0.00
25-40 years	*****	46,199	0.54	16.4	0.66	0	0	0.00
41-64 years	*****	111,476	0.72	41.4	0.52	0	0	0.00
65+ years	*****	145,296	0.03	3.4	0.85	0	0	0.00
Repeat Propel Stent (One-year follow-up)								
18-24 years	*****	11,289	0.18	0.7	0.35	0	0	0.00
25-40 years	12	46,468	0.26	9.7	0.81	0	0	0.00
41-64 years	*****	112,050	0.08	7.3	0.81	0	0	0.00
65+ years	15	145,881	0.10	13.3	0.89	0	0	0.00
Repeat Sinuva Stent (One-year follow-up)								
18-24 years	0	11,289	0.00	0.0	.	0	0	.
25-40 years	*****	46,468	0.09	0.9	0.23	0	0	0.00
41-64 years	*****	112,050	0.12	7.0	0.54	0	0	0.00
65+ years	*****	145,882	0.01	1.0	0.50	0	0	0.00
Nasal Septal Perforation - Second Definition[3]								
Single Propel Stent (One-year follow-up)								
18-24 years	128	11,216	11.41	93.6	0.73	0	0	0.00
25-40 years	598	46,187	12.95	438.0	0.73	0	0	0.00
41-64 years	1,374	111,447	12.33	1,027.9	0.75	0	0	0.00
65+ years	1,285	145,279	8.85	997.9	0.78	0	0	0.00
Single Sinuva Stent (One-year follow-up)								
18-24 years	*****	11,216	0.36	3.3	0.83	0	0	0.00

Table 5. Summary of Diminished Visual Acuity and Nasal Septal Perforation in Single and Repeat Mometasone Stent Implant Users in the Sentinel Distributed Database (SDD) between January 1, 2016 and September 30, 2019, by Age Group

Age Group	New Users	Eligible Members[1]	Number of Exposed Patients per 1,000 Eligible Members	Years at Risk	Average Years at Risk	All Events	Number of Users with an Event	Number of Exposed Members with an Outcome per 1,000 Years at Risk
25-40 years	*****	46,199	0.54	16.4	0.66	0	0	0.00
41-64 years	*****	111,476	0.72	41.4	0.52	0	0	0.00
65+ years	*****	145,296	0.03	3.4	0.85	0	0	0.00
Single Sinuva Stent (One-year follow-up, incident with respect to self)								
18-24 years	*****	11,216	0.36	3.3	0.83	0	0	0.00
25-40 years	*****	46,199	0.54	16.4	0.66	0	0	0.00
41-64 years	*****	111,476	0.72	41.4	0.52	0	0	0.00
65+ years	*****	145,296	0.03	3.4	0.85	0	0	0.00
Repeat Propel Stent (One-year follow-up)								
18-24 years	*****	11,289	0.18	0.7	0.35	0	0	0.00
25-40 years	12	46,468	0.26	9.7	0.81	0	0	0.00
41-64 years	*****	112,050	0.08	7.3	0.81	0	0	0.00
65+ years	15	145,881	0.10	13.3	0.89	0	0	0.00
Repeat Sinuva Stent (One-year follow-up)								
18-24 years	0	11,289	0.00	0.0	.	0	0	.
25-40 years	*****	46,468	0.09	0.9	0.23	0	0	0.00
41-64 years	*****	112,050	0.12	7.0	0.54	0	0	0.00
65+ years	*****	145,882	0.01	1.0	0.50	0	0	0.00

[1]Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period

[2]Nasal Septal Perforation defined as a combination of diagnosis and procedure codes, with the procedure code occuring within 90 days after diagnosis

[3]Nasal Septal Perforation defined as a combination of diagnosis and procedure codes, with the procedure code occuring within 183 days after diagnosis

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Appendix A: Dates of Available Data for Each Data Partner (DP) in the Sentinel Distributed Database (SDD) as of Request Distribution Date (March 12, 2020)

DP ID	DP Start Date[1]	DP End Date[1]
DP01	01/01/2004	08/31/2019
DP02	01/01/2008	03/31/2019
DP03	01/01/2008	09/30/2019
DP04	01/01/2006	06/30/2019
DP05	01/01/2012	06/30/2018
DP06	01/01/2010	06/30/2019
DP07	01/01/2000	07/31/2019
DP08	01/01/2000	02/28/2019
DP09	01/01/2000	12/31/2017
DP10	01/01/2000	03/31/2019
DP11	06/01/2007	04/30/2019
DP12	01/01/2000	03/31/2019
DP13	01/01/2000	01/31/2019
DP14	01/01/2005	07/31/2019
DP15	01/01/2000	06/30/2019
DP16	01/01/2000	06/30/2019

[1]The start and end dates are based on the minimum and maximum dates within each DP. The month with the maximum date must have at least 80% of the number of records in the previous month.

Appendix B. List of Healthcare Common Procedure Coding System, Level II (HCPCS), Current Procedural Terminology, Third Edition (CPT-3), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define the Exposure of Interest in this Request

Code	Description	Code Type	Code Category
	Propel		
J3490	Unclassified drugs	HCPCS	Procedure
0406T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant	CPT-3	Procedure
0407T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with polypectomy, biopsy or debridement	CPT-3	Procedure
31299	Unlisted procedure, accessory sinuses	CPT-4	Procedure
S1090	Mometasone furoate sinus implant, 370 micrograms	HCPCS	Procedure
C2625	Stent, non-coronary, temporary, with delivery system	HCPCS	Procedure
	Sinuva		
J7401	Mometasone furoate sinus implant, 10 micrograms	HCPCS	Procedure

Appendix C. List of Generic and Brand Names of Medical Products Used to Define the Exposure of Interest in this

Generic Name	Brand Name
Propel	
mometasone furoate	Propel
Sinuva	
mometasone furoate	Sinuva

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Outcomes in this Request

Code	Description	Code Type	Code Category
	Diminished Visual Acuity		
368	Visual disturbances	ICD-9-CM	Diagnosis
368.11	Sudden visual loss	ICD-9-CM	Diagnosis
368.12	Transient visual loss	ICD-9-CM	Diagnosis
368.8	Other specified visual disturbances	ICD-9-CM	Diagnosis
368.9	Unspecified visual disturbance	ICD-9-CM	Diagnosis
H53.041	Amblyopia suspect, right eye	ICD-10-CM	Diagnosis
H53.042	Amblyopia suspect, left eye	ICD-10-CM	Diagnosis
H53.043	Amblyopia suspect, bilateral	ICD-10-CM	Diagnosis
H53.049	Amblyopia suspect, unspecified eye	ICD-10-CM	Diagnosis
H53.121	Transient visual loss, right eye	ICD-10-CM	Diagnosis
H53.122	Transient visual loss, left eye	ICD-10-CM	Diagnosis
H53.123	Transient visual loss, bilateral	ICD-10-CM	Diagnosis
H53.129	Transient visual loss, unspecified eye	ICD-10-CM	Diagnosis
H53.131	Sudden visual loss, right eye	ICD-10-CM	Diagnosis
H53.132	Sudden visual loss, left eye	ICD-10-CM	Diagnosis
H53.133	Sudden visual loss, bilateral	ICD-10-CM	Diagnosis
H53.139	Sudden visual loss, unspecified eye	ICD-10-CM	Diagnosis
H53.71	Glare sensitivity	ICD-10-CM	Diagnosis
H53.72	Impaired contrast sensitivity	ICD-10-CM	Diagnosis
H53.8	Other visual disturbances	ICD-10-CM	Diagnosis
H53.9	Unspecified visual disturbance	ICD-10-CM	Diagnosis
	Nasal Septal Perforation		
478.19	Other diseases of nasal cavity and sinuses	ICD-9-CM	Diagnosis
748.1	Other congenital anomaly of nose	ICD-9-CM	Diagnosis
Q30.3	Congenital perforated nasal septum	ICD-10-CM	Diagnosis
J34.89	Other specified disorders of nose and nasal sinuses	ICD-10-CM	Diagnosis
30630	Repair nasal septal perforations	CPT-4	Procedure

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Inclusion and Exclusion Criteria in this Request

Code	Description	Code Type	Code Category
	Nasal Polyps		
471.0	Polyp of nasal cavity	ICD-9-CM	Diagnosis
471.1	Polypoid sinus degeneration	ICD-9-CM	Diagnosis
471.8	Other polyp of sinus	ICD-9-CM	Diagnosis
471.9	Unspecified nasal polyp	ICD-9-CM	Diagnosis
J33	Nasal polyp	ICD-10-CM	Diagnosis
J33.0	Polyp of nasal cavity	ICD-10-CM	Diagnosis
J33.1	Polypoid sinus degeneration	ICD-10-CM	Diagnosis
J33.8	Other polyp of sinus	ICD-10-CM	Diagnosis
J33.9	Nasal polyp, unspecified	ICD-10-CM	Diagnosis
	Trabeculoplasty		
65855	Trabeculoplasty by laser surgery	CPT-4	Procedure
	Glaucoma		
365	Glaucoma	ICD-9-CM	Diagnosis
365.0	Borderline glaucoma (glaucoma suspect)	ICD-9-CM	Diagnosis
365.00	Unspecified preglaucoma	ICD-9-CM	Diagnosis
365.01	Borderline glaucoma, open angle with borderline findings, low risk	ICD-9-CM	Diagnosis
365.02	Borderline glaucoma with anatomical narrow angle	ICD-9-CM	Diagnosis
365.03	Borderline glaucoma with steroid responders	ICD-9-CM	Diagnosis
365.04	Borderline glaucoma with ocular hypertension	ICD-9-CM	Diagnosis
365.05	Open angle with borderline findings, high risk	ICD-9-CM	Diagnosis
365.06	Primary angle closure without glaucoma damage	ICD-9-CM	Diagnosis
365.1	Open-angle glaucoma	ICD-9-CM	Diagnosis
365.10	Unspecified open-angle glaucoma	ICD-9-CM	Diagnosis
365.11	Primary open-angle glaucoma	ICD-9-CM	Diagnosis
365.12	Low tension open-angle glaucoma	ICD-9-CM	Diagnosis
365.13	Pigmentary open-angle glaucoma	ICD-9-CM	Diagnosis
365.14	Open-angle glaucoma of childhood	ICD-9-CM	Diagnosis
365.15	Residual stage of open angle glaucoma	ICD-9-CM	Diagnosis
365.2	Primary angle-closure glaucoma	ICD-9-CM	Diagnosis
365.20	Unspecified primary angle-closure glaucoma	ICD-9-CM	Diagnosis
365.21	Intermittent angle-closure glaucoma	ICD-9-CM	Diagnosis
365.22	Acute angle-closure glaucoma	ICD-9-CM	Diagnosis
365.23	Chronic angle-closure glaucoma	ICD-9-CM	Diagnosis
365.24	Residual stage of angle-closure glaucoma	ICD-9-CM	Diagnosis
365.3	Corticosteroid-induced glaucoma	ICD-9-CM	Diagnosis
365.31	Corticosteroid-induced glaucoma, glaucomatous stage	ICD-9-CM	Diagnosis
365.32	Corticosteroid-induced glaucoma, residual stage	ICD-9-CM	Diagnosis
365.4	Glaucoma associated with congenital anomalies, dystrophies, and systemic syndromes	ICD-9-CM	Diagnosis
365.41	Glaucoma associated with chamber angle anomalies	ICD-9-CM	Diagnosis
365.42	Glaucoma associated with anomalies of iris	ICD-9-CM	Diagnosis
365.43	Glaucoma associated with other anterior segment anomalies	ICD-9-CM	Diagnosis
365.44	Glaucoma associated with systemic syndromes	ICD-9-CM	Diagnosis
365.5	Glaucoma associated with disorders of the lens	ICD-9-CM	Diagnosis
365.51	Phacolytic glaucoma	ICD-9-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Inclusion and Exclusion Criteria in this Request

Code	Description	Code Type	Code Category
365.52	Pseudoexfoliation glaucoma	ICD-9-CM	Diagnosis
365.59	Glaucoma associated with other lens disorders	ICD-9-CM	Diagnosis
365.6	Glaucoma associated with other ocular disorders	ICD-9-CM	Diagnosis
365.60	Glaucoma associated with unspecified ocular disorder	ICD-9-CM	Diagnosis
365.61	Glaucoma associated with pupillary block	ICD-9-CM	Diagnosis
365.62	Glaucoma associated with ocular inflammations	ICD-9-CM	Diagnosis
365.63	Glaucoma associated with vascular disorders of eye	ICD-9-CM	Diagnosis
365.64	Glaucoma associated with tumors or cysts	ICD-9-CM	Diagnosis
365.65	Glaucoma associated with ocular trauma	ICD-9-CM	Diagnosis
365.7	Glaucoma stage	ICD-9-CM	Diagnosis
365.70	Glaucoma stage, unspecified	ICD-9-CM	Diagnosis
365.71	Mild stage glaucoma	ICD-9-CM	Diagnosis
365.72	Moderate stage glaucoma	ICD-9-CM	Diagnosis
365.73	Severe stage glaucoma	ICD-9-CM	Diagnosis
365.74	Indeterminate stage glaucoma	ICD-9-CM	Diagnosis
365.8	Other specified forms of glaucoma	ICD-9-CM	Diagnosis
365.81	Hypersecretion glaucoma	ICD-9-CM	Diagnosis
365.82	Glaucoma with increased episcleral venous pressure	ICD-9-CM	Diagnosis
365.83	Aqueous misdirection	ICD-9-CM	Diagnosis
365.89	Other specified glaucoma	ICD-9-CM	Diagnosis
365.9	Unspecified glaucoma	ICD-9-CM	Diagnosis
H40.001	Preglaucoma, unspecified, right eye	ICD-10-CM	Diagnosis
H40.002	Preglaucoma, unspecified, left eye	ICD-10-CM	Diagnosis
H40.003	Preglaucoma, unspecified, bilateral	ICD-10-CM	Diagnosis
H40.009	Preglaucoma, unspecified, unspecified eye	ICD-10-CM	Diagnosis
H40.011	Open angle with borderline findings, low risk, right eye	ICD-10-CM	Diagnosis
H40.012	Open angle with borderline findings, low risk, left eye	ICD-10-CM	Diagnosis
H40.013	Open angle with borderline findings, low risk, bilateral	ICD-10-CM	Diagnosis
H40.019	Open angle with borderline findings, low risk, unspecified eye	ICD-10-CM	Diagnosis
H40.021	Open angle with borderline findings, high risk, right eye	ICD-10-CM	Diagnosis
H40.022	Open angle with borderline findings, high risk, left eye	ICD-10-CM	Diagnosis
H40.023	Open angle with borderline findings, high risk, bilateral	ICD-10-CM	Diagnosis
H40.029	Open angle with borderline findings, high risk, unspecified eye	ICD-10-CM	Diagnosis
H40.031	Anatomical narrow angle, right eye	ICD-10-CM	Diagnosis
H40.032	Anatomical narrow angle, left eye	ICD-10-CM	Diagnosis
H40.033	Anatomical narrow angle, bilateral	ICD-10-CM	Diagnosis
H40.039	Anatomical narrow angle, unspecified eye	ICD-10-CM	Diagnosis
H40.041	Steroid responder, right eye	ICD-10-CM	Diagnosis
H40.042	Steroid responder, left eye	ICD-10-CM	Diagnosis
H40.043	Steroid responder, bilateral	ICD-10-CM	Diagnosis
H40.049	Steroid responder, unspecified eye	ICD-10-CM	Diagnosis
H40.051	Ocular hypertension, right eye	ICD-10-CM	Diagnosis
H40.052	Ocular hypertension, left eye	ICD-10-CM	Diagnosis
H40.053	Ocular hypertension, bilateral	ICD-10-CM	Diagnosis
H40.059	Ocular hypertension, unspecified eye	ICD-10-CM	Diagnosis
H40.061	Primary angle closure without glaucoma damage, right eye	ICD-10-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Inclusion and Exclusion Criteria in this Request

Code	Description	Code Type	Code Category
H40.062	Primary angle closure without glaucoma damage, left eye	ICD-10-CM	Diagnosis
H40.063	Primary angle closure without glaucoma damage, bilateral	ICD-10-CM	Diagnosis
H40.069	Primary angle closure without glaucoma damage, unspecified eye	ICD-10-CM	Diagnosis
H40.10X0	Unspecified open-angle glaucoma, stage unspecified	ICD-10-CM	Diagnosis
H40.10X1	Unspecified open-angle glaucoma, mild stage	ICD-10-CM	Diagnosis
H40.10X2	Unspecified open-angle glaucoma, moderate stage	ICD-10-CM	Diagnosis
H40.10X3	Unspecified open-angle glaucoma, severe stage	ICD-10-CM	Diagnosis
H40.10X4	Unspecified open-angle glaucoma, indeterminate stage	ICD-10-CM	Diagnosis
H40.1110	Primary open-angle glaucoma, right eye, stage unspecified	ICD-10-CM	Diagnosis
H40.1111	Primary open-angle glaucoma, right eye, mild stage	ICD-10-CM	Diagnosis
H40.1112	Primary open-angle glaucoma, right eye, moderate stage	ICD-10-CM	Diagnosis
H40.1113	Primary open-angle glaucoma, right eye, severe stage	ICD-10-CM	Diagnosis
H40.1114	Primary open-angle glaucoma, right eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.1120	Primary open-angle glaucoma, left eye, stage unspecified	ICD-10-CM	Diagnosis
H40.1121	Primary open-angle glaucoma, left eye, mild stage	ICD-10-CM	Diagnosis
H40.1122	Primary open-angle glaucoma, left eye, moderate stage	ICD-10-CM	Diagnosis
H40.1123	Primary open-angle glaucoma, left eye, severe stage	ICD-10-CM	Diagnosis
H40.1124	Primary open-angle glaucoma, left eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.1130	Primary open-angle glaucoma, bilateral, stage unspecified	ICD-10-CM	Diagnosis
H40.1131	Primary open-angle glaucoma, bilateral, mild stage	ICD-10-CM	Diagnosis
H40.1132	Primary open-angle glaucoma, bilateral, moderate stage	ICD-10-CM	Diagnosis
H40.1133	Primary open-angle glaucoma, bilateral, severe stage	ICD-10-CM	Diagnosis
H40.1134	Primary open-angle glaucoma, bilateral, indeterminate stage	ICD-10-CM	Diagnosis
H40.1190	Primary open-angle glaucoma, unspecified eye, stage unspecified	ICD-10-CM	Diagnosis
H40.1191	Primary open-angle glaucoma, unspecified eye, mild stage	ICD-10-CM	Diagnosis
H40.1192	Primary open-angle glaucoma, unspecified eye, moderate stage	ICD-10-CM	Diagnosis
H40.1193	Primary open-angle glaucoma, unspecified eye, severe stage	ICD-10-CM	Diagnosis
H40.1194	Primary open-angle glaucoma, unspecified eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.1210	Low-tension glaucoma, right eye, stage unspecified	ICD-10-CM	Diagnosis
H40.1211	Low-tension glaucoma, right eye, mild stage	ICD-10-CM	Diagnosis
H40.1212	Low-tension glaucoma, right eye, moderate stage	ICD-10-CM	Diagnosis
H40.1213	Low-tension glaucoma, right eye, severe stage	ICD-10-CM	Diagnosis
H40.1214	Low-tension glaucoma, right eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.1220	Low-tension glaucoma, left eye, stage unspecified	ICD-10-CM	Diagnosis
H40.1221	Low-tension glaucoma, left eye, mild stage	ICD-10-CM	Diagnosis
H40.1222	Low-tension glaucoma, left eye, moderate stage	ICD-10-CM	Diagnosis
H40.1223	Low-tension glaucoma, left eye, severe stage	ICD-10-CM	Diagnosis
H40.1224	Low-tension glaucoma, left eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.1230	Low-tension glaucoma, bilateral, stage unspecified	ICD-10-CM	Diagnosis
H40.1231	Low-tension glaucoma, bilateral, mild stage	ICD-10-CM	Diagnosis
H40.1232	Low-tension glaucoma, bilateral, moderate stage	ICD-10-CM	Diagnosis
H40.1233	Low-tension glaucoma, bilateral, severe stage	ICD-10-CM	Diagnosis
H40.1234	Low-tension glaucoma, bilateral, indeterminate stage	ICD-10-CM	Diagnosis
H40.1290	Low-tension glaucoma, unspecified eye, stage unspecified	ICD-10-CM	Diagnosis
H40.1291	Low-tension glaucoma, unspecified eye, mild stage	ICD-10-CM	Diagnosis
H40.1292	Low-tension glaucoma, unspecified eye, moderate stage	ICD-10-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Inclusion and Exclusion Criteria in this Request

