

## 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\_wp201

**Request ID:** cder\_mpl1r\_wp201\_nsdv\_v01

**Request Description:** This analysis is part of the ongoing effort to monitor the utilization of outpatient COVID-19 treatment under emergency use authorization (EUA). In this request we examined use of monoclonal antibodies (mAb) in the Rapid COVID Sentinel Distributed Database (SDD). This request had 3 aims: 1) characterize mAb users, mAb non-users, and COVID-19 patients; 2) estimate rates of hospitalization following outpatient mAb use; 3) estimate rates of anaphylaxis following mAb use.

**Sentinel Routine Querying Module:** Cohort Identification and Descriptive Analysis (CIDA) module, version 11.2.3

**Data Source:** We distributed this request to six Sentinel Rapid COVID Data Partners on December 27, 2021. For the characterization and hospitalization aims (aims 1 and 2), the study period included data from November 9, 2020 up to June 30, 2021. For the anaphylaxis aim (aim 3), the study period included data from November 9, 2020 up to September 30, 2021 (most recent available data). Please see Appendix A for a list of dates of available data for each Data Partner.

**Study Design:** In aim 1, we identified individuals' first use of a mAb and individuals' first COVID-19 diagnosis or positive lab test, among those with no evidence of mAb use and among all individuals. In aim 2, we identified individuals' first outpatient mAb use, among a cohort of patients with evidence of COVID-19 and no inpatient mAb use in the two weeks prior, and evaluated the occurrence of hospitalizations within 2 weeks after exposure. We further stratified these data by age, sex, year-month and Health and Human Services (HHS) region. Please see Appendix B for a list of states and territories included in each HHS region. In aim 3, we identified individuals' first mAb use and evaluated the occurrence of anaphylactic reactions within 1 week after exposure. We further stratified these data by age and sex. We additionally provided a summary of follow-up time and time-to-event for both aim 2 and aim 3 outcomes, and stratified these results by age and sex. This is a Type 2 analysis in the Query Request Package (QRP) documentation.

**Exposures/Events of Interest:** Our exposures and events of interest in this request were mAbs and COVID-19. In aim 1, we assessed the first qualifying exposure (index) of the following mAbs, both together and individually: bamlanivimab, casirivimab and imdevimab, bamlanivimab and etesevimab, and sotrovimab. As casirivimab and imdevimab are not authorized currently to be used as individual products, we treated evidence of either one of those drugs as joint casirivimab and imdevimab exposure. For bamlanivimab and etesevimab, we required evidence of both drugs on the same day to count as joint bamlanivimab and etesevimab exposure. For the mAb non-user comparator cohort and COVID-19 patient cohort, we considered members' index event to be a COVID-19 diagnosis or positive lab result. In aim 2, our exposure of interest was first use of any mAb in the outpatient (emergency department, ambulatory visit, or other ambulatory) care setting. In aim 3, our exposure of interest was first use of any mAb in any care setting. In all three aims we only included patients' first index event; cohort re-entry was not allowed.

We defined mAbs using Healthcare Common Procedure Coding System (HCPCS) and International Classification of Diseases, Tenth Revision and Procedure Coding System (ICD-10-PCS) procedure codes, and we defined COVID-19 using International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes, and Logical Observation Identifiers Names and Codes (LOINC) laboratory codes. Please see Appendix C for the full list of codes used to define exposures in this request.

**Outcomes of Interest:** In aim 2, our event of interest was the admission date of an inpatient hospitalization stay. We defined this using claims encounter information. In aim 3, our event of interest was anaphylaxis, assessed separately in any care setting, inpatient care setting, emergency department care setting, and ambulatory visit care setting. We defined anaphylaxis using ICD-10-CM diagnosis codes. Please see Appendix D for a list of the codes used to define the anaphylaxis outcome in this request.

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**Cohort Eligibility Criteria:** We required members to be continuously enrolled in health plans with medical coverage for at least 183 days prior to their index mAb exposure or COVID-19 event. A gap in enrollment of up to 45 days was allowed and treated as continuous enrollment. The following age groups were defined: 0-11, 12-17, 18-54, 55-64, and 65+ years.

***Inclusion/Exclusion Criteria:*** In aim 1, we required members in the mAb non-user comparator cohort to have no evidence of any mAb use during their entire pre- and post-index enrollment history. In aim 2, we required members to have evidence of a COVID-19 diagnosis or positive lab result in the 14 days prior to their index outpatient mAb use. We additionally excluded any members with evidence of inpatient mAb use 14 days prior to and including their index outpatient mAb exposure. Please see Appendix C for a list of codes used to define the inclusion and exclusion criteria in this request.

**Baseline Characteristics:** We evaluated baseline characteristics for the aim 1 characterization cohorts. Unless otherwise stated, baseline characteristics were evaluated in the 183 days before and including index. We assessed the following categories of characteristics: demographics, including age, year, sex, race, and ethnicity; health service and drug utilization; mAb use comorbidities (conditions that place patients at high risk for clinical progression); general health indicators; COVID-19 vaccination, treatments and severity criteria; and detailed mAb use.

The mAb use comorbidities include: asthma; reactive airway and lung diseases; other chronic respiratory diseases; chronic obstructive pulmonary disease (COPD); diabetes; chronic kidney disease; hypertension; cardiovascular and other vascular disease; obesity; sickle cell disease; congenital or acquired heart disease; treatment-independent immunosuppressive disease (human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS); hematological malignancy; or treatment-dependent immune deficiencies); immunosuppressive treatments (dialysis, chemotherapeutic agents, chemotherapy diagnoses and procedures, immunosuppressants, immunosuppressants diagnoses and procedures, steroids diagnoses and procedures, at least 1 corticosteroid dispensing with 90 days supply, or at least 3 corticosteroid dispensings with at least 90 days supply); and treatment-dependent immunosuppressive disease (solid malignancy, solid malignancy and chemotherapy; solid malignancy and immunosuppressants; transplant; transplant and chemotherapy; transplant and immunosuppressants; treatment-dependent immune deficiencies; treatment-dependent immune deficiencies and chemotherapy; treatment-dependent immune deficiencies and immunosuppressants; rheumatological inflammation; rheumatological inflammation and chemotherapy; rheumatological inflammation and immunosuppressants; rheumatological inflammation and steroids diagnoses or procedures; rheumatological inflammation and at least 1 dispensing of at least 90-days supply of corticosteroids; or rheumatological inflammation and at least 3 dispensings of at least 90-days supply of corticosteroids).

The general health indicators include: the Charlson/Elixhauser combined comorbidity index (CCI)<sup>1</sup>; a subset of CCI-definition conditions (acute myocardial infarction; congestive heart failure; peripheral vascular disease; cerebrovascular disease; dementia; COPD; rheumatologic disease; peptic ulcer disease; diabetes without complications; diabetes with complications; hemiplegia/paraplegia; moderate to severe kidney disease; any malignancy; mild liver disease; moderate to severe liver disease; metastatic cancer; and HIV); underweight body-mass index (BMI); normal weight BMI; overweight BMI; obese BMI; home oxygen use with hypoxia/hypoxemia proxies; home oxygen use without hypoxia/hypoxemia proxies; hospitalization; hospitalization in the 30 days prior to index; current smoker; not current smoker; ever smoker; not ever smoker; frailty conditions (arthritis; chronic skin ulcer; cognitive impairment; congestive heart failure; depression; falls; gout; impaired mobility; musculoskeletal problems; mycoses; paranoia; Parkinson's disease; pneumonia; skin and soft tissue infections; stroke; and urinary tract infections); pregnancy in the 6 months before index (evidence of gestation only with no evidence of delivery); any evidence of pregnancy or delivery in the 9 months after index; pregnancy in the 6 months before or 9 months after index.

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The COVID-19 vaccination characteristics include: any COVID-19 vaccine pre-index, Pfizer vaccine pre-index, Moderna vaccine pre-index, Janssen vaccine pre-index, any COVID-19 vaccine 1-90 days post-index, Pfizer vaccine 1-90 days post-index, Moderna vaccine 1-90 days post-index, Janssen vaccine 1-90 days post-index, any COVID-19 vaccine 1-183 days post-index, Pfizer vaccine 1-183 post-index, Moderna vaccine 1-183 days post-index, and Janssen vaccine 1-183 days post-index.

**Baseline Characteristics, continued:** The COVID-19 treatment characteristics include: lopinavir/ritonavir, remdesivir, baricitinib, interleukin-6 (IL-6) receptors, other anti-inflammatory and immunosuppressive treatments, hydroxychloroquine, chloroquine, azithromycin, ivermectin, dexamethasone, other corticosteroids, inhaled corticosteroids, histamine-2 (H2) blockers, proton pump inhibitors, aspirin, other non-steroidal anti-inflammatory drugs (NSAIDs), angiotensin-converting-enzyme inhibitors/angiotensin II receptor blockers (ACEI/ARBs), selected anti-CD20 mAbs, and flvoxamine.

The COVID-19 severity criteria include: inpatient fever, inpatient cough, inpatient sore throat, inpatient malaise, inpatient headache, inpatient loss of taste or smell, inpatient muscle pain, inpatient gastrointestinal symptoms, inpatient shortness of breath or dyspnea, inpatient pneumonia, inpatient non-invasive oxygen therapy (with no prior evidence of inpatient invasive oxygen therapy), inpatient invasive oxygen therapy, outpatient (emergency department, ambulatory visit, or other ambulatory visit) fever, outpatient cough, outpatient sore throat, outpatient malaise, outpatient headache, outpatient loss of taste or smell, outpatient muscle pain, outpatient gastrointestinal symptoms, outpatient shortness of breath or dyspnea, outpatient pneumonia, outpatient non-invasive oxygen therapy (with no prior evidence of outpatient invasive oxygen therapy), outpatient invasive oxygen therapy, hospitalization, intensive care unit (ICU) stays, and organ failure.

The detailed mAb use characteristics include: any mAb use at least twice in enrollment history, inpatient mAb use on index, ambulatory visit mAb use on index, emergency department mAb use on index, other ambulatory visit mAb use on index, outpatient (emergency department, ambulatory, or other ambulatory visit) mAb use and hospitalization on index.

Please see Appendices E and F for a list of ICD-10-CM diagnosis codes, ICD-10-PCS, HCPCS, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), and Revenue (RE) procedure codes, Diagnosis Related Group (DRG) encounter codes, and non-proprietary and brand names of drugs used to define the baseline characteristics in this request.

**Please see Appendices G-J for the specifications defining parameters in this request and design diagrams depicting cohort entry requirements.**

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**Limitations:** Algorithms to define exposures, outcomes, inclusion and exclusion criteria, and baseline characteristics have not been validated and may lead to misclassification.

Additionally, data completeness varies by data source and claims type (i.e. care setting); we expect there to be a data lag in the processing of inpatient claims and their addition to the dataset. Inpatient claims may not be complete for  $\geq 60$  days for the participating national health plans and  $\geq 30$  days for the participating integrated delivery systems. Therefore, estimates utilizing inpatient claims (e.g., covariates, or events) may be underestimated. Claims might not be complete for the overall study population by the time the analysis was completed. Additionally, healthcare utilization intensity metrics (mean number of encounters per care setting, mean number of drugs dispensed), comorbidities, and general health indicators may be under-captured as health care utilization for non-urgent medical conditions may be reduced during the pandemic.

Therefore, these data should be interpreted in the context of the above limitations.

Finally, the outcome rate estimates in mAb users should not be used to inform comparative mAb effectiveness or safety as this study is descriptive and was not designed for inferential analyses.

**Notes:** Please contact the Sentinel Operations Center ([info@sentinelssystem.org](mailto:info@sentinelssystem.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.sentinelssystem.org/projects/SENTINEL/repos/sentinel-routine-querying-tool-documentation/browse>).

<sup>1</sup>Gagne JJ, Glynn RJ, Avorn J, Levin R, Schneeweiss S. A combined comorbidity score predicted mortality in elderly patients better than existing scores. *J Clin Epidemiol.* 2011;64(7):749-759

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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.

**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 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

Patient Characteristics	Any mAb Users		Bamlanivimab Users		Casirivimab/Imdevimab Users	
	Number	Percent	Number	Percent	Number	Percent
Unique patients	19,686	N/A	14,199	N/A	3,596	N/A
Demographic Characteristics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Age (years)	62.5	14.7	63.7	14.4	60.6	15.1
Age	Number	Percent	Number	Percent	Number	Percent
0-11 years	0	0.0%	0	0.0%	0	0.0%
12-17 years	81	0.4%	48	0.3%	19	0.5%
18-54 years	5,203	26.4%	3,326	23.4%	1,141	31.7%
55-64 years	5,317	27.0%	3,793	26.7%	972	27.0%
≥ 65 years	9,085	46.1%	7,032	49.5%	1,464	40.7%
Sex						
Female	10,070	51.2%	7,262	51.1%	1,829	50.9%
Male	9,616	48.8%	6,937	48.9%	1,767	49.1%
Race <sup>1</sup>						
American Indian or Alaska Native	69	0.4%	54	0.4%	11	0.3%
Asian	305	1.5%	224	1.6%	57	1.6%
Black or African American	1,131	5.7%	755	5.3%	235	6.5%
Native Hawaiian or Other Pacific Islander	25	0.1%	20	0.1%	3	0.1%
Unknown	9,553	48.5%	6,764	47.6%	1,764	49.1%
White	8,603	43.7%	6,382	44.9%	1,526	42.4%
Hispanic origin						
Yes	774	3.9%	535	3.8%	160	4.4%
No	300	1.5%	228	1.6%	45	1.3%
Unknown	18,612	94.5%	13,436	94.6%	3,391	94.3%

**Table 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

	Any mAb Users		Bamlanivimab Users		Casirivimab/Imdevimab Users	
	Number	Percent	Number	Percent	Number	Percent
Year						
2020	3,851	19.6%	3,550	25.0%	311	8.6%
2021	15,835	80.4%	10,649	75.0%	3,285	91.4%
<b>Monoclonal Antibody Comorbidities:</b>						
Asthma	2,296	11.7%	1,630	11.5%	456	12.7%
Reactive Airway and Lung Diseases	10	0.1%	7	0.0%	3	0.1%
Other Chronic Respiratory Diseases	1,654	8.4%	1,239	8.7%	296	8.2%
COPD	1,537	7.8%	1,199	8.4%	232	6.5%
Diabetes	6,398	32.5%	4,705	33.1%	1,121	31.2%
Chronic Kidney Disease	2,779	14.1%	2,080	14.6%	483	13.4%
Hypertension	12,354	62.8%	9,132	64.3%	2,148	59.7%
Cardiovascular and Other Vascular Diseases	6,507	33.1%	4,869	34.3%	1,159	32.2%
Obesity	6,294	32.0%	4,419	31.1%	1,181	32.8%
Sickle Cell Disease	35	0.2%	29	0.2%	3	0.1%
Congenital or Acquired Heart Disease	168	0.9%	129	0.9%	25	0.7%
<i>Immunocompromised</i>						
Treatment-Independent Immunosuppressive Disease	949	4.8%	665	4.7%	194	5.4%
HIV/AIDS	118	0.6%	87	0.6%	22	0.6%
Hematological Malignancies	448	2.3%	310	2.2%	92	2.6%
Treatment-Independent Immune Deficiencies	472	2.4%	322	2.3%	107	3.0%
Immunosuppressive Treatments	2,108	10.7%	1,521	10.7%	408	11.3%
Dialysis	132	0.7%	105	0.7%	24	0.7%
Chemotherapy	239	1.2%	170	1.2%	42	1.2%
Chemotherapy Diagnoses and Procedures	989	5.0%	716	5.0%	194	5.4%

**Table 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

	Any mAb Users		Bamlanivimab Users		Casirivimab/Imdevimab Users	
	Number	Percent	Number	Percent	Number	Percent
Immunosuppressant Treatment	358	1.8%	254	1.8%	72	2.0%
Immunosuppressant Diagnoses and Procedures	444	2.3%	312	2.2%	93	2.6%
Steroid Diagnoses and Procedures	503	2.6%	336	2.4%	119	3.3%
1 Corticosteroid Dispensing with at least 90 Days Supply	243	1.2%	174	1.2%	49	1.4%
3 Corticosteroid Dispensings with at least 90 Days Supply	220	1.1%	157	1.1%	44	1.2%
Treatment-Dependent Immunosuppressive Disease	1,287	6.5%	906	6.4%	255	7.1%
Solid Malignancies	2,577	13.1%	1,964	13.8%	427	11.9%
Solid Malignancy and Chemotherapy	407	2.1%	302	2.1%	75	2.1%
Solid Malignancy and Immunosuppressants	187	0.9%	142	1.0%	31	0.9%
Organ Transplant	270	1.4%	185	1.3%	65	1.8%
Organ Transplant and Chemotherapy	36	0.2%	24	0.2%	8	0.2%
Organ Transplant and Immunosuppressants	133	0.7%	90	0.6%	32	0.9%
Treatment-Dependent Immune Deficiencies	2,164	11.0%	1,566	11.0%	417	11.6%
Rheumatological Inflammation	2,264	11.5%	1,624	11.4%	425	11.8%
Rheumatological Inflammation and Chemotherapy	392	2.0%	261	1.8%	87	2.4%
Rheumatological Inflammation and Immunosuppressants	392	2.0%	263	1.9%	84	2.3%
Rheumatological Inflammation and Steroid Diagnosis or Procedure	174	0.9%	111	0.8%	40	1.1%
Rheumatological Inflammation and 1 Corticosteroid Dispensing with at least 90 Days Supply	129	0.7%	89	0.6%	28	0.8%
Rheumatological Inflammation and 3 Corticosteroid Dispensings with at least 90 Days Supply	115	0.6%	79	0.6%	24	0.7%

**Table 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

General Health Indicators:	Any mAb Users		Bamlanivimab Users		Casirivimab/Imdevimab Users	
	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Charlson/Elixhauser combined comorbidity score <sup>2</sup>	1.2	2.3	1.3	2.3	1.2	2.2
	Number	Percent	Number	Percent	Number	Percent
Acute Myocardial Infarction	763	3.9%	585	4.1%	122	3.4%
Congestive Heart Failure	1,570	8.0%	1,203	8.5%	262	7.3%
Peripheral Vascular Disease	2,069	10.5%	1,554	10.9%	383	10.7%
Cerebrovascular Disease	1,316	6.7%	1,005	7.1%	213	5.9%
Dementia	544	2.8%	438	3.1%	84	2.3%
COPD	3,941	20.0%	2,903	20.4%	706	19.6%
Rheumatologic Disease	1,027	5.2%	733	5.2%	197	5.5%
Peptic Ulcer Disease	148	0.8%	113	0.8%	26	0.7%
Diabetes (Without Complications)	6,060	30.8%	4,457	31.4%	1,068	29.7%
Diabetes (With Complications)	2,409	12.2%	1,800	12.7%	415	11.5%
Hemiplegia or Paraplegia	106	0.5%	83	0.6%	17	0.5%
Moderate to Severe Kidney Disease	1,727	8.8%	1,356	9.5%	260	7.2%
Any Malignancy	1,886	9.6%	1,395	9.8%	330	9.2%
Mild Liver Disease	1,177	6.0%	855	6.0%	208	5.8%
Severe Liver Disease	87	0.4%	61	0.4%	16	0.4%
Metastatic Cancer	284	1.4%	202	1.4%	60	1.7%
HIV	103	0.5%	79	0.6%	18	0.5%
BMI - Underweight	106	0.5%	84	0.6%	15	0.4%
BMI - Normal Weight	528	2.7%	399	2.8%	92	2.6%
BMI - Overweight	1,269	6.4%	981	6.9%	184	5.1%
BMI - Obese	4,419	22.4%	3,091	21.8%	809	22.5%
Home Oxygen Use (with Hypoxia/Hypoxemia)	1,582	8.0%	1,175	8.3%	281	7.8%

**Table 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

	Any mAb Users		Bamlanivimab Users		Casirivimab/Imdevimab Users	
	Number	Percent	Number	Percent	Number	Percent
Home Oxygen Use (without Hypoxia/Hypoxemia)	1,257	6.4%	938	6.6%	213	5.9%
Hospitalization in Prior 6 Months	1,187	6.0%	908	6.4%	210	5.8%
Hospitalization in Prior 30 Days	324	1.6%	249	1.8%	49	1.4%
Present Smoker	1,090	5.5%	786	5.5%	208	5.8%
Not Present Smoker	19,362	98.4%	13,950	98.2%	3,547	98.6%
Ever Smoker	3,466	17.6%	2,544	17.9%	634	17.6%
Not Ever Smoker	18,596	94.5%	13,413	94.5%	3,388	94.2%
<i>Frailty</i>						
Arthritis	4,237	21.5%	3,166	22.3%	712	19.8%
Chronic Skin Ulcer	358	1.8%	281	2.0%	54	1.5%
Cognitive Impairment	668	3.4%	536	3.8%	102	2.8%
Congestive Heart Failure	1,299	6.6%	1,013	7.1%	206	5.7%
Depression	3,036	15.4%	2,176	15.3%	555	15.4%
Falls	628	3.2%	482	3.4%	93	2.6%
Gout	782	4.0%	580	4.1%	140	3.9%
Impaired Mobility	40	0.2%	30	0.2%	11	0.3%
Musculoskeletal Problems	8,032	40.8%	5,855	41.2%	1,450	40.3%
Mycoses	1,721	8.7%	1,275	9.0%	307	8.5%
Paranoia	89	0.5%	64	0.5%	16	0.4%
Parkinson's Disease	136	0.7%	101	0.7%	27	0.8%
Pneumonia	1,562	7.9%	1,152	8.1%	322	9.0%
Skin and Soft Tissue Infections	949	4.8%	712	5.0%	174	4.8%
Stroke	482	2.4%	378	2.7%	72	2.0%
Urinary Tract Infections	1,683	8.5%	1,277	9.0%	294	8.2%

**Table 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

	Any mAb Users		Bamlanivimab Users		Casirivimab/Imdevimab Users	
	Number	Percent	Number	Percent	Number	Percent
Pregnancy in 6 Months Pre-Index	19	0.1%	7	0.0%	8	0.2%
Pregnancy in 9 Months Post-Index	42	0.2%	22	0.2%	13	0.4%
Pregnancy Pre- or Post-Index	43	0.2%	22	0.2%	14	0.4%
<b>COVID-19 Vaccination:</b>						
Any COVID Vaccine Pre-Index	208	1.1%	97	0.7%	50	1.4%
Pfizer Vaccine Pre-Index	116	0.6%	55	0.4%	26	0.7%
Moderna Vaccine Pre-Index	81	0.4%	38	0.3%	21	0.6%
Janssen Vaccine Pre-Index	11	0.1%	4	0.0%	3	0.1%
Any COVID Vaccine 1-90 Days Post-Index	535	2.7%	396	2.8%	92	2.6%
Pfizer Vaccine 1-90 Days Post-Index	278	1.4%	197	1.4%	52	1.4%
Moderna Vaccine 1-90 Days Post-Index	222	1.1%	172	1.2%	35	1.0%
Janssen Vaccine 1-90 Days Post-Index	36	0.2%	28	0.2%	5	0.1%
Any COVID Vaccine 1-183 Days Post-Index	1,820	9.2%	1,292	9.1%	333	9.3%
Pfizer Vaccine 1-183 Days Post-Index	1,007	5.1%	682	4.8%	202	5.6%
Moderna Vaccine 1-183 Days Post-Index	687	3.5%	505	3.6%	117	3.3%
Janssen Vaccine 1-183 Days Post-Index	127	0.6%	106	0.7%	14	0.4%
<b>COVID-19 Treatments:</b>						
<i>Antivirals</i>						
Lopinavir/Ritonavir	0	0.0%	0	0.0%	0	0.0%
Remdesivir	243	1.2%	179	1.3%	51	1.4%
<i>Immunomodulators</i>						
Baricitinib	3	0.0%	3	0.0%	0	0.0%
IL-6 Receptor Inhibitors	19	0.1%	15	0.1%	2	0.1%
Other Anti-Inflammatory and Immunosuppressive Agents	42	0.2%	31	0.2%	9	0.3%



**Table 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

	Any mAb Users		Bamlanivimab Users		Casirivimab/Imdevimab Users	
	Number	Percent	Number	Percent	Number	Percent
<i>HCQ/CQ</i>						
Hydroxychloroquine	215	1.1%	157	1.1%	37	1.0%
Chloroquine	1	0.0%	1	0.0%	0	0.0%
<i>Antibiotics</i>						
Azithromycin	2,121	10.8%	1,558	11.0%	359	10.0%
<i>Antiparasitics</i>						
Ivermectin	225	1.1%	160	1.1%	45	1.3%
<i>Systemic Corticosteroids</i>						
Dexamethasone	2,272	11.5%	1,652	11.6%	394	11.0%
Other Corticosteroids	4,342	22.1%	3,176	22.4%	783	21.8%
Inhaled Corticosteroids	1,091	5.5%	811	5.7%	185	5.1%
<i>Gastrointestinal Agents</i>						
H2 Blockers	565	2.9%	392	2.8%	107	3.0%
Proton Pump Inhibitors	2,454	12.5%	1,819	12.8%	430	12.0%
<i>Non-Steroidal Anti-Inflammatory Drugs</i>						
Aspirin	1,855	9.4%	1,408	9.9%	298	8.3%
Other NSAIDs	2,738	13.9%	1,978	13.9%	482	13.4%
ACEI/ARBs	4,749	24.1%	3,553	25.0%	777	21.6%
Selected Anti-CD20 mAbs	93	0.5%	60	0.4%	22	0.6%
<i>Antidepressants</i>						
Fluvoxamine	10	0.1%	4	0.0%	4	0.1%

**Table 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

COVID-19 Symptoms and Severity Criteria:	Any mAb Users		Bamlanivimab Users		Casirivimab/Imdevimab Users	
	Number	Percent	Number	Percent	Number	Percent
Inpatient Fever	202	1.0%	151	1.1%	37	1.0%
Inpatient Cough	119	0.6%	95	0.7%	18	0.5%
Inpatient Sore Throat	9	0.0%	7	0.0%	1	0.0%
Inpatient Malaise	254	1.3%	197	1.4%	41	1.1%
Inpatient Headache	75	0.4%	54	0.4%	16	0.4%
Inpatient Loss of Taste or Smell	4	0.0%	0	0.0%	4	0.1%
Inpatient Muscle Pain	9	0.0%	8	0.1%	1	0.0%
Inpatient Gastrointestinal Symptoms	261	1.3%	205	1.4%	44	1.2%
Inpatient Shortness of Breath or Dyspnea	401	2.0%	297	2.1%	74	2.1%
Inpatient Pneumonia	529	2.7%	405	2.9%	97	2.7%
Inpatient Non-Invasive Oxygen Therapy	135	0.7%	94	0.7%	29	0.8%
Inpatient Invasive Oxygen Therapy	53	0.3%	46	0.3%	7	0.2%
Outpatient Fever	3,822	19.4%	2,701	19.0%	751	20.9%
Outpatient Cough	7,122	36.2%	5,103	35.9%	1,359	37.8%
Outpatient Sore Throat	1,492	7.6%	1,075	7.6%	261	7.3%
Outpatient Malaise	4,484	22.8%	3,234	22.8%	803	22.3%
Outpatient Headache	2,220	11.3%	1,599	11.3%	388	10.8%
Outpatient Loss of Taste or Smell	549	2.8%	399	2.8%	105	2.9%
Outpatient Muscle Pain	1,549	7.9%	1,133	8.0%	274	7.6%
Outpatient Gastrointestinal Symptoms	3,379	17.2%	2,466	17.4%	596	16.6%
Outpatient Shortness of Breath or Dyspnea	5,110	26.0%	3,670	25.8%	939	26.1%
Outpatient Pneumonia	2,325	11.8%	1,608	11.3%	509	14.2%
Outpatient Non-Invasive Oxygen Therapy	1,266	6.4%	938	6.6%	217	6.0%
Outpatient Invasive Oxygen Therapy	22	0.1%	20	0.1%	1	0.0%

**Table 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

	Any mAb Users		Bamlanivimab Users		Casirivimab/Imdevimab Users	
	Number	Percent	Number	Percent	Number	Percent
Hospitalization	1,585	8.1%	1,215	8.6%	287	8.0%
ICU	1	0.0%	0	0.0%	0	0.0%
Organ Failure	2,486	12.6%	1,889	13.3%	416	11.6%
<b>mAb Use:</b>						
Any mAb Use At Least Twice	240	1.2%	206	1.5%	31	0.9%
Inpatient mAb Use	506	2.6%	393	2.8%	95	2.6%
Ambulatory Visit mAb Use	15,548	79.0%	11,289	79.5%	2,776	77.2%
Emergency Department mAb Use	4,055	20.6%	2,826	19.9%	816	22.7%
Other Ambulatory Visit mAb Use	71	0.4%	64	0.5%	5	0.1%
Outpatient mAb Use and Hospitalization on Index	26	0.1%	18	0.1%	6	0.2%
<b>Health Service Utilization Intensity Metrics</b>						
	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Number of Ambulatory Encounters	12.8	12.8	13.1	13.1	12.7	12.2
Mean Number of Emergency Room Encounters	0.8	1.4	0.8	1.5	0.8	1.4
Mean Number of Inpatient Hospital Encounters	0.1	0.4	0.1	0.4	0.1	0.5
Mean Number of Non-Acute Institutional Encounters	0.0	0.4	0.0	0.4	0.0	0.5
Mean Number of Other Ambulatory Encounters	1.0	3.6	1.0	3.6	0.9	3.5
Mean Number of Filled Prescriptions	8.3	13.4	8.6	13.8	7.6	12.5
Mean Number of Generics Dispensed	3.8	5.0	3.9	5.1	3.5	4.9
Mean Number of Unique Drug Classes Dispensed	3.6	4.6	3.7	4.7	3.3	4.5

**Table 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

Patient Characteristics	Bamlanivimab/ Etesevimab Users		Sotrovimab Users		mAb Non-Users		COVID-19 Patients	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Unique patients	2,072	N/A	0	N/A	1,180,856	N/A	1,200,774	N/A
Demographic Characteristics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Age (years)	57.8	14.8	.	.	49.1	20.1	49.3	20.1
Age	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-11 years	0	0.0%	.	.	50,184	4.2%	50,185	4.2%
12-17 years	16	0.8%	.	.	57,203	4.8%	57,292	4.8%
18-54 years	796	38.4%	.	.	565,740	47.9%	571,231	47.6%
55-64 years	600	29.0%	.	.	167,866	14.2%	173,297	14.4%
≥ 65 years	660	31.9%	.	.	339,863	28.8%	348,769	29.0%
Sex								
Female	1,072	51.7%	.	.	634,259	53.7%	644,486	53.7%
Male	1,000	48.3%	.	.	546,597	46.3%	556,288	46.3%
Race <sup>1</sup>								
American Indian or Alaska Native	4	0.2%	.	.	4,113	0.3%	4,184	0.3%
Asian	24	1.2%	.	.	28,837	2.4%	29,154	2.4%
Black or African American	155	7.5%	.	.	78,854	6.7%	79,995	6.7%
Native Hawaiian or Other Pacific Islander	3	0.1%	.	.	4,269	0.4%	4,295	0.4%
Unknown	1,110	53.6%	.	.	606,792	51.4%	616,520	51.3%
White	776	37.5%	.	.	457,991	38.8%	466,626	38.9%
Hispanic origin								
Yes	84	4.1%	.	.	75,435	6.4%	76,250	6.4%
No	36	1.7%	.	.	226,018	19.1%	226,324	18.8%
Unknown	1,952	94.2%	.	.	879,403	74.5%	898,200	74.8%

**Table 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

	Bamlanivimab/ Etesevimab Users		Sotrovimab Users		mAb Non-Users		COVID-19 Patients	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Year								
2020	0	0.0%	.	.	566,626	48.0%	571,126	47.6%
2021	2,072	100.0%	.	.	614,230	52.0%	629,648	52.4%
<b>Monoclonal Antibody Comorbidities:</b>								
Asthma	229	11.1%	.	.	78,110	6.6%	80,245	6.7%
Reactive Airway and Lung Diseases	0	0.0%	.	.	290	0.0%	300	0.0%
Other Chronic Respiratory Diseases	133	6.4%	.	.	66,895	5.7%	68,401	5.7%
COPD	125	6.0%	.	.	69,658	5.9%	71,097	5.9%
Diabetes	635	30.6%	.	.	205,393	17.4%	211,633	17.6%
Chronic Kidney Disease	246	11.9%	.	.	119,888	10.2%	122,602	10.2%
Hypertension	1,196	57.7%	.	.	406,828	34.5%	418,800	34.9%
Cardiovascular and Other Vascular Diseases	555	26.8%	.	.	244,811	20.7%	251,148	20.9%
Obesity	752	36.3%	.	.	211,431	17.9%	217,441	18.1%
Sickle Cell Disease	3	0.1%	.	.	1,236	0.1%	1,265	0.1%
Congenital or Acquired Heart Disease	15	0.7%	.	.	6,448	0.5%	6,614	0.6%
<i>Immunocompromised</i>								
Treatment-Independent Immunosuppressive Disease	102	4.9%	.	.	25,289	2.1%	26,173	2.2%
HIV/AIDS	14	0.7%	.	.	3,225	0.3%	3,339	0.3%
Hematological Malignancies	48	2.3%	.	.	10,166	0.9%	10,616	0.9%
Treatment-Independent Immune Deficiencies	51	2.5%	.	.	13,448	1.1%	13,852	1.2%
Immunosuppressive Treatments	193	9.3%	.	.	58,138	4.9%	60,098	5.0%
Dialysis	6	0.3%	.	.	8,907	0.8%	9,037	0.8%
Chemotherapy	30	1.4%	.	.	7,782	0.7%	8,024	0.7%
Chemotherapy Diagnoses and Procedures	87	4.2%	.	.	19,428	1.6%	20,311	1.7%

**Table 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

	Bamlanivimab/ Etesevimab Users		Sotrovimab Users		mAb Non-Users		COVID-19 Patients	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Immunosuppressant Treatment	34	1.6%	.	.	8,255	0.7%	8,629	0.7%
Immunosuppressant Diagnoses and Procedures	43	2.1%	.	.	8,678	0.7%	9,123	0.8%
Steroid Diagnoses and Procedures	54	2.6%	.	.	15,584	1.3%	16,022	1.3%
1 Corticosteroid Dispensing with at least 90 Days Supply	21	1.0%	.	.	9,437	0.8%	9,680	0.8%
3 Corticosteroid Dispensings with at least 90 Days Supply	19	0.9%	.	.	8,356	0.7%	8,577	0.7%
Treatment-Dependent Immunosuppressive Disease	136	6.6%	.	.	31,917	2.7%	33,184	2.8%
Solid Malignancies	203	9.8%	.	.	84,462	7.2%	87,044	7.2%
Solid Malignancy and Chemotherapy	34	1.6%	.	.	10,220	0.9%	10,626	0.9%
Solid Malignancy and Immunosuppressants	15	0.7%	.	.	3,822	0.3%	4,012	0.3%
Organ Transplant	23	1.1%	.	.	4,213	0.4%	4,491	0.4%
Organ Transplant and Chemotherapy	5	0.2%	.	.	529	0.0%	565	0.0%
Organ Transplant and Immunosuppressants	13	0.6%	.	.	2,096	0.2%	2,230	0.2%
Treatment-Dependent Immune Deficiencies	203	9.8%	.	.	78,078	6.6%	80,233	6.7%
Immune Deficiencies and Chemotherapy	42	2.0%	.	.	9,259	0.8%	9,651	0.8%
Immune Deficiencies and Immunosuppressants	39	1.9%	.	.	6,561	0.6%	6,884	0.6%
Rheumatological Inflammation	232	11.2%	.	.	75,250	6.4%	77,536	6.5%
Rheumatological Inflammation and Chemotherapy	47	2.3%	.	.	9,902	0.8%	10,289	0.9%
Rheumatological Inflammation and Immunosuppressants	48	2.3%	.	.	8,688	0.7%	9,098	0.8%
Rheumatological Inflammation and Steroid Diagnosis or Procedure	26	1.3%	.	.	4,967	0.4%	5,129	0.4%
Rheumatological Inflammation and 1 Corticosteroid Dispensing with at least 90 Days Supply	12	0.6%	.	.	4,867	0.4%	4,993	0.4%
Rheumatological Inflammation and 3 Corticosteroid Dispensings with at least 90 Days Supply	12	0.6%	.	.	4,289	0.4%	4,401	0.4%

**Table 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

General Health Indicators:	Bamlanivimab/ Etesevimab Users		Sotrovimab Users		mAb Non-Users		COVID-19 Patients	
	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Charlson/Elixhauser combined comorbidity score <sup>2</sup>	1.0	2.1	.	.	1.1	2.2	1.1	2.2
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Acute Myocardial Infarction	77	3.7%	.	.	36,669	3.1%	37,381	3.1%
Congestive Heart Failure	134	6.5%	.	.	81,211	6.9%	82,744	6.9%
Peripheral Vascular Disease	165	8.0%	.	.	94,156	8.0%	96,209	8.0%
Cerebrovascular Disease	120	5.8%	.	.	60,204	5.1%	61,514	5.1%
Dementia	30	1.4%	.	.	42,391	3.6%	42,905	3.6%
COPD	372	18.0%	.	.	152,267	12.9%	155,964	13.0%
Rheumatologic Disease	107	5.2%	.	.	29,156	2.5%	30,196	2.5%
Peptic Ulcer Disease	14	0.7%	.	.	7,524	0.6%	7,673	0.6%
Diabetes (Without Complications)	596	28.8%	.	.	192,107	16.3%	197,992	16.5%
Diabetes (With Complications)	225	10.9%	.	.	96,518	8.2%	98,890	8.2%
Hemiplegia or Paraplegia	8	0.4%	.	.	8,508	0.7%	8,615	0.7%
Moderate to Severe Kidney Disease	130	6.3%	.	.	82,279	7.0%	83,952	7.0%
Any Malignancy	177	8.5%	.	.	55,262	4.7%	57,137	4.8%
Mild Liver Disease	122	5.9%	.	.	40,616	3.4%	41,792	3.5%
Severe Liver Disease	10	0.5%	.	.	3,418	0.3%	3,504	0.3%
Metastatic Cancer	26	1.3%	.	.	8,912	0.8%	9,193	0.8%
HIV	11	0.5%	.	.	2,765	0.2%	2,869	0.2%
BMI - Underweight	10	0.5%	.	.	9,278	0.8%	9,381	0.8%
BMI - Normal Weight	44	2.1%	.	.	47,480	4.0%	47,992	4.0%
BMI - Overweight	108	5.2%	.	.	68,527	5.8%	69,796	5.8%
BMI - Obese	560	27.0%	.	.	154,670	13.1%	158,868	13.2%
Home Oxygen Use (with Hypoxia/Hypoxemia)	142	6.9%	.	.	84,447	7.2%	85,904	7.2%

**Table 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

	Bamlanivimab/ Etesevimab Users		Sotrovimab Users		mAb Non-Users		COVID-19 Patients	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Home Oxygen Use (without Hypoxia/Hypoxemia)	117	5.6%	.	.	48,863	4.1%	50,073	4.2%
Hospitalization in Prior 6 Months	88	4.2%	.	.	77,288	6.5%	78,431	6.5%
Hospitalization in Prior 30 Days	33	1.6%	.	.	27,189	2.3%	27,455	2.3%
Present Smoker	107	5.2%	.	.	55,234	4.7%	56,281	4.7%
Not Present Smoker	2,039	98.4%	.	.	1,153,667	97.7%	1,173,319	97.7%
Ever Smoker	317	15.3%	.	.	137,861	11.7%	140,983	11.7%
Not Ever Smoker	1,965	94.8%	.	.	1,125,622	95.3%	1,144,493	95.3%
<i>Frailty</i>								
Arthritis	394	19.0%	.	.	155,375	13.2%	159,586	13.3%
Chronic Skin Ulcer	33	1.6%	.	.	23,583	2.0%	23,941	2.0%
Cognitive Impairment	39	1.9%	.	.	50,229	4.3%	50,860	4.2%
Congestive Heart Failure	107	5.2%	.	.	71,841	6.1%	73,105	6.1%
Depression	341	16.5%	.	.	171,292	14.5%	174,362	14.5%
Falls	59	2.8%	.	.	37,280	3.2%	37,896	3.2%
Gout	68	3.3%	.	.	29,941	2.5%	30,713	2.6%
Impaired Mobility	2	0.1%	.	.	3,838	0.3%	3,875	0.3%
Musculoskeletal Problems	794	38.3%	.	.	352,016	29.8%	360,087	30.0%
Mycoses	155	7.5%	.	.	76,484	6.5%	78,224	6.5%
Paranoia	10	0.5%	.	.	11,318	1.0%	11,411	1.0%
Parkinson's Disease	9	0.4%	.	.	7,015	0.6%	7,145	0.6%
Pneumonia	110	5.3%	.	.	104,438	8.8%	105,587	8.8%
Skin and Soft Tissue Infections	76	3.7%	.	.	47,868	4.1%	48,838	4.1%
Stroke	45	2.2%	.	.	31,473	2.7%	31,946	2.7%
Urinary Tract Infections	134	6.5%	.	.	93,224	7.9%	94,905	7.9%



**Table 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

	Bamlanivimab/ Etesevimab Users		Sotrovimab Users		mAb Non-Users		COVID-19 Patients	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Pregnancy in 6 Months Pre-Index	4	0.2%	.	.	4,556	0.4%	4,573	0.4%
Pregnancy in 9 Months Post-Index	7	0.3%	.	.	12,790	1.1%	12,839	1.1%
Pregnancy Pre- or Post-Index	7	0.3%	.	.	12,911	1.1%	12,962	1.1%
<b>COVID-19 Vaccination:</b>								
Any COVID Vaccine Pre-Index	67	3.2%	.	.	12,095	1.0%	12,304	1.0%
Pfizer Vaccine Pre-Index	37	1.8%	.	.	6,955	0.6%	7,071	0.6%
Moderna Vaccine Pre-Index	25	1.2%	.	.	4,450	0.4%	4,531	0.4%
Janssen Vaccine Pre-Index	5	0.2%	.	.	700	0.1%	712	0.1%
Any COVID Vaccine 1-90 Days Post-Index	54	2.6%	.	.	54,190	4.6%	54,641	4.6%
Pfizer Vaccine 1-90 Days Post-Index	32	1.5%	.	.	31,191	2.6%	31,416	2.6%
Moderna Vaccine 1-90 Days Post-Index	19	0.9%	.	.	20,126	1.7%	20,323	1.7%
Janssen Vaccine 1-90 Days Post-Index	3	0.1%	.	.	2,915	0.2%	2,945	0.2%
Any COVID Vaccine 1-183 Days Post-Index	214	10.3%	.	.	111,638	9.5%	113,472	9.4%
Pfizer Vaccine 1-183 Days Post-Index	133	6.4%	.	.	64,460	5.5%	65,472	5.5%
Moderna Vaccine 1-183 Days Post-Index	73	3.5%	.	.	39,428	3.3%	40,123	3.3%
Janssen Vaccine 1-183 Days Post-Index	8	0.4%	.	.	7,859	0.7%	7,987	0.7%
<b>COVID-19 Treatments:</b>								
<i>Antivirals</i>								
Lopinavir/Ritonavir	0	0.0%	.	.	23	0.0%	23	0.0%
Remdesivir	24	1.2%	.	.	41,709	3.5%	41,817	3.5%
<i>Immunomodulators</i>								
Baricitinib	0	0.0%	.	.	341	0.0%	343	0.0%
IL-6 Receptor Inhibitors	3	0.1%	.	.	1,980	0.2%	1,994	0.2%
Other Anti-Inflammatory and Immunosuppressive Agents	2	0.1%	.	.	2,880	0.2%	2,922	0.2%

**Table 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

	Bamlanivimab/ Etesevimab Users		Sotrovimab Users		mAb Non-Users		COVID-19 Patients	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<i>HCQ/CQ</i>								
Hydroxychloroquine	21	1.0%	.	.	7,807	0.7%	8,009	0.7%
Chloroquine	0	0.0%	.	.	13	0.0%	14	0.0%
<i>Antibiotics</i>								
Azithromycin	225	10.9%	.	.	88,378	7.5%	90,107	7.5%
<i>Antiparasitics</i>								
Ivermectin	20	1.0%	.	.	4,103	0.3%	4,262	0.4%
<i>Systemic Corticosteroids</i>								
Dexamethasone	243	11.7%	.	.	77,247	6.5%	79,183	6.6%
Other Corticosteroids	406	19.6%	.	.	163,437	13.8%	167,617	14.0%
Inhaled Corticosteroids	102	4.9%	.	.	45,293	3.8%	46,319	3.9%
<i>Gastrointestinal Agents</i>								
H2 Blockers	73	3.5%	.	.	25,226	2.1%	25,743	2.1%
Proton Pump Inhibitors	228	11.0%	.	.	123,473	10.5%	125,908	10.5%
<i>Non-Steroidal Anti-Inflammatory Drugs</i>								
Aspirin	171	8.3%	.	.	67,798	5.7%	69,445	5.8%
Other NSAIDs	301	14.5%	.	.	129,044	10.9%	131,690	11.0%
ACEI/ARBs	464	22.4%	.	.	199,388	16.9%	204,136	17.0%
Selected Anti-CD20 mAbs	11	0.5%	.	.	1,349	0.1%	1,452	0.1%
<i>Antidepressants</i>								
Fluvoxamine	2	0.1%	.	.	496	0.0%	507	0.0%

**Table 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

COVID-19 Symptoms and Severity Criteria:	Bamlanivimab/ Etesevimab Users		Sotrovimab Users		mAb Non-Users		COVID-19 Patients	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Inpatient Fever	21	1.0%	.	.	12,871	1.1%	13,040	1.1%
Inpatient Cough	10	0.5%	.	.	10,141	0.9%	10,244	0.9%
Inpatient Sore Throat	1	0.0%	.	.	533	0.0%	541	0.0%
Inpatient Malaise	21	1.0%	.	.	25,186	2.1%	25,420	2.1%
Inpatient Headache	7	0.3%	.	.	3,773	0.3%	3,842	0.3%
Inpatient Loss of Taste or Smell	0	0.0%	.	.	580	0.0%	584	0.0%
Inpatient Muscle Pain	0	0.0%	.	.	753	0.1%	762	0.1%
Inpatient Gastrointestinal Symptoms	22	1.1%	.	.	19,312	1.6%	19,548	1.6%
Inpatient Shortness of Breath or Dyspnea	42	2.0%	.	.	36,321	3.1%	36,654	3.1%
Inpatient Pneumonia	57	2.8%	.	.	80,113	6.8%	80,438	6.7%
Inpatient Non-Invasive Oxygen Therapy	19	0.9%	.	.	19,876	1.7%	19,980	1.7%
Inpatient Invasive Oxygen Therapy	2	0.1%	.	.	13,316	1.1%	13,355	1.1%
Outpatient Fever	406	19.6%	.	.	125,326	10.6%	128,517	10.7%
Outpatient Cough	726	35.0%	.	.	243,675	20.6%	249,865	20.8%
Outpatient Sore Throat	167	8.1%	.	.	86,607	7.3%	88,090	7.3%
Outpatient Malaise	486	23.5%	.	.	188,233	15.9%	192,260	16.0%
Outpatient Headache	251	12.1%	.	.	96,675	8.2%	98,683	8.2%
Outpatient Loss of Taste or Smell	47	2.3%	.	.	27,215	2.3%	27,677	2.3%
Outpatient Muscle Pain	156	7.5%	.	.	50,517	4.3%	51,835	4.3%
Outpatient Gastrointestinal Symptoms	351	16.9%	.	.	134,693	11.4%	137,716	11.5%
Outpatient Shortness of Breath or Dyspnea	550	26.5%	.	.	175,607	14.9%	179,816	15.0%
Outpatient Pneumonia	236	11.4%	.	.	101,974	8.6%	103,563	8.6%
Outpatient Non-Invasive Oxygen Therapy	123	5.9%	.	.	47,278	4.0%	48,492	4.0%
Outpatient Invasive Oxygen Therapy	1	0.0%	.	.	3,707	0.3%	3,724	0.3%

**Table 1. Characteristics of Monoclonal Antibody (mAb) Users and Non-Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

	Bamlanivimab/ Etesevimab Users		Sotrovimab Users		mAb Non-Users		COVID-19 Patients	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Hospitalization	134	6.5%	.	.	138,587	11.7%	139,974	11.7%
ICU	1	0.0%	.	.	671	0.1%	672	0.1%
Organ Failure	223	10.8%	.	.	159,761	13.5%	162,033	13.5%
<b>mAb Use:</b>								
Any mAb Use At Least Twice	11	0.5%	.	.	0	0.0%	240	0.0%
Inpatient mAb Use	55	2.7%	.	.	0	0.0%	252	0.0%
Ambulatory Visit mAb Use	1,591	76.8%	.	.	0	0.0%	4,054	0.3%
Emergency Department mAb Use	458	22.1%	.	.	0	0.0%	2,073	0.2%
Other Ambulatory Visit mAb Use	4	0.2%	.	.	0	0.0%	23	0.0%
Outpatient mAb Use and Hospitalization on Index	3	0.1%	.	.	0	0.0%	7	0.0%
<b>Health Service Utilization Intensity Metrics</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Number of Ambulatory Encounters	11.4	12.0	.	.	8.8	10.9	8.9	11.0
Mean Number of Emergency Room Encounters	0.8	1.2	.	.	0.4	1.2	0.4	1.2
Mean Number of Inpatient Hospital Encounters	0.1	0.4	.	.	0.2	0.5	0.2	0.5
Mean Number of Non-Acute Institutional Encounters	0.0	0.2	.	.	0.1	0.6	0.1	0.6
Mean Number of Other Ambulatory Encounters	0.9	3.3	.	.	1.6	4.5	1.6	4.5
Mean Number of Filled Prescriptions	7.3	11.5	.	.	7.2	12.8	7.2	12.8
Mean Number of Generics Dispensed	3.4	4.7	.	.	3.2	4.2	3.2	4.3
Mean Number of Unique Drug Classes Dispensed	3.2	4.4	.	.	3.0	3.9	3.0	3.9

<sup>1</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>2</sup>The Charlson/Elixhauser Combined Comorbidity Score is calculated based on comorbidities observed during a requester-defined window around the index exposure/event date. (Gagne JJ, Glynn RJ, Avorn J, Levin R, Schneeweiss S. A combined comorbidity score predicted mortality in elderly patients better than existing scores. J Clin Epidemiol. 2011;64(7):749-759)

**Table 2a. Summary of Outpatient Monoclonal Antibody (mAb) Users and Hospitalizations in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021**

	<b>New mAb Users</b>	<b>Number of mAb Users with a Hospitalization Event</b>	<b>Total Number of Hospitalization Events</b>	<b>Number of mAb Users with a Hospitalization Event per 10,000 Eligible Members<sup>1</sup></b>	<b>Eligible Members<sup>1</sup></b>	<b>Number of mAb Users per 10,000 Eligible Members<sup>1</sup></b>	<b>Years at Risk</b>	<b>Eligible Member-Years<sup>1</sup></b>
<i>Any Outpatient mAb Users</i>	12,659	1,189	1,497	9.32	1,275,761	99.23	4,253.9	70,257.7

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

**Table 2b. Summary of Outpatient Monoclonal Antibody (mAb) Users and Hospitalizations in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Sex**

	New mAb Users	Number of mAb Users with a Hospitalization Event	Total Number of Hospitalization Events	Number of mAb Users with a Hospitalization Event per 10,000 Eligible Members <sup>1</sup>	Eligible Members <sup>1</sup>	Number of mAb Users per 10,000 Eligible Members <sup>1</sup>	Years at Risk	Eligible Member-Years <sup>1</sup>
<i>Any Outpatient mAb Users</i>								
Female	6,505	551	686	8.05	684,730	95.00	2,196.9	37,858.0
Male	6,154	638	811	10.79	591,031	104.12	2,057.0	32,399.8

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

**Table 2c. Summary of Outpatient Monoclonal Antibody (mAb) Users and Hospitalizations in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Age Group**

	New mAb Users	Number of mAb Users with a Hospitalization Event	Total Number of Hospitalization Events	Number of mAb Users with a Hospitalization Event per 10,000 Eligible Members <sup>1</sup>	Eligible Members <sup>1</sup>	Number of mAb Users per 10,000 Eligible Members <sup>1</sup>	Years at Risk	Eligible Member-Years <sup>1</sup>
<i>Any Outpatient mAb Users</i>								
0-11 years	0	0	0	0.00	53,367	0.00	0.0	2,171.3
12-17 years	58	2	4	0.33	61,307	9.46	18.0	2,576.4
18-54 years	3,544	235	279	3.84	611,734	57.93	1,099.6	29,042.4
55-64 years	3,521	258	327	13.97	184,731	190.60	1,164.4	10,412.7
≥ 65 years	5,536	694	887	18.87	367,794	150.52	1,971.9	26,054.8

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

**Table 2d. Summary of Outpatient Monoclonal Antibody (mAb) Users and Hospitalizations in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Year and Month**

	New mAb Users	Number of mAb Users with a Hospitalization Event	Total Number of Hospitalization Events	Number of mAb Users with a Hospitalization Event per 10,000 Eligible Members <sup>1</sup>	Eligible Members <sup>1</sup>	Number of mAb Users per 10,000 Eligible Members <sup>1</sup>	Years at Risk	Eligible Member-Years <sup>1</sup>
<i>Any Outpatient mAb Users</i>								
<i>2020</i>								
November	186	18	26	0.58	308,807	6.02	91.5	8,999.1
December	2,172	224	285	4.52	495,713	43.82	957.1	16,120.1
<i>2021</i>								
January	3,983	432	559	9.34	462,630	86.09	1,605.6	16,145.7
February	2,253	205	262	7.03	291,429	77.31	774.1	9,234.1
March	1,783	167	194	8.03	208,086	85.69	472.3	6,845.4
April	1,384	100	122	5.33	187,562	73.79	269.8	6,210.4
May	584	28	34	2.24	125,127	46.67	71.3	4,287.3
June	314	15	15	2.00	75,035	41.85	12.2	2,415.6

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



**Table 2e. Summary of Outpatient Monoclonal Antibody (mAb) Users and Hospitalizations in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Health and Human Services (HHS) Region**

	New mAb Users	Number of mAb Users with a Hospitalization Event	Total Number of Hospitalization Events	Number of mAb Users with a Hospitalization Event per 10,000 Eligible Members <sup>1</sup>	Eligible Members <sup>1</sup>	Number of mAb Users per 10,000 Eligible Members <sup>1</sup>	Years at Risk	Eligible Member-Years <sup>1</sup>
<i>Any Outpatient mAb Users</i>								
HHS Region (01)	255	19	23	5.37	35,397	72.04	81.7	1,834.5
HHS Region (02)	2,260	254	329	13.51	188,049	120.18	730.3	10,322.6
HHS Region (03)	1,822	164	207	10.96	149,661	121.74	581.5	8,487.9
HHS Region (04)	2,803	258	309	10.26	251,533	111.44	943.9	14,545.1
HHS Region (05)	2,169	193	243	9.09	212,395	102.12	752.1	11,417.7
HHS Region (06)	1,849	161	198	9.19	175,278	105.49	645.4	9,676.0
HHS Region (07)	602	59	77	13.01	45,348	132.75	212.8	2,477.6
HHS Region (08)	166	12	19	2.35	51,109	32.48	53.6	2,645.2
HHS Region (09)	606	56	74	5.33	105,137	57.64	216.4	5,882.2
HHS Region (10)	101	10	14	2.01	49,872	20.25	27.8	2,397.1
HHS Region (11)	0	0	0	0.00	5	0.00	0.0	0.2
HHS Region (Invalid)	22	2	3	4.35	4,597	47.86	7.4	218.6
HHS Region (Missing)	4	1	1	1.36	7,380	5.42	1.0	353.0
HHS Region (Other)	0	0	0	NaN	0	NaN	0.0	0.0

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

**Table 3a. Summary of Monoclonal Antibody (mAb) Users and Anaphylactic Reactions in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021**

	New mAb Users	Number of mAb Users with an Anaphylaxis Event	Total Number of Anaphylaxis Events	Number of mAb Users with an Anaphylaxis Event per 10,000 Eligible Members <sup>1</sup>	Eligible Members <sup>1</sup>	Number of mAb Users per 10,000 Eligible Members <sup>1</sup>	Years at Risk	Eligible Member-Years <sup>1</sup>
<b>Anaphylaxis in Any Care Setting</b>								
<i>Any mAb Users</i>	54,421	28	42	0.01	29,754,578	18.29	18,324.6	22,371,211.7
<b>Anaphylaxis in Inpatient Setting</b>								
<i>Any mAb Users</i>	54,421	5	6	0.00	29,754,578	18.29	18,331.8	22,371,211.7
<b>Anaphylaxis in Emergency Department Setting</b>								
<i>Any mAb Users</i>	54,421	11	14	0.00	29,754,578	18.29	18,330.7	22,371,211.7
<b>Anaphylaxis in Ambulatory Visit Setting</b>								
<i>Any mAb Users</i>	54,421	17	23	0.01	29,754,578	18.29	18,327.7	22,371,211.7

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

**Table 3b. Summary of Monoclonal Antibody (mAb) Users and Anaphylactic Reactions in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021, by Sex**

	New mAb Users	Number of mAb Users with an Anaphylaxis Event	Total Number of Anaphylaxis Events	Number of mAb Users with an Anaphylaxis Event per 10,000 Eligible Members <sup>1</sup>	Eligible Members <sup>1</sup>	Number of mAb Users per 10,000 Eligible Members <sup>1</sup>	Years at Risk	Eligible Member-Years <sup>1</sup>
<b>Anaphylaxis in Any Care Setting</b>								
<i>Any mAb Users</i>								
Female	28,910	19	26	0.01	15,628,556	18.50	9,518.0	11,761,476.4
Male	25,511	9	16	0.01	14,126,022	18.06	8,806.6	10,609,735.4
<b>Anaphylaxis in Inpatient Setting</b>								
<i>Any mAb Users</i>								
Female	28,910	2	3	0.00	15,628,556	18.50	9,523.9	11,761,476.4
Male	25,511	3	3	0.00	14,126,022	18.06	8,807.9	10,609,735.4
<b>Anaphylaxis in Emergency Department Setting</b>								
<i>Any mAb Users</i>								
Female	28,910	6	7	0.00	15,628,556	18.50	9,522.9	11,761,476.4
Male	25,511	5	7	0.00	14,126,022	18.06	8,807.8	10,609,735.4
<b>Anaphylaxis in Ambulatory Visit Setting</b>								
<i>Any mAb Users</i>								
Female	28,910	13	16	0.01	15,628,556	18.50	9,520.0	11,761,476.4
Male	25,511	4	7	0.00	14,126,022	18.06	8,807.6	10,609,735.4

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

**Table 3c. Summary of Monoclonal Antibody (mAb) Users and Anaphylactic Reactions in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021, by Age Group**

	New mAb Users	Number of mAb Users with an Anaphylaxis Event	Total Number of Anaphylaxis Events	Number of mAb Users with an Anaphylaxis Event per 10,000 Eligible Members <sup>1</sup>	Eligible Members <sup>1</sup>	Number of mAb Users per 10,000 Eligible Members <sup>1</sup>	Years at Risk	Eligible Member-Years <sup>1</sup>
<b>Anaphylaxis in Any Care Setting</b>								
<i>Any mAb Users</i>								
0-11 years	4	0	0	0.00	2,868,182	0.01	0.7	2,057,727.0
12-17 years	415	0	0	0.00	1,878,623	2.21	98.6	1,301,901.7
18-54 years	20,620	11	20	0.01	13,120,404	15.72	5,617.9	9,461,517.1
55-64 years	12,531	6	7	0.01	4,243,789	29.53	4,546.2	3,046,808.1
≥ 65 years	20,851	11	15	0.01	8,593,811	24.26	8,061.1	6,503,257.8
<b>Anaphylaxis in Inpatient Setting</b>								
<i>Any mAb Users</i>								
0-11 years	4	0	0	0.00	2,868,182	0.01	0.7	2,057,727.0
12-17 years	415	0	0	0.00	1,878,623	2.21	98.6	1,301,901.7
18-54 years	20,620	2	2	0.00	13,120,404	15.72	5,620.3	9,461,517.1
55-64 years	12,531	1	1	0.00	4,243,789	29.53	4,547.5	3,046,808.1
≥ 65 years	20,851	2	3	0.00	8,593,811	24.26	8,064.7	6,503,257.8
<b>Anaphylaxis in Emergency Department Setting</b>								
<i>Any mAb Users</i>								
0-11 years	4	0	0	0.00	2,868,182	0.01	0.7	2,057,727.0
12-17 years	415	0	0	0.00	1,878,623	2.21	98.6	1,301,901.7
18-54 years	20,620	5	6	0.00	13,120,404	15.72	5,619.5	9,461,517.1
55-64 years	12,531	2	3	0.00	4,243,789	29.53	4,547.8	3,046,808.1
≥ 65 years	20,851	4	5	0.00	8,593,811	24.26	8,064.0	6,503,257.8

**Table 3c. Summary of Monoclonal Antibody (mAb) Users and Anaphylactic Reactions in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021, by Age Group**

	New mAb Users	Number of mAb Users with an Anaphylaxis Event	Total Number of Anaphylaxis Events	Number of mAb Users with an Anaphylaxis Event per 10,000 Eligible Members <sup>1</sup>	Eligible Members <sup>1</sup>	Number of mAb Users per 10,000 Eligible Members <sup>1</sup>	Years at Risk	Eligible Member-Years <sup>1</sup>
<b>Anaphylaxis in Ambulatory Visit Setting</b>								
<i>Any mAb Users</i>								
0-11 years	4	0	0	0.00	2,868,182	0.01	0.7	2,057,727.0
12-17 years	415	0	0	0.00	1,878,623	2.21	98.6	1,301,901.7
18-54 years	20,620	7	12	0.01	13,120,404	15.72	5,619.2	9,461,517.1
55-64 years	12,531	3	3	0.01	4,243,789	29.53	4,546.9	3,046,808.1
≥ 65 years	20,851	7	8	0.01	8,593,811	24.26	8,062.2	6,503,257.8

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

**Table 4a. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to Occurrence Of Hospitalization Event for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021<sup>1</sup>**

Number of Episodes by Length of Follow-Up Time										
			1 day		2 days		3 days		4 days	
	Total Number of mAb Episodes	Total Number of Episodes Censored due to Occurrence Of Hospitalization Event	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<i>Any Outpatient mAb Users</i>	12,659	1,189	146	12.3%	102	8.6%	72	6.1%	60	5.0%

**Table 4a. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to Occurrence Of Hospitalization Event for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021<sup>1</sup>**

Number of Episodes by Length of Follow-Up Time													
	5 days		6 days		7 days		8 days		9 days		10 days		
	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	
<i>Any Outpatient mAb Users</i>	63	5.3%	36	3.0%	32	2.7%	26	2.2%	21	1.8%	34	2.9%	

**Table 4a. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to Occurrence Of Hospitalization Event for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021<sup>1</sup>**

Number of Episodes by Length of Follow-Up Time										
	11 days		12 days		13 days		14 days		>14 days	
	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<i>Any Outpatient mAb Users</i>	22	1.9%	15	1.3%	21	1.8%	18	1.5%	521	43.8%



**Table 4a. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to Occurrence Of Hospitalization Event for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021<sup>1</sup>**

Number of Episodes by Length of Follow-Up Time							
Distribution of At-Risk Time in Days, by Episode							
	Minimum	Q1	Median	Q3	Maximum	Mean	Standard Deviation
<i>Any Outpatient mAb Users</i>	1	3	11	55	204	35.9	47.4

<sup>1</sup>Follow-up time begins on Day 1 for hospitalization events. Episodes with one day of follow-up time indicate episodes that were censored due to a hospitalization event on Day 1.