Code	Description	Code Type	Code Category
H40.1293	Low-tension glaucoma, unspecified eye, severe stage	ICD-10-CM	Diagnosis
H40.1294	Low-tension glaucoma, unspecified eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.1310	Pigmentary glaucoma, right eye, stage unspecified	ICD-10-CM	Diagnosis
H40.1311	Pigmentary glaucoma, right eye, mild stage	ICD-10-CM	Diagnosis
H40.1312	Pigmentary glaucoma, right eye, moderate stage	ICD-10-CM	Diagnosis
H40.1313	Pigmentary glaucoma, right eye, severe stage	ICD-10-CM	Diagnosis
H40.1314	Pigmentary glaucoma, right eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.1320	Pigmentary glaucoma, left eye, stage unspecified	ICD-10-CM	Diagnosis
H40.1321	Pigmentary glaucoma, left eye, mild stage	ICD-10-CM	Diagnosis
H40.1322	Pigmentary glaucoma, left eye, moderate stage	ICD-10-CM	Diagnosis
H40.1323	Pigmentary glaucoma, left eye, severe stage	ICD-10-CM	Diagnosis
H40.1324	Pigmentary glaucoma, left eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.1330	Pigmentary glaucoma, bilateral, stage unspecified	ICD-10-CM	Diagnosis
H40.1331	Pigmentary glaucoma, bilateral, mild stage	ICD-10-CM	Diagnosis
H40.1332	Pigmentary glaucoma, bilateral, moderate stage	ICD-10-CM	Diagnosis
H40.1333	Pigmentary glaucoma, bilateral, severe stage	ICD-10-CM	Diagnosis
H40.1334	Pigmentary glaucoma, bilateral, indeterminate stage	ICD-10-CM	Diagnosis
H40.1390	Pigmentary glaucoma, unspecified eye, stage unspecified	ICD-10-CM	Diagnosis
H40.1391	Pigmentary glaucoma, unspecified eye, mild stage	ICD-10-CM	Diagnosis
H40.1392	Pigmentary glaucoma, unspecified eye, moderate stage	ICD-10-CM	Diagnosis
H40.1393	Pigmentary glaucoma, unspecified eye, severe stage	ICD-10-CM	Diagnosis
H40.1394	Pigmentary glaucoma, unspecified eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.1410	Capsular glaucoma with pseudoexfoliation of lens, right eye, stage unspecified	ICD-10-CM	Diagnosis
H40.1411	Capsular glaucoma with pseudoexfoliation of lens, right eye, mild stage	ICD-10-CM	Diagnosis
H40.1412	Capsular glaucoma with pseudoexfoliation of lens, right eye, moderate stage	ICD-10-CM	Diagnosis
H40.1413	Capsular glaucoma with pseudoexfoliation of lens, right eye, severe stage	ICD-10-CM	Diagnosis
H40.1414	Capsular glaucoma with pseudoexfoliation of lens, right eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.1420	Capsular glaucoma with pseudoexfoliation of lens, left eye, stage unspecified	ICD-10-CM	Diagnosis
H40.1421	Capsular glaucoma with pseudoexfoliation of lens, left eye, mild stage	ICD-10-CM	Diagnosis
H40.1422	Capsular glaucoma with pseudoexfoliation of lens, left eye, moderate stage	ICD-10-CM	Diagnosis
H40.1423	Capsular glaucoma with pseudoexfoliation of lens, left eye, severe stage	ICD-10-CM	Diagnosis
H40.1424	Capsular glaucoma with pseudoexfoliation of lens, left eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.1430	Capsular glaucoma with pseudoexfoliation of lens, bilateral, stage unspecified	ICD-10-CM	Diagnosis
H40.1431	Capsular glaucoma with pseudoexfoliation of lens, bilateral, mild stage	ICD-10-CM	Diagnosis
H40.1432	Capsular glaucoma with pseudoexfoliation of lens, bilateral, moderate stage	ICD-10-CM	Diagnosis
H40.1433	Capsular glaucoma with pseudoexfoliation of lens, bilateral, severe stage	ICD-10-CM	Diagnosis
H40.1434	Capsular glaucoma with pseudoexfoliation of lens, bilateral, indeterminate stage	ICD-10-CM	Diagnosis
H40.1490	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, stage unspecified	ICD-10-CM	Diagnosis
H40.1491	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, mild stage	ICD-10-CM	Diagnosis
H40.1492	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, moderate stage	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
H40.1493	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, severe stage	ICD-10-CM	Diagnosis
H40.1494	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.151	Residual stage of open-angle glaucoma, right eye	ICD-10-CM	Diagnosis
H40.152	Residual stage of open-angle glaucoma, left eye	ICD-10-CM	Diagnosis
H40.153	Residual stage of open-angle glaucoma, bilateral	ICD-10-CM	Diagnosis
H40.159	Residual stage of open-angle glaucoma, unspecified eye	ICD-10-CM	Diagnosis
H40.20X0	Unspecified primary angle-closure glaucoma, stage unspecified	ICD-10-CM	Diagnosis
H40.20X1	Unspecified primary angle-closure glaucoma, mild stage	ICD-10-CM	Diagnosis
H40.20X2	Unspecified primary angle-closure glaucoma, moderate stage	ICD-10-CM	Diagnosis
H40.20X3	Unspecified primary angle-closure glaucoma, severe stage	ICD-10-CM	Diagnosis
H40.20X4	Unspecified primary angle-closure glaucoma, indeterminate stage	ICD-10-CM	Diagnosis
H40.211	Acute angle-closure glaucoma, right eye	ICD-10-CM	Diagnosis
H40.212	Acute angle-closure glaucoma, left eye	ICD-10-CM	Diagnosis
H40.213	Acute angle-closure glaucoma, bilateral	ICD-10-CM	Diagnosis
H40.219	Acute angle-closure glaucoma, unspecified eye	ICD-10-CM	Diagnosis
H40.2210	Chronic angle-closure glaucoma, right eye, stage unspecified	ICD-10-CM	Diagnosis
H40.2211	Chronic angle-closure glaucoma, right eye, mild stage	ICD-10-CM	Diagnosis
H40.2212	Chronic angle-closure glaucoma, right eye, moderate stage	ICD-10-CM	Diagnosis
H40.2213	Chronic angle-closure glaucoma, right eye, severe stage	ICD-10-CM	Diagnosis
H40.2214	Chronic angle-closure glaucoma, right eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.2220	Chronic angle-closure glaucoma, left eye, stage unspecified	ICD-10-CM	Diagnosis
H40.2221	Chronic angle-closure glaucoma, left eye, mild stage	ICD-10-CM	Diagnosis
H40.2222	Chronic angle-closure glaucoma, left eye, moderate stage	ICD-10-CM	Diagnosis
H40.2223	Chronic angle-closure glaucoma, left eye, severe stage	ICD-10-CM	Diagnosis
H40.2224	Chronic angle-closure glaucoma, left eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.2230	Chronic angle-closure glaucoma, bilateral, stage unspecified	ICD-10-CM	Diagnosis
H40.2231	Chronic angle-closure glaucoma, bilateral, mild stage	ICD-10-CM	Diagnosis
H40.2232	Chronic angle-closure glaucoma, bilateral, moderate stage	ICD-10-CM	Diagnosis
H40.2233	Chronic angle-closure glaucoma, bilateral, severe stage	ICD-10-CM	Diagnosis
H40.2234	Chronic angle-closure glaucoma, bilateral, indeterminate stage	ICD-10-CM	Diagnosis
H40.2290	Chronic angle-closure glaucoma, unspecified eye, stage unspecified	ICD-10-CM	Diagnosis
H40.2291	Chronic angle-closure glaucoma, unspecified eye, mild stage	ICD-10-CM	Diagnosis
H40.2292	Chronic angle-closure glaucoma, unspecified eye, moderate stage	ICD-10-CM	Diagnosis
H40.2293	Chronic angle-closure glaucoma, unspecified eye, severe stage	ICD-10-CM	Diagnosis
H40.2294	Chronic angle-closure glaucoma, unspecified eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.231	Intermittent angle-closure glaucoma, right eye	ICD-10-CM	Diagnosis
H40.232	Intermittent angle-closure glaucoma, left eye	ICD-10-CM	Diagnosis
H40.233	Intermittent angle-closure glaucoma, bilateral	ICD-10-CM	Diagnosis
H40.239	Intermittent angle-closure glaucoma, unspecified eye	ICD-10-CM	Diagnosis
H40.241	Residual stage of angle-closure glaucoma, right eye	ICD-10-CM	Diagnosis
H40.242	Residual stage of angle-closure glaucoma, left eye	ICD-10-CM	Diagnosis
H40.243	Residual stage of angle-closure glaucoma, bilateral	ICD-10-CM	Diagnosis
H40.249	Residual stage of angle-closure glaucoma, unspecified eye	ICD-10-CM	Diagnosis
H40.30X0	Glaucoma secondary to eye trauma, unspecified eye, stage unspecified	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
H40.30X1	Glaucoma secondary to eye trauma, unspecified eye, mild stage	ICD-10-CM	Diagnosis
H40.30X2	Glaucoma secondary to eye trauma, unspecified eye, moderate stage	ICD-10-CM	Diagnosis
H40.30X3	Glaucoma secondary to eye trauma, unspecified eye, severe stage	ICD-10-CM	Diagnosis
H40.30X4	Glaucoma secondary to eye trauma, unspecified eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.31X0	Glaucoma secondary to eye trauma, right eye, stage unspecified	ICD-10-CM	Diagnosis
H40.31X1	Glaucoma secondary to eye trauma, right eye, mild stage	ICD-10-CM	Diagnosis
H40.31X2	Glaucoma secondary to eye trauma, right eye, moderate stage	ICD-10-CM	Diagnosis
H40.31X3	Glaucoma secondary to eye trauma, right eye, severe stage	ICD-10-CM	Diagnosis
H40.31X4	Glaucoma secondary to eye trauma, right eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.32X0	Glaucoma secondary to eye trauma, left eye, stage unspecified	ICD-10-CM	Diagnosis
H40.32X1	Glaucoma secondary to eye trauma, left eye, mild stage	ICD-10-CM	Diagnosis
H40.32X2	Glaucoma secondary to eye trauma, left eye, moderate stage	ICD-10-CM	Diagnosis
H40.32X3	Glaucoma secondary to eye trauma, left eye, severe stage	ICD-10-CM	Diagnosis
H40.32X4	Glaucoma secondary to eye trauma, left eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.33X0	Glaucoma secondary to eye trauma, bilateral, stage unspecified	ICD-10-CM	Diagnosis
H40.33X1	Glaucoma secondary to eye trauma, bilateral, mild stage	ICD-10-CM	Diagnosis
H40.33X2	Glaucoma secondary to eye trauma, bilateral, moderate stage	ICD-10-CM	Diagnosis
H40.33X3	Glaucoma secondary to eye trauma, bilateral, severe stage	ICD-10-CM	Diagnosis
H40.33X4	Glaucoma secondary to eye trauma, bilateral, indeterminate stage	ICD-10-CM	Diagnosis
H40.40X0	Glaucoma secondary to eye inflammation, unspecified eye, stage unspecified	ICD-10-CM	Diagnosis
H40.40X1	Glaucoma secondary to eye inflammation, unspecified eye, mild stage	ICD-10-CM	Diagnosis
H40.40X2	Glaucoma secondary to eye inflammation, unspecified eye, moderate stage	ICD-10-CM	Diagnosis
H40.40X3	Glaucoma secondary to eye inflammation, unspecified eye, severe stage	ICD-10-CM	Diagnosis
H40.40X4	Glaucoma secondary to eye inflammation, unspecified eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.41X0	Glaucoma secondary to eye inflammation, right eye, stage unspecified	ICD-10-CM	Diagnosis
H40.41X1	Glaucoma secondary to eye inflammation, right eye, mild stage	ICD-10-CM	Diagnosis
H40.41X2	Glaucoma secondary to eye inflammation, right eye, moderate stage	ICD-10-CM	Diagnosis
H40.41X3	Glaucoma secondary to eye inflammation, right eye, severe stage	ICD-10-CM	Diagnosis
H40.41X4	Glaucoma secondary to eye inflammation, right eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.42X0	Glaucoma secondary to eye inflammation, left eye, stage unspecified	ICD-10-CM	Diagnosis
H40.42X1	Glaucoma secondary to eye inflammation, left eye, mild stage	ICD-10-CM	Diagnosis
H40.42X2	Glaucoma secondary to eye inflammation, left eye, moderate stage	ICD-10-CM	Diagnosis
H40.42X3	Glaucoma secondary to eye inflammation, left eye, severe stage	ICD-10-CM	Diagnosis
H40.42X4	Glaucoma secondary to eye inflammation, left eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.43X0	Glaucoma secondary to eye inflammation, bilateral, stage unspecified	ICD-10-CM	Diagnosis
H40.43X1	Glaucoma secondary to eye inflammation, bilateral, mild stage	ICD-10-CM	Diagnosis
H40.43X2	Glaucoma secondary to eye inflammation, bilateral, moderate stage	ICD-10-CM	Diagnosis
H40.43X3	Glaucoma secondary to eye inflammation, bilateral, severe stage	ICD-10-CM	Diagnosis
H40.43X4	Glaucoma secondary to eye inflammation, bilateral, indeterminate stage	ICD-10-CM	Diagnosis
H40.50X0	Glaucoma secondary to other eye disorders, unspecified eye, stage unspecified	ICD-10-CM	Diagnosis
H40.50X1	Glaucoma secondary to other eye disorders, unspecified eye, mild stage	ICD-10-CM	Diagnosis
H40.50X2	Glaucoma secondary to other eye disorders, unspecified eye, moderate stage	ICD-10-CM	Diagnosis
H40.50X3	Glaucoma secondary to other eye disorders, unspecified eye, severe stage	ICD-10-CM	Diagnosis
H40.50X4	Glaucoma secondary to other eye disorders, unspecified eye, indeterminate stage	ICD-10-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Inclusion and Exclusion Criteria in this Request

Code	Description	Code Type	Code Category
H40.51X0	Glaucoma secondary to other eye disorders, right eye, stage unspecified	ICD-10-CM	Diagnosis
H40.51X1	Glaucoma secondary to other eye disorders, right eye, mild stage	ICD-10-CM	Diagnosis
H40.51X2	Glaucoma secondary to other eye disorders, right eye, moderate stage	ICD-10-CM	Diagnosis
H40.51X3	Glaucoma secondary to other eye disorders, right eye, severe stage	ICD-10-CM	Diagnosis
H40.51X4	Glaucoma secondary to other eye disorders, right eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.52X0	Glaucoma secondary to other eye disorders, left eye, stage unspecified	ICD-10-CM	Diagnosis
H40.52X1	Glaucoma secondary to other eye disorders, left eye, mild stage	ICD-10-CM	Diagnosis
H40.52X2	Glaucoma secondary to other eye disorders, left eye, moderate stage	ICD-10-CM	Diagnosis
H40.52X3	Glaucoma secondary to other eye disorders, left eye, severe stage	ICD-10-CM	Diagnosis
H40.52X4	Glaucoma secondary to other eye disorders, left eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.53X0	Glaucoma secondary to other eye disorders, bilateral, stage unspecified	ICD-10-CM	Diagnosis
H40.53X1	Glaucoma secondary to other eye disorders, bilateral, mild stage	ICD-10-CM	Diagnosis
H40.53X2	Glaucoma secondary to other eye disorders, bilateral, moderate stage	ICD-10-CM	Diagnosis
H40.53X3	Glaucoma secondary to other eye disorders, bilateral, severe stage	ICD-10-CM	Diagnosis
H40.53X4	Glaucoma secondary to other eye disorders, bilateral, indeterminate stage	ICD-10-CM	Diagnosis
H40.60X0	Glaucoma secondary to drugs, unspecified eye, stage unspecified	ICD-10-CM	Diagnosis
H40.60X1	Glaucoma secondary to drugs, unspecified eye, mild stage	ICD-10-CM	Diagnosis
H40.60X2	Glaucoma secondary to drugs, unspecified eye, moderate stage	ICD-10-CM	Diagnosis
H40.60X3	Glaucoma secondary to drugs, unspecified eye, severe stage	ICD-10-CM	Diagnosis
H40.60X4	Glaucoma secondary to drugs, unspecified eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.61X0	Glaucoma secondary to drugs, right eye, stage unspecified	ICD-10-CM	Diagnosis
H40.61X1	Glaucoma secondary to drugs, right eye, mild stage	ICD-10-CM	Diagnosis
H40.61X2	Glaucoma secondary to drugs, right eye, moderate stage	ICD-10-CM	Diagnosis
H40.61X3	Glaucoma secondary to drugs, right eye, severe stage	ICD-10-CM	Diagnosis
H40.61X4	Glaucoma secondary to drugs, right eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.62X0	Glaucoma secondary to drugs, left eye, stage unspecified	ICD-10-CM	Diagnosis
H40.62X1	Glaucoma secondary to drugs, left eye, mild stage	ICD-10-CM	Diagnosis
H40.62X2	Glaucoma secondary to drugs, left eye, moderate stage	ICD-10-CM	Diagnosis
H40.62X3	Glaucoma secondary to drugs, left eye, severe stage	ICD-10-CM	Diagnosis
H40.62X4	Glaucoma secondary to drugs, left eye, indeterminate stage	ICD-10-CM	Diagnosis
H40.63X0	Glaucoma secondary to drugs, bilateral, stage unspecified	ICD-10-CM	Diagnosis
H40.63X1	Glaucoma secondary to drugs, bilateral, mild stage	ICD-10-CM	Diagnosis
H40.63X2	Glaucoma secondary to drugs, bilateral, moderate stage	ICD-10-CM	Diagnosis
H40.63X3	Glaucoma secondary to drugs, bilateral, severe stage	ICD-10-CM	Diagnosis
H40.63X4	Glaucoma secondary to drugs, bilateral, indeterminate stage	ICD-10-CM	Diagnosis
H40.811	Glaucoma with increased episcleral venous pressure, right eye	ICD-10-CM	Diagnosis
H40.812	Glaucoma with increased episcleral venous pressure, left eye	ICD-10-CM	Diagnosis
H40.813	Glaucoma with increased episcleral venous pressure, bilateral	ICD-10-CM	Diagnosis
H40.819	Glaucoma with increased episcleral venous pressure, unspecified eye	ICD-10-CM	Diagnosis
H40.821	Hypersecretion glaucoma, right eye	ICD-10-CM	Diagnosis
H40.822	Hypersecretion glaucoma, left eye	ICD-10-CM	Diagnosis
H40.823	Hypersecretion glaucoma, bilateral	ICD-10-CM	Diagnosis
H40.829	Hypersecretion glaucoma, unspecified eye	ICD-10-CM	Diagnosis
H40.831	Aqueous misdirection, right eye	ICD-10-CM	Diagnosis
H40.832	Aqueous misdirection, left eye	ICD-10-CM	Diagnosis
H40.833	Aqueous misdirection, bilateral	ICD-10-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Inclusion and Exclusion Criteria in this Request

Code	Description	Code Type	Code Category
H40.839	Aqueous misdirection, unspecified eye	ICD-10-CM	Diagnosis
H40.89	Other specified glaucoma	ICD-10-CM	Diagnosis
H40.9	Unspecified glaucoma	ICD-10-CM	Diagnosis
H42	Glaucoma in diseases classified elsewhere	ICD-10-CM	Diagnosis
Q15.0	Congenital glaucoma	ICD-10-CM	Diagnosis
	Cataract		
366	Cataract	ICD-9-CM	Diagnosis
366.00	Unspecified nonsenile cataract	ICD-9-CM	Diagnosis
366.01	Anterior subcapsular polar cataract, nonsenile	ICD-9-CM	Diagnosis
366.02	Posterior subcapsular polar cataract, nonsenile	ICD-9-CM	Diagnosis
366.03	Cortical, lamellar, or zonular cataract, nonsenile	ICD-9-CM	Diagnosis
366.04	Nuclear cataract, nonsenile	ICD-9-CM	Diagnosis
366.09	Other and combined forms of nonsenile cataract	ICD-9-CM	Diagnosis
366.1	Senile cataract	ICD-9-CM	Diagnosis
366.10	Unspecified senile cataract	ICD-9-CM	Diagnosis
366.11	Pseudoexfoliation of lens capsule	ICD-9-CM	Diagnosis
366.12	Incipient cataract	ICD-9-CM	Diagnosis
366.13	Anterior subcapsular polar senile cataract	ICD-9-CM	Diagnosis
366.14	Posterior subcapsular polar senile cataract	ICD-9-CM	Diagnosis
366.15	Cortical senile cataract	ICD-9-CM	Diagnosis
366.16	Nuclear sclerosis	ICD-9-CM	Diagnosis
366.17	Total or mature senile cataract	ICD-9-CM	Diagnosis
366.18	Hypermature senile cataract	ICD-9-CM	Diagnosis
366.19	Other and combined forms of senile cataract	ICD-9-CM	Diagnosis
366.2	Traumatic cataract	ICD-9-CM	Diagnosis
366.20	Unspecified traumatic cataract	ICD-9-CM	Diagnosis
366.21	Localized traumatic opacities of cataract	ICD-9-CM	Diagnosis
366.22	Total traumatic cataract	ICD-9-CM	Diagnosis
366.23	Partially resolved traumatic cataract	ICD-9-CM	Diagnosis
366.3	Cataract secondary to ocular disorders	ICD-9-CM	Diagnosis
366.30	Unspecified cataracta complicata	ICD-9-CM	Diagnosis
366.31	Cataract secondary to glaucomatous flecks (subcapsular)	ICD-9-CM	Diagnosis
366.32	Cataract in inflammatory ocular disorders	ICD-9-CM	Diagnosis
366.33	Cataract with ocular neovascularization	ICD-9-CM	Diagnosis
366.34	Cataract in degenerative ocular disorders	ICD-9-CM	Diagnosis
366.4	Cataract associated with other disorders	ICD-9-CM	Diagnosis
H25.011	Cortical age-related cataract, right eye	ICD-10-CM	Diagnosis
H25.012	Cortical age-related cataract, left eye	ICD-10-CM	Diagnosis
H25.013	Cortical age-related cataract, bilateral	ICD-10-CM	Diagnosis
H25.019	Cortical age-related cataract, unspecified eye	ICD-10-CM	Diagnosis
H25.031	Anterior subcapsular polar age-related cataract, right eye	ICD-10-CM	Diagnosis
H25.032	Anterior subcapsular polar age-related cataract, left eye	ICD-10-CM	Diagnosis
H25.033	Anterior subcapsular polar age-related cataract, bilateral	ICD-10-CM	Diagnosis
H25.039	Anterior subcapsular polar age-related cataract, unspecified eye	ICD-10-CM	Diagnosis
H25.041	Posterior subcapsular polar age-related cataract, right eye	ICD-10-CM	Diagnosis
H25.042	Posterior subcapsular polar age-related cataract, left eye	ICD-10-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Inclusion and Exclusion Criteria in this Request

Code	Description	Code Type	Code Category
H25.043	Posterior subcapsular polar age-related cataract, bilateral	ICD-10-CM	Diagnosis
H25.049	Posterior subcapsular polar age-related cataract, unspecified eye	ICD-10-CM	Diagnosis
H25.091	Other age-related incipient cataract, right eye	ICD-10-CM	Diagnosis
H25.092	Other age-related incipient cataract, left eye	ICD-10-CM	Diagnosis
H25.093	Other age-related incipient cataract, bilateral	ICD-10-CM	Diagnosis
H25.099	Other age-related incipient cataract, unspecified eye	ICD-10-CM	Diagnosis
H25.10	Age-related nuclear cataract, unspecified eye	ICD-10-CM	Diagnosis
H25.11	Age-related nuclear cataract, right eye	ICD-10-CM	Diagnosis
H25.12	Age-related nuclear cataract, left eye	ICD-10-CM	Diagnosis
H25.13	Age-related nuclear cataract, bilateral	ICD-10-CM	Diagnosis
H25.20	Age-related cataract, morgagnian type, unspecified eye	ICD-10-CM	Diagnosis
H25.21	Age-related cataract, morgagnian type, right eye	ICD-10-CM	Diagnosis
H25.22	Age-related cataract, morgagnian type, left eye	ICD-10-CM	Diagnosis
H25.23	Age-related cataract, morgagnian type, bilateral	ICD-10-CM	Diagnosis
H25.811	Combined forms of age-related cataract, right eye	ICD-10-CM	Diagnosis
H25.812	Combined forms of age-related cataract, left eye	ICD-10-CM	Diagnosis
H25.813	Combined forms of age-related cataract, bilateral	ICD-10-CM	Diagnosis
H25.819	Combined forms of age-related cataract, unspecified eye	ICD-10-CM	Diagnosis
H25.89	Other age-related cataract	ICD-10-CM	Diagnosis
H25.9	Unspecified age-related cataract	ICD-10-CM	Diagnosis
H26.001	Unspecified infantile and juvenile cataract, right eye	ICD-10-CM	Diagnosis
H26.002	Unspecified infantile and juvenile cataract, left eye	ICD-10-CM	Diagnosis
H26.003	Unspecified infantile and juvenile cataract, bilateral	ICD-10-CM	Diagnosis
H26.009	Unspecified infantile and juvenile cataract, unspecified eye	ICD-10-CM	Diagnosis
H26.011	Infantile and juvenile cortical, lamellar, or zonular cataract, right eye	ICD-10-CM	Diagnosis
H26.012	Infantile and juvenile cortical, lamellar, or zonular cataract, left eye	ICD-10-CM	Diagnosis
H26.013	Infantile and juvenile cortical, lamellar, or zonular cataract, bilateral	ICD-10-CM	Diagnosis
H26.019	Infantile and juvenile cortical, lamellar, or zonular cataract, unspecified eye	ICD-10-CM	Diagnosis
H26.031	Infantile and juvenile nuclear cataract, right eye	ICD-10-CM	Diagnosis
H26.032	Infantile and juvenile nuclear cataract, left eye	ICD-10-CM	Diagnosis
H26.033	Infantile and juvenile nuclear cataract, bilateral	ICD-10-CM	Diagnosis
H26.039	Infantile and juvenile nuclear cataract, unspecified eye	ICD-10-CM	Diagnosis
H26.041	Anterior subcapsular polar infantile and juvenile cataract, right eye	ICD-10-CM	Diagnosis
H26.042	Anterior subcapsular polar infantile and juvenile cataract, left eye	ICD-10-CM	Diagnosis
H26.043	Anterior subcapsular polar infantile and juvenile cataract, bilateral	ICD-10-CM	Diagnosis
H26.049	Anterior subcapsular polar infantile and juvenile cataract, unspecified eye	ICD-10-CM	Diagnosis
H26.051	Posterior subcapsular polar infantile and juvenile cataract, right eye	ICD-10-CM	Diagnosis
H26.052	Posterior subcapsular polar infantile and juvenile cataract, left eye	ICD-10-CM	Diagnosis
H26.053	Posterior subcapsular polar infantile and juvenile cataract, bilateral	ICD-10-CM	Diagnosis
H26.059	Posterior subcapsular polar infantile and juvenile cataract, unspecified eye	ICD-10-CM	Diagnosis
H26.061	Combined forms of infantile and juvenile cataract, right eye	ICD-10-CM	Diagnosis
H26.062	Combined forms of infantile and juvenile cataract, left eye	ICD-10-CM	Diagnosis
H26.063	Combined forms of infantile and juvenile cataract, bilateral	ICD-10-CM	Diagnosis
H26.069	Combined forms of infantile and juvenile cataract, unspecified eye	ICD-10-CM	Diagnosis
H26.09	Other infantile and juvenile cataract	ICD-10-CM	Diagnosis
H26.101	Unspecified traumatic cataract, right eye	ICD-10-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Inclusion and Exclusion Criteria in this Request

Code	Description	Code Type	Code Category
H26.102	Unspecified traumatic cataract, left eye	ICD-10-CM	Diagnosis
H26.103	Unspecified traumatic cataract, bilateral	ICD-10-CM	Diagnosis
H26.109	Unspecified traumatic cataract, unspecified eye	ICD-10-CM	Diagnosis
H26.111	Localized traumatic opacities, right eye	ICD-10-CM	Diagnosis
H26.112	Localized traumatic opacities, left eye	ICD-10-CM	Diagnosis
H26.113	Localized traumatic opacities, bilateral	ICD-10-CM	Diagnosis
H26.119	Localized traumatic opacities, unspecified eye	ICD-10-CM	Diagnosis
H26.121	Partially resolved traumatic cataract, right eye	ICD-10-CM	Diagnosis
H26.122	Partially resolved traumatic cataract, left eye	ICD-10-CM	Diagnosis
H26.123	Partially resolved traumatic cataract, bilateral	ICD-10-CM	Diagnosis
H26.129	Partially resolved traumatic cataract, unspecified eye	ICD-10-CM	Diagnosis
H26.131	Total traumatic cataract, right eye	ICD-10-CM	Diagnosis
H26.132	Total traumatic cataract, left eye	ICD-10-CM	Diagnosis
H26.133	Total traumatic cataract, bilateral	ICD-10-CM	Diagnosis
H26.139	Total traumatic cataract, unspecified eye	ICD-10-CM	Diagnosis
H26.20	Unspecified complicated cataract	ICD-10-CM	Diagnosis
H26.211	Cataract with neovascularization, right eye	ICD-10-CM	Diagnosis
H26.212	Cataract with neovascularization, left eye	ICD-10-CM	Diagnosis
H26.213	Cataract with neovascularization, bilateral	ICD-10-CM	Diagnosis
H26.219	Cataract with neovascularization, unspecified eye	ICD-10-CM	Diagnosis
H26.221	Cataract secondary to ocular disorders (degenerative) (inflammatory), right eye	ICD-10-CM	Diagnosis
H26.222	Cataract secondary to ocular disorders (degenerative) (inflammatory), left eye	ICD-10-CM	Diagnosis
H26.223	Cataract secondary to ocular disorders (degenerative) (inflammatory), bilateral	ICD-10-CM	Diagnosis
H26.229	Cataract secondary to ocular disorders (degenerative) (inflammatory), unspecified eye	ICD-10-CM	Diagnosis
H26.231	Glaucomatous flecks (subcapsular), right eye	ICD-10-CM	Diagnosis
H26.232	Glaucomatous flecks (subcapsular), left eye	ICD-10-CM	Diagnosis
H26.233	Glaucomatous flecks (subcapsular), bilateral	ICD-10-CM	Diagnosis
H26.239	Glaucomatous flecks (subcapsular), unspecified eye	ICD-10-CM	Diagnosis
	Diminished Visual Acuity		
368	Visual disturbances	ICD-9-CM	Diagnosis
368.11	Sudden visual loss	ICD-9-CM	Diagnosis
368.12	Transient visual loss	ICD-9-CM	Diagnosis
368.8	Other specified visual disturbances	ICD-9-CM	Diagnosis
368.9	Unspecified visual disturbance	ICD-9-CM	Diagnosis
H53.041	Amblyopia suspect, right eye	ICD-10-CM	Diagnosis
H53.042	Amblyopia suspect, left eye	ICD-10-CM	Diagnosis
H53.043	Amblyopia suspect, bilateral	ICD-10-CM	Diagnosis
H53.049	Amblyopia suspect, unspecified eye	ICD-10-CM	Diagnosis
H53.121	Transient visual loss, right eye	ICD-10-CM	Diagnosis
H53.122	Transient visual loss, left eye	ICD-10-CM	Diagnosis
H53.123	Transient visual loss, bilateral	ICD-10-CM	Diagnosis
H53.129	Transient visual loss, unspecified eye	ICD-10-CM	Diagnosis
H53.131	Sudden visual loss, right eye	ICD-10-CM	Diagnosis
H53.132	Sudden visual loss, left eye	ICD-10-CM	Diagnosis

Appendix E. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Inclusion and Exclusion Criteria in this Request

Code	Description	Code Type	Code Category
H53.133	Sudden visual loss, bilateral	ICD-10-CM	Diagnosis
H53.139	Sudden visual loss, unspecified eye	ICD-10-CM	Diagnosis
H53.71	Glare sensitivity	ICD-10-CM	Diagnosis
H53.72	Impaired contrast sensitivity	ICD-10-CM	Diagnosis
H53.8	Other visual disturbances	ICD-10-CM	Diagnosis
H53.9	Unspecified visual disturbance	ICD-10-CM	Diagnosis
	Nasal Septal Perforation		
478.19	Other diseases of nasal cavity and sinuses	ICD-9-CM	Diagnosis
748.1	Other congenital anomaly of nose	ICD-9-CM	Diagnosis
Q30.3	Congenital perforated nasal septum	ICD-10-CM	Diagnosis
J34.89	Other specified disorders of nose and nasal sinuses	ICD-10-CM	Diagnosis
30630	Repair nasal septal perforations	CPT-4	Procedure
	Cataract Surgery		
08DJ3ZZ	Extraction of Right Lens, Percutaneous Approach	ICD-10-CM	Procedure
08DK3ZZ	Extraction of Left Lens, Percutaneous Approach	ICD-10-CM	Procedure
085J3ZZ	Destruction of Right Lens, Percutaneous Approach	ICD-10-CM	Procedure
085K3ZZ	Destruction of Left Lens, Percutaneous Approach	ICD-10-CM	Procedure
08BJ3ZZ	Excision of Right Lens, Percutaneous Approach	ICD-10-CM	Procedure
08BK3ZZ	Excision of Left Lens, Percutaneous Approach	ICD-10-CM	Procedure
66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)	CPT-4	Procedure
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	CPT-4	Procedure
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)	CPT-4	Procedure
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)	CPT-4	Procedure
66840	Removal of lens material; aspiration technique, 1 or more stages	CPT-4	Procedure
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration	CPT-4	Procedure
66852	Removal of lens material; pars plana approach, with or without vitrectomy	CPT-4	Procedure
66920	Removal of lens material; intracapsular	CPT-4	Procedure
66930	Removal of lens material; intracapsular, for dislocated lens	CPT-4	Procedure
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)	CPT-4	Procedure
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	CPT-4	Procedure
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)	CPT-4	Procedure
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	CPT-4	Procedure

Appendix F. List of Generic and Brand Names of Medical Products Used to Define Inclusion and Exclusion Criteria in this Request

Generic Name	Brand Name
Glaucoma Treatment	
unoprostone isopropyl	Rescula
travoprost (benzalkonium)	Travoprost (benzalkonium)
travoprost	Travatan Z
timolol maleate/PF	Timoptic Ocudose (PF)
timolol maleate/latanoprost/preservative free	Timolol-Latanoprost (PF)
timolol maleate/dorzolamide HCl/latanoprost/PF	Timolol-Dorzolamid-Latanop (PF)
timolol maleate/brimonidine tartrate/dorzolamide HCl/PF	Timolol-Brimonidi-Dorzolam (PF)
timolol maleate	Timolol Maleate
timolol maleate	Istalol
timolol maleate	Timoptic
timolol maleate	Timoptic-XE
timolol malea/brimonidine tar/dorzolamide HCl/ latanoprost/PF	Timol-Brimon-Dorzo-Latanop (PF)
timolol	Betimol
tafluprost/PF	Zioptan (PF)
pilocarpine HCl	Isopto Carpine
pilocarpine HCl	Pilocarpine HCl
netarsudil mesylate/latanoprost	Rocklatan
netarsudil mesylate	Rhopressa
metipranolol	Metipranolol
levobunolol HCl	Betagan
levobunolol HCl	Levobunolol
latanoprostene bunod	Vyzulta
latanoprost/PF	Latanoprost (PF)
latanoprost	Xalatan
latanoprost	Latanoprost
latanoprost	Latanoprost (bulk)
latanoprost	Xelpros
echothiophate iodide	Phospholine Iodide
dorzolamide HCl/timolol maleate/PF	Cosopt (PF)
dorzolamide HCl/timolol maleate/PF	Dorzolamide-Timolol (PF)
dorzolamide HCl/timolol maleate	Cosopt
dorzolamide HCl/timolol maleate	Dorzolamide-Timolol
dorzolamide HCl/PF	Dorzolamide (PF)
dorzolamide HCl	Trusopt
dorzolamide HCl	Dorzolamide
demecarium bromide	Demecarium Bromide (bulk)
dapiprazole HCl	Dapiprazole (bulk)
carteolol HCl	Carteolol
carbachol	Miostat
carbachol	Carbachol (bulk)
brinzolamide/brimonidine tartrate	Simbrinza
brinzolamide	Azopt
brimonidine tartrate/timolol maleate	Combigan
brimonidine tartrate/dorzolamide HCl/PF	Brimonidine-Dorzolamide (PF)
brimonidine tartrate	Alphagan P

Appendix F. List of Generic and Brand Names of Medical Products Used to Define Inclusion and Exclusion Criteria in this Request

Generic Name	Brand Name
brimonidine tartrate	Brimonidine
bimatoprost	Lumigan
bimatoprost	Bimatoprost (bulk)
bimatoprost	Bimatoprost
betaxolol HCl	Betoptic S
betaxolol HCl	Betaxolol
apraclonidine HCl	Lopidine
apraclonidine HCl	Apraclonidine
acetylcholine chloride	Miochol-E