**Table 4b. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to Occurrence Of Hospitalization Event for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Sex<sup>1</sup>**

		Number of Episodes by Length of Follow-Up Time										
		1 day		2 days		3 days		4 days		5 days		
Total Number of mAb Episodes	Total Number of Episodes Censored due to Occurrence Of Hospitalization Event	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	
<i>Any Outpatient mAb Users</i>												
Female	6,505	551	68	12.3%	52	9.4%	35	6.4%	16	2.9%	20	3.6%
Male	6,154	638	78	12.2%	50	7.8%	37	5.8%	44	6.9%	43	6.7%

**Table 4b. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to Occurrence Of Hospitalization Event for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Sex<sup>1</sup>**

Number of Episodes by Length of Follow-Up Time														
	6 days		7 days		8 days		9 days		10 days		11 days		12 days	
	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes

*Any Outpatient mAb Users*

Female	9	1.6%	13	2.4%	11	2.0%	10	1.8%	14	2.5%	10	1.8%	10	1.8%
Male	27	4.2%	19	3.0%	15	2.4%	11	1.7%	20	3.1%	12	1.9%	5	0.8%

**Table 4b. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to Occurrence Of Hospitalization Event for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Sex<sup>1</sup>**

	Number of Episodes by Length of Follow-Up Time					
	13 days		14 days		>14 days	
	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<i>Any Outpatient mAb Users</i>						
Female	6	1.1%	11	2.0%	266	48.3%
Male	15	2.4%	7	1.1%	255	40.0%

<sup>1</sup>Follow-up time begins on Day 1 for hospitalization events. Episodes with one day of follow-up time indicate episodes that were censored due to a hospitalization event on Day 1.

**Table 4c. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to Occurrence Of Hospitalization Event for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Age Group<sup>1</sup>**

			Number of Episodes by Length of Follow-Up Time									
			1 day		2 days		3 days		4 days		5 days	
Total Number of mAb Episodes	Total Number of Episodes Censored due to Occurrence Of Hospitalization Event		Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
			<i>Any Outpatient mAb Users</i>									
0-11 years	0	0	0		0		0		0		0	
12-17 years	58	2	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
18-54 years	3,544	235	49	20.9%	28	11.9%	18	7.7%	8	3.4%	9	3.8%
55-64 years	3,521	258	28	10.9%	25	9.7%	24	9.3%	18	7.0%	10	3.9%
≥ 65 years	5,536	694	69	9.9%	49	7.1%	30	4.3%	34	4.9%	44	6.3%

**Table 4c. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to Occurrence Of Hospitalization Event for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Age Group<sup>1</sup>**

Number of Episodes by Length of Follow-Up Time															
	6 days		7 days		8 days		9 days		10 days		11 days		12 days		
	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	
<i>Any Outpatient mAb Users</i>															
0-11 years	0		0		0		0		0		0		0		
12-17 years	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	
18-54 years	4	1.7%	6	2.6%	3	1.3%	3	1.3%	6	2.6%	1	0.4%	1	0.4%	
55-64 years	11	4.3%	5	1.9%	7	2.7%	5	1.9%	7	2.7%	7	2.7%	1	0.4%	
≥ 65 years	21	3.0%	21	3.0%	16	2.3%	13	1.9%	20	2.9%	14	2.0%	13	1.9%	

**Table 4c. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to Occurrence Of Hospitalization Event for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Age Group<sup>1</sup>**

	Number of Episodes by Length of Follow-Up Time					
	13 days		14 days		>14 days	
	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<i>Any Outpatient mAb Users</i>						
0-11 years	0		0		0	
12-17 years	0	0.0%	0	0.0%	1	50.0%
18-54 years	4	1.7%	4	1.7%	91	38.7%
55-64 years	3	1.2%	4	1.6%	103	39.9%
≥ 65 years	14	2.0%	10	1.4%	326	47.0%

<sup>1</sup>Follow-up time begins on Day 1 for hospitalization events. Episodes with one day of follow-up time indicate episodes that were censored due to a hospitalization event on Day 1.

*Data are not presented in shaded cells due to their inability to be calculated. This table may not use all data representations.*

**Table 5a. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to Occurrence Of Anaphylactic Reaction Event for Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021<sup>1</sup>**

Number of Episodes by Length of Follow-Up Time												
			1 day		2 days		3 days		4 days		5 days	
	Total Number of mAb Episodes	Total Number of Episodes Censored due to Occurrence Of Anaphylaxis Event	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<b>Anaphylaxis in Any Care Setting</b>												
<i>Any mAb Users</i>	54,421	28	8	28.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Anaphylaxis in Inpatient Setting</b>												
<i>Any mAb Users</i>	54,421	5	1	20.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Anaphylaxis in Emergency Department Setting</b>												
<i>Any mAb Users</i>	54,421	11	3	27.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Anaphylaxis in Ambulatory Visit Setting</b>												
<i>Any mAb Users</i>	54,421	17	5	29.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%



**Table 5a. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to Occurrence Of Anaphylactic Reaction Event for Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021<sup>1</sup>**

Number of Episodes by Length of Follow-Up Time													
	6 days		7 days		>7 days		Distribution of At-Risk Time in Days, by Episode						
	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Minimum	Q1	Median	Q3	Maximum	Mean	Standard Deviation
<b>Anaphylaxis in Any Care Setting</b>													
<i>Any mAb Users</i>	0	0.0%	0	0.0%	20	71.4%	1	1	59	135	212	77.6	73.0
<b>Anaphylaxis in Inpatient Setting</b>													
<i>Any mAb Users</i>	0	0.0%	0	0.0%	4	80.0%	1	44	66	181	251	108.6	103.8
<b>Anaphylaxis in Emergency Department Setting</b>													
<i>Any mAb Users</i>	0	0.0%	0	0.0%	8	72.7%	1	1	104	195	251	116.2	95.5
<b>Anaphylaxis in Ambulatory Visit Setting</b>													
<i>Any mAb Users</i>	0	0.0%	0	0.0%	12	70.6%	1	1	50	128	190	68.5	65.6

<sup>1</sup>Follow-up time begins on Day 0 for anaphylaxis events. Episodes with one day of follow-up time indicate episodes that were censored due to an anaphylaxis event on Day 0.

**Table 5b. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to Occurrence Of Anaphylactic Reaction Event for Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021, by Sex<sup>1</sup>**

Number of Episodes by Length of Follow-Up Time												
			1 day		2 days		3 days		4 days		5 days	
Total Number of mAb Episodes	Total Number of Episodes Censored due to Occurrence Of Anaphylaxis Event		Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<b>Anaphylaxis in Any Care Setting</b>												
<i>Any mAb Users</i>												
Female	28,910	19	4	21.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Male	25,511	9	4	44.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Anaphylaxis in Inpatient Setting</b>												
<i>Any mAb Users</i>												
Female	28,910	2	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Male	25,511	3	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Anaphylaxis in Emergency Department Setting</b>												
<i>Any mAb Users</i>												
Female	28,910	6	1	16.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Male	25,511	5	2	40.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Anaphylaxis in Ambulatory Visit Setting</b>												
<i>Any mAb Users</i>												
Female	28,910	13	4	30.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Male	25,511	4	1	25.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

**Table 5b. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to Occurrence Of Anaphylactic Reaction Event for Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021, by Sex<sup>1</sup>**

Number of Episodes by Length of Follow-Up Time						
	6 days		7 days		>7 days	
	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<b>Anaphylaxis in Any Care Setting</b>						
<i>Any mAb Users</i>						
Female	0	0.0%	0	0.0%	15	78.9%
Male	0	0.0%	0	0.0%	5	55.6%
<b>Anaphylaxis in Inpatient Setting</b>						
<i>Any mAb Users</i>						
Female	0	0.0%	0	0.0%	2	100.0%
Male	0	0.0%	0	0.0%	2	66.7%
<b>Anaphylaxis in Emergency Department Setting</b>						
<i>Any mAb Users</i>						
Female	0	0.0%	0	0.0%	5	83.3%
Male	0	0.0%	0	0.0%	3	60.0%
<b>Anaphylaxis in Ambulatory Visit Setting</b>						
<i>Any mAb Users</i>						
Female	0	0.0%	0	0.0%	9	69.2%
Male	0	0.0%	0	0.0%	3	75.0%

<sup>1</sup>Follow-up time begins on Day 0 for anaphylaxis events. Episodes with one day of follow-up time indicate episodes that were censored due to an anaphylaxis event on Day 0.

**Table 5c. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to Occurrence Of Anaphylactic Reaction Event for Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021, by Age Group<sup>1</sup>**

Number of Episodes by Length of Follow-Up Time									
			1 day		2 days		3 days		
		Total Number of Episodes Censored due to Occurrence Of Anaphylaxis Event	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	
Total Number of mAb Episodes									
<b>Anaphylaxis in Any Care Setting</b>									
<i>Any mAb Users</i>									
0-11 years	4	0	0		0		0		
12-17 years	415	0	0		0		0		
18-54 years	20,620	11	1	9.1%	0	0.0%	0	0.0%	
55-64 years	12,531	6	2	33.3%	0	0.0%	0	0.0%	
≥ 65 years	20,851	11	5	45.5%	0	0.0%	0	0.0%	
<b>Anaphylaxis in Inpatient Setting</b>									
<i>Any mAb Users</i>									
0-11 years	4	0	0		0		0		
12-17 years	415	0	0		0		0		
18-54 years	20,620	2	0	0.0%	0	0.0%	0	0.0%	
55-64 years	12,531	1	0	0.0%	0	0.0%	0	0.0%	
≥ 65 years	20,851	2	1	50.0%	0	0.0%	0	0.0%	
<b>Anaphylaxis in Emergency Department Setting</b>									
<i>Any mAb Users</i>									
0-11 years	4	0	0		0		0		
12-17 years	415	0	0		0		0		
18-54 years	20,620	5	1	20.0%	0	0.0%	0	0.0%	
55-64 years	12,531	2	1	50.0%	0	0.0%	0	0.0%	
≥ 65 years	20,851	4	1	25.0%	0	0.0%	0	0.0%	
<b>Anaphylaxis in Ambulatory Visit Setting</b>									
<i>Any mAb Users</i>									
0-11 years	4	0	0		0		0		
12-17 years	415	0	0		0		0		
18-54 years	20,620	7	1	14.3%	0	0.0%	0	0.0%	
55-64 years	12,531	3	1	33.3%	0	0.0%	0	0.0%	
≥ 65 years	20,851	7	3	42.9%	0	0.0%	0	0.0%	

**Table 5c. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to Occurrence Of Anaphylactic Reaction Event for Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021, by Age Group<sup>1</sup>**

Number of Episodes by Length of Follow-Up Time										
4 days		5 days		6 days		7 days		>7 days		
Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	
<b>Anaphylaxis in Any Care Setting</b>										
<i>Any mAb Users</i>										
0-11 years	0		0		0		0		0	
12-17 years	0		0		0		0		0	
18-54 years	0	0.0%	0	0.0%	0	0.0%	0	0.0%	10	90.9%
55-64 years	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	66.7%
≥ 65 years	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	54.5%
<b>Anaphylaxis in Inpatient Setting</b>										
<i>Any mAb Users</i>										
0-11 years	0		0		0		0		0	
12-17 years	0		0		0		0		0	
18-54 years	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%
55-64 years	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
≥ 65 years	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%
<b>Anaphylaxis in Emergency Department Setting</b>										
<i>Any mAb Users</i>										
0-11 years	0		0		0		0		0	
12-17 years	0		0		0		0		0	
18-54 years	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	80.0%
55-64 years	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%
≥ 65 years	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	75.0%
<b>Anaphylaxis in Ambulatory Visit Setting</b>										
<i>Any mAb Users</i>										
0-11 years	0		0		0		0		0	
12-17 years	0		0		0		0		0	
18-54 years	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	85.7%
55-64 years	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	66.7%
≥ 65 years	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	57.1%

<sup>1</sup>Follow-up time begins on Day 0 for anaphylaxis events. Episodes with one day of follow-up time indicate episodes that were censored due to an anaphylaxis event on Day 0.

Data are not presented in shaded cells due to their inability to be calculated. This table may not use all data representations.

**Table 6a. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to All Reasons for Censoring for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021<sup>1,2</sup>**

Number of Episodes by Length of Follow-Up Time											
		0 days		1 day		2 days		3 days		4 days	
Total Number of mAb Episodes		Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<i>Any Outpatient mAb Users</i>	12,659	26	0.2%	181	1.4%	125	1.0%	82	0.6%	69	0.5%

**Table 6a. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to All Reasons for Censoring for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021<sup>1,2</sup>**

Number of Episodes by Length of Follow-Up Time														
	5 days		6 days		7 days		8 days		9 days		10 days		11 days	
	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<i>Any Outpatient mAb Users</i>	83	0.7%	53	0.4%	53	0.4%	48	0.4%	37	0.3%	47	0.4%	37	0.3%

**Table 6a. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to All Reasons for Censoring for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021<sup>1,2</sup>**

Number of Episodes by Length of Follow-Up Time								
	12 days		13 days		14 days		>14 days	
	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<i>Any Outpatient mAb Users</i>	32	0.3%	44	0.3%	39	0.3%	11,703	92.4%



**Table 6a. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to All Reasons for Censoring for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021<sup>1,2</sup>**

Number of Episodes by Length of Follow-Up Time							
Distribution of At-Risk Time in Days, by Episode							
	Minimum	Q1	Median	Q3	Maximum	Mean	Standard Deviation
<i>Any Outpatient mAb Users</i>	0	83	139	168	229	122.7	57.9

<sup>1</sup>Episodes may be censored due to occurrence of a hospitalization event, death, end of study period, or disenrollment.

<sup>2</sup>Follow-up time begins on Day 1 for hospitalization events. Episodes with one day of follow-up time indicate episodes that were censored due to any reason on Day 1. Episodes with 0 days of follow-up time indicate episodes that were censored on the index day, due to reasons other than hospitalization.

**Table 6b. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to All Reasons for Censoring for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Sex<sup>1,2</sup>**

Number of Episodes by Length of Follow-Up Time													
		0 days		1 day		2 days		3 days		4 days		5 days	
Total Number of Episodes		Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<i>Any Outpatient mAb Users</i>													
Female	6,505	18	0.3%	84	1.3%	67	1.0%	40	0.6%	22	0.3%	32	0.5%
Male	6,154	8	0.1%	97	1.6%	58	0.9%	42	0.7%	47	0.8%	51	0.8%

**Table 6b. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to All Reasons for Censoring for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Sex<sup>1,2</sup>**

Number of Episodes by Length of Follow-Up Time														
	6 days		7 days		8 days		9 days		10 days		11 days		12 days	
	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<i>Any Outpatient mAb Users</i>														
Female	17	0.3%	25	0.4%	22	0.3%	18	0.3%	20	0.3%	20	0.3%	20	0.3%
Male	36	0.6%	28	0.5%	26	0.4%	19	0.3%	27	0.4%	17	0.3%	12	0.2%

**Table 6b. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to All Reasons for Censoring for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Sex<sup>1,2</sup>**

	Number of Episodes by Length of Follow-Up Time					
	13 days		14 days		>14 days	
	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<i>Any Outpatient mAb Users</i>						
Female	16	0.2%	22	0.3%	6,062	93.2%
Male	28	0.5%	17	0.3%	5,641	91.7%

<sup>1</sup>Episodes may be censored due to occurrence of a hospitalization event, death, end of study period, or disenrollment.

<sup>2</sup>Follow-up time begins on Day 1 for hospitalization events. Episodes with one day of follow-up time indicate episodes that were censored due to any reason on Day 1. Episodes with 0 days of follow-up time indicate episodes that were censored on the index day, due to reasons other than hospitalization.

**Table 6c. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to All Reasons for Censoring for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Age Group<sup>1,2</sup>**

Number of Episodes by Length of Follow-Up Time											
	Total Number of Episodes	0 days		1 day		2 days		3 days		4 days	
		Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<i>Any Outpatient mAb Users</i>											
0-11 years	0	0		0		0		0		0	
12-17 years	58	0	0.0%	1	1.7%	0	0.0%	0	0.0%	1	1.7%
18-54 years	3,544	13	0.4%	56	1.6%	38	1.1%	24	0.7%	12	0.3%
55-64 years	3,521	8	0.2%	45	1.3%	32	0.9%	26	0.7%	19	0.5%
≥ 65 years	5,536	5	0.1%	79	1.4%	55	1.0%	32	0.6%	37	0.7%

**Table 6c. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to All Reasons for Censoring for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Age Group<sup>1,2</sup>**

Number of Episodes by Length of Follow-Up Time												
	5 days		6 days		7 days		8 days		9 days		10 days	
	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<i>Any Outpatient mAb Users</i>												
0-11 years	0		0		0		0		0		0	
12-17 years	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.7%
18-54 years	20	0.6%	14	0.4%	13	0.4%	12	0.3%	11	0.3%	14	0.4%
55-64 years	15	0.4%	15	0.4%	10	0.3%	15	0.4%	10	0.3%	9	0.3%
≥ 65 years	48	0.9%	24	0.4%	30	0.5%	21	0.4%	16	0.3%	23	0.4%

**Table 6c. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to All Reasons for Censoring for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Age Group<sup>1,2</sup>**

	Number of Episodes by Length of Follow-Up Time									
	11 days		12 days		13 days		14 days		>14 days	
	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<i>Any Outpatient mAb Users</i>										
0-11 years	0		0		0		0		0	
12-17 years	0	0.0%	0	0.0%	1	1.7%	0	0.0%	54	93.1%
18-54 years	10	0.3%	4	0.1%	16	0.5%	11	0.3%	3,276	92.4%
55-64 years	11	0.3%	6	0.2%	6	0.2%	12	0.3%	3,282	93.2%
≥ 65 years	16	0.3%	22	0.4%	21	0.4%	16	0.3%	5,091	92.0%

<sup>1</sup>Episodes may be censored due to occurrence of a hospitalization event, death, end of study period, or disenrollment.

<sup>2</sup>Follow-up time begins on Day 1 for hospitalization events. Episodes with one day of follow-up time indicate episodes that were censored due to any reason on Day 1. Episodes with 0 days of follow-up time indicate episodes that were censored on the index day, due to reasons other than hospitalization.

*Data are not presented in shaded cells due to their inability to be calculated. This table may not use all data representations.*

**Table 7a. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to All Reasons for Censoring for Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021<sup>1,2</sup>**

Number of Episodes by Length of Follow-Up Time											
	1 day		2 days		3 days		4 days		5 days		
	Total Number of mAb Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<b>Anaphylaxis in Any Care Setting</b>											
<i>Any mAb Users</i>	54,421	49	0.1%	58	0.1%	68	0.1%	84	0.2%	97	0.2%
<b>Anaphylaxis in Inpatient Setting</b>											
<i>Any mAb Users</i>	54,421	42	0.1%	58	0.1%	68	0.1%	84	0.2%	97	0.2%
<b>Anaphylaxis in Emergency Department Setting</b>											
<i>Any mAb Users</i>	54,421	44	0.1%	58	0.1%	68	0.1%	84	0.2%	97	0.2%
<b>Anaphylaxis in Ambulatory Visit Setting</b>											
<i>Any mAb Users</i>	54,421	46	0.1%	58	0.1%	68	0.1%	84	0.2%	97	0.2%



**Table 7a. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to All Reasons for Censoring for Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021<sup>1,2</sup>**

	Number of Episodes by Length of Follow-Up Time						Distribution of At-Risk Time in Days, by Episode						
	6 days		7 days		>7 days		Minimum	Q1	Median	Q3	Maximum	Mean	Standard Deviation
	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes							
<b>Anaphylaxis in Any Care Setting</b>													
<i>Any mAb Users</i>	113	0.2%	143	0.3%	53,809	98.9%	1	47	73	223	353	123.0	102.2
<b>Anaphylaxis in Inpatient Setting</b>													
<i>Any mAb Users</i>	113	0.2%	143	0.3%	53,816	98.9%	1	47	73	223	353	123.0	102.2
<b>Anaphylaxis in Emergency Department Setting</b>													
<i>Any mAb Users</i>	113	0.2%	143	0.3%	53,814	98.9%	1	47	73	223	353	123.0	102.2
<b>Anaphylaxis in Ambulatory Visit Setting</b>													
<i>Any mAb Users</i>	113	0.2%	143	0.3%	53,812	98.9%	1	47	73	223	353	123.0	102.2

<sup>1</sup>Episodes may be censored due to occurrence of an anaphylaxis event, death, end of study period, or disenrollment.

<sup>2</sup>Follow-up time begins on Day 0. Episodes with one day of follow-up time indicate episodes that were censored on Day 0.

**Table 7b. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to All Reasons for Censoring for Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021, by Sex<sup>1,2</sup>**

<b>Number of Episodes by Length of Follow-Up Time</b>											
		<b>1 day</b>		<b>2 days</b>		<b>3 days</b>		<b>4 days</b>		<b>5 days</b>	
	<b>Total Number of Episodes</b>	<b>Number of Episodes</b>	<b>Percent of Episodes</b>	<b>Number of Episodes</b>	<b>Percent of Episodes</b>	<b>Number of Episodes</b>	<b>Percent of Episodes</b>	<b>Number of Episodes</b>	<b>Percent of Episodes</b>	<b>Number of Episodes</b>	<b>Percent of Episodes</b>
<b>Anaphylaxis in Any Care Setting</b>											
<i>Any mAb Users</i>											
Female	28,910	30	0.1%	33	0.1%	32	0.1%	48	0.2%	58	0.2%
Male	25,511	19	0.1%	25	0.1%	36	0.1%	36	0.1%	39	0.2%
<b>Anaphylaxis in Inpatient Setting</b>											
<i>Any mAb Users</i>											
Female	28,910	26	0.1%	33	0.1%	32	0.1%	48	0.2%	58	0.2%
Male	25,511	16	0.1%	25	0.1%	36	0.1%	36	0.1%	39	0.2%
<b>Anaphylaxis in Emergency Department Setting</b>											
<i>Any mAb Users</i>											
Female	28,910	27	0.1%	33	0.1%	32	0.1%	48	0.2%	58	0.2%
Male	25,511	17	0.1%	25	0.1%	36	0.1%	36	0.1%	39	0.2%
<b>Anaphylaxis in Ambulatory Visit Setting</b>											
<i>Any mAb Users</i>											
Female	28,910	30	0.1%	33	0.1%	32	0.1%	48	0.2%	58	0.2%
Male	25,511	16	0.1%	25	0.1%	36	0.1%	36	0.1%	39	0.2%

**Table 7b. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to All Reasons for Censoring for Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021, by Sex<sup>1,2</sup>**

	Number of Episodes by Length of Follow-Up Time					
	6 days		7 days		>7 days	
	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<b>Anaphylaxis in Any Care Setting</b>						
<i>Any mAb Users</i>						
Female	48	0.2%	69	0.2%	28,592	98.9%
Male	65	0.3%	74	0.3%	25,217	98.8%
<b>Anaphylaxis in Inpatient Setting</b>						
<i>Any mAb Users</i>						
Female	48	0.2%	69	0.2%	28,596	98.9%
Male	65	0.3%	74	0.3%	25,220	98.9%
<b>Anaphylaxis in Emergency Department Setting</b>						
<i>Any mAb Users</i>						
Female	48	0.2%	69	0.2%	28,595	98.9%
Male	65	0.3%	74	0.3%	25,219	98.9%
<b>Anaphylaxis in Ambulatory Visit Setting</b>						
<i>Any mAb Users</i>						
Female	48	0.2%	69	0.2%	28,592	98.9%
Male	65	0.3%	74	0.3%	25,220	98.9%

<sup>1</sup>Episodes may be censored due to occurrence of an anaphylaxis event, death, end of study period, or disenrollment.

<sup>2</sup>Follow-up time begins on Day 0. Episodes with one day of follow-up time indicate episodes that were censored on Day 0.

**Table 7c. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to All Reasons for Censoring for Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021, by Age Group<sup>1,2</sup>**

	Number of Episodes by Length of Follow-Up Time								
	1 day			2 days		3 days		4 days	
	Total Number of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<b>Anaphylaxis in Any Care Setting</b>									
<i>Any mAb Users</i>									
0-11 years	4	0	0.0%	0	0.0%	0	0.0%	0	0.0%
12-17 years	415	0	0.0%	0	0.0%	0	0.0%	0	0.0%
18-54 years	20,620	17	0.1%	15	0.1%	18	0.1%	12	0.1%
55-64 years	12,531	17	0.1%	21	0.2%	14	0.1%	17	0.1%
≥ 65 years	20,851	15	0.1%	22	0.1%	36	0.2%	55	0.3%
<b>Anaphylaxis in Inpatient Setting</b>									
<i>Any mAb Users</i>									
0-11 years	4	0	0.0%	0	0.0%	0	0.0%	0	0.0%
12-17 years	415	0	0.0%	0	0.0%	0	0.0%	0	0.0%
18-54 years	20,620	16	0.1%	15	0.1%	18	0.1%	12	0.1%
55-64 years	12,531	15	0.1%	21	0.2%	14	0.1%	17	0.1%
≥ 65 years	20,851	11	0.1%	22	0.1%	36	0.2%	55	0.3%
<b>Anaphylaxis in Emergency Department Setting</b>									
<i>Any mAb Users</i>									
0-11 years	4	0	0.0%	0	0.0%	0	0.0%	0	0.0%
12-17 years	415	0	0.0%	0	0.0%	0	0.0%	0	0.0%
18-54 years	20,620	17	0.1%	15	0.1%	18	0.1%	12	0.1%
55-64 years	12,531	16	0.1%	21	0.2%	14	0.1%	17	0.1%
≥ 65 years	20,851	11	0.1%	22	0.1%	36	0.2%	55	0.3%
<b>Anaphylaxis in Ambulatory Visit Setting</b>									
<i>Any mAb Users</i>									
0-11 years	4	0	0.0%	0	0.0%	0	0.0%	0	0.0%
12-17 years	415	0	0.0%	0	0.0%	0	0.0%	0	0.0%
18-54 years	20,620	17	0.1%	15	0.1%	18	0.1%	12	0.1%
55-64 years	12,531	16	0.1%	21	0.2%	14	0.1%	17	0.1%
≥ 65 years	20,851	13	0.1%	22	0.1%	36	0.2%	55	0.3%

**Table 7c. Summary of Time to End of At-Risk Period (Follow-Up Time) Due to All Reasons for Censoring for Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021, by Age Group<sup>1,2</sup>**

	Number of Episodes by Length of Follow-Up Time							
	5 days		6 days		7 days		>7 days	
	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<b>Anaphylaxis in Any Care Setting</b>								
<i>Any mAb Users</i>								
0-11 years	0	0.0%	0	0.0%	0	0.0%	4	100.0%
12-17 years	2	0.5%	1	0.2%	0	0.0%	412	99.3%
18-54 years	23	0.1%	34	0.2%	53	0.3%	20,448	99.2%
55-64 years	19	0.2%	18	0.1%	26	0.2%	12,399	98.9%
≥ 65 years	53	0.3%	60	0.3%	64	0.3%	20,546	98.5%
<b>Anaphylaxis in Inpatient Setting</b>								
<i>Any mAb Users</i>								
0-11 years	0	0.0%	0	0.0%	0	0.0%	4	100.0%
12-17 years	2	0.5%	1	0.2%	0	0.0%	412	99.3%
18-54 years	23	0.1%	34	0.2%	53	0.3%	20,449	99.2%
55-64 years	19	0.2%	18	0.1%	26	0.2%	12,401	99.0%
≥ 65 years	53	0.3%	60	0.3%	64	0.3%	20,550	98.6%
<b>Anaphylaxis in Emergency Department Setting</b>								
<i>Any mAb Users</i>								
0-11 years	0	0.0%	0	0.0%	0	0.0%	4	100.0%
12-17 years	2	0.5%	1	0.2%	0	0.0%	412	99.3%
18-54 years	23	0.1%	34	0.2%	53	0.3%	20,448	99.2%
55-64 years	19	0.2%	18	0.1%	26	0.2%	12,400	99.0%
≥ 65 years	53	0.3%	60	0.3%	64	0.3%	20,550	98.6%
<b>Anaphylaxis in Ambulatory Visit Setting</b>								
<i>Any mAb Users</i>								
0-11 years	0	0.0%	0	0.0%	0	0.0%	4	100.0%
12-17 years	2	0.5%	1	0.2%	0	0.0%	412	99.3%
18-54 years	23	0.1%	34	0.2%	53	0.3%	20,448	99.2%
55-64 years	19	0.2%	18	0.1%	26	0.2%	12,400	99.0%
≥ 65 years	53	0.3%	60	0.3%	64	0.3%	20,548	98.5%

<sup>1</sup>Episodes may be censored due to occurrence of an anaphylaxis event, death, end of study period, or disenrollment.

<sup>2</sup>Follow-up time begins on Day 0. Episodes with one day of follow-up time indicate episodes that were censored on Day 0.

**Table 8a. Summary of Reasons for Time to End of At-Risk Period (Follow-Up Time) for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021<sup>1</sup>**

	Reason for End of Follow-Up Time								
	Disenrollment			Death		Query End Date		Hospitalization Event	
	Total Number of mAb Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<i>Any Outpatient mAb Users</i>	12,659	804	6.4%	0	0.0%	10,862	85.8%	1,189	9.4%

<sup>1</sup>An episode may be censored due to more than one reason if they occur on the same date. Therefore, the sum of the reasons for censoring may be greater than the total number of episodes.

**Table 8b. Summary of Reasons for Time to End of At-Risk Period (Follow-Up Time) for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Sex<sup>1</sup>**

	Reason for End of Follow-Up Time								
	Disenrollment			Death		Query End Date		Hospitalization Event	
	Total Number of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<i>Any Outpatient mAb Users</i>									
Female	6,505	420	6.5%	0	0.0%	5,638	86.7%	551	8.5%
Male	6,154	384	6.2%	0	0.0%	5,224	84.9%	638	10.4%

<sup>1</sup>An episode may be censored due to more than one reason if they occur on the same date. Therefore, the sum of the reasons for censoring may be greater than the total number of episodes.

**Table 8c. Summary of Reasons for Time to End of At-Risk Period (Follow-Up Time) for Outpatient Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to June 30, 2021, by Age Group<sup>1</sup>**

	Reason for End of Follow-Up Time								
	Disenrollment			Death		Query End Date		Hospitalization Event	
	Total Number of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<i>Any Outpatient mAb Users</i>									
0-11 years	0	0		0		0		0	
12-17 years	58	2	3.4%	0	0.0%	55	94.8%	2	3.4%
18-54 years	3,544	287	8.1%	0	0.0%	3,101	87.5%	235	6.6%
55-64 years	3,521	293	8.3%	0	0.0%	3,046	86.5%	258	7.3%
≥ 65 years	5,536	222	4.0%	0	0.0%	4,660	84.2%	694	12.5%

<sup>1</sup>An episode may be censored due to more than one reason if they occur on the same date. Therefore, the sum of the reasons for censoring may be greater than the total number of episodes.

*Data are not presented in shaded cells due to their inability to be calculated. This table may not use all data representations.*



**Table 9a. Summary of Reasons for Time to End of At-Risk Period (Follow-Up Time) for Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021<sup>1</sup>**

	Reason for End of Follow-Up Time								
	Disenrollment			Death		Query End Date		Anaphylaxis Event	
	Total Number of mAb Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<b>Anaphylaxis in Any Care Setting</b>									
<i>Any mAb Users</i>	54,421	54,172	99.5%	226	0.4%	50,369	92.6%	28	0.1%
<b>Anaphylaxis in Inpatient Setting</b>									
<i>Any mAb Users</i>	54,421	54,195	99.6%	226	0.4%	50,389	92.6%	5	0.01%
<b>Anaphylaxis in Emergency Department Setting</b>									
<i>Any mAb Users</i>	54,421	54,188	99.6%	227	0.4%	50,382	92.6%	11	0.02%
<b>Anaphylaxis in Ambulatory Visit Setting</b>									
<i>Any mAb Users</i>	54,421	54,182	99.6%	227	0.4%	50,378	92.6%	17	0.03%

<sup>1</sup>An episode may be censored due to more than one reason if they occur on the same date. Therefore, the sum of the reasons for censoring may be greater than the total number of episodes.

**Table 9b. Summary of Reasons for Time to End of At-Risk Period (Follow-Up Time) for Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021, by Sex<sup>1</sup>**

	Reason for End of Follow-Up Time								
	Disenrollment			Death		Query End Date		Anaphylaxis Event	
	Total Number of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<b>Anaphylaxis in Any Care Setting</b>									
<i>Any mAb Users</i>									
Female	28,910	28,812	99.7%	81	0.3%	26,809	92.7%	19	0.1%
Male	25,511	25,360	99.4%	145	0.6%	23,560	92.4%	9	0.04%
<b>Anaphylaxis in Inpatient Setting</b>									
<i>Any mAb Users</i>									
Female	28,910	28,829	99.7%	81	0.3%	26,823	92.8%	2	0.01%
Male	25,511	25,366	99.4%	145	0.6%	23,566	92.4%	3	0.01%
<b>Anaphylaxis in Emergency Department Setting</b>									
<i>Any mAb Users</i>									
Female	28,910	28,825	99.7%	81	0.3%	26,819	92.8%	6	0.02%
Male	25,511	25,363	99.4%	146	0.6%	23,563	92.4%	5	0.02%
<b>Anaphylaxis in Ambulatory Visit Setting</b>									
<i>Any mAb Users</i>									
Female	28,910	28,818	99.7%	81	0.3%	26,814	92.7%	13	0.04%
Male	25,511	25,364	99.4%	146	0.6%	23,564	92.4%	4	0.02%

<sup>1</sup>An episode may be censored due to more than one reason if they occur on the same date. Therefore, the sum of the reasons for censoring may be greater than the total number of episodes.

**Table 9c. Summary of Reasons for Time to End of At-Risk Period (Follow-Up Time) for Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021, by Age Group<sup>1</sup>**

	Reason for End of Follow-Up Time								
	Disenrollment			Death		Query End Date		Anaphylaxis Event	
	Total Number of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<b>Anaphylaxis in Any Care Setting</b>									
<i>Any mAb Users</i>									
0-11 years	4	4	100.0%	0	0.0%	4	100.0%	0	0.0%
12-17 years	415	415	100.0%	0	0.0%	383	92.3%	0	0.0%
18-54 years	20,620	20,591	99.9%	19	0.1%	18,988	92.1%	11	0.1%
55-64 years	12,531	12,493	99.7%	33	0.3%	11,277	90.0%	6	0.05%
≥ 65 years	20,851	20,669	99.1%	174	0.8%	19,717	94.6%	11	0.1%
<b>Anaphylaxis in Inpatient Setting</b>									
<i>Any mAb Users</i>									
0-11 years	4	4	100.0%	0	0.0%	4	100.0%	0	0.0%
12-17 years	415	415	100.0%	0	0.0%	383	92.3%	0	0.0%
18-54 years	20,620	20,600	99.9%	19	0.1%	18,995	92.1%	2	0.01%
55-64 years	12,531	12,498	99.7%	33	0.3%	11,282	90.0%	1	0.01%
≥ 65 years	20,851	20,678	99.2%	174	0.8%	19,725	94.6%	2	0.01%
<b>Anaphylaxis in Emergency Department Setting</b>									
<i>Any mAb Users</i>									
0-11 years	4	4	100.0%	0	0.0%	4	100.0%	0	0.0%
12-17 years	415	415	100.0%	0	0.0%	383	92.3%	0	0.0%
18-54 years	20,620	20,597	99.9%	19	0.1%	18,992	92.1%	5	0.02%
55-64 years	12,531	12,497	99.7%	33	0.3%	11,281	90.0%	2	0.02%
≥ 65 years	20,851	20,675	99.2%	175	0.8%	19,722	94.6%	4	0.02%

**Table 9c. Summary of Reasons for Time to End of At-Risk Period (Follow-Up Time) for Monoclonal Antibody (mAb) Users in the Rapid COVID Sentinel Distributed Database from November 9, 2020 to September 30, 2021, by Age Group<sup>1</sup>**

	Reason for End of Follow-Up Time								
	Disenrollment			Death		Query End Date		Anaphylaxis Event	
	Total Number of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes	Number of Episodes	Percent of Episodes
<b>Anaphylaxis in Ambulatory Visit Setting</b>									
<i>Any mAb Users</i>									
0-11 years	4	4	100.0%	0	0.0%	4	100.0%	0	0.0%
12-17 years	415	415	100.0%	0	0.0%	383	92.3%	0	0.0%
18-54 years	20,620	20,595	99.9%	19	0.1%	18,991	92.1%	7	0.03%
55-64 years	12,531	12,496	99.7%	33	0.3%	11,280	90.0%	3	0.02%
≥ 65 years	20,851	20,672	99.1%	175	0.8%	19,720	94.6%	7	0.03%

<sup>1</sup>An episode may be censored due to more than one reason if they occur on the same date. Therefore, the sum of the reasons for censoring may be greater than the total number of episodes.

**Table 10. Summary of Patient Level Cohort Attrition in the Rapid COVID Sentinel Distributed Database**

	Any mAb Users <sup>1</sup>		Bamlanivimab Users <sup>1</sup>		Casirivimab/ Imdevimab Users <sup>1</sup>		Bamlanivimab/ Etesevimab Users <sup>1</sup>	
	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded
<b>Members meeting enrollment and demographic requirements</b>								
Enrolled at any point during the query period	35,677,895	N/A	35,677,895	N/A	35,677,895	N/A	35,677,895	N/A
	35,677,895	0	N/A	N/A	N/A	N/A	N/A	N/A
	31,211,670	4,466,225	35,677,895	0	N/A	N/A	N/A	N/A
	N/A	N/A	31,211,670	4,466,225	35,677,895	0	N/A	N/A
	N/A	N/A	N/A	N/A	31,211,670	4,466,225	35,677,895	0
	N/A	N/A	N/A	N/A	N/A	N/A	31,211,670	4,466,225
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Had required coverage type (medical and/or drug coverage)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Enrolled during specified age range	31,211,003	667	31,211,003	667	31,211,003	667	31,211,003	667
Had requestable medical charts	31,211,003	0	31,211,003	0	31,211,003	0	31,211,003	0
Met demographic requirements (sex, race, and Hispanic origin)	31,208,294	2,709	31,208,294	2,709	31,208,294	2,709	31,208,294	2,709

**Table 10. Summary of Patient Level Cohort Attrition in the Rapid COVID Sentinel Distributed Database**

	Any mAb Users <sup>1</sup>		Bamlanivimab Users <sup>1</sup>		Casirivimab/ Imdevimab Users <sup>1</sup>		Bamlanivimab/ Etesevimab Users <sup>1</sup>	
	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded
<b>Members with a valid index event</b>								
Had any cohort-defining claim during the query period	22,086	31,186,208	15,751	31,192,543	4,132	31,204,162	2,412	31,205,882
Claim recorded during specified age range	22,086	0	15,751	0	4,132	0	2,412	0
Episode defining index claim recorded during the query period	22,086	0	15,751	0	4,132	0	2,412	0
Met exposure incidence criteria	22,086	0	15,751	0	4,132	0	2,412	0
<b>Members with required pre-index history</b>								
Had sufficient pre-index continuous enrollment	19,686	2,400	14,199	1,552	3,596	536	2,072	340
Met inclusion and exclusion criteria <sup>3</sup>	19,686	0	14,199	0	3,596	0	2,072	0
<i>Evidence of IP mAb Use</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>Evidence of mAbs</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>No evidence of COVID-19</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Met event incidence criteria	19,686	0	14,199	0	3,596	0	2,072	0
<b>Members with required post-index follow-up</b>								
Had sufficient post-index continuous enrollment	19,686	0	14,199	0	3,596	0	2,072	0
Had minimum days' supply on index date	19,686	0	14,199	0	3,596	0	2,072	0
Had index episode of at least required length	19,686	0	14,199	0	3,596	0	2,072	0

**Table 10. Summary of Patient Level Cohort Attrition in the Rapid COVID Sentinel Distributed Database**

	Any mAb Users <sup>1</sup>		Bamlanivimab Users <sup>1</sup>		Casirivimab/ Imdevimab Users <sup>1</sup>		Bamlanivimab/ Etesevimab Users <sup>1</sup>	
	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded
Had index episode longer than blackout period	19,686	0	14,199	0	3,596	0	2,072	0
Did not have an event during blackout period	19,686	0	14,199	0	3,596	0	2,072	0
<b>Final cohort</b>								
Number of members	19,686	N/A	14,199	N/A	3,596	N/A	2,072	N/A
Number of episodes	19,686	N/A	14,199	N/A	3,596	N/A	2,072	N/A

**Table 10. Summary of Patient Level Cohort Attrition in the Rapid COVID Sentinel Distributed Database**

	Hospitalization Following Outpatient mAb Use							
	Sotrovimab Users <sup>1</sup>		mAb Non-Users <sup>1</sup>		COVID-19 Patients <sup>1</sup>		Any mAb Users <sup>1</sup>	
	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded
<b>Members meeting enrollment and demographic requirements</b>								
Enrolled at any point during the query period	35,677,895	N/A	35,677,895	N/A	35,677,895	N/A	35,677,895	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	35,677,895	0	N/A	N/A	N/A	N/A	N/A	N/A
	31,211,670	4,466,225	35,677,895	0	N/A	N/A	N/A	N/A
	N/A	N/A	31,211,670	4,466,225	35,677,895	0	N/A	N/A
	N/A	N/A	N/A	N/A	31,211,670	4,466,225	35,677,895	0
	N/A	N/A	N/A	N/A	N/A	N/A	31,211,670	4,466,225
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Had required coverage type (medical and/or drug coverage)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Enrolled during specified age range	31,211,003	667	31,211,003	667	31,211,003	667	31,211,003	667
Had requestable medical charts	31,211,003	0	31,211,003	0	31,211,003	0	31,211,003	0
Met demographic requirements (sex, race, and Hispanic origin)	31,208,294	2,709	31,208,294	2,709	31,208,294	2,709	31,208,294	2,709



**Table 10. Summary of Patient Level Cohort Attrition in the Rapid COVID Sentinel Distributed Database**

	Hospitalization Following Outpatient mAb Use							
	Sotrovimab Users <sup>1</sup>		mAb Non-Users <sup>1</sup>		COVID-19 Patients <sup>1</sup>		Any mAb Users <sup>1</sup>	
	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded
<b>Members with a valid index event</b>								
Had any cohort-defining claim during the query period	0	31,208,294	1,364,443	29,843,851	1,364,443	29,843,851	21,494	31,186,800
Claim recorded during specified age range	0	0	1,364,437	6	1,364,437	6	21,494	0
Episode defining index claim recorded during the query period	0	0	1,364,437	0	1,364,437	0	21,494	0
Met exposure incidence criteria	0	0	1,364,437	0	1,364,437	0	21,494	0
<b>Members with required pre-index history</b>								
Had sufficient pre-index continuous enrollment	0	0	1,200,774	163,663	1,200,774	163,663	19,172	2,322
Met inclusion and exclusion criteria <sup>3</sup>	0	0	1,180,856	19,918	1,200,774	0	12,659	6,513
<i>Evidence of IP mAb Use</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	47
<i>Evidence of mAbs</i>	N/A	N/A	N/A	19,918	N/A	N/A	N/A	N/A
<i>No evidence of COVID-19</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6,487
Met event incidence criteria	0	0	1,180,856	0	1,200,774	0	12,659	0
<b>Members with required post-index follow-up</b>								
Had sufficient post-index continuous enrollment	0	0	1,180,856	0	1,200,774	0	12,659	0
Had minimum days' supply on index date	0	0	1,180,856	0	1,200,774	0	12,659	0
Had index episode of at least required length	0	0	1,180,856	0	1,200,774	0	12,659	0

**Table 10. Summary of Patient Level Cohort Attrition in the Rapid COVID Sentinel Distributed Database**

	Hospitalization Following Outpatient mAb Use							
	Sotrovimab Users <sup>1</sup>		mAb Non-Users <sup>1</sup>		COVID-19 Patients <sup>1</sup>		Any mAb Users <sup>1</sup>	
	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded
Had index episode longer than blackout period	0	0	1,180,856	0	1,200,774	0	12,659	0
Did not have an event during blackout period	0	0	1,180,856	0	1,200,774	0	12,659	0
<b>Final cohort</b>								
Number of members	0	N/A	1,180,856	N/A	1,200,774	N/A	12,659	N/A
Number of episodes	0	N/A	1,180,856	N/A	1,200,774	N/A	12,659	N/A

**Table 10. Summary of Patient Level Cohort Attrition in the Rapid COVID Sentinel Distributed Database**

	Anaphylaxis in Any Care Setting		Anaphylaxis in Inpatient Setting		Anaphylaxis in Emergency Department Setting		Anaphylaxis in Ambulatory Visit Setting	
	Any mAb Users <sup>2</sup>		Any mAb Users <sup>2</sup>		Any mAb Users <sup>2</sup>		Any mAb Users <sup>2</sup>	
	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded
<b>Members meeting enrollment and demographic requirements</b>								
Enrolled at any point during the query period	37,744,137	N/A	37,744,137	N/A	37,744,137	N/A	37,744,137	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	37,744,137	0	N/A	N/A	N/A	N/A	N/A	N/A
	33,082,745	4,661,392	37,744,137	0	N/A	N/A	N/A	N/A
	N/A	N/A	33,082,745	4,661,392	37,744,137	0	N/A	N/A
Had required coverage type (medical and/or drug coverage)	N/A	N/A	N/A	N/A	33,082,745	4,661,392	37,744,137	0
	N/A	N/A	N/A	N/A	N/A	N/A	33,082,745	4,661,392
Enrolled during specified age range	33,082,071	674	33,082,071	674	33,082,071	674	33,082,071	674
Had requestable medical charts	33,082,071	0	33,082,071	0	33,082,071	0	33,082,071	0
Met demographic requirements (sex, race, and Hispanic origin)	33,078,299	3,772	33,078,299	3,772	33,078,299	3,772	33,078,299	3,772

**Table 10. Summary of Patient Level Cohort Attrition in the Rapid COVID Sentinel Distributed Database**

	Anaphylaxis in Any Care Setting		Anaphylaxis in Inpatient Setting		Anaphylaxis in Emergency Department Setting		Anaphylaxis in Ambulatory Visit Setting	
	Any mAb Users <sup>2</sup>		Any mAb Users <sup>2</sup>		Any mAb Users <sup>2</sup>		Any mAb Users <sup>2</sup>	
	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded
<b>Members with a valid index event</b>								
Had any cohort-defining claim during the query period	59,618	33,018,681	59,618	33,018,681	59,618	33,018,681	59,618	33,018,681
Claim recorded during specified age range	59,618	0	59,618	0	59,618	0	59,618	0
Episode defining index claim recorded during the query period	59,618	0	59,618	0	59,618	0	59,618	0
Met exposure incidence criteria	59,618	0	59,618	0	59,618	0	59,618	0
<b>Members with required pre-index history</b>								
Had sufficient pre-index continuous enrollment	54,421	5,197	54,421	5,197	54,421	5,197	54,421	5,197
Met inclusion and exclusion criteria <sup>3</sup>	54,421	0	54,421	0	54,421	0	54,421	0
<i>Evidence of IP mAb Use</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>Evidence of mAbs</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>No evidence of COVID-19</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Met event incidence criteria	54,421	0	54,421	0	54,421	0	54,421	0
<b>Members with required post-index follow-up</b>								
Had sufficient post-index continuous enrollment	54,421	0	54,421	0	54,421	0	54,421	0
Had minimum days' supply on index date	54,421	0	54,421	0	54,421	0	54,421	0
Had index episode of at least required length	54,421	0	54,421	0	54,421	0	54,421	0

**Table 10. Summary of Patient Level Cohort Attrition in the Rapid COVID Sentinel Distributed Database**

	Anaphylaxis in Any Care Setting		Anaphylaxis in Inpatient Setting		Anaphylaxis in Emergency Department Setting		Anaphylaxis in Ambulatory Visit Setting	
	Any mAb Users <sup>2</sup>		Any mAb Users <sup>2</sup>		Any mAb Users <sup>2</sup>		Any mAb Users <sup>2</sup>	
	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded
Had index episode longer than blackout period	54,421	0	54,421	0	54,421	0	54,421	0
Did not have an event during blackout period	54,421	0	54,421	0	54,421	0	54,421	0
<b>Final cohort</b>								
Number of members	54,421	N/A	54,421	N/A	54,421	N/A	54,421	N/A
Number of episodes	54,421	N/A	54,421	N/A	54,421	N/A	54,421	N/A

<sup>1</sup>Query period for this cohort was November 9, 2020 to June 30, 2021.

<sup>2</sup>Query period for this cohort was November 9, 2020 to September 30, 2021.

<sup>3</sup>Patients can meet multiple inclusion and/or exclusion criteria; therefore, the total number of patients excluded overall may not equal the sum of all patients in each criterion.