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
	Blepharitis		
373.0	Blepharitis	ICD-9-CM	Diagnosis
373.00	Blepharitis, unspecified	ICD-9-CM	Diagnosis
373.01	Ulcerative blepharitis	ICD-9-CM	Diagnosis
373.02	Squamous blepharitis	ICD-9-CM	Diagnosis
H01.001	Unspecified blepharitis right upper eyelid	ICD-10-CM	Diagnosis
H01.002	Unspecified blepharitis right lower eyelid	ICD-10-CM	Diagnosis
H01.003	Unspecified blepharitis right eye, unspecified eyelid	ICD-10-CM	Diagnosis
H01.004	Unspecified blepharitis left upper eyelid	ICD-10-CM	Diagnosis
H01.005	Unspecified blepharitis left lower eyelid	ICD-10-CM	Diagnosis
H01.006	Unspecified blepharitis left eye, unspecified eyelid	ICD-10-CM	Diagnosis
H01.009	Unspecified blepharitis unspecified eye, unspecified eyelid	ICD-10-CM	Diagnosis
H01.011	Ulcerative blepharitis right upper eyelid	ICD-10-CM	Diagnosis
H01.012	Ulcerative blepharitis right lower eyelid	ICD-10-CM	Diagnosis
H01.013	Ulcerative blepharitis right eye, unspecified eyelid	ICD-10-CM	Diagnosis
H01.014	Ulcerative blepharitis left upper eyelid	ICD-10-CM	Diagnosis
H01.015	Ulcerative blepharitis left lower eyelid	ICD-10-CM	Diagnosis
H01.016	Ulcerative blepharitis left eye, unspecified eyelid	ICD-10-CM	Diagnosis
H01.019	Ulcerative blepharitis unspecified eye, unspecified eyelid	ICD-10-CM	Diagnosis
H01.021	Squamous blepharitis right upper eyelid	ICD-10-CM	Diagnosis
H01.022	Squamous blepharitis right lower eyelid	ICD-10-CM	Diagnosis
H01.023	Squamous blepharitis right eye, unspecified eyelid	ICD-10-CM	Diagnosis
H01.024	Squamous blepharitis left upper eyelid	ICD-10-CM	Diagnosis
H01.025	Squamous blepharitis left lower eyelid	ICD-10-CM	Diagnosis
H01.026	Squamous blepharitis left eye, unspecified eyelid	ICD-10-CM	Diagnosis
H01.029	Squamous blepharitis unspecified eye, unspecified eyelid	ICD-10-CM	Diagnosis
	Cardiovascular Disease		
401.0	Essential hypertension, malignant	ICD-9-CM	Diagnosis
401.1	Essential hypertension, benign	ICD-9-CM	Diagnosis
401.9	Unspecified essential hypertension	ICD-9-CM	Diagnosis
402.00	Malignant hypertensive heart disease without heart failure	ICD-9-CM	Diagnosis
402.10	Benign hypertensive heart disease without heart failure	ICD-9-CM	Diagnosis
402.90	Unspecified hypertensive heart disease without heart failure	ICD-9-CM	Diagnosis
403.00	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
403.01	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
403.10	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
403.11	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
403.90	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
403.91	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
404.00	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.01	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.02	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.03	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.10	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.11	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.12	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.90	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.91	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.92	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
405.01	Secondary renovascular hypertension, malignant	ICD-9-CM	Diagnosis
405.09	Other secondary hypertension, malignant	ICD-9-CM	Diagnosis
405.11	Secondary renovascular hypertension, benign	ICD-9-CM	Diagnosis
405.19	Other secondary hypertension, benign	ICD-9-CM	Diagnosis
405.91	Secondary renovascular hypertension, unspecified	ICD-9-CM	Diagnosis
405.99	Other secondary hypertension, unspecified	ICD-9-CM	Diagnosis
I10	Essential (primary) hypertension	ICD-10-CM	Diagnosis
I16.9	Hypertensive crisis, unspecified	ICD-10-CM	Diagnosis
I11.9	Hypertensive heart disease without heart failure	ICD-10-CM	Diagnosis
I11.0	Hypertensive heart disease with heart failure	ICD-10-CM	Diagnosis
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	ICD-10-CM	Diagnosis
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	ICD-10-CM	Diagnosis
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	ICD-10-CM	Diagnosis
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	ICD-10-CM	Diagnosis
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	ICD-10-CM	Diagnosis
I15.0	Renovascular hypertension	ICD-10-CM	Diagnosis
I15.8	Other secondary hypertension	ICD-10-CM	Diagnosis
N26.2	Page kidney	ICD-10-CM	Diagnosis
I15.1	Hypertension secondary to other renal disorders	ICD-10-CM	Diagnosis
I15.2	Hypertension secondary to endocrine disorders	ICD-10-CM	Diagnosis
I15.9	Secondary hypertension, unspecified	ICD-10-CM	Diagnosis
I16.0	Hypertensive urgency	ICD-10-CM	Diagnosis
I16.1	Hypertensive emergency	ICD-10-CM	Diagnosis
398	Other rheumatic heart disease	ICD-9-CM	Diagnosis
398.0	Rheumatic myocarditis	ICD-9-CM	Diagnosis
398.9	Other and unspecified rheumatic heart diseases	ICD-9-CM	Diagnosis
398.90	Unspecified rheumatic heart disease	ICD-9-CM	Diagnosis
398.91	Rheumatic heart failure (congestive)	ICD-9-CM	Diagnosis
398.99	Other and unspecified rheumatic heart diseases	ICD-9-CM	Diagnosis
393	Chronic rheumatic pericarditis	ICD-9-CM	Diagnosis
397	Diseases of other endocardial structures	ICD-9-CM	Diagnosis
397.0	Diseases of tricuspid valve	ICD-9-CM	Diagnosis
397.1	Rheumatic diseases of pulmonary valve	ICD-9-CM	Diagnosis
397.9	Rheumatic diseases of endocardium, valve unspecified	ICD-9-CM	Diagnosis
I09	Other rheumatic heart diseases	ICD-10-CM	Diagnosis
I09.0	Rheumatic myocarditis	ICD-10-CM	Diagnosis
I09.1	Rheumatic diseases of endocardium, valve unspecified	ICD-10-CM	Diagnosis
I09.2	Chronic rheumatic pericarditis	ICD-10-CM	Diagnosis
I09.8	Other specified rheumatic heart diseases	ICD-10-CM	Diagnosis
I09.81	Rheumatic heart failure	ICD-10-CM	Diagnosis
I09.89	Other specified rheumatic heart diseases	ICD-10-CM	Diagnosis
I09.9	Rheumatic heart disease, unspecified	ICD-10-CM	Diagnosis
I07.0	Rheumatic tricuspid stenosis	ICD-10-CM	Diagnosis
I07.1	Rheumatic tricuspid insufficiency	ICD-10-CM	Diagnosis
I07.2	Rheumatic tricuspid stenosis and insufficiency	ICD-10-CM	Diagnosis
I07.8	Other rheumatic tricuspid valve diseases	ICD-10-CM	Diagnosis
I07.9	Rheumatic tricuspid valve disease, unspecified	ICD-10-CM	Diagnosis
I08.1	Rheumatic disorders of both mitral and tricuspid valves	ICD-10-CM	Diagnosis
I08.2	Rheumatic disorders of both aortic and tricuspid valves	ICD-10-CM	Diagnosis
I08.3	Combined rheumatic disorders of mitral, aortic and tricuspid valves	ICD-10-CM	Diagnosis
I08.8	Other rheumatic multiple valve diseases	ICD-10-CM	Diagnosis
I08.9	Rheumatic multiple valve disease, unspecified	ICD-10-CM	Diagnosis
410	Acute myocardial infarction	ICD-9-CM	Diagnosis
410.0	Acute myocardial infarction of anterolateral wall	ICD-9-CM	Diagnosis
410.00	Acute myocardial infarction of anterolateral wall, episode of care unspecified	ICD-9-CM	Diagnosis
410.01	Acute myocardial infarction of anterolateral wall, initial episode of care	ICD-9-CM	Diagnosis
410.02	Acute myocardial infarction of anterolateral wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.1	Acute myocardial infarction of other anterior wall	ICD-9-CM	Diagnosis
410.10	Acute myocardial infarction of other anterior wall, episode of care unspecified	ICD-9-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
410.11	Acute myocardial infarction of other anterior wall, initial episode of care	ICD-9-CM	Diagnosis
410.12	Acute myocardial infarction of other anterior wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.2	Acute myocardial infarction of inferolateral wall	ICD-9-CM	Diagnosis
410.20	Acute myocardial infarction of inferolateral wall, episode of care unspecified	ICD-9-CM	Diagnosis
410.21	Acute myocardial infarction of inferolateral wall, initial episode of care	ICD-9-CM	Diagnosis
410.22	Acute myocardial infarction of inferolateral wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.3	Acute myocardial infarction of inferoposterior wall	ICD-9-CM	Diagnosis
410.30	Acute myocardial infarction of inferoposterior wall, episode of care unspecified	ICD-9-CM	Diagnosis
410.31	Acute myocardial infarction of inferoposterior wall, initial episode of care	ICD-9-CM	Diagnosis
410.32	Acute myocardial infarction of inferoposterior wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.4	Acute myocardial infarction of other inferior wall	ICD-9-CM	Diagnosis
410.40	Acute myocardial infarction of other inferior wall, episode of care unspecified	ICD-9-CM	Diagnosis
410.41	Acute myocardial infarction of other inferior wall, initial episode of care	ICD-9-CM	Diagnosis
410.42	Acute myocardial infarction of other inferior wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.5	Acute myocardial infarction of other lateral wall	ICD-9-CM	Diagnosis
410.50	Acute myocardial infarction of other lateral wall, episode of care unspecified	ICD-9-CM	Diagnosis
410.51	Acute myocardial infarction of other lateral wall, initial episode of care	ICD-9-CM	Diagnosis
410.52	Acute myocardial infarction of other lateral wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.6	Acute myocardial infarction, true posterior wall infarction	ICD-9-CM	Diagnosis
410.60	Acute myocardial infarction, true posterior wall infarction, episode of care unspecified	ICD-9-CM	Diagnosis
410.61	Acute myocardial infarction, true posterior wall infarction, initial episode of care	ICD-9-CM	Diagnosis
410.62	Acute myocardial infarction, true posterior wall infarction, subsequent episode of care	ICD-9-CM	Diagnosis
410.7	Acute myocardial infarction, subendocardial infarction	ICD-9-CM	Diagnosis
410.70	Acute myocardial infarction, subendocardial infarction, episode of care unspecified	ICD-9-CM	Diagnosis
410.71	Acute myocardial infarction, subendocardial infarction, initial episode of care	ICD-9-CM	Diagnosis
410.72	Acute myocardial infarction, subendocardial infarction, subsequent episode of care	ICD-9-CM	Diagnosis
410.8	Acute myocardial infarction of other specified sites	ICD-9-CM	Diagnosis
410.80	Acute myocardial infarction of other specified sites, episode of care unspecified	ICD-9-CM	Diagnosis
410.81	Acute myocardial infarction of other specified sites, initial episode of care	ICD-9-CM	Diagnosis
410.82	Acute myocardial infarction of other specified sites, subsequent episode of care	ICD-9-CM	Diagnosis
410.9	Acute myocardial infarction, unspecified site	ICD-9-CM	Diagnosis
410.90	Acute myocardial infarction, unspecified site, episode of care unspecified	ICD-9-CM	Diagnosis
410.91	Acute myocardial infarction, unspecified site, initial episode of care	ICD-9-CM	Diagnosis
410.92	Acute myocardial infarction, unspecified site, subsequent episode of care	ICD-9-CM	Diagnosis
411	Other acute and subacute forms of ischemic heart disease	ICD-9-CM	Diagnosis
411.0	Postmyocardial infarction syndrome	ICD-9-CM	Diagnosis
411.1	Intermediate coronary syndrome	ICD-9-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
411.8	Other acute and subacute forms of ischemic heart disease	ICD-9-CM	Diagnosis
411.81	Acute coronary occlusion without myocardial infarction	ICD-9-CM	Diagnosis
411.89	Other acute and subacute form of ischemic heart disease	ICD-9-CM	Diagnosis
412	Old myocardial infarction	ICD-9-CM	Diagnosis
413	Angina pectoris	ICD-9-CM	Diagnosis
413.0	Angina decubitus	ICD-9-CM	Diagnosis
413.1	Prinzmetal angina	ICD-9-CM	Diagnosis
413.9	Other and unspecified angina pectoris	ICD-9-CM	Diagnosis
414	Other forms of chronic ischemic heart disease	ICD-9-CM	Diagnosis
414.0	Coronary atherosclerosis	ICD-9-CM	Diagnosis
414.00	Coronary atherosclerosis of unspecified type of vessel, native or graft	ICD-9-CM	Diagnosis
414.01	Coronary atherosclerosis of native coronary artery	ICD-9-CM	Diagnosis
414.02	Coronary atherosclerosis of autologous vein bypass graft	ICD-9-CM	Diagnosis
414.03	Coronary atherosclerosis of nonautologous biological bypass graft	ICD-9-CM	Diagnosis
414.04	Coronary atherosclerosis of artery bypass graft	ICD-9-CM	Diagnosis
414.05	Coronary atherosclerosis of unspecified type of bypass graft	ICD-9-CM	Diagnosis
414.06	Coronary atherosclerosis, of native coronary artery of transplanted heart	ICD-9-CM	Diagnosis
414.07	Coronary atherosclerosis, of bypass graft (artery) (vein) of transplanted heart	ICD-9-CM	Diagnosis
414.1	Aneurysm and dissection of heart	ICD-9-CM	Diagnosis
414.10	Aneurysm of heart	ICD-9-CM	Diagnosis
414.11	Aneurysm of coronary vessels	ICD-9-CM	Diagnosis
414.12	Dissection of coronary artery	ICD-9-CM	Diagnosis
414.19	Other aneurysm of heart	ICD-9-CM	Diagnosis
414.2	Chronic total occlusion of coronary artery	ICD-9-CM	Diagnosis
414.3	Coronary atherosclerosis due to lipid rich plaque	ICD-9-CM	Diagnosis
414.4	Coronary atherosclerosis due to calcified coronary lesion	ICD-9-CM	Diagnosis
414.8	Other specified forms of chronic ischemic heart disease	ICD-9-CM	Diagnosis
414.9	Unspecified chronic ischemic heart disease	ICD-9-CM	Diagnosis
430	Subarachnoid hemorrhage	ICD-9-CM	Diagnosis
431	Intracerebral hemorrhage	ICD-9-CM	Diagnosis
432	Other and unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
432.0	Nontraumatic extradural hemorrhage	ICD-9-CM	Diagnosis
432.1	Subdural hemorrhage	ICD-9-CM	Diagnosis
432.9	Unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
433	Occlusion and stenosis of precerebral arteries	ICD-9-CM	Diagnosis
433.0	Occlusion and stenosis of basilar artery	ICD-9-CM	Diagnosis
433.00	Occlusion and stenosis of basilar artery without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.01	Occlusion and stenosis of basilar artery with cerebral infarction	ICD-9-CM	Diagnosis
433.1	Occlusion and stenosis of carotid artery	ICD-9-CM	Diagnosis
433.10	Occlusion and stenosis of carotid artery without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.11	Occlusion and stenosis of carotid artery with cerebral infarction	ICD-9-CM	Diagnosis
433.2	Occlusion and stenosis of vertebral artery	ICD-9-CM	Diagnosis
433.20	Occlusion and stenosis of vertebral artery without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.21	Occlusion and stenosis of vertebral artery with cerebral infarction	ICD-9-CM	Diagnosis
433.3	Occlusion and stenosis of multiple and bilateral precerebral arteries	ICD-9-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
433.30	Occlusion and stenosis of multiple and bilateral precerebral arteries without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.31	Occlusion and stenosis of multiple and bilateral precerebral arteries with cerebral infarction	ICD-9-CM	Diagnosis
433.8	Occlusion and stenosis of other specified precerebral artery	ICD-9-CM	Diagnosis
433.80	Occlusion and stenosis of other specified precerebral artery without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.81	Occlusion and stenosis of other specified precerebral artery with cerebral infarction	ICD-9-CM	Diagnosis
433.9	Occlusion and stenosis of unspecified precerebral artery	ICD-9-CM	Diagnosis
433.90	Occlusion and stenosis of unspecified precerebral artery without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.91	Occlusion and stenosis of unspecified precerebral artery with cerebral infarction	ICD-9-CM	Diagnosis
434	Occlusion of cerebral arteries	ICD-9-CM	Diagnosis
434.0	Cerebral thrombosis	ICD-9-CM	Diagnosis
434.00	Cerebral thrombosis without mention of cerebral infarction	ICD-9-CM	Diagnosis
434.01	Cerebral thrombosis with cerebral infarction	ICD-9-CM	Diagnosis
434.1	Cerebral embolism	ICD-9-CM	Diagnosis
434.10	Cerebral embolism without mention of cerebral infarction	ICD-9-CM	Diagnosis
434.11	Cerebral embolism with cerebral infarction	ICD-9-CM	Diagnosis
434.9	Unspecified cerebral artery occlusion	ICD-9-CM	Diagnosis
434.90	Unspecified cerebral artery occlusion without mention of cerebral infarction	ICD-9-CM	Diagnosis
434.91	Unspecified cerebral artery occlusion with cerebral infarction	ICD-9-CM	Diagnosis
436	Acute, but ill-defined, cerebrovascular disease	ICD-9-CM	Diagnosis
996.03	Mechanical complication due to coronary bypass graft	ICD-9-CM	Diagnosis
V45.81	Postprocedural aortocoronary bypass status	ICD-9-CM	Diagnosis
V45.82	Postprocedural percutaneous transluminal coronary angioplasty status	ICD-9-CM	Diagnosis
440	Atherosclerosis	ICD-9-CM	Diagnosis
440.0	Atherosclerosis of aorta	ICD-9-CM	Diagnosis
440.1	Atherosclerosis of renal artery	ICD-9-CM	Diagnosis
440.2	Atherosclerosis of native arteries of the extremities	ICD-9-CM	Diagnosis
440.20	Atherosclerosis of native arteries of the extremities, unspecified	ICD-9-CM	Diagnosis
440.21	Atherosclerosis of native arteries of the extremities with intermittent claudication	ICD-9-CM	Diagnosis
440.22	Atherosclerosis of native arteries of the extremities with rest pain	ICD-9-CM	Diagnosis
440.23	Atherosclerosis of native arteries of the extremities with ulceration	ICD-9-CM	Diagnosis
440.24	Atherosclerosis of native arteries of the extremities with gangrene	ICD-9-CM	Diagnosis
440.29	Other atherosclerosis of native arteries of the extremities	ICD-9-CM	Diagnosis
440.3	Atherosclerosis of bypass graft of extremities	ICD-9-CM	Diagnosis
440.30	Atherosclerosis of unspecified bypass graft of extremities	ICD-9-CM	Diagnosis
440.31	Atherosclerosis of autologous vein bypass graft of extremities	ICD-9-CM	Diagnosis
440.32	Atherosclerosis of nonautologous biological bypass graft of extremities	ICD-9-CM	Diagnosis
440.4	Chronic total occlusion of artery of the extremities	ICD-9-CM	Diagnosis
440.8	Atherosclerosis of other specified arteries	ICD-9-CM	Diagnosis
440.9	Generalized and unspecified atherosclerosis	ICD-9-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
402.01	Malignant hypertensive heart disease with heart failure	ICD-9-CM	Diagnosis
402.11	Benign hypertensive heart disease with heart failure	ICD-9-CM	Diagnosis
402.91	Hypertensive heart disease, unspecified, with heart failure	ICD-9-CM	Diagnosis
420	Acute pericarditis	ICD-9-CM	Diagnosis
420.0	Acute pericarditis in diseases classified elsewhere	ICD-9-CM	Diagnosis
420.9	Other and unspecified acute pericarditis	ICD-9-CM	Diagnosis
420.90	Unspecified acute pericarditis	ICD-9-CM	Diagnosis
420.91	Acute idiopathic pericarditis	ICD-9-CM	Diagnosis
420.99	Other acute pericarditis	ICD-9-CM	Diagnosis
421	Acute and subacute endocarditis	ICD-9-CM	Diagnosis
421.0	Acute and subacute bacterial endocarditis	ICD-9-CM	Diagnosis
421.1	Acute and subacute infective endocarditis in diseases classified elsewhere	ICD-9-CM	Diagnosis
421.9	Unspecified acute endocarditis	ICD-9-CM	Diagnosis
422	Acute myocarditis	ICD-9-CM	Diagnosis
422.0	Acute myocarditis in diseases classified elsewhere	ICD-9-CM	Diagnosis
422.9	Other and unspecified acute myocarditis	ICD-9-CM	Diagnosis
422.90	Unspecified acute myocarditis	ICD-9-CM	Diagnosis
422.91	Idiopathic myocarditis	ICD-9-CM	Diagnosis
422.92	Septic myocarditis	ICD-9-CM	Diagnosis
422.93	Toxic myocarditis	ICD-9-CM	Diagnosis
422.99	Other acute myocarditis	ICD-9-CM	Diagnosis
423	Other diseases of pericardium	ICD-9-CM	Diagnosis
423.0	Hemopericardium	ICD-9-CM	Diagnosis
423.1	Adhesive pericarditis	ICD-9-CM	Diagnosis
423.2	Constrictive pericarditis	ICD-9-CM	Diagnosis
423.3	Cardiac tamponade	ICD-9-CM	Diagnosis
423.8	Other specified diseases of pericardium	ICD-9-CM	Diagnosis
423.9	Unspecified disease of pericardium	ICD-9-CM	Diagnosis
424	Other diseases of endocardium	ICD-9-CM	Diagnosis
424.0	Mitral valve disorders	ICD-9-CM	Diagnosis
424.1	Aortic valve disorders	ICD-9-CM	Diagnosis
424.2	Tricuspid valve disorders, specified as nonrheumatic	ICD-9-CM	Diagnosis
424.3	Pulmonary valve disorders	ICD-9-CM	Diagnosis
424.9	Endocarditis, valve unspecified	ICD-9-CM	Diagnosis
424.90	Endocarditis, valve unspecified, unspecified cause	ICD-9-CM	Diagnosis
424.91	Endocarditis in diseases classified elsewhere	ICD-9-CM	Diagnosis
424.99	Other endocarditis, valve unspecified	ICD-9-CM	Diagnosis
425	Cardiomyopathy	ICD-9-CM	Diagnosis
425.0	Endomyocardial fibrosis	ICD-9-CM	Diagnosis
425.1	Hypertrophic cardiomyopathy	ICD-9-CM	Diagnosis
425.11	Hypertrophic obstructive cardiomyopathy	ICD-9-CM	Diagnosis
425.18	Other hypertrophic cardiomyopathy	ICD-9-CM	Diagnosis
425.2	Obscure cardiomyopathy of Africa	ICD-9-CM	Diagnosis
425.3	Endocardial fibroelastosis	ICD-9-CM	Diagnosis
425.4	Other primary cardiomyopathies	ICD-9-CM	Diagnosis
425.5	Alcoholic cardiomyopathy	ICD-9-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
425.7	Nutritional and metabolic cardiomyopathy	ICD-9-CM	Diagnosis
425.8	Cardiomyopathy in other diseases classified elsewhere	ICD-9-CM	Diagnosis
425.9	Unspecified secondary cardiomyopathy	ICD-9-CM	Diagnosis
426	Conduction disorders	ICD-9-CM	Diagnosis
426.0	Atrioventricular block, complete	ICD-9-CM	Diagnosis
426.1	Atrioventricular block, other and unspecified	ICD-9-CM	Diagnosis
426.10	Unspecified atrioventricular block	ICD-9-CM	Diagnosis
426.11	First degree atrioventricular block	ICD-9-CM	Diagnosis
426.12	Mobitz (type) II atrioventricular block	ICD-9-CM	Diagnosis
426.13	Other second degree atrioventricular block	ICD-9-CM	Diagnosis
426.2	Left bundle branch hemiblock	ICD-9-CM	Diagnosis
426.3	Other left bundle branch block	ICD-9-CM	Diagnosis
426.4	Right bundle branch block	ICD-9-CM	Diagnosis
426.5	Bundle branch block, other and unspecified	ICD-9-CM	Diagnosis
426.50	Unspecified bundle branch block	ICD-9-CM	Diagnosis
426.51	Right bundle branch block and left posterior fascicular block	ICD-9-CM	Diagnosis
426.52	Right bundle branch block and left anterior fascicular block	ICD-9-CM	Diagnosis
426.53	Other bilateral bundle branch block	ICD-9-CM	Diagnosis
426.54	Trifascicular block	ICD-9-CM	Diagnosis
426.6	Other heart block	ICD-9-CM	Diagnosis
426.7	Anomalous atrioventricular excitation	ICD-9-CM	Diagnosis
426.8	Other specified conduction disorders	ICD-9-CM	Diagnosis
426.81	Lown-Ganong-Levine syndrome	ICD-9-CM	Diagnosis
426.82	Long QT syndrome	ICD-9-CM	Diagnosis
426.89	Other specified conduction disorder	ICD-9-CM	Diagnosis
426.9	Unspecified conduction disorder	ICD-9-CM	Diagnosis
427	Cardiac dysrhythmias	ICD-9-CM	Diagnosis
427.0	Paroxysmal supraventricular tachycardia	ICD-9-CM	Diagnosis
427.1	Paroxysmal ventricular tachycardia	ICD-9-CM	Diagnosis
427.2	Unspecified paroxysmal tachycardia	ICD-9-CM	Diagnosis
427.3	Atrial fibrillation and flutter	ICD-9-CM	Diagnosis
427.31	Atrial fibrillation	ICD-9-CM	Diagnosis
427.32	Atrial flutter	ICD-9-CM	Diagnosis
427.4	Ventricular fibrillation and flutter	ICD-9-CM	Diagnosis
427.41	Ventricular fibrillation	ICD-9-CM	Diagnosis
427.42	Ventricular flutter	ICD-9-CM	Diagnosis
427.5	Cardiac arrest	ICD-9-CM	Diagnosis
427.6	Premature beats	ICD-9-CM	Diagnosis
427.60	Unspecified premature beats	ICD-9-CM	Diagnosis
427.61	Supraventricular premature beats	ICD-9-CM	Diagnosis
427.69	Other premature beats	ICD-9-CM	Diagnosis
427.8	Other specified cardiac dysrhythmias	ICD-9-CM	Diagnosis
427.81	Sinoatrial node dysfunction	ICD-9-CM	Diagnosis
427.89	Other specified cardiac dysrhythmias	ICD-9-CM	Diagnosis
427.9	Unspecified cardiac dysrhythmia	ICD-9-CM	Diagnosis
428	Heart failure	ICD-9-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
428.0	Congestive heart failure, unspecified	ICD-9-CM	Diagnosis
428.1	Left heart failure	ICD-9-CM	Diagnosis
428.2	Systolic heart failure	ICD-9-CM	Diagnosis
428.20	Unspecified systolic heart failure	ICD-9-CM	Diagnosis
428.21	Acute systolic heart failure	ICD-9-CM	Diagnosis
428.22	Chronic systolic heart failure	ICD-9-CM	Diagnosis
428.23	Acute on chronic systolic heart failure	ICD-9-CM	Diagnosis
428.3	Diastolic heart failure	ICD-9-CM	Diagnosis
428.30	Unspecified diastolic heart failure	ICD-9-CM	Diagnosis
428.31	Acute diastolic heart failure	ICD-9-CM	Diagnosis
428.32	Chronic diastolic heart failure	ICD-9-CM	Diagnosis
428.33	Acute on chronic diastolic heart failure	ICD-9-CM	Diagnosis
428.4	Combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.40	Unspecified combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.41	Acute combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.42	Chronic combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.43	Acute on chronic combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.9	Unspecified heart failure	ICD-9-CM	Diagnosis
429	Ill-defined descriptions and complications of heart disease	ICD-9-CM	Diagnosis
429.0	Unspecified myocarditis	ICD-9-CM	Diagnosis
429.1	Myocardial degeneration	ICD-9-CM	Diagnosis
429.2	Unspecified cardiovascular disease	ICD-9-CM	Diagnosis
429.3	Cardiomegaly	ICD-9-CM	Diagnosis
429.4	Functional disturbances following cardiac surgery	ICD-9-CM	Diagnosis
429.5	Rupture of chordae tendineae	ICD-9-CM	Diagnosis
429.6	Rupture of papillary muscle	ICD-9-CM	Diagnosis
429.7	Certain sequelae of myocardial infarction, not elsewhere classified	ICD-9-CM	Diagnosis
429.71	Acquired cardiac septal defect	ICD-9-CM	Diagnosis
429.79	Other certain sequelae of myocardial infarction, not elsewhere classified	ICD-9-CM	Diagnosis
429.8	Other ill-defined heart diseases	ICD-9-CM	Diagnosis
429.81	Other disorders of papillary muscle	ICD-9-CM	Diagnosis
429.82	Hyperkinetic heart disease	ICD-9-CM	Diagnosis
429.83	Takotsubo syndrome	ICD-9-CM	Diagnosis
429.89	Other ill-defined heart disease	ICD-9-CM	Diagnosis
429.9	Unspecified heart disease	ICD-9-CM	Diagnosis
I11.0	Hypertensive heart disease with heart failure	ICD-10-CM	Diagnosis
I20.0	Unstable angina	ICD-10-CM	Diagnosis
I20.1	Angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I20.8	Other forms of angina pectoris	ICD-10-CM	Diagnosis
I20.9	Angina pectoris, unspecified	ICD-10-CM	Diagnosis
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery	ICD-10-CM	Diagnosis
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery	ICD-10-CM	Diagnosis
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall	ICD-10-CM	Diagnosis
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall	ICD-10-CM	Diagnosis
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery	ICD-10-CM	Diagnosis
I21.29	ST elevation (STEMI) myocardial infarction involving other sites	ICD-10-CM	Diagnosis
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site	ICD-10-CM	Diagnosis
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	ICD-10-CM	Diagnosis
I21.9	Acute myocardial infarction, unspecified	ICD-10-CM	Diagnosis
I21.A1	Myocardial infarction type 2	ICD-10-CM	Diagnosis
I21.A9	Other myocardial infarction type	ICD-10-CM	Diagnosis
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall	ICD-10-CM	Diagnosis
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall	ICD-10-CM	Diagnosis
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction	ICD-10-CM	Diagnosis
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites	ICD-10-CM	Diagnosis
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site	ICD-10-CM	Diagnosis
I23.0	Hemopericardium as current complication following acute myocardial infarction	ICD-10-CM	Diagnosis
I23.1	Atrial septal defect as current complication following acute myocardial infarction	ICD-10-CM	Diagnosis
I23.2	Ventricular septal defect as current complication following acute myocardial infarction	ICD-10-CM	Diagnosis
I23.3	Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction	ICD-10-CM	Diagnosis
I23.4	Rupture of chordae tendineae as current complication following acute myocardial infarction	ICD-10-CM	Diagnosis
I23.5	Rupture of papillary muscle as current complication following acute myocardial infarction	ICD-10-CM	Diagnosis
I23.6	Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction	ICD-10-CM	Diagnosis
I23.7	Postinfarction angina	ICD-10-CM	Diagnosis
I23.8	Other current complications following acute myocardial infarction	ICD-10-CM	Diagnosis
I24.0	Acute coronary thrombosis not resulting in myocardial infarction	ICD-10-CM	Diagnosis
I24.1	Dressler's syndrome	ICD-10-CM	Diagnosis
I24.8	Other forms of acute ischemic heart disease	ICD-10-CM	Diagnosis
I24.9	Acute ischemic heart disease, unspecified	ICD-10-CM	Diagnosis
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	ICD-10-CM	Diagnosis
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.2	Old myocardial infarction	ICD-10-CM	Diagnosis
I25.3	Aneurysm of heart	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I25.41	Coronary artery aneurysm	ICD-10-CM	Diagnosis
I25.42	Coronary artery dissection	ICD-10-CM	Diagnosis
I25.5	Ischemic cardiomyopathy	ICD-10-CM	Diagnosis
I25.6	Silent myocardial ischemia	ICD-10-CM	Diagnosis
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	ICD-10-CM	Diagnosis
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris	ICD-10-CM	Diagnosis
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris	ICD-10-CM	Diagnosis
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris	ICD-10-CM	Diagnosis
I25.82	Chronic total occlusion of coronary artery	ICD-10-CM	Diagnosis
I25.83	Coronary atherosclerosis due to lipid rich plaque	ICD-10-CM	Diagnosis
I25.84	Coronary atherosclerosis due to calcified coronary lesion	ICD-10-CM	Diagnosis
I25.89	Other forms of chronic ischemic heart disease	ICD-10-CM	Diagnosis
I25.9	Chronic ischemic heart disease, unspecified	ICD-10-CM	Diagnosis
I30.0	Acute nonspecific idiopathic pericarditis	ICD-10-CM	Diagnosis
I30.1	Infective pericarditis	ICD-10-CM	Diagnosis
I30.8	Other forms of acute pericarditis	ICD-10-CM	Diagnosis
I30.9	Acute pericarditis, unspecified	ICD-10-CM	Diagnosis
I31.0	Chronic adhesive pericarditis	ICD-10-CM	Diagnosis
I31.1	Chronic constrictive pericarditis	ICD-10-CM	Diagnosis
I31.2	Hemopericardium, not elsewhere classified	ICD-10-CM	Diagnosis
I31.3	Pericardial effusion (noninflammatory)	ICD-10-CM	Diagnosis
I31.4	Cardiac tamponade	ICD-10-CM	Diagnosis
I31.8	Other specified diseases of pericardium	ICD-10-CM	Diagnosis
I31.9	Disease of pericardium, unspecified	ICD-10-CM	Diagnosis
I32	Pericarditis in diseases classified elsewhere	ICD-10-CM	Diagnosis
I33.0	Acute and subacute infective endocarditis	ICD-10-CM	Diagnosis
I33.9	Acute and subacute endocarditis, unspecified	ICD-10-CM	Diagnosis
I34.0	Nonrheumatic mitral (valve) insufficiency	ICD-10-CM	Diagnosis
I34.1	Nonrheumatic mitral (valve) prolapse	ICD-10-CM	Diagnosis
I34.2	Nonrheumatic mitral (valve) stenosis	ICD-10-CM	Diagnosis
I34.8	Other nonrheumatic mitral valve disorders	ICD-10-CM	Diagnosis
I34.9	Nonrheumatic mitral valve disorder, unspecified	ICD-10-CM	Diagnosis
I35.0	Nonrheumatic aortic (valve) stenosis	ICD-10-CM	Diagnosis
I35.1	Nonrheumatic aortic (valve) insufficiency	ICD-10-CM	Diagnosis
I35.2	Nonrheumatic aortic (valve) stenosis with insufficiency	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I35.8	Other nonrheumatic aortic valve disorders	ICD-10-CM	Diagnosis
I35.9	Nonrheumatic aortic valve disorder, unspecified	ICD-10-CM	Diagnosis
I36.0	Nonrheumatic tricuspid (valve) stenosis	ICD-10-CM	Diagnosis
I36.1	Nonrheumatic tricuspid (valve) insufficiency	ICD-10-CM	Diagnosis
I36.2	Nonrheumatic tricuspid (valve) stenosis with insufficiency	ICD-10-CM	Diagnosis
I36.8	Other nonrheumatic tricuspid valve disorders	ICD-10-CM	Diagnosis
I36.9	Nonrheumatic tricuspid valve disorder, unspecified	ICD-10-CM	Diagnosis
I37.0	Nonrheumatic pulmonary valve stenosis	ICD-10-CM	Diagnosis
I37.1	Nonrheumatic pulmonary valve insufficiency	ICD-10-CM	Diagnosis
I37.2	Nonrheumatic pulmonary valve stenosis with insufficiency	ICD-10-CM	Diagnosis
I37.8	Other nonrheumatic pulmonary valve disorders	ICD-10-CM	Diagnosis
I37.9	Nonrheumatic pulmonary valve disorder, unspecified	ICD-10-CM	Diagnosis
I38	Endocarditis, valve unspecified	ICD-10-CM	Diagnosis
I39	Endocarditis and heart valve disorders in diseases classified elsewhere	ICD-10-CM	Diagnosis
I40.0	Infective myocarditis	ICD-10-CM	Diagnosis
I40.1	Isolated myocarditis	ICD-10-CM	Diagnosis
I40.8	Other acute myocarditis	ICD-10-CM	Diagnosis
I40.9	Acute myocarditis, unspecified	ICD-10-CM	Diagnosis
I41	Myocarditis in diseases classified elsewhere	ICD-10-CM	Diagnosis
I42.0	Dilated cardiomyopathy	ICD-10-CM	Diagnosis
I42.1	Obstructive hypertrophic cardiomyopathy	ICD-10-CM	Diagnosis
I42.2	Other hypertrophic cardiomyopathy	ICD-10-CM	Diagnosis
I42.3	Endomyocardial (eosinophilic) disease	ICD-10-CM	Diagnosis
I42.4	Endocardial fibroelastosis	ICD-10-CM	Diagnosis
I42.5	Other restrictive cardiomyopathy	ICD-10-CM	Diagnosis
I42.6	Alcoholic cardiomyopathy	ICD-10-CM	Diagnosis
I42.7	Cardiomyopathy due to drug and external agent	ICD-10-CM	Diagnosis
I42.8	Other cardiomyopathies	ICD-10-CM	Diagnosis
I42.9	Cardiomyopathy, unspecified	ICD-10-CM	Diagnosis
I43	Cardiomyopathy in diseases classified elsewhere	ICD-10-CM	Diagnosis
I44.0	Atrioventricular block, first degree	ICD-10-CM	Diagnosis
I44.1	Atrioventricular block, second degree	ICD-10-CM	Diagnosis
I44.2	Atrioventricular block, complete	ICD-10-CM	Diagnosis
I44.30	Unspecified atrioventricular block	ICD-10-CM	Diagnosis
I44.39	Other atrioventricular block	ICD-10-CM	Diagnosis
I44.4	Left anterior fascicular block	ICD-10-CM	Diagnosis
I44.5	Left posterior fascicular block	ICD-10-CM	Diagnosis
I44.60	Unspecified fascicular block	ICD-10-CM	Diagnosis
I44.69	Other fascicular block	ICD-10-CM	Diagnosis
I44.7	Left bundle-branch block, unspecified	ICD-10-CM	Diagnosis
I45.0	Right fascicular block	ICD-10-CM	Diagnosis
I45.10	Unspecified right bundle-branch block	ICD-10-CM	Diagnosis
I45.19	Other right bundle-branch block	ICD-10-CM	Diagnosis
I45.2	Bifascicular block	ICD-10-CM	Diagnosis
I45.3	Trifascicular block	ICD-10-CM	Diagnosis
I45.4	Nonspecific intraventricular block	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I45.5	Other specified heart block	ICD-10-CM	Diagnosis
I45.6	Pre-excitation syndrome	ICD-10-CM	Diagnosis
I45.81	Long QT syndrome	ICD-10-CM	Diagnosis
I45.89	Other specified conduction disorders	ICD-10-CM	Diagnosis
I45.9	Conduction disorder, unspecified	ICD-10-CM	Diagnosis
I46.2	Cardiac arrest due to underlying cardiac condition	ICD-10-CM	Diagnosis
I46.8	Cardiac arrest due to other underlying condition	ICD-10-CM	Diagnosis
I46.9	Cardiac arrest, cause unspecified	ICD-10-CM	Diagnosis
I47.0	Re-entry ventricular arrhythmia	ICD-10-CM	Diagnosis
I47.1	Supraventricular tachycardia	ICD-10-CM	Diagnosis
I47.2	Ventricular tachycardia	ICD-10-CM	Diagnosis
I47.9	Paroxysmal tachycardia, unspecified	ICD-10-CM	Diagnosis
I48.0	Paroxysmal atrial fibrillation	ICD-10-CM	Diagnosis
I48.1	Persistent atrial fibrillation	ICD-10-CM	Diagnosis
I48.2	Chronic atrial fibrillation	ICD-10-CM	Diagnosis
I48.3	Typical atrial flutter	ICD-10-CM	Diagnosis
I48.4	Atypical atrial flutter	ICD-10-CM	Diagnosis
I48.91	Unspecified atrial fibrillation	ICD-10-CM	Diagnosis
I48.92	Unspecified atrial flutter	ICD-10-CM	Diagnosis
I49.01	Ventricular fibrillation	ICD-10-CM	Diagnosis
I49.02	Ventricular flutter	ICD-10-CM	Diagnosis
I49.1	Atrial premature depolarization	ICD-10-CM	Diagnosis
I49.2	Junctional premature depolarization	ICD-10-CM	Diagnosis
I49.3	Ventricular premature depolarization	ICD-10-CM	Diagnosis
I49.40	Unspecified premature depolarization	ICD-10-CM	Diagnosis
I49.49	Other premature depolarization	ICD-10-CM	Diagnosis
I49.5	Sick sinus syndrome	ICD-10-CM	Diagnosis
I49.8	Other specified cardiac arrhythmias	ICD-10-CM	Diagnosis
I49.9	Cardiac arrhythmia, unspecified	ICD-10-CM	Diagnosis
I50.1	Left ventricular failure, unspecified	ICD-10-CM	Diagnosis
I50.20	Unspecified systolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.21	Acute systolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.22	Chronic systolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.23	Acute on chronic systolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.30	Unspecified diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.31	Acute diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.32	Chronic diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.33	Acute on chronic diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.810	Right heart failure, unspecified	ICD-10-CM	Diagnosis
I50.811	Acute right heart failure	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I50.812	Chronic right heart failure	ICD-10-CM	Diagnosis
I50.813	Acute on chronic right heart failure	ICD-10-CM	Diagnosis
I50.814	Right heart failure due to left heart failure	ICD-10-CM	Diagnosis
I50.82	Biventricular heart failure	ICD-10-CM	Diagnosis
I50.83	High output heart failure	ICD-10-CM	Diagnosis
I50.84	End stage heart failure	ICD-10-CM	Diagnosis
I50.89	Other heart failure	ICD-10-CM	Diagnosis
I50.9	Heart failure, unspecified	ICD-10-CM	Diagnosis
I51.0	Cardiac septal defect, acquired	ICD-10-CM	Diagnosis
I51.1	Rupture of chordae tendineae, not elsewhere classified	ICD-10-CM	Diagnosis
I51.2	Rupture of papillary muscle, not elsewhere classified	ICD-10-CM	Diagnosis
I51.3	Intracardiac thrombosis, not elsewhere classified	ICD-10-CM	Diagnosis
I51.4	Myocarditis, unspecified	ICD-10-CM	Diagnosis
I51.5	Myocardial degeneration	ICD-10-CM	Diagnosis
I51.7	Cardiomegaly	ICD-10-CM	Diagnosis
I51.81	Takotsubo syndrome	ICD-10-CM	Diagnosis
I51.89	Other ill-defined heart diseases	ICD-10-CM	Diagnosis
I51.9	Heart disease, unspecified	ICD-10-CM	Diagnosis
I52	Other heart disorders in diseases classified elsewhere	ICD-10-CM	Diagnosis
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	ICD-10-CM	Diagnosis
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	ICD-10-CM	Diagnosis
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery	ICD-10-CM	Diagnosis
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery	ICD-10-CM	Diagnosis
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	ICD-10-CM	Diagnosis
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	ICD-10-CM	Diagnosis
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery	ICD-10-CM	Diagnosis
I60.50	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery	ICD-10-CM	Diagnosis
I60.51	Nontraumatic subarachnoid hemorrhage from right vertebral artery	ICD-10-CM	Diagnosis
I60.52	Nontraumatic subarachnoid hemorrhage from left vertebral artery	ICD-10-CM	Diagnosis
I60.6	Nontraumatic subarachnoid hemorrhage from other intracranial arteries	ICD-10-CM	Diagnosis
I60.7	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery	ICD-10-CM	Diagnosis
I60.8	Other nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified	ICD-10-CM	Diagnosis
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	ICD-10-CM	Diagnosis
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	ICD-10-CM	Diagnosis
I61.3	Nontraumatic intracerebral hemorrhage in brain stem	ICD-10-CM	Diagnosis
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum	ICD-10-CM	Diagnosis
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular	ICD-10-CM	Diagnosis
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized	ICD-10-CM	Diagnosis
I61.8	Other nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I61.9	Nontraumatic intracerebral hemorrhage, unspecified	ICD-10-CM	Diagnosis
I62.00	Nontraumatic subdural hemorrhage, unspecified	ICD-10-CM	Diagnosis
I62.01	Nontraumatic acute subdural hemorrhage	ICD-10-CM	Diagnosis
I62.02	Nontraumatic subacute subdural hemorrhage	ICD-10-CM	Diagnosis
I62.03	Nontraumatic chronic subdural hemorrhage	ICD-10-CM	Diagnosis
I62.1	Nontraumatic extradural hemorrhage	ICD-10-CM	Diagnosis
I62.9	Nontraumatic intracranial hemorrhage, unspecified	ICD-10-CM	Diagnosis
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery	ICD-10-CM	Diagnosis
I63.011	Cerebral infarction due to thrombosis of right vertebral artery	ICD-10-CM	Diagnosis
I63.012	Cerebral infarction due to thrombosis of left vertebral artery	ICD-10-CM	Diagnosis
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries	ICD-10-CM	Diagnosis
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery	ICD-10-CM	Diagnosis
I63.02	Cerebral infarction due to thrombosis of basilar artery	ICD-10-CM	Diagnosis
I63.031	Cerebral infarction due to thrombosis of right carotid artery	ICD-10-CM	Diagnosis
I63.032	Cerebral infarction due to thrombosis of left carotid artery	ICD-10-CM	Diagnosis
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries	ICD-10-CM	Diagnosis
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery	ICD-10-CM	Diagnosis
I63.09	Cerebral infarction due to thrombosis of other precerebral artery	ICD-10-CM	Diagnosis
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery	ICD-10-CM	Diagnosis
I63.111	Cerebral infarction due to embolism of right vertebral artery	ICD-10-CM	Diagnosis
I63.112	Cerebral infarction due to embolism of left vertebral artery	ICD-10-CM	Diagnosis
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries	ICD-10-CM	Diagnosis
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery	ICD-10-CM	Diagnosis
I63.12	Cerebral infarction due to embolism of basilar artery	ICD-10-CM	Diagnosis
I63.131	Cerebral infarction due to embolism of right carotid artery	ICD-10-CM	Diagnosis
I63.132	Cerebral infarction due to embolism of left carotid artery	ICD-10-CM	Diagnosis
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries	ICD-10-CM	Diagnosis
I63.139	Cerebral infarction due to embolism of unspecified carotid artery	ICD-10-CM	Diagnosis
I63.19	Cerebral infarction due to embolism of other precerebral artery	ICD-10-CM	Diagnosis
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries	ICD-10-CM	Diagnosis
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery	ICD-10-CM	Diagnosis
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral	ICD-10-CM	Diagnosis
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries	ICD-10-CM	Diagnosis
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral arteries	ICD-10-CM	Diagnosis
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries	ICD-10-CM	Diagnosis
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries	ICD-10-CM	Diagnosis
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries	ICD-10-CM	Diagnosis
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid arteries	ICD-10-CM	Diagnosis
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries	ICD-10-CM	Diagnosis
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery	ICD-10-CM	Diagnosis
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery	ICD-10-CM	Diagnosis
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery	ICD-10-CM	Diagnosis
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries	ICD-10-CM	Diagnosis
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery	ICD-10-CM	Diagnosis
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery	ICD-10-CM	Diagnosis
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries	ICD-10-CM	Diagnosis
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery	ICD-10-CM	Diagnosis
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery	ICD-10-CM	Diagnosis
I63.333	Cerebral infarction to thrombosis of bilateral posterior cerebral arteries	ICD-10-CM	Diagnosis
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery	ICD-10-CM	Diagnosis
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery	ICD-10-CM	Diagnosis
I63.343	Cerebral infarction to thrombosis of bilateral cerebellar arteries	ICD-10-CM	Diagnosis
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery	ICD-10-CM	Diagnosis
I63.39	Cerebral infarction due to thrombosis of other cerebral artery	ICD-10-CM	Diagnosis
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery	ICD-10-CM	Diagnosis
I63.411	Cerebral infarction due to embolism of right middle cerebral artery	ICD-10-CM	Diagnosis
I63.412	Cerebral infarction due to embolism of left middle cerebral artery	ICD-10-CM	Diagnosis
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries	ICD-10-CM	Diagnosis
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery	ICD-10-CM	Diagnosis
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery	ICD-10-CM	Diagnosis
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries	ICD-10-CM	Diagnosis
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery	ICD-10-CM	Diagnosis
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery	ICD-10-CM	Diagnosis
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries	ICD-10-CM	Diagnosis
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I63.441	Cerebral infarction due to embolism of right cerebellar artery	ICD-10-CM	Diagnosis
I63.442	Cerebral infarction due to embolism of left cerebellar artery	ICD-10-CM	Diagnosis
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries	ICD-10-CM	Diagnosis
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery	ICD-10-CM	Diagnosis
I63.49	Cerebral infarction due to embolism of other cerebral artery	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery	ICD-10-CM	Diagnosis
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery	ICD-10-CM	Diagnosis
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery	ICD-10-CM	Diagnosis
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries	ICD-10-CM	Diagnosis
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery	ICD-10-CM	Diagnosis
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery	ICD-10-CM	Diagnosis
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries	ICD-10-CM	Diagnosis
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery	ICD-10-CM	Diagnosis
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery	ICD-10-CM	Diagnosis
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries	ICD-10-CM	Diagnosis
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	ICD-10-CM	Diagnosis
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	ICD-10-CM	Diagnosis
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries	ICD-10-CM	Diagnosis
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery	ICD-10-CM	Diagnosis
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	ICD-10-CM	Diagnosis
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	ICD-10-CM	Diagnosis
I63.8	Other cerebral infarction	ICD-10-CM	Diagnosis
I63.9	Cerebral infarction, unspecified	ICD-10-CM	Diagnosis
I65.01	Occlusion and stenosis of right vertebral artery	ICD-10-CM	Diagnosis
I65.02	Occlusion and stenosis of left vertebral artery	ICD-10-CM	Diagnosis
I65.03	Occlusion and stenosis of bilateral vertebral arteries	ICD-10-CM	Diagnosis
I65.09	Occlusion and stenosis of unspecified vertebral artery	ICD-10-CM	Diagnosis
I65.1	Occlusion and stenosis of basilar artery	ICD-10-CM	Diagnosis
I65.21	Occlusion and stenosis of right carotid artery	ICD-10-CM	Diagnosis
I65.22	Occlusion and stenosis of left carotid artery	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I65.23	Occlusion and stenosis of bilateral carotid arteries	ICD-10-CM	Diagnosis
I65.29	Occlusion and stenosis of unspecified carotid artery	ICD-10-CM	Diagnosis
I65.8	Occlusion and stenosis of other precerebral arteries	ICD-10-CM	Diagnosis
I65.9	Occlusion and stenosis of unspecified precerebral artery	ICD-10-CM	Diagnosis
I66.01	Occlusion and stenosis of right middle cerebral artery	ICD-10-CM	Diagnosis
I66.02	Occlusion and stenosis of left middle cerebral artery	ICD-10-CM	Diagnosis
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries	ICD-10-CM	Diagnosis
I66.09	Occlusion and stenosis of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I66.11	Occlusion and stenosis of right anterior cerebral artery	ICD-10-CM	Diagnosis
I66.12	Occlusion and stenosis of left anterior cerebral artery	ICD-10-CM	Diagnosis
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries	ICD-10-CM	Diagnosis
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I66.21	Occlusion and stenosis of right posterior cerebral artery	ICD-10-CM	Diagnosis
I66.22	Occlusion and stenosis of left posterior cerebral artery	ICD-10-CM	Diagnosis
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries	ICD-10-CM	Diagnosis
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I66.3	Occlusion and stenosis of cerebellar arteries	ICD-10-CM	Diagnosis
I66.8	Occlusion and stenosis of other cerebral arteries	ICD-10-CM	Diagnosis
I66.9	Occlusion and stenosis of unspecified cerebral artery	ICD-10-CM	Diagnosis
I67.89	Other cerebrovascular disease	ICD-10-CM	Diagnosis
I70.0	Atherosclerosis of aorta	ICD-10-CM	Diagnosis
I70.1	Atherosclerosis of renal artery	ICD-10-CM	Diagnosis
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg	ICD-10-CM	Diagnosis
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg	ICD-10-CM	Diagnosis
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity	ICD-10-CM	Diagnosis
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg	ICD-10-CM	Diagnosis
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg	ICD-10-CM	Diagnosis
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.25	Atherosclerosis of native arteries of other extremities with ulceration	ICD-10-CM	Diagnosis
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.291	Other atherosclerosis of native arteries of extremities, right leg	ICD-10-CM	Diagnosis
I70.292	Other atherosclerosis of native arteries of extremities, left leg	ICD-10-CM	Diagnosis
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.298	Other atherosclerosis of native arteries of extremities, other extremity	ICD-10-CM	Diagnosis
I70.299	Other atherosclerosis of native arteries of extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I70.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I70.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I70.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I70.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I70.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.8	Atherosclerosis of other arteries	ICD-10-CM	Diagnosis
I70.90	Unspecified atherosclerosis	ICD-10-CM	Diagnosis
I70.91	Generalized atherosclerosis	ICD-10-CM	Diagnosis
I70.92	Chronic total occlusion of artery of the extremities	ICD-10-CM	Diagnosis
I97.0	Postcardiotomy syndrome	ICD-10-CM	Diagnosis
I97.110	Postprocedural cardiac insufficiency following cardiac surgery	ICD-10-CM	Diagnosis
I97.111	Postprocedural cardiac insufficiency following other surgery	ICD-10-CM	Diagnosis
I97.120	Postprocedural cardiac arrest following cardiac surgery	ICD-10-CM	Diagnosis
I97.121	Postprocedural cardiac arrest following other surgery	ICD-10-CM	Diagnosis
I97.130	Postprocedural heart failure following cardiac surgery	ICD-10-CM	Diagnosis
I97.131	Postprocedural heart failure following other surgery	ICD-10-CM	Diagnosis
I97.190	Other postprocedural cardiac functional disturbances following cardiac surgery	ICD-10-CM	Diagnosis
I97.191	Other postprocedural cardiac functional disturbances following other surgery	ICD-10-CM	Diagnosis
M32.11	Endocarditis in systemic lupus erythematosus	ICD-10-CM	Diagnosis
M32.12	Pericarditis in systemic lupus erythematosus	ICD-10-CM	Diagnosis
R00.1	Bradycardia, unspecified	ICD-10-CM	Diagnosis
T82.211A	Breakdown (mechanical) of coronary artery bypass graft, initial encounter	ICD-10-CM	Diagnosis
T82.212A	Displacement of coronary artery bypass graft, initial encounter	ICD-10-CM	Diagnosis
T82.213A	Leakage of coronary artery bypass graft, initial encounter	ICD-10-CM	Diagnosis
T82.218A	Other mechanical complication of coronary artery bypass graft, initial encounter	ICD-10-CM	Diagnosis
Z95.1	Presence of aortocoronary bypass graft	ICD-10-CM	Diagnosis
Z95.5	Presence of coronary angioplasty implant and graft	ICD-10-CM	Diagnosis
Z98.61	Coronary angioplasty status	ICD-10-CM	Diagnosis
	Corneal Abrasion		
918.1	Superficial injury of cornea	ICD-9-CM	Diagnosis
S05.00XA	Injury of conjunctiva and corneal abrasion without foreign body, unspecified eye, initial encounter	ICD-10-CM	Diagnosis
S05.01XA	Injury of conjunctiva and corneal abrasion without foreign body, right eye, initial encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S05.02XA	Injury of conjunctiva and corneal abrasion without foreign body, left eye, initial encounter	ICD-10-CM	Diagnosis
	Corneal Graft		
996.51	Mechanical complication due to corneal graft	ICD-9-CM	Diagnosis
T85.318A	Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T85.328A	Displacement of other ocular prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T85.398A	Other mechanical complication of other ocular prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T86.840	Corneal transplant rejection	ICD-10-CM	Diagnosis
T86.841	Corneal transplant failure	ICD-10-CM	Diagnosis
	Diabetes		
249.00	Secondary diabetes mellitus without mention of complication, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.01	Secondary diabetes mellitus without mention of complication, uncontrolled	ICD-9-CM	Diagnosis
249.10	Secondary diabetes mellitus with ketoacidosis, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.11	Secondary diabetes mellitus with ketoacidosis, uncontrolled	ICD-9-CM	Diagnosis
249.20	Secondary diabetes mellitus with hyperosmolarity, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.21	Secondary diabetes mellitus with hyperosmolarity, uncontrolled	ICD-9-CM	Diagnosis
249.30	Secondary diabetes mellitus with other coma, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.31	Secondary diabetes mellitus with other coma, uncontrolled	ICD-9-CM	Diagnosis
249.40	Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.41	Secondary diabetes mellitus with renal manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.51	Secondary diabetes mellitus with ophthalmic manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.61	Secondary diabetes mellitus with neurological manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.70	Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.71	Secondary diabetes mellitus with peripheral circulatory disorders,	ICD-9-CM	Diagnosis
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as	ICD-9-CM	Diagnosis
249.81	Secondary diabetes mellitus with other specified manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.90	Secondary diabetes mellitus with unspecified complication, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.91	Secondary diabetes mellitus with unspecified complication, uncontrolled	ICD-9-CM	Diagnosis
366.41	Diabetic cataract	ICD-9-CM	Diagnosis
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	ICD-10-CM	Diagnosis
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma	ICD-10-CM	Diagnosis
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma	ICD-10-CM	Diagnosis
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy	ICD-10-CM	Diagnosis
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication	ICD-10-CM	Diagnosis
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract	ICD-10-CM	Diagnosis
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy	ICD-10-CM	Diagnosis
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications	ICD-10-CM	Diagnosis
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E08.618	Diabetes mellitus due to underlying condition with other diabetic arthropathy	ICD-10-CM	Diagnosis
E08.620	Diabetes mellitus due to underlying condition with diabetic dermatitis	ICD-10-CM	Diagnosis
E08.621	Diabetes mellitus due to underlying condition with foot ulcer	ICD-10-CM	Diagnosis
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer	ICD-10-CM	Diagnosis
E08.628	Diabetes mellitus due to underlying condition with other skin complications	ICD-10-CM	Diagnosis
E08.630	Diabetes mellitus due to underlying condition with periodontal disease	ICD-10-CM	Diagnosis
E08.638	Diabetes mellitus due to underlying condition with other oral complications	ICD-10-CM	Diagnosis
E08.641	Diabetes mellitus due to underlying condition with hypoglycemia with coma	ICD-10-CM	Diagnosis
E08.649	Diabetes mellitus due to underlying condition with hypoglycemia without coma	ICD-10-CM	Diagnosis
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia	ICD-10-CM	Diagnosis
E08.69	Diabetes mellitus due to underlying condition with other specified complication	ICD-10-CM	Diagnosis
E08.8	Diabetes mellitus due to underlying condition with unspecified complications	ICD-10-CM	Diagnosis
E08.9	Diabetes mellitus due to underlying condition without complications	ICD-10-CM	Diagnosis
E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	ICD-10-CM	Diagnosis
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma	ICD-10-CM	Diagnosis
E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma	ICD-10-CM	Diagnosis
E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma	ICD-10-CM	Diagnosis
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy	ICD-10-CM	Diagnosis
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication	ICD-10-CM	Diagnosis
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E09.620	Drug or chemical induced diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E09.628	Drug or chemical induced diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E09.638	Drug or chemical induced diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E09.641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma	ICD-10-CM	Diagnosis
E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E09.69	Drug or chemical induced diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E09.8	Drug or chemical induced diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
E09.9	Drug or chemical induced diabetes mellitus without complications	ICD-10-CM	Diagnosis
E10.36	Type 1 diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E11.36	Type 2 diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	ICD-10-CM	Diagnosis
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma	ICD-10-CM	Diagnosis
E13.10	Other specified diabetes mellitus with ketoacidosis without coma	ICD-10-CM	Diagnosis
E13.11	Other specified diabetes mellitus with ketoacidosis with coma	ICD-10-CM	Diagnosis
E13.21	Other specified diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.36	Other specified diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E13.44	Other specified diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis
E13.49	Other specified diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E13.59	Other specified diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E13.618	Other specified diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E13.620	Other specified diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E13.621	Other specified diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E13.622	Other specified diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E13.628	Other specified diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E13.630	Other specified diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E13.638	Other specified diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E13.641	Other specified diabetes mellitus with hypoglycemia with coma	ICD-10-CM	Diagnosis
E13.649	Other specified diabetes mellitus with hypoglycemia without coma	ICD-10-CM	Diagnosis
E13.65	Other specified diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E13.69	Other specified diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E13.8	Other specified diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
E13.9	Other specified diabetes mellitus without complications	ICD-10-CM	Diagnosis
250	Diabetes mellitus	ICD-10-CM	Diagnosis
250.0	Diabetes mellitus without mention of complication	ICD-10-CM	Diagnosis
250.00	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	ICD-10-CM	Diagnosis
250.01	Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled	ICD-10-CM	Diagnosis
250.02	Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled	ICD-10-CM	Diagnosis
250.03	Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled	ICD-10-CM	Diagnosis
250.1	Diabetes with ketoacidosis	ICD-10-CM	Diagnosis
250.10	Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled	ICD-10-CM	Diagnosis
250.11	Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled	ICD-10-CM	Diagnosis
250.12	Diabetes with ketoacidosis, type II or unspecified type, uncontrolled	ICD-10-CM	Diagnosis
250.13	Diabetes with ketoacidosis, type I [juvenile type], uncontrolled	ICD-10-CM	Diagnosis
250.2	Diabetes with hyperosmolarity	ICD-10-CM	Diagnosis
250.20	Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled	ICD-10-CM	Diagnosis
250.21	Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled	ICD-10-CM	Diagnosis
250.22	Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled	ICD-10-CM	Diagnosis
250.23	Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled	ICD-10-CM	Diagnosis
250.3	Diabetes with other coma	ICD-10-CM	Diagnosis
250.30	Diabetes with other coma, type II or unspecified type, not stated as uncontrolled	ICD-10-CM	Diagnosis
250.31	Diabetes with other coma, type I [juvenile type], not stated as uncontrolled	ICD-10-CM	Diagnosis
250.32	Diabetes with other coma, type II or unspecified type, uncontrolled	ICD-10-CM	Diagnosis
250.33	Diabetes with other coma, type I [juvenile type], uncontrolled	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
250.4	Diabetes with renal manifestations	ICD-10-CM	Diagnosis
250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	ICD-10-CM	Diagnosis
250.41	Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled	ICD-10-CM	Diagnosis
250.42	Diabetes with renal manifestations, type II or unspecified type, uncontrolled	ICD-10-CM	Diagnosis
250.43	Diabetes with renal manifestations, type I [juvenile type], uncontrolled	ICD-10-CM	Diagnosis
250.5	Diabetes with ophthalmic manifestations	ICD-10-CM	Diagnosis
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	ICD-10-CM	Diagnosis
250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled	ICD-10-CM	Diagnosis
250.52	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled	ICD-10-CM	Diagnosis
250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	ICD-10-CM	Diagnosis
250.6	Diabetes with neurological manifestations	ICD-10-CM	Diagnosis
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	ICD-10-CM	Diagnosis
250.61	Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled	ICD-10-CM	Diagnosis
250.62	Diabetes with neurological manifestations, type II or unspecified type, uncontrolled	ICD-10-CM	Diagnosis
250.63	Diabetes with neurological manifestations, type I [juvenile type], uncontrolled	ICD-10-CM	Diagnosis
250.7	Diabetes with peripheral circulatory disorders	ICD-10-CM	Diagnosis
250.70	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	ICD-10-CM	Diagnosis
250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	ICD-10-CM	Diagnosis
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	ICD-10-CM	Diagnosis
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	ICD-10-CM	Diagnosis
250.8	Diabetes with other specified manifestations	ICD-10-CM	Diagnosis
250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	ICD-10-CM	Diagnosis
250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled	ICD-10-CM	Diagnosis
250.82	Diabetes with other specified manifestations, type II or unspecified type, uncontrolled	ICD-10-CM	Diagnosis
250.83	Diabetes with other specified manifestations, type I [juvenile type], uncontrolled	ICD-10-CM	Diagnosis
250.9	Diabetes with unspecified complication	ICD-10-CM	Diagnosis
250.90	Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled	ICD-10-CM	Diagnosis
250.91	Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
250.92	Diabetes with unspecified complication, type II or unspecified type, uncontrolled	ICD-10-CM	Diagnosis
250.93	Diabetes with unspecified complication, type I [juvenile type], uncontrolled	ICD-10-CM	Diagnosis
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma	ICD-10-CM	Diagnosis
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma	ICD-10-CM	Diagnosis
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right	ICD-10-CM	Diagnosis
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment,	ICD-10-CM	Diagnosis