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

Masked DP ID	DP Start Date	DP End Date <sup>1</sup>
DP01	07/01/2017	09/30/2021
DP02	01/01/2000	04/30/2021
DP03	01/01/2014	08/31/2021
DP04	07/01/2017	08/31/2021
DP05	01/01/2017	09/30/2021
DP06	07/01/2017	09/30/2021

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

**Appendix B. List of States and Territories Included in Each Health and Human Services (HHS) Region**

HHS Region	States and Territories
Region 01	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
Region 02	New Jersey, New York, Puerto Rico, Virgin Islands
Region 03	Delaware, Maryland, Pennsylvania, Virginia, West Virginia, District of Columbia
Region 04	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
Region 05	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin.
Region 06	Arkansas, Louisiana, New Mexico, Oklahoma, Texas
Region 07	Iowa, Kansas, Missouri, Nebraska
Region 08	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
Region 09	Arizona, California, Hawaii, Nevada, American Samoa, Federated States of Micronesia, Guam, Palau
Region 10	Alaska, Idaho, Oregon, Washington
Region 11	Northern Mariana Islands, Marshall Islands
Missing	Missing
Invalid	Recorded geographic location does not match any identifiers per the Sentinel Common Data Model definition

**Appendix C. List of Healthcare Common Procedure Coding System (HCPCS) and International Classification of Diseases, Tenth Revision and Procedure Coding System (ICD-10-PCS) Procedure Codes, International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, and Logical Observation Identifiers Names and Codes (LOINC) Laboratory Codes Used to Define the Exposures of Interest and Inclusion/Exclusion Criteria in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category/ Test Type</b>	<b>Code Type</b>
<b>Bamlanivimab</b>			
Q0239	Injection, bamlanivimab-xxxx, 700 mg	Procedure	HCPCS
M0239	intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	Procedure	HCPCS
XW033F6	Introduction of Bamlanivimab Monoclonal Antibody into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS
XW043F6	Introduction of Bamlanivimab Monoclonal Antibody into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS
<b>Casirivimab and Imdevimab</b>			
Q0240	Injection, casirivimab and imdevimab, 600 mg	Procedure	HCPCS
Q0243	Injection, casirivimab and imdevimab, 2400 mg	Procedure	HCPCS
Q0244	Injection, casirivimab and imdevimab, 1200 mg	Procedure	HCPCS
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion and post administration monitoring, subsequent repeat doses	Procedure	HCPCS
M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence, this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency, subsequent repeat doses	Procedure	HCPCS
M0243	intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	Procedure	HCPCS
M0244	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency.	Procedure	HCPCS
XW033G6	Introduction of REGN-COV2 monoclonal antibody into peripheral vein, percutaneous approach, new technology group 6	Procedure	ICD-10-PCS
XW043G6	Introduction of REGN-COV2 monoclonal antibody into central vein, percutaneous approach, new technology group 6	Procedure	ICD-10-PCS
<b>Bamlanivimab and Etesevimab</b>			
XW033F6	Introduction of Bamlanivimab Monoclonal Antibody into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS
XW043F6	Introduction of Bamlanivimab Monoclonal Antibody into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS
XW043E6	Introduction of Etesevimab Monoclonal Antibody into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS
XW033E6	Introduction of Etesevimab Monoclonal Antibody into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS
Q0245	Injection, bamlanivimab and etesevimab, 2100 mg	Procedure	HCPCS
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	Procedure	HCPCS



**Appendix C. List of Healthcare Common Procedure Coding System (HCPCS) and International Classification of Diseases, Tenth Revision and Procedure Coding System (ICD-10-PCS) Procedure Codes, International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, and Logical Observation Identifiers Names and Codes (LOINC) Laboratory Codes Used to Define the Exposures of Interest and Inclusion/Exclusion Criteria in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category/ Test Type</b>	<b>Code Type</b>
M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency.	Procedure	HCPCS
<b>Sotrovimab</b>			
Q0247	Injection, sotrovimab, 500 mg	Procedure	HCPCS
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	Procedure	HCPCS
M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	Procedure	HCPCS
<b>COVID-19</b>			
U07.1	COVID-19	Diagnosis	ICD-10-CM
94558-4	SARS-CoV-2 (COVID-19) Ag [Presence] in Respiratory specimen by Rapid immunoassay	Antigen test (Rapid Immunoassay)	LOINC
94307-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Unspecified specimen by Nucleic acid amplification using CDC primer-probe set N1	Nucleic acid test (Polymerase Chain Reaction - PCR)	LOINC
94308-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Unspecified specimen by Nucleic acid amplification using CDC primer-probe set N2	Nucleic acid test (PCR)	LOINC
94309-2	SARS-CoV-2 (COVID-19) RNA [Presence] in Unspecified specimen by NAA with probe	Nucleic acid test	LOINC
94314-2	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Unspecified specimen by NAA with probe detection	Nucleic acid test (PCR)	LOINC
94316-7	SARS-CoV-2 (COVID-19) N gene [Presence] in Unspecified specimen by NAA with probe detection	Nucleic acid test (PCR)	LOINC
94500-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by NAA with probe detection	Nucleic acid test (PCR)	LOINC
94533-7	SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory specimen by NAA with probe detection	Nucleic acid test (PCR)	LOINC
94534-5	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Respiratory specimen by NAA with probe detection	Nucleic acid test (PCR)	LOINC
94559-2	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Respiratory specimen by NAA with probe detection	Nucleic acid test (PCR)	LOINC
94565-9	SARS-CoV-2 (COVID-19) RNA [Presence] in Nasopharynx by NAA with non-probe detection	Nucleic acid test (PCR)	LOINC
94639-2	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Unspecified specimen by NAA with probe detection	Nucleic acid test (PCR)	LOINC
94640-0	SARS-CoV-2 (COVID-19) S gene [Presence] in Respiratory specimen by NAA with probe detection	Nucleic acid test (PCR)	LOINC
94641-8	SARS-CoV-2 (COVID-19) S gene [Presence] in Unspecified specimen by NAA with probe detection	Nucleic acid test (PCR)	LOINC

**Appendix C. List of Healthcare Common Procedure Coding System (HCPCS) and International Classification of Diseases, Tenth Revision and Procedure Coding System (ICD-10-PCS) Procedure Codes, International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, and Logical Observation Identifiers Names and Codes (LOINC) Laboratory Codes Used to Define the Exposures of Interest and Inclusion/Exclusion Criteria in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category/ Test Type</b>	<b>Code Type</b>
94660-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Serum or Plasma by NAA with probe detection	Nucleic acid test (PCR)	LOINC
94756-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory specimen by Nucleic acid amplification using CDC primer-probe set N1	Nucleic acid test (PCR)	LOINC
94757-2	SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory specimen by Nucleic acid amplification using CDC primer-probe set N2	Nucleic acid test (PCR)	LOINC
94759-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Nasopharynx by NAA with probe detection	Nucleic acid test (PCR)	LOINC
94760-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Nasopharynx by NAA with probe detection	Nucleic acid test (PCR)	LOINC
94766-3	SARS-CoV-2 (COVID-19) N gene [Presence] in Serum or Plasma by NAA with probe detection	Nucleic acid test (PCR)	LOINC
94767-1	SARS-CoV-2 (COVID-19) S gene [Presence] in Serum or Plasma by NAA with probe detection	Nucleic acid test (PCR)	LOINC
94822-4	SARS-CoV-2 (COVID-19) RNA [Presence] in Saliva (oral fluid) by Sequencing	Nucleic acid test (PCR)	LOINC
94845-5	SARS-CoV-2 (COVID-19) RNA [Presence] in Saliva (oral fluid) by NAA with probe detection	Nucleic acid test (PCR)	LOINC
95406-5	SARS-CoV-2 (COVID-19) RNA [Presence] in Nose by NAA with probe detection	Nucleic acid test (PCR)	LOINC
95409-9	SARS-CoV-2 (COVID-19) N gene [Presence] in Nose by NAA with probe detection	Nucleic acid test (PCR)	LOINC

**Appendix D. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Anaphylaxis Outcomes in this Request**

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
<b>Anaphylaxis</b>			
T78.2XXA	Anaphylactic shock, unspecified, initial encounter	Diagnosis	ICD-10-CM
T80.52XA	Anaphylactic reaction due to vaccination, initial encounter	Diagnosis	ICD-10-CM
T88.6XXA	Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered, initial encounter	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
<b>Home Oxygen with Hypoxia/Hypoxemia Proxies</b>			
003	ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	Encounter	DRG
004	TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	Encounter	DRG
0277	Medical/surgical supplies-oxygen-take home	Procedure	RE
0412	Respiratory Services-Inhalation Services	Procedure	RE
0600	Oxygen/Home Health-General Classification	Procedure	RE
0601	Oxygen/Home Health-Stat Or Port Equip/Supply Or Count	Procedure	RE
0602	Oxygen/Home Health-Stat/Equip/Under 1 Lpm	Procedure	RE
0603	Oxygen/Home Health-Stat/Equip/Over 4 Lpm	Procedure	RE
0604	Oxygen/Home Health-Stat/Equip/Portable Add-On	Procedure	RE
09HN7BZ	Insertion of Airway into Nasopharynx, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
09HN8BZ	Insertion of Airway into Nasopharynx, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0B113F4	Bypass Trachea to Cutaneous with Tracheostomy Device, Percutaneous Approach	Procedure	ICD-10-PCS
0B113Z4	Bypass Trachea to Cutaneous, Percutaneous Approach	Procedure	ICD-10-PCS
0B114F4	Bypass Trachea to Cutaneous with Tracheostomy Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0B114Z4	Bypass Trachea to Cutaneous, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0B21XEZ	Change Endotracheal Airway in Trachea, External Approach	Procedure	ICD-10-PCS
0B21XFZ	Change Tracheostomy Device in Trachea, External Approach	Procedure	ICD-10-PCS
0BH13EZ	Insertion of Endotracheal Airway into Trachea, Percutaneous Approach	Procedure	ICD-10-PCS
0BH17EZ	Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0BH18EZ	Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0CHY7BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0CHY8BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0DH57BZ	Insertion of Airway into Esophagus, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DH58BZ	Insertion of Airway into Esophagus, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	Encounter	DRG
208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	Encounter	DRG
31500	Intubation, endotracheal, emergency procedure	Procedure	CPT-4
31600	Tracheostomy, planned (separate procedure);	Procedure	CPT-4
31603	Tracheostomy, emergency procedure; transtracheal	Procedure	CPT-4
31605	Tracheostomy, emergency procedure; cricothyroid membrane	Procedure	CPT-4

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	Procedure	CPT-4
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Procedure	CPT-4
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Procedure	CPT-4
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Procedure	CPT-4
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Procedure	CPT-4
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Procedure	CPT-4
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Procedure	CPT-4
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Procedure	CPT-4
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Procedure	CPT-4
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Procedure	CPT-4
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Procedure	CPT-4
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	CPT-4
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	CPT-4
3E097GC	Introduction of Other Therapeutic Substance into Nose, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
4168F	Patient receiving care in the intensive care unit (ICU) and receiving mechanical ventilation, 24 hours or less (CRIT)	Procedure	CPT-2
5A09357	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours, Continuous Positive Airway Pressure	Procedure	ICD-10-PCS
5A09358	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours, Intermittent Positive Airway Pressure	Procedure	ICD-10-PCS
5A0935A	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours, High Nasal Flow/Velocity	Procedure	ICD-10-PCS
5A0935Z	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours	Procedure	ICD-10-PCS
5A09457	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours, Continuous Positive Airway Pressure	Procedure	ICD-10-PCS
5A09458	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours, Intermittent Positive Airway Pressure	Procedure	ICD-10-PCS
5A0945A	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours, High Nasal Flow/Velocity	Procedure	ICD-10-PCS
5A0945Z	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours	Procedure	ICD-10-PCS
5A09557	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours, Continuous Positive Airway Pressure	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
5A09558	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours, Intermittent Positive Airway Pressure	Procedure	ICD-10-PCS
5A0955A	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours, High Nasal Flow/Velocity	Procedure	ICD-10-PCS
5A0955Z	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours	Procedure	ICD-10-PCS
5A15223	Extracorporeal Membrane Oxygenation, Continuous	Procedure	ICD-10-PCS
5A1522F	Extracorporeal Oxygenation, Membrane, Central	Procedure	ICD-10-PCS
5A1522G	Extracorporeal Oxygenation, Membrane, Peripheral Venous-arterial	Procedure	ICD-10-PCS
5A1522H	Extracorporeal Oxygenation, Membrane, Peripheral Venous-venous	Procedure	ICD-10-PCS
5A19054	Respiratory Ventilation, Single, Nonmechanical	Procedure	ICD-10-PCS
5A1935Z	Respiratory Ventilation, Less than 24 Consecutive Hours	Procedure	ICD-10-PCS
5A1945Z	Respiratory Ventilation, 24-96 Consecutive Hours	Procedure	ICD-10-PCS
5A1955Z	Respiratory Ventilation, Greater than 96 Consecutive Hours	Procedure	ICD-10-PCS
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	Procedure	CPT-4
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	Procedure	CPT-4
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	Procedure	CPT-4
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management	Procedure	CPT-4
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	Procedure	CPT-4
99504	Home visit for mechanical ventilation care	Procedure	CPT-4
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Procedure	HCPCS
A4608	Transtracheal oxygen catheter, each	Procedure	HCPCS
A4615	Cannula, nasal	Procedure	HCPCS
A4616	Tubing (oxygen), per foot	Procedure	HCPCS
A4619	Face tent	Procedure	HCPCS
A4620	Variable concentration mask	Procedure	HCPCS
A4623	Tracheostomy, inner cannula	Procedure	HCPCS
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Procedure	HCPCS
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Procedure	HCPCS
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Procedure	HCPCS
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Procedure	HCPCS
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Procedure	HCPCS
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	Procedure	HCPCS
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	Procedure	HCPCS
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	Procedure	HCPCS
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	Procedure	HCPCS
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Procedure	HCPCS
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Procedure	HCPCS
E0441	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), 1 month's supply = 1 unit	Procedure	HCPCS
E0442	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), 1 month's supply = 1 unit	Procedure	HCPCS
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	Procedure	HCPCS
E0444	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), 1 month's supply = 1 unit	Procedure	HCPCS
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)	Procedure	HCPCS
E0455	Oxygen tent, excluding croup or pediatric tents	Procedure	HCPCS
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Procedure	HCPCS
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	Procedure	HCPCS



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	Procedure	HCPCS
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Procedure	HCPCS
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Procedure	HCPCS
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Procedure	HCPCS
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	Procedure	HCPCS
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	Procedure	HCPCS
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	Procedure	HCPCS
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	Procedure	HCPCS
E1353	Regulator	Procedure	HCPCS
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1355	Stand/rack	Procedure	HCPCS
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Procedure	HCPCS
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	Procedure	HCPCS
E1392	Portable oxygen concentrator, rental	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E1405	Oxygen and water vapor enriching system with heated delivery	Procedure	HCPCS
E1406	Oxygen and water vapor enriching system without heated delivery	Procedure	HCPCS
J1325	Injection, epoprostenol, 0.5 mg	Procedure	HCPCS
J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
J96.01	Acute respiratory failure with hypoxia	Diagnosis	ICD-10-CM
J96.10	Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
J96.11	Chronic respiratory failure with hypoxia	Diagnosis	ICD-10-CM
J96.20	Acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
J96.21	Acute and chronic respiratory failure with hypoxia	Diagnosis	ICD-10-CM
J96.90	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
J96.91	Respiratory failure, unspecified with hypoxia	Diagnosis	ICD-10-CM
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	Procedure	HCPCS
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Procedure	HCPCS
R09.0	Asphyxia and hypoxemia	Diagnosis	ICD-10-CM
R09.01	Asphyxia	Diagnosis	ICD-10-CM
R09.02	Hypoxemia	Diagnosis	ICD-10-CM
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	Procedure	HCPCS
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	Procedure	HCPCS
Z99.11	Dependence on respirator [ventilator] status	Diagnosis	ICD-10-CM
Z99.81	Dependence on supplemental oxygen	Diagnosis	ICD-10-CM
<b>Home Oxygen without Hypoxia/Hypoxemia Proxies</b>			
003	ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	Encounter	DRG
004	TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	Encounter	DRG
0277	Medical/surgical supplies-oxygen-take home	Procedure	RE
0412	Respiratory Services-Inhalation Services	Procedure	RE
0600	Oxygen/Home Health-General Classification	Procedure	RE
0601	Oxygen/Home Health-Stat Or Port Equip/Supply Or Count	Procedure	RE
0602	Oxygen/Home Health-Stat/Equip/Under 1 Lpm	Procedure	RE
0603	Oxygen/Home Health-Stat/Equip/Over 4 Lpm	Procedure	RE
0604	Oxygen/Home Health-Stat/Equip/Portable Add-On	Procedure	RE

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
09HN7BZ	Insertion of Airway into Nasopharynx, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
09HN8BZ	Insertion of Airway into Nasopharynx, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0B113F4	Bypass Trachea to Cutaneous with Tracheostomy Device, Percutaneous Approach	Procedure	ICD-10-PCS
0B113Z4	Bypass Trachea to Cutaneous, Percutaneous Approach	Procedure	ICD-10-PCS
0B114F4	Bypass Trachea to Cutaneous with Tracheostomy Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0B114Z4	Bypass Trachea to Cutaneous, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0B21XEZ	Change Endotracheal Airway in Trachea, External Approach	Procedure	ICD-10-PCS
0B21XFZ	Change Tracheostomy Device in Trachea, External Approach	Procedure	ICD-10-PCS
0BH13EZ	Insertion of Endotracheal Airway into Trachea, Percutaneous Approach	Procedure	ICD-10-PCS
0BH17EZ	Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0BH18EZ	Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0CHY7BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0CHY8BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0DH57BZ	Insertion of Airway into Esophagus, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DH58BZ	Insertion of Airway into Esophagus, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	Encounter	DRG
208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	Encounter	DRG
31500	Intubation, endotracheal, emergency procedure	Procedure	CPT-4
31600	Tracheostomy, planned (separate procedure);	Procedure	CPT-4
31603	Tracheostomy, emergency procedure; transtracheal	Procedure	CPT-4
31605	Tracheostomy, emergency procedure; cricothyroid membrane	Procedure	CPT-4
31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	Procedure	CPT-4
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Procedure	CPT-4
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Procedure	CPT-4
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Procedure	CPT-4
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Procedure	CPT-4
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Procedure	CPT-4
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Procedure	CPT-4
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Procedure	CPT-4
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Procedure	CPT-4
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	CPT-4
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	CPT-4
3E097GC	Introduction of Other Therapeutic Substance into Nose, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
4168F	Patient receiving care in the intensive care unit (ICU) and receiving mechanical ventilation, 24 hours or less (CRIT)	Procedure	CPT-2
5A09357	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours, Continuous Positive Airway Pressure	Procedure	ICD-10-PCS
5A09358	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours, Intermittent Positive Airway Pressure	Procedure	ICD-10-PCS
5A0935A	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours, High Nasal Flow/Velocity	Procedure	ICD-10-PCS
5A0935Z	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours	Procedure	ICD-10-PCS
5A09457	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours, Continuous Positive Airway Pressure	Procedure	ICD-10-PCS
5A09458	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours, Intermittent Positive Airway Pressure	Procedure	ICD-10-PCS
5A0945A	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours, High Nasal Flow/Velocity	Procedure	ICD-10-PCS
5A0945Z	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours	Procedure	ICD-10-PCS
5A09557	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours, Continuous Positive Airway Pressure	Procedure	ICD-10-PCS
5A09558	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours, Intermittent Positive Airway Pressure	Procedure	ICD-10-PCS
5A0955A	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours, High Nasal Flow/Velocity	Procedure	ICD-10-PCS
5A0955Z	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours	Procedure	ICD-10-PCS
5A15223	Extracorporeal Membrane Oxygenation, Continuous	Procedure	ICD-10-PCS
5A1522F	Extracorporeal Oxygenation, Membrane, Central	Procedure	ICD-10-PCS
5A1522G	Extracorporeal Oxygenation, Membrane, Peripheral Venous-arterial	Procedure	ICD-10-PCS
5A1522H	Extracorporeal Oxygenation, Membrane, Peripheral Venous-venous	Procedure	ICD-10-PCS
5A19054	Respiratory Ventilation, Single, Nonmechanical	Procedure	ICD-10-PCS
5A1935Z	Respiratory Ventilation, Less than 24 Consecutive Hours	Procedure	ICD-10-PCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
5A1945Z	Respiratory Ventilation, 24-96 Consecutive Hours	Procedure	ICD-10-PCS
5A1955Z	Respiratory Ventilation, Greater than 96 Consecutive Hours	Procedure	ICD-10-PCS
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	Procedure	CPT-4
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	Procedure	CPT-4
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	Procedure	CPT-4
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management	Procedure	CPT-4
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	Procedure	CPT-4
99504	Home visit for mechanical ventilation care	Procedure	CPT-4
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Procedure	HCPCS
A4608	Transtracheal oxygen catheter, each	Procedure	HCPCS
A4615	Cannula, nasal	Procedure	HCPCS
A4616	Tubing (oxygen), per foot	Procedure	HCPCS
A4619	Face tent	Procedure	HCPCS
A4620	Variable concentration mask	Procedure	HCPCS
A4623	Tracheostomy, inner cannula	Procedure	HCPCS
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Procedure	HCPCS
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Procedure	HCPCS
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Procedure	HCPCS
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Procedure	HCPCS
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Procedure	HCPCS
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Procedure	HCPCS
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	Procedure	HCPCS
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	Procedure	HCPCS
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	Procedure	HCPCS
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Procedure	HCPCS
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Procedure	HCPCS
E0441	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), 1 month's supply = 1 unit	Procedure	HCPCS
E0442	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), 1 month's supply = 1 unit	Procedure	HCPCS
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	Procedure	HCPCS
E0444	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), 1 month's supply = 1 unit	Procedure	HCPCS
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)	Procedure	HCPCS
E0455	Oxygen tent, excluding croup or pediatric tents	Procedure	HCPCS
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Procedure	HCPCS
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	Procedure	HCPCS
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	Procedure	HCPCS
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Procedure	HCPCS
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Procedure	HCPCS
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	Procedure	HCPCS
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	Procedure	HCPCS
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	Procedure	HCPCS
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	Procedure	HCPCS
E1353	Regulator	Procedure	HCPCS
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1355	Stand/rack	Procedure	HCPCS
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Procedure	HCPCS
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	Procedure	HCPCS
E1392	Portable oxygen concentrator, rental	Procedure	HCPCS
E1405	Oxygen and water vapor enriching system with heated delivery	Procedure	HCPCS
E1406	Oxygen and water vapor enriching system without heated delivery	Procedure	HCPCS
J1325	Injection, epoprostenol, 0.5 mg	Procedure	HCPCS
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	Procedure	HCPCS
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Procedure	HCPCS
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	Procedure	HCPCS



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	Procedure	HCPCS
Z99.11	Dependence on respirator [ventilator] status	Diagnosis	ICD-10-CM
Z99.81	Dependence on supplemental oxygen	Diagnosis	ICD-10-CM
<b>Invasive Oxygen Therapy - COVID Severity</b>			
003	ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	Encounter	DRG
004	TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	Encounter	DRG
09HN7BZ	Insertion of Airway into Nasopharynx, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
09HN8BZ	Insertion of Airway into Nasopharynx, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0B113F4	Bypass Trachea to Cutaneous with Tracheostomy Device, Percutaneous Approach	Procedure	ICD-10-PCS
0B113Z4	Bypass Trachea to Cutaneous, Percutaneous Approach	Procedure	ICD-10-PCS
0B114F4	Bypass Trachea to Cutaneous with Tracheostomy Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0B114Z4	Bypass Trachea to Cutaneous, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0B21XEZ	Change Endotracheal Airway in Trachea, External Approach	Procedure	ICD-10-PCS
0B21XFZ	Change Tracheostomy Device in Trachea, External Approach	Procedure	ICD-10-PCS
0BH13EZ	Insertion of Endotracheal Airway into Trachea, Percutaneous Approach	Procedure	ICD-10-PCS
0BH17EZ	Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0BH18EZ	Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0CHY7BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0CHY8BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0DH57BZ	Insertion of Airway into Esophagus, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DH58BZ	Insertion of Airway into Esophagus, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	Encounter	DRG
208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	Encounter	DRG
31500	Intubation, endotracheal, emergency procedure	Procedure	CPT-4
31600	Tracheostomy, planned (separate procedure);	Procedure	CPT-4
31603	Tracheostomy, emergency procedure; transtracheal	Procedure	CPT-4
31605	Tracheostomy, emergency procedure; cricothyroid membrane	Procedure	CPT-4
31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	Procedure	CPT-4
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Procedure	CPT-4

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Procedure	CPT-4
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Procedure	CPT-4
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Procedure	CPT-4
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Procedure	CPT-4
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Procedure	CPT-4
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Procedure	CPT-4
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Procedure	CPT-4
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Procedure	CPT-4
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	CPT-4
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	CPT-4
4168F	Patient receiving care in the intensive care unit (ICU) and receiving mechanical ventilation, 24 hours or less (CRIT)	Procedure	CPT-2
5A15223	Extracorporeal Membrane Oxygenation, Continuous	Procedure	ICD-10-PCS
5A1522F	Extracorporeal Oxygenation, Membrane, Central	Procedure	ICD-10-PCS
5A1522G	Extracorporeal Oxygenation, Membrane, Peripheral Venous-arterial	Procedure	ICD-10-PCS
5A1522H	Extracorporeal Oxygenation, Membrane, Peripheral Venous-venous	Procedure	ICD-10-PCS
5A1935Z	Respiratory Ventilation, Less than 24 Consecutive Hours	Procedure	ICD-10-PCS
5A1945Z	Respiratory Ventilation, 24-96 Consecutive Hours	Procedure	ICD-10-PCS
5A1955Z	Respiratory Ventilation, Greater than 96 Consecutive Hours	Procedure	ICD-10-PCS
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	Procedure	CPT-4
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	Procedure	CPT-4
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	Procedure	CPT-4
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Procedure	HCPCS
A4623	Tracheostomy, inner cannula	Procedure	HCPCS
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Procedure	HCPCS
J1325	Injection, epoprostenol, 0.5 mg	Procedure	HCPCS
Z99.11	Dependence on respirator [ventilator] status	Diagnosis	ICD-10-CM

**ICU - COVID Severity**

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
0200	Intensive Care Unit-Genearl	Procedure	RE
0201	Intensive Care Unit-Surgical	Procedure	RE
0202	Intensive Care Unit-Medical	Procedure	RE
0203	Intensive Care Unit-Pediatric	Procedure	RE
0206	ICU intermediate	Procedure	RE
0207	Intensive Care Unit-Burn Care	Procedure	RE
0208	Intensive Care Unit-Trauma	Procedure	RE
0209	Intensive Care Unit-Other	Procedure	RE
0210	Coronary Care Unit-General	Procedure	RE
0211	Coronary Care Unit-Myocardial Infarction	Procedure	RE
0212	Coronary Care Unit-Pulmonary Care	Procedure	RE
0213	Coronary Care Unit-Heart Transplant	Procedure	RE
0214	CCU intermediate	Procedure	RE
0219	Coronary Care Unit-Other	Procedure	RE
<b>Cardiovascular and Other Vascular Diseases</b>			
0210083	Bypass Coronary Artery, One Artery from Coronary Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0210088	Bypass Coronary Artery, One Artery from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0210089	Bypass Coronary Artery, One Artery from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021008C	Bypass Coronary Artery, One Artery from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021008F	Bypass Coronary Artery, One Artery from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021008W	Bypass Coronary Artery, One Artery from Aorta with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0210093	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0210098	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0210099	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
021009C	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021009F	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021009W	Bypass Coronary Artery, One Artery from Aorta with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02100A3	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100A8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100A9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100AC	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100AF	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100AW	Bypass Coronary Artery, One Artery from Aorta with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100J3	Bypass Coronary Artery, One Artery from Coronary Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100J8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100J9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100JC	Bypass Coronary Artery, One Artery from Thoracic Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100JF	Bypass Coronary Artery, One Artery from Abdominal Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100JW	Bypass Coronary Artery, One Artery from Aorta with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100K3	Bypass Coronary Artery, One Artery from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100K8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02100K9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100KC	Bypass Coronary Artery, One Artery from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100KF	Bypass Coronary Artery, One Artery from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100KW	Bypass Coronary Artery, One Artery from Aorta with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100Z3	Bypass Coronary Artery, One Artery from Coronary Artery, Open Approach	Procedure	ICD-10-PCS
02100Z8	Bypass Coronary Artery, One Artery from Right Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02100Z9	Bypass Coronary Artery, One Artery from Left Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02100ZC	Bypass Coronary Artery, One Artery from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
02100ZF	Bypass Coronary Artery, One Artery from Abdominal Artery, Open Approach	Procedure	ICD-10-PCS
0210344	Bypass Coronary Artery, One Artery from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02103D4	Bypass Coronary Artery, One Artery from Coronary Vein with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0210444	Bypass Coronary Artery, One Artery from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210483	Bypass Coronary Artery, One Artery from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210488	Bypass Coronary Artery, One Artery from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210489	Bypass Coronary Artery, One Artery from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021048C	Bypass Coronary Artery, One Artery from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021048F	Bypass Coronary Artery, One Artery from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021048W	Bypass Coronary Artery, One Artery from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210493	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
0210498	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210499	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021049C	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021049F	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021049W	Bypass Coronary Artery, One Artery from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104A3	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104A8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104A9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104AC	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104AF	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104AW	Bypass Coronary Artery, One Artery from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104D4	Bypass Coronary Artery, One Artery from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104J3	Bypass Coronary Artery, One Artery from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104J8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104J9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104JC	Bypass Coronary Artery, One Artery from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104JF	Bypass Coronary Artery, One Artery from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02104JW	Bypass Coronary Artery, One Artery from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104K3	Bypass Coronary Artery, One Artery from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104K8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104K9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104KC	Bypass Coronary Artery, One Artery from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104KF	Bypass Coronary Artery, One Artery from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104KW	Bypass Coronary Artery, One Artery from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104Z3	Bypass Coronary Artery, One Artery from Coronary Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104Z8	Bypass Coronary Artery, One Artery from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104Z9	Bypass Coronary Artery, One Artery from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104ZC	Bypass Coronary Artery, One Artery from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104ZF	Bypass Coronary Artery, One Artery from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211083	Bypass Coronary Artery, Two Arteries from Coronary Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0211088	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0211089	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021108C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021108F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
021108W	Bypass Coronary Artery, Two Arteries from Aorta with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0211093	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0211098	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0211099	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021109C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021109F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021109W	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02110A3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110AC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110AF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110AW	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110J3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110J8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110J9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110JC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02110JF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110JW	Bypass Coronary Artery, Two Arteries from Aorta with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110K3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110K8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110K9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110KC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110KF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110KW	Bypass Coronary Artery, Two Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110Z3	Bypass Coronary Artery, Two Arteries from Coronary Artery, Open Approach	Procedure	ICD-10-PCS
02110Z8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02110Z9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02110ZC	Bypass Coronary Artery, Two Arteries from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
02110ZF	Bypass Coronary Artery, Two Arteries from Abdominal Artery, Open Approach	Procedure	ICD-10-PCS
0211344	Bypass Coronary Artery, Two Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02113D4	Bypass Coronary Artery, Two Arteries from Coronary Vein with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0211444	Bypass Coronary Artery, Two Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211483	Bypass Coronary Artery, Two Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211488	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211489	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
021148C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021148F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021148W	Bypass Coronary Artery, Two Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211493	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211498	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211499	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021149C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021149F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021149W	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114A3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114AC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114AF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114AW	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114D4	Bypass Coronary Artery, Two Arteries from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114J3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02114J8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114J9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114JC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114JF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114JW	Bypass Coronary Artery, Two Arteries from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114K3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114K8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114K9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114KC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114KF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114KW	Bypass Coronary Artery, Two Arteries from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114Z3	Bypass Coronary Artery, Two Arteries from Coronary Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114Z8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114Z9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114ZC	Bypass Coronary Artery, Two Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114ZF	Bypass Coronary Artery, Two Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212083	Bypass Coronary Artery, Three Arteries from Coronary Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
0212088	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0212089	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021208C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021208F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021208W	Bypass Coronary Artery, Three Arteries from Aorta with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0212093	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0212098	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0212099	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021209C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021209F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021209W	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02120A3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120AC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120AF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120AW	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02120J3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120J8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120J9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120JC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120JF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120JW	Bypass Coronary Artery, Three Arteries from Aorta with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120K3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120K8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120K9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120KC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120KF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120KW	Bypass Coronary Artery, Three Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120Z3	Bypass Coronary Artery, Three Arteries from Coronary Artery, Open Approach	Procedure	ICD-10-PCS
02120Z8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02120Z9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02120ZC	Bypass Coronary Artery, Three Arteries from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
02120ZF	Bypass Coronary Artery, Three Arteries from Abdominal Artery, Open Approach	Procedure	ICD-10-PCS
0212344	Bypass Coronary Artery, Three Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02123D4	Bypass Coronary Artery, Three Arteries from Coronary Vein with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
0212444	Bypass Coronary Artery, Three Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212483	Bypass Coronary Artery, Three Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212488	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212489	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021248C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021248F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021248W	Bypass Coronary Artery, Three Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212493	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212498	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212499	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021249C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021249F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021249W	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124A3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124AC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02124AF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124AW	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124D4	Bypass Coronary Artery, Three Arteries from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124J3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124J8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124J9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124JC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124JF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124JW	Bypass Coronary Artery, Three Arteries from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124K3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124K8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124K9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124KC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124KF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124KW	Bypass Coronary Artery, Three Arteries from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124Z3	Bypass Coronary Artery, Three Arteries from Coronary Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124Z8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02124Z9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124ZC	Bypass Coronary Artery, Three Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124ZF	Bypass Coronary Artery, Three Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213083	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0213088	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0213089	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021308C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021308F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021308W	Bypass Coronary Artery, Four or More Arteries from Aorta with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0213093	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0213098	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0213099	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021309C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021309F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021309W	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02130A3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02130A8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02130A9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02130AC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02130AF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02130AW	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02130J3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02130J8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02130J9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02130JC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02130JF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02130JW	Bypass Coronary Artery, Four or More Arteries from Aorta with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02130K3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130K8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130K9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130KC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130KF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130KW	Bypass Coronary Artery, Four or More Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130Z3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery, Open Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02130Z8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02130Z9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02130ZC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
02130ZF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery, Open Approach	Procedure	ICD-10-PCS
0213344	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02133D4	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0213444	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213483	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213488	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213489	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021348C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021348F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021348W	Bypass Coronary Artery, Four or More Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213493	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213498	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213499	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021349C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021349F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
021349W	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134A3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134A8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134A9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134AC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134AF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134AW	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134D4	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134J3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134J8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134J9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134JC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134JF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134JW	Bypass Coronary Artery, Four or More Arteries from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134K3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134K8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134K9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02134KC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134KF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134KW	Bypass Coronary Artery, Four or More Arteries from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134Z3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134Z8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134Z9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134ZC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134ZF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0270046	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
027004Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
0270056	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027005Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0270066	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027006Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0270076	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027007Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02700DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02700E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02700TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02700Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02700ZZ	Dilation of Coronary Artery, One Artery, Open Approach	Procedure	ICD-10-PCS
0270346	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0270356	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027035Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0270366	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027036Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0270376	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027037Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02703D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02703E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02703TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02703Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02703ZZ	Dilation of Coronary Artery, One Artery, Percutaneous Approach	Procedure	ICD-10-PCS
0270446	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027044Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0270456	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027045Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0270466	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027046Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
0270476	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027047Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704ZZ	Dilation of Coronary Artery, One Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271046	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
027104Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
0271056	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027105Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
0271066	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027106Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0271076	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027107Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02710DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02710E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02710TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02710Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02710ZZ	Dilation of Coronary Artery, Two Arteries, Open Approach	Procedure	ICD-10-PCS
0271346	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
027134Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0271356	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
027135Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0271366	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027136Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0271376	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027137Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02713DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02713TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02713Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02713ZZ	Dilation of Coronary Artery, Two Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
0271446	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
027144Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271456	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027145Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271466	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027146Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271476	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027147Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02714Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714ZZ	Dilation of Coronary Artery, Two Arteries, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0272046	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
027204Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
0272056	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027205Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0272066	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027206Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0272076	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027207Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02720DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02720E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02720TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02720Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02720ZZ	Dilation of Coronary Artery, Three Arteries, Open Approach	Procedure	ICD-10-PCS
0272346	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
027234Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0272356	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027235Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0272366	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027236Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0272376	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027237Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02723DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02723E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02723GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02723TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02723Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02723ZZ	Dilation of Coronary Artery, Three Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
0272446	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027244Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0272456	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027245Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0272466	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027246Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0272476	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027247Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02724FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724ZZ	Dilation of Coronary Artery, Three Arteries, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0273046	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
027304Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
0273056	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027305Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0273066	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027306Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0273076	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027307Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02730E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02730ZZ	Dilation of Coronary Artery, Four or More Arteries, Open Approach	Procedure	ICD-10-PCS
0273346	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
027334Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0273356	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027335Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0273366	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027336Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0273376	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027337Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02733D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02733DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02733E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02733TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02733Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02733ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
0273446	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027344Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0273456	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027345Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0273466	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027346Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
0273476	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027347Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C00Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02C00ZZ	Extirpation of Matter from Coronary Artery, One Artery, Open Approach	Procedure	ICD-10-PCS
02C03Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach	Procedure	ICD-10-PCS
02C04Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02C04ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C10Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02C10ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Open Approach	Procedure	ICD-10-PCS
02C13Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
02C14Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C14ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C20Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02C20ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Open Approach	Procedure	ICD-10-PCS
02C23Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
02C24Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C24ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C30Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02C30ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Open Approach	Procedure	ICD-10-PCS
02C33Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
02C34Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C34ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
3E07017	Introduction of Other Thrombolytic into Coronary Artery, Open Approach	Procedure	ICD-10-PCS
3E070PZ	Introduction of Platelet Inhibitor into Coronary Artery, Open Approach	Procedure	ICD-10-PCS
3E07317	Introduction of Other Thrombolytic into Coronary Artery, Percutaneous Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
3E073PZ	Introduction of Platelet Inhibitor into Coronary Artery, Percutaneous Approach	Procedure	ICD-10-PCS
G8451	Beta-blocker therapy for LVEF < 40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons, or other reasons attributable to the health care system)	Procedure	HCPCS
G8694	Left ventricular ejection fraction (LVEF) < 40% or documentation of moderate or severe LVSD	Procedure	HCPCS
G8738	Left ventricular ejection fraction (LVEF) < 40% or documentation of severely or moderately depressed left ventricular systolic function	Procedure	HCPCS
G8923	Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function	Procedure	HCPCS
G8934	Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function	Procedure	HCPCS
I01.0	Acute rheumatic pericarditis	Diagnosis	ICD-10-CM
I01.1	Acute rheumatic endocarditis	Diagnosis	ICD-10-CM
I01.2	Acute rheumatic myocarditis	Diagnosis	ICD-10-CM
I01.8	Other acute rheumatic heart disease	Diagnosis	ICD-10-CM
I01.9	Acute rheumatic heart disease, unspecified	Diagnosis	ICD-10-CM
I02.0	Rheumatic chorea with heart involvement	Diagnosis	ICD-10-CM
I05.0	Rheumatic mitral stenosis	Diagnosis	ICD-10-CM
I05.1	Rheumatic mitral insufficiency	Diagnosis	ICD-10-CM
I05.2	Rheumatic mitral stenosis with insufficiency	Diagnosis	ICD-10-CM
I05.8	Other rheumatic mitral valve diseases	Diagnosis	ICD-10-CM
I05.9	Rheumatic mitral valve disease, unspecified	Diagnosis	ICD-10-CM
I06.0	Rheumatic aortic stenosis	Diagnosis	ICD-10-CM
I06.1	Rheumatic aortic insufficiency	Diagnosis	ICD-10-CM
I06.2	Rheumatic aortic stenosis with insufficiency	Diagnosis	ICD-10-CM
I06.8	Other rheumatic aortic valve diseases	Diagnosis	ICD-10-CM
I06.9	Rheumatic aortic valve disease, unspecified	Diagnosis	ICD-10-CM
I07.0	Rheumatic tricuspid stenosis	Diagnosis	ICD-10-CM
I07.1	Rheumatic tricuspid insufficiency	Diagnosis	ICD-10-CM
I07.2	Rheumatic tricuspid stenosis and insufficiency	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I07.8	Other rheumatic tricuspid valve diseases	Diagnosis	ICD-10-CM
I07.9	Rheumatic tricuspid valve disease, unspecified	Diagnosis	ICD-10-CM
I08.0	Rheumatic disorders of both mitral and aortic valves	Diagnosis	ICD-10-CM
I08.1	Rheumatic disorders of both mitral and tricuspid valves	Diagnosis	ICD-10-CM
I08.2	Rheumatic disorders of both aortic and tricuspid valves	Diagnosis	ICD-10-CM
I08.3	Combined rheumatic disorders of mitral, aortic and tricuspid valves	Diagnosis	ICD-10-CM
I08.8	Other rheumatic multiple valve diseases	Diagnosis	ICD-10-CM
I08.9	Rheumatic multiple valve disease, unspecified	Diagnosis	ICD-10-CM
I09.0	Rheumatic myocarditis	Diagnosis	ICD-10-CM
I09.1	Rheumatic diseases of endocardium, valve unspecified	Diagnosis	ICD-10-CM
I09.2	Chronic rheumatic pericarditis	Diagnosis	ICD-10-CM
I09.81	Rheumatic heart failure	Diagnosis	ICD-10-CM
I09.89	Other specified rheumatic heart diseases	Diagnosis	ICD-10-CM
I09.9	Rheumatic heart disease, unspecified	Diagnosis	ICD-10-CM
I11.0	Hypertensive heart disease with heart failure	Diagnosis	ICD-10-CM
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	Diagnosis	ICD-10-CM
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I20.0	Unstable angina	Diagnosis	ICD-10-CM
I20.1	Angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I20.8	Other forms of angina pectoris	Diagnosis	ICD-10-CM
I20.9	Angina pectoris, unspecified	Diagnosis	ICD-10-CM
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery	Diagnosis	ICD-10-CM
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery	Diagnosis	ICD-10-CM
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall	Diagnosis	ICD-10-CM
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery	Diagnosis	ICD-10-CM
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall	Diagnosis	ICD-10-CM
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery	Diagnosis	ICD-10-CM
I21.29	ST elevation (STEMI) myocardial infarction involving other sites	Diagnosis	ICD-10-CM
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I21.9	Acute myocardial infarction, unspecified	Diagnosis	ICD-10-CM
I21.A1	Myocardial infarction type 2	Diagnosis	ICD-10-CM
I21.A9	Other myocardial infarction type	Diagnosis	ICD-10-CM
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall	Diagnosis	ICD-10-CM
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall	Diagnosis	ICD-10-CM
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites	Diagnosis	ICD-10-CM
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
I23.0	Hemopericardium as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.1	Atrial septal defect as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.2	Ventricular septal defect as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.3	Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.4	Rupture of chordae tendineae as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.5	Rupture of papillary muscle as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.6	Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.7	Postinfarction angina	Diagnosis	ICD-10-CM
I23.8	Other current complications following acute myocardial infarction	Diagnosis	ICD-10-CM
I24.0	Acute coronary thrombosis not resulting in myocardial infarction	Diagnosis	ICD-10-CM
I24.1	Dressler's syndrome	Diagnosis	ICD-10-CM
I24.8	Other forms of acute ischemic heart disease	Diagnosis	ICD-10-CM
I24.9	Acute ischemic heart disease, unspecified	Diagnosis	ICD-10-CM
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	Diagnosis	ICD-10-CM
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.2	Old myocardial infarction	Diagnosis	ICD-10-CM
I25.3	Aneurysm of heart	Diagnosis	ICD-10-CM
I25.41	Coronary artery aneurysm	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I25.42	Coronary artery dissection	Diagnosis	ICD-10-CM
I25.5	Ischemic cardiomyopathy	Diagnosis	ICD-10-CM
I25.6	Silent myocardial ischemia	Diagnosis	ICD-10-CM
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris	Diagnosis	ICD-10-CM
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris	Diagnosis	ICD-10-CM
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris	Diagnosis	ICD-10-CM
I25.82	Chronic total occlusion of coronary artery	Diagnosis	ICD-10-CM
I25.83	Coronary atherosclerosis due to lipid rich plaque	Diagnosis	ICD-10-CM
I25.84	Coronary atherosclerosis due to calcified coronary lesion	Diagnosis	ICD-10-CM
I25.89	Other forms of chronic ischemic heart disease	Diagnosis	ICD-10-CM
I25.9	Chronic ischemic heart disease, unspecified	Diagnosis	ICD-10-CM
I27.0	Primary pulmonary hypertension	Diagnosis	ICD-10-CM
I27.1	Kyphoscoliotic heart disease	Diagnosis	ICD-10-CM



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I27.81	Cor pulmonale (chronic)	Diagnosis	ICD-10-CM
I27.83	Eisenmenger's syndrome	Diagnosis	ICD-10-CM
I31.0	Chronic adhesive pericarditis	Diagnosis	ICD-10-CM
I31.1	Chronic constrictive pericarditis	Diagnosis	ICD-10-CM
I34.0	Nonrheumatic mitral (valve) insufficiency	Diagnosis	ICD-10-CM
I34.1	Nonrheumatic mitral (valve) prolapse	Diagnosis	ICD-10-CM
I34.2	Nonrheumatic mitral (valve) stenosis	Diagnosis	ICD-10-CM
I34.8	Other nonrheumatic mitral valve disorders	Diagnosis	ICD-10-CM
I34.9	Nonrheumatic mitral valve disorder, unspecified	Diagnosis	ICD-10-CM
I35.0	Nonrheumatic aortic (valve) stenosis	Diagnosis	ICD-10-CM
I35.1	Nonrheumatic aortic (valve) insufficiency	Diagnosis	ICD-10-CM
I35.2	Nonrheumatic aortic (valve) stenosis with insufficiency	Diagnosis	ICD-10-CM
I35.8	Other nonrheumatic aortic valve disorders	Diagnosis	ICD-10-CM
I35.9	Nonrheumatic aortic valve disorder, unspecified	Diagnosis	ICD-10-CM
I36.0	Nonrheumatic tricuspid (valve) stenosis	Diagnosis	ICD-10-CM
I36.1	Nonrheumatic tricuspid (valve) insufficiency	Diagnosis	ICD-10-CM
I36.2	Nonrheumatic tricuspid (valve) stenosis with insufficiency	Diagnosis	ICD-10-CM
I36.8	Other nonrheumatic tricuspid valve disorders	Diagnosis	ICD-10-CM
I36.9	Nonrheumatic tricuspid valve disorder, unspecified	Diagnosis	ICD-10-CM
I37.0	Nonrheumatic pulmonary valve stenosis	Diagnosis	ICD-10-CM
I37.1	Nonrheumatic pulmonary valve insufficiency	Diagnosis	ICD-10-CM
I37.2	Nonrheumatic pulmonary valve stenosis with insufficiency	Diagnosis	ICD-10-CM
I37.8	Other nonrheumatic pulmonary valve disorders	Diagnosis	ICD-10-CM
I37.9	Nonrheumatic pulmonary valve disorder, unspecified	Diagnosis	ICD-10-CM
I42.0	Dilated cardiomyopathy	Diagnosis	ICD-10-CM
I42.1	Obstructive hypertrophic cardiomyopathy	Diagnosis	ICD-10-CM
I42.2	Other hypertrophic cardiomyopathy	Diagnosis	ICD-10-CM
I42.3	Endomyocardial (eosinophilic) disease	Diagnosis	ICD-10-CM
I42.4	Endocardial fibroelastosis	Diagnosis	ICD-10-CM
I42.5	Other restrictive cardiomyopathy	Diagnosis	ICD-10-CM
I42.6	Alcoholic cardiomyopathy	Diagnosis	ICD-10-CM
I42.7	Cardiomyopathy due to drug and external agent	Diagnosis	ICD-10-CM
I42.8	Other cardiomyopathies	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I42.9	Cardiomyopathy, unspecified	Diagnosis	ICD-10-CM
I43	Cardiomyopathy in diseases classified elsewhere	Diagnosis	ICD-10-CM
I44.2	Atrioventricular block, complete	Diagnosis	ICD-10-CM
I45.6	Pre-excitation syndrome	Diagnosis	ICD-10-CM
I45.81	Long QT syndrome	Diagnosis	ICD-10-CM
I45.89	Other specified conduction disorders	Diagnosis	ICD-10-CM
I45.9	Conduction disorder, unspecified	Diagnosis	ICD-10-CM
I46.2	Cardiac arrest due to underlying cardiac condition	Diagnosis	ICD-10-CM
I46.8	Cardiac arrest due to other underlying condition	Diagnosis	ICD-10-CM
I46.9	Cardiac arrest, cause unspecified	Diagnosis	ICD-10-CM
I47.0	Re-entry ventricular arrhythmia	Diagnosis	ICD-10-CM
I47.1	Supraventricular tachycardia	Diagnosis	ICD-10-CM
I47.2	Ventricular tachycardia	Diagnosis	ICD-10-CM
I47.9	Paroxysmal tachycardia, unspecified	Diagnosis	ICD-10-CM
I48.0	Paroxysmal atrial fibrillation	Diagnosis	ICD-10-CM
I48.11	Longstanding persistent atrial fibrillation	Diagnosis	ICD-10-CM
I48.19	Other persistent atrial fibrillation	Diagnosis	ICD-10-CM
I48.20	Chronic atrial fibrillation, unspecified	Diagnosis	ICD-10-CM
I48.21	Permanent atrial fibrillation	Diagnosis	ICD-10-CM
I48.3	Typical atrial flutter	Diagnosis	ICD-10-CM
I48.4	Atypical atrial flutter	Diagnosis	ICD-10-CM
I48.91	Unspecified atrial fibrillation	Diagnosis	ICD-10-CM
I48.92	Unspecified atrial flutter	Diagnosis	ICD-10-CM
I49.01	Ventricular fibrillation	Diagnosis	ICD-10-CM
I49.02	Ventricular flutter	Diagnosis	ICD-10-CM
I49.5	Sick sinus syndrome	Diagnosis	ICD-10-CM
I49.8	Other specified cardiac arrhythmias	Diagnosis	ICD-10-CM
I49.9	Cardiac arrhythmia, unspecified	Diagnosis	ICD-10-CM
I50.1	Left ventricular failure, unspecified	Diagnosis	ICD-10-CM
I50.20	Unspecified systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.21	Acute systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.22	Chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.23	Acute on chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I50.30	Unspecified diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.31	Acute diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.32	Chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.33	Acute on chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.810	Right heart failure, unspecified	Diagnosis	ICD-10-CM
I50.811	Acute right heart failure	Diagnosis	ICD-10-CM
I50.812	Chronic right heart failure	Diagnosis	ICD-10-CM
I50.813	Acute on chronic right heart failure	Diagnosis	ICD-10-CM
I50.814	Right heart failure due to left heart failure	Diagnosis	ICD-10-CM
I50.82	Biventricular heart failure	Diagnosis	ICD-10-CM
I50.83	High output heart failure	Diagnosis	ICD-10-CM
I50.84	End stage heart failure	Diagnosis	ICD-10-CM
I50.89	Other heart failure	Diagnosis	ICD-10-CM
I50.9	Heart failure, unspecified	Diagnosis	ICD-10-CM
I51.0	Cardiac septal defect, acquired	Diagnosis	ICD-10-CM
I51.1	Rupture of chordae tendineae, not elsewhere classified	Diagnosis	ICD-10-CM
I51.2	Rupture of papillary muscle, not elsewhere classified	Diagnosis	ICD-10-CM
I51.3	Intracardiac thrombosis, not elsewhere classified	Diagnosis	ICD-10-CM
I51.4	Myocarditis, unspecified	Diagnosis	ICD-10-CM
I51.5	Myocardial degeneration	Diagnosis	ICD-10-CM
I51.7	Cardiomegaly	Diagnosis	ICD-10-CM
I51.81	Takotsubo syndrome	Diagnosis	ICD-10-CM
I51.89	Other ill-defined heart diseases	Diagnosis	ICD-10-CM
I51.9	Heart disease, unspecified	Diagnosis	ICD-10-CM
I52	Other heart disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery	Diagnosis	ICD-10-CM
I60.20	Nontraumatic subarachnoid hemorrhage from unspecified anterior communicating artery	Diagnosis	ICD-10-CM
I60.21	Nontraumatic subarachnoid hemorrhage from right anterior communicating artery	Diagnosis	ICD-10-CM
I60.22	Nontraumatic subarachnoid hemorrhage from left anterior communicating artery	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries	Diagnosis	ICD-10-CM
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery	Diagnosis	ICD-10-CM
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.8	Other cerebral infarction	Diagnosis	ICD-10-CM
I63.81	Other cerebral infarction due to occlusion or stenosis of small artery	Diagnosis	ICD-10-CM
I63.89	Other cerebral infarction	Diagnosis	ICD-10-CM
I70.0	Atherosclerosis of aorta	Diagnosis	ICD-10-CM
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg	Diagnosis	ICD-10-CM
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg	Diagnosis	ICD-10-CM
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity	Diagnosis	ICD-10-CM
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity	Diagnosis	ICD-10-CM
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

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

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity	Diagnosis	ICD-10-CM
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM
I70.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM
I70.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity	Diagnosis	ICD-10-CM
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

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

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM
I70.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM
I70.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity	Diagnosis	ICD-10-CM
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.8	Atherosclerosis of other arteries	Diagnosis	ICD-10-CM
I70.90	Unspecified atherosclerosis	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.91	Generalized atherosclerosis	Diagnosis	ICD-10-CM
I70.92	Chronic total occlusion of artery of the extremities	Diagnosis	ICD-10-CM
I71.00	Dissection of unspecified site of aorta	Diagnosis	ICD-10-CM
I71.01	Dissection of thoracic aorta	Diagnosis	ICD-10-CM
I71.02	Dissection of abdominal aorta	Diagnosis	ICD-10-CM
I71.03	Dissection of thoracoabdominal aorta	Diagnosis	ICD-10-CM
I71.1	Thoracic aortic aneurysm, ruptured	Diagnosis	ICD-10-CM
I71.2	Thoracic aortic aneurysm, without rupture	Diagnosis	ICD-10-CM
I71.3	Abdominal aortic aneurysm, ruptured	Diagnosis	ICD-10-CM
I71.4	Abdominal aortic aneurysm, without rupture	Diagnosis	ICD-10-CM
I71.5	Thoracoabdominal aortic aneurysm, ruptured	Diagnosis	ICD-10-CM
I71.6	Thoracoabdominal aortic aneurysm, without rupture	Diagnosis	ICD-10-CM
I71.8	Aortic aneurysm of unspecified site, ruptured	Diagnosis	ICD-10-CM
I71.9	Aortic aneurysm of unspecified site, without rupture	Diagnosis	ICD-10-CM
I72.0	Aneurysm of carotid artery	Diagnosis	ICD-10-CM
I72.1	Aneurysm of artery of upper extremity	Diagnosis	ICD-10-CM
I72.2	Aneurysm of renal artery	Diagnosis	ICD-10-CM
I72.3	Aneurysm of iliac artery	Diagnosis	ICD-10-CM
I72.4	Aneurysm of artery of lower extremity	Diagnosis	ICD-10-CM
I72.5	Aneurysm of other precerebral arteries	Diagnosis	ICD-10-CM
I72.6	Aneurysm of vertebral artery	Diagnosis	ICD-10-CM
I72.8	Aneurysm of other specified arteries	Diagnosis	ICD-10-CM
I72.9	Aneurysm of unspecified site	Diagnosis	ICD-10-CM
I73.1	Thromboangiitis obliterans [Buerger's disease]	Diagnosis	ICD-10-CM
I73.89	Other specified peripheral vascular diseases	Diagnosis	ICD-10-CM
I73.9	Peripheral vascular disease, unspecified	Diagnosis	ICD-10-CM
I74.01	Saddle embolus of abdominal aorta	Diagnosis	ICD-10-CM
I74.09	Other arterial embolism and thrombosis of abdominal aorta	Diagnosis	ICD-10-CM
I74.10	Embolism and thrombosis of unspecified parts of aorta	Diagnosis	ICD-10-CM
I74.11	Embolism and thrombosis of thoracic aorta	Diagnosis	ICD-10-CM
I74.19	Embolism and thrombosis of other parts of aorta	Diagnosis	ICD-10-CM
I74.2	Embolism and thrombosis of arteries of the upper extremities	Diagnosis	ICD-10-CM
I74.3	Embolism and thrombosis of arteries of the lower extremities	Diagnosis	ICD-10-CM