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.36	Type 1 diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E10.59	Type 1 diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E10.620	Type 1 diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E10.621	Type 1 diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E10.622	Type 1 diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E10.628	Type 1 diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E10.630	Type 1 diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E10.638	Type 1 diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma	ICD-10-CM	Diagnosis
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma	ICD-10-CM	Diagnosis
E10.65	Type 1 diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E10.69	Type 1 diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E10.8	Type 1 diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
E10.9	Type 1 diabetes mellitus without complications	ICD-10-CM	Diagnosis
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	ICD-10-CM	Diagnosis
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma	ICD-10-CM	Diagnosis
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma	ICD-10-CM	Diagnosis
E11.11	Type 2 diabetes mellitus with ketoacidosis with coma	ICD-10-CM	Diagnosis
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.36	Type 2 diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E11.59	Type 2 diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E11.620	Type 2 diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E11.621	Type 2 diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E11.622	Type 2 diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E11.628	Type 2 diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E11.630	Type 2 diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E11.638	Type 2 diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma	ICD-10-CM	Diagnosis
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma	ICD-10-CM	Diagnosis
E11.65	Type 2 diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E11.69	Type 2 diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E11.8	Type 2 diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
E11.9	Type 2 diabetes mellitus without complications	ICD-10-CM	Diagnosis
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	ICD-10-CM	Diagnosis
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma	ICD-10-CM	Diagnosis
E13.10	Other specified diabetes mellitus with ketoacidosis without coma	ICD-10-CM	Diagnosis
E13.11	Other specified diabetes mellitus with ketoacidosis with coma	ICD-10-CM	Diagnosis
E13.21	Other specified diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy	ICD-10-CM	Diagnosis
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic	ICD-10-CM	Diagnosis
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic	ICD-10-CM	Diagnosis
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic	ICD-10-CM	Diagnosis
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic	ICD-10-CM	Diagnosis
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic	ICD-10-CM	Diagnosis
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.36	Other specified diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved	ICD-10-CM	Diagnosis
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E13.44	Other specified diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis
E13.49	Other specified diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E13.59	Other specified diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E13.618	Other specified diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E13.620	Other specified diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E13.621	Other specified diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E13.622	Other specified diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E13.628	Other specified diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E13.630	Other specified diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E13.638	Other specified diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E13.641	Other specified diabetes mellitus with hypoglycemia with coma	ICD-10-CM	Diagnosis
E13.649	Other specified diabetes mellitus with hypoglycemia without coma	ICD-10-CM	Diagnosis
E13.65	Other specified diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E13.69	Other specified diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E13.8	Other specified diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
	Episcleritis		
379.0	Scleritis and episcleritis	ICD-9-CM	Diagnosis
379.01	Episcleritis periodica fugax	ICD-9-CM	Diagnosis
379.02	Nodular episcleritis	ICD-9-CM	Diagnosis
379.09	Other scleritis and episcleritis	ICD-9-CM	Diagnosis
H15.091	Other scleritis, right eye	ICD-10-CM	Diagnosis
H15.092	Other scleritis, left eye	ICD-10-CM	Diagnosis
H15.093	Other scleritis, bilateral	ICD-10-CM	Diagnosis
H15.099	Other scleritis, unspecified eye	ICD-10-CM	Diagnosis
H15.111	Episcleritis periodica fugax, right eye	ICD-10-CM	Diagnosis
H15.112	Episcleritis periodica fugax, left eye	ICD-10-CM	Diagnosis
H15.113	Episcleritis periodica fugax, bilateral	ICD-10-CM	Diagnosis
H15.119	Episcleritis periodica fugax, unspecified eye	ICD-10-CM	Diagnosis
H15.121	Nodular episcleritis, right eye	ICD-10-CM	Diagnosis
H15.122	Nodular episcleritis, left eye	ICD-10-CM	Diagnosis
H15.123	Nodular episcleritis, bilateral	ICD-10-CM	Diagnosis
H15.129	Nodular episcleritis, unspecified eye	ICD-10-CM	Diagnosis
	Fuchs' Endothelial Dystrophy		
371.57	Endothelial corneal dystrophy	ICD-9-CM	Diagnosis
H18.51	Endothelial corneal dystrophy	ICD-10-CM	Diagnosis
	Heterochromic Cyclitis		
364.21	Fuchs' heterochromic cyclitis	ICD-9-CM	Diagnosis
H20.811	Fuchs' heterochromic cyclitis, right eye	ICD-10-CM	Diagnosis
H20.812	Fuchs' heterochromic cyclitis, left eye	ICD-10-CM	Diagnosis
H20.813	Fuchs' heterochromic cyclitis, bilateral	ICD-10-CM	Diagnosis
H20.819	Fuchs' heterochromic cyclitis, unspecified eye	ICD-10-CM	Diagnosis
	Keratitis		
054.42	Dendritic keratitis	ICD-9-CM	Diagnosis
054.43	Herpes simplex disciform keratitis	ICD-9-CM	Diagnosis
090.3	Syphilitic interstitial keratitis	ICD-9-CM	Diagnosis
098.43	Gonococcal keratitis	ICD-9-CM	Diagnosis
370	Keratitis	ICD-9-CM	Diagnosis
370.2	Superficial keratitis without conjunctivitis	ICD-9-CM	Diagnosis
370.20	Unspecified superficial keratitis	ICD-9-CM	Diagnosis
370.21	Punctate keratitis	ICD-9-CM	Diagnosis
370.22	Macular keratitis	ICD-9-CM	Diagnosis
370.23	Filamentary keratitis	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
370.24	Photokeratitis	ICD-9-CM	Diagnosis
370.44	Keratitis or keratoconjunctivitis in exanthema	ICD-9-CM	Diagnosis
370.5	Interstitial and deep keratitis	ICD-9-CM	Diagnosis
370.50	Unspecified interstitial keratitis	ICD-9-CM	Diagnosis
370.52	Diffuse interstitial keratitis	ICD-9-CM	Diagnosis
370.54	Sclerosing keratitis	ICD-9-CM	Diagnosis
370.59	Other interstitial and deep keratitis	ICD-9-CM	Diagnosis
370.8	Other forms of keratitis	ICD-9-CM	Diagnosis
370.9	Unspecified keratitis	ICD-9-CM	Diagnosis
A18.52	Tuberculous keratitis	ICD-10-CM	Diagnosis
A50.31	Late congenital syphilitic interstitial keratitis	ICD-10-CM	Diagnosis
A54.33	Gonococcal keratitis	ICD-10-CM	Diagnosis
B00.52	Herpesviral keratitis	ICD-10-CM	Diagnosis
B60.13	Keratoconjunctivitis due to Acanthamoeba	ICD-10-CM	Diagnosis
H16.101	Unspecified superficial keratitis, right eye	ICD-10-CM	Diagnosis
H16.102	Unspecified superficial keratitis, left eye	ICD-10-CM	Diagnosis
H16.103	Unspecified superficial keratitis, bilateral	ICD-10-CM	Diagnosis
H16.109	Unspecified superficial keratitis, unspecified eye	ICD-10-CM	Diagnosis
H16.111	Macular keratitis, right eye	ICD-10-CM	Diagnosis
H16.112	Macular keratitis, left eye	ICD-10-CM	Diagnosis
H16.113	Macular keratitis, bilateral	ICD-10-CM	Diagnosis
H16.119	Macular keratitis, unspecified eye	ICD-10-CM	Diagnosis
H16.121	Filamentary keratitis, right eye	ICD-10-CM	Diagnosis
H16.122	Filamentary keratitis, left eye	ICD-10-CM	Diagnosis
H16.123	Filamentary keratitis, bilateral	ICD-10-CM	Diagnosis
H16.129	Filamentary keratitis, unspecified eye	ICD-10-CM	Diagnosis
H16.131	Photokeratitis, right eye	ICD-10-CM	Diagnosis
H16.132	Photokeratitis, left eye	ICD-10-CM	Diagnosis
H16.133	Photokeratitis, bilateral	ICD-10-CM	Diagnosis
H16.139	Photokeratitis, unspecified eye	ICD-10-CM	Diagnosis
H16.141	Punctate keratitis, right eye	ICD-10-CM	Diagnosis
H16.142	Punctate keratitis, left eye	ICD-10-CM	Diagnosis
H16.143	Punctate keratitis, bilateral	ICD-10-CM	Diagnosis
H16.149	Punctate keratitis, unspecified eye	ICD-10-CM	Diagnosis
H16.291	Other keratoconjunctivitis, right eye	ICD-10-CM	Diagnosis
H16.292	Other keratoconjunctivitis, left eye	ICD-10-CM	Diagnosis
H16.293	Other keratoconjunctivitis, bilateral	ICD-10-CM	Diagnosis
H16.299	Other keratoconjunctivitis, unspecified eye	ICD-10-CM	Diagnosis
H16.301	Unspecified interstitial keratitis, right eye	ICD-10-CM	Diagnosis
H16.302	Unspecified interstitial keratitis, left eye	ICD-10-CM	Diagnosis
H16.303	Unspecified interstitial keratitis, bilateral	ICD-10-CM	Diagnosis
H16.309	Unspecified interstitial keratitis, unspecified eye	ICD-10-CM	Diagnosis
H16.321	Diffuse interstitial keratitis, right eye	ICD-10-CM	Diagnosis
H16.322	Diffuse interstitial keratitis, left eye	ICD-10-CM	Diagnosis
H16.323	Diffuse interstitial keratitis, bilateral	ICD-10-CM	Diagnosis
H16.329	Diffuse interstitial keratitis, unspecified eye	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
H16.331	Sclerosing keratitis, right eye	ICD-10-CM	Diagnosis
H16.332	Sclerosing keratitis, left eye	ICD-10-CM	Diagnosis
H16.333	Sclerosing keratitis, bilateral	ICD-10-CM	Diagnosis
H16.339	Sclerosing keratitis, unspecified eye	ICD-10-CM	Diagnosis
H16.391	Other interstitial and deep keratitis, right eye	ICD-10-CM	Diagnosis
H16.392	Other interstitial and deep keratitis, left eye	ICD-10-CM	Diagnosis
H16.393	Other interstitial and deep keratitis, bilateral	ICD-10-CM	Diagnosis
H16.399	Other interstitial and deep keratitis, unspecified eye	ICD-10-CM	Diagnosis
H16.8	Other keratitis	ICD-10-CM	Diagnosis
H16.9	Unspecified keratitis	ICD-10-CM	Diagnosis
	Macular Degeneration		
362.50	Macular degeneration (senile) of retina, unspecified	ICD-9-CM	Diagnosis
362.51	Nonexudative senile macular degeneration of retina	ICD-9-CM	Diagnosis
362.52	Exudative senile macular degeneration of retina	ICD-9-CM	Diagnosis
362.53	Cystoid macular degeneration of retina	ICD-9-CM	Diagnosis
H35.30	Unspecified macular degeneration	ICD-10-CM	Diagnosis
H35.3110	Nonexudative age-related macular degeneration, right eye, stage unspecified	ICD-10-CM	Diagnosis
H35.3111	Nonexudative age-related macular degeneration, right eye, early dry stage	ICD-10-CM	Diagnosis
H35.3112	Nonexudative age-related macular degeneration, right eye, intermediate dry stage	ICD-10-CM	Diagnosis
H35.3113	Nonexudative age-related macular degeneration, right eye, advanced atrophic without subfoveal involvement	ICD-10-CM	Diagnosis
H35.3114	Nonexudative age-related macular degeneration, right eye, advanced atrophic with subfoveal involvement	ICD-10-CM	Diagnosis
H35.3120	Nonexudative age-related macular degeneration, left eye, stage unspecified	ICD-10-CM	Diagnosis
H35.3121	Nonexudative age-related macular degeneration, left eye, early dry stage	ICD-10-CM	Diagnosis
H35.3122	Nonexudative age-related macular degeneration, left eye, intermediate dry stage	ICD-10-CM	Diagnosis
H35.3123	Nonexudative age-related macular degeneration, left eye, advanced atrophic without subfoveal involvement	ICD-10-CM	Diagnosis
H35.3124	Nonexudative age-related macular degeneration, left eye, advanced atrophic with subfoveal involvement	ICD-10-CM	Diagnosis
H35.3130	Nonexudative age-related macular degeneration, bilateral, stage unspecified	ICD-10-CM	Diagnosis
H35.3131	Nonexudative age-related macular degeneration, bilateral, early dry stage	ICD-10-CM	Diagnosis
H35.3132	Nonexudative age-related macular degeneration, bilateral, intermediate dry stage	ICD-10-CM	Diagnosis
H35.3133	Nonexudative age-related macular degeneration, bilateral, advanced atrophic without subfoveal involvement	ICD-10-CM	Diagnosis
H35.3134	Nonexudative age-related macular degeneration, bilateral, advanced atrophic with subfoveal involvement	ICD-10-CM	Diagnosis
H35.3190	Nonexudative age-related macular degeneration, unspecified eye, stage unspecified	ICD-10-CM	Diagnosis
H35.3191	Nonexudative age-related macular degeneration, unspecified eye, early dry stage	ICD-10-CM	Diagnosis
H35.3192	Nonexudative age-related macular degeneration, unspecified eye, intermediate dry stage	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
H35.3193	Nonexudative age-related macular degeneration, unspecified eye, advanced atrophic without subfoveal involvement	ICD-10-CM	Diagnosis
H35.3194	Nonexudative age-related macular degeneration, unspecified eye, advanced atrophic with subfoveal involvement	ICD-10-CM	Diagnosis
H35.3210	Exudative age-related macular degeneration, right eye, stage unspecified	ICD-10-CM	Diagnosis
H35.3211	Exudative age-related macular degeneration, right eye, with active choroidal neovascularization	ICD-10-CM	Diagnosis
H35.3212	Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization	ICD-10-CM	Diagnosis
H35.3213	Exudative age-related macular degeneration, right eye, with inactive scar	ICD-10-CM	Diagnosis
H35.3220	Exudative age-related macular degeneration, left eye, stage unspecified	ICD-10-CM	Diagnosis
H35.3221	Exudative age-related macular degeneration, left eye, with active choroidal neovascularization	ICD-10-CM	Diagnosis
H35.3222	Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization	ICD-10-CM	Diagnosis
H35.3223	Exudative age-related macular degeneration, left eye, with inactive scar	ICD-10-CM	Diagnosis
H35.3230	Exudative age-related macular degeneration, bilateral, stage unspecified	ICD-10-CM	Diagnosis
H35.3231	Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization	ICD-10-CM	Diagnosis
H35.3232	Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization	ICD-10-CM	Diagnosis
H35.3233	Exudative age-related macular degeneration, bilateral, with inactive scar	ICD-10-CM	Diagnosis
H35.3290	Exudative age-related macular degeneration, unspecified eye, stage unspecified	ICD-10-CM	Diagnosis
H35.3291	Exudative age-related macular degeneration, unspecified eye, with active choroidal neovascularization	ICD-10-CM	Diagnosis
H35.3292	Exudative age-related macular degeneration, unspecified eye, with inactive choroidal neovascularization	ICD-10-CM	Diagnosis
H35.3293	Exudative age-related macular degeneration, unspecified eye, with inactive scar	ICD-10-CM	Diagnosis
H35.351	Cystoid macular degeneration, right eye	ICD-10-CM	Diagnosis
H35.352	Cystoid macular degeneration, left eye	ICD-10-CM	Diagnosis
H35.353	Cystoid macular degeneration, bilateral	ICD-10-CM	Diagnosis
H35.359	Cystoid macular degeneration, unspecified eye	ICD-10-CM	Diagnosis
	Retinitis Pigmentosa		
362.74	Pigmentary retinal dystrophy	ICD-9-CM	Diagnosis
H35.52	Pigmentary retinal dystrophy	ICD-10-CM	Diagnosis
	Subconjunctival Hemorrhage		
372.72	Conjunctival hemorrhage	ICD-9-CM	Diagnosis
H11.33	Conjunctival hemorrhage, bilateral	ICD-10-CM	Diagnosis
H11.30	Conjunctival hemorrhage, unspecified eye	ICD-10-CM	Diagnosis
H11.31	Conjunctival hemorrhage, right eye	ICD-10-CM	Diagnosis
H11.32	Conjunctival hemorrhage, left eye	ICD-10-CM	Diagnosis
	Uremia		
585.9	Chronic kidney disease, unspecified	ICD-9-CM	Diagnosis
586	Unspecified renal failure	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
N18.9	Chronic kidney disease, unspecified	ICD-10-CM	Diagnosis
N19	Unspecified kidney failure	ICD-10-CM	Diagnosis
	Uveitis/Iritis		
091.5	Early syphilis, uveitis due to secondary syphilis	ICD-9-CM	Diagnosis
091.50	Early syphilis, syphilitic uveitis, unspecified	ICD-9-CM	Diagnosis
360.11	Sympathetic uveitis	ICD-9-CM	Diagnosis
360.12	Panuveitis	ICD-9-CM	Diagnosis
053.22	Herpes zoster iridocyclitis	ICD-9-CM	Diagnosis
054.44	Herpes simplex iridocyclitis	ICD-9-CM	Diagnosis
091.52	Early syphilis, syphilitic iridocyclitis (secondary)	ICD-9-CM	Diagnosis
098.41	Gonococcal iridocyclitis	ICD-9-CM	Diagnosis
364.0	Acute and subacute iridocyclitis	ICD-9-CM	Diagnosis
364.00	Unspecified acute and subacute iridocyclitis	ICD-9-CM	Diagnosis
364.01	Primary iridocyclitis	ICD-9-CM	Diagnosis
364.02	Recurrent iridocyclitis	ICD-9-CM	Diagnosis
364.03	Secondary iridocyclitis, infectious	ICD-9-CM	Diagnosis
364.04	Secondary iridocyclitis, noninfectious	ICD-9-CM	Diagnosis
364.1	Chronic iridocyclitis	ICD-9-CM	Diagnosis
364.10	Unspecified chronic iridocyclitis	ICD-9-CM	Diagnosis
364.11	Chronic iridocyclitis in diseases classified elsewhere	ICD-9-CM	Diagnosis
364.2	Certain types of iridocyclitis	ICD-9-CM	Diagnosis
364.23	Lens-induced iridocyclitis	ICD-9-CM	Diagnosis
364.3	Unspecified iridocyclitis	ICD-9-CM	Diagnosis
A18.54	Tuberculous iridocyclitis	ICD-10-CM	Diagnosis
A51.43	Secondary syphilitic oculopathy	ICD-10-CM	Diagnosis
A54.32	Gonococcal iridocyclitis	ICD-10-CM	Diagnosis
B00.51	Herpesviral iridocyclitis	ICD-10-CM	Diagnosis
B02.32	Zoster iridocyclitis	ICD-10-CM	Diagnosis
H20.00	Unspecified acute and subacute iridocyclitis	ICD-10-CM	Diagnosis
H20.011	Primary iridocyclitis, right eye	ICD-10-CM	Diagnosis
H20.012	Primary iridocyclitis, left eye	ICD-10-CM	Diagnosis
H20.013	Primary iridocyclitis, bilateral	ICD-10-CM	Diagnosis
H20.019	Primary iridocyclitis, unspecified eye	ICD-10-CM	Diagnosis
H20.021	Recurrent acute iridocyclitis, right eye	ICD-10-CM	Diagnosis
H20.022	Recurrent acute iridocyclitis, left eye	ICD-10-CM	Diagnosis
H20.023	Recurrent acute iridocyclitis, bilateral	ICD-10-CM	Diagnosis
H20.029	Recurrent acute iridocyclitis, unspecified eye	ICD-10-CM	Diagnosis
H20.031	Secondary infectious iridocyclitis, right eye	ICD-10-CM	Diagnosis
H20.032	Secondary infectious iridocyclitis, left eye	ICD-10-CM	Diagnosis
H20.033	Secondary infectious iridocyclitis, bilateral	ICD-10-CM	Diagnosis
H20.039	Secondary infectious iridocyclitis, unspecified eye	ICD-10-CM	Diagnosis
H20.041	Secondary noninfectious iridocyclitis, right eye	ICD-10-CM	Diagnosis
H20.042	Secondary noninfectious iridocyclitis, left eye	ICD-10-CM	Diagnosis
H20.043	Secondary noninfectious iridocyclitis, bilateral	ICD-10-CM	Diagnosis
H20.049	Secondary noninfectious iridocyclitis, unspecified eye	ICD-10-CM	Diagnosis
H20.10	Chronic iridocyclitis, unspecified eye	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
H20.11	Chronic iridocyclitis, right eye	ICD-10-CM	Diagnosis
H20.12	Chronic iridocyclitis, left eye	ICD-10-CM	Diagnosis
H20.13	Chronic iridocyclitis, bilateral	ICD-10-CM	Diagnosis
H20.20	Lens-induced iridocyclitis, unspecified eye	ICD-10-CM	Diagnosis
H20.21	Lens-induced iridocyclitis, right eye	ICD-10-CM	Diagnosis
H20.22	Lens-induced iridocyclitis, left eye	ICD-10-CM	Diagnosis
H20.23	Lens-induced iridocyclitis, bilateral	ICD-10-CM	Diagnosis
H20.9	Unspecified iridocyclitis	ICD-10-CM	Diagnosis
H44.111	Panuveitis, right eye	ICD-10-CM	Diagnosis
H44.112	Panuveitis, left eye	ICD-10-CM	Diagnosis
H44.113	Panuveitis, bilateral	ICD-10-CM	Diagnosis
H44.119	Panuveitis, unspecified eye	ICD-10-CM	Diagnosis
H44.131	Sympathetic uveitis, right eye	ICD-10-CM	Diagnosis
H44.132	Sympathetic uveitis, left eye	ICD-10-CM	Diagnosis
H44.133	Sympathetic uveitis, bilateral	ICD-10-CM	Diagnosis
H44.139	Sympathetic uveitis, unspecified eye	ICD-10-CM	Diagnosis
	Vasculitis		
362.18	Retinal vasculitis	ICD-9-CM	Diagnosis
H35.061	Retinal vasculitis, right eye	ICD-10-CM	Diagnosis
H35.062	Retinal vasculitis, left eye	ICD-10-CM	Diagnosis
H35.063	Retinal vasculitis, bilateral	ICD-10-CM	Diagnosis
H35.069	Retinal vasculitis, unspecified eye	ICD-10-CM	Diagnosis
	Sinus Surgery		
31260	MAX. SINUS ENDOSCOPY,DIAG.W/WO BIOPSY	CPT-4	Procedure
31263	MAXILLARY SINUS ENDOSCOPY,SURG;REMOV.FOR'N BODYS	CPT-4	Procedure
31265	MAXILLARY SINUS ENDOSCOPY,SURG;W/REMOVAL OF CYST	CPT-4	Procedure
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	CPT-4	Procedure
31268	MAXILLARY SINUS ENDOSCOPY;SURG;REMOV.FUNGUS BALL	CPT-4	Procedure
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	CPT-4	Procedure
31285	SINUS ENDOSCOPY TWO OR MORE SINUSES UNILATERAL	CPT-4	Procedure
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy	CPT-4	Procedure
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	CPT-4	Procedure
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	CPT-4	Procedure
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	CPT-4	Procedure
31292	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression	CPT-4	Procedure
31293	Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression	CPT-4	Procedure
31294	Nasal/sinus endoscopy, surgical; with optic nerve decompression	CPT-4	Procedure
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	CPT-4	Procedure

Appendix G. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	CPT-4	Procedure
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	CPT-4	Procedure
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	CPT-4	Procedure
31299	Unlisted procedure, accessory sinuses	CPT-4	Procedure
S2344	Nasal/sinus endoscopy, surgical; with enlargement of sinus ostium opening using inflatable device (i.e., balloon sinuplasty)	HCPCS	Procedure

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this

Generic Name	Brand Name
Oral Steroids	
hydrocortisone	Cortef
methylprednisolone	Medrol
methylprednisolone	Medrol (Pak)
prednisone	Prednisone
dexamethasone	Dexamethasone Intensol
dexamethasone	Dexamethasone
prednisone	Prednisone Intensol
prednisolone	Prednisolone
dexamethasone	DexPak 10 day
dexamethasone	DexPak 13 Day
dexamethasone	DexPak 6 Day
hydrocortisone	Hydrocortisone
prednisolone sodium phosphate	Prednisolone Sodium Phosphate
cortisone acetate	Cortisone
methylprednisolone	Methylprednisolone
dexamethasone	HiDex
prednisolone	Millipred
prednisolone	Millipred DP
prednisolone sodium phosphate	Millipred
prednisolone sodium phosphate	Veripred 20
prednisolone	Prelone
dexamethasone	TaperDex
dexamethasone	ZoDex
deflazacort	Emflaza
prednisolone acetate	Flo-Pred
dexamethasone	Decadron
prednisolone sodium phosphate	Orapred ODT
prednisolone sodium phosphate	Pediapred
prednisone	Deltasone
dexamethasone	Dxevo
dexamethasone	ZonaCort
dexamethasone	LoCort
methylprednisolone	Methylpred DP
prednisone	Rayos
Intranasal Steroids	
azelastine HCl/fluticasone propionate	Dymista
fluticasone propionate	Fluticasone Propionate
mometasone furoate	Nasonex
triamcinolone acetonide	Triamcinolone Acetonide
triamcinolone acetonide	Nasal Allergy
fluticasone propionate	Flonase Allergy Relief
fluticasone propionate	Children's Flonase Allergy Rlf
fluticasone furoate	Flonase Sensimist
fluticasone furoate	Children's Flonase Sensimist
beclomethasone dipropionate	Beconase AQ
fluticasone propionate	Flonase
fluticasone furoate	Veramyst

Appendix H. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this

Generic Name	Brand Name
budesonide	Rhinocort Aqua
fluticasone propionate	ClariSpray
fluticasone propionate	24 Hour Allergy Relief
triamcinolone acetonide	24 Hour Nasal Allergy
budesonide	Rhinocort Allergy
budesonide	Budesonide
mometasone furoate	Mometasone
fluticasone propionate	Allergy Relief (fluticasone)
flunisolide	Flunisolide
fluticasone propionate	Childrens 24 Hr Allergy Relief
triamcinolone acetonide	Nasacort
triamcinolone acetonide	Children's Nasacort
ciclesonide	Omnaris
fluticasone propionate/sodium chloride/sodium bicarbonate	Ticanase
beclomethasone dipropionate	QNASL
ciclesonide	Zetonna
fluticasone propionate	Aller-Flo
fluticasone propionate/sodium chloride/sodium bicarbonate	Ticaspray
azelastine/fluticasone/sodium chloride/sodium bicarbonate	Ticalast
fluticasone propionate	Xhance

Appendix I. Specifications Defining Parameters for this Request

This post-hoc request executed the Cohort Identification and Descriptive Analysis (CIDA) module, version 8.0.3, to examine diminished visual acuity and nasal septal perforation in single and repeat mometasone sinus implant users with nasal polyposis in the Sentinel Distributed Database (SDD). This update to a previous request (cder_mpl1r_wp157) includes an updated mometasone sinus implant definition and additional sensitivity analyses of the incidence criteria.

Query Period: January 1, 2016 - September 30, 2019
Enrollment Requirement: 183 days
Enrollment Gap: 45 days
Coverage Requirement: Medical and Drug Coverage
Age Groups: 18-24, 25-40, 41-64 and 65+ years
Results Stratified by: Age, Sex, Year

	Exposure					
Scenario	**Index Exposure**	**Incidence With Respect to:**	**Washout Period**	**Intent to Treat**	**Cohort Definition**	**Censor Enrollment at Evidence of:**
1	Propel: Single Implant (Combo: National Drug Code (NDC) + Procedure on Same Day)	Stent Procedures: Propel and Sinuva	183 days	365	All valid episodes; Only the first valid episode's incidence is assessed using washout criteria	Death, disenrollment, Data Partner (DP) end date, Sinuva stent, outcome
2	Sinuva: Single Implant	Stent Procedures: Propel and Sinuva	183 days	365	All valid episodes; Only the first valid episode's incidence is assessed using washout criteria	Death, disenrollment, DP end date, Propel Stent, outcome
3	Sinuva: Single Implant	Sinuva	183 days	365	All valid episodes; Only the first valid episode's incidence is assessed using washout criteria	Death, disenrollment, DP end date, Propel Stent, outcome
4	Propel: Repeat Implant (Nested Combo: Two Propel Combos within 183 Days)	--	--	365	All valid episodes; Only the first valid episode's incidence is assessed using washout criteria	Death, disenrollment, DP end date, Sinuva Stent, outcome
5	Sinuva: Repeat Implant (Combo: Prior Propel/Sinuva within 183 Days to Second Sinuva)	--	--	365	All valid episodes; Only the first valid episode's incidence is assessed using washout criteria	Death, disenrollment, DP end date, Propel Stent, outcome

Appendix I. Specifications Defining Parameters for this Request

	Exposure					
Scenario	Index Exposure	Incidence With Respect to:	Washout Period	Intent to Treat	Cohort Definition	Censor Enrollment at Evidence of:
6	Propel: Single Implant (Combo: NDC + Procedure on Same Day)	Stent Procedures: Propel and Sinuva	183 days	365	All valid episodes; Only the first valid episode's incidence is assessed using washout criteria	Death, disenrollment, DP end date, Sinuva Stent, outcome
7	Sinuva: Single Implant	Stent Procedures: Propel and Sinuva	183 days	365	All valid episodes; Only the first valid episode's incidence is assessed using washout criteria	Death, disenrollment, DP end date, Propel Stent, outcome
8	Sinuva: Single Implant	Sinuva	183 days	365	All valid episodes; Only the first valid episode's incidence is assessed using washout criteria	Death, disenrollment, DP end date, Propel Stent, outcome
9	Propel: Repeat Implant (Nested Combo: Two Propel Combos within 183 Days)	--	--	365	All valid episodes; Only the first valid episode's incidence is assessed using washout criteria	Death, disenrollment, DP end date, Sinuva Stent, outcome
10	Sinuva: Repeat Implant (Combo: Prior Propel/Sinuva within 183 Days to Second Sinuva)	--	--	365	All valid episodes; Only the first valid episode's incidence is assessed using washout criteria	Death, disenrollment, DP end date, Propel Stent, outcome
11	Propel: Single Implant (Combo: NDC + Procedure on Same Day)	Stent Procedures: Propel and Sinuva	183 days	365	All valid episodes; Only the first valid episode's incidence is assessed using washout criteria	Death, disenrollment, DP end date, Sinuva Stent outcome
12	Sinuva: Single Implant	Stent Procedures: Propel and Sinuva	183 days	365	All valid episodes; Only the first valid episode's incidence is assessed using washout criteria	Death, disenrollment, DP end date, Propel Stent, outcome
13	Sinuva: Single Implant	Sinuva	183 days	365	All valid episodes; Only the first valid episode's incidence is assessed using washout criteria	Death, disenrollment, DP end date, Propel Stent, outcome

Appendix I. Specifications Defining Parameters for this Request

	Exposure					
Scenario	**Index Exposure**	**Incidence With Respect to:**	**Washout Period**	**Intent to Treat**	**Cohort Definition**	**Censor Enrollment at Evidence of:**
14	Propel: Repeat Implant (Nested Combo: Two Propel Combos within 183 Days)	--	--	365	All valid episodes; Only the first valid episode's incidence is assessed using washout criteria	Death, disenrollment, DP end date, Sinuva Stent, outcome
15	Sinuva: Repeat Implant (Combo: Prior Propel/Sinuva within 183 Days to Second Sinuva)	--	--	365	All valid episodes; Only the first valid episode's incidence is assessed using washout criteria	Death, disenrollment, DP end date, Propel Stent, outcome

Appendix I. Specifications Defining Parameters for this Request

	Inclusion/Exclusion Criteria								
Scenario	Inclusion/Exclusion	Inclusion/Exclusion	Criteria	Evaluation Period Start (Days)	Evaluation Period End (Days)	Inclusion/Exclusion	Criteria	Evaluation Period Start (Days)	Evaluation Period End (Days)
1	---	Nasal polyp diagnosis	Inclusion	-183	-1	See Appendices E and F	Exclusion	-183	-1
2	---	Nasal polyp diagnosis	Inclusion	-183	-1	See Appendices E and F	Exclusion	-183	-1
3	---	Nasal polyp diagnosis	Inclusion	-183	-1	See Appendices E and F	Exclusion	-183	-1
4	Propel implant (See Appendix K)	Nasal polyp diagnosis	Inclusion	-183	-1	See Appendices E and F	Exclusion	-183	-1
5	Propel OR Sinuva implant (See Appendix K)	Nasal polyp diagnosis	Inclusion	-183	-1	See Appendices E and F	Exclusion	-183	-1
6	---	Nasal polyp diagnosis	Inclusion	-183	-1	See Appendices E and F	Exclusion	-183	-1
7	---	Nasal polyp diagnosis	Inclusion	-183	-1	See Appendices E and F	Exclusion	-183	-1
8	---	Nasal polyp diagnosis	Inclusion	-183	-1	See Appendices E and F	Exclusion	-183	-1
9	Propel implant (See Appendix K)	Nasal polyp diagnosis	Inclusion	-183	-1	See Appendices E and F	Exclusion	-183	-1
10	Propel OR Sinuva implant (See Appendix K)	Nasal polyp diagnosis	Inclusion	-183	-1	See Appendices E and F	Exclusion	-183	-1
11	---	Nasal polyp diagnosis	Inclusion	-183	-1	See Appendices E and F	Exclusion	-183	-1
12	---	Nasal polyp diagnosis	Inclusion	-183	-1	See Appendices E and F	Exclusion	-183	-1
13	---	Nasal polyp diagnosis	Inclusion	-183	-1	See Appendices E and F	Exclusion	-183	-1

Appendix I. Specifications Defining Parameters for this Request

	Inclusion/Exclusion Criteria								
Scenario	**Inclusion/Exclusion**	**Inclusion/Exclusion**	**Criteria**	**Evaluation Period Start (Days)**	**Evaluation Period End (Days)**	**Inclusion/Exclusion**	**Criteria**	**Evaluation Period Start (Days)**	**Evaluation Period End (Days)**
14	Propel implant (See Appendix K)	Nasal polyp diagnosis	Inclusion	-183	-1	See Appendices E and F	Exclusion	-183	-1
15	Propel OR Sinuva implant (See Appendix K)	Nasal polyp diagnosis	Inclusion	-183	-1	See Appendices E and F	Exclusion	-183	-1

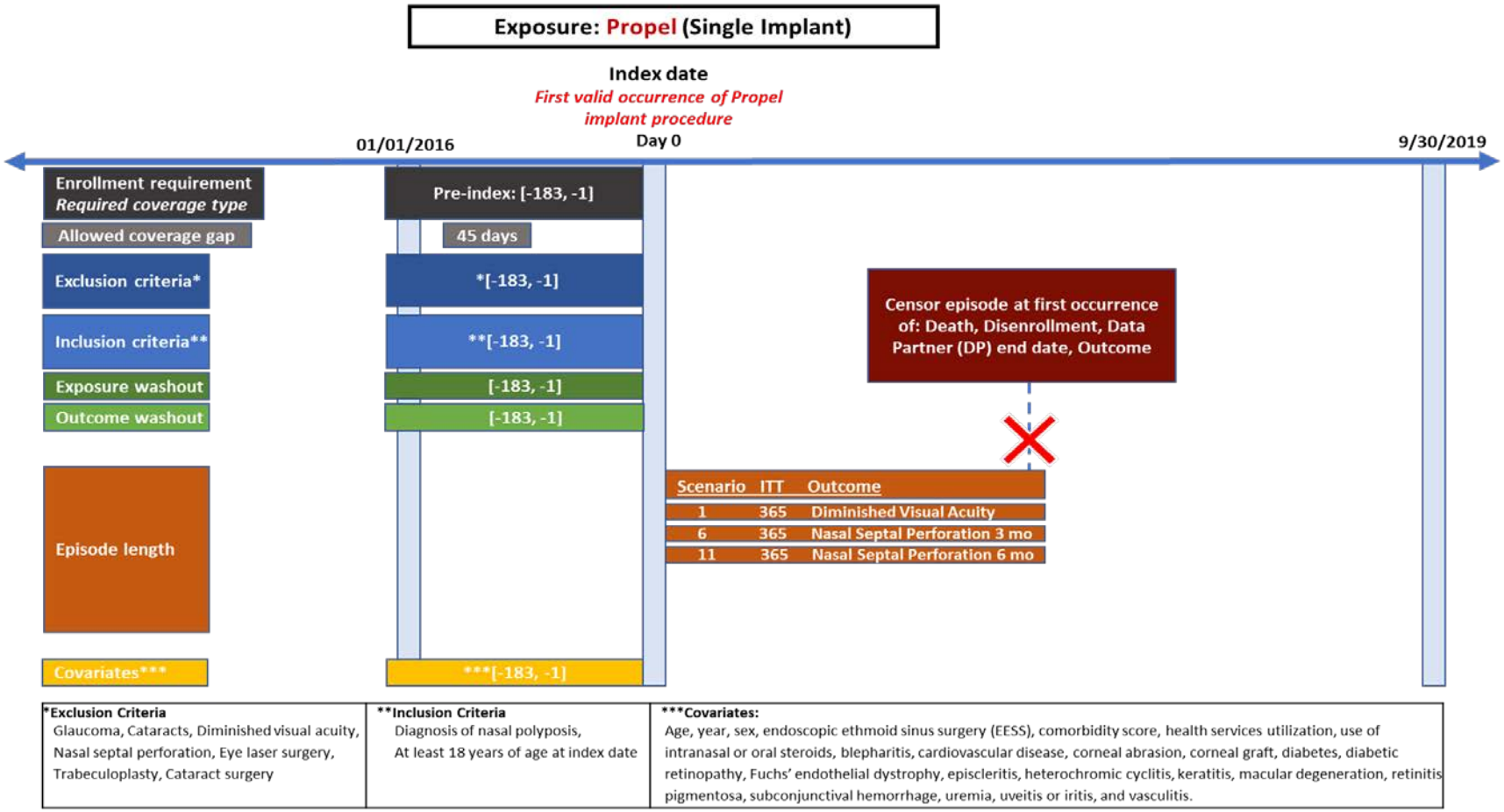
Appendix I. Specifications Defining Parameters for this Request