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I74.4	Embolism and thrombosis of arteries of extremities, unspecified	Diagnosis	ICD-10-CM
I74.5	Embolism and thrombosis of iliac artery	Diagnosis	ICD-10-CM
I74.8	Embolism and thrombosis of other arteries	Diagnosis	ICD-10-CM
I74.9	Embolism and thrombosis of unspecified artery	Diagnosis	ICD-10-CM
I75.011	Atheroembolism of right upper extremity	Diagnosis	ICD-10-CM
I75.012	Atheroembolism of left upper extremity	Diagnosis	ICD-10-CM
I75.013	Atheroembolism of bilateral upper extremities	Diagnosis	ICD-10-CM
I75.019	Atheroembolism of unspecified upper extremity	Diagnosis	ICD-10-CM
I75.021	Atheroembolism of right lower extremity	Diagnosis	ICD-10-CM
I75.022	Atheroembolism of left lower extremity	Diagnosis	ICD-10-CM
I75.023	Atheroembolism of bilateral lower extremities	Diagnosis	ICD-10-CM
I75.029	Atheroembolism of unspecified lower extremity	Diagnosis	ICD-10-CM
I75.81	Atheroembolism of kidney	Diagnosis	ICD-10-CM
I75.89	Atheroembolism of other site	Diagnosis	ICD-10-CM
I76	Septic arterial embolism	Diagnosis	ICD-10-CM
I77.0	Arteriovenous fistula, acquired	Diagnosis	ICD-10-CM
I77.1	Stricture of artery	Diagnosis	ICD-10-CM
I77.2	Rupture of artery	Diagnosis	ICD-10-CM
I77.3	Arterial fibromuscular dysplasia	Diagnosis	ICD-10-CM
I77.4	Celiac artery compression syndrome	Diagnosis	ICD-10-CM
I77.5	Necrosis of artery	Diagnosis	ICD-10-CM
I77.6	Arteritis, unspecified	Diagnosis	ICD-10-CM
I77.70	Dissection of unspecified artery	Diagnosis	ICD-10-CM
I77.71	Dissection of carotid artery	Diagnosis	ICD-10-CM
I77.72	Dissection of iliac artery	Diagnosis	ICD-10-CM
I77.73	Dissection of renal artery	Diagnosis	ICD-10-CM
I77.74	Dissection of vertebral artery	Diagnosis	ICD-10-CM
I77.75	Dissection of other precerebral arteries	Diagnosis	ICD-10-CM
I77.76	Dissection of artery of upper extremity	Diagnosis	ICD-10-CM
I77.77	Dissection of artery of lower extremity	Diagnosis	ICD-10-CM
I77.79	Dissection of other specified artery	Diagnosis	ICD-10-CM
I77.810	Thoracic aortic ectasia	Diagnosis	ICD-10-CM
I77.811	Abdominal aortic ectasia	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I77.812	Thoracoabdominal aortic ectasia	Diagnosis	ICD-10-CM
I77.819	Aortic ectasia, unspecified site	Diagnosis	ICD-10-CM
I77.89	Other specified disorders of arteries and arterioles	Diagnosis	ICD-10-CM
I77.9	Disorder of arteries and arterioles, unspecified	Diagnosis	ICD-10-CM
I78.0	Hereditary hemorrhagic telangiectasia	Diagnosis	ICD-10-CM
I82.210	Acute embolism and thrombosis of superior vena cava	Diagnosis	ICD-10-CM
I82.211	Chronic embolism and thrombosis of superior vena cava	Diagnosis	ICD-10-CM
I82.220	Acute embolism and thrombosis of inferior vena cava	Diagnosis	ICD-10-CM
I82.221	Chronic embolism and thrombosis of inferior vena cava	Diagnosis	ICD-10-CM
I87.001	Postthrombotic syndrome without complications of right lower extremity	Diagnosis	ICD-10-CM
I87.002	Postthrombotic syndrome without complications of left lower extremity	Diagnosis	ICD-10-CM
I87.003	Postthrombotic syndrome without complications of bilateral lower extremity	Diagnosis	ICD-10-CM
I87.009	Postthrombotic syndrome without complications of unspecified extremity	Diagnosis	ICD-10-CM
I87.011	Postthrombotic syndrome with ulcer of right lower extremity	Diagnosis	ICD-10-CM
I87.012	Postthrombotic syndrome with ulcer of left lower extremity	Diagnosis	ICD-10-CM
I87.013	Postthrombotic syndrome with ulcer of bilateral lower extremity	Diagnosis	ICD-10-CM
I87.019	Postthrombotic syndrome with ulcer of unspecified lower extremity	Diagnosis	ICD-10-CM
I87.021	Postthrombotic syndrome with inflammation of right lower extremity	Diagnosis	ICD-10-CM
I87.022	Postthrombotic syndrome with inflammation of left lower extremity	Diagnosis	ICD-10-CM
I87.023	Postthrombotic syndrome with inflammation of bilateral lower extremity	Diagnosis	ICD-10-CM
I87.029	Postthrombotic syndrome with inflammation of unspecified lower extremity	Diagnosis	ICD-10-CM
I87.031	Postthrombotic syndrome with ulcer and inflammation of right lower extremity	Diagnosis	ICD-10-CM
I87.032	Postthrombotic syndrome with ulcer and inflammation of left lower extremity	Diagnosis	ICD-10-CM
I87.033	Postthrombotic syndrome with ulcer and inflammation of bilateral lower extremity	Diagnosis	ICD-10-CM
I87.039	Postthrombotic syndrome with ulcer and inflammation of unspecified lower extremity	Diagnosis	ICD-10-CM
I87.091	Postthrombotic syndrome with other complications of right lower extremity	Diagnosis	ICD-10-CM
I87.092	Postthrombotic syndrome with other complications of left lower extremity	Diagnosis	ICD-10-CM
I87.093	Postthrombotic syndrome with other complications of bilateral lower extremity	Diagnosis	ICD-10-CM
I87.099	Postthrombotic syndrome with other complications of unspecified lower extremity	Diagnosis	ICD-10-CM
I97.0	Postcardiotomy syndrome	Diagnosis	ICD-10-CM
I97.110	Postprocedural cardiac insufficiency following cardiac surgery	Diagnosis	ICD-10-CM
I97.111	Postprocedural cardiac insufficiency following other surgery	Diagnosis	ICD-10-CM
I97.120	Postprocedural cardiac arrest following cardiac surgery	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I97.121	Postprocedural cardiac arrest following other surgery	Diagnosis	ICD-10-CM
I97.130	Postprocedural heart failure following cardiac surgery	Diagnosis	ICD-10-CM
I97.131	Postprocedural heart failure following other surgery	Diagnosis	ICD-10-CM
I97.190	Other postprocedural cardiac functional disturbances following cardiac surgery	Diagnosis	ICD-10-CM
I97.191	Other postprocedural cardiac functional disturbances following other surgery	Diagnosis	ICD-10-CM
I97.411	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating a cardiac bypass	Diagnosis	ICD-10-CM
I97.611	Postprocedural hemorrhage of a circulatory system organ or structure following cardiac bypass	Diagnosis	ICD-10-CM
I97.630	Postprocedural hematoma of a circulatory system organ or structure following a cardiac catheterization	Diagnosis	ICD-10-CM
I97.631	Postprocedural hematoma of a circulatory system organ or structure following cardiac bypass	Diagnosis	ICD-10-CM
T86.22	Heart transplant failure	Diagnosis	ICD-10-CM
Z95.1	Presence of aortocoronary bypass graft	Diagnosis	ICD-10-CM
Z95.5	Presence of coronary angioplasty implant and graft	Diagnosis	ICD-10-CM
Z98.61	Coronary angioplasty status	Diagnosis	ICD-10-CM
<b>Non-Invasive Oxygen Therapy - COVID Severity</b>			
0277	Medical/surgical supplies-oxygen-take home	Procedure	RE
0412	Respiratory Services-Inhalation Services	Procedure	RE
0600	Oxygen/Home Health-General Classification	Procedure	RE
0601	Oxygen/Home Health-Stat Or Port Equip/Supply Or Count	Procedure	RE
0602	Oxygen/Home Health-Stat/Equip/Under 1 Lpm	Procedure	RE
0603	Oxygen/Home Health-Stat/Equip/Over 4 Lpm	Procedure	RE
0604	Oxygen/Home Health-Stat/Equip/Portable Add-On	Procedure	RE
3E097GC	Introduction of Other Therapeutic Substance into Nose, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
5A09357	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours, Continuous Positive Airway Pressure	Procedure	ICD-10-PCS
5A09358	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours, Intermittent Positive Airway Pressure	Procedure	ICD-10-PCS
5A0935A	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours, High Nasal Flow/Velocity	Procedure	ICD-10-PCS
5A0935Z	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours	Procedure	ICD-10-PCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
5A09457	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours, Continuous Positive Airway Pressure	Procedure	ICD-10-PCS
5A09458	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours, Intermittent Positive Airway Pressure	Procedure	ICD-10-PCS
5A0945A	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours, High Nasal Flow/Velocity	Procedure	ICD-10-PCS
5A0945Z	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours	Procedure	ICD-10-PCS
5A09557	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours, Continuous Positive Airway Pressure	Procedure	ICD-10-PCS
5A09558	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours, Intermittent Positive Airway Pressure	Procedure	ICD-10-PCS
5A0955A	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours, High Nasal Flow/Velocity	Procedure	ICD-10-PCS
5A0955Z	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours	Procedure	ICD-10-PCS
5A19054	Respiratory Ventilation, Single, Nonmechanical	Procedure	ICD-10-PCS
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management	Procedure	CPT-4
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	Procedure	CPT-4
99504	Home visit for mechanical ventilation care	Procedure	CPT-4
A4608	Transtracheal oxygen catheter, each	Procedure	HCPCS
A4615	Cannula, nasal	Procedure	HCPCS
A4616	Tubing (oxygen), per foot	Procedure	HCPCS
A4619	Face tent	Procedure	HCPCS
A4620	Variable concentration mask	Procedure	HCPCS
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Procedure	HCPCS
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Procedure	HCPCS
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Procedure	HCPCS
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Procedure	HCPCS
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Procedure	HCPCS
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	Procedure	HCPCS
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	Procedure	HCPCS
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	Procedure	HCPCS
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	Procedure	HCPCS
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Procedure	HCPCS
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Procedure	HCPCS
E0441	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), 1 month's supply = 1 unit	Procedure	HCPCS
E0442	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), 1 month's supply = 1 unit	Procedure	HCPCS
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	Procedure	HCPCS
E0444	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), 1 month's supply = 1 unit	Procedure	HCPCS
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)	Procedure	HCPCS
E0455	Oxygen tent, excluding croup or pediatric tents	Procedure	HCPCS
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	Procedure	HCPCS
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	Procedure	HCPCS
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Procedure	HCPCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Procedure	HCPCS
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Procedure	HCPCS
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	Procedure	HCPCS
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	Procedure	HCPCS
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	Procedure	HCPCS
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	Procedure	HCPCS
E1353	Regulator	Procedure	HCPCS
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1355	Stand/rack	Procedure	HCPCS
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Procedure	HCPCS
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	Procedure	HCPCS
E1392	Portable oxygen concentrator, rental	Procedure	HCPCS
E1405	Oxygen and water vapor enriching system with heated delivery	Procedure	HCPCS
E1406	Oxygen and water vapor enriching system without heated delivery	Procedure	HCPCS
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	Procedure	HCPCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Procedure	HCPCS
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	Procedure	HCPCS
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	Procedure	HCPCS
Z99.81	Dependence on supplemental oxygen	Diagnosis	ICD-10-CM
<b>Congenital or Acquired Heart Disease</b>			
02Q50ZZ	Repair Atrial Septum, Open Approach	Procedure	ICD-10-PCS
02QM0ZZ	Repair Ventricular Septum, Open Approach	Procedure	ICD-10-PCS
02U507Z	Supplement Atrial Septum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02U50JZ	Supplement Atrial Septum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02U53JZ	Supplement Atrial Septum with Synthetic Substitute, Percutaneous Approach	Procedure	ICD-10-PCS
02UM07Z	Supplement Ventricular Septum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02UM0JZ	Supplement Ventricular Septum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02UM3JZ	Supplement Ventricular Septum with Synthetic Substitute, Percutaneous Approach	Procedure	ICD-10-PCS
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	Procedure	CPT-4
33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	Procedure	CPT-4
33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)	Procedure	CPT-4
33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt	Procedure	CPT-4
33746	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)	Procedure	CPT-4
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Procedure	CPT-4
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Procedure	CPT-4
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	Procedure	CPT-4
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	Procedure	CPT-4
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Procedure	CPT-4
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	Procedure	CPT-4
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	Procedure	CPT-4
93530	Right heart catheterization, for congenital cardiac anomalies	Procedure	CPT-4
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	Procedure	CPT-4
93532	Combined right heart catheterization and transeptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	Procedure	CPT-4
93533	Combined right heart catheterization and transeptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	Procedure	CPT-4
93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)	Procedure	CPT-4



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)	Procedure	CPT-4
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	Procedure	CPT-4
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	Procedure	CPT-4
P29.38	Other persistent fetal circulation	Diagnosis	ICD-10-CM
Q20.0	Common arterial trunk	Diagnosis	ICD-10-CM
Q20.1	Double outlet right ventricle	Diagnosis	ICD-10-CM
Q20.2	Double outlet left ventricle	Diagnosis	ICD-10-CM
Q20.3	Discordant ventriculoarterial connection	Diagnosis	ICD-10-CM
Q20.4	Double inlet ventricle	Diagnosis	ICD-10-CM
Q20.5	Discordant atrioventricular connection	Diagnosis	ICD-10-CM
Q20.6	Isomerism of atrial appendages	Diagnosis	ICD-10-CM
Q20.8	Other congenital malformations of cardiac chambers and connections	Diagnosis	ICD-10-CM
Q20.9	Congenital malformation of cardiac chambers and connections, unspecified	Diagnosis	ICD-10-CM
Q21.0	Ventricular septal defect	Diagnosis	ICD-10-CM
Q21.1	Atrial septal defect	Diagnosis	ICD-10-CM
Q21.2	Atrioventricular septal defect	Diagnosis	ICD-10-CM
Q21.3	Tetralogy of Fallot	Diagnosis	ICD-10-CM
Q21.4	Aortopulmonary septal defect	Diagnosis	ICD-10-CM
Q21.8	Other congenital malformations of cardiac septa	Diagnosis	ICD-10-CM
Q21.9	Congenital malformation of cardiac septum, unspecified	Diagnosis	ICD-10-CM
Q22.0	Pulmonary valve atresia	Diagnosis	ICD-10-CM
Q22.1	Congenital pulmonary valve stenosis	Diagnosis	ICD-10-CM
Q22.2	Congenital pulmonary valve insufficiency	Diagnosis	ICD-10-CM
Q22.3	Other congenital malformations of pulmonary valve	Diagnosis	ICD-10-CM
Q22.4	Congenital tricuspid stenosis	Diagnosis	ICD-10-CM
Q22.5	Ebstein's anomaly	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
Q22.6	Hypoplastic right heart syndrome	Diagnosis	ICD-10-CM
Q22.8	Other congenital malformations of tricuspid valve	Diagnosis	ICD-10-CM
Q22.9	Congenital malformation of tricuspid valve, unspecified	Diagnosis	ICD-10-CM
Q23.0	Congenital stenosis of aortic valve	Diagnosis	ICD-10-CM
Q23.1	Congenital insufficiency of aortic valve	Diagnosis	ICD-10-CM
Q23.2	Congenital mitral stenosis	Diagnosis	ICD-10-CM
Q23.3	Congenital mitral insufficiency	Diagnosis	ICD-10-CM
Q23.4	Hypoplastic left heart syndrome	Diagnosis	ICD-10-CM
Q23.8	Other congenital malformations of aortic and mitral valves	Diagnosis	ICD-10-CM
Q23.9	Congenital malformation of aortic and mitral valves, unspecified	Diagnosis	ICD-10-CM
Q24.0	Dextrocardia	Diagnosis	ICD-10-CM
Q24.1	Levocardia	Diagnosis	ICD-10-CM
Q24.2	Cor triatriatum	Diagnosis	ICD-10-CM
Q24.3	Pulmonary infundibular stenosis	Diagnosis	ICD-10-CM
Q24.4	Congenital subaortic stenosis	Diagnosis	ICD-10-CM
Q24.5	Malformation of coronary vessels	Diagnosis	ICD-10-CM
Q24.6	Congenital heart block	Diagnosis	ICD-10-CM
Q24.8	Other specified congenital malformations of heart	Diagnosis	ICD-10-CM
Q24.9	Congenital malformation of heart, unspecified	Diagnosis	ICD-10-CM
Q25.0	Patent ductus arteriosus	Diagnosis	ICD-10-CM
Q25.1	Coarctation of aorta	Diagnosis	ICD-10-CM
Q25.21	Interruption of aortic arch	Diagnosis	ICD-10-CM
Q25.29	Other atresia of aorta	Diagnosis	ICD-10-CM
Q25.3	Supravalvular aortic stenosis	Diagnosis	ICD-10-CM
Q25.40	Congenital malformation of aorta unspecified	Diagnosis	ICD-10-CM
Q25.41	Absence and aplasia of aorta	Diagnosis	ICD-10-CM
Q25.42	Hypoplasia of aorta	Diagnosis	ICD-10-CM
Q25.43	Congenital aneurysm of aorta	Diagnosis	ICD-10-CM
Q25.44	Congenital dilation of aorta	Diagnosis	ICD-10-CM
Q25.45	Double aortic arch	Diagnosis	ICD-10-CM
Q25.46	Tortuous aortic arch	Diagnosis	ICD-10-CM
Q25.47	Right aortic arch	Diagnosis	ICD-10-CM
Q25.48	Anomalous origin of subclavian artery	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
Q25.49	Other congenital malformations of aorta	Diagnosis	ICD-10-CM
Q25.5	Atresia of pulmonary artery	Diagnosis	ICD-10-CM
Q25.6	Stenosis of pulmonary artery	Diagnosis	ICD-10-CM
Q25.71	Coarctation of pulmonary artery	Diagnosis	ICD-10-CM
Q25.72	Congenital pulmonary arteriovenous malformation	Diagnosis	ICD-10-CM
Q25.79	Other congenital malformations of pulmonary artery	Diagnosis	ICD-10-CM
Q25.8	Other congenital malformations of other great arteries	Diagnosis	ICD-10-CM
Q25.9	Congenital malformation of great arteries, unspecified	Diagnosis	ICD-10-CM
Q26.0	Congenital stenosis of vena cava	Diagnosis	ICD-10-CM
Q26.1	Persistent left superior vena cava	Diagnosis	ICD-10-CM
Q26.2	Total anomalous pulmonary venous connection	Diagnosis	ICD-10-CM
Q26.3	Partial anomalous pulmonary venous connection	Diagnosis	ICD-10-CM
Q26.4	Anomalous pulmonary venous connection, unspecified	Diagnosis	ICD-10-CM
Q87.40	Marfan's syndrome, unspecified	Diagnosis	ICD-10-CM
Q87.410	Marfan's syndrome with aortic dilation	Diagnosis	ICD-10-CM
Q87.418	Marfan's syndrome with other cardiovascular manifestations	Diagnosis	ICD-10-CM
Q87.82	Arterial tortuosity syndrome	Diagnosis	ICD-10-CM
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)	Diagnosis	ICD-10-CM
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)	Diagnosis	ICD-10-CM
Q90.2	Trisomy 21, translocation	Diagnosis	ICD-10-CM
Q90.9	Down syndrome, unspecified	Diagnosis	ICD-10-CM
Q91.0	Trisomy 18, nonmosaicism (meiotic nondisjunction)	Diagnosis	ICD-10-CM
Q91.1	Trisomy 18, mosaicism (mitotic nondisjunction)	Diagnosis	ICD-10-CM
Q91.2	Trisomy 18, translocation	Diagnosis	ICD-10-CM
Q91.3	Trisomy 18, unspecified	Diagnosis	ICD-10-CM
Q91.4	Trisomy 13, nonmosaicism (meiotic nondisjunction)	Diagnosis	ICD-10-CM
Q91.5	Trisomy 13, mosaicism (mitotic nondisjunction)	Diagnosis	ICD-10-CM
Q91.6	Trisomy 13, translocation	Diagnosis	ICD-10-CM
Q91.7	Trisomy 13, unspecified	Diagnosis	ICD-10-CM
Q93.81	Velo-cardio-facial syndrome	Diagnosis	ICD-10-CM
Q93.82	Williams syndrome	Diagnosis	ICD-10-CM
<b>Transplant</b>			
02Y	Heart and Great Vessels, Transplantation	Procedure	ICD-10-PCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
02YA	Transplantation / Heart	Procedure	ICD-10-PCS
02YA0Z0	Transplantation of Heart, Allogeneic, Open Approach	Procedure	ICD-10-PCS
02YA0Z1	Transplantation of Heart, Syngeneic, Open Approach	Procedure	ICD-10-PCS
02YA0Z2	Transplantation of Heart, Zooplastic, Open Approach	Procedure	ICD-10-PCS
07Y	Lymphatic and Hemic Systems, Transplantation	Procedure	ICD-10-PCS
07YP	Transplantation / Spleen	Procedure	ICD-10-PCS
07YP0Z0	Transplantation of Spleen, Allogeneic, Open Approach	Procedure	ICD-10-PCS
07YP0Z1	Transplantation of Spleen, Syngeneic, Open Approach	Procedure	ICD-10-PCS
07YP0Z2	Transplantation of Spleen, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BY	Respiratory System, Transplantation	Procedure	ICD-10-PCS
0BYC	Transplantation / Upper Lung Lobe, Right	Procedure	ICD-10-PCS
0BYC0Z0	Transplantation of Right Upper Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYC0Z1	Transplantation of Right Upper Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYC0Z2	Transplantation of Right Upper Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYD	Transplantation / Middle Lung Lobe, Right	Procedure	ICD-10-PCS
0BYD0Z0	Transplantation of Right Middle Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYD0Z1	Transplantation of Right Middle Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYD0Z2	Transplantation of Right Middle Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYF	Transplantation / Lower Lung Lobe, Right	Procedure	ICD-10-PCS
0BYF0Z0	Transplantation of Right Lower Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYF0Z1	Transplantation of Right Lower Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYF0Z2	Transplantation of Right Lower Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYG	Transplantation / Upper Lung Lobe, Left	Procedure	ICD-10-PCS
0BYG0Z0	Transplantation of Left Upper Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYG0Z1	Transplantation of Left Upper Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYG0Z2	Transplantation of Left Upper Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYH	Transplantation / Lung Lingula	Procedure	ICD-10-PCS
0BYH0Z0	Transplantation of Lung Lingula, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYH0Z1	Transplantation of Lung Lingula, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYH0Z2	Transplantation of Lung Lingula, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYJ	Transplantation / Lower Lung Lobe, Left	Procedure	ICD-10-PCS
0BYJ0Z0	Transplantation of Left Lower Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYJ0Z1	Transplantation of Left Lower Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
OBYJ0Z2	Transplantation of Left Lower Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYK	Transplantation / Lung, Right	Procedure	ICD-10-PCS
OBYK0Z0	Transplantation of Right Lung, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYK0Z1	Transplantation of Right Lung, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYK0Z2	Transplantation of Right Lung, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYL	Transplantation / Lung, Left	Procedure	ICD-10-PCS
OBYL0Z0	Transplantation of Left Lung, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYL0Z1	Transplantation of Left Lung, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYL0Z2	Transplantation of Left Lung, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYM	Transplantation / Lungs, Bilateral	Procedure	ICD-10-PCS
OBYM0Z0	Transplantation of Bilateral Lungs, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYM0Z1	Transplantation of Bilateral Lungs, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYM0Z2	Transplantation of Bilateral Lungs, Zooplastic, Open Approach	Procedure	ICD-10-PCS
ODY	Gastrointestinal System, Transplantation	Procedure	ICD-10-PCS
ODY5	Transplantation / Esophagus	Procedure	ICD-10-PCS
ODY50Z0	Transplantation of Esophagus, Allogeneic, Open Approach	Procedure	ICD-10-PCS
ODY50Z1	Transplantation of Esophagus, Syngeneic, Open Approach	Procedure	ICD-10-PCS
ODY50Z2	Transplantation of Esophagus, Zooplastic, Open Approach	Procedure	ICD-10-PCS
ODY6	Transplantation / Stomach	Procedure	ICD-10-PCS
ODY60Z0	Transplantation of Stomach, Allogeneic, Open Approach	Procedure	ICD-10-PCS
ODY60Z1	Transplantation of Stomach, Syngeneic, Open Approach	Procedure	ICD-10-PCS
ODY60Z2	Transplantation of Stomach, Zooplastic, Open Approach	Procedure	ICD-10-PCS
ODY8	Transplantation / Small Intestine	Procedure	ICD-10-PCS
ODY80Z0	Transplantation of Small Intestine, Allogeneic, Open Approach	Procedure	ICD-10-PCS
ODY80Z1	Transplantation of Small Intestine, Syngeneic, Open Approach	Procedure	ICD-10-PCS
ODY80Z2	Transplantation of Small Intestine, Zooplastic, Open Approach	Procedure	ICD-10-PCS
ODYE	Transplantation / Large Intestine	Procedure	ICD-10-PCS
ODYE0Z0	Transplantation of Large Intestine, Allogeneic, Open Approach	Procedure	ICD-10-PCS
ODYE0Z1	Transplantation of Large Intestine, Syngeneic, Open Approach	Procedure	ICD-10-PCS
ODYE0Z2	Transplantation of Large Intestine, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OFY	Hepatobiliary System and Pancreas, Transplantation	Procedure	ICD-10-PCS
OFY0	Transplantation / Liver	Procedure	ICD-10-PCS
OFY00Z0	Transplantation of Liver, Allogeneic, Open Approach	Procedure	ICD-10-PCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
0FY00Z1	Transplantation of Liver, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0FY00Z2	Transplantation of Liver, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0FYG	Transplantation / Pancreas	Procedure	ICD-10-PCS
0FYG0Z0	Transplantation of Pancreas, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0FYG0Z1	Transplantation of Pancreas, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0FYG0Z2	Transplantation of Pancreas, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0TY	Urinary System, Transplantation	Procedure	ICD-10-PCS
0TY0	Transplantation / Kidney, Right	Procedure	ICD-10-PCS
0TY00Z0	Transplantation of Right Kidney, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0TY00Z1	Transplantation of Right Kidney, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0TY00Z2	Transplantation of Right Kidney, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0TY1	Transplantation / Kidney, Left	Procedure	ICD-10-PCS
0TY10Z0	Transplantation of Left Kidney, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0TY10Z1	Transplantation of Left Kidney, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0TY10Z2	Transplantation of Left Kidney, Zooplastic, Open Approach	Procedure	ICD-10-PCS
30230AZ	Transfusion of Embryonic Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230G1	Transfusion of Nonautologous Bone Marrow into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230G2	Transfusion of Allogeneic Related Bone Marrow into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230G3	Transfusion of Allogeneic Unrelated Bone Marrow into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230G4	Transfusion of Allogeneic Unspecified Bone Marrow into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230X2	Transfusion of Allogeneic Related Cord Blood Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230X3	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230X4	Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
30230Y4	Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30233AZ	Transfusion of Embryonic Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233G1	Transfusion of Nonautologous Bone Marrow into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233G2	Transfusion of Allogeneic Related Bone Marrow into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233G3	Transfusion of Allogeneic Unrelated Bone Marrow into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233G4	Transfusion of Allogeneic Unspecified Bone Marrow into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233X2	Transfusion of Allogeneic Related Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233X3	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233X4	Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233Y4	Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30240AZ	Transfusion of Embryonic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240G1	Transfusion of Nonautologous Bone Marrow into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240G2	Transfusion of Allogeneic Related Bone Marrow into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240G3	Transfusion of Allogeneic Unrelated Bone Marrow into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240G4	Transfusion of Allogeneic Unspecified Bone Marrow into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240X2	Transfusion of Allogeneic Related Cord Blood Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
30240X3	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240X4	Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240Y4	Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30243AZ	Transfusion of Embryonic Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243G1	Transfusion of Nonautologous Bone Marrow into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243G2	Transfusion of Allogeneic Related Bone Marrow into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243G3	Transfusion of Allogeneic Unrelated Bone Marrow into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243G4	Transfusion of Allogeneic Unspecified Bone Marrow into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243X2	Transfusion of Allogeneic Related Cord Blood Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243X3	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243X4	Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
30243Y4	Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30250G1	Transfusion of Nonautologous Bone Marrow into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30250X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30250Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30253G1	Transfusion of Nonautologous Bone Marrow into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30253X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30253Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30260G1	Transfusion of Nonautologous Bone Marrow into Central Artery, Open Approach	Procedure	ICD-10-PCS
30260X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Artery, Open Approach	Procedure	ICD-10-PCS
30260Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Artery, Open Approach	Procedure	ICD-10-PCS
30263G1	Transfusion of Nonautologous Bone Marrow into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30263X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30263Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
32851	Lung transplant, single; without cardiopulmonary bypass	Procedure	CPT-4
32852	Lung transplant, single; with cardiopulmonary bypass	Procedure	CPT-4
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	Procedure	CPT-4
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	Procedure	CPT-4
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	Procedure	CPT-4
33945	Heart transplant, with or without recipient cardiectomy	Procedure	CPT-4
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	Procedure	CPT-4
38242	Allogeneic lymphocyte infusions	Procedure	CPT-4
38243	Hematopoietic progenitor cell (HPC); HPC boost	Procedure	CPT-4
44135	Intestinal allotransplantation; from cadaver donor	Procedure	CPT-4
44136	Intestinal allotransplantation; from living donor	Procedure	CPT-4

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	Procedure	CPT-4
47136	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age	Procedure	CPT-4
48554	Transplantation of pancreatic allograft	Procedure	CPT-4
50360	Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy	Procedure	CPT-4
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Procedure	CPT-4
50366	Renal Homotransplantation, Implantation Of Graft	Procedure	CPT-4
50370	Removal of transplanted renal allograft	Procedure	CPT-4
BT29	Computerized Tomography (CT Scan) / Kidney Transplant	Procedure	ICD-10-PCS
BT2900Z	Computerized Tomography (CT Scan) of Kidney Transplant using High Osmolar Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT290ZZ	Computerized Tomography (CT Scan) of Kidney Transplant using High Osmolar Contrast	Procedure	ICD-10-PCS
BT2910Z	Computerized Tomography (CT Scan) of Kidney Transplant using Low Osmolar Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT291ZZ	Computerized Tomography (CT Scan) of Kidney Transplant using Low Osmolar Contrast	Procedure	ICD-10-PCS
BT29Y0Z	Computerized Tomography (CT Scan) of Kidney Transplant using Other Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT29YZZ	Computerized Tomography (CT Scan) of Kidney Transplant using Other Contrast	Procedure	ICD-10-PCS
BT29ZZZ	Computerized Tomography (CT Scan) of Kidney Transplant	Procedure	ICD-10-PCS
BT39	Magnetic Resonance Imaging (MRI) / Kidney Transplant	Procedure	ICD-10-PCS
BT39Y0Z	Magnetic Resonance Imaging (MRI) of Kidney Transplant using Other Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT39YZZ	Magnetic Resonance Imaging (MRI) of Kidney Transplant using Other Contrast	Procedure	ICD-10-PCS
BT39ZZZ	Magnetic Resonance Imaging (MRI) of Kidney Transplant	Procedure	ICD-10-PCS
BT49	Ultrasonography / Kidney Transplant	Procedure	ICD-10-PCS
BT49ZZZ	Ultrasonography of Kidney Transplant	Procedure	ICD-10-PCS
D89.810	Acute graft-versus-host disease	Diagnosis	ICD-10-CM
D89.811	Chronic graft-versus-host disease	Diagnosis	ICD-10-CM
D89.812	Acute on chronic graft-versus-host disease	Diagnosis	ICD-10-CM
D89.813	Graft-versus-host disease, unspecified	Diagnosis	ICD-10-CM
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris	Diagnosis	ICD-10-CM
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris	Diagnosis	ICD-10-CM
S2053	Transplantation of small intestine and liver allografts	Procedure	HCPCS
S2054	Transplantation of multivisceral organs	Procedure	HCPCS
S2060	Lobar lung transplantation	Procedure	HCPCS
S2065	Simultaneous pancreas kidney transplantation	Procedure	HCPCS
S2142	Cord blood-derived stem-cell transplantation, allogeneic	Procedure	HCPCS
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and posttransplant care in the global definition	Procedure	HCPCS
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and posttransplant care in the global definition	Procedure	HCPCS
T86.00	Unspecified complication of bone marrow transplant	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
T86.01	Bone marrow transplant rejection	Diagnosis	ICD-10-CM
T86.02	Bone marrow transplant failure	Diagnosis	ICD-10-CM
T86.03	Bone marrow transplant infection	Diagnosis	ICD-10-CM
T86.09	Other complications of bone marrow transplant	Diagnosis	ICD-10-CM
T86.10	Unspecified complication of kidney transplant	Diagnosis	ICD-10-CM
T86.11	Kidney transplant rejection	Diagnosis	ICD-10-CM
T86.12	Kidney transplant failure	Diagnosis	ICD-10-CM
T86.13	Kidney transplant infection	Diagnosis	ICD-10-CM
T86.19	Other complication of kidney transplant	Diagnosis	ICD-10-CM
T86.20	Unspecified complication of heart transplant	Diagnosis	ICD-10-CM
T86.21	Heart transplant rejection	Diagnosis	ICD-10-CM
T86.22	Heart transplant failure	Diagnosis	ICD-10-CM
T86.23	Heart transplant infection	Diagnosis	ICD-10-CM
T86.290	Cardiac allograft vasculopathy	Diagnosis	ICD-10-CM
T86.298	Other complications of heart transplant	Diagnosis	ICD-10-CM
T86.30	Unspecified complication of heart-lung transplant	Diagnosis	ICD-10-CM
T86.31	Heart-lung transplant rejection	Diagnosis	ICD-10-CM
T86.32	Heart-lung transplant failure	Diagnosis	ICD-10-CM
T86.33	Heart-lung transplant infection	Diagnosis	ICD-10-CM
T86.39	Other complications of heart-lung transplant	Diagnosis	ICD-10-CM
T86.40	Unspecified complication of liver transplant	Diagnosis	ICD-10-CM
T86.41	Liver transplant rejection	Diagnosis	ICD-10-CM
T86.42	Liver transplant failure	Diagnosis	ICD-10-CM
T86.43	Liver transplant infection	Diagnosis	ICD-10-CM
T86.49	Other complications of liver transplant	Diagnosis	ICD-10-CM
T86.810	Lung transplant rejection	Diagnosis	ICD-10-CM
T86.811	Lung transplant failure	Diagnosis	ICD-10-CM
T86.812	Lung transplant infection	Diagnosis	ICD-10-CM
T86.818	Other complications of lung transplant	Diagnosis	ICD-10-CM
T86.819	Unspecified complication of lung transplant	Diagnosis	ICD-10-CM
T86.850	Intestine transplant rejection	Diagnosis	ICD-10-CM
T86.851	Intestine transplant failure	Diagnosis	ICD-10-CM
T86.852	Intestine transplant infection	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
T86.858	Other complications of intestine transplant	Diagnosis	ICD-10-CM
T86.859	Unspecified complication of intestine transplant	Diagnosis	ICD-10-CM
T86.890	Other transplanted tissue rejection	Diagnosis	ICD-10-CM
T86.891	Other transplanted tissue failure	Diagnosis	ICD-10-CM
T86.892	Other transplanted tissue infection	Diagnosis	ICD-10-CM
T86.898	Other complications of other transplanted tissue	Diagnosis	ICD-10-CM
T86.899	Unspecified complication of other transplanted tissue	Diagnosis	ICD-10-CM
T86.90	Unspecified complication of unspecified transplanted organ and tissue	Diagnosis	ICD-10-CM
T86.91	Unspecified transplanted organ and tissue rejection	Diagnosis	ICD-10-CM
T86.92	Unspecified transplanted organ and tissue failure	Diagnosis	ICD-10-CM
T86.93	Unspecified transplanted organ and tissue infection	Diagnosis	ICD-10-CM
T86.99	Other complications of unspecified transplanted organ and tissue	Diagnosis	ICD-10-CM
Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure	Diagnosis	ICD-10-CM
Z48.21	Encounter for aftercare following heart transplant	Diagnosis	ICD-10-CM
Z48.22	Encounter for aftercare following kidney transplant	Diagnosis	ICD-10-CM
Z48.23	Encounter for aftercare following liver transplant	Diagnosis	ICD-10-CM
Z48.24	Encounter for aftercare following lung transplant	Diagnosis	ICD-10-CM
Z48.280	Encounter for aftercare following heart-lung transplant	Diagnosis	ICD-10-CM
Z48.288	Encounter for aftercare following multiple organ transplant	Diagnosis	ICD-10-CM
Z48.290	Encounter for aftercare following bone marrow transplant	Diagnosis	ICD-10-CM
Z48.298	Encounter for aftercare following other organ transplant	Diagnosis	ICD-10-CM
Z94.0	Kidney transplant status	Diagnosis	ICD-10-CM
Z94.1	Heart transplant status	Diagnosis	ICD-10-CM
Z94.2	Lung transplant status	Diagnosis	ICD-10-CM
Z94.3	Heart and lungs transplant status	Diagnosis	ICD-10-CM
Z94.4	Liver transplant status	Diagnosis	ICD-10-CM
Z94.81	Bone marrow transplant status	Diagnosis	ICD-10-CM
Z94.82	Intestine transplant status	Diagnosis	ICD-10-CM
Z94.83	Pancreas transplant status	Diagnosis	ICD-10-CM
Z94.84	Stem cells transplant status	Diagnosis	ICD-10-CM
Z94.89	Other transplanted organ and tissue status	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
Z94.9	Transplanted organ and tissue status, unspecified	Diagnosis	ICD-10-CM
<b>Obesity</b>			
0D16079	Bypass Stomach to Duodenum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1607A	Bypass Stomach to Jejunum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1607B	Bypass Stomach to Ileum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1607L	Bypass Stomach to Transverse Colon with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D160J9	Bypass Stomach to Duodenum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D160JA	Bypass Stomach to Jejunum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D160JB	Bypass Stomach to Ileum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D160JL	Bypass Stomach to Transverse Colon with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D160K9	Bypass Stomach to Duodenum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D160KA	Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D160KB	Bypass Stomach to Ileum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D160KL	Bypass Stomach to Transverse Colon with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D160Z9	Bypass Stomach to Duodenum, Open Approach	Procedure	ICD-10-PCS
0D160ZA	Bypass Stomach to Jejunum, Open Approach	Procedure	ICD-10-PCS
0D160ZB	Bypass Stomach to Ileum, Open Approach	Procedure	ICD-10-PCS
0D160ZL	Bypass Stomach to Transverse Colon, Open Approach	Procedure	ICD-10-PCS
0D16479	Bypass Stomach to Duodenum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1647A	Bypass Stomach to Jejunum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1647B	Bypass Stomach to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1647L	Bypass Stomach to Transverse Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164J9	Bypass Stomach to Duodenum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164JA	Bypass Stomach to Jejunum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164JB	Bypass Stomach to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
0D164JL	Bypass Stomach to Transverse Colon with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164K9	Bypass Stomach to Duodenum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164KA	Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164KB	Bypass Stomach to Ileum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164KL	Bypass Stomach to Transverse Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164Z9	Bypass Stomach to Duodenum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164ZA	Bypass Stomach to Jejunum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164ZB	Bypass Stomach to Ileum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164ZL	Bypass Stomach to Transverse Colon, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D16879	Bypass Stomach to Duodenum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1687A	Bypass Stomach to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1687B	Bypass Stomach to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1687L	Bypass Stomach to Transverse Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168J9	Bypass Stomach to Duodenum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168JA	Bypass Stomach to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168JB	Bypass Stomach to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168JL	Bypass Stomach to Transverse Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168K9	Bypass Stomach to Duodenum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168KA	Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
0D168KB	Bypass Stomach to Ileum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168KL	Bypass Stomach to Transverse Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168Z9	Bypass Stomach to Duodenum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168ZA	Bypass Stomach to Jejunum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168ZB	Bypass Stomach to Ileum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168ZL	Bypass Stomach to Transverse Colon, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D19079	Bypass Duodenum to Duodenum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1907A	Bypass Duodenum to Jejunum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1907B	Bypass Duodenum to Ileum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D190J9	Bypass Duodenum to Duodenum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D190JA	Bypass Duodenum to Jejunum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D190JB	Bypass Duodenum to Ileum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D190K9	Bypass Duodenum to Duodenum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D190KA	Bypass Duodenum to Jejunum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D190KB	Bypass Duodenum to Ileum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D190Z9	Bypass Duodenum to Duodenum, Open Approach	Procedure	ICD-10-PCS
0D190ZA	Bypass Duodenum to Jejunum, Open Approach	Procedure	ICD-10-PCS
0D190ZB	Bypass Duodenum to Ileum, Open Approach	Procedure	ICD-10-PCS
0D19479	Bypass Duodenum to Duodenum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1947A	Bypass Duodenum to Jejunum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1947B	Bypass Duodenum to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D194J9	Bypass Duodenum to Duodenum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D194JA	Bypass Duodenum to Jejunum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D194JB	Bypass Duodenum to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D194K9	Bypass Duodenum to Duodenum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
0D194KA	Bypass Duodenum to Jejunum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D194KB	Bypass Duodenum to Ileum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D194Z9	Bypass Duodenum to Duodenum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D194ZA	Bypass Duodenum to Jejunum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D194ZB	Bypass Duodenum to Ileum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D19879	Bypass Duodenum to Duodenum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1987A	Bypass Duodenum to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1987B	Bypass Duodenum to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D198J9	Bypass Duodenum to Duodenum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D198JA	Bypass Duodenum to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D198JB	Bypass Duodenum to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D198K9	Bypass Duodenum to Duodenum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D198KA	Bypass Duodenum to Jejunum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D198KB	Bypass Duodenum to Ileum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D198Z9	Bypass Duodenum to Duodenum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D198ZA	Bypass Duodenum to Jejunum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D198ZB	Bypass Duodenum to Ileum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1A07A	Bypass Jejunum to Jejunum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1A07B	Bypass Jejunum to Ileum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1A0JA	Bypass Jejunum to Jejunum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D1A0JB	Bypass Jejunum to Ileum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D1A0KA	Bypass Jejunum to Jejunum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1A0KB	Bypass Jejunum to Ileum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
0D1A0ZA	Bypass Jejunum to Jejunum, Open Approach	Procedure	ICD-10-PCS
0D1A0ZB	Bypass Jejunum to Ileum, Open Approach	Procedure	ICD-10-PCS
0D1A47A	Bypass Jejunum to Jejunum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1A47B	Bypass Jejunum to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1A4JA	Bypass Jejunum to Jejunum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1A4JB	Bypass Jejunum to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1A4KA	Bypass Jejunum to Jejunum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1A4KB	Bypass Jejunum to Ileum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1A4ZA	Bypass Jejunum to Jejunum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1A4ZB	Bypass Jejunum to Ileum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1A87A	Bypass Jejunum to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1A87B	Bypass Jejunum to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1A8JA	Bypass Jejunum to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1A8JB	Bypass Jejunum to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1A8KA	Bypass Jejunum to Jejunum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1A8KB	Bypass Jejunum to Ileum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1A8ZA	Bypass Jejunum to Jejunum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1A8ZB	Bypass Jejunum to Ileum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1B07B	Bypass Ileum to Ileum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1B0JB	Bypass Ileum to Ileum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D1B0KB	Bypass Ileum to Ileum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1B0ZB	Bypass Ileum to Ileum, Open Approach	Procedure	ICD-10-PCS
0D1B47B	Bypass Ileum to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
0D1B4JB	Bypass Ileum to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1B4KB	Bypass Ileum to Ileum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1B4ZB	Bypass Ileum to Ileum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1B87B	Bypass Ileum to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1B8JB	Bypass Ileum to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1B8KB	Bypass Ileum to Ileum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1B8ZB	Bypass Ileum to Ileum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1B8ZH	Bypass Ileum to Cecum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0DB60Z3	Excision of Stomach, Open Approach, Vertical	Procedure	ICD-10-PCS
0DB60ZZ	Excision of Stomach, Open Approach	Procedure	ICD-10-PCS
0DB63Z3	Excision of Stomach, Percutaneous Approach, Vertical	Procedure	ICD-10-PCS
0DB63ZZ	Excision of Stomach, Percutaneous Approach	Procedure	ICD-10-PCS
0DB67Z3	Excision of Stomach, Via Natural or Artificial Opening, Vertical	Procedure	ICD-10-PCS
0DB67ZZ	Excision of Stomach, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DB68Z3	Excision of Stomach, Via Natural or Artificial Opening Endoscopic, Vertical	Procedure	ICD-10-PCS
0DB80ZZ	Excision of Small Intestine, Open Approach	Procedure	ICD-10-PCS
0DBB0ZZ	Excision of Ileum, Open Approach	Procedure	ICD-10-PCS
0DV64CZ	Restriction of Stomach with Extraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0F190Z3	Bypass Common Bile Duct to Duodenum, Open Approach	Procedure	ICD-10-PCS
0TRB07Z	Replacement of Bladder with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Procedure	CPT-4
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Procedure	CPT-4
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	Procedure	CPT-4
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	Procedure	CPT-4

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	Procedure	CPT-4
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Procedure	CPT-4
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Procedure	CPT-4
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	Procedure	CPT-4
E66.01	Morbid (severe) obesity due to excess calories	Diagnosis	ICD-10-CM
E66.09	Other obesity due to excess calories	Diagnosis	ICD-10-CM
E66.1	Drug-induced obesity	Diagnosis	ICD-10-CM
E66.2	Morbid (severe) obesity with alveolar hypoventilation	Diagnosis	ICD-10-CM
E66.8	Other obesity	Diagnosis	ICD-10-CM
E66.9	Obesity, unspecified	Diagnosis	ICD-10-CM
K95.01	Infection due to gastric band procedure	Diagnosis	ICD-10-CM
K95.09	Other complications of gastric band procedure	Diagnosis	ICD-10-CM
K95.81	Infection due to other bariatric procedure	Diagnosis	ICD-10-CM
K95.89	Other complications of other bariatric procedure	Diagnosis	ICD-10-CM
O99.210	Obesity complicating pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O99.211	Obesity complicating pregnancy, first trimester	Diagnosis	ICD-10-CM
O99.212	Obesity complicating pregnancy, second trimester	Diagnosis	ICD-10-CM
O99.213	Obesity complicating pregnancy, third trimester	Diagnosis	ICD-10-CM
O99.214	Obesity complicating childbirth	Diagnosis	ICD-10-CM
O99.215	Obesity complicating the puerperium	Diagnosis	ICD-10-CM
O99.840	Bariatric surgery status complicating pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O99.841	Bariatric surgery status complicating pregnancy, first trimester	Diagnosis	ICD-10-CM
O99.842	Bariatric surgery status complicating pregnancy, second trimester	Diagnosis	ICD-10-CM
O99.843	Bariatric surgery status complicating pregnancy, third trimester	Diagnosis	ICD-10-CM
O99.844	Bariatric surgery status complicating childbirth	Diagnosis	ICD-10-CM
O99.845	Bariatric surgery status complicating the puerperium	Diagnosis	ICD-10-CM
Z68.30	Body mass index [BMI] 30.0-30.9, adult	Diagnosis	ICD-10-CM
Z68.31	Body mass index [BMI] 31.0-31.9, adult	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
Z68.32	Body mass index [BMI] 32.0-32.9, adult	Diagnosis	ICD-10-CM
Z68.33	Body mass index [BMI] 33.0-33.9, adult	Diagnosis	ICD-10-CM
Z68.34	Body mass index [BMI] 34.0-34.9, adult	Diagnosis	ICD-10-CM
Z68.35	Body mass index [BMI] 35.0-35.9, adult	Diagnosis	ICD-10-CM
Z68.36	Body mass index [BMI] 36.0-36.9, adult	Diagnosis	ICD-10-CM
Z68.37	Body mass index [BMI] 37.0-37.9, adult	Diagnosis	ICD-10-CM
Z68.38	Body mass index [BMI] 38.0-38.9, adult	Diagnosis	ICD-10-CM
Z68.39	Body mass index [BMI] 39.0-39.9, adult	Diagnosis	ICD-10-CM
Z68.41	Body mass index [BMI] 40.0-44.9, adult	Diagnosis	ICD-10-CM
Z68.42	Body mass index [BMI] 45.0-49.9, adult	Diagnosis	ICD-10-CM
Z68.43	Body mass index [BMI] 50.0-59.9, adult	Diagnosis	ICD-10-CM
Z68.44	Body mass index [BMI] 60.0-69.9, adult	Diagnosis	ICD-10-CM
Z68.45	Body mass index [BMI] 70 or greater, adult	Diagnosis	ICD-10-CM
Z98.84	Bariatric surgery status	Diagnosis	ICD-10-CM
<b>Pregnancy - Delivery</b>			
0W8NXZZ	Division of Female Perineum, External Approach	Procedure	ICD-10-PCS
10900ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Open Approach	Procedure	ICD-10-PCS
10903ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10904ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10907ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10908ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
10D00Z0	Extraction of Products of Conception, Classical, Open Approach	Procedure	ICD-10-PCS
10D00Z1	Extraction of Products of Conception, Low Cervical, Open Approach	Procedure	ICD-10-PCS
10D00Z2	Extraction of Products of Conception, Extraperitoneal, Open Approach	Procedure	ICD-10-PCS
10D07Z3	Extraction of Products of Conception, Low Forceps, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10D07Z4	Extraction of Products of Conception, Mid Forceps, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10D07Z5	Extraction of Products of Conception, High Forceps, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10D07Z6	Extraction of Products of Conception, Vacuum, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10D07Z7	Extraction of Products of Conception, Internal Version, Via Natural or Artificial Opening	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
10D07Z8	Extraction of Products of Conception, Other, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10E0XZZ	Delivery of Products of Conception, External Approach	Procedure	ICD-10-PCS
10S07ZZ	Reposition Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	Procedure	CPT-4
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	Procedure	CPT-4
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	Procedure	CPT-4
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	Procedure	CPT-4
59514	Cesarean delivery only;	Procedure	CPT-4
59515	Cesarean delivery only; including postpartum care	Procedure	CPT-4
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	Procedure	CPT-4
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	Procedure	CPT-4
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	Procedure	CPT-4
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	Procedure	CPT-4
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	Procedure	CPT-4
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	Procedure	CPT-4
O10.02	Pre-existing essential hypertension complicating childbirth	Diagnosis	ICD-10-CM
O10.12	Pre-existing hypertensive heart disease complicating childbirth	Diagnosis	ICD-10-CM
O10.22	Pre-existing hypertensive chronic kidney disease complicating childbirth	Diagnosis	ICD-10-CM
O10.32	Pre-existing hypertensive heart and chronic kidney disease complicating childbirth	Diagnosis	ICD-10-CM
O10.42	Pre-existing secondary hypertension complicating childbirth	Diagnosis	ICD-10-CM
O10.92	Unspecified pre-existing hypertension complicating childbirth	Diagnosis	ICD-10-CM
O11.4	Pre-existing hypertension with pre-eclampsia, complicating childbirth	Diagnosis	ICD-10-CM
O12.04	Gestational edema, complicating childbirth	Diagnosis	ICD-10-CM
O12.14	Gestational proteinuria, complicating childbirth	Diagnosis	ICD-10-CM
O12.24	Gestational edema with proteinuria, complicating childbirth	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
O13.4	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth	Diagnosis	ICD-10-CM
O14.04	Mild to moderate pre-eclampsia, complicating childbirth	Diagnosis	ICD-10-CM
O14.14	Severe pre-eclampsia complicating childbirth	Diagnosis	ICD-10-CM
O14.24	HELLP syndrome, complicating childbirth	Diagnosis	ICD-10-CM
O14.94	Unspecified pre-eclampsia, complicating childbirth	Diagnosis	ICD-10-CM
O16.4	Unspecified maternal hypertension, complicating childbirth	Diagnosis	ICD-10-CM
O24.02	Pre-existing type 1 diabetes mellitus, in childbirth	Diagnosis	ICD-10-CM
O24.12	Pre-existing type 2 diabetes mellitus, in childbirth	Diagnosis	ICD-10-CM
O24.32	Unspecified pre-existing diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
O24.420	Gestational diabetes mellitus in childbirth, diet controlled	Diagnosis	ICD-10-CM
O24.424	Gestational diabetes mellitus in childbirth, insulin controlled	Diagnosis	ICD-10-CM
O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs	Diagnosis	ICD-10-CM
O24.429	Gestational diabetes mellitus in childbirth, unspecified control	Diagnosis	ICD-10-CM
O24.82	Other pre-existing diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
O24.92	Unspecified diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
O25.2	Malnutrition in childbirth	Diagnosis	ICD-10-CM
O26.62	Liver and biliary tract disorders in childbirth	Diagnosis	ICD-10-CM
O26.72	Subluxation of symphysis (pubis) in childbirth	Diagnosis	ICD-10-CM
O60.12X0	Preterm labor second trimester with preterm delivery second trimester, not applicable or unspecified	Diagnosis	ICD-10-CM
O60.12X1	Preterm labor second trimester with preterm delivery second trimester, fetus 1	Diagnosis	ICD-10-CM
O60.12X2	Preterm labor second trimester with preterm delivery second trimester, fetus 2	Diagnosis	ICD-10-CM
O60.12X3	Preterm labor second trimester with preterm delivery second trimester, fetus 3	Diagnosis	ICD-10-CM
O60.12X4	Preterm labor second trimester with preterm delivery second trimester, fetus 4	Diagnosis	ICD-10-CM
O60.12X5	Preterm labor second trimester with preterm delivery second trimester, fetus 5	Diagnosis	ICD-10-CM
O60.12X9	Preterm labor second trimester with preterm delivery second trimester, other fetus	Diagnosis	ICD-10-CM
O60.13X0	Preterm labor second trimester with preterm delivery third trimester, not applicable or unspecified	Diagnosis	ICD-10-CM
O60.13X1	Preterm labor second trimester with preterm delivery third trimester, fetus 1	Diagnosis	ICD-10-CM
O60.13X2	Preterm labor second trimester with preterm delivery third trimester, fetus 2	Diagnosis	ICD-10-CM
O60.13X3	Preterm labor second trimester with preterm delivery third trimester, fetus 3	Diagnosis	ICD-10-CM
O60.13X4	Preterm labor second trimester with preterm delivery third trimester, fetus 4	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
O60.13X5	Preterm labor second trimester with preterm delivery third trimester, fetus 5	Diagnosis	ICD-10-CM
O60.13X9	Preterm labor second trimester with preterm delivery third trimester, other fetus	Diagnosis	ICD-10-CM
O60.14X0	Preterm labor third trimester with preterm delivery third trimester, not applicable or unspecified	Diagnosis	ICD-10-CM
O60.14X1	Preterm labor third trimester with preterm delivery third trimester, fetus 1	Diagnosis	ICD-10-CM
O60.14X2	Preterm labor third trimester with preterm delivery third trimester, fetus 2	Diagnosis	ICD-10-CM
O60.14X3	Preterm labor third trimester with preterm delivery third trimester, fetus 3	Diagnosis	ICD-10-CM
O60.14X4	Preterm labor third trimester with preterm delivery third trimester, fetus 4	Diagnosis	ICD-10-CM
O60.14X5	Preterm labor third trimester with preterm delivery third trimester, fetus 5	Diagnosis	ICD-10-CM
O60.14X9	Preterm labor third trimester with preterm delivery third trimester, other fetus	Diagnosis	ICD-10-CM
O60.22X0	Term delivery with preterm labor, second trimester, not applicable or unspecified	Diagnosis	ICD-10-CM
O60.22X1	Term delivery with preterm labor, second trimester, fetus 1	Diagnosis	ICD-10-CM
O60.22X2	Term delivery with preterm labor, second trimester, fetus 2	Diagnosis	ICD-10-CM
O60.22X3	Term delivery with preterm labor, second trimester, fetus 3	Diagnosis	ICD-10-CM
O60.22X4	Term delivery with preterm labor, second trimester, fetus 4	Diagnosis	ICD-10-CM
O60.22X5	Term delivery with preterm labor, second trimester, fetus 5	Diagnosis	ICD-10-CM
O60.22X9	Term delivery with preterm labor, second trimester, other fetus	Diagnosis	ICD-10-CM
O60.23X0	Term delivery with preterm labor, third trimester, not applicable or unspecified	Diagnosis	ICD-10-CM
O60.23X1	Term delivery with preterm labor, third trimester, fetus 1	Diagnosis	ICD-10-CM
O60.23X2	Term delivery with preterm labor, third trimester, fetus 2	Diagnosis	ICD-10-CM
O60.23X3	Term delivery with preterm labor, third trimester, fetus 3	Diagnosis	ICD-10-CM
O60.23X4	Term delivery with preterm labor, third trimester, fetus 4	Diagnosis	ICD-10-CM
O60.23X5	Term delivery with preterm labor, third trimester, fetus 5	Diagnosis	ICD-10-CM
O60.23X9	Term delivery with preterm labor, third trimester, other fetus	Diagnosis	ICD-10-CM
O63.2	Delayed delivery of second twin, triplet, etc.	Diagnosis	ICD-10-CM
O67.0	Intrapartum hemorrhage with coagulation defect	Diagnosis	ICD-10-CM
O67.8	Other intrapartum hemorrhage	Diagnosis	ICD-10-CM
O67.9	Intrapartum hemorrhage, unspecified	Diagnosis	ICD-10-CM
O68	Labor and delivery complicated by abnormality of fetal acid-base balance	Diagnosis	ICD-10-CM
O69.0XX0	Labor and delivery complicated by prolapse of cord, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.0XX1	Labor and delivery complicated by prolapse of cord, fetus 1	Diagnosis	ICD-10-CM
O69.0XX2	Labor and delivery complicated by prolapse of cord, fetus 2	Diagnosis	ICD-10-CM
O69.0XX3	Labor and delivery complicated by prolapse of cord, fetus 3	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
O69.0XX4	Labor and delivery complicated by prolapse of cord, fetus 4	Diagnosis	ICD-10-CM
O69.0XX5	Labor and delivery complicated by prolapse of cord, fetus 5	Diagnosis	ICD-10-CM
O69.0XX9	Labor and delivery complicated by prolapse of cord, other fetus	Diagnosis	ICD-10-CM
O69.1XX0	Labor and delivery complicated by cord around neck, with compression, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.1XX1	Labor and delivery complicated by cord around neck, with compression, fetus 1	Diagnosis	ICD-10-CM
O69.1XX2	Labor and delivery complicated by cord around neck, with compression, fetus 2	Diagnosis	ICD-10-CM
O69.1XX3	Labor and delivery complicated by cord around neck, with compression, fetus 3	Diagnosis	ICD-10-CM
O69.1XX4	Labor and delivery complicated by cord around neck, with compression, fetus 4	Diagnosis	ICD-10-CM
O69.1XX5	Labor and delivery complicated by cord around neck, with compression, fetus 5	Diagnosis	ICD-10-CM
O69.1XX9	Labor and delivery complicated by cord around neck, with compression, other fetus	Diagnosis	ICD-10-CM
O69.2XX0	Labor and delivery complicated by other cord entanglement, with compression, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.2XX1	Labor and delivery complicated by other cord entanglement, with compression, fetus 1	Diagnosis	ICD-10-CM
O69.2XX2	Labor and delivery complicated by other cord entanglement, with compression, fetus 2	Diagnosis	ICD-10-CM
O69.2XX3	Labor and delivery complicated by other cord entanglement, with compression, fetus 3	Diagnosis	ICD-10-CM
O69.2XX4	Labor and delivery complicated by other cord entanglement, with compression, fetus 4	Diagnosis	ICD-10-CM
O69.2XX5	Labor and delivery complicated by other cord entanglement, with compression, fetus 5	Diagnosis	ICD-10-CM
O69.2XX9	Labor and delivery complicated by other cord entanglement, with compression, other fetus	Diagnosis	ICD-10-CM
O69.3XX0	Labor and delivery complicated by short cord, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.3XX1	Labor and delivery complicated by short cord, fetus 1	Diagnosis	ICD-10-CM
O69.3XX2	Labor and delivery complicated by short cord, fetus 2	Diagnosis	ICD-10-CM
O69.3XX3	Labor and delivery complicated by short cord, fetus 3	Diagnosis	ICD-10-CM
O69.3XX4	Labor and delivery complicated by short cord, fetus 4	Diagnosis	ICD-10-CM
O69.3XX5	Labor and delivery complicated by short cord, fetus 5	Diagnosis	ICD-10-CM
O69.3XX9	Labor and delivery complicated by short cord, other fetus	Diagnosis	ICD-10-CM
O69.4XX0	Labor and delivery complicated by vasa previa, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.4XX1	Labor and delivery complicated by vasa previa, fetus 1	Diagnosis	ICD-10-CM
O69.4XX2	Labor and delivery complicated by vasa previa, fetus 2	Diagnosis	ICD-10-CM
O69.4XX3	Labor and delivery complicated by vasa previa, fetus 3	Diagnosis	ICD-10-CM
O69.4XX4	Labor and delivery complicated by vasa previa, fetus 4	Diagnosis	ICD-10-CM
O69.4XX5	Labor and delivery complicated by vasa previa, fetus 5	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
O69.4XX9	Labor and delivery complicated by vasa previa, other fetus	Diagnosis	ICD-10-CM
O69.5XX0	Labor and delivery complicated by vascular lesion of cord, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.5XX1	Labor and delivery complicated by vascular lesion of cord, fetus 1	Diagnosis	ICD-10-CM
O69.5XX2	Labor and delivery complicated by vascular lesion of cord, fetus 2	Diagnosis	ICD-10-CM
O69.5XX3	Labor and delivery complicated by vascular lesion of cord, fetus 3	Diagnosis	ICD-10-CM
O69.5XX4	Labor and delivery complicated by vascular lesion of cord, fetus 4	Diagnosis	ICD-10-CM
O69.5XX5	Labor and delivery complicated by vascular lesion of cord, fetus 5	Diagnosis	ICD-10-CM
O69.5XX9	Labor and delivery complicated by vascular lesion of cord, other fetus	Diagnosis	ICD-10-CM
O69.81X0	Labor and delivery complicated by cord around neck, without compression, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.81X1	Labor and delivery complicated by cord around neck, without compression, fetus 1	Diagnosis	ICD-10-CM
O69.81X2	Labor and delivery complicated by cord around neck, without compression, fetus 2	Diagnosis	ICD-10-CM
O69.81X3	Labor and delivery complicated by cord around neck, without compression, fetus 3	Diagnosis	ICD-10-CM
O69.81X4	Labor and delivery complicated by cord around neck, without compression, fetus 4	Diagnosis	ICD-10-CM
O69.81X5	Labor and delivery complicated by cord around neck, without compression, fetus 5	Diagnosis	ICD-10-CM
O69.81X9	Labor and delivery complicated by cord around neck, without compression, other fetus	Diagnosis	ICD-10-CM
O69.82X0	Labor and delivery complicated by other cord entanglement, without compression, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.82X1	Labor and delivery complicated by other cord entanglement, without compression, fetus 1	Diagnosis	ICD-10-CM
O69.82X2	Labor and delivery complicated by other cord entanglement, without compression, fetus 2	Diagnosis	ICD-10-CM
O69.82X3	Labor and delivery complicated by other cord entanglement, without compression, fetus 3	Diagnosis	ICD-10-CM
O69.82X4	Labor and delivery complicated by other cord entanglement, without compression, fetus 4	Diagnosis	ICD-10-CM
O69.82X5	Labor and delivery complicated by other cord entanglement, without compression, fetus 5	Diagnosis	ICD-10-CM
O69.82X9	Labor and delivery complicated by other cord entanglement, without compression, other fetus	Diagnosis	ICD-10-CM
O69.89X0	Labor and delivery complicated by other cord complications, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.89X1	Labor and delivery complicated by other cord complications, fetus 1	Diagnosis	ICD-10-CM
O69.89X2	Labor and delivery complicated by other cord complications, fetus 2	Diagnosis	ICD-10-CM
O69.89X3	Labor and delivery complicated by other cord complications, fetus 3	Diagnosis	ICD-10-CM
O69.89X4	Labor and delivery complicated by other cord complications, fetus 4	Diagnosis	ICD-10-CM
O69.89X5	Labor and delivery complicated by other cord complications, fetus 5	Diagnosis	ICD-10-CM
O69.89X9	Labor and delivery complicated by other cord complications, other fetus	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
O69.9XX0	Labor and delivery complicated by cord complication, unspecified, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.9XX1	Labor and delivery complicated by cord complication, unspecified, fetus 1	Diagnosis	ICD-10-CM
O69.9XX2	Labor and delivery complicated by cord complication, unspecified, fetus 2	Diagnosis	ICD-10-CM
O69.9XX3	Labor and delivery complicated by cord complication, unspecified, fetus 3	Diagnosis	ICD-10-CM
O69.9XX4	Labor and delivery complicated by cord complication, unspecified, fetus 4	Diagnosis	ICD-10-CM
O69.9XX5	Labor and delivery complicated by cord complication, unspecified, fetus 5	Diagnosis	ICD-10-CM
O69.9XX9	Labor and delivery complicated by cord complication, unspecified, other fetus	Diagnosis	ICD-10-CM
O70.0	First degree perineal laceration during delivery	Diagnosis	ICD-10-CM
O70.1	Second degree perineal laceration during delivery	Diagnosis	ICD-10-CM
O70.20	Third degree perineal laceration during delivery, unspecified	Diagnosis	ICD-10-CM
O70.21	Third degree perineal laceration during delivery, IIIa	Diagnosis	ICD-10-CM
O70.22	Third degree perineal laceration during delivery, IIIb	Diagnosis	ICD-10-CM
O70.23	Third degree perineal laceration during delivery, IIIc	Diagnosis	ICD-10-CM
O70.3	Fourth degree perineal laceration during delivery	Diagnosis	ICD-10-CM
O70.4	Anal sphincter tear complicating delivery, not associated with third degree laceration	Diagnosis	ICD-10-CM
O70.9	Perineal laceration during delivery, unspecified	Diagnosis	ICD-10-CM
O74.0	Aspiration pneumonitis due to anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O74.1	Other pulmonary complications of anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O74.2	Cardiac complications of anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O74.3	Central nervous system complications of anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O74.4	Toxic reaction to local anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O74.5	Spinal and epidural anesthesia-induced headache during labor and delivery	Diagnosis	ICD-10-CM
O74.6	Other complications of spinal and epidural anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O74.7	Failed or difficult intubation for anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O74.8	Other complications of anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O74.9	Complication of anesthesia during labor and delivery, unspecified	Diagnosis	ICD-10-CM
O75.0	Maternal distress during labor and delivery	Diagnosis	ICD-10-CM
O75.1	Shock during or following labor and delivery	Diagnosis	ICD-10-CM
O75.5	Delayed delivery after artificial rupture of membranes	Diagnosis	ICD-10-CM
O75.81	Maternal exhaustion complicating labor and delivery	Diagnosis	ICD-10-CM
O75.82	Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
075.89	Other specified complications of labor and delivery	Diagnosis	ICD-10-CM
075.9	Complication of labor and delivery, unspecified	Diagnosis	ICD-10-CM
076	Abnormality in fetal heart rate and rhythm complicating labor and delivery	Diagnosis	ICD-10-CM
077.0	Labor and delivery complicated by meconium in amniotic fluid	Diagnosis	ICD-10-CM
077.8	Labor and delivery complicated by other evidence of fetal stress	Diagnosis	ICD-10-CM
077.9	Labor and delivery complicated by fetal stress, unspecified	Diagnosis	ICD-10-CM
080	Encounter for full-term uncomplicated delivery	Diagnosis	ICD-10-CM
082	Encounter for cesarean delivery without indication	Diagnosis	ICD-10-CM
088.02	Air embolism in childbirth	Diagnosis	ICD-10-CM
088.12	Amniotic fluid embolism in childbirth	Diagnosis	ICD-10-CM
088.22	Thromboembolism in childbirth	Diagnosis	ICD-10-CM
088.32	Pyemic and septic embolism in childbirth	Diagnosis	ICD-10-CM
088.82	Other embolism in childbirth	Diagnosis	ICD-10-CM
098.02	Tuberculosis complicating childbirth	Diagnosis	ICD-10-CM
098.12	Syphilis complicating childbirth	Diagnosis	ICD-10-CM
098.22	Gonorrhea complicating childbirth	Diagnosis	ICD-10-CM
098.32	Other infections with a predominantly sexual mode of transmission complicating	Diagnosis	ICD-10-CM
098.42	Viral hepatitis complicating childbirth	Diagnosis	ICD-10-CM
098.52	Other viral diseases complicating childbirth	Diagnosis	ICD-10-CM
098.62	Protozoal diseases complicating childbirth	Diagnosis	ICD-10-CM
098.72	Human immunodeficiency virus [HIV] disease complicating childbirth	Diagnosis	ICD-10-CM
098.82	Other maternal infectious and parasitic diseases complicating childbirth	Diagnosis	ICD-10-CM
098.92	Unspecified maternal infectious and parasitic disease complicating childbirth	Diagnosis	ICD-10-CM
099.02	Anemia complicating childbirth	Diagnosis	ICD-10-CM
099.12	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating childbirth	Diagnosis	ICD-10-CM
099.214	Obesity complicating childbirth	Diagnosis	ICD-10-CM
099.284	Endocrine, nutritional and metabolic diseases complicating childbirth	Diagnosis	ICD-10-CM
099.314	Alcohol use complicating childbirth	Diagnosis	ICD-10-CM
099.324	Drug use complicating childbirth	Diagnosis	ICD-10-CM
099.334	Smoking (tobacco) complicating childbirth	Diagnosis	ICD-10-CM
099.344	Other mental disorders complicating childbirth	Diagnosis	ICD-10-CM
099.354	Diseases of the nervous system complicating childbirth	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
O99.42	Diseases of the circulatory system complicating childbirth	Diagnosis	ICD-10-CM
O99.52	Diseases of the respiratory system complicating childbirth	Diagnosis	ICD-10-CM
O99.62	Diseases of the digestive system complicating childbirth	Diagnosis	ICD-10-CM
O99.72	Diseases of the skin and subcutaneous tissue complicating childbirth	Diagnosis	ICD-10-CM
O99.814	Abnormal glucose complicating childbirth	Diagnosis	ICD-10-CM
O99.824	Streptococcus B carrier state complicating childbirth	Diagnosis	ICD-10-CM
O99.834	Other infection carrier state complicating childbirth	Diagnosis	ICD-10-CM
O99.844	Bariatric surgery status complicating childbirth	Diagnosis	ICD-10-CM
O9A.12	Malignant neoplasm complicating childbirth	Diagnosis	ICD-10-CM
O9A.22	Injury, poisoning and certain other consequences of external causes complicating childbirth	Diagnosis	ICD-10-CM
O9A.32	Physical abuse complicating childbirth	Diagnosis	ICD-10-CM
O9A.42	Sexual abuse complicating childbirth	Diagnosis	ICD-10-CM
O9A.52	Psychological abuse complicating childbirth	Diagnosis	ICD-10-CM
P03.0	Newborn affected by breech delivery and extraction	Diagnosis	ICD-10-CM
P03.2	Newborn affected by forceps delivery	Diagnosis	ICD-10-CM
P03.3	Newborn affected by delivery by vacuum extractor [ventouse]	Diagnosis	ICD-10-CM
P03.4	Newborn affected by Cesarean delivery	Diagnosis	ICD-10-CM
P03.5	Newborn affected by precipitate delivery	Diagnosis	ICD-10-CM
P07.00	Extremely low birth weight newborn, unspecified weight	Diagnosis	ICD-10-CM
P07.01	Extremely low birth weight newborn, less than 500 grams	Diagnosis	ICD-10-CM
P07.02	Extremely low birth weight newborn, 500-749 grams	Diagnosis	ICD-10-CM
P07.03	Extremely low birth weight newborn, 750-999 grams	Diagnosis	ICD-10-CM
P07.10	Other low birth weight newborn, unspecified weight	Diagnosis	ICD-10-CM
P07.14	Other low birth weight newborn, 1000-1249 grams	Diagnosis	ICD-10-CM
P07.15	Other low birth weight newborn, 1250-1499 grams	Diagnosis	ICD-10-CM
P07.16	Other low birth weight newborn, 1500-1749 grams	Diagnosis	ICD-10-CM
P07.17	Other low birth weight newborn, 1750-1999 grams	Diagnosis	ICD-10-CM
P07.18	Other low birth weight newborn, 2000-2499 grams	Diagnosis	ICD-10-CM
P07.20	Extreme immaturity of newborn, unspecified weeks of gestation	Diagnosis	ICD-10-CM
P07.21	Extreme immaturity of newborn, gestational age less than 23 completed weeks	Diagnosis	ICD-10-CM
P07.22	Extreme immaturity of newborn, gestational age 23 completed weeks	Diagnosis	ICD-10-CM
P07.23	Extreme immaturity of newborn, gestational age 24 completed weeks	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
P07.24	Extreme immaturity of newborn, gestational age 25 completed weeks	Diagnosis	ICD-10-CM
P07.25	Extreme immaturity of newborn, gestational age 26 completed weeks	Diagnosis	ICD-10-CM
P07.26	Extreme immaturity of newborn, gestational age 27 completed weeks	Diagnosis	ICD-10-CM
P07.30	Preterm newborn, unspecified weeks of gestation	Diagnosis	ICD-10-CM
P07.31	Preterm newborn, gestational age 28 completed weeks	Diagnosis	ICD-10-CM
P07.32	Preterm newborn, gestational age 29 completed weeks	Diagnosis	ICD-10-CM
P07.33	Preterm newborn, gestational age 30 completed weeks	Diagnosis	ICD-10-CM
P07.34	Preterm newborn, gestational age 31 completed weeks	Diagnosis	ICD-10-CM
P07.35	Preterm newborn, gestational age 32 completed weeks	Diagnosis	ICD-10-CM
P07.36	Preterm newborn, gestational age 33 completed weeks	Diagnosis	ICD-10-CM
P07.37	Preterm newborn, gestational age 34 completed weeks	Diagnosis	ICD-10-CM
P07.38	Preterm newborn, gestational age 35 completed weeks	Diagnosis	ICD-10-CM
P07.39	Preterm newborn, gestational age 36 completed weeks	Diagnosis	ICD-10-CM
P08.21	Post-term newborn	Diagnosis	ICD-10-CM
P08.22	Prolonged gestation of newborn	Diagnosis	ICD-10-CM
Z37.0	Single live birth	Diagnosis	ICD-10-CM
Z37.2	Twins, both liveborn	Diagnosis	ICD-10-CM
Z37.3	Twins, one liveborn and one stillborn	Diagnosis	ICD-10-CM
Z37.50	Multiple births, unspecified, all liveborn	Diagnosis	ICD-10-CM
Z37.51	Triplets, all liveborn	Diagnosis	ICD-10-CM
Z37.52	Quadruplets, all liveborn	Diagnosis	ICD-10-CM
Z37.53	Quintuplets, all liveborn	Diagnosis	ICD-10-CM
Z37.54	Sextuplets, all liveborn	Diagnosis	ICD-10-CM
Z37.59	Other multiple births, all liveborn	Diagnosis	ICD-10-CM
Z37.60	Multiple births, unspecified, some liveborn	Diagnosis	ICD-10-CM
Z37.61	Triplets, some liveborn	Diagnosis	ICD-10-CM
Z37.62	Quadruplets, some liveborn	Diagnosis	ICD-10-CM
Z37.63	Quintuplets, some liveborn	Diagnosis	ICD-10-CM
Z37.64	Sextuplets, some liveborn	Diagnosis	ICD-10-CM
Z37.69	Other multiple births, some liveborn	Diagnosis	ICD-10-CM
Z37.9	Outcome of delivery, unspecified	Diagnosis	ICD-10-CM
Z38.00	Single liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z38.01	Single liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
Z38.1	Single liveborn infant, born outside hospital	Diagnosis	ICD-10-CM
Z38.2	Single liveborn infant, unspecified as to place of birth	Diagnosis	ICD-10-CM
Z38.30	Twin liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z38.31	Twin liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM
Z38.4	Twin liveborn infant, born outside hospital	Diagnosis	ICD-10-CM
Z38.5	Twin liveborn infant, unspecified as to place of birth	Diagnosis	ICD-10-CM
Z38.61	Triplet liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z38.62	Triplet liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM
Z38.63	Quadruplet liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z38.64	Quadruplet liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM
Z38.65	Quintuplet liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z38.66	Quintuplet liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM
Z38.68	Other multiple liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z38.69	Other multiple liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM
Z38.7	Other multiple liveborn infant, born outside hospital	Diagnosis	ICD-10-CM
Z38.8	Other multiple liveborn infant, unspecified as to place of birth	Diagnosis	ICD-10-CM
<b>Any Pregnancy</b>			
0W8NXZZ	Division of Female Perineum, External Approach	Procedure	ICD-10-PCS
10900ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Open Approach	Procedure	ICD-10-PCS
10903ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10904ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10907ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10908ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
10D00Z0	Extraction of Products of Conception, Classical, Open Approach	Procedure	ICD-10-PCS
10D00Z1	Extraction of Products of Conception, Low Cervical, Open Approach	Procedure	ICD-10-PCS
10D00Z2	Extraction of Products of Conception, Extraperitoneal, Open Approach	Procedure	ICD-10-PCS
10D07Z3	Extraction of Products of Conception, Low Forceps, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10D07Z4	Extraction of Products of Conception, Mid Forceps, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10D07Z5	Extraction of Products of Conception, High Forceps, Via Natural or Artificial Opening	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
10D07Z6	Extraction of Products of Conception, Vacuum, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10D07Z7	Extraction of Products of Conception, Internal Version, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10D07Z8	Extraction of Products of Conception, Other, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10E0XZZ	Delivery of Products of Conception, External Approach	Procedure	ICD-10-PCS
10S07ZZ	Reposition Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	Procedure	CPT-4
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	Procedure	CPT-4
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	Procedure	CPT-4
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	Procedure	CPT-4
59514	Cesarean delivery only;	Procedure	CPT-4
59515	Cesarean delivery only; including postpartum care	Procedure	CPT-4
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	Procedure	CPT-4
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	Procedure	CPT-4
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	Procedure	CPT-4
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	Procedure	CPT-4
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	Procedure	CPT-4
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	Procedure	CPT-4
O10.02	Pre-existing essential hypertension complicating childbirth	Diagnosis	ICD-10-CM
O10.12	Pre-existing hypertensive heart disease complicating childbirth	Diagnosis	ICD-10-CM
O10.22	Pre-existing hypertensive chronic kidney disease complicating childbirth	Diagnosis	ICD-10-CM
O10.32	Pre-existing hypertensive heart and chronic kidney disease complicating childbirth	Diagnosis	ICD-10-CM
O10.42	Pre-existing secondary hypertension complicating childbirth	Diagnosis	ICD-10-CM
O10.92	Unspecified pre-existing hypertension complicating childbirth	Diagnosis	ICD-10-CM
O11.4	Pre-existing hypertension with pre-eclampsia, complicating childbirth	Diagnosis	ICD-10-CM
O12.04	Gestational edema, complicating childbirth	Diagnosis	ICD-10-CM



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
O12.14	Gestational proteinuria, complicating childbirth	Diagnosis	ICD-10-CM
O12.24	Gestational edema with proteinuria, complicating childbirth	Diagnosis	ICD-10-CM
O13.4	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth	Diagnosis	ICD-10-CM
O14.04	Mild to moderate pre-eclampsia, complicating childbirth	Diagnosis	ICD-10-CM
O14.14	Severe pre-eclampsia complicating childbirth	Diagnosis	ICD-10-CM
O14.24	HELLP syndrome, complicating childbirth	Diagnosis	ICD-10-CM
O14.94	Unspecified pre-eclampsia, complicating childbirth	Diagnosis	ICD-10-CM
O16.4	Unspecified maternal hypertension, complicating childbirth	Diagnosis	ICD-10-CM
O24.02	Pre-existing type 1 diabetes mellitus, in childbirth	Diagnosis	ICD-10-CM
O24.12	Pre-existing type 2 diabetes mellitus, in childbirth	Diagnosis	ICD-10-CM
O24.32	Unspecified pre-existing diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
O24.420	Gestational diabetes mellitus in childbirth, diet controlled	Diagnosis	ICD-10-CM
O24.424	Gestational diabetes mellitus in childbirth, insulin controlled	Diagnosis	ICD-10-CM
O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs	Diagnosis	ICD-10-CM
O24.429	Gestational diabetes mellitus in childbirth, unspecified control	Diagnosis	ICD-10-CM
O24.82	Other pre-existing diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
O24.92	Unspecified diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
O25.2	Malnutrition in childbirth	Diagnosis	ICD-10-CM
O26.62	Liver and biliary tract disorders in childbirth	Diagnosis	ICD-10-CM
O26.72	Subluxation of symphysis (pubis) in childbirth	Diagnosis	ICD-10-CM
O48.0	Post-term pregnancy	Diagnosis	ICD-10-CM
O48.1	Prolonged pregnancy	Diagnosis	ICD-10-CM
O60.12X0	Preterm labor second trimester with preterm delivery second trimester, not applicable or unspecified	Diagnosis	ICD-10-CM
O60.12X1	Preterm labor second trimester with preterm delivery second trimester, fetus 1	Diagnosis	ICD-10-CM
O60.12X2	Preterm labor second trimester with preterm delivery second trimester, fetus 2	Diagnosis	ICD-10-CM
O60.12X3	Preterm labor second trimester with preterm delivery second trimester, fetus 3	Diagnosis	ICD-10-CM
O60.12X4	Preterm labor second trimester with preterm delivery second trimester, fetus 4	Diagnosis	ICD-10-CM
O60.12X5	Preterm labor second trimester with preterm delivery second trimester, fetus 5	Diagnosis	ICD-10-CM
O60.12X9	Preterm labor second trimester with preterm delivery second trimester, other fetus	Diagnosis	ICD-10-CM
O60.13X0	Preterm labor second trimester with preterm delivery third trimester, not applicable or unspecified	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
O60.13X1	Preterm labor second trimester with preterm delivery third trimester, fetus 1	Diagnosis	ICD-10-CM
O60.13X2	Preterm labor second trimester with preterm delivery third trimester, fetus 2	Diagnosis	ICD-10-CM
O60.13X3	Preterm labor second trimester with preterm delivery third trimester, fetus 3	Diagnosis	ICD-10-CM
O60.13X4	Preterm labor second trimester with preterm delivery third trimester, fetus 4	Diagnosis	ICD-10-CM
O60.13X5	Preterm labor second trimester with preterm delivery third trimester, fetus 5	Diagnosis	ICD-10-CM
O60.13X9	Preterm labor second trimester with preterm delivery third trimester, other fetus	Diagnosis	ICD-10-CM
O60.14X0	Preterm labor third trimester with preterm delivery third trimester, not applicable or unspecified	Diagnosis	ICD-10-CM
O60.14X1	Preterm labor third trimester with preterm delivery third trimester, fetus 1	Diagnosis	ICD-10-CM
O60.14X2	Preterm labor third trimester with preterm delivery third trimester, fetus 2	Diagnosis	ICD-10-CM
O60.14X3	Preterm labor third trimester with preterm delivery third trimester, fetus 3	Diagnosis	ICD-10-CM
O60.14X4	Preterm labor third trimester with preterm delivery third trimester, fetus 4	Diagnosis	ICD-10-CM
O60.14X5	Preterm labor third trimester with preterm delivery third trimester, fetus 5	Diagnosis	ICD-10-CM
O60.14X9	Preterm labor third trimester with preterm delivery third trimester, other fetus	Diagnosis	ICD-10-CM
O60.22X0	Term delivery with preterm labor, second trimester, not applicable or unspecified	Diagnosis	ICD-10-CM
O60.22X1	Term delivery with preterm labor, second trimester, fetus 1	Diagnosis	ICD-10-CM
O60.22X2	Term delivery with preterm labor, second trimester, fetus 2	Diagnosis	ICD-10-CM
O60.22X3	Term delivery with preterm labor, second trimester, fetus 3	Diagnosis	ICD-10-CM
O60.22X4	Term delivery with preterm labor, second trimester, fetus 4	Diagnosis	ICD-10-CM
O60.22X5	Term delivery with preterm labor, second trimester, fetus 5	Diagnosis	ICD-10-CM
O60.22X9	Term delivery with preterm labor, second trimester, other fetus	Diagnosis	ICD-10-CM
O60.23X0	Term delivery with preterm labor, third trimester, not applicable or unspecified	Diagnosis	ICD-10-CM
O60.23X1	Term delivery with preterm labor, third trimester, fetus 1	Diagnosis	ICD-10-CM
O60.23X2	Term delivery with preterm labor, third trimester, fetus 2	Diagnosis	ICD-10-CM
O60.23X3	Term delivery with preterm labor, third trimester, fetus 3	Diagnosis	ICD-10-CM
O60.23X4	Term delivery with preterm labor, third trimester, fetus 4	Diagnosis	ICD-10-CM
O60.23X5	Term delivery with preterm labor, third trimester, fetus 5	Diagnosis	ICD-10-CM
O60.23X9	Term delivery with preterm labor, third trimester, other fetus	Diagnosis	ICD-10-CM
O63.2	Delayed delivery of second twin, triplet, etc.	Diagnosis	ICD-10-CM
O67.0	Intrapartum hemorrhage with coagulation defect	Diagnosis	ICD-10-CM
O67.8	Other intrapartum hemorrhage	Diagnosis	ICD-10-CM
O67.9	Intrapartum hemorrhage, unspecified	Diagnosis	ICD-10-CM
O68	Labor and delivery complicated by abnormality of fetal acid-base balance	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
O69.0XX0	Labor and delivery complicated by prolapse of cord, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.0XX1	Labor and delivery complicated by prolapse of cord, fetus 1	Diagnosis	ICD-10-CM
O69.0XX2	Labor and delivery complicated by prolapse of cord, fetus 2	Diagnosis	ICD-10-CM
O69.0XX3	Labor and delivery complicated by prolapse of cord, fetus 3	Diagnosis	ICD-10-CM
O69.0XX4	Labor and delivery complicated by prolapse of cord, fetus 4	Diagnosis	ICD-10-CM
O69.0XX5	Labor and delivery complicated by prolapse of cord, fetus 5	Diagnosis	ICD-10-CM
O69.0XX9	Labor and delivery complicated by prolapse of cord, other fetus	Diagnosis	ICD-10-CM
O69.1XX0	Labor and delivery complicated by cord around neck, with compression, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.1XX1	Labor and delivery complicated by cord around neck, with compression, fetus 1	Diagnosis	ICD-10-CM
O69.1XX2	Labor and delivery complicated by cord around neck, with compression, fetus 2	Diagnosis	ICD-10-CM
O69.1XX3	Labor and delivery complicated by cord around neck, with compression, fetus 3	Diagnosis	ICD-10-CM
O69.1XX4	Labor and delivery complicated by cord around neck, with compression, fetus 4	Diagnosis	ICD-10-CM
O69.1XX5	Labor and delivery complicated by cord around neck, with compression, fetus 5	Diagnosis	ICD-10-CM
O69.1XX9	Labor and delivery complicated by cord around neck, with compression, other fetus	Diagnosis	ICD-10-CM
O69.2XX0	Labor and delivery complicated by other cord entanglement, with compression, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.2XX1	Labor and delivery complicated by other cord entanglement, with compression, fetus 1	Diagnosis	ICD-10-CM
O69.2XX2	Labor and delivery complicated by other cord entanglement, with compression, fetus 2	Diagnosis	ICD-10-CM
O69.2XX3	Labor and delivery complicated by other cord entanglement, with compression, fetus 3	Diagnosis	ICD-10-CM
O69.2XX4	Labor and delivery complicated by other cord entanglement, with compression, fetus 4	Diagnosis	ICD-10-CM
O69.2XX5	Labor and delivery complicated by other cord entanglement, with compression, fetus 5	Diagnosis	ICD-10-CM
O69.2XX9	Labor and delivery complicated by other cord entanglement, with compression, other fetus	Diagnosis	ICD-10-CM
O69.3XX0	Labor and delivery complicated by short cord, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.3XX1	Labor and delivery complicated by short cord, fetus 1	Diagnosis	ICD-10-CM
O69.3XX2	Labor and delivery complicated by short cord, fetus 2	Diagnosis	ICD-10-CM
O69.3XX3	Labor and delivery complicated by short cord, fetus 3	Diagnosis	ICD-10-CM
O69.3XX4	Labor and delivery complicated by short cord, fetus 4	Diagnosis	ICD-10-CM
O69.3XX5	Labor and delivery complicated by short cord, fetus 5	Diagnosis	ICD-10-CM
O69.3XX9	Labor and delivery complicated by short cord, other fetus	Diagnosis	ICD-10-CM
O69.4XX0	Labor and delivery complicated by vasa previa, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.4XX1	Labor and delivery complicated by vasa previa, fetus 1	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
O69.4XX2	Labor and delivery complicated by vasa previa, fetus 2	Diagnosis	ICD-10-CM
O69.4XX3	Labor and delivery complicated by vasa previa, fetus 3	Diagnosis	ICD-10-CM
O69.4XX4	Labor and delivery complicated by vasa previa, fetus 4	Diagnosis	ICD-10-CM
O69.4XX5	Labor and delivery complicated by vasa previa, fetus 5	Diagnosis	ICD-10-CM
O69.4XX9	Labor and delivery complicated by vasa previa, other fetus	Diagnosis	ICD-10-CM
O69.5XX0	Labor and delivery complicated by vascular lesion of cord, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.5XX1	Labor and delivery complicated by vascular lesion of cord, fetus 1	Diagnosis	ICD-10-CM
O69.5XX2	Labor and delivery complicated by vascular lesion of cord, fetus 2	Diagnosis	ICD-10-CM
O69.5XX3	Labor and delivery complicated by vascular lesion of cord, fetus 3	Diagnosis	ICD-10-CM
O69.5XX4	Labor and delivery complicated by vascular lesion of cord, fetus 4	Diagnosis	ICD-10-CM
O69.5XX5	Labor and delivery complicated by vascular lesion of cord, fetus 5	Diagnosis	ICD-10-CM
O69.5XX9	Labor and delivery complicated by vascular lesion of cord, other fetus	Diagnosis	ICD-10-CM
O69.81X0	Labor and delivery complicated by cord around neck, without compression, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.81X1	Labor and delivery complicated by cord around neck, without compression, fetus 1	Diagnosis	ICD-10-CM
O69.81X2	Labor and delivery complicated by cord around neck, without compression, fetus 2	Diagnosis	ICD-10-CM
O69.81X3	Labor and delivery complicated by cord around neck, without compression, fetus 3	Diagnosis	ICD-10-CM
O69.81X4	Labor and delivery complicated by cord around neck, without compression, fetus 4	Diagnosis	ICD-10-CM
O69.81X5	Labor and delivery complicated by cord around neck, without compression, fetus 5	Diagnosis	ICD-10-CM
O69.81X9	Labor and delivery complicated by cord around neck, without compression, other fetus	Diagnosis	ICD-10-CM
O69.82X0	Labor and delivery complicated by other cord entanglement, without compression, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.82X1	Labor and delivery complicated by other cord entanglement, without compression, fetus 1	Diagnosis	ICD-10-CM
O69.82X2	Labor and delivery complicated by other cord entanglement, without compression, fetus 2	Diagnosis	ICD-10-CM
O69.82X3	Labor and delivery complicated by other cord entanglement, without compression, fetus 3	Diagnosis	ICD-10-CM
O69.82X4	Labor and delivery complicated by other cord entanglement, without compression, fetus 4	Diagnosis	ICD-10-CM
O69.82X5	Labor and delivery complicated by other cord entanglement, without compression, fetus 5	Diagnosis	ICD-10-CM
O69.82X9	Labor and delivery complicated by other cord entanglement, without compression, other fetus	Diagnosis	ICD-10-CM
O69.89X0	Labor and delivery complicated by other cord complications, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.89X1	Labor and delivery complicated by other cord complications, fetus 1	Diagnosis	ICD-10-CM
O69.89X2	Labor and delivery complicated by other cord complications, fetus 2	Diagnosis	ICD-10-CM
O69.89X3	Labor and delivery complicated by other cord complications, fetus 3	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
O69.89X4	Labor and delivery complicated by other cord complications, fetus 4	Diagnosis	ICD-10-CM
O69.89X5	Labor and delivery complicated by other cord complications, fetus 5	Diagnosis	ICD-10-CM
O69.89X9	Labor and delivery complicated by other cord complications, other fetus	Diagnosis	ICD-10-CM
O69.9XX0	Labor and delivery complicated by cord complication, unspecified, not applicable or unspecified	Diagnosis	ICD-10-CM
O69.9XX1	Labor and delivery complicated by cord complication, unspecified, fetus 1	Diagnosis	ICD-10-CM
O69.9XX2	Labor and delivery complicated by cord complication, unspecified, fetus 2	Diagnosis	ICD-10-CM
O69.9XX3	Labor and delivery complicated by cord complication, unspecified, fetus 3	Diagnosis	ICD-10-CM
O69.9XX4	Labor and delivery complicated by cord complication, unspecified, fetus 4	Diagnosis	ICD-10-CM
O69.9XX5	Labor and delivery complicated by cord complication, unspecified, fetus 5	Diagnosis	ICD-10-CM
O69.9XX9	Labor and delivery complicated by cord complication, unspecified, other fetus	Diagnosis	ICD-10-CM
O70.0	First degree perineal laceration during delivery	Diagnosis	ICD-10-CM
O70.1	Second degree perineal laceration during delivery	Diagnosis	ICD-10-CM
O70.20	Third degree perineal laceration during delivery, unspecified	Diagnosis	ICD-10-CM
O70.21	Third degree perineal laceration during delivery, IIIa	Diagnosis	ICD-10-CM
O70.22	Third degree perineal laceration during delivery, IIIb	Diagnosis	ICD-10-CM
O70.23	Third degree perineal laceration during delivery, IIIc	Diagnosis	ICD-10-CM
O70.3	Fourth degree perineal laceration during delivery	Diagnosis	ICD-10-CM
O70.4	Anal sphincter tear complicating delivery, not associated with third degree laceration	Diagnosis	ICD-10-CM
O70.9	Perineal laceration during delivery, unspecified	Diagnosis	ICD-10-CM
O74.0	Aspiration pneumonitis due to anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O74.1	Other pulmonary complications of anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O74.2	Cardiac complications of anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O74.3	Central nervous system complications of anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O74.4	Toxic reaction to local anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O74.5	Spinal and epidural anesthesia-induced headache during labor and delivery	Diagnosis	ICD-10-CM
O74.6	Other complications of spinal and epidural anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O74.7	Failed or difficult intubation for anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O74.8	Other complications of anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O74.9	Complication of anesthesia during labor and delivery, unspecified	Diagnosis	ICD-10-CM
O75.0	Maternal distress during labor and delivery	Diagnosis	ICD-10-CM
O75.1	Shock during or following labor and delivery	Diagnosis	ICD-10-CM
O75.5	Delayed delivery after artificial rupture of membranes	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
075.81	Maternal exhaustion complicating labor and delivery	Diagnosis	ICD-10-CM
075.82	Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section	Diagnosis	ICD-10-CM
075.89	Other specified complications of labor and delivery	Diagnosis	ICD-10-CM
075.9	Complication of labor and delivery, unspecified	Diagnosis	ICD-10-CM
076	Abnormality in fetal heart rate and rhythm complicating labor and delivery	Diagnosis	ICD-10-CM
077.0	Labor and delivery complicated by meconium in amniotic fluid	Diagnosis	ICD-10-CM
077.8	Labor and delivery complicated by other evidence of fetal stress	Diagnosis	ICD-10-CM
077.9	Labor and delivery complicated by fetal stress, unspecified	Diagnosis	ICD-10-CM
080	Encounter for full-term uncomplicated delivery	Diagnosis	ICD-10-CM
082	Encounter for cesarean delivery without indication	Diagnosis	ICD-10-CM
088.02	Air embolism in childbirth	Diagnosis	ICD-10-CM
088.12	Amniotic fluid embolism in childbirth	Diagnosis	ICD-10-CM
088.22	Thromboembolism in childbirth	Diagnosis	ICD-10-CM
088.32	Pyemic and septic embolism in childbirth	Diagnosis	ICD-10-CM
088.82	Other embolism in childbirth	Diagnosis	ICD-10-CM
098.02	Tuberculosis complicating childbirth	Diagnosis	ICD-10-CM
098.12	Syphilis complicating childbirth	Diagnosis	ICD-10-CM
098.22	Gonorrhea complicating childbirth	Diagnosis	ICD-10-CM
098.32	Other infections with a predominantly sexual mode of transmission complicating	Diagnosis	ICD-10-CM
098.42	Viral hepatitis complicating childbirth	Diagnosis	ICD-10-CM
098.52	Other viral diseases complicating childbirth	Diagnosis	ICD-10-CM
098.62	Protozoal diseases complicating childbirth	Diagnosis	ICD-10-CM
098.72	Human immunodeficiency virus [HIV] disease complicating childbirth	Diagnosis	ICD-10-CM
098.82	Other maternal infectious and parasitic diseases complicating childbirth	Diagnosis	ICD-10-CM
098.92	Unspecified maternal infectious and parasitic disease complicating childbirth	Diagnosis	ICD-10-CM
099.02	Anemia complicating childbirth	Diagnosis	ICD-10-CM
099.12	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating childbirth	Diagnosis	ICD-10-CM
099.214	Obesity complicating childbirth	Diagnosis	ICD-10-CM
099.284	Endocrine, nutritional and metabolic diseases complicating childbirth	Diagnosis	ICD-10-CM
099.314	Alcohol use complicating childbirth	Diagnosis	ICD-10-CM
099.324	Drug use complicating childbirth	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
O99.334	Smoking (tobacco) complicating childbirth	Diagnosis	ICD-10-CM
O99.344	Other mental disorders complicating childbirth	Diagnosis	ICD-10-CM
O99.354	Diseases of the nervous system complicating childbirth	Diagnosis	ICD-10-CM
O99.42	Diseases of the circulatory system complicating childbirth	Diagnosis	ICD-10-CM
O99.52	Diseases of the respiratory system complicating childbirth	Diagnosis	ICD-10-CM
O99.62	Diseases of the digestive system complicating childbirth	Diagnosis	ICD-10-CM
O99.72	Diseases of the skin and subcutaneous tissue complicating childbirth	Diagnosis	ICD-10-CM
O99.814	Abnormal glucose complicating childbirth	Diagnosis	ICD-10-CM
O99.824	Streptococcus B carrier state complicating childbirth	Diagnosis	ICD-10-CM
O99.834	Other infection carrier state complicating childbirth	Diagnosis	ICD-10-CM
O99.844	Bariatric surgery status complicating childbirth	Diagnosis	ICD-10-CM
O9A.12	Malignant neoplasm complicating childbirth	Diagnosis	ICD-10-CM
O9A.22	Injury, poisoning and certain other consequences of external causes complicating childbirth	Diagnosis	ICD-10-CM
O9A.32	Physical abuse complicating childbirth	Diagnosis	ICD-10-CM
O9A.42	Sexual abuse complicating childbirth	Diagnosis	ICD-10-CM
O9A.52	Psychological abuse complicating childbirth	Diagnosis	ICD-10-CM
P03.0	Newborn affected by breech delivery and extraction	Diagnosis	ICD-10-CM
P03.2	Newborn affected by forceps delivery	Diagnosis	ICD-10-CM
P03.3	Newborn affected by delivery by vacuum extractor [ventouse]	Diagnosis	ICD-10-CM
P03.4	Newborn affected by Cesarean delivery	Diagnosis	ICD-10-CM
P03.5	Newborn affected by precipitate delivery	Diagnosis	ICD-10-CM
P07.00	Extremely low birth weight newborn, unspecified weight	Diagnosis	ICD-10-CM
P07.01	Extremely low birth weight newborn, less than 500 grams	Diagnosis	ICD-10-CM
P07.02	Extremely low birth weight newborn, 500-749 grams	Diagnosis	ICD-10-CM
P07.03	Extremely low birth weight newborn, 750-999 grams	Diagnosis	ICD-10-CM
P07.10	Other low birth weight newborn, unspecified weight	Diagnosis	ICD-10-CM
P07.14	Other low birth weight newborn, 1000-1249 grams	Diagnosis	ICD-10-CM
P07.15	Other low birth weight newborn, 1250-1499 grams	Diagnosis	ICD-10-CM
P07.16	Other low birth weight newborn, 1500-1749 grams	Diagnosis	ICD-10-CM
P07.17	Other low birth weight newborn, 1750-1999 grams	Diagnosis	ICD-10-CM
P07.18	Other low birth weight newborn, 2000-2499 grams	Diagnosis	ICD-10-CM
P07.20	Extreme immaturity of newborn, unspecified weeks of gestation	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
P07.21	Extreme immaturity of newborn, gestational age less than 23 completed weeks	Diagnosis	ICD-10-CM
P07.22	Extreme immaturity of newborn, gestational age 23 completed weeks	Diagnosis	ICD-10-CM
P07.23	Extreme immaturity of newborn, gestational age 24 completed weeks	Diagnosis	ICD-10-CM
P07.24	Extreme immaturity of newborn, gestational age 25 completed weeks	Diagnosis	ICD-10-CM
P07.25	Extreme immaturity of newborn, gestational age 26 completed weeks	Diagnosis	ICD-10-CM
P07.26	Extreme immaturity of newborn, gestational age 27 completed weeks	Diagnosis	ICD-10-CM
P07.30	Preterm newborn, unspecified weeks of gestation	Diagnosis	ICD-10-CM
P07.31	Preterm newborn, gestational age 28 completed weeks	Diagnosis	ICD-10-CM
P07.32	Preterm newborn, gestational age 29 completed weeks	Diagnosis	ICD-10-CM
P07.33	Preterm newborn, gestational age 30 completed weeks	Diagnosis	ICD-10-CM
P07.34	Preterm newborn, gestational age 31 completed weeks	Diagnosis	ICD-10-CM
P07.35	Preterm newborn, gestational age 32 completed weeks	Diagnosis	ICD-10-CM
P07.36	Preterm newborn, gestational age 33 completed weeks	Diagnosis	ICD-10-CM
P07.37	Preterm newborn, gestational age 34 completed weeks	Diagnosis	ICD-10-CM
P07.38	Preterm newborn, gestational age 35 completed weeks	Diagnosis	ICD-10-CM
P07.39	Preterm newborn, gestational age 36 completed weeks	Diagnosis	ICD-10-CM
P08.21	Post-term newborn	Diagnosis	ICD-10-CM
P08.22	Prolonged gestation of newborn	Diagnosis	ICD-10-CM
Z37.0	Single live birth	Diagnosis	ICD-10-CM
Z37.2	Twins, both liveborn	Diagnosis	ICD-10-CM
Z37.3	Twins, one liveborn and one stillborn	Diagnosis	ICD-10-CM
Z37.50	Multiple births, unspecified, all liveborn	Diagnosis	ICD-10-CM
Z37.51	Triplets, all liveborn	Diagnosis	ICD-10-CM
Z37.52	Quadruplets, all liveborn	Diagnosis	ICD-10-CM
Z37.53	Quintuplets, all liveborn	Diagnosis	ICD-10-CM
Z37.54	Sextuplets, all liveborn	Diagnosis	ICD-10-CM
Z37.59	Other multiple births, all liveborn	Diagnosis	ICD-10-CM
Z37.60	Multiple births, unspecified, some liveborn	Diagnosis	ICD-10-CM
Z37.61	Triplets, some liveborn	Diagnosis	ICD-10-CM
Z37.62	Quadruplets, some liveborn	Diagnosis	ICD-10-CM
Z37.63	Quintuplets, some liveborn	Diagnosis	ICD-10-CM
Z37.64	Sextuplets, some liveborn	Diagnosis	ICD-10-CM
Z37.69	Other multiple births, some liveborn	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
Z37.9	Outcome of delivery, unspecified	Diagnosis	ICD-10-CM
Z38.00	Single liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z38.01	Single liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM
Z38.1	Single liveborn infant, born outside hospital	Diagnosis	ICD-10-CM
Z38.2	Single liveborn infant, unspecified as to place of birth	Diagnosis	ICD-10-CM
Z38.30	Twin liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z38.31	Twin liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM
Z38.4	Twin liveborn infant, born outside hospital	Diagnosis	ICD-10-CM
Z38.5	Twin liveborn infant, unspecified as to place of birth	Diagnosis	ICD-10-CM
Z38.61	Triplet liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z38.62	Triplet liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM
Z38.63	Quadruplet liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z38.64	Quadruplet liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM
Z38.65	Quintuplet liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z38.66	Quintuplet liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM
Z38.68	Other multiple liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z38.69	Other multiple liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM
Z38.7	Other multiple liveborn infant, born outside hospital	Diagnosis	ICD-10-CM
Z38.8	Other multiple liveborn infant, unspecified as to place of birth	Diagnosis	ICD-10-CM
Z3A.20	20 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.21	21 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.22	22 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.23	23 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.24	24 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.25	25 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.26	26 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.27	27 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.28	28 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.29	29 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.30	30 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.31	31 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.32	32 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.33	33 weeks gestation of pregnancy	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
Z3A.34	34 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.35	35 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.36	36 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.37	37 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.38	38 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.39	39 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.40	40 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.41	41 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.42	42 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.49	Greater than 42 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
<b>Present Smoker</b>			
1032F	Current tobacco smoker or currently exposed to secondhand smoke (Asthma)	Procedure	CPT-2
1034F	Current tobacco smoker (CAD, CAP, COPD, PV) (DM)	Procedure	CPT-2
4000F	Tobacco use cessation intervention, counseling (COPD, CAP, CAD)(DM)(PV)	Procedure	CPT-2
4001F	Tobacco use cessation intervention, pharmacologic therapy (COPD, CAD, CAP, PV) (DM)(PV)	Procedure	CPT-2
4004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (PV, CAD)	Procedure	CPT-2
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	Procedure	CPT-4
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Procedure	CPT-4
F17.200	Nicotine dependence, unspecified, uncomplicated	Diagnosis	ICD-10-CM
F17.203	Nicotine dependence unspecified, with withdrawal	Diagnosis	ICD-10-CM
F17.208	Nicotine dependence, unspecified, with other nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.209	Nicotine dependence, unspecified, with unspecified nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.210	Nicotine dependence, cigarettes, uncomplicated	Diagnosis	ICD-10-CM
F17.213	Nicotine dependence, cigarettes, with withdrawal	Diagnosis	ICD-10-CM
F17.218	Nicotine dependence, cigarettes, with other nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.219	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.290	Nicotine dependence, other tobacco product, uncomplicated	Diagnosis	ICD-10-CM
F17.293	Nicotine dependence, other tobacco product, with withdrawal	Diagnosis	ICD-10-CM
F17.298	Nicotine dependence, other tobacco product, with other nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.299	Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
G9016	Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [demo project code only]	Procedure	HCPCS
G9276	Documentation that patient is a current tobacco user	Procedure	HCPCS
G9458	Patient documented as tobacco user and received tobacco cessation intervention (must include at least one of the following: advice given to quit smoking or tobacco use, counseling on the benefits of quitting smoking or tobacco use, assistance with or referral to external smoking or tobacco cessation support programs, or current enrollment in smoking or tobacco use cessation program) if identified as a tobacco user	Procedure	HCPCS
G9645	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	Procedure	HCPCS
G9792	Most recent tobacco status is not tobacco free	Procedure	HCPCS
G9902	Patient screened for tobacco use and identified as a tobacco user	Procedure	HCPCS
G9906	Patient identified as a tobacco user received tobacco cessation intervention (counseling and/or pharmacotherapy)	Procedure	HCPCS
G9908	Patient identified as tobacco user did not receive tobacco cessation intervention (counseling and/or pharmacotherapy), reason not given	Procedure	HCPCS
G9909	Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user (e.g., limited life expectancy, other medical reason)	Procedure	HCPCS
O99.330	Smoking (tobacco) complicating pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O99.331	Smoking (tobacco) complicating pregnancy, first trimester	Diagnosis	ICD-10-CM
O99.332	Smoking (tobacco) complicating pregnancy, second trimester	Diagnosis	ICD-10-CM
O99.333	Smoking (tobacco) complicating pregnancy, third trimester	Diagnosis	ICD-10-CM
O99.334	Smoking (tobacco) complicating childbirth	Diagnosis	ICD-10-CM
O99.335	Smoking (tobacco) complicating the puerperium	Diagnosis	ICD-10-CM
S4990	Nicotine patches, legend	Procedure	HCPCS
S4991	Nicotine patches, nonlegend	Procedure	HCPCS
S4995	Smoking cessation gum	Procedure	HCPCS
S9453	Smoking cessation classes, nonphysician provider, per session	Procedure	HCPCS
T65.221A	Toxic effect of tobacco cigarettes, accidental (unintentional), initial encounter	Diagnosis	ICD-10-CM
T65.221D	Toxic effect of tobacco cigarettes, accidental (unintentional), subsequent encounter	Diagnosis	ICD-10-CM
T65.221S	Toxic effect of tobacco cigarettes, accidental (unintentional), sequela	Diagnosis	ICD-10-CM
T65.222A	Toxic effect of tobacco cigarettes, intentional self-harm, initial encounter	Diagnosis	ICD-10-CM
T65.222D	Toxic effect of tobacco cigarettes, intentional self-harm, subsequent encounter	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
T65.222S	Toxic effect of tobacco cigarettes, intentional self-harm, sequela	Diagnosis	ICD-10-CM
T65.223A	Toxic effect of tobacco cigarettes, assault, initial encounter	Diagnosis	ICD-10-CM
T65.223D	Toxic effect of tobacco cigarettes, assault, subsequent encounter	Diagnosis	ICD-10-CM
T65.223S	Toxic effect of tobacco cigarettes, assault, sequela	Diagnosis	ICD-10-CM
T65.224A	Toxic effect of tobacco cigarettes, undetermined, initial encounter	Diagnosis	ICD-10-CM
T65.224D	Toxic effect of tobacco cigarettes, undetermined, subsequent encounter	Diagnosis	ICD-10-CM
T65.224S	Toxic effect of tobacco cigarettes, undetermined, sequela	Diagnosis	ICD-10-CM
T65.291A	Toxic effect of other tobacco and nicotine, accidental (unintentional), initial encounter	Diagnosis	ICD-10-CM
T65.291D	Toxic effect of other tobacco and nicotine, accidental (unintentional), subsequent encounter	Diagnosis	ICD-10-CM
T65.291S	Toxic effect of other tobacco and nicotine, accidental (unintentional), sequela	Diagnosis	ICD-10-CM
T65.292A	Toxic effect of other tobacco and nicotine, intentional self-harm, initial encounter	Diagnosis	ICD-10-CM
T65.292D	Toxic effect of other tobacco and nicotine, intentional self-harm, subsequent encounter	Diagnosis	ICD-10-CM
T65.292S	Toxic effect of other tobacco and nicotine, intentional self-harm, sequela	Diagnosis	ICD-10-CM
T65.293A	Toxic effect of other tobacco and nicotine, assault, initial encounter	Diagnosis	ICD-10-CM
T65.293D	Toxic effect of other tobacco and nicotine, assault, subsequent encounter	Diagnosis	ICD-10-CM
T65.293S	Toxic effect of other tobacco and nicotine, assault, sequela	Diagnosis	ICD-10-CM
T65.294A	Toxic effect of other tobacco and nicotine, undetermined, initial encounter	Diagnosis	ICD-10-CM
T65.294D	Toxic effect of other tobacco and nicotine, undetermined, subsequent encounter	Diagnosis	ICD-10-CM
T65.294S	Toxic effect of other tobacco and nicotine, undetermined, sequela	Diagnosis	ICD-10-CM
Z57.31	Occupational exposure to environmental tobacco smoke	Diagnosis	ICD-10-CM
Z71.6	Tobacco abuse counseling	Diagnosis	ICD-10-CM
Z72.0	Tobacco use	Diagnosis	ICD-10-CM
Z77.22	Contact with and (suspected) exposure to environmental tobacco smoke (acute) (chronic)	Diagnosis	ICD-10-CM
<b>Any Smoker</b>			
1032F	Current tobacco smoker or currently exposed to secondhand smoke (Asthma)	Procedure	CPT-2
1034F	Current tobacco smoker (CAD, CAP, COPD, PV) (DM)	Procedure	CPT-2
4000F	Tobacco use cessation intervention, counseling (COPD, CAP, CAD)(DM)(PV)	Procedure	CPT-2
4001F	Tobacco use cessation intervention, pharmacologic therapy (COPD, CAD, CAP, PV) (DM)(PV)	Procedure	CPT-2
4004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (PV, CAD)	Procedure	CPT-2

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	Procedure	CPT-4
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Procedure	CPT-4
F17.200	Nicotine dependence, unspecified, uncomplicated	Diagnosis	ICD-10-CM
F17.201	Nicotine dependence, unspecified, in remission	Diagnosis	ICD-10-CM
F17.203	Nicotine dependence unspecified, with withdrawal	Diagnosis	ICD-10-CM
F17.208	Nicotine dependence, unspecified, with other nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.209	Nicotine dependence, unspecified, with unspecified nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.210	Nicotine dependence, cigarettes, uncomplicated	Diagnosis	ICD-10-CM
F17.211	Nicotine dependence, cigarettes, in remission	Diagnosis	ICD-10-CM
F17.213	Nicotine dependence, cigarettes, with withdrawal	Diagnosis	ICD-10-CM
F17.218	Nicotine dependence, cigarettes, with other nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.219	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.290	Nicotine dependence, other tobacco product, uncomplicated	Diagnosis	ICD-10-CM
F17.291	Nicotine dependence, other tobacco product, in remission	Diagnosis	ICD-10-CM
F17.293	Nicotine dependence, other tobacco product, with withdrawal	Diagnosis	ICD-10-CM
F17.298	Nicotine dependence, other tobacco product, with other nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.299	Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders	Diagnosis	ICD-10-CM
G9016	Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [demo project code only]	Procedure	HCPCS
G9276	Documentation that patient is a current tobacco user	Procedure	HCPCS
G9458	Patient documented as tobacco user and received tobacco cessation intervention (must include at least one of the following: advice given to quit smoking or tobacco use, counseling on the benefits of quitting smoking or tobacco use, assistance with or referral to external smoking or tobacco cessation support programs, or current enrollment in smoking or tobacco use cessation program) if identified as a tobacco user	Procedure	HCPCS
G9645	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	Procedure	HCPCS
G9792	Most recent tobacco status is not tobacco free	Procedure	HCPCS
G9902	Patient screened for tobacco use and identified as a tobacco user	Procedure	HCPCS
G9906	Patient identified as a tobacco user received tobacco cessation intervention (counseling and/or pharmacotherapy)	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
G9908	Patient identified as tobacco user did not receive tobacco cessation intervention (counseling and/or pharmacotherapy), reason not given	Procedure	HCPCS
G9909	Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user (e.g., limited life expectancy, other medical reason)	Procedure	HCPCS
O99.330	Smoking (tobacco) complicating pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O99.331	Smoking (tobacco) complicating pregnancy, first trimester	Diagnosis	ICD-10-CM
O99.332	Smoking (tobacco) complicating pregnancy, second trimester	Diagnosis	ICD-10-CM
O99.333	Smoking (tobacco) complicating pregnancy, third trimester	Diagnosis	ICD-10-CM
O99.334	Smoking (tobacco) complicating childbirth	Diagnosis	ICD-10-CM
O99.335	Smoking (tobacco) complicating the puerperium	Diagnosis	ICD-10-CM
S4990	Nicotine patches, legend	Procedure	HCPCS
S4991	Nicotine patches, nonlegend	Procedure	HCPCS
S4995	Smoking cessation gum	Procedure	HCPCS
S9453	Smoking cessation classes, nonphysician provider, per session	Procedure	HCPCS
T65.221A	Toxic effect of tobacco cigarettes, accidental (unintentional), initial encounter	Diagnosis	ICD-10-CM
T65.221D	Toxic effect of tobacco cigarettes, accidental (unintentional), subsequent encounter	Diagnosis	ICD-10-CM
T65.221S	Toxic effect of tobacco cigarettes, accidental (unintentional), sequela	Diagnosis	ICD-10-CM
T65.222A	Toxic effect of tobacco cigarettes, intentional self-harm, initial encounter	Diagnosis	ICD-10-CM
T65.222D	Toxic effect of tobacco cigarettes, intentional self-harm, subsequent encounter	Diagnosis	ICD-10-CM
T65.222S	Toxic effect of tobacco cigarettes, intentional self-harm, sequela	Diagnosis	ICD-10-CM
T65.223A	Toxic effect of tobacco cigarettes, assault, initial encounter	Diagnosis	ICD-10-CM
T65.223D	Toxic effect of tobacco cigarettes, assault, subsequent encounter	Diagnosis	ICD-10-CM
T65.223S	Toxic effect of tobacco cigarettes, assault, sequela	Diagnosis	ICD-10-CM
T65.224A	Toxic effect of tobacco cigarettes, undetermined, initial encounter	Diagnosis	ICD-10-CM
T65.224D	Toxic effect of tobacco cigarettes, undetermined, subsequent encounter	Diagnosis	ICD-10-CM
T65.224S	Toxic effect of tobacco cigarettes, undetermined, sequela	Diagnosis	ICD-10-CM
T65.291A	Toxic effect of other tobacco and nicotine, accidental (unintentional), initial encounter	Diagnosis	ICD-10-CM
T65.291D	Toxic effect of other tobacco and nicotine, accidental (unintentional), subsequent encounter	Diagnosis	ICD-10-CM
T65.291S	Toxic effect of other tobacco and nicotine, accidental (unintentional), sequela	Diagnosis	ICD-10-CM
T65.292A	Toxic effect of other tobacco and nicotine, intentional self-harm, initial encounter	Diagnosis	ICD-10-CM
T65.292D	Toxic effect of other tobacco and nicotine, intentional self-harm, subsequent encounter	Diagnosis	ICD-10-CM
T65.292S	Toxic effect of other tobacco and nicotine, intentional self-harm, sequela	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
T65.293A	Toxic effect of other tobacco and nicotine, assault, initial encounter	Diagnosis	ICD-10-CM
T65.293D	Toxic effect of other tobacco and nicotine, assault, subsequent encounter	Diagnosis	ICD-10-CM
T65.293S	Toxic effect of other tobacco and nicotine, assault, sequela	Diagnosis	ICD-10-CM
T65.294A	Toxic effect of other tobacco and nicotine, undetermined, initial encounter	Diagnosis	ICD-10-CM
T65.294D	Toxic effect of other tobacco and nicotine, undetermined, subsequent encounter	Diagnosis	ICD-10-CM
T65.294S	Toxic effect of other tobacco and nicotine, undetermined, sequela	Diagnosis	ICD-10-CM
Z57.31	Occupational exposure to environmental tobacco smoke	Diagnosis	ICD-10-CM
Z71.6	Tobacco abuse counseling	Diagnosis	ICD-10-CM
Z72.0	Tobacco use	Diagnosis	ICD-10-CM
Z77.22	Contact with and (suspected) exposure to environmental tobacco smoke (acute) (chronic)	Diagnosis	ICD-10-CM
Z87.891	Personal history of nicotine dependence	Diagnosis	ICD-10-CM
<b>HIV/AIDS</b>			
3490F	History of AIDS-defining condition (HIV)	Procedure	CPT-2
B20	Human immunodeficiency virus [HIV] disease	Diagnosis	ICD-10-CM
B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere	Diagnosis	ICD-10-CM
D89.3	Immune reconstitution syndrome	Diagnosis	ICD-10-CM
R75	Inconclusive laboratory evidence of human immunodeficiency virus [HIV]	Diagnosis	ICD-10-CM
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status	Diagnosis	ICD-10-CM
<b>Chemotherapy</b>			
3E00X05	Introduction of Other Antineoplastic into Skin and Mucous Membranes, External	Procedure	ICD-10-PCS
3E00X0M	Introduction of Antineoplastic, Monoclonal Antibody, into Skin and Mucous Membranes, External Approach	Procedure	ICD-10-PCS
3E01305	Introduction of Other Antineoplastic into Subcutaneous Tissue, Percutaneous Approach	Procedure	ICD-10-PCS
3E0130M	Introduction of Antineoplastic, Monoclonal Antibody, into Subcutaneous Tissue, Percutaneous Approach	Procedure	ICD-10-PCS
3E02305	Introduction of Other Antineoplastic into Muscle, Percutaneous Approach	Procedure	ICD-10-PCS
3E0230M	Introduction of Antineoplastic, Monoclonal Antibody, into Muscle, Percutaneous	Procedure	ICD-10-PCS
3E03002	Introduction of High-dose Interleukin-2 into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E03003	Introduction of Low-dose Interleukin-2 into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E03005	Introduction of Other Antineoplastic into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
3E0300M	Introduction of Antineoplastic, Monoclonal Antibody, into Peripheral Vein, Open	Procedure	ICD-10-PCS
3E0300P	Introduction of Clofarabine into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E03302	Introduction of High-dose Interleukin-2 into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E03303	Introduction of Low-dose Interleukin-2 into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E03305	Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E0330M	Introduction of Antineoplastic, Monoclonal Antibody, into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E0330P	Introduction of Clofarabine into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E04002	Introduction of High-dose Interleukin-2 into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E04003	Introduction of Low-dose Interleukin-2 into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E04005	Introduction of Other Antineoplastic into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E0400M	Introduction of Antineoplastic, Monoclonal Antibody, into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E0400P	Introduction of Clofarabine into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E04302	Introduction of High-dose Interleukin-2 into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E04303	Introduction of Low-dose Interleukin-2 into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E04305	Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E0430M	Introduction of Antineoplastic, Monoclonal Antibody, into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E0430P	Introduction of Clofarabine into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E05002	Introduction of High-dose Interleukin-2 into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
3E05003	Introduction of Low-dose Interleukin-2 into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
3E05005	Introduction of Other Antineoplastic into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
3E0500M	Introduction of Antineoplastic, Monoclonal Antibody, into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
3E0500P	Introduction of Clofarabine into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
3E05302	Introduction of High-dose Interleukin-2 into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E05303	Introduction of Low-dose Interleukin-2 into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E05305	Introduction of Other Antineoplastic into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E0530M	Introduction of Antineoplastic, Monoclonal Antibody, into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E0530P	Introduction of Clofarabine into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E06002	Introduction of High-dose Interleukin-2 into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E06003	Introduction of Low-dose Interleukin-2 into Central Artery, Open Approach	Procedure	ICD-10-PCS



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
3E06005	Introduction of Other Antineoplastic into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E0600M	Introduction of Antineoplastic, Monoclonal Antibody, into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E0600P	Introduction of Clofarabine into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E06302	Introduction of High-dose Interleukin-2 into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E06303	Introduction of Low-dose Interleukin-2 into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E06305	Introduction of Other Antineoplastic into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E0630M	Introduction of Antineoplastic, Monoclonal Antibody, into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E0630P	Introduction of Clofarabine into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E09305	Introduction of Other Antineoplastic into Nose, Percutaneous Approach	Procedure	ICD-10-PCS
3E0930M	Introduction of Antineoplastic, Monoclonal Antibody, into Nose, Percutaneous Approach	Procedure	ICD-10-PCS
3E09705	Introduction of Other Antineoplastic into Nose, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0970M	Introduction of Antineoplastic, Monoclonal Antibody, into Nose, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E09X05	Introduction of Other Antineoplastic into Nose, External Approach	Procedure	ICD-10-PCS
3E09X0M	Introduction of Antineoplastic, Monoclonal Antibody, into Nose, External Approach	Procedure	ICD-10-PCS
3E0A305	Introduction of Other Antineoplastic into Bone Marrow, Percutaneous Approach	Procedure	ICD-10-PCS
3E0A30M	Introduction of Antineoplastic, Monoclonal Antibody, into Bone Marrow, Percutaneous Approach	Procedure	ICD-10-PCS
3E0B305	Introduction of Other Antineoplastic into Ear, Percutaneous Approach	Procedure	ICD-10-PCS
3E0B30M	Introduction of Antineoplastic, Monoclonal Antibody, into Ear, Percutaneous Approach	Procedure	ICD-10-PCS
3E0B705	Introduction of Other Antineoplastic into Ear, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0B70M	Introduction of Antineoplastic, Monoclonal Antibody, into Ear, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0BX05	Introduction of Other Antineoplastic into Ear, External Approach	Procedure	ICD-10-PCS
3E0BX0M	Introduction of Antineoplastic, Monoclonal Antibody, into Ear, External Approach	Procedure	ICD-10-PCS
3E0C305	Introduction of Other Antineoplastic into Eye, Percutaneous Approach	Procedure	ICD-10-PCS
3E0C30M	Introduction of Antineoplastic, Monoclonal Antibody, into Eye, Percutaneous Approach	Procedure	ICD-10-PCS
3E0C705	Introduction of Other Antineoplastic into Eye, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0C70M	Introduction of Antineoplastic, Monoclonal Antibody, into Eye, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0CX05	Introduction of Other Antineoplastic into Eye, External Approach	Procedure	ICD-10-PCS
3E0CX0M	Introduction of Antineoplastic, Monoclonal Antibody, into Eye, External Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
3E0D305	Introduction of Other Antineoplastic into Mouth and Pharynx, Percutaneous Approach	Procedure	ICD-10-PCS
3E0D30M	Introduction of Antineoplastic, Monoclonal Antibody, into Mouth and Pharynx, Percutaneous Approach	Procedure	ICD-10-PCS
3E0D705	Introduction of Other Antineoplastic into Mouth and Pharynx, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0D70M	Introduction of Antineoplastic, Monoclonal Antibody, into Mouth and Pharynx, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0DX05	Introduction of Other Antineoplastic into Mouth and Pharynx, External Approach	Procedure	ICD-10-PCS
3E0DX0M	Introduction of Antineoplastic, Monoclonal Antibody, into Mouth and Pharynx, External Approach	Procedure	ICD-10-PCS
3E0E305	Introduction of Other Antineoplastic into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
3E0E30M	Introduction of Antineoplastic, Monoclonal Antibody, into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
3E0E705	Introduction of Other Antineoplastic into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0E70M	Introduction of Antineoplastic, Monoclonal Antibody, into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0E805	Introduction of Other Antineoplastic into Products of Conception, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0E80M	Introduction of Antineoplastic, Monoclonal Antibody, into Products of Conception, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0F305	Introduction of Other Antineoplastic into Respiratory Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0F30M	Introduction of Antineoplastic, Monoclonal Antibody, into Respiratory Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0F705	Introduction of Other Antineoplastic into Respiratory Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0F70M	Introduction of Antineoplastic, Monoclonal Antibody, into Respiratory Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0F805	Introduction of Other Antineoplastic into Respiratory Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0F80M	Introduction of Antineoplastic, Monoclonal Antibody, into Respiratory Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0G305	Introduction of Other Antineoplastic into Upper GI, Percutaneous Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
3EOG30M	Introduction of Antineoplastic, Monoclonal Antibody, into Upper GI, Percutaneous Approach	Procedure	ICD-10-PCS
3EOG705	Introduction of Other Antineoplastic into Upper GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3EOG70M	Introduction of Antineoplastic, Monoclonal Antibody, into Upper GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3EOG805	Introduction of Other Antineoplastic into Upper GI, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3EOG80M	Introduction of Antineoplastic, Monoclonal Antibody, into Upper GI, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3EOH305	Introduction of Other Antineoplastic into Lower GI, Percutaneous Approach	Procedure	ICD-10-PCS
3EOH30M	Introduction of Antineoplastic, Monoclonal Antibody, into Lower GI, Percutaneous Approach	Procedure	ICD-10-PCS
3EOH705	Introduction of Other Antineoplastic into Lower GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3EOH70M	Introduction of Antineoplastic, Monoclonal Antibody, into Lower GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3EOH805	Introduction of Other Antineoplastic into Lower GI, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3EOH80M	Introduction of Antineoplastic, Monoclonal Antibody, into Lower GI, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3EOJ305	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3EOJ30M	Introduction of Antineoplastic, Monoclonal Antibody, into Biliary and Pancreatic Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3EOJ705	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3EOJ70M	Introduction of Antineoplastic, Monoclonal Antibody, into Biliary and Pancreatic Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3EOJ805	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3EOJ80M	Introduction of Antineoplastic, Monoclonal Antibody, into Biliary and Pancreatic Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3EOK305	Introduction of Other Antineoplastic into Genitourinary Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3EOK30M	Introduction of Antineoplastic, Monoclonal Antibody, into Genitourinary Tract, Percutaneous Approach	Procedure	ICD-10-PCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
3E0K705	Introduction of Other Antineoplastic into Genitourinary Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0K70M	Introduction of Antineoplastic, Monoclonal Antibody, into Genitourinary Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0K805	Introduction of Other Antineoplastic into Genitourinary Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0K80M	Introduction of Antineoplastic, Monoclonal Antibody, into Genitourinary Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0L305	Introduction of Other Antineoplastic into Pleural Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0L30M	Introduction of Antineoplastic, Monoclonal Antibody, into Pleural Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0L705	Introduction of Other Antineoplastic into Pleural Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0L70M	Introduction of Antineoplastic, Monoclonal Antibody, into Pleural Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0M305	Introduction of Other Antineoplastic into Peritoneal Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0M30M	Introduction of Antineoplastic, Monoclonal Antibody, into Peritoneal Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0M705	Introduction of Other Antineoplastic into Peritoneal Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0M70M	Introduction of Antineoplastic, Monoclonal Antibody, into Peritoneal Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0N305	Introduction of Other Antineoplastic into Male Reproductive, Percutaneous Approach	Procedure	ICD-10-PCS
3E0N30M	Introduction of Antineoplastic, Monoclonal Antibody, into Male Reproductive, Percutaneous Approach	Procedure	ICD-10-PCS
3E0N705	Introduction of Other Antineoplastic into Male Reproductive, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0N70M	Introduction of Antineoplastic, Monoclonal Antibody, into Male Reproductive, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0N805	Introduction of Other Antineoplastic into Male Reproductive, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0N80M	Introduction of Antineoplastic, Monoclonal Antibody, into Male Reproductive, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0P305	Introduction of Other Antineoplastic into Female Reproductive, Percutaneous Approach	Procedure	ICD-10-PCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
3E0P30M	Introduction of Antineoplastic, Monoclonal Antibody, into Female Reproductive, Percutaneous Approach	Procedure	ICD-10-PCS
3E0P705	Introduction of Other Antineoplastic into Female Reproductive, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0P70M	Introduction of Antineoplastic, Monoclonal Antibody, into Female Reproductive, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0P805	Introduction of Other Antineoplastic into Female Reproductive, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0P80M	Introduction of Antineoplastic, Monoclonal Antibody, into Female Reproductive, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0Q005	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Open Approach	Procedure	ICD-10-PCS
3E0Q00M	Introduction of Antineoplastic, Monoclonal Antibody, into Cranial Cavity and Brain, Open Approach	Procedure	ICD-10-PCS
3E0Q305	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Q30M	Introduction of Antineoplastic, Monoclonal Antibody, into Cranial Cavity and Brain, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Q705	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0Q70M	Introduction of Antineoplastic, Monoclonal Antibody, into Cranial Cavity and Brain, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0R302	Introduction of High-dose Interleukin-2 into Spinal Canal, Percutaneous Approach	Procedure	ICD-10-PCS
3E0R303	Introduction of Low-dose Interleukin-2 into Spinal Canal, Percutaneous Approach	Procedure	ICD-10-PCS
3E0R305	Introduction of Other Antineoplastic into Spinal Canal, Percutaneous Approach	Procedure	ICD-10-PCS
3E0R30M	Introduction of Antineoplastic, Monoclonal Antibody, into Spinal Canal, Percutaneous Approach	Procedure	ICD-10-PCS
3E0S302	Introduction of High-dose Interleukin-2 into Epidural Space, Percutaneous Approach	Procedure	ICD-10-PCS
3E0S303	Introduction of Low-dose Interleukin-2 into Epidural Space, Percutaneous Approach	Procedure	ICD-10-PCS
3E0S305	Introduction of Other Antineoplastic into Epidural Space, Percutaneous Approach	Procedure	ICD-10-PCS
3E0S30M	Introduction of Antineoplastic, Monoclonal Antibody, into Epidural Space, Percutaneous Approach	Procedure	ICD-10-PCS
3E0U305	Introduction of Other Antineoplastic into Joints, Percutaneous Approach	Procedure	ICD-10-PCS
3E0U30M	Introduction of Antineoplastic, Monoclonal Antibody, into Joints, Percutaneous Approach	Procedure	ICD-10-PCS
3E0V305	Introduction of Other Antineoplastic into Bones, Percutaneous Approach	Procedure	ICD-10-PCS
3E0V30M	Introduction of Antineoplastic, Monoclonal Antibody, into Bones, Percutaneous Approach	Procedure	ICD-10-PCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
3E0W305	Introduction of Other Antineoplastic into Lymphatics, Percutaneous Approach	Procedure	ICD-10-PCS
3E0W30M	Introduction of Antineoplastic, Monoclonal Antibody, into Lymphatics, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Y305	Introduction of Other Antineoplastic into Pericardial Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Y30M	Introduction of Antineoplastic, Monoclonal Antibody, into Pericardial Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Y705	Introduction of Other Antineoplastic into Pericardial Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0Y70M	Introduction of Antineoplastic, Monoclonal Antibody, into Pericardial Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	Procedure	CPT-4
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	Procedure	CPT-4
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	Procedure	CPT-4
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	Procedure	CPT-4
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	Procedure	CPT-4
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	Procedure	CPT-4
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96420	CHEMOTX ADMIN INTRA-ART; PUSH TECH	Procedure	CPT-4
96422	CHEMOTX ADMIN INTRA-ART; INFUSION TECH TO 1 HR	Procedure	CPT-4
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour up to 8 hours (List separately in addition to code for primary procedure)	Procedure	CPT-4
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	Procedure	CPT-4
96440	CHEMOTX-PLEURAL CAVITY-REQ & INCL THORACENTESIS	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	Procedure	CPT-4
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	Procedure	CPT-4
96542	CHEMOTX INJ SUBARACH/INTRAVENTRIC-1/MX AGENTS	Procedure	CPT-4
96549	UNLISTED CHEMOTX PROC	Procedure	CPT-4
A9545	Iodine I-131 tositumomab, therapeutic, per treatment dose	Procedure	HCPCS
C1084	Denileukin diftitox, 300 mcg, ontak iv	Procedure	HCPCS
C1086	Temozolomide, 5 mg, temodar	Procedure	HCPCS
C1166	Injection, cytarabine liposome, per 10 mg	Procedure	HCPCS
C1167	Injection, epirubicin HCl, 2 mg	Procedure	HCPCS
C1178	Injection, busulfan, per 6 mg	Procedure	HCPCS
C9004	Injection, gemtuzumab ozogamicin, per 5 mg	Procedure	HCPCS
C9012	Injection, arsenic trioxide, per 1 mg/kg	Procedure	HCPCS
C9017	Lomustine, 10 mg	Procedure	HCPCS
C9021	Injection, obinutuzumab, 10 mg	Procedure	HCPCS
C9024	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Procedure	HCPCS
C9042	Injection, bendamustine HCl (Belrapzo), 1 mg	Procedure	HCPCS
C9044	Injection, cemiplimab-rwlc, 1 mg	Procedure	HCPCS
C9045	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Procedure	HCPCS
C9049	Injection, tagraxofusp-erzs, 10 mcg	Procedure	HCPCS
C9050	Injection, emapalumab-lzsg, 1 mg	Procedure	HCPCS
C9110	Injection, alemtuzumab, per 10 mg/ ml	Procedure	HCPCS
C9127	Injection, paclitaxel protein-bound particles, per 1 mg	Procedure	HCPCS
C9129	Injection, clofarabine, per 1 mg	Procedure	HCPCS
C9205	Injection, oxaliplatin, per 5 mg	Procedure	HCPCS
C9207	Injection, bortezomib, per 3.5 mg	Procedure	HCPCS
C9213	Injection, pemetrexed, per 10 mg	Procedure	HCPCS
C9214	Injection, bevacizumab, per 10 mg	Procedure	HCPCS
C9215	Injection, cetuximab, per 10 mg	Procedure	HCPCS
C9218	Injection, azacitidine, per 1 mg	Procedure	HCPCS
C9231	Injection, decitabine, per 1 mg	Procedure	HCPCS
C9235	Injection, panitumumab, 10 mg	Procedure	HCPCS
C9239	Injection, temsirolimus, 1 mg	Procedure	HCPCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C9240	Injection, ixabepilone, 1 mg	Procedure	HCPCS
C9243	Injection, bendamustine hcl, 1 mg	Procedure	HCPCS
C9253	Injection, temozolomide, 1mg	Procedure	HCPCS
C9259	Injection, pralatrexate, 1 mg	Procedure	HCPCS
C9260	Injection, ofatumumab, 10 mg	Procedure	HCPCS
C9262	Fludarabine phosphate, oral, 1 mg	Procedure	HCPCS
C9265	Injection, romidepsin, 1 mg	Procedure	HCPCS
C9273	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Procedure	HCPCS
C9276	Injection, cabazitaxel, 1 mg	Procedure	HCPCS
C9280	Injection, eribulin mesylate, 1 mg	Procedure	HCPCS
C9284	Injection, ipilimumab, 1 mg	Procedure	HCPCS
C9287	Injection, brentuximab vedotin, 1 mg	Procedure	HCPCS
C9289	Injection, asparaginase Erwinia chrysanthemi, 1,000 IU	Procedure	HCPCS
C9292	Injection, pertuzumab, 10 mg	Procedure	HCPCS
C9295	Injection, carfilzomib, 1 mg	Procedure	HCPCS
C9297	Injection, omacetaxine mepesuccinate, 0.01 mg	Procedure	HCPCS
C9414	Etoposide; oral, 50 mg, brand name	Procedure	HCPCS
C9415	Doxorubicin HCl, 10 mg, brand name	Procedure	HCPCS
C9417	Bleomycin sulfate, 15 units, brand name	Procedure	HCPCS
C9418	Cisplatin, powder or solution, per 10 mg, brand name	Procedure	HCPCS
C9419	Injection, cladribine, per 1 mg, brand name	Procedure	HCPCS
C9420	Cyclophosphamide, 100 mg, brand name	Procedure	HCPCS
C9421	Cyclophosphamide, lyophilized, 100 mg, brand name	Procedure	HCPCS
C9422	Cytarabine, 100 mg, brand name	Procedure	HCPCS
C9423	Dacarbazine, 100 mg, brand name	Procedure	HCPCS
C9424	Daunorubicin, 10 mg	Procedure	HCPCS
C9425	Etoposide, 10 mg, brand name	Procedure	HCPCS
C9426	Floxuridine, 500 mg, brand name	Procedure	HCPCS
C9427	Ifosfamide, 1 gm, brand name	Procedure	HCPCS
C9429	Idarubicin HCl, 5 mg, brand name	Procedure	HCPCS
C9431	Paclitaxel, 30 mg, brand name	Procedure	HCPCS
C9432	Mitomycin, 5 mg, brand name	Procedure	HCPCS



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C9433	Thiotepa, 15 mg, brand name	Procedure	HCPCS
C9437	Carmustine, brand name, 100 mg	Procedure	HCPCS
C9440	Vinorelbine tartrate, brand name, per 10 mg	Procedure	HCPCS
C9474	Injection, irinotecan liposome, 1 mg	Procedure	HCPCS
D61.810	Antineoplastic chemotherapy induced pancytopenia	Diagnosis	ICD-10-CM
D64.81	Anemia due to antineoplastic chemotherapy	Diagnosis	ICD-10-CM
D70.1	Agranulocytosis secondary to cancer chemotherapy	Diagnosis	ICD-10-CM
G0498	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion	Procedure	HCPCS
G3001	Administration and supply of tositumomab, 450 mg	Procedure	HCPCS
G9835	Trastuzumab administered within 12 months of diagnosis	Procedure	HCPCS
G9837	Trastuzumab not administered within 12 months of diagnosis	Procedure	HCPCS
J0202	Injection, alemtuzumab, 1 mg	Procedure	HCPCS
J0207	Injection, amifostine, 500 mg	Procedure	HCPCS
J0594	Injection, busulfan, 1 mg	Procedure	HCPCS
J0894	Injection, decitabine, 1 mg	Procedure	HCPCS
J7527	Everolimus, oral, 0.25 mg	Procedure	HCPCS
J8510	Busulfan; oral, 2 mg	Procedure	HCPCS
J8520	Capecitabine, oral, 150 mg	Procedure	HCPCS
J8521	Capecitabine, oral, 500 mg	Procedure	HCPCS
J8530	Cyclophosphamide, oral, 25 mg	Procedure	HCPCS
J8560	Etoposide, oral, 50 mg	Procedure	HCPCS
J8561	Everolimus, oral, 0.25 mg	Procedure	HCPCS
J8562	Fludarabine phosphate, oral, 10 mg	Procedure	HCPCS
J8565	Gefitinib, oral, 250 mg	Procedure	HCPCS
J8600	Melphalan, oral 2 mg	Procedure	HCPCS
J8610	Methotrexate, oral, 2.5 mg	Procedure	HCPCS
J8700	Temozolomide, oral, 5 mg	Procedure	HCPCS
J8705	Topotecan, oral, 0.25 mg	Procedure	HCPCS
J8999	Prescription drug, oral, chemotherapeutic, nos	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J9000	Injection, doxorubicin HCl, 10 mg	Procedure	HCPCS
J9001	Injection, doxorubicin HCl, all lipid formulations, 10 mg	Procedure	HCPCS
J9002	Injection, doxorubicin hydrochloride, liposomal, Doxil, 10 mg	Procedure	HCPCS
J9010	Injection, alemtuzumab, 10 mg	Procedure	HCPCS
J9015	Injection, aldesleukin, per single use vial	Procedure	HCPCS
J9017	Injection, arsenic trioxide, 1 mg	Procedure	HCPCS
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	Procedure	HCPCS
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	Procedure	HCPCS
J9025	Injection, azacitidine, 1 mg	Procedure	HCPCS
J9027	Injection, clofarabine, 1 mg	Procedure	HCPCS
J9033	Injection, bendamustine HCl (Treanda), 1 mg	Procedure	HCPCS
J9034	Injection, bendamustine HCl (Bendeka), 1 mg	Procedure	HCPCS
J9035	Injection, bevacizumab, 10 mg	Procedure	HCPCS
J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	Procedure	HCPCS
J9040	Injection, bleomycin sulfate, 15 units	Procedure	HCPCS
J9041	Injection, bortezomib (Velcade), 0.1 mg	Procedure	HCPCS
J9042	Injection, brentuximab vedotin, 1 mg	Procedure	HCPCS
J9043	Injection, cabazitaxel, 1 mg	Procedure	HCPCS
J9045	Injection, carboplatin, 50 mg	Procedure	HCPCS
J9047	Injection, carfilzomib, 1 mg	Procedure	HCPCS
J9050	Injection, carmustine, 100 mg	Procedure	HCPCS
J9055	Injection, cetuximab, 10 mg	Procedure	HCPCS
J9057	Injection, copanlisib, 1 mg	Procedure	HCPCS
J9060	Injection, cisplatin, powder or solution, 10 mg	Procedure	HCPCS
J9062	Cisplatin, 50 mg	Procedure	HCPCS
J9065	Injection, cladribine, per 1 mg	Procedure	HCPCS
J9070	Cyclophosphamide, 100 mg	Procedure	HCPCS
J9080	Cyclophosphamide, 200 mg	Procedure	HCPCS
J9090	Cyclophosphamide, 500 mg	Procedure	HCPCS
J9091	Cyclophosphamide, 1 g	Procedure	HCPCS
J9092	Cyclophosphamide, 2 g	Procedure	HCPCS
J9093	Cyclophosphamide, lyophilized, 100 mg	Procedure	HCPCS
J9094	Cyclophosphamide, lyophilized, 200 mg	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J9095	Cyclophosphamide, lyophilized, 500 mg	Procedure	HCPCS
J9096	Cyclophosphamide, lyophilized, 1 g	Procedure	HCPCS
J9097	Cyclophosphamide, lyophilized, 2 g	Procedure	HCPCS
J9098	Injection, cytarabine liposome, 10 mg	Procedure	HCPCS
J9100	Cytarabine, 100 mg	Procedure	HCPCS
J9110	Injection, cytarabine, 500 mg	Procedure	HCPCS
J9118	Injection, calaspargase pegol-mknl, 10 units	Procedure	HCPCS
J9120	Injection, dactinomycin, 0.5 mg	Procedure	HCPCS
J9130	Dacarbazine, 100 mg	Procedure	HCPCS
J9140	Dacarbazine, 200 mg	Procedure	HCPCS
J9150	Injection, daunorubicin, 10 mg	Procedure	HCPCS
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	Procedure	HCPCS
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Procedure	HCPCS
J9160	Injection, denileukin diftitox, 300 mcg	Procedure	HCPCS
J9170	Injection, docetaxel, 20 mg	Procedure	HCPCS
J9171	Injection, docetaxel, 1 mg	Procedure	HCPCS
J9173	Injection, durvalumab, 10 mg	Procedure	HCPCS
J9178	Injection, epirubicin HCl, 2 mg	Procedure	HCPCS
J9179	Injection, eribulin mesylate, 0.1 mg	Procedure	HCPCS
J9180	Epirubicin HCl, 50 mg	Procedure	HCPCS
J9181	Injection, etoposide, 10 mg	Procedure	HCPCS
J9182	Etoposide, 100 mg	Procedure	HCPCS
J9185	Injection, fludarabine phosphate, 50 mg	Procedure	HCPCS
J9190	Injection, fluorouracil, 500 mg	Procedure	HCPCS
J9200	Floxuridine, 500 mg	Procedure	HCPCS
J9201	Injection, gemcitabine HCl, not otherwise specified, 200 mg	Procedure	HCPCS
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Procedure	HCPCS
J9205	Injection, irinotecan liposome, 1 mg	Procedure	HCPCS
J9206	Injection, irinotecan, 20 mg	Procedure	HCPCS
J9207	Injection, ixabepilone, 1 mg	Procedure	HCPCS
J9208	Injection, ifosfamide, 1 g	Procedure	HCPCS
J9211	Idarubicin HCl, 5 mg	Procedure	HCPCS
J9228	Injection, ipilimumab, 1 mg	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Procedure	HCPCS
J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	Procedure	HCPCS
J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	Procedure	HCPCS
J9250	Methotrexate sodium, 5 mg	Procedure	HCPCS
J9260	Methotrexate sodium, 50 mg	Procedure	HCPCS
J9261	Injection, nelarabine, 50 mg	Procedure	HCPCS
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Procedure	HCPCS
J9263	Injection, oxaliplatin, 0.5 mg	Procedure	HCPCS
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Procedure	HCPCS
J9265	Injection, paclitaxel, 30 mg	Procedure	HCPCS
J9266	Injection, pegaspargase, per single dose vial	Procedure	HCPCS
J9267	Injection, paclitaxel, 1 mg	Procedure	HCPCS
J9268	Pentostatin, per 10 mg	Procedure	HCPCS
J9269	Injection, tagraxofusp-erzs, 10 mcg	Procedure	HCPCS
J9270	Plicamycin, 2.5 mg	Procedure	HCPCS
J9280	Mitomycin, 5 mg	Procedure	HCPCS
J9290	Mitomycin, 20 mg	Procedure	HCPCS
J9291	Mitomycin, 40 mg	Procedure	HCPCS
J9293	Injection, mitoxantrone HCl, per 5 mg	Procedure	HCPCS
J9300	Injection, gemtuzumab ozogamicin, 5 mg	Procedure	HCPCS
J9301	Injection, obinutuzumab, 10 mg	Procedure	HCPCS
J9302	Injection, ofatumumab, 10 mg	Procedure	HCPCS
J9303	Injection, panitumumab, 10 mg	Procedure	HCPCS
J9305	Injection, pemetrexed, NOS, 10 mg	Procedure	HCPCS
J9306	Injection, pertuzumab, 1 mg	Procedure	HCPCS
J9307	Injection, pralatrexate, 1 mg	Procedure	HCPCS
J9310	Injection, rituximab, 100 mg	Procedure	HCPCS
J9311	Injection, rituximab 10 mg and hyaluronidase	Procedure	HCPCS
J9312	Injection, rituximab, 10 mg	Procedure	HCPCS
J9315	Injection, romidepsin, 1 mg	Procedure	HCPCS
J9320	Streptozocin, 1 g	Procedure	HCPCS
J9328	Injection, temozolomide, 1 mg	Procedure	HCPCS
J9330	Injection, temsirolimus, 1 mg	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J9340	Thiotepa, 15 mg	Procedure	HCPCS
J9350	Injection, topotecan, 4 mg	Procedure	HCPCS
J9351	Injection, topotecan, 0.1 mg	Procedure	HCPCS
J9355	Injection, trastuzumab, 10 mg	Procedure	HCPCS
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	Procedure	HCPCS
J9360	Injection, vinblastine sulfate, 1 mg	Procedure	HCPCS
J9370	Vincristine sulfate, 1 mg	Procedure	HCPCS
J9371	Injection, vincristine sulfate liposome, 1 mg	Procedure	HCPCS
J9375	Vincristine sulfate, 2 mg	Procedure	HCPCS
J9380	Vincristine sulfate, 5 mg	Procedure	HCPCS
J9390	Vinorelbine tartrate, per 10 mg	Procedure	HCPCS
J9999	Not otherwise classified, antineoplastic drugs	Procedure	HCPCS
Q2025	Fludarabine phosphate, oral, 1 mg	Procedure	HCPCS
Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Procedure	HCPCS
Q2048	Injection, doxorubicin hydrochloride, liposomal, DOXIL, 10 mg	Procedure	HCPCS
Q2049	Injection, doxorubicin HCl, liposomal, imported Lipodox, 10 mg	Procedure	HCPCS
Q2050	Injection, doxorubicin HCl, liposomal, not otherwise specified, 10 mg	Procedure	HCPCS
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Procedure	HCPCS
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Procedure	HCPCS
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Procedure	HCPCS
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	Procedure	HCPCS
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	Procedure	HCPCS
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	Procedure	HCPCS
Q9979	Injection, Alemtuzumab, 1 mg	Procedure	HCPCS
S0087	Injection, alemtuzumab, 30 mg	Procedure	HCPCS
S0088	Imatinib, 100 mg	Procedure	HCPCS
S0108	Mercaptopurine, oral, 50 mg	Procedure	HCPCS
S0115	Bortezomib, 3.5 mg	Procedure	HCPCS
S0116	Bevacizumab, 100 mg	Procedure	HCPCS
S0168	Injection, azacitidine, 100 mg	Procedure	HCPCS
S0172	Chlorambucil, oral, 2 mg	Procedure	HCPCS
S0176	Hydroxyurea, oral, 500 mg	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
S0178	Lomustine, oral, 10 mg	Procedure	HCPCS
S0182	Procarbazine HCl, oral, 50 mg	Procedure	HCPCS
T80.810	Extravasation of vesicant antineoplastic chemotherapy	Diagnosis	ICD-10-CM
T80.810A	Extravasation of vesicant antineoplastic chemotherapy, initial encounter	Diagnosis	ICD-10-CM
T80.810D	Extravasation of vesicant antineoplastic chemotherapy, subsequent encounter	Diagnosis	ICD-10-CM
XW03351	Introduction of Blinatumomab Antineoplastic Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS
XW033B3	Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW033C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW033Q5	Introduction of Tagraxofusp-erzs Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW033S5	Introduction of Iobenguane I-131 Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW04351	Introduction of Blinatumomab Antineoplastic Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS
XW043B3	Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW043C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW043Q5	Introduction of Tagraxofusp-erzs Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW043S5	Introduction of Iobenguane I-131 Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW0DXL5	Introduction of Erdafitinib Antineoplastic into Mouth and Pharynx, External Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW0DXR5	Introduction of Venetoclax Antineoplastic into Mouth and Pharynx, External Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW0DXT5	Introduction of Ruxolitinib into Mouth and Pharynx, External Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW0DXV5	Introduction of Gilteritinib Antineoplastic into Mouth and Pharynx, External Approach, New Technology Group 5	Procedure	ICD-10-PCS
Z51.1	Encounter for antineoplastic chemotherapy and immunotherapy	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
Z51.11	Encounter for antineoplastic chemotherapy	Diagnosis	ICD-10-CM
Z51.12	Encounter for antineoplastic immunotherapy	Diagnosis	ICD-10-CM
<b>Immunosuppressants</b>			
3E030WL	Introduction of Immunosuppressive into Peripheral Vein, Open	Procedure	ICD-10-PCS
3E033WL	Introduction of Immunosuppressive into Peripheral Vein, Percutaneous	Procedure	ICD-10-PCS
3E040WL	Introduction of Immunosuppressive into Central Vein, Open	Procedure	ICD-10-PCS
3E043WL	Introduction of Immunosuppressive into Central Vein, Percutaneous	Procedure	ICD-10-PCS
3E050WL	Introduction of Immunosuppressive into Peripheral Artery, Open	Procedure	ICD-10-PCS
3E053WL	Introduction of Immunosuppressive into Peripheral Artery, Percutaneous	Procedure	ICD-10-PCS
3E060WL	Introduction of Immunosuppressive into Central Artery, Open	Procedure	ICD-10-PCS
3E063WL	Introduction of Immunosuppressive into Central Artery, Percutaneous	Procedure	ICD-10-PCS
4153F	Combination peginterferon and ribavirin therapy prescribed (HEP-C)	Procedure	CPT-2
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	Procedure	CPT-4
C9006	Injection, tacrolimus, per 5 mg (1 amp)	Procedure	HCPCS
C9020	Sirolimus tablet, 1 mg	Procedure	HCPCS
C9029	Injection, guselkumab, 1 mg	Procedure	HCPCS
C9042	Injection, bendamustine HCl (Belrapzo), 1 mg	Procedure	HCPCS
C9045	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Procedure	HCPCS
C9106	Sirolimus, per 1 mg/ml	Procedure	HCPCS
C9126	Injection natalizumab per 5 mg	Procedure	HCPCS
C9211	Injection, alefacept, for intravenous use, per 7.5 mg	Procedure	HCPCS
C9212	Injection, alefacept, for intramuscular use, per 7.5 mg	Procedure	HCPCS
C9230	Injection, abatacept, per 10 mg	Procedure	HCPCS
C9236	Injection, eculizumab, 10 mg	Procedure	HCPCS
C9249	Injection, certolizumab pegol, 1 mg	Procedure	HCPCS
C9261	Injection, ustekinumab, 1 mg	Procedure	HCPCS
C9264	Injection, tocilizumab, 1 mg	Procedure	HCPCS
C9286	Injection, belatacept, 1 mg	Procedure	HCPCS
C9436	Azathioprine, parenteral, brand name, per 100 mg	Procedure	HCPCS
C9438	Cyclosporine, oral, 100 mg, brand name	Procedure	HCPCS
C9487	Ustekinumab, for intravenous injection, 1 mg	Procedure	HCPCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Procedure	HCPCS
J0135	Injection, adalimumab, 20 mg	Procedure	HCPCS
J0215	Injection, alefacept, 0.5 mg	Procedure	HCPCS
J0480	Injection, basiliximab, 20 mg	Procedure	HCPCS
J0485	Injection, belatacept, 1 mg	Procedure	HCPCS
J0490	Injection, belimumab, 10 mg	Procedure	HCPCS
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	Procedure	HCPCS
J0638	Injection, canakinumab, 1 mg	Procedure	HCPCS
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Procedure	HCPCS
J0718	Injection, certolizumab pegol, 1 mg	Procedure	HCPCS
J0897	Injection, denosumab, 1 mg	Procedure	HCPCS
J1300	Injection, eculizumab, 10 mg	Procedure	HCPCS
J1303	Injection, ravulizumab-cwvz, 10 mg	Procedure	HCPCS
J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Procedure	HCPCS
J1595	Injection, glatiramer acetate, 20 mg	Procedure	HCPCS
J1600	Injection, gold sodium thiomalate, up to 50 mg	Procedure	HCPCS
J1602	Injection, golimumab, 1 mg, for intravenous use	Procedure	HCPCS
J1628	Injection, guselkumab, 1 mg	Procedure	HCPCS
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Procedure	HCPCS
J1825	Injection, interferon beta-1a, 33 mcg	Procedure	HCPCS
J1826	Injection, interferon beta-1a, 30 mcg	Procedure	HCPCS
J1830	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Procedure	HCPCS
J2323	Injection, natalizumab, 1 mg	Procedure	HCPCS
J2350	Injection, ocrelizumab, 1 mg	Procedure	HCPCS
J2504	Injection, pegademase bovine, 25 IU	Procedure	HCPCS



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J2793	Injection, rilonacept, 1 mg	Procedure	HCPCS
J2860	Injection, siltuximab, 10 mg	Procedure	HCPCS
J2910	Injection, aurothioglucose, up to 50 mg	Procedure	HCPCS
J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Procedure	HCPCS
J3111	Injection, romosozumab-aqqg, 1 mg	Procedure	HCPCS
J3245	Injection, tildrakizumab, 1 mg	Procedure	HCPCS
J3262	Injection, tocilizumab, 1 mg	Procedure	HCPCS
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Procedure	HCPCS
J3358	Ustekinumab, for intravenous injection, 1 mg	Procedure	HCPCS
J3380	Injection, vedolizumab, 1 mg	Procedure	HCPCS
J7500	Azathioprine, oral, 50 mg	Procedure	HCPCS
J7501	Azathioprine, parenteral, 100 mg	Procedure	HCPCS
J7502	Cyclosporine, oral, 100 mg	Procedure	HCPCS
J7503	Tacrolimus, extended release, (Envarsus XR), oral, 0.25 mg	Procedure	HCPCS
J7505	Muromonab-CD3, parenteral, 5 mg	Procedure	HCPCS
J7507	Tacrolimus, oral, per 1 mg	Procedure	HCPCS
J7508	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg	Procedure	HCPCS
J7513	Daclizumab, parenteral, 25 mg	Procedure	HCPCS
J7515	Cyclosporine, oral, 25 mg	Procedure	HCPCS
J7516	Cyclosporine, parenteral, 250 mg	Procedure	HCPCS
J7517	Mycophenolate mofetil, oral, 250 mg	Procedure	HCPCS
J7520	Sirolimus, oral, 1 mg	Procedure	HCPCS
J7525	Tacrolimus, parenteral, 5 mg	Procedure	HCPCS
J7599	Immunosuppressive drug, not otherwise classified	Procedure	HCPCS
J9119	Injection, cemiplimab-rwlc, 1 mg	Procedure	HCPCS
J9204	Injection, mogamulizumab-kpkc, 1 mg	Procedure	HCPCS
J9210	Injection, emapalumab-lzsg, 1 mg	Procedure	HCPCS
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg	Procedure	HCPCS
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	Procedure	HCPCS
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	Procedure	HCPCS
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J9216	Injection, interferon, gamma 1-b, 3 million units	Procedure	HCPCS
J9271	Injection, pembrolizumab, 1 mg	Procedure	HCPCS
K0119	Azathioprine, oral, tab, 50 mg	Procedure	HCPCS
K0120	Azathioprine, parenteral, 100 mg	Procedure	HCPCS
K0122	Cyclosporine, parenteral, 250 mg	Procedure	HCPCS
K0412	Mycophenolate mofetil, oral, 250 mg (CellCept)	Procedure	HCPCS
Q2010	Injection, glatiramer acetate, per dose	Procedure	HCPCS
Q2012	Injection, pegademase bovine, 25 IU	Procedure	HCPCS
Q2019	Injection, basiliximab, 20 mg	Procedure	HCPCS
Q2044	Injection, belimumab, 10 mg	Procedure	HCPCS
Q3025	Injection, interferon beta-1a, 11 mcg for intramuscular use	Procedure	HCPCS
Q3026	Injection, interferon beta-1a, 11 mcg for subcutaneous use	Procedure	HCPCS
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	Procedure	HCPCS
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Procedure	HCPCS
Q4079	Injection, natalizumab, 1 mg	Procedure	HCPCS
Q5102	Injection, infliximab, biosimilar, 10 mg	Procedure	HCPCS
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	Procedure	HCPCS
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	Procedure	HCPCS
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	Procedure	HCPCS
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg	Procedure	HCPCS
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Procedure	HCPCS
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Procedure	HCPCS
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Procedure	HCPCS
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	Procedure	HCPCS
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	Procedure	HCPCS
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	Procedure	HCPCS
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	Procedure	HCPCS
Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg	Procedure	HCPCS
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	Procedure	HCPCS
Q9989	Ustekinumab, for intravenous injection, 1 mg	Procedure	HCPCS
S0145	Injection, PEGylated interferon alfa-2A, 180 mcg per ml	Procedure	HCPCS
S0146	Injection, pegylated interferon alfa-2b, 10 mcg per 0.5 ml	Procedure	HCPCS
S0148	Injection, PEGylated interferon alfa-2B, 10 mcg	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
S0162	Injection, efalizumab, 125 mg	Procedure	HCPCS
S0193	Injection alefacept, 7.5 mg (includes dose packaging)	Procedure	HCPCS
<b>Dialysis</b>			
3E1M39Z	Irrigation of Peritoneal Cavity using Dialysate, Percutaneous Approach	Procedure	ICD-10-PCS
5A1D00Z	Performance of Urinary Filtration, Single	Procedure	ICD-10-PCS
5A1D60Z	Performance of Urinary Filtration, Multiple	Procedure	ICD-10-PCS
5A1D70Z	Performance of Urinary Filtration, Intermittent, Less than 6 Hours Per Day	Procedure	ICD-10-PCS
5A1D80Z	Performance of Urinary Filtration, Prolonged Intermittent, 6-18 hours Per Day	Procedure	ICD-10-PCS
5A1D90Z	Performance of Urinary Filtration, Continuous, Greater than 18 hours Per Day	Procedure	ICD-10-PCS
A4653	Peritoneal dialysis catheter anchoring device, belt, each	Procedure	HCPCS
A4671	Disposable cyclor set used with cyclor dialysis machine, each	Procedure	HCPCS
A4672	Drainage extension line, sterile, for dialysis, each	Procedure	HCPCS
A4673	Extension line with easy lock connectors, used with dialysis	Procedure	HCPCS
A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz	Procedure	HCPCS
A4680	Activated carbon filter for hemodialysis, each	Procedure	HCPCS
A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each	Procedure	HCPCS
A4700	Standard dialysate solution, each	Procedure	HCPCS
A4705	Bicarbonate dialysate solution, each	Procedure	HCPCS
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon	Procedure	HCPCS
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet	Procedure	HCPCS
A4708	Acetate concentrate solution, for hemodialysis, per gallon	Procedure	HCPCS
A4709	Acid concentrate, solution, for hemodialysis, per gallon	Procedure	HCPCS
A4712	Water, sterile, for injection, per 10 ml	Procedure	HCPCS
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon	Procedure	HCPCS
A4719	"Y set" tubing for peritoneal dialysis	Procedure	HCPCS
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis	Procedure	HCPCS
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal dialysis	Procedure	HCPCS
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis	Procedure	HCPCS
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis	Procedure	HCPCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis	Procedure	HCPCS
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis	Procedure	HCPCS
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis	Procedure	HCPCS
A4728	Dialysate solution, nondextrose containing, 500 ml	Procedure	HCPCS
A4730	Fistula cannulation set for hemodialysis, each	Procedure	HCPCS
A4735	Local/topical anesthetics for dialysis only	Procedure	HCPCS
A4736	Topical anesthetic, for dialysis, per g	Procedure	HCPCS
A4737	Injectable anesthetic, for dialysis, per 10 ml	Procedure	HCPCS
A4740	Shunt accessory, for hemodialysis, any type, each	Procedure	HCPCS
A4750	Blood tubing, arterial or venous, for hemodialysis, each	Procedure	HCPCS
A4755	Blood tubing, arterial and venous combined, for hemodialysis, each	Procedure	HCPCS
A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each	Procedure	HCPCS
A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet	Procedure	HCPCS
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	Procedure	HCPCS
A4802	Protamine sulfate, for hemodialysis, per 50 mg	Procedure	HCPCS
A4820	Hemodialysis kit supplies	Procedure	HCPCS
A4850	Hemostats with rubber tips for dialysis	Procedure	HCPCS
A4860	Disposable catheter tips for peritoneal dialysis, per 10	Procedure	HCPCS
A4870	Plumbing and/or electrical work for home hemodialysis equipment	Procedure	HCPCS
A4880	Storage tanks utilized in connection with water purification system, replacement tanks for dialysis	Procedure	HCPCS
A4890	Contracts, repair and maintenance, for hemodialysis equipment	Procedure	HCPCS
A4900	Continuous ambulatory peritoneal dialysis (capd) supply kit	Procedure	HCPCS
A4901	Continuous cycling peritoneal dialysis (ccpd) supply kit	Procedure	HCPCS
A4905	Intermittent peritoneal dialysis (ipd) supply kit	Procedure	HCPCS
A4910	Non-medical supplies for dialysis, (i.e., scale, scissors, stopwatch, etc.)	Procedure	HCPCS
A4911	Drain bag/bottle, for dialysis, each	Procedure	HCPCS
A4912	Gomco drain bottle	Procedure	HCPCS
A4913	Miscellaneous dialysis supplies, not otherwise specified	Procedure	HCPCS
A4914	Preparation kits	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
A4918	Venous pressure clamp, for hemodialysis, each	Procedure	HCPCS
E1500	Centrifuge, for dialysis	Procedure	HCPCS
E1510	Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container	Procedure	HCPCS
E1520	Heparin infusion pump for hemodialysis	Procedure	HCPCS
E1530	Air bubble detector for hemodialysis, each, replacement	Procedure	HCPCS
E1540	Pressure alarm for hemodialysis, each, replacement	Procedure	HCPCS
E1550	Bath conductivity meter for hemodialysis, each	Procedure	HCPCS
E1560	Blood leak detector for hemodialysis, each, replacement	Procedure	HCPCS
E1570	Adjustable chair, for ESRD patients	Procedure	HCPCS
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10	Procedure	HCPCS
E1580	Unipuncture control system for hemodialysis	Procedure	HCPCS
E1590	Hemodialysis machine	Procedure	HCPCS
E1592	Automatic intermittent peritoneal dialysis system	Procedure	HCPCS
E1594	Cycler dialysis machine for peritoneal dialysis	Procedure	HCPCS
E1600	Delivery and/or installation charges for hemodialysis equipment	Procedure	HCPCS
E1610	Reverse osmosis water purification system, for hemodialysis	Procedure	HCPCS
E1615	Deionizer water purification system, for hemodialysis	Procedure	HCPCS
E1620	Blood pump for hemodialysis, replacement	Procedure	HCPCS
E1625	Water softening system, for hemodialysis	Procedure	HCPCS
E1630	Reciprocating peritoneal dialysis system	Procedure	HCPCS
E1632	Wearable artificial kidney, each	Procedure	HCPCS
E1634	Peritoneal dialysis clamps, each	Procedure	HCPCS
E1635	Compact (portable) travel hemodialyzer system	Procedure	HCPCS
E1636	Sorbent cartridges, for hemodialysis, per 10	Procedure	HCPCS
Z49	Encounter for care involving renal dialysis	Diagnosis	ICD-10-CM
Z49.01	Encounter for fitting and adjustment of extracorporeal dialysis catheter	Diagnosis	ICD-10-CM
Z49.02	Encounter for fitting and adjustment of peritoneal dialysis catheter	Diagnosis	ICD-10-CM
Z49.31	Encounter for adequacy testing for hemodialysis	Diagnosis	ICD-10-CM
Z49.32	Encounter for adequacy testing for peritoneal dialysis	Diagnosis	ICD-10-CM
Z99.2	Dependence on renal dialysis	Diagnosis	ICD-10-CM

**ACEI/ARBs**

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
4010F	Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken (CAD, CKD, HF) (DM)	Procedure	CPT-2
4188F	Appropriate angiotensin converting enzyme (ACE)/angiotensin receptor blockers (ARB) therapeutic monitoring test ordered or performed (AM)	Procedure	CPT-2
4210F	Angiotensin converting enzyme (ACE) or angiotensin receptor blockers (ARB) medication therapy for 6 months or more (MM)	Procedure	CPT-2
82164	Angiotensin I - converting enzyme (ACE)	Procedure	CPT-4
G2092	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy prescribed or currently being taken	Procedure	HCPCS
G8473	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed	Procedure	HCPCS
G8506	Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	Procedure	HCPCS
G8935	Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	Procedure	HCPCS
<b>Aspirin</b>			
4084F	Aspirin received within 24 hours before emergency department arrival or during emergency department stay (EM)	Procedure	CPT-2
<b>Pfizer Vaccine</b>			
91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use	Procedure	CPT-4
<b>Moderna Vaccine</b>			
91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use	Procedure	CPT-4
<b>Janssen Vaccine</b>			
91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5mL dosage, for intramuscular use	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
<b>Pneumonia - Frailty</b>			
A02.22	Salmonella pneumonia	Diagnosis	ICD-10-CM
A20.2	Pneumonic plague	Diagnosis	ICD-10-CM
A21.2	Pulmonary tularemia	Diagnosis	ICD-10-CM
A22.1	Pulmonary anthrax	Diagnosis	ICD-10-CM
A31.0	Pulmonary mycobacterial infection	Diagnosis	ICD-10-CM
A37.01	Whooping cough due to Bordetella pertussis with pneumonia	Diagnosis	ICD-10-CM
A37.11	Whooping cough due to Bordetella parapertussis with pneumonia	Diagnosis	ICD-10-CM
A37.81	Whooping cough due to other Bordetella species with pneumonia	Diagnosis	ICD-10-CM
A37.91	Whooping cough, unspecified species with pneumonia	Diagnosis	ICD-10-CM
A42.0	Pulmonary actinomycosis	Diagnosis	ICD-10-CM
A43.0	Pulmonary nocardiosis	Diagnosis	ICD-10-CM
A48.1	Legionnaires' disease	Diagnosis	ICD-10-CM
A70	Chlamydia psittaci infections	Diagnosis	ICD-10-CM
A78	Q fever	Diagnosis	ICD-10-CM
B01.2	Varicella pneumonia	Diagnosis	ICD-10-CM
B05.2	Measles complicated by pneumonia	Diagnosis	ICD-10-CM
B25.0	Cytomegaloviral pneumonitis	Diagnosis	ICD-10-CM
B37.1	Pulmonary candidiasis	Diagnosis	ICD-10-CM
B38.0	Acute pulmonary coccidioidomycosis	Diagnosis	ICD-10-CM
B38.1	Chronic pulmonary coccidioidomycosis	Diagnosis	ICD-10-CM
B38.2	Pulmonary coccidioidomycosis, unspecified	Diagnosis	ICD-10-CM
B39.0	Acute pulmonary histoplasmosis capsulati	Diagnosis	ICD-10-CM
B39.1	Chronic pulmonary histoplasmosis capsulati	Diagnosis	ICD-10-CM
B39.2	Pulmonary histoplasmosis capsulati, unspecified	Diagnosis	ICD-10-CM
B39.5	Histoplasmosis duboisii	Diagnosis	ICD-10-CM
B39.9	Histoplasmosis, unspecified	Diagnosis	ICD-10-CM
B44.0	Invasive pulmonary aspergillosis	Diagnosis	ICD-10-CM
B58.3	Pulmonary toxoplasmosis	Diagnosis	ICD-10-CM
B59	Pneumocystosis	Diagnosis	ICD-10-CM
B77.81	Ascariasis pneumonia	Diagnosis	ICD-10-CM
J12.0	Adenoviral pneumonia	Diagnosis	ICD-10-CM
J12.1	Respiratory syncytial virus pneumonia	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J12.2	Parainfluenza virus pneumonia	Diagnosis	ICD-10-CM
J12.3	Human metapneumovirus pneumonia	Diagnosis	ICD-10-CM
J12.81	Pneumonia due to SARS-associated coronavirus	Diagnosis	ICD-10-CM
J12.89	Other viral pneumonia	Diagnosis	ICD-10-CM
J12.9	Viral pneumonia, unspecified	Diagnosis	ICD-10-CM
J13	Pneumonia due to Streptococcus pneumoniae	Diagnosis	ICD-10-CM
J14	Pneumonia due to Hemophilus influenzae	Diagnosis	ICD-10-CM
J15.0	Pneumonia due to Klebsiella pneumoniae	Diagnosis	ICD-10-CM
J15.1	Pneumonia due to Pseudomonas	Diagnosis	ICD-10-CM
J15.20	Pneumonia due to staphylococcus, unspecified	Diagnosis	ICD-10-CM
J15.211	Pneumonia due to Methicillin susceptible Staphylococcus aureus	Diagnosis	ICD-10-CM
J15.212	Pneumonia due to Methicillin resistant Staphylococcus aureus	Diagnosis	ICD-10-CM
J15.29	Pneumonia due to other staphylococcus	Diagnosis	ICD-10-CM
J15.3	Pneumonia due to streptococcus, group B	Diagnosis	ICD-10-CM
J15.4	Pneumonia due to other streptococci	Diagnosis	ICD-10-CM
J15.5	Pneumonia due to Escherichia coli	Diagnosis	ICD-10-CM
J15.6	Pneumonia due to other Gram-negative bacteria	Diagnosis	ICD-10-CM
J15.7	Pneumonia due to Mycoplasma pneumoniae	Diagnosis	ICD-10-CM
J15.8	Pneumonia due to other specified bacteria	Diagnosis	ICD-10-CM
J15.9	Unspecified bacterial pneumonia	Diagnosis	ICD-10-CM
J16.0	Chlamydial pneumonia	Diagnosis	ICD-10-CM
J16.8	Pneumonia due to other specified infectious organisms	Diagnosis	ICD-10-CM
J17	Pneumonia in diseases classified elsewhere	Diagnosis	ICD-10-CM
J18.0	Bronchopneumonia, unspecified organism	Diagnosis	ICD-10-CM
J18.1	Lobar pneumonia, unspecified organism	Diagnosis	ICD-10-CM
J18.8	Other pneumonia, unspecified organism	Diagnosis	ICD-10-CM
J18.9	Pneumonia, unspecified organism	Diagnosis	ICD-10-CM
J85.0	Gangrene and necrosis of lung	Diagnosis	ICD-10-CM
J85.1	Abscess of lung with pneumonia	Diagnosis	ICD-10-CM
<b>Musculoskeletal Problems - Frailty</b>			
A18.01	Tuberculosis of spine	Diagnosis	ICD-10-CM
A52.16	Charcot's arthropathy (tabetic)	Diagnosis	ICD-10-CM
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E08.618	Diabetes mellitus due to underlying condition with other diabetic arthropathy	Diagnosis	ICD-10-CM
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E13.618	Other specified diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
G45.0	Vertebro-basilar artery syndrome	Diagnosis	ICD-10-CM
G45.1	Carotid artery syndrome (hemispheric)	Diagnosis	ICD-10-CM
G45.2	Multiple and bilateral precerebral artery syndromes	Diagnosis	ICD-10-CM
G45.8	Other transient cerebral ischemic attacks and related syndromes	Diagnosis	ICD-10-CM
G45.9	Transient cerebral ischemic attack, unspecified	Diagnosis	ICD-10-CM
G46.0	Middle cerebral artery syndrome	Diagnosis	ICD-10-CM
G46.1	Anterior cerebral artery syndrome	Diagnosis	ICD-10-CM
G46.2	Posterior cerebral artery syndrome	Diagnosis	ICD-10-CM
I67.841	Reversible cerebrovascular vasoconstriction syndrome	Diagnosis	ICD-10-CM
I67.848	Other cerebrovascular vasospasm and vasoconstriction	Diagnosis	ICD-10-CM
M02.00	Arthropathy following intestinal bypass, unspecified site	Diagnosis	ICD-10-CM
M02.011	Arthropathy following intestinal bypass, right shoulder	Diagnosis	ICD-10-CM
M02.012	Arthropathy following intestinal bypass, left shoulder	Diagnosis	ICD-10-CM
M02.019	Arthropathy following intestinal bypass, unspecified shoulder	Diagnosis	ICD-10-CM
M02.021	Arthropathy following intestinal bypass, right elbow	Diagnosis	ICD-10-CM
M02.022	Arthropathy following intestinal bypass, left elbow	Diagnosis	ICD-10-CM
M02.029	Arthropathy following intestinal bypass, unspecified elbow	Diagnosis	ICD-10-CM
M02.031	Arthropathy following intestinal bypass, right wrist	Diagnosis	ICD-10-CM
M02.032	Arthropathy following intestinal bypass, left wrist	Diagnosis	ICD-10-CM
M02.039	Arthropathy following intestinal bypass, unspecified wrist	Diagnosis	ICD-10-CM
M02.041	Arthropathy following intestinal bypass, right hand	Diagnosis	ICD-10-CM
M02.042	Arthropathy following intestinal bypass, left hand	Diagnosis	ICD-10-CM
M02.049	Arthropathy following intestinal bypass, unspecified hand	Diagnosis	ICD-10-CM
M02.051	Arthropathy following intestinal bypass, right hip	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M02.052	Arthropathy following intestinal bypass, left hip	Diagnosis	ICD-10-CM
M02.059	Arthropathy following intestinal bypass, unspecified hip	Diagnosis	ICD-10-CM
M02.061	Arthropathy following intestinal bypass, right knee	Diagnosis	ICD-10-CM
M02.062	Arthropathy following intestinal bypass, left knee	Diagnosis	ICD-10-CM
M02.069	Arthropathy following intestinal bypass, unspecified knee	Diagnosis	ICD-10-CM
M02.071	Arthropathy following intestinal bypass, right ankle and foot	Diagnosis	ICD-10-CM
M02.072	Arthropathy following intestinal bypass, left ankle and foot	Diagnosis	ICD-10-CM
M02.079	Arthropathy following intestinal bypass, unspecified ankle and foot	Diagnosis	ICD-10-CM
M02.08	Arthropathy following intestinal bypass, vertebrae	Diagnosis	ICD-10-CM
M02.09	Arthropathy following intestinal bypass, multiple sites	Diagnosis	ICD-10-CM
M02.20	Postimmunization arthropathy, unspecified site	Diagnosis	ICD-10-CM
M02.211	Postimmunization arthropathy, right shoulder	Diagnosis	ICD-10-CM
M02.212	Postimmunization arthropathy, left shoulder	Diagnosis	ICD-10-CM
M02.219	Postimmunization arthropathy, unspecified shoulder	Diagnosis	ICD-10-CM
M02.221	Postimmunization arthropathy, right elbow	Diagnosis	ICD-10-CM
M02.222	Postimmunization arthropathy, left elbow	Diagnosis	ICD-10-CM
M02.229	Postimmunization arthropathy, unspecified elbow	Diagnosis	ICD-10-CM
M02.231	Postimmunization arthropathy, right wrist	Diagnosis	ICD-10-CM
M02.232	Postimmunization arthropathy, left wrist	Diagnosis	ICD-10-CM
M02.239	Postimmunization arthropathy, unspecified wrist	Diagnosis	ICD-10-CM
M02.241	Postimmunization arthropathy, right hand	Diagnosis	ICD-10-CM
M02.242	Postimmunization arthropathy, left hand	Diagnosis	ICD-10-CM
M02.249	Postimmunization arthropathy, unspecified hand	Diagnosis	ICD-10-CM
M02.251	Postimmunization arthropathy, right hip	Diagnosis	ICD-10-CM
M02.252	Postimmunization arthropathy, left hip	Diagnosis	ICD-10-CM
M02.259	Postimmunization arthropathy, unspecified hip	Diagnosis	ICD-10-CM
M02.261	Postimmunization arthropathy, right knee	Diagnosis	ICD-10-CM
M02.262	Postimmunization arthropathy, left knee	Diagnosis	ICD-10-CM
M02.269	Postimmunization arthropathy, unspecified knee	Diagnosis	ICD-10-CM
M02.271	Postimmunization arthropathy, right ankle and foot	Diagnosis	ICD-10-CM
M02.272	Postimmunization arthropathy, left ankle and foot	Diagnosis	ICD-10-CM
M02.279	Postimmunization arthropathy, unspecified ankle and foot	Diagnosis	ICD-10-CM
M02.28	Postimmunization arthropathy, vertebrae	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M02.29	Postimmunization arthropathy, multiple sites	Diagnosis	ICD-10-CM
M02.9	Reactive arthropathy, unspecified	Diagnosis	ICD-10-CM
M07.60	Enteropathic arthropathies, unspecified site	Diagnosis	ICD-10-CM
M07.611	Enteropathic arthropathies, right shoulder	Diagnosis	ICD-10-CM
M07.612	Enteropathic arthropathies, left shoulder	Diagnosis	ICD-10-CM
M07.619	Enteropathic arthropathies, unspecified shoulder	Diagnosis	ICD-10-CM
M07.621	Enteropathic arthropathies, right elbow	Diagnosis	ICD-10-CM
M07.622	Enteropathic arthropathies, left elbow	Diagnosis	ICD-10-CM
M07.629	Enteropathic arthropathies, unspecified elbow	Diagnosis	ICD-10-CM
M07.631	Enteropathic arthropathies, right wrist	Diagnosis	ICD-10-CM
M07.632	Enteropathic arthropathies, left wrist	Diagnosis	ICD-10-CM
M07.639	Enteropathic arthropathies, unspecified wrist	Diagnosis	ICD-10-CM
M07.641	Enteropathic arthropathies, right hand	Diagnosis	ICD-10-CM
M07.642	Enteropathic arthropathies, left hand	Diagnosis	ICD-10-CM
M07.649	Enteropathic arthropathies, unspecified hand	Diagnosis	ICD-10-CM
M07.651	Enteropathic arthropathies, right hip	Diagnosis	ICD-10-CM
M07.652	Enteropathic arthropathies, left hip	Diagnosis	ICD-10-CM
M07.659	Enteropathic arthropathies, unspecified hip	Diagnosis	ICD-10-CM
M07.661	Enteropathic arthropathies, right knee	Diagnosis	ICD-10-CM
M07.662	Enteropathic arthropathies, left knee	Diagnosis	ICD-10-CM
M07.669	Enteropathic arthropathies, unspecified knee	Diagnosis	ICD-10-CM
M07.671	Enteropathic arthropathies, right ankle and foot	Diagnosis	ICD-10-CM
M07.672	Enteropathic arthropathies, left ankle and foot	Diagnosis	ICD-10-CM
M07.679	Enteropathic arthropathies, unspecified ankle and foot	Diagnosis	ICD-10-CM
M07.68	Enteropathic arthropathies, vertebrae	Diagnosis	ICD-10-CM
M07.69	Enteropathic arthropathies, multiple sites	Diagnosis	ICD-10-CM
M12.10	Kaschin-Beck disease, unspecified site	Diagnosis	ICD-10-CM
M12.111	Kaschin-Beck disease, right shoulder	Diagnosis	ICD-10-CM
M12.112	Kaschin-Beck disease, left shoulder	Diagnosis	ICD-10-CM
M12.119	Kaschin-Beck disease, unspecified shoulder	Diagnosis	ICD-10-CM
M12.121	Kaschin-Beck disease, right elbow	Diagnosis	ICD-10-CM
M12.122	Kaschin-Beck disease, left elbow	Diagnosis	ICD-10-CM
M12.129	Kaschin-Beck disease, unspecified elbow	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M12.131	Kaschin-Beck disease, right wrist	Diagnosis	ICD-10-CM
M12.132	Kaschin-Beck disease, left wrist	Diagnosis	ICD-10-CM
M12.139	Kaschin-Beck disease, unspecified wrist	Diagnosis	ICD-10-CM
M12.141	Kaschin-Beck disease, right hand	Diagnosis	ICD-10-CM
M12.142	Kaschin-Beck disease, left hand	Diagnosis	ICD-10-CM
M12.149	Kaschin-Beck disease, unspecified hand	Diagnosis	ICD-10-CM
M12.151	Kaschin-Beck disease, right hip	Diagnosis	ICD-10-CM
M12.152	Kaschin-Beck disease, left hip	Diagnosis	ICD-10-CM
M12.159	Kaschin-Beck disease, unspecified hip	Diagnosis	ICD-10-CM
M12.161	Kaschin-Beck disease, right knee	Diagnosis	ICD-10-CM
M12.162	Kaschin-Beck disease, left knee	Diagnosis	ICD-10-CM
M12.169	Kaschin-Beck disease, unspecified knee	Diagnosis	ICD-10-CM
M12.171	Kaschin-Beck disease, right ankle and foot	Diagnosis	ICD-10-CM
M12.172	Kaschin-Beck disease, left ankle and foot	Diagnosis	ICD-10-CM
M12.179	Kaschin-Beck disease, unspecified ankle and foot	Diagnosis	ICD-10-CM
M12.18	Kaschin-Beck disease, vertebrae	Diagnosis	ICD-10-CM
M12.19	Kaschin-Beck disease, multiple sites	Diagnosis	ICD-10-CM
M12.20	Villonodular synovitis (pigmented), unspecified site	Diagnosis	ICD-10-CM
M12.211	Villonodular synovitis (pigmented), right shoulder	Diagnosis	ICD-10-CM
M12.212	Villonodular synovitis (pigmented), left shoulder	Diagnosis	ICD-10-CM
M12.219	Villonodular synovitis (pigmented), unspecified shoulder	Diagnosis	ICD-10-CM
M12.221	Villonodular synovitis (pigmented), right elbow	Diagnosis	ICD-10-CM
M12.222	Villonodular synovitis (pigmented), left elbow	Diagnosis	ICD-10-CM
M12.229	Villonodular synovitis (pigmented), unspecified elbow	Diagnosis	ICD-10-CM
M12.231	Villonodular synovitis (pigmented), right wrist	Diagnosis	ICD-10-CM
M12.232	Villonodular synovitis (pigmented), left wrist	Diagnosis	ICD-10-CM
M12.239	Villonodular synovitis (pigmented), unspecified wrist	Diagnosis	ICD-10-CM
M12.241	Villonodular synovitis (pigmented), right hand	Diagnosis	ICD-10-CM
M12.242	Villonodular synovitis (pigmented), left hand	Diagnosis	ICD-10-CM
M12.249	Villonodular synovitis (pigmented), unspecified hand	Diagnosis	ICD-10-CM
M12.251	Villonodular synovitis (pigmented), right hip	Diagnosis	ICD-10-CM
M12.252	Villonodular synovitis (pigmented), left hip	Diagnosis	ICD-10-CM
M12.259	Villonodular synovitis (pigmented), unspecified hip	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M12.261	Villonodular synovitis (pigmented), right knee	Diagnosis	ICD-10-CM
M12.262	Villonodular synovitis (pigmented), left knee	Diagnosis	ICD-10-CM
M12.269	Villonodular synovitis (pigmented), unspecified knee	Diagnosis	ICD-10-CM
M12.271	Villonodular synovitis (pigmented), right ankle and foot	Diagnosis	ICD-10-CM
M12.272	Villonodular synovitis (pigmented), left ankle and foot	Diagnosis	ICD-10-CM
M12.279	Villonodular synovitis (pigmented), unspecified ankle and foot	Diagnosis	ICD-10-CM
M12.28	Villonodular synovitis (pigmented), other specified site	Diagnosis	ICD-10-CM
M12.29	Villonodular synovitis (pigmented), multiple sites	Diagnosis	ICD-10-CM
M12.30	Palindromic rheumatism, unspecified site	Diagnosis	ICD-10-CM
M12.311	Palindromic rheumatism, right shoulder	Diagnosis	ICD-10-CM
M12.312	Palindromic rheumatism, left shoulder	Diagnosis	ICD-10-CM
M12.319	Palindromic rheumatism, unspecified shoulder	Diagnosis	ICD-10-CM
M12.321	Palindromic rheumatism, right elbow	Diagnosis	ICD-10-CM
M12.322	Palindromic rheumatism, left elbow	Diagnosis	ICD-10-CM
M12.329	Palindromic rheumatism, unspecified elbow	Diagnosis	ICD-10-CM
M12.331	Palindromic rheumatism, right wrist	Diagnosis	ICD-10-CM
M12.332	Palindromic rheumatism, left wrist	Diagnosis	ICD-10-CM
M12.339	Palindromic rheumatism, unspecified wrist	Diagnosis	ICD-10-CM
M12.341	Palindromic rheumatism, right hand	Diagnosis	ICD-10-CM
M12.342	Palindromic rheumatism, left hand	Diagnosis	ICD-10-CM
M12.349	Palindromic rheumatism, unspecified hand	Diagnosis	ICD-10-CM
M12.351	Palindromic rheumatism, right hip	Diagnosis	ICD-10-CM
M12.352	Palindromic rheumatism, left hip	Diagnosis	ICD-10-CM
M12.359	Palindromic rheumatism, unspecified hip	Diagnosis	ICD-10-CM
M12.361	Palindromic rheumatism, right knee	Diagnosis	ICD-10-CM
M12.362	Palindromic rheumatism, left knee	Diagnosis	ICD-10-CM
M12.369	Palindromic rheumatism, unspecified knee	Diagnosis	ICD-10-CM
M12.371	Palindromic rheumatism, right ankle and foot	Diagnosis	ICD-10-CM
M12.372	Palindromic rheumatism, left ankle and foot	Diagnosis	ICD-10-CM
M12.379	Palindromic rheumatism, unspecified ankle and foot	Diagnosis	ICD-10-CM
M12.38	Palindromic rheumatism, other specified site	Diagnosis	ICD-10-CM
M12.39	Palindromic rheumatism, multiple sites	Diagnosis	ICD-10-CM
M12.40	Intermittent hydrarthrosis, unspecified site	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M12.411	Intermittent hydrarthrosis, right shoulder	Diagnosis	ICD-10-CM
M12.412	Intermittent hydrarthrosis, left shoulder	Diagnosis	ICD-10-CM
M12.419	Intermittent hydrarthrosis, unspecified shoulder	Diagnosis	ICD-10-CM
M12.421	Intermittent hydrarthrosis, right elbow	Diagnosis	ICD-10-CM
M12.422	Intermittent hydrarthrosis, left elbow	Diagnosis	ICD-10-CM
M12.429	Intermittent hydrarthrosis, unspecified elbow	Diagnosis	ICD-10-CM
M12.431	Intermittent hydrarthrosis, right wrist	Diagnosis	ICD-10-CM
M12.432	Intermittent hydrarthrosis, left wrist	Diagnosis	ICD-10-CM
M12.439	Intermittent hydrarthrosis, unspecified wrist	Diagnosis	ICD-10-CM
M12.441	Intermittent hydrarthrosis, right hand	Diagnosis	ICD-10-CM
M12.442	Intermittent hydrarthrosis, left hand	Diagnosis	ICD-10-CM
M12.449	Intermittent hydrarthrosis, unspecified hand	Diagnosis	ICD-10-CM
M12.451	Intermittent hydrarthrosis, right hip	Diagnosis	ICD-10-CM
M12.452	Intermittent hydrarthrosis, left hip	Diagnosis	ICD-10-CM
M12.459	Intermittent hydrarthrosis, unspecified hip	Diagnosis	ICD-10-CM
M12.461	Intermittent hydrarthrosis, right knee	Diagnosis	ICD-10-CM
M12.462	Intermittent hydrarthrosis, left knee	Diagnosis	ICD-10-CM
M12.469	Intermittent hydrarthrosis, unspecified knee	Diagnosis	ICD-10-CM
M12.471	Intermittent hydrarthrosis, right ankle and foot	Diagnosis	ICD-10-CM
M12.472	Intermittent hydrarthrosis, left ankle and foot	Diagnosis	ICD-10-CM
M12.479	Intermittent hydrarthrosis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M12.48	Intermittent hydrarthrosis, other site	Diagnosis	ICD-10-CM
M12.49	Intermittent hydrarthrosis, multiple sites	Diagnosis	ICD-10-CM
M12.80	Other specific arthropathies, not elsewhere classified, unspecified site	Diagnosis	ICD-10-CM
M12.811	Other specific arthropathies, not elsewhere classified, right shoulder	Diagnosis	ICD-10-CM
M12.812	Other specific arthropathies, not elsewhere classified, left shoulder	Diagnosis	ICD-10-CM
M12.819	Other specific arthropathies, not elsewhere classified, unspecified shoulder	Diagnosis	ICD-10-CM
M12.821	Other specific arthropathies, not elsewhere classified, right elbow	Diagnosis	ICD-10-CM
M12.822	Other specific arthropathies, not elsewhere classified, left elbow	Diagnosis	ICD-10-CM
M12.829	Other specific arthropathies, not elsewhere classified, unspecified elbow	Diagnosis	ICD-10-CM
M12.831	Other specific arthropathies, not elsewhere classified, right wrist	Diagnosis	ICD-10-CM
M12.832	Other specific arthropathies, not elsewhere classified, left wrist	Diagnosis	ICD-10-CM
M12.839	Other specific arthropathies, not elsewhere classified, unspecified wrist	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M12.841	Other specific arthropathies, not elsewhere classified, right hand	Diagnosis	ICD-10-CM
M12.842	Other specific arthropathies, not elsewhere classified, left hand	Diagnosis	ICD-10-CM
M12.849	Other specific arthropathies, not elsewhere classified, unspecified hand	Diagnosis	ICD-10-CM
M12.851	Other specific arthropathies, not elsewhere classified, right hip	Diagnosis	ICD-10-CM
M12.852	Other specific arthropathies, not elsewhere classified, left hip	Diagnosis	ICD-10-CM
M12.859	Other specific arthropathies, not elsewhere classified, unspecified hip	Diagnosis	ICD-10-CM
M12.861	Other specific arthropathies, not elsewhere classified, right knee	Diagnosis	ICD-10-CM
M12.862	Other specific arthropathies, not elsewhere classified, left knee	Diagnosis	ICD-10-CM
M12.869	Other specific arthropathies, not elsewhere classified, unspecified knee	Diagnosis	ICD-10-CM
M12.871	Other specific arthropathies, not elsewhere classified, right ankle and foot	Diagnosis	ICD-10-CM
M12.872	Other specific arthropathies, not elsewhere classified, left ankle and foot	Diagnosis	ICD-10-CM
M12.879	Other specific arthropathies, not elsewhere classified, unspecified ankle and foot	Diagnosis	ICD-10-CM
M12.88	Other specific arthropathies, not elsewhere classified, other specified site	Diagnosis	ICD-10-CM
M12.89	Other specific arthropathies, not elsewhere classified, multiple sites	Diagnosis	ICD-10-CM
M12.9	Arthropathy, unspecified	Diagnosis	ICD-10-CM
M13.0	Polyarthritis, unspecified	Diagnosis	ICD-10-CM
M13.10	Monoarthritis, not elsewhere classified, unspecified site	Diagnosis	ICD-10-CM
M13.111	Monoarthritis, not elsewhere classified, right shoulder	Diagnosis	ICD-10-CM
M13.112	Monoarthritis, not elsewhere classified, left shoulder	Diagnosis	ICD-10-CM
M13.119	Monoarthritis, not elsewhere classified, unspecified shoulder	Diagnosis	ICD-10-CM
M13.121	Monoarthritis, not elsewhere classified, right elbow	Diagnosis	ICD-10-CM
M13.122	Monoarthritis, not elsewhere classified, left elbow	Diagnosis	ICD-10-CM
M13.129	Monoarthritis, not elsewhere classified, unspecified elbow	Diagnosis	ICD-10-CM
M13.131	Monoarthritis, not elsewhere classified, right wrist	Diagnosis	ICD-10-CM
M13.132	Monoarthritis, not elsewhere classified, left wrist	Diagnosis	ICD-10-CM
M13.139	Monoarthritis, not elsewhere classified, unspecified wrist	Diagnosis	ICD-10-CM
M13.141	Monoarthritis, not elsewhere classified, right hand	Diagnosis	ICD-10-CM
M13.142	Monoarthritis, not elsewhere classified, left hand	Diagnosis	ICD-10-CM
M13.149	Monoarthritis, not elsewhere classified, unspecified hand	Diagnosis	ICD-10-CM
M13.151	Monoarthritis, not elsewhere classified, right hip	Diagnosis	ICD-10-CM
M13.152	Monoarthritis, not elsewhere classified, left hip	Diagnosis	ICD-10-CM
M13.159	Monoarthritis, not elsewhere classified, unspecified hip	Diagnosis	ICD-10-CM
M13.161	Monoarthritis, not elsewhere classified, right knee	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M13.162	Monoarthritis, not elsewhere classified, left knee	Diagnosis	ICD-10-CM
M13.169	Monoarthritis, not elsewhere classified, unspecified knee	Diagnosis	ICD-10-CM
M13.171	Monoarthritis, not elsewhere classified, right ankle and foot	Diagnosis	ICD-10-CM
M13.172	Monoarthritis, not elsewhere classified, left ankle and foot	Diagnosis	ICD-10-CM
M13.179	Monoarthritis, not elsewhere classified, unspecified ankle and foot	Diagnosis	ICD-10-CM
M13.80	Other specified arthritis, unspecified site	Diagnosis	ICD-10-CM
M13.811	Other specified arthritis, right shoulder	Diagnosis	ICD-10-CM
M13.812	Other specified arthritis, left shoulder	Diagnosis	ICD-10-CM
M13.819	Other specified arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M13.821	Other specified arthritis, right elbow	Diagnosis	ICD-10-CM
M13.822	Other specified arthritis, left elbow	Diagnosis	ICD-10-CM
M13.829	Other specified arthritis, unspecified elbow	Diagnosis	ICD-10-CM
M13.831	Other specified arthritis, right wrist	Diagnosis	ICD-10-CM
M13.832	Other specified arthritis, left wrist	Diagnosis	ICD-10-CM
M13.839	Other specified arthritis, unspecified wrist	Diagnosis	ICD-10-CM
M13.841	Other specified arthritis, right hand	Diagnosis	ICD-10-CM
M13.842	Other specified arthritis, left hand	Diagnosis	ICD-10-CM
M13.849	Other specified arthritis, unspecified hand	Diagnosis	ICD-10-CM
M13.851	Other specified arthritis, right hip	Diagnosis	ICD-10-CM
M13.852	Other specified arthritis, left hip	Diagnosis	ICD-10-CM
M13.859	Other specified arthritis, unspecified hip	Diagnosis	ICD-10-CM
M13.861	Other specified arthritis, right knee	Diagnosis	ICD-10-CM
M13.862	Other specified arthritis, left knee	Diagnosis	ICD-10-CM
M13.869	Other specified arthritis, unspecified knee	Diagnosis	ICD-10-CM
M13.871	Other specified arthritis, right ankle and foot	Diagnosis	ICD-10-CM
M13.872	Other specified arthritis, left ankle and foot	Diagnosis	ICD-10-CM
M13.879	Other specified arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M13.88	Other specified arthritis, other site	Diagnosis	ICD-10-CM
M13.89	Other specified arthritis, multiple sites	Diagnosis	ICD-10-CM
M14.60	Charcot's joint, unspecified site	Diagnosis	ICD-10-CM
M14.611	Charcot's joint, right shoulder	Diagnosis	ICD-10-CM
M14.612	Charcot's joint, left shoulder	Diagnosis	ICD-10-CM
M14.619	Charcot's joint, unspecified shoulder	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M14.621	Charcot's joint, right elbow	Diagnosis	ICD-10-CM
M14.622	Charcot's joint, left elbow	Diagnosis	ICD-10-CM
M14.629	Charcot's joint, unspecified elbow	Diagnosis	ICD-10-CM
M14.631	Charcot's joint, right wrist	Diagnosis	ICD-10-CM
M14.632	Charcot's joint, left wrist	Diagnosis	ICD-10-CM
M14.639	Charcot's joint, unspecified wrist	Diagnosis	ICD-10-CM
M14.641	Charcot's joint, right hand	Diagnosis	ICD-10-CM
M14.642	Charcot's joint, left hand	Diagnosis	ICD-10-CM
M14.649	Charcot's joint, unspecified hand	Diagnosis	ICD-10-CM
M14.651	Charcot's joint, right hip	Diagnosis	ICD-10-CM
M14.652	Charcot's joint, left hip	Diagnosis	ICD-10-CM
M14.659	Charcot's joint, unspecified hip	Diagnosis	ICD-10-CM
M14.661	Charcot's joint, right knee	Diagnosis	ICD-10-CM
M14.662	Charcot's joint, left knee	Diagnosis	ICD-10-CM
M14.669	Charcot's joint, unspecified knee	Diagnosis	ICD-10-CM
M14.671	Charcot's joint, right ankle and foot	Diagnosis	ICD-10-CM
M14.672	Charcot's joint, left ankle and foot	Diagnosis	ICD-10-CM
M14.679	Charcot's joint, unspecified ankle and foot	Diagnosis	ICD-10-CM
M14.68	Charcot's joint, vertebrae	Diagnosis	ICD-10-CM
M14.69	Charcot's joint, multiple sites	Diagnosis	ICD-10-CM
M14.80	Arthropathies in other specified diseases classified elsewhere, unspecified site	Diagnosis	ICD-10-CM
M14.811	Arthropathies in other specified diseases classified elsewhere, right shoulder	Diagnosis	ICD-10-CM
M14.812	Arthropathies in other specified diseases classified elsewhere, left shoulder	Diagnosis	ICD-10-CM
M14.819	Arthropathies in other specified diseases classified elsewhere, unspecified shoulder	Diagnosis	ICD-10-CM
M14.821	Arthropathies in other specified diseases classified elsewhere, right elbow	Diagnosis	ICD-10-CM
M14.822	Arthropathies in other specified diseases classified elsewhere, left elbow	Diagnosis	ICD-10-CM
M14.829	Arthropathies in other specified diseases classified elsewhere, unspecified elbow	Diagnosis	ICD-10-CM
M14.831	Arthropathies in other specified diseases classified elsewhere, right wrist	Diagnosis	ICD-10-CM
M14.832	Arthropathies in other specified diseases classified elsewhere, left wrist	Diagnosis	ICD-10-CM
M14.839	Arthropathies in other specified diseases classified elsewhere, unspecified wrist	Diagnosis	ICD-10-CM
M14.841	Arthropathies in other specified diseases classified elsewhere, right hand	Diagnosis	ICD-10-CM
M14.842	Arthropathies in other specified diseases classified elsewhere, left hand	Diagnosis	ICD-10-CM
M14.849	Arthropathies in other specified diseases classified elsewhere, unspecified hand	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M14.851	Arthropathies in other specified diseases classified elsewhere, right hip	Diagnosis	ICD-10-CM
M14.852	Arthropathies in other specified diseases classified elsewhere, left hip	Diagnosis	ICD-10-CM
M14.859	Arthropathies in other specified diseases classified elsewhere, unspecified hip	Diagnosis	ICD-10-CM
M14.861	Arthropathies in other specified diseases classified elsewhere, right knee	Diagnosis	ICD-10-CM
M14.862	Arthropathies in other specified diseases classified elsewhere, left knee	Diagnosis	ICD-10-CM
M14.869	Arthropathies in other specified diseases classified elsewhere, unspecified knee	Diagnosis	ICD-10-CM
M14.871	Arthropathies in other specified diseases classified elsewhere, right ankle and foot	Diagnosis	ICD-10-CM
M14.872	Arthropathies in other specified diseases classified elsewhere, left ankle and foot	Diagnosis	ICD-10-CM
M14.879	Arthropathies in other specified diseases classified elsewhere, unspecified ankle and foot	Diagnosis	ICD-10-CM
M14.88	Arthropathies in other specified diseases classified elsewhere, vertebrae	Diagnosis	ICD-10-CM
M14.89	Arthropathies in other specified diseases classified elsewhere, multiple sites	Diagnosis	ICD-10-CM
M23.50	Chronic instability of knee, unspecified knee	Diagnosis	ICD-10-CM
M23.51	Chronic instability of knee, right knee	Diagnosis	ICD-10-CM
M23.52	Chronic instability of knee, left knee	Diagnosis	ICD-10-CM
M23.8X9	Other internal derangements of unspecified knee	Diagnosis	ICD-10-CM
M24.00	Loose body in unspecified joint	Diagnosis	ICD-10-CM
M24.011	Loose body in right shoulder	Diagnosis	ICD-10-CM
M24.012	Loose body in left shoulder	Diagnosis	ICD-10-CM
M24.019	Loose body in unspecified shoulder	Diagnosis	ICD-10-CM
M24.021	Loose body in right elbow	Diagnosis	ICD-10-CM
M24.022	Loose body in left elbow	Diagnosis	ICD-10-CM
M24.029	Loose body in unspecified elbow	Diagnosis	ICD-10-CM
M24.031	Loose body in right wrist	Diagnosis	ICD-10-CM
M24.032	Loose body in left wrist	Diagnosis	ICD-10-CM
M24.039	Loose body in unspecified wrist	Diagnosis	ICD-10-CM
M24.041	Loose body in right finger joint(s)	Diagnosis	ICD-10-CM
M24.042	Loose body in left finger joint(s)	Diagnosis	ICD-10-CM
M24.049	Loose body in unspecified finger joint(s)	Diagnosis	ICD-10-CM
M24.051	Loose body in right hip	Diagnosis	ICD-10-CM
M24.052	Loose body in left hip	Diagnosis	ICD-10-CM
M24.059	Loose body in unspecified hip	Diagnosis	ICD-10-CM
M24.071	Loose body in right ankle	Diagnosis	ICD-10-CM
M24.072	Loose body in left ankle	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M24.073	Loose body in unspecified ankle	Diagnosis	ICD-10-CM
M24.074	Loose body in right toe joint(s)	Diagnosis	ICD-10-CM
M24.075	Loose body in left toe joint(s)	Diagnosis	ICD-10-CM
M24.076	Loose body in unspecified toe joints	Diagnosis	ICD-10-CM
M24.08	Loose body, other site	Diagnosis	ICD-10-CM
M24.30	Pathological dislocation of unspecified joint, not elsewhere classified	Diagnosis	ICD-10-CM
M24.311	Pathological dislocation of right shoulder, not elsewhere classified	Diagnosis	ICD-10-CM
M24.312	Pathological dislocation of left shoulder, not elsewhere classified	Diagnosis	ICD-10-CM
M24.319	Pathological dislocation of unspecified shoulder, not elsewhere classified	Diagnosis	ICD-10-CM
M24.321	Pathological dislocation of right elbow, not elsewhere classified	Diagnosis	ICD-10-CM
M24.322	Pathological dislocation of left elbow, not elsewhere classified	Diagnosis	ICD-10-CM
M24.329	Pathological dislocation of unspecified elbow, not elsewhere classified	Diagnosis	ICD-10-CM
M24.331	Pathological dislocation of right wrist, not elsewhere classified	Diagnosis	ICD-10-CM
M24.332	Pathological dislocation of left wrist, not elsewhere classified	Diagnosis	ICD-10-CM
M24.339	Pathological dislocation of unspecified wrist, not elsewhere classified	Diagnosis	ICD-10-CM
M24.341	Pathological dislocation of right hand, not elsewhere classified	Diagnosis	ICD-10-CM
M24.342	Pathological dislocation of left hand, not elsewhere classified	Diagnosis	ICD-10-CM
M24.349	Pathological dislocation of unspecified hand, not elsewhere classified	Diagnosis	ICD-10-CM
M24.351	Pathological dislocation of right hip, not elsewhere classified	Diagnosis	ICD-10-CM
M24.352	Pathological dislocation of left hip, not elsewhere classified	Diagnosis	ICD-10-CM
M24.359	Pathological dislocation of unspecified hip, not elsewhere classified	Diagnosis	ICD-10-CM
M24.361	Pathological dislocation of right knee, not elsewhere classified	Diagnosis	ICD-10-CM
M24.362	Pathological dislocation of left knee, not elsewhere classified	Diagnosis	ICD-10-CM
M24.369	Pathological dislocation of unspecified knee, not elsewhere classified	Diagnosis	ICD-10-CM
M24.371	Pathological dislocation of right ankle, not elsewhere classified	Diagnosis	ICD-10-CM
M24.372	Pathological dislocation of left ankle, not elsewhere classified	Diagnosis	ICD-10-CM
M24.373	Pathological dislocation of unspecified ankle, not elsewhere classified	Diagnosis	ICD-10-CM
M24.374	Pathological dislocation of right foot, not elsewhere classified	Diagnosis	ICD-10-CM
M24.375	Pathological dislocation of left foot, not elsewhere classified	Diagnosis	ICD-10-CM
M24.376	Pathological dislocation of unspecified foot, not elsewhere classified	Diagnosis	ICD-10-CM
M24.60	Ankylosis, unspecified joint	Diagnosis	ICD-10-CM
M24.611	Ankylosis, right shoulder	Diagnosis	ICD-10-CM
M24.612	Ankylosis, left shoulder	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M24.619	Ankylosis, unspecified shoulder	Diagnosis	ICD-10-CM
M24.621	Ankylosis, right elbow	Diagnosis	ICD-10-CM
M24.622	Ankylosis, left elbow	Diagnosis	ICD-10-CM
M24.629	Ankylosis, unspecified elbow	Diagnosis	ICD-10-CM
M24.631	Ankylosis, right wrist	Diagnosis	ICD-10-CM
M24.632	Ankylosis, left wrist	Diagnosis	ICD-10-CM
M24.639	Ankylosis, unspecified wrist	Diagnosis	ICD-10-CM
M24.641	Ankylosis, right hand	Diagnosis	ICD-10-CM
M24.642	Ankylosis, left hand	Diagnosis	ICD-10-CM
M24.649	Ankylosis, unspecified hand	Diagnosis	ICD-10-CM
M24.651	Ankylosis, right hip	Diagnosis	ICD-10-CM
M24.652	Ankylosis, left hip	Diagnosis	ICD-10-CM
M24.659	Ankylosis, unspecified hip	Diagnosis	ICD-10-CM
M24.661	Ankylosis, right knee	Diagnosis	ICD-10-CM
M24.662	Ankylosis, left knee	Diagnosis	ICD-10-CM
M24.669	Ankylosis, unspecified knee	Diagnosis	ICD-10-CM
M24.671	Ankylosis, right ankle	Diagnosis	ICD-10-CM
M24.672	Ankylosis, left ankle	Diagnosis	ICD-10-CM
M24.673	Ankylosis, unspecified ankle	Diagnosis	ICD-10-CM
M24.674	Ankylosis, right foot	Diagnosis	ICD-10-CM
M24.675	Ankylosis, left foot	Diagnosis	ICD-10-CM
M24.676	Ankylosis, unspecified foot	Diagnosis	ICD-10-CM
M24.7	Protrusio acetabuli	Diagnosis	ICD-10-CM
M24.80	Other specific joint derangements of unspecified joint, not elsewhere classified	Diagnosis	ICD-10-CM
M24.811	Other specific joint derangements of right shoulder, not elsewhere classified	Diagnosis	ICD-10-CM
M24.812	Other specific joint derangements of left shoulder, not elsewhere classified	Diagnosis	ICD-10-CM
M24.819	Other specific joint derangements of unspecified shoulder, not elsewhere classified	Diagnosis	ICD-10-CM
M24.821	Other specific joint derangements of right elbow, not elsewhere classified	Diagnosis	ICD-10-CM
M24.822	Other specific joint derangements of left elbow, not elsewhere classified	Diagnosis	ICD-10-CM
M24.829	Other specific joint derangements of unspecified elbow, not elsewhere classified	Diagnosis	ICD-10-CM
M24.831	Other specific joint derangements of right wrist, not elsewhere classified	Diagnosis	ICD-10-CM
M24.832	Other specific joint derangements of left wrist, not elsewhere classified	Diagnosis	ICD-10-CM
M24.839	Other specific joint derangements of unspecified wrist, not elsewhere classified	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M24.841	Other specific joint derangements of right hand, not elsewhere classified	Diagnosis	ICD-10-CM
M24.842	Other specific joint derangements of left hand, not elsewhere classified	Diagnosis	ICD-10-CM
M24.849	Other specific joint derangements of unspecified hand, not elsewhere classified	Diagnosis	ICD-10-CM
M24.851	Other specific joint derangements of right hip, not elsewhere classified	Diagnosis	ICD-10-CM
M24.852	Other specific joint derangements of left hip, not elsewhere classified	Diagnosis	ICD-10-CM
M24.859	Other specific joint derangements of unspecified hip, not elsewhere classified	Diagnosis	ICD-10-CM
M24.871	Other specific joint derangements of right ankle, not elsewhere classified	Diagnosis	ICD-10-CM
M24.872	Other specific joint derangements of left ankle, not elsewhere classified	Diagnosis	ICD-10-CM
M24.873	Other specific joint derangements of unspecified ankle, not elsewhere classified	Diagnosis	ICD-10-CM
M24.874	Other specific joint derangements of right foot, not elsewhere classified	Diagnosis	ICD-10-CM
M24.875	Other specific joint derangements left foot, not elsewhere classified	Diagnosis	ICD-10-CM
M24.876	Other specific joint derangements of unspecified foot, not elsewhere classified	Diagnosis	ICD-10-CM
M24.9	Joint derangement, unspecified	Diagnosis	ICD-10-CM
M25.00	Hemarthrosis, unspecified joint	Diagnosis	ICD-10-CM
M25.011	Hemarthrosis, right shoulder	Diagnosis	ICD-10-CM
M25.012	Hemarthrosis, left shoulder	Diagnosis	ICD-10-CM
M25.019	Hemarthrosis, unspecified shoulder	Diagnosis	ICD-10-CM
M25.021	Hemarthrosis, right elbow	Diagnosis	ICD-10-CM
M25.022	Hemarthrosis, left elbow	Diagnosis	ICD-10-CM
M25.029	Hemarthrosis, unspecified elbow	Diagnosis	ICD-10-CM
M25.031	Hemarthrosis, right wrist	Diagnosis	ICD-10-CM
M25.032	Hemarthrosis, left wrist	Diagnosis	ICD-10-CM
M25.039	Hemarthrosis, unspecified wrist	Diagnosis	ICD-10-CM
M25.041	Hemarthrosis, right hand	Diagnosis	ICD-10-CM
M25.042	Hemarthrosis, left hand	Diagnosis	ICD-10-CM
M25.049	Hemarthrosis, unspecified hand	Diagnosis	ICD-10-CM
M25.051	Hemarthrosis, right hip	Diagnosis	ICD-10-CM
M25.052	Hemarthrosis, left hip	Diagnosis	ICD-10-CM
M25.059	Hemarthrosis, unspecified hip	Diagnosis	ICD-10-CM
M25.061	Hemarthrosis, right knee	Diagnosis	ICD-10-CM
M25.062	Hemarthrosis, left knee	Diagnosis	ICD-10-CM
M25.069	Hemarthrosis, unspecified knee	Diagnosis	ICD-10-CM
M25.071	Hemarthrosis, right ankle	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M25.072	Hemarthrosis, left ankle	Diagnosis	ICD-10-CM
M25.073	Hemarthrosis, unspecified ankle	Diagnosis	ICD-10-CM
M25.074	Hemarthrosis, right foot	Diagnosis	ICD-10-CM
M25.075	Hemarthrosis, left foot	Diagnosis	ICD-10-CM
M25.076	Hemarthrosis, unspecified foot	Diagnosis	ICD-10-CM
M25.08	Hemarthrosis, other specified site	Diagnosis	ICD-10-CM
M25.10	Fistula, unspecified joint	Diagnosis	ICD-10-CM
M25.111	Fistula, right shoulder	Diagnosis	ICD-10-CM
M25.112	Fistula, left shoulder	Diagnosis	ICD-10-CM
M25.119	Fistula, unspecified shoulder	Diagnosis	ICD-10-CM
M25.121	Fistula, right elbow	Diagnosis	ICD-10-CM
M25.122	Fistula, left elbow	Diagnosis	ICD-10-CM
M25.129	Fistula, unspecified elbow	Diagnosis	ICD-10-CM
M25.131	Fistula, right wrist	Diagnosis	ICD-10-CM
M25.132	Fistula, left wrist	Diagnosis	ICD-10-CM
M25.139	Fistula, unspecified wrist	Diagnosis	ICD-10-CM
M25.141	Fistula, right hand	Diagnosis	ICD-10-CM
M25.142	Fistula, left hand	Diagnosis	ICD-10-CM
M25.149	Fistula, unspecified hand	Diagnosis	ICD-10-CM
M25.151	Fistula, right hip	Diagnosis	ICD-10-CM
M25.152	Fistula, left hip	Diagnosis	ICD-10-CM
M25.159	Fistula, unspecified hip	Diagnosis	ICD-10-CM
M25.161	Fistula, right knee	Diagnosis	ICD-10-CM
M25.162	Fistula, left knee	Diagnosis	ICD-10-CM
M25.169	Fistula, unspecified knee	Diagnosis	ICD-10-CM
M25.171	Fistula, right ankle	Diagnosis	ICD-10-CM
M25.172	Fistula, left ankle	Diagnosis	ICD-10-CM
M25.173	Fistula, unspecified ankle	Diagnosis	ICD-10-CM
M25.174	Fistula, right foot	Diagnosis	ICD-10-CM
M25.175	Fistula, left foot	Diagnosis	ICD-10-CM
M25.176	Fistula, unspecified foot	Diagnosis	ICD-10-CM
M25.18	Fistula, other specified site	Diagnosis	ICD-10-CM
M25.20	Flail joint, unspecified joint	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M25.211	Flail joint, right shoulder	Diagnosis	ICD-10-CM
M25.212	Flail joint, left shoulder	Diagnosis	ICD-10-CM
M25.219	Flail joint, unspecified shoulder	Diagnosis	ICD-10-CM
M25.221	Flail joint, right elbow	Diagnosis	ICD-10-CM
M25.222	Flail joint, left elbow	Diagnosis	ICD-10-CM
M25.229	Flail joint, unspecified elbow	Diagnosis	ICD-10-CM
M25.231	Flail joint, right wrist	Diagnosis	ICD-10-CM
M25.232	Flail joint, left wrist	Diagnosis	ICD-10-CM
M25.239	Flail joint, unspecified wrist	Diagnosis	ICD-10-CM
M25.241	Flail joint, right hand	Diagnosis	ICD-10-CM
M25.242	Flail joint, left hand	Diagnosis	ICD-10-CM
M25.249	Flail joint, unspecified hand	Diagnosis	ICD-10-CM
M25.251	Flail joint, right hip	Diagnosis	ICD-10-CM
M25.252	Flail joint, left hip	Diagnosis	ICD-10-CM
M25.259	Flail joint, unspecified hip	Diagnosis	ICD-10-CM
M25.261	Flail joint, right knee	Diagnosis	ICD-10-CM
M25.262	Flail joint, left knee	Diagnosis	ICD-10-CM
M25.269	Flail joint, unspecified knee	Diagnosis	ICD-10-CM
M25.271	Flail joint, right ankle and foot	Diagnosis	ICD-10-CM
M25.272	Flail joint, left ankle and foot	Diagnosis	ICD-10-CM
M25.279	Flail joint, unspecified ankle and foot	Diagnosis	ICD-10-CM
M25.28	Flail joint, other site	Diagnosis	ICD-10-CM
M25.30	Other instability, unspecified joint	Diagnosis	ICD-10-CM
M25.311	Other instability, right shoulder	Diagnosis	ICD-10-CM
M25.312	Other instability, left shoulder	Diagnosis	ICD-10-CM
M25.319	Other instability, unspecified shoulder	Diagnosis	ICD-10-CM
M25.321	Other instability, right elbow	Diagnosis	ICD-10-CM
M25.322	Other instability, left elbow	Diagnosis	ICD-10-CM
M25.329	Other instability, unspecified elbow	Diagnosis	ICD-10-CM
M25.331	Other instability, right wrist	Diagnosis	ICD-10-CM
M25.332	Other instability, left wrist	Diagnosis	ICD-10-CM
M25.339	Other instability, unspecified wrist	Diagnosis	ICD-10-CM
M25.341	Other instability, right hand	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M25.342	Other instability, left hand	Diagnosis	ICD-10-CM
M25.349	Other instability, unspecified hand	Diagnosis	ICD-10-CM
M25.351	Other instability, right hip	Diagnosis	ICD-10-CM
M25.352	Other instability, left hip	Diagnosis	ICD-10-CM
M25.359	Other instability, unspecified hip	Diagnosis	ICD-10-CM
M25.361	Other instability, right knee	Diagnosis	ICD-10-CM
M25.362	Other instability, left knee	Diagnosis	ICD-10-CM
M25.369	Other instability, unspecified knee	Diagnosis	ICD-10-CM
M25.371	Other instability, right ankle	Diagnosis	ICD-10-CM
M25.372	Other instability, left ankle	Diagnosis	ICD-10-CM
M25.373	Other instability, unspecified ankle	Diagnosis	ICD-10-CM
M25.374	Other instability, right foot	Diagnosis	ICD-10-CM
M25.375	Other instability, left foot	Diagnosis	ICD-10-CM
M25.376	Other instability, unspecified foot	Diagnosis	ICD-10-CM
M25.40	Effusion, unspecified joint	Diagnosis	ICD-10-CM
M25.411	Effusion, right shoulder	Diagnosis	ICD-10-CM
M25.412	Effusion, left shoulder	Diagnosis	ICD-10-CM
M25.419	Effusion, unspecified shoulder	Diagnosis	ICD-10-CM
M25.421	Effusion, right elbow	Diagnosis	ICD-10-CM
M25.422	Effusion, left elbow	Diagnosis	ICD-10-CM
M25.429	Effusion, unspecified elbow	Diagnosis	ICD-10-CM
M25.431	Effusion, right wrist	Diagnosis	ICD-10-CM
M25.432	Effusion, left wrist	Diagnosis	ICD-10-CM
M25.439	Effusion, unspecified wrist	Diagnosis	ICD-10-CM
M25.441	Effusion, right hand	Diagnosis	ICD-10-CM
M25.442	Effusion, left hand	Diagnosis	ICD-10-CM
M25.449	Effusion, unspecified hand	Diagnosis	ICD-10-CM
M25.451	Effusion, right hip	Diagnosis	ICD-10-CM
M25.452	Effusion, left hip	Diagnosis	ICD-10-CM
M25.459	Effusion, unspecified hip	Diagnosis	ICD-10-CM
M25.461	Effusion, right knee	Diagnosis	ICD-10-CM
M25.462	Effusion, left knee	Diagnosis	ICD-10-CM
M25.469	Effusion, unspecified knee	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M25.471	Effusion, right ankle	Diagnosis	ICD-10-CM
M25.472	Effusion, left ankle	Diagnosis	ICD-10-CM
M25.473	Effusion, unspecified ankle	Diagnosis	ICD-10-CM
M25.474	Effusion, right foot	Diagnosis	ICD-10-CM
M25.475	Effusion, left foot	Diagnosis	ICD-10-CM
M25.476	Effusion, unspecified foot	Diagnosis	ICD-10-CM
M25.48	Effusion, other site	Diagnosis	ICD-10-CM
M25.50	Pain in unspecified joint	Diagnosis	ICD-10-CM
M25.511	Pain in right shoulder	Diagnosis	ICD-10-CM
M25.512	Pain in left shoulder	Diagnosis	ICD-10-CM
M25.519	Pain in unspecified shoulder	Diagnosis	ICD-10-CM
M25.521	Pain in right elbow	Diagnosis	ICD-10-CM
M25.522	Pain in left elbow	Diagnosis	ICD-10-CM
M25.529	Pain in unspecified elbow	Diagnosis	ICD-10-CM
M25.531	Pain in right wrist	Diagnosis	ICD-10-CM
M25.532	Pain in left wrist	Diagnosis	ICD-10-CM
M25.539	Pain in unspecified wrist	Diagnosis	ICD-10-CM
M25.541	Pain in joints of right hand	Diagnosis	ICD-10-CM
M25.542	Pain in joints of left hand	Diagnosis	ICD-10-CM
M25.549	Pain in joints of unspecified hand	Diagnosis	ICD-10-CM
M25.551	Pain in right hip	Diagnosis	ICD-10-CM
M25.552	Pain in left hip	Diagnosis	ICD-10-CM
M25.559	Pain in unspecified hip	Diagnosis	ICD-10-CM
M25.561	Pain in right knee	Diagnosis	ICD-10-CM
M25.562	Pain in left knee	Diagnosis	ICD-10-CM
M25.569	Pain in unspecified knee	Diagnosis	ICD-10-CM
M25.571	Pain in right ankle and joints of right foot	Diagnosis	ICD-10-CM
M25.572	Pain in left ankle and joints of left foot	Diagnosis	ICD-10-CM
M25.579	Pain in unspecified ankle and joints of unspecified foot	Diagnosis	ICD-10-CM
M25.60	Stiffness of unspecified joint, not elsewhere classified	Diagnosis	ICD-10-CM
M25.611	Stiffness of right shoulder, not elsewhere classified	Diagnosis	ICD-10-CM
M25.612	Stiffness of left shoulder, not elsewhere classified	Diagnosis	ICD-10-CM
M25.619	Stiffness of unspecified shoulder, not elsewhere classified	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M25.621	Stiffness of right elbow, not elsewhere classified	Diagnosis	ICD-10-CM
M25.622	Stiffness of left elbow, not elsewhere classified	Diagnosis	ICD-10-CM
M25.629	Stiffness of unspecified elbow, not elsewhere classified	Diagnosis	ICD-10-CM
M25.631	Stiffness of right wrist, not elsewhere classified	Diagnosis	ICD-10-CM
M25.632	Stiffness of left wrist, not elsewhere classified	Diagnosis	ICD-10-CM
M25.639	Stiffness of unspecified wrist, not elsewhere classified	Diagnosis	ICD-10-CM
M25.641	Stiffness of right hand, not elsewhere classified	Diagnosis	ICD-10-CM
M25.642	Stiffness of left hand, not elsewhere classified	Diagnosis	ICD-10-CM
M25.649	Stiffness of unspecified hand, not elsewhere classified	Diagnosis	ICD-10-CM
M25.651	Stiffness of right hip, not elsewhere classified	Diagnosis	ICD-10-CM
M25.652	Stiffness of left hip, not elsewhere classified	Diagnosis	ICD-10-CM
M25.659	Stiffness of unspecified hip, not elsewhere classified	Diagnosis	ICD-10-CM
M25.661	Stiffness of right knee, not elsewhere classified	Diagnosis	ICD-10-CM
M25.662	Stiffness of left knee, not elsewhere classified	Diagnosis	ICD-10-CM
M25.669	Stiffness of unspecified knee, not elsewhere classified	Diagnosis	ICD-10-CM
M25.671	Stiffness of right ankle, not elsewhere classified	Diagnosis	ICD-10-CM
M25.672	Stiffness of left ankle, not elsewhere classified	Diagnosis	ICD-10-CM
M25.673	Stiffness of unspecified ankle, not elsewhere classified	Diagnosis	ICD-10-CM
M25.674	Stiffness of right foot, not elsewhere classified	Diagnosis	ICD-10-CM
M25.675	Stiffness of left foot, not elsewhere classified	Diagnosis	ICD-10-CM
M25.676	Stiffness of unspecified foot, not elsewhere classified	Diagnosis	ICD-10-CM
M25.78	Osteophyte, vertebrae	Diagnosis	ICD-10-CM
M25.80	Other specified joint disorders, unspecified joint	Diagnosis	ICD-10-CM
M25.811	Other specified joint disorders, right shoulder	Diagnosis	ICD-10-CM
M25.812	Other specified joint disorders, left shoulder	Diagnosis	ICD-10-CM
M25.819	Other specified joint disorders, unspecified shoulder	Diagnosis	ICD-10-CM
M25.821	Other specified joint disorders, right elbow	Diagnosis	ICD-10-CM
M25.822	Other specified joint disorders, left elbow	Diagnosis	ICD-10-CM
M25.829	Other specified joint disorders, unspecified elbow	Diagnosis	ICD-10-CM
M25.831	Other specified joint disorders, right wrist	Diagnosis	ICD-10-CM
M25.832	Other specified joint disorders, left wrist	Diagnosis	ICD-10-CM
M25.839	Other specified joint disorders, unspecified wrist	Diagnosis	ICD-10-CM
M25.841	Other specified joint disorders, right hand	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M25.842	Other specified joint disorders, left hand	Diagnosis	ICD-10-CM
M25.849	Other specified joint disorders, unspecified hand	Diagnosis	ICD-10-CM
M25.851	Other specified joint disorders, right hip	Diagnosis	ICD-10-CM
M25.852	Other specified joint disorders, left hip	Diagnosis	ICD-10-CM
M25.859	Other specified joint disorders, unspecified hip	Diagnosis	ICD-10-CM
M25.861	Other specified joint disorders, right knee	Diagnosis	ICD-10-CM
M25.862	Other specified joint disorders, left knee	Diagnosis	ICD-10-CM
M25.869	Other specified joint disorders, unspecified knee	Diagnosis	ICD-10-CM
M25.871	Other specified joint disorders, right ankle and foot	Diagnosis	ICD-10-CM
M25.872	Other specified joint disorders, left ankle and foot	Diagnosis	ICD-10-CM
M25.879	Other specified joint disorders, unspecified ankle and foot	Diagnosis	ICD-10-CM
M25.9	Joint disorder, unspecified	Diagnosis	ICD-10-CM
M36.1	Arthropathy in neoplastic disease	Diagnosis	ICD-10-CM
M36.2	Hemophilic arthropathy	Diagnosis	ICD-10-CM
M36.3	Arthropathy in other blood disorders	Diagnosis	ICD-10-CM
M36.4	Arthropathy in hypersensitivity reactions classified elsewhere	Diagnosis	ICD-10-CM
M43.20	Fusion of spine, site unspecified	Diagnosis	ICD-10-CM
M43.21	Fusion of spine, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M43.22	Fusion of spine, cervical region	Diagnosis	ICD-10-CM
M43.23	Fusion of spine, cervicothoracic region	Diagnosis	ICD-10-CM
M43.24	Fusion of spine, thoracic region	Diagnosis	ICD-10-CM
M43.25	Fusion of spine, thoracolumbar region	Diagnosis	ICD-10-CM
M43.26	Fusion of spine, lumbar region	Diagnosis	ICD-10-CM
M43.27	Fusion of spine, lumbosacral region	Diagnosis	ICD-10-CM
M43.28	Fusion of spine, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M43.6	Torticollis	Diagnosis	ICD-10-CM
M43.8X9	Other specified deforming dorsopathies, site unspecified	Diagnosis	ICD-10-CM
M46.00	Spinal enthesopathy, site unspecified	Diagnosis	ICD-10-CM
M46.01	Spinal enthesopathy, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M46.02	Spinal enthesopathy, cervical region	Diagnosis	ICD-10-CM
M46.03	Spinal enthesopathy, cervicothoracic region	Diagnosis	ICD-10-CM
M46.04	Spinal enthesopathy, thoracic region	Diagnosis	ICD-10-CM
M46.05	Spinal enthesopathy, thoracolumbar region	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M46.06	Spinal enthesopathy, lumbar region	Diagnosis	ICD-10-CM
M46.07	Spinal enthesopathy, lumbosacral region	Diagnosis	ICD-10-CM
M46.08	Spinal enthesopathy, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M46.09	Spinal enthesopathy, multiple sites in spine	Diagnosis	ICD-10-CM
M46.1	Sacroiliitis, not elsewhere classified	Diagnosis	ICD-10-CM
M46.40	Discitis, unspecified, site unspecified	Diagnosis	ICD-10-CM
M46.41	Discitis, unspecified, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M46.42	Discitis, unspecified, cervical region	Diagnosis	ICD-10-CM
M46.43	Discitis, unspecified, cervicothoracic region	Diagnosis	ICD-10-CM
M46.44	Discitis, unspecified, thoracic region	Diagnosis	ICD-10-CM
M46.45	Discitis, unspecified, thoracolumbar region	Diagnosis	ICD-10-CM
M46.46	Discitis, unspecified, lumbar region	Diagnosis	ICD-10-CM
M46.47	Discitis, unspecified, lumbosacral region	Diagnosis	ICD-10-CM
M46.48	Discitis, unspecified, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M46.49	Discitis, unspecified, multiple sites in spine	Diagnosis	ICD-10-CM
M46.50	Other infective spondylopathies, site unspecified	Diagnosis	ICD-10-CM
M46.51	Other infective spondylopathies, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M46.52	Other infective spondylopathies, cervical region	Diagnosis	ICD-10-CM
M46.53	Other infective spondylopathies, cervicothoracic region	Diagnosis	ICD-10-CM
M46.54	Other infective spondylopathies, thoracic region	Diagnosis	ICD-10-CM
M46.55	Other infective spondylopathies, thoracolumbar region	Diagnosis	ICD-10-CM
M46.56	Other infective spondylopathies, lumbar region	Diagnosis	ICD-10-CM
M46.57	Other infective spondylopathies, lumbosacral region	Diagnosis	ICD-10-CM
M46.58	Other infective spondylopathies, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M46.59	Other infective spondylopathies, multiple sites in spine	Diagnosis	ICD-10-CM
M46.80	Other specified inflammatory spondylopathies, site unspecified	Diagnosis	ICD-10-CM
M46.81	Other specified inflammatory spondylopathies, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M46.82	Other specified inflammatory spondylopathies, cervical region	Diagnosis	ICD-10-CM
M46.83	Other specified inflammatory spondylopathies, cervicothoracic region	Diagnosis	ICD-10-CM
M46.84	Other specified inflammatory spondylopathies, thoracic region	Diagnosis	ICD-10-CM
M46.85	Other specified inflammatory spondylopathies, thoracolumbar region	Diagnosis	ICD-10-CM
M46.86	Other specified inflammatory spondylopathies, lumbar region	Diagnosis	ICD-10-CM
M46.87	Other specified inflammatory spondylopathies, lumbosacral region	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M46.88	Other specified inflammatory spondylopathies, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M46.89	Other specified inflammatory spondylopathies, multiple sites in spine	Diagnosis	ICD-10-CM
M46.90	Unspecified inflammatory spondylopathy, site unspecified	Diagnosis	ICD-10-CM
M46.91	Unspecified inflammatory spondylopathy, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M46.92	Unspecified inflammatory spondylopathy, cervical region	Diagnosis	ICD-10-CM
M46.93	Unspecified inflammatory spondylopathy, cervicothoracic region	Diagnosis	ICD-10-CM
M46.94	Unspecified inflammatory spondylopathy, thoracic region	Diagnosis	ICD-10-CM
M46.95	Unspecified inflammatory spondylopathy, thoracolumbar region	Diagnosis	ICD-10-CM
M46.96	Unspecified inflammatory spondylopathy, lumbar region	Diagnosis	ICD-10-CM
M46.97	Unspecified inflammatory spondylopathy, lumbosacral region	Diagnosis	ICD-10-CM
M46.98	Unspecified inflammatory spondylopathy, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M46.99	Unspecified inflammatory spondylopathy, multiple sites in spine	Diagnosis	ICD-10-CM
M47.011	Anterior spinal artery compression syndromes, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M47.012	Anterior spinal artery compression syndromes, cervical region	Diagnosis	ICD-10-CM
M47.013	Anterior spinal artery compression syndromes, cervicothoracic region	Diagnosis	ICD-10-CM
M47.014	Anterior spinal artery compression syndromes, thoracic region	Diagnosis	ICD-10-CM
M47.015	Anterior spinal artery compression syndromes, thoracolumbar region	Diagnosis	ICD-10-CM
M47.016	Anterior spinal artery compression syndromes, lumbar region	Diagnosis	ICD-10-CM
M47.019	Anterior spinal artery compression syndromes, site unspecified	Diagnosis	ICD-10-CM
M47.021	Vertebral artery compression syndromes, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M47.022	Vertebral artery compression syndromes, cervical region	Diagnosis	ICD-10-CM
M47.029	Vertebral artery compression syndromes, site unspecified	Diagnosis	ICD-10-CM
M47.10	Other spondylosis with myelopathy, site unspecified	Diagnosis	ICD-10-CM
M47.11	Other spondylosis with myelopathy, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M47.12	Other spondylosis with myelopathy, cervical region	Diagnosis	ICD-10-CM
M47.13	Other spondylosis with myelopathy, cervicothoracic region	Diagnosis	ICD-10-CM
M47.14	Other spondylosis with myelopathy, thoracic region	Diagnosis	ICD-10-CM
M47.15	Other spondylosis with myelopathy, thoracolumbar region	Diagnosis	ICD-10-CM
M47.16	Other spondylosis with myelopathy, lumbar region	Diagnosis	ICD-10-CM
M47.20	Other spondylosis with radiculopathy, site unspecified	Diagnosis	ICD-10-CM
M47.21	Other spondylosis with radiculopathy, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M47.22	Other spondylosis with radiculopathy, cervical region	Diagnosis	ICD-10-CM
M47.23	Other spondylosis with radiculopathy, cervicothoracic region	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M47.24	Other spondylosis with radiculopathy, thoracic region	Diagnosis	ICD-10-CM
M47.25	Other spondylosis with radiculopathy, thoracolumbar region	Diagnosis	ICD-10-CM
M47.26	Other spondylosis with radiculopathy, lumbar region	Diagnosis	ICD-10-CM
M47.27	Other spondylosis with radiculopathy, lumbosacral region	Diagnosis	ICD-10-CM
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M47.811	Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M47.812	Spondylosis without myelopathy or radiculopathy, cervical region	Diagnosis	ICD-10-CM
M47.813	Spondylosis without myelopathy or radiculopathy, cervicothoracic region	Diagnosis	ICD-10-CM
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region	Diagnosis	ICD-10-CM
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region	Diagnosis	ICD-10-CM
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region	Diagnosis	ICD-10-CM
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region	Diagnosis	ICD-10-CM
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M47.819	Spondylosis without myelopathy or radiculopathy, site unspecified	Diagnosis	ICD-10-CM
M47.891	Other spondylosis, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M47.892	Other spondylosis, cervical region	Diagnosis	ICD-10-CM
M47.893	Other spondylosis, cervicothoracic region	Diagnosis	ICD-10-CM
M47.894	Other spondylosis, thoracic region	Diagnosis	ICD-10-CM
M47.895	Other spondylosis, thoracolumbar region	Diagnosis	ICD-10-CM
M47.896	Other spondylosis, lumbar region	Diagnosis	ICD-10-CM
M47.897	Other spondylosis, lumbosacral region	Diagnosis	ICD-10-CM
M47.898	Other spondylosis, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M47.899	Other spondylosis, site unspecified	Diagnosis	ICD-10-CM
M47.9	Spondylosis, unspecified	Diagnosis	ICD-10-CM
M48.00	Spinal stenosis, site unspecified	Diagnosis	ICD-10-CM
M48.01	Spinal stenosis, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M48.02	Spinal stenosis, cervical region	Diagnosis	ICD-10-CM
M48.03	Spinal stenosis, cervicothoracic region	Diagnosis	ICD-10-CM
M48.04	Spinal stenosis, thoracic region	Diagnosis	ICD-10-CM
M48.05	Spinal stenosis, thoracolumbar region	Diagnosis	ICD-10-CM
M48.06	Spinal stenosis, lumbar region	Diagnosis	ICD-10-CM
M48.061	Spinal stenosis, lumbar region without neurogenic claudication	Diagnosis	ICD-10-CM
M48.062	Spinal stenosis, lumbar region with neurogenic claudication	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M48.07	Spinal stenosis, lumbosacral region	Diagnosis	ICD-10-CM
M48.08	Spinal stenosis, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M48.10	Ankylosing hyperostosis [Forestier], site unspecified	Diagnosis	ICD-10-CM
M48.11	Ankylosing hyperostosis [Forestier], occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M48.12	Ankylosing hyperostosis [Forestier], cervical region	Diagnosis	ICD-10-CM
M48.13	Ankylosing hyperostosis [Forestier], cervicothoracic region	Diagnosis	ICD-10-CM
M48.14	Ankylosing hyperostosis [Forestier], thoracic region	Diagnosis	ICD-10-CM
M48.15	Ankylosing hyperostosis [Forestier], thoracolumbar region	Diagnosis	ICD-10-CM
M48.16	Ankylosing hyperostosis [Forestier], lumbar region	Diagnosis	ICD-10-CM
M48.17	Ankylosing hyperostosis [Forestier], lumbosacral region	Diagnosis	ICD-10-CM
M48.18	Ankylosing hyperostosis [Forestier], sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M48.19	Ankylosing hyperostosis [Forestier], multiple sites in spine	Diagnosis	ICD-10-CM
M48.20	Kissing spine, site unspecified	Diagnosis	ICD-10-CM
M48.21	Kissing spine, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M48.22	Kissing spine, cervical region	Diagnosis	ICD-10-CM
M48.23	Kissing spine, cervicothoracic region	Diagnosis	ICD-10-CM
M48.24	Kissing spine, thoracic region	Diagnosis	ICD-10-CM
M48.25	Kissing spine, thoracolumbar region	Diagnosis	ICD-10-CM
M48.26	Kissing spine, lumbar region	Diagnosis	ICD-10-CM
M48.27	Kissing spine, lumbosacral region	Diagnosis	ICD-10-CM
M48.30	Traumatic spondylopathy, site unspecified	Diagnosis	ICD-10-CM
M48.31	Traumatic spondylopathy, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M48.32	Traumatic spondylopathy, cervical region	Diagnosis	ICD-10-CM
M48.33	Traumatic spondylopathy, cervicothoracic region	Diagnosis	ICD-10-CM
M48.34	Traumatic spondylopathy, thoracic region	Diagnosis	ICD-10-CM
M48.35	Traumatic spondylopathy, thoracolumbar region	Diagnosis	ICD-10-CM
M48.36	Traumatic spondylopathy, lumbar region	Diagnosis	ICD-10-CM
M48.37	Traumatic spondylopathy, lumbosacral region	Diagnosis	ICD-10-CM
M48.38	Traumatic spondylopathy, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M48.40XA	Fatigue fracture of vertebra, site unspecified, initial encounter for fracture	Diagnosis	ICD-10-CM
M48.41XA	Fatigue fracture of vertebra, occipito-atlanto-axial region, initial encounter for fracture	Diagnosis	ICD-10-CM
M48.42XA	Fatigue fracture of vertebra, cervical region, initial encounter for fracture	Diagnosis	ICD-10-CM
M48.43XA	Fatigue fracture of vertebra, cervicothoracic region, initial encounter for fracture	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M48.44XA	Fatigue fracture of vertebra, thoracic region, initial encounter for fracture	Diagnosis	ICD-10-CM
M48.45XA	Fatigue fracture of vertebra, thoracolumbar region, initial encounter for fracture	Diagnosis	ICD-10-CM
M48.46XA	Fatigue fracture of vertebra, lumbar region, initial encounter for fracture	Diagnosis	ICD-10-CM
M48.47XA	Fatigue fracture of vertebra, lumbosacral region, initial encounter for fracture	Diagnosis	ICD-10-CM
M48.48XA	Fatigue fracture of vertebra, sacral and sacrococcygeal region, initial encounter for fracture	Diagnosis	ICD-10-CM
M48.50XA	Collapsed vertebra, not elsewhere classified, site unspecified, initial encounter for fracture	Diagnosis	ICD-10-CM
M48.51XA	Collapsed vertebra, not elsewhere classified, occipito-atlanto-axial region, initial encounter for fracture	Diagnosis	ICD-10-CM
M48.52XA	Collapsed vertebra, not elsewhere classified, cervical region, initial encounter for fracture	Diagnosis	ICD-10-CM
M48.53XA	Collapsed vertebra, not elsewhere classified, cervicothoracic region, initial encounter for fracture	Diagnosis	ICD-10-CM
M48.54XA	Collapsed vertebra, not elsewhere classified, thoracic region, initial encounter for fracture	Diagnosis	ICD-10-CM
M48.55XA	Collapsed vertebra, not elsewhere classified, thoracolumbar region, initial encounter for fracture	Diagnosis	ICD-10-CM
M48.56XA	Collapsed vertebra, not elsewhere classified, lumbar region, initial encounter for fracture	Diagnosis	ICD-10-CM
M48.57XA	Collapsed vertebra, not elsewhere classified, lumbosacral region, initial encounter for fracture	Diagnosis	ICD-10-CM
M48.58XA	Collapsed vertebra, not elsewhere classified, sacral and sacrococcygeal region, initial encounter for fracture	Diagnosis	ICD-10-CM
M48.9	Spondylopathy, unspecified	Diagnosis	ICD-10-CM
M49.80	Spondylopathy in diseases classified elsewhere, site unspecified	Diagnosis	ICD-10-CM
M49.81	Spondylopathy in diseases classified elsewhere, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M49.82	Spondylopathy in diseases classified elsewhere, cervical region	Diagnosis	ICD-10-CM
M49.83	Spondylopathy in diseases classified elsewhere, cervicothoracic region	Diagnosis	ICD-10-CM
M49.84	Spondylopathy in diseases classified elsewhere, thoracic region	Diagnosis	ICD-10-CM
M49.85	Spondylopathy in diseases classified elsewhere, thoracolumbar region	Diagnosis	ICD-10-CM
M49.86	Spondylopathy in diseases classified elsewhere, lumbar region	Diagnosis	ICD-10-CM
M49.87	Spondylopathy in diseases classified elsewhere, lumbosacral region	Diagnosis	ICD-10-CM
M49.88	Spondylopathy in diseases classified elsewhere, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M49.89	Spondylopathy in diseases classified elsewhere, multiple sites in spine	Diagnosis	ICD-10-CM
M50.00	Cervical disc disorder with myelopathy, unspecified cervical region	Diagnosis	ICD-10-CM
M50.01	Cervical disc disorder with myelopathy, high cervical region	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M50.02	Cervical disc disorder with myelopathy, mid-cervical region	Diagnosis	ICD-10-CM
M50.020	Cervical disc disorder with myelopathy, mid-cervical region, unspecified level	Diagnosis	ICD-10-CM
M50.021	Cervical disc disorder at C4-C5 level with myelopathy	Diagnosis	ICD-10-CM
M50.022	Cervical disc disorder at C5-C6 level with myelopathy	Diagnosis	ICD-10-CM
M50.023	Cervical disc disorder at C6-C7 level with myelopathy	Diagnosis	ICD-10-CM
M50.03	Cervical disc disorder with myelopathy, cervicothoracic region	Diagnosis	ICD-10-CM
M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region	Diagnosis	ICD-10-CM
M50.11	Cervical disc disorder with radiculopathy, high cervical region	Diagnosis	ICD-10-CM
M50.12	Cervical disc disorder with radiculopathy, mid-cervical region	Diagnosis	ICD-10-CM
M50.120	Mid-cervical disc disorder, unspecified	Diagnosis	ICD-10-CM
M50.121	Cervical disc disorder at C4-C5 level with radiculopathy	Diagnosis	ICD-10-CM
M50.122	Cervical disc disorder at C5-C6 level with radiculopathy	Diagnosis	ICD-10-CM
M50.123	Cervical disc disorder at C6-C7 level with radiculopathy	Diagnosis	ICD-10-CM
M50.13	Cervical disc disorder with radiculopathy, cervicothoracic region	Diagnosis	ICD-10-CM
M50.20	Other cervical disc displacement, unspecified cervical region	Diagnosis	ICD-10-CM
M50.21	Other cervical disc displacement, high cervical region	Diagnosis	ICD-10-CM
M50.22	Other cervical disc displacement, mid-cervical region	Diagnosis	ICD-10-CM
M50.220	Other cervical disc displacement, mid-cervical region, unspecified level	Diagnosis	ICD-10-CM
M50.221	Other cervical disc displacement at C4-C5 level	Diagnosis	ICD-10-CM
M50.222	Other cervical disc displacement at C5-C6 level	Diagnosis	ICD-10-CM
M50.223	Other cervical disc displacement at C6-C7 level	Diagnosis	ICD-10-CM
M50.23	Other cervical disc displacement, cervicothoracic region	Diagnosis	ICD-10-CM
M50.30	Other cervical disc degeneration, unspecified cervical region	Diagnosis	ICD-10-CM
M50.31	Other cervical disc degeneration, high cervical region	Diagnosis	ICD-10-CM
M50.32	Other cervical disc degeneration, mid-cervical region	Diagnosis	ICD-10-CM
M50.320	Other cervical disc degeneration, mid-cervical region, unspecified level	Diagnosis	ICD-10-CM
M50.321	Other cervical disc degeneration at C4-C5 level	Diagnosis	ICD-10-CM
M50.322	Other cervical disc degeneration at C5-C6 level	Diagnosis	ICD-10-CM
M50.323	Other cervical disc degeneration at C6-C7 level	Diagnosis	ICD-10-CM
M50.33	Other cervical disc degeneration, cervicothoracic region	Diagnosis	ICD-10-CM
M50.80	Other cervical disc disorders, unspecified cervical region	Diagnosis	ICD-10-CM
M50.81	Other cervical disc disorders, high cervical region	Diagnosis	ICD-10-CM
M50.82	Other cervical disc disorders, mid-cervical region	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M50.820	Other cervical disc disorders, mid-cervical region, unspecified level	Diagnosis	ICD-10-CM
M50.821	Other cervical disc disorders at C4-C5 level	Diagnosis	ICD-10-CM
M50.822	Other cervical disc disorders at C5-C6 level	Diagnosis	ICD-10-CM
M50.823	Other cervical disc disorders at C6-C7 level	Diagnosis	ICD-10-CM
M50.83	Other cervical disc disorders, cervicothoracic region	Diagnosis	ICD-10-CM
M50.90	Cervical disc disorder, unspecified, unspecified cervical region	Diagnosis	ICD-10-CM
M50.91	Cervical disc disorder, unspecified, high cervical region	Diagnosis	ICD-10-CM
M50.92	Cervical disc disorder, unspecified, mid-cervical region	Diagnosis	ICD-10-CM
M50.920	Unspecified cervical disc disorder, mid-cervical region, unspecified level	Diagnosis	ICD-10-CM
M50.921	Unspecified cervical disc disorder at C4-C5 level	Diagnosis	ICD-10-CM
M50.922	Unspecified cervical disc disorder at C5-C6 level	Diagnosis	ICD-10-CM
M50.923	Unspecified cervical disc disorder at C6-C7 level	Diagnosis	ICD-10-CM
M50.93	Cervical disc disorder, unspecified, cervicothoracic region	Diagnosis	ICD-10-CM
M51.04	Intervertebral disc disorders with myelopathy, thoracic region	Diagnosis	ICD-10-CM
M51.05	Intervertebral disc disorders with myelopathy, thoracolumbar region	Diagnosis	ICD-10-CM
M51.06	Intervertebral disc disorders with myelopathy, lumbar region	Diagnosis	ICD-10-CM
M51.14	Intervertebral disc disorders with radiculopathy, thoracic region	Diagnosis	ICD-10-CM
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region	Diagnosis	ICD-10-CM
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region	Diagnosis	ICD-10-CM
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region	Diagnosis	ICD-10-CM
M51.24	Other intervertebral disc displacement, thoracic region	Diagnosis	ICD-10-CM
M51.25	Other intervertebral disc displacement, thoracolumbar region	Diagnosis	ICD-10-CM
M51.26	Other intervertebral disc displacement, lumbar region	Diagnosis	ICD-10-CM
M51.27	Other intervertebral disc displacement, lumbosacral region	Diagnosis	ICD-10-CM
M51.34	Other intervertebral disc degeneration, thoracic region	Diagnosis	ICD-10-CM
M51.35	Other intervertebral disc degeneration, thoracolumbar region	Diagnosis	ICD-10-CM
M51.36	Other intervertebral disc degeneration, lumbar region	Diagnosis	ICD-10-CM
M51.37	Other intervertebral disc degeneration, lumbosacral region	Diagnosis	ICD-10-CM
M51.44	Schmorl's nodes, thoracic region	Diagnosis	ICD-10-CM
M51.45	Schmorl's nodes, thoracolumbar region	Diagnosis	ICD-10-CM
M51.46	Schmorl's nodes, lumbar region	Diagnosis	ICD-10-CM
M51.47	Schmorl's nodes, lumbosacral region	Diagnosis	ICD-10-CM
M51.84	Other intervertebral disc disorders, thoracic region	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M51.85	Other intervertebral disc disorders, thoracolumbar region	Diagnosis	ICD-10-CM
M51.86	Other intervertebral disc disorders, lumbar region	Diagnosis	ICD-10-CM
M51.87	Other intervertebral disc disorders, lumbosacral region	Diagnosis	ICD-10-CM
M51.9	Unspecified thoracic, thoracolumbar and lumbosacral intervertebral disc disorder	Diagnosis	ICD-10-CM
M53.0	Cervicocranial syndrome	Diagnosis	ICD-10-CM
M53.1	Cervicobrachial syndrome	Diagnosis	ICD-10-CM
M53.2X1	Spinal instabilities, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M53.2X2	Spinal instabilities, cervical region	Diagnosis	ICD-10-CM
M53.2X3	Spinal instabilities, cervicothoracic region	Diagnosis	ICD-10-CM
M53.2X4	Spinal instabilities, thoracic region	Diagnosis	ICD-10-CM
M53.2X5	Spinal instabilities, thoracolumbar region	Diagnosis	ICD-10-CM
M53.2X6	Spinal instabilities, lumbar region	Diagnosis	ICD-10-CM
M53.2X7	Spinal instabilities, lumbosacral region	Diagnosis	ICD-10-CM
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M53.2X9	Spinal instabilities, site unspecified	Diagnosis	ICD-10-CM
M53.3	Sacrococcygeal disorders, not elsewhere classified	Diagnosis	ICD-10-CM
M53.80	Other specified dorsopathies, site unspecified	Diagnosis	ICD-10-CM
M53.81	Other specified dorsopathies, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M53.82	Other specified dorsopathies, cervical region	Diagnosis	ICD-10-CM
M53.83	Other specified dorsopathies, cervicothoracic region	Diagnosis	ICD-10-CM
M53.84	Other specified dorsopathies, thoracic region	Diagnosis	ICD-10-CM
M53.85	Other specified dorsopathies, thoracolumbar region	Diagnosis	ICD-10-CM
M53.86	Other specified dorsopathies, lumbar region	Diagnosis	ICD-10-CM
M53.87	Other specified dorsopathies, lumbosacral region	Diagnosis	ICD-10-CM
M53.88	Other specified dorsopathies, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M53.9	Dorsopathy, unspecified	Diagnosis	ICD-10-CM
M54.00	Panniculitis affecting regions of neck and back, site unspecified	Diagnosis	ICD-10-CM
M54.01	Panniculitis affecting regions of neck and back, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M54.02	Panniculitis affecting regions of neck and back, cervical region	Diagnosis	ICD-10-CM
M54.03	Panniculitis affecting regions of neck and back, cervicothoracic region	Diagnosis	ICD-10-CM
M54.04	Panniculitis affecting regions of neck and back, thoracic region	Diagnosis	ICD-10-CM
M54.05	Panniculitis affecting regions of neck and back, thoracolumbar region	Diagnosis	ICD-10-CM
M54.06	Panniculitis affecting regions of neck and back, lumbar region	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M54.07	Panniculitis affecting regions of neck and back, lumbosacral region	Diagnosis	ICD-10-CM
M54.08	Panniculitis affecting regions of neck and back, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M54.09	Panniculitis affecting regions, neck and back, multiple sites in spine	Diagnosis	ICD-10-CM
M54.11	Radiculopathy, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M54.12	Radiculopathy, cervical region	Diagnosis	ICD-10-CM
M54.13	Radiculopathy, cervicothoracic region	Diagnosis	ICD-10-CM
M54.14	Radiculopathy, thoracic region	Diagnosis	ICD-10-CM
M54.15	Radiculopathy, thoracolumbar region	Diagnosis	ICD-10-CM
M54.16	Radiculopathy, lumbar region	Diagnosis	ICD-10-CM
M54.17	Radiculopathy, lumbosacral region	Diagnosis	ICD-10-CM
M54.2	Cervicalgia	Diagnosis	ICD-10-CM
M54.30	Sciatica, unspecified side	Diagnosis	ICD-10-CM
M54.31	Sciatica, right side	Diagnosis	ICD-10-CM
M54.32	Sciatica, left side	Diagnosis	ICD-10-CM
M54.40	Lumbago with sciatica, unspecified side	Diagnosis	ICD-10-CM
M54.41	Lumbago with sciatica, right side	Diagnosis	ICD-10-CM
M54.42	Lumbago with sciatica, left side	Diagnosis	ICD-10-CM
M54.5	Low back pain	Diagnosis	ICD-10-CM
M54.6	Pain in thoracic spine	Diagnosis	ICD-10-CM
M54.81	Occipital neuralgia	Diagnosis	ICD-10-CM
M54.89	Other dorsalgia	Diagnosis	ICD-10-CM
M54.9	Dorsalgia, unspecified	Diagnosis	ICD-10-CM
M62.830	Muscle spasm of back	Diagnosis	ICD-10-CM
M67.88	Other specified disorders of synovium and tendon, other site	Diagnosis	ICD-10-CM
M79.643	Pain in unspecified hand	Diagnosis	ICD-10-CM
M79.646	Pain in unspecified finger(s)	Diagnosis	ICD-10-CM
M80.00XA	Age-related osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.011A	Age-related osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.012A	Age-related osteoporosis with current pathological fracture, left shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M80.019A	Age-related osteoporosis with current pathological fracture, unspecified shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.021A	Age-related osteoporosis with current pathological fracture, right humerus, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.022A	Age-related osteoporosis with current pathological fracture, left humerus, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.029A	Age-related osteoporosis with current pathological fracture, unspecified humerus, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.031A	Age-related osteoporosis with current pathological fracture, right forearm, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.032A	Age-related osteoporosis with current pathological fracture, left forearm, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.039A	Age-related osteoporosis with current pathological fracture, unspecified forearm, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.041A	Age-related osteoporosis with current pathological fracture, right hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.042A	Age-related osteoporosis with current pathological fracture, left hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.049A	Age-related osteoporosis with current pathological fracture, unspecified hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.051A	Age-related osteoporosis with current pathological fracture, right femur, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.052A	Age-related osteoporosis with current pathological fracture, left femur, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.059A	Age-related osteoporosis with current pathological fracture, unspecified femur, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.061A	Age-related osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.062A	Age-related osteoporosis with current pathological fracture, left lower leg, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.069A	Age-related osteoporosis with current pathological fracture, unspecified lower leg, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.071A	Age-related osteoporosis with current pathological fracture, right ankle and foot, initial encounter for fracture	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M80.072A	Age-related osteoporosis with current pathological fracture, left ankle and foot, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.079A	Age-related osteoporosis with current pathological fracture, unspecified ankle and foot, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.08XA	Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture	Diagnosis	ICD-10-CM
M80.80XA	Other osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.811A	Other osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.812A	Other osteoporosis with current pathological fracture, left shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.819A	Other osteoporosis with current pathological fracture, unspecified shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.821A	Other osteoporosis with current pathological fracture, right humerus, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.822A	Other osteoporosis with current pathological fracture, left humerus, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.829A	Other osteoporosis with current pathological fracture, unspecified humerus, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.831A	Other osteoporosis with current pathological fracture, right forearm, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.832A	Other osteoporosis with current pathological fracture, left forearm, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.839A	Other osteoporosis with current pathological fracture, unspecified forearm, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.841A	Other osteoporosis with current pathological fracture, right hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.842A	Other osteoporosis with current pathological fracture, left hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.849A	Other osteoporosis with current pathological fracture, unspecified hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.851A	Other osteoporosis with current pathological fracture, right femur, initial encounter for fracture	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M80.852A	Other osteoporosis with current pathological fracture, left femur, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.859A	Other osteoporosis with current pathological fracture, unspecified femur, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.861A	Other osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.862A	Other osteoporosis with current pathological fracture, left lower leg, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.869A	Other osteoporosis with current pathological fracture, unspecified lower leg, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.871A	Other osteoporosis with current pathological fracture, right ankle and foot, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.872A	Other osteoporosis with current pathological fracture, left ankle and foot, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.879A	Other osteoporosis with current pathological fracture, unspecified ankle and foot, initial encounter for fracture	Diagnosis	ICD-10-CM
M80.88XA	Other osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture	Diagnosis	ICD-10-CM
M81.0	Age-related osteoporosis without current pathological fracture	Diagnosis	ICD-10-CM
M81.6	Localized osteoporosis [Lequesne]	Diagnosis	ICD-10-CM
M81.8	Other osteoporosis without current pathological fracture	Diagnosis	ICD-10-CM
M84.30XA	Stress fracture, unspecified site, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.311A	Stress fracture, right shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.312A	Stress fracture, left shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.319A	Stress fracture, unspecified shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.321A	Stress fracture, right humerus, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.322A	Stress fracture, left humerus, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.329A	Stress fracture, unspecified humerus, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.331A	Stress fracture, right ulna, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.332A	Stress fracture, left ulna, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.333A	Stress fracture, right radius, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.334A	Stress fracture, left radius, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.339A	Stress fracture, unspecified ulna and radius, initial encounter for fracture	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M84.341A	Stress fracture, right hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.342A	Stress fracture, left hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.343A	Stress fracture, unspecified hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.344A	Stress fracture, right finger(s), initial encounter for fracture	Diagnosis	ICD-10-CM
M84.345A	Stress fracture, left finger(s), initial encounter for fracture	Diagnosis	ICD-10-CM
M84.346A	Stress fracture, unspecified finger(s), initial encounter for fracture	Diagnosis	ICD-10-CM
M84.350A	Stress fracture, pelvis, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.351A	Stress fracture, right femur, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.352A	Stress fracture, left femur, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.353A	Stress fracture, unspecified femur, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.359A	Stress fracture, hip, unspecified, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.361A	Stress fracture, right tibia, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.362A	Stress fracture, left tibia, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.363A	Stress fracture, right fibula, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.364A	Stress fracture, left fibula, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.369A	Stress fracture, unspecified tibia and fibula, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.371A	Stress fracture, right ankle, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.372A	Stress fracture, left ankle, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.373A	Stress fracture, unspecified ankle, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.374A	Stress fracture, right foot, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.375A	Stress fracture, left foot, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.376A	Stress fracture, unspecified foot, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.377A	Stress fracture, right toe(s), initial encounter for fracture	Diagnosis	ICD-10-CM
M84.378A	Stress fracture, left toe(s), initial encounter for fracture	Diagnosis	ICD-10-CM
M84.379A	Stress fracture, unspecified toe(s), initial encounter for fracture	Diagnosis	ICD-10-CM
M84.38XA	Stress fracture, other site, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.40XA	Pathological fracture, unspecified site, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.411A	Pathological fracture, right shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.412A	Pathological fracture, left shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.419A	Pathological fracture, unspecified shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.421A	Pathological fracture, right humerus, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.422A	Pathological fracture, left humerus, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.429A	Pathological fracture, unspecified humerus, initial encounter for fracture	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M84.431A	Pathological fracture, right ulna, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.432A	Pathological fracture, left ulna, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.433A	Pathological fracture, right radius, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.434A	Pathological fracture, left radius, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.439A	Pathological fracture, unspecified ulna and radius, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.441A	Pathological fracture, right hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.442A	Pathological fracture, left hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.443A	Pathological fracture, unspecified hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.444A	Pathological fracture, right finger(s), initial encounter for fracture	Diagnosis	ICD-10-CM
M84.445A	Pathological fracture, left finger(s), initial encounter for fracture	Diagnosis	ICD-10-CM
M84.446A	Pathological fracture, unspecified finger(s), initial encounter for fracture	Diagnosis	ICD-10-CM
M84.451A	Pathological fracture, right femur, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.452A	Pathological fracture, left femur, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.453A	Pathological fracture, unspecified femur, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.454A	Pathological fracture, pelvis, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.459A	Pathological fracture, hip, unspecified, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.461A	Pathological fracture, right tibia, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.462A	Pathological fracture, left tibia, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.463A	Pathological fracture, right fibula, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.464A	Pathological fracture, left fibula, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.469A	Pathological fracture, unspecified tibia and fibula, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.471A	Pathological fracture, right ankle, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.472A	Pathological fracture, left ankle, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.473A	Pathological fracture, unspecified ankle, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.474A	Pathological fracture, right foot, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.475A	Pathological fracture, left foot, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.476A	Pathological fracture, unspecified foot, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.477A	Pathological fracture, right toe(s), initial encounter for fracture	Diagnosis	ICD-10-CM
M84.478A	Pathological fracture, left toe(s), initial encounter for fracture	Diagnosis	ICD-10-CM
M84.479A	Pathological fracture, unspecified toe(s), initial encounter for fracture	Diagnosis	ICD-10-CM
M84.48XA	Pathological fracture, other site, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.50XA	Pathological fracture in neoplastic disease, unspecified site, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.511A	Pathological fracture in neoplastic disease, right shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M84.512A	Pathological fracture in neoplastic disease, left shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.519A	Pathological fracture in neoplastic disease, unspecified shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.521A	Pathological fracture in neoplastic disease, right humerus, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.522A	Pathological fracture in neoplastic disease, left humerus, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.529A	Pathological fracture in neoplastic disease, unspecified humerus, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.531A	Pathological fracture in neoplastic disease, right ulna, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.532A	Pathological fracture in neoplastic disease, left ulna, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.533A	Pathological fracture in neoplastic disease, right radius, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.534A	Pathological fracture in neoplastic disease, left radius, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.539A	Pathological fracture in neoplastic disease, unspecified ulna and radius, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.541A	Pathological fracture in neoplastic disease, right hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.542A	Pathological fracture in neoplastic disease, left hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.549A	Pathological fracture in neoplastic disease, unspecified hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.550A	Pathological fracture in neoplastic disease, pelvis, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.551A	Pathological fracture in neoplastic disease, right femur, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.552A	Pathological fracture in neoplastic disease, left femur, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.553A	Pathological fracture in neoplastic disease, unspecified femur, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.559A	Pathological fracture in neoplastic disease, hip, unspecified, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.561A	Pathological fracture in neoplastic disease, right tibia, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.562A	Pathological fracture in neoplastic disease, left tibia, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.563A	Pathological fracture in neoplastic disease, right fibula, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.564A	Pathological fracture in neoplastic disease, left fibula, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.569A	Pathological fracture in neoplastic disease, unspecified tibia and fibula, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.571A	Pathological fracture in neoplastic disease, right ankle, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.572A	Pathological fracture in neoplastic disease, left ankle, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.573A	Pathological fracture in neoplastic disease, unspecified ankle, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.574A	Pathological fracture in neoplastic disease, right foot, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.575A	Pathological fracture in neoplastic disease, left foot, initial encounter for fracture	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M84.576A	Pathological fracture in neoplastic disease, unspecified foot, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.58XA	Pathological fracture in neoplastic disease, other specified site, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.60XA	Pathological fracture in other disease, unspecified site, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.611A	Pathological fracture in other disease, right shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.612A	Pathological fracture in other disease, left shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.619A	Pathological fracture in other disease, unspecified shoulder, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.621A	Pathological fracture in other disease, right humerus, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.622A	Pathological fracture in other disease, left humerus, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.629A	Pathological fracture in other disease, unspecified humerus, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.631A	Pathological fracture in other disease, right ulna, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.632A	Pathological fracture in other disease, left ulna, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.633A	Pathological fracture in other disease, right radius, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.634A	Pathological fracture in other disease, left radius, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.639A	Pathological fracture in other disease, unspecified ulna and radius, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.641A	Pathological fracture in other disease, right hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.642A	Pathological fracture in other disease, left hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.649A	Pathological fracture in other disease, unspecified hand, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.650A	Pathological fracture in other disease, pelvis, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.651A	Pathological fracture in other disease, right femur, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.652A	Pathological fracture in other disease, left femur, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.653A	Pathological fracture in other disease, unspecified femur, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.659A	Pathological fracture in other disease, hip, unspecified, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.661A	Pathological fracture in other disease, right tibia, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.662A	Pathological fracture in other disease, left tibia, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.663A	Pathological fracture in other disease, right fibula, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.664A	Pathological fracture in other disease, left fibula, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.669A	Pathological fracture in other disease, unspecified tibia and fibula, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.671A	Pathological fracture in other disease, right ankle, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.672A	Pathological fracture in other disease, left ankle, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.673A	Pathological fracture in other disease, unspecified ankle, initial encounter for fracture	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M84.674A	Pathological fracture in other disease, right foot, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.675A	Pathological fracture in other disease, left foot, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.676A	Pathological fracture in other disease, unspecified foot, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.68XA	Pathological fracture in other disease, other site, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.750A	Atypical femoral fracture, unspecified, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.751A	Incomplete atypical femoral fracture, right leg, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.752A	Incomplete atypical femoral fracture, left leg, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.753A	Incomplete atypical femoral fracture, unspecified leg, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.754A	Complete transverse atypical femoral fracture, right leg, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.755A	Complete transverse atypical femoral fracture, left leg, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.756A	Complete transverse atypical femoral fracture, unspecified leg, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.757A	Complete oblique atypical femoral fracture, right leg, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.758A	Complete oblique atypical femoral fracture, left leg, initial encounter for fracture	Diagnosis	ICD-10-CM
M84.759A	Complete oblique atypical femoral fracture, unspecified leg, initial encounter for fracture	Diagnosis	ICD-10-CM
M96.1	Postlaminectomy syndrome, not elsewhere classified	Diagnosis	ICD-10-CM
M99.20	Subluxation stenosis of neural canal of head region	Diagnosis	ICD-10-CM
M99.21	Subluxation stenosis of neural canal of cervical region	Diagnosis	ICD-10-CM
M99.22	Subluxation stenosis of neural canal of thoracic region	Diagnosis	ICD-10-CM
M99.23	Subluxation stenosis of neural canal of lumbar region	Diagnosis	ICD-10-CM
M99.24	Subluxation stenosis of neural canal of sacral region	Diagnosis	ICD-10-CM
M99.25	Subluxation stenosis of neural canal of pelvic region	Diagnosis	ICD-10-CM
M99.26	Subluxation stenosis of neural canal of lower extremity	Diagnosis	ICD-10-CM
M99.27	Subluxation stenosis of neural canal of upper extremity	Diagnosis	ICD-10-CM
M99.28	Subluxation stenosis of neural canal of rib cage	Diagnosis	ICD-10-CM
M99.29	Subluxation stenosis of neural canal of abdomen and other regions	Diagnosis	ICD-10-CM
M99.30	Osseous stenosis of neural canal of head region	Diagnosis	ICD-10-CM
M99.31	Osseous stenosis of neural canal of cervical region	Diagnosis	ICD-10-CM
M99.32	Osseous stenosis of neural canal of thoracic region	Diagnosis	ICD-10-CM
M99.33	Osseous stenosis of neural canal of lumbar region	Diagnosis	ICD-10-CM
M99.34	Osseous stenosis of neural canal of sacral region	Diagnosis	ICD-10-CM
M99.35	Osseous stenosis of neural canal of pelvic region	Diagnosis	ICD-10-CM
M99.36	Osseous stenosis of neural canal of lower extremity	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M99.37	Osseous stenosis of neural canal of upper extremity	Diagnosis	ICD-10-CM
M99.38	Osseous stenosis of neural canal of rib cage	Diagnosis	ICD-10-CM
M99.39	Osseous stenosis of neural canal of abdomen and other regions	Diagnosis	ICD-10-CM
M99.40	Connective tissue stenosis of neural canal of head region	Diagnosis	ICD-10-CM
M99.41	Connective tissue stenosis of neural canal of cervical region	Diagnosis	ICD-10-CM
M99.42	Connective tissue stenosis of neural canal of thoracic region	Diagnosis	ICD-10-CM
M99.43	Connective tissue stenosis of neural canal of lumbar region	Diagnosis	ICD-10-CM
M99.44	Connective tissue stenosis of neural canal of sacral region	Diagnosis	ICD-10-CM
M99.45	Connective tissue stenosis of neural canal of pelvic region	Diagnosis	ICD-10-CM
M99.46	Connective tissue stenosis of neural canal of lower extremity	Diagnosis	ICD-10-CM
M99.47	Connective tissue stenosis of neural canal of upper extremity	Diagnosis	ICD-10-CM
M99.48	Connective tissue stenosis of neural canal of rib cage	Diagnosis	ICD-10-CM
M99.49	Connective tissue stenosis of neural canal of abdomen and other regions	Diagnosis	ICD-10-CM
M99.50	Intervertebral disc stenosis of neural canal of head region	Diagnosis	ICD-10-CM
M99.51	Intervertebral disc stenosis of neural canal of cervical region	Diagnosis	ICD-10-CM
M99.52	Intervertebral disc stenosis of neural canal of thoracic region	Diagnosis	ICD-10-CM
M99.53	Intervertebral disc stenosis of neural canal of lumbar region	Diagnosis	ICD-10-CM
M99.54	Intervertebral disc stenosis of neural canal of sacral region	Diagnosis	ICD-10-CM
M99.55	Intervertebral disc stenosis of neural canal of pelvic region	Diagnosis	ICD-10-CM
M99.56	Intervertebral disc stenosis of neural canal of lower extremity	Diagnosis	ICD-10-CM
M99.57	Intervertebral disc stenosis of neural canal of upper extremity	Diagnosis	ICD-10-CM
M99.58	Intervertebral disc stenosis of neural canal of rib cage	Diagnosis	ICD-10-CM
M99.59	Intervertebral disc stenosis of neural canal of abdomen and other regions	Diagnosis	ICD-10-CM
M99.60	Osseous and spondylosis stenosis of intervertebral foramina of head region	Diagnosis	ICD-10-CM
M99.61	Osseous and spondylosis stenosis of intervertebral foramina of cervical region	Diagnosis	ICD-10-CM
M99.62	Osseous and spondylosis stenosis of intervertebral foramina of thoracic region	Diagnosis	ICD-10-CM
M99.63	Osseous and spondylosis stenosis of intervertebral foramina of lumbar region	Diagnosis	ICD-10-CM
M99.64	Osseous and spondylosis stenosis of intervertebral foramina of sacral region	Diagnosis	ICD-10-CM
M99.65	Osseous and spondylosis stenosis of intervertebral foramina of pelvic region	Diagnosis	ICD-10-CM
M99.66	Osseous and spondylosis stenosis of intervertebral foramina of lower extremity	Diagnosis	ICD-10-CM
M99.67	Osseous and spondylosis stenosis of intervertebral foramina of upper extremity	Diagnosis	ICD-10-CM
M99.68	Osseous and spondylosis stenosis of intervertebral foramina of rib cage	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M99.69	Osseous and sUBLuxation stenosis of intervertebral foramina of abdomen and other regions	Diagnosis	ICD-10-CM
M99.70	Connective tissue and disc stenosis of intervertebral foramina of head region	Diagnosis	ICD-10-CM
M99.71	Connective tissue and disc stenosis of intervertebral foramina of cervical region	Diagnosis	ICD-10-CM
M99.72	Connective tissue and disc stenosis of intervertebral foramina of thoracic region	Diagnosis	ICD-10-CM
M99.73	Connective tissue and disc stenosis of intervertebral foramina of lumbar region	Diagnosis	ICD-10-CM
M99.74	Connective tissue and disc stenosis of intervertebral foramina of sacral region	Diagnosis	ICD-10-CM
M99.75	Connective tissue and disc stenosis of intervertebral foramina of pelvic region	Diagnosis	ICD-10-CM
M99.76	Connective tissue and disc stenosis of intervertebral foramina of lower extremity	Diagnosis	ICD-10-CM
M99.77	Connective tissue and disc stenosis of intervertebral foramina of upper extremity	Diagnosis	ICD-10-CM
M99.78	Connective tissue and disc stenosis of intervertebral foramina of rib cage	Diagnosis	ICD-10-CM
M99.79	Connective tissue and disc stenosis of intervertebral foramina of abdomen and other regions	Diagnosis	ICD-10-CM
R26.2	Difficulty in walking, not elsewhere classified	Diagnosis	ICD-10-CM
R29.4	Clicking hip	Diagnosis	ICD-10-CM
R29.898	Other symptoms and signs involving the musculoskeletal system	Diagnosis	ICD-10-CM
Z87.310	Personal history of (healed) osteoporosis fracture	Diagnosis	ICD-10-CM
Z87.311	Personal history of (healed) other pathological fracture	Diagnosis	ICD-10-CM
<b>Skin and Soft Tissue Infections - Frailty</b>			
A20.1	Cellulocutaneous plague	Diagnosis	ICD-10-CM
A21.0	Ulceroglandular tularemia	Diagnosis	ICD-10-CM
A22.0	Cutaneous anthrax	Diagnosis	ICD-10-CM
A31.1	Cutaneous mycobacterial infection	Diagnosis	ICD-10-CM
A36.3	Cutaneous diphtheria	Diagnosis	ICD-10-CM
A43.1	Cutaneous nocardiosis	Diagnosis	ICD-10-CM
A46	Erysipelas	Diagnosis	ICD-10-CM
B78.1	Cutaneous strongyloidiasis	Diagnosis	ICD-10-CM
E83.2	Disorders of zinc metabolism	Diagnosis	ICD-10-CM
K12.2	Cellulitis and abscess of mouth	Diagnosis	ICD-10-CM
L01.00	Impetigo, unspecified	Diagnosis	ICD-10-CM
L01.01	Non-bullous impetigo	Diagnosis	ICD-10-CM
L01.02	Bockhart's impetigo	Diagnosis	ICD-10-CM
L01.03	Bullous impetigo	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L01.09	Other impetigo	Diagnosis	ICD-10-CM
L01.1	Impetiginization of other dermatoses	Diagnosis	ICD-10-CM
L02.01	Cutaneous abscess of face	Diagnosis	ICD-10-CM
L02.02	Furuncle of face	Diagnosis	ICD-10-CM
L02.03	Carbuncle of face	Diagnosis	ICD-10-CM
L02.11	Cutaneous abscess of neck	Diagnosis	ICD-10-CM
L02.12	Furuncle of neck	Diagnosis	ICD-10-CM
L02.13	Carbuncle of neck	Diagnosis	ICD-10-CM
L02.211	Cutaneous abscess of abdominal wall	Diagnosis	ICD-10-CM
L02.212	Cutaneous abscess of back [any part, except buttock]	Diagnosis	ICD-10-CM
L02.213	Cutaneous abscess of chest wall	Diagnosis	ICD-10-CM
L02.214	Cutaneous abscess of groin	Diagnosis	ICD-10-CM
L02.215	Cutaneous abscess of perineum	Diagnosis	ICD-10-CM
L02.216	Cutaneous abscess of umbilicus	Diagnosis	ICD-10-CM
L02.219	Cutaneous abscess of trunk, unspecified	Diagnosis	ICD-10-CM
L02.221	Furuncle of abdominal wall	Diagnosis	ICD-10-CM
L02.222	Furuncle of back [any part, except buttock]	Diagnosis	ICD-10-CM
L02.223	Furuncle of chest wall	Diagnosis	ICD-10-CM
L02.224	Furuncle of groin	Diagnosis	ICD-10-CM
L02.225	Furuncle of perineum	Diagnosis	ICD-10-CM
L02.226	Furuncle of umbilicus	Diagnosis	ICD-10-CM
L02.229	Furuncle of trunk, unspecified	Diagnosis	ICD-10-CM
L02.231	Carbuncle of abdominal wall	Diagnosis	ICD-10-CM
L02.232	Carbuncle of back [any part, except buttock]	Diagnosis	ICD-10-CM
L02.233	Carbuncle of chest wall	Diagnosis	ICD-10-CM
L02.234	Carbuncle of groin	Diagnosis	ICD-10-CM
L02.235	Carbuncle of perineum	Diagnosis	ICD-10-CM
L02.236	Carbuncle of umbilicus	Diagnosis	ICD-10-CM
L02.239	Carbuncle of trunk, unspecified	Diagnosis	ICD-10-CM
L02.31	Cutaneous abscess of buttock	Diagnosis	ICD-10-CM
L02.32	Furuncle of buttock	Diagnosis	ICD-10-CM
L02.33	Carbuncle of buttock	Diagnosis	ICD-10-CM
L02.411	Cutaneous abscess of right axilla	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L02.412	Cutaneous abscess of left axilla	Diagnosis	ICD-10-CM
L02.413	Cutaneous abscess of right upper limb	Diagnosis	ICD-10-CM
L02.414	Cutaneous abscess of left upper limb	Diagnosis	ICD-10-CM
L02.415	Cutaneous abscess of right lower limb	Diagnosis	ICD-10-CM
L02.416	Cutaneous abscess of left lower limb	Diagnosis	ICD-10-CM
L02.419	Cutaneous abscess of limb, unspecified	Diagnosis	ICD-10-CM
L02.421	Furuncle of right axilla	Diagnosis	ICD-10-CM
L02.422	Furuncle of left axilla	Diagnosis	ICD-10-CM
L02.423	Furuncle of right upper limb	Diagnosis	ICD-10-CM
L02.424	Furuncle of left upper limb	Diagnosis	ICD-10-CM
L02.425	Furuncle of right lower limb	Diagnosis	ICD-10-CM
L02.426	Furuncle of left lower limb	Diagnosis	ICD-10-CM
L02.429	Furuncle of limb, unspecified	Diagnosis	ICD-10-CM
L02.431	Carbuncle of right axilla	Diagnosis	ICD-10-CM
L02.432	Carbuncle of left axilla	Diagnosis	ICD-10-CM
L02.433	Carbuncle of right upper limb	Diagnosis	ICD-10-CM
L02.434	Carbuncle of left upper limb	Diagnosis	ICD-10-CM
L02.435	Carbuncle of right lower limb	Diagnosis	ICD-10-CM
L02.436	Carbuncle of left lower limb	Diagnosis	ICD-10-CM
L02.439	Carbuncle of limb, unspecified	Diagnosis	ICD-10-CM
L02.511	Cutaneous abscess of right hand	Diagnosis	ICD-10-CM
L02.512	Cutaneous abscess of left hand	Diagnosis	ICD-10-CM
L02.519	Cutaneous abscess of unspecified hand	Diagnosis	ICD-10-CM
L02.521	Furuncle right hand	Diagnosis	ICD-10-CM
L02.522	Furuncle left hand	Diagnosis	ICD-10-CM
L02.529	Furuncle unspecified hand	Diagnosis	ICD-10-CM
L02.531	Carbuncle of right hand	Diagnosis	ICD-10-CM
L02.532	Carbuncle of left hand	Diagnosis	ICD-10-CM
L02.539	Carbuncle of unspecified hand	Diagnosis	ICD-10-CM
L02.611	Cutaneous abscess of right foot	Diagnosis	ICD-10-CM
L02.612	Cutaneous abscess of left foot	Diagnosis	ICD-10-CM
L02.619	Cutaneous abscess of unspecified foot	Diagnosis	ICD-10-CM
L02.621	Furuncle of right foot	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L02.622	Furuncle of left foot	Diagnosis	ICD-10-CM
L02.629	Furuncle of unspecified foot	Diagnosis	ICD-10-CM
L02.631	Carbuncle of right foot	Diagnosis	ICD-10-CM
L02.632	Carbuncle of left foot	Diagnosis	ICD-10-CM
L02.639	Carbuncle of unspecified foot	Diagnosis	ICD-10-CM
L02.811	Cutaneous abscess of head [any part, except face]	Diagnosis	ICD-10-CM
L02.818	Cutaneous abscess of other sites	Diagnosis	ICD-10-CM
L02.821	Furuncle of head [any part, except face]	Diagnosis	ICD-10-CM
L02.828	Furuncle of other sites	Diagnosis	ICD-10-CM
L02.831	Carbuncle of head [any part, except face]	Diagnosis	ICD-10-CM
L02.838	Carbuncle of other sites	Diagnosis	ICD-10-CM
L02.91	Cutaneous abscess, unspecified	Diagnosis	ICD-10-CM
L02.92	Furuncle, unspecified	Diagnosis	ICD-10-CM
L02.93	Carbuncle, unspecified	Diagnosis	ICD-10-CM
L03.011	Cellulitis of right finger	Diagnosis	ICD-10-CM
L03.012	Cellulitis of left finger	Diagnosis	ICD-10-CM
L03.019	Cellulitis of unspecified finger	Diagnosis	ICD-10-CM
L03.021	Acute lymphangitis of right finger	Diagnosis	ICD-10-CM
L03.022	Acute lymphangitis of left finger	Diagnosis	ICD-10-CM
L03.029	Acute lymphangitis of unspecified finger	Diagnosis	ICD-10-CM
L03.031	Cellulitis of right toe	Diagnosis	ICD