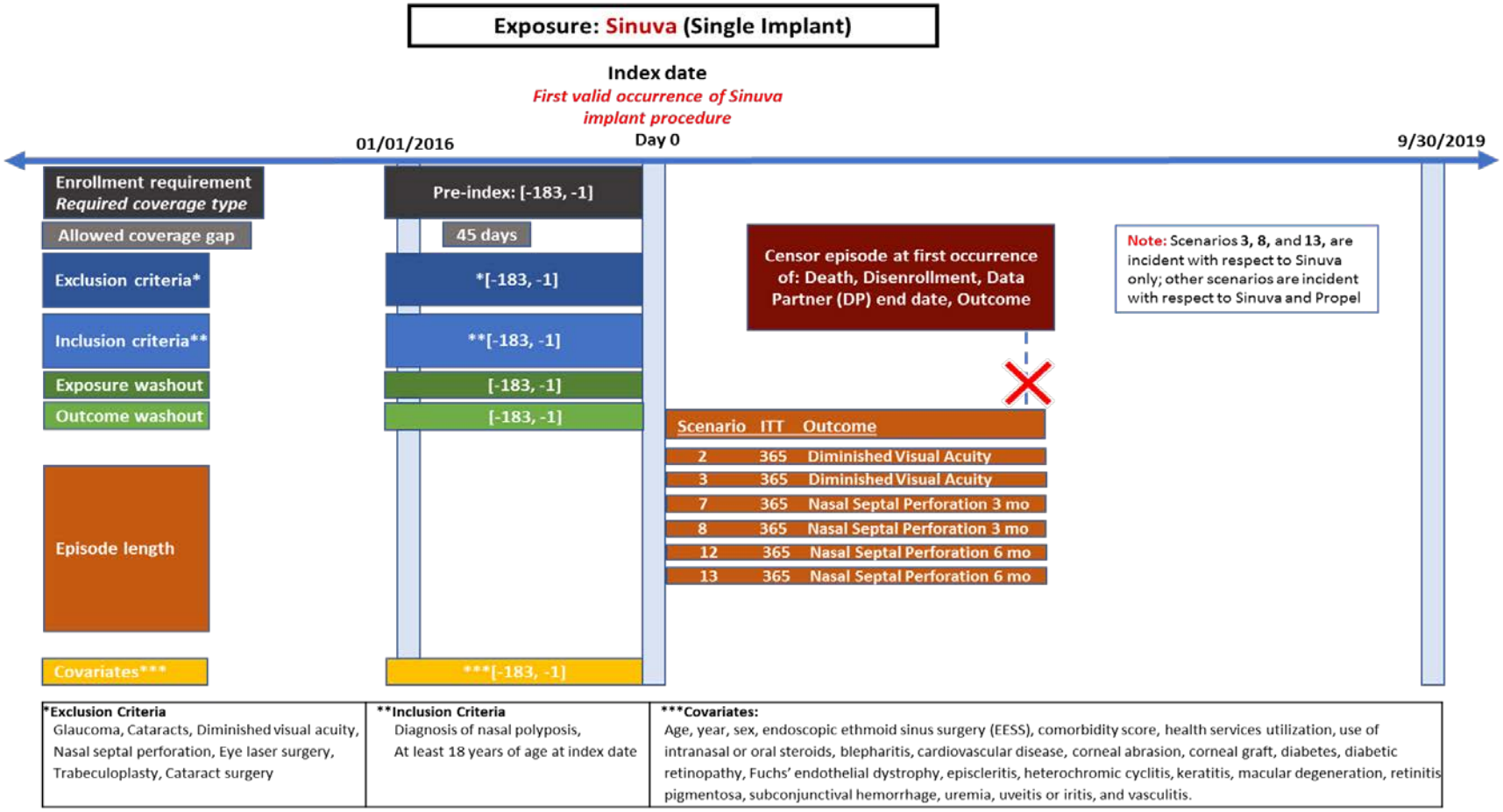
	Outcome				Baseline Characteristics			
Scenario	Outcome	Care Setting	Washout Period	Blackout Period	Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)
1	Diminished Visual Acuity	Any	183 days	0	See Appendices G and H	Any	-183	-1
2	Diminished Visual Acuity	Any	183 days	0	See Appendices G and H	Any	-183	-1
3	Diminished Visual Acuity	Any	183 days	0	See Appendices G and H	Any	-183	-1
4	Diminished Visual Acuity	Any	183 days	0	See Appendices G and H	Any	-183	-1
5	Diminished Visual Acuity	Any	183 days	0	See Appendices G and H	Any	-183	-1
6	Nasal Septal Perforation (90 days between Diagnosis and Procedure)	Any	183 days	0	See Appendices G and H	Any	-183	-1
7	Nasal Septal Perforation (90 days between Diagnosis and Procedure)	Any	183 days	0	See Appendices G and H	Any	-183	-1
8	Nasal Septal Perforation (90 days between Diagnosis and Procedure)	Any	183 days	0	See Appendices G and H	Any	-183	-1
9	Nasal Septal Perforation (90 days between Diagnosis and Procedure)	Any	183 days	0	See Appendices G and H	Any	-183	-1
10	Nasal Septal Perforation (90 days between Diagnosis and Procedure)	Any	183 days	0	See Appendices G and H	Any	-183	-1

Appendix I. Specifications Defining Parameters for this Request

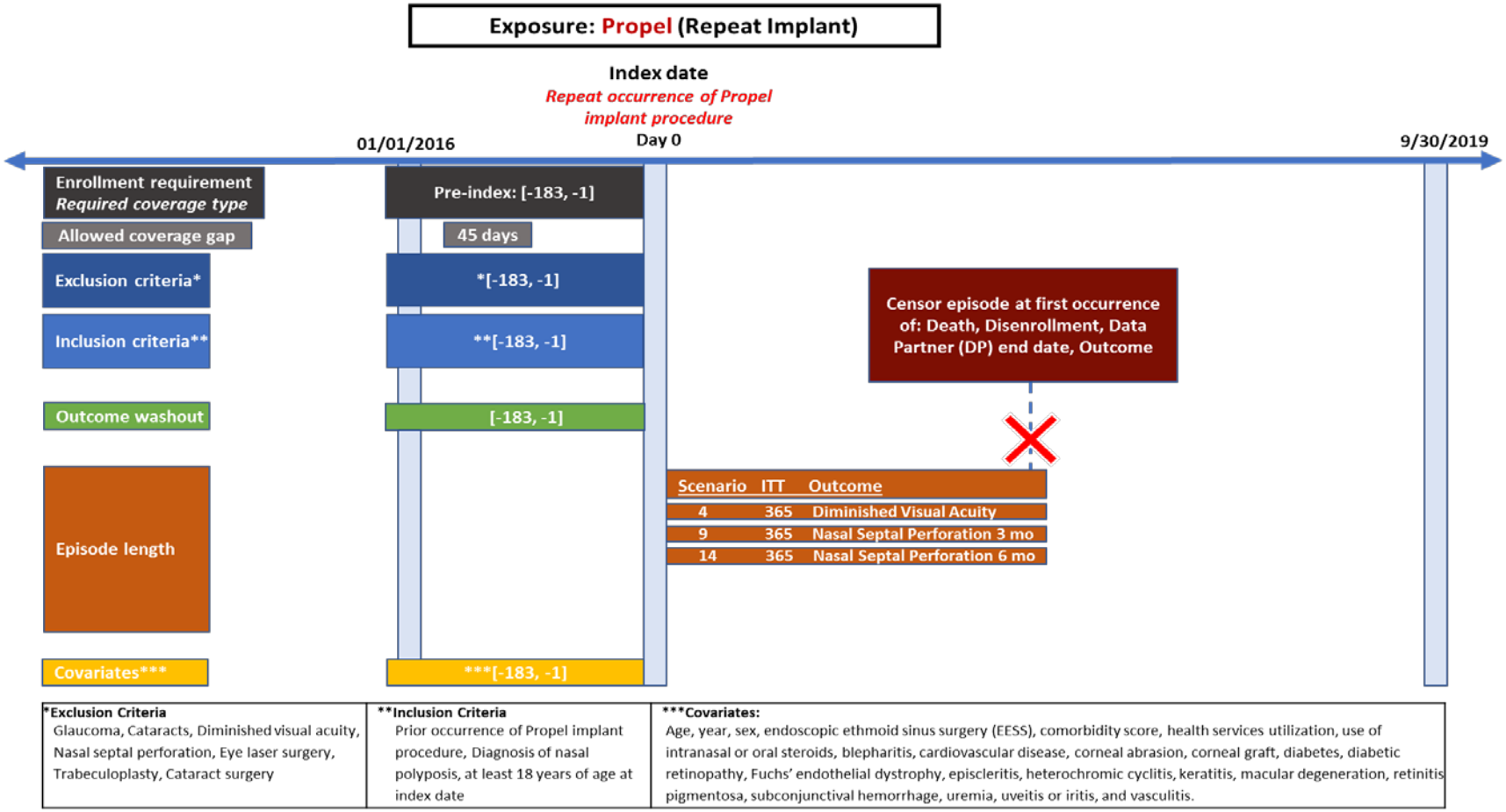
	Outcome				Baseline Characteristics			
Scenario	Outcome	Care Setting	Washout Period	Blackout Period	Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)
11	Nasal Septal Perforation (183 days between Diagnosis and Procedure)	Any	183 days	0	See Appendices G and H	Any	-183	-1
12	Nasal Septal Perforation (183 days between Diagnosis and Procedure)	Any	183 days	0	See Appendices G and H	Any	-183	-1
13	Nasal Septal Perforation (183 days between Diagnosis and Procedure)	Any	183 days	0	See Appendices G and H	Any	-183	-1
14	Nasal Septal Perforation (183 days between Diagnosis and Procedure)	Any	183 days	0	See Appendices G and H	Any	-183	-1
15	Nasal Septal Perforation (183 days between Diagnosis and Procedure)	Any	183 days	0	See Appendices G and H	Any	-183	-1

International Classification of Disease, Ninth Edition, Clinical Modiciation (ICD-9-CM), International Classification of Disease, Tenth Edition, Clinical Modification (ICD-10-CM), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT-3), and Current Procedural Terminology, Fourth Edition (CPT-4) codes are provided by Optum360. National Drug Codes (NDC) are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."

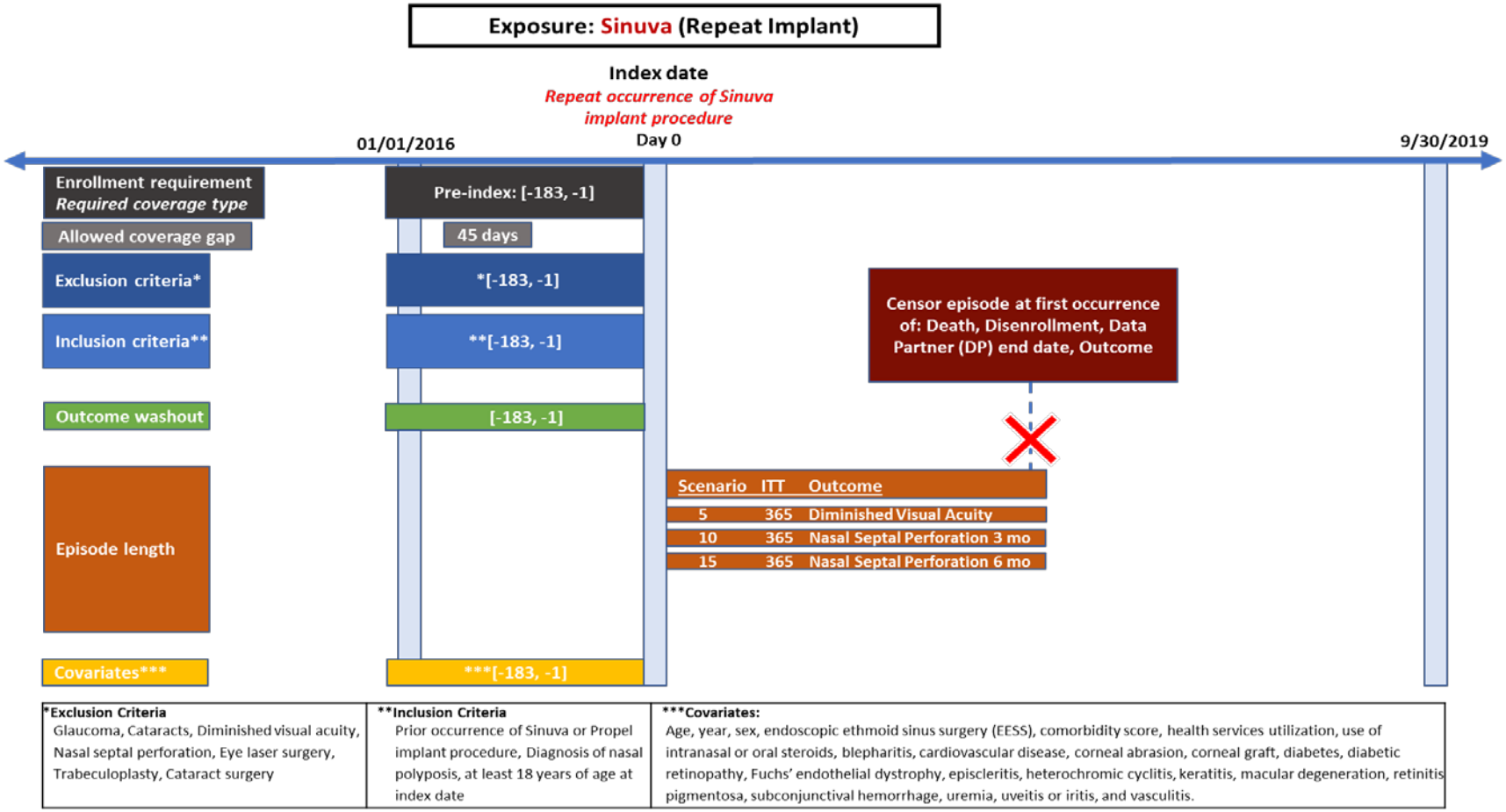

Exposure: Propel (Single Implant)
Index date
First valid occurrence of Propel implant procedure
01/01/2016
Day 0
9/30/2019
Enrollment requirement
Required coverage type
Allowed coverage gap
Exclusion criteria*
Inclusion criteria**
Exposure washout
Outcome washout
Episode length
Covariates***
Pre-index: [-183, -1]
45 days
*[-183, -1]
**[-183, -1]
[-183, -1]
[-183, -1]
***[-183, -1]
Censor episode at first occurrence of: Death, Disenrollment, Data Partner (DP) end date, Outcome
Scenario ITT Outcome
1 365 Diminished Visual Acuity
6 365 Nasal Septal Perforation 3 mo
11 365 Nasal Septal Perforation 6 mo
*Exclusion Criteria
Glaucoma, Cataracts, Diminished visual acuity, Nasal septal perforation, Eye laser surgery, Trabeculoplasty, Cataract surgery
**Inclusion Criteria
Diagnosis of nasal polyposis,
At least 18 years of age at index date
***Covariates:
Age, year, sex, endoscopic ethmoid sinus surgery (EESS), comorbidity score, health services utilization, use of intranasal or oral steroids, blepharitis, cardiovascular disease, corneal abrasion, corneal graft, diabetes, diabetic retinopathy, Fuchs' endothelial dystrophy, episcleritis, heterochromic cyclitis, keratitis, macular degeneration, retinitis pigmentosa, subconjunctival hemorrhage, uremia, uveitis or iritis, and vasculitis.



*Exclusion Criteria	**Inclusion Criteria	***Covariates:
Glaucoma, Cataracts, Diminished visual acuity, Nasal septal perforation, Eye laser surgery, Trabeculoplasty, Cataract surgery	Diagnosis of nasal polyposis, At least 18 years of age at index date	Age, year, sex, endoscopic ethmoid sinus surgery (EESS), comorbidity score, health services utilization, use of intranasal or oral steroids, blepharitis, cardiovascular disease, corneal abrasion, corneal graft, diabetes, diabetic retinopathy, Fuchs' endothelial dystrophy, episcleritis, heterochromic cyclitis, keratitis, macular degeneration, retinitis pigmentosa, subconjunctival hemorrhage, uremia, uveitis or iritis, and vasculitis.



*Exclusion Criteria	**Inclusion Criteria	***Covariates:
Glaucoma, Cataracts, Diminished visual acuity, Nasal septal perforation, Eye laser surgery, Trabeculoplasty, Cataract surgery	Prior occurrence of Propel implant procedure, Diagnosis of nasal polyposis, at least 18 years of age at index date	Age, year, sex, endoscopic ethmoid sinus surgery (EESS), comorbidity score, health services utilization, use of intranasal or oral steroids, blepharitis, cardiovascular disease, corneal abrasion, corneal graft, diabetes, diabetic retinopathy, Fuchs' endothelial dystrophy, episcleritis, heterochromic cyclitis, keratitis, macular degeneration, retinitis pigmentosa, subconjunctival hemorrhage, uremia, uveitis or iritis, and vasculitis.


Exposure: Sinuva (Repeat Implant)
Index date
Repeat occurrence of Sinuva implant procedure
01/01/2016
Day 0
9/30/2019
Enrollment requirement
Required coverage type
Pre-index: [-183, -1]
Allowed coverage gap
45 days
Exclusion criteria*
*[-183, -1]
Inclusion criteria**
**[-183, -1]
Outcome washout
[-183, -1]
Episode length
Covariates***
***[-183, -1]
Censor episode at first occurrence of: Death, Disenrollment, Data Partner (DP) end date, Outcome
Scenario ITT Outcome
5 365 Diminished Visual Acuity
10 365 Nasal Septal Perforation 3 mo
15 365 Nasal Septal Perforation 6 mo
*Exclusion Criteria
Glaucoma, Cataracts, Diminished visual acuity, Nasal septal perforation, Eye laser surgery, Trabeculoplasty, Cataract surgery
**Inclusion Criteria
Prior occurrence of Sinuva or Propel implant procedure, Diagnosis of nasal polyposis, at least 18 years of age at index date
***Covariates:
Age, year, sex, endoscopic ethmoid sinus surgery (EESS), comorbidity score, health services utilization, use of intranasal or oral steroids, blepharitis, cardiovascular disease, corneal abrasion, corneal graft, diabetes, diabetic retinopathy, Fuchs' endothelial dystrophy, episcleritis, heterochromic cyclitis, keratitis, macular degeneration, retinitis pigmentosa, subconjunctival hemorrhage, uremia, uveitis or iritis, and vasculitis.

Nasal Septal Perforation (NSP): Dx and Px code combination

- Diagnosis code (Dx)
- Procedure code (Px)

→ Within n days of Dx/Px date → NSP (Dx date)

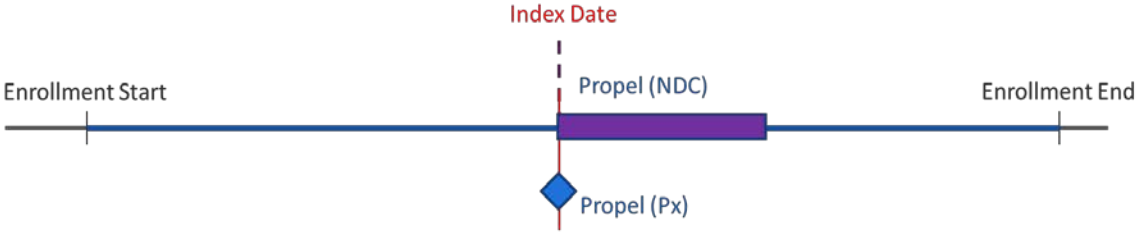
Scenario	Number of days (n)
21 – 24	90
25 - 28	183

5

Combo: Single Propel

- Propel (NDC)
- Propel (Px)

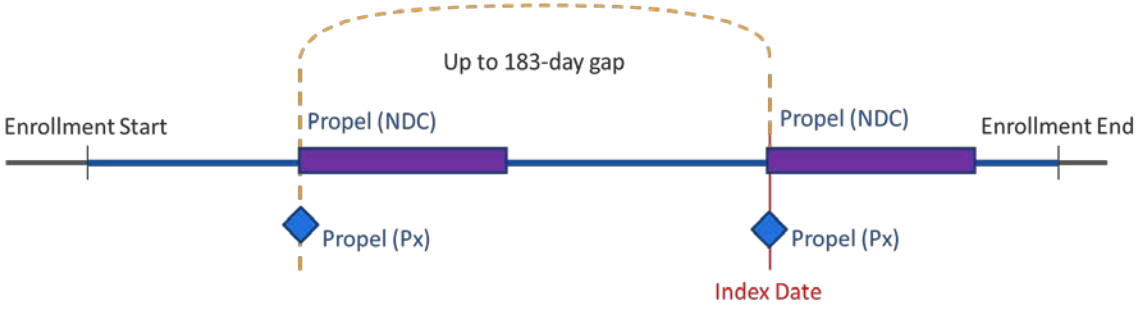
→ Same day NDC and Px Codes → Propel Combo (Px date)



Nested Combo: Repeat Propel

- First Propel Combo
- Second Propel Combo

→ Up to 183 days between first and second Propel combos → Nested Propel Combo (Px date)



Combo: Repeat Sinuva

- First Sinuva (NDC) OR Propel Combo
- Second Sinuva (NDC)

→ Up to 183 days between first Single Sinuva/Propel and Second Sinuva Stent → Sinuva Combo (2nd Sinuva date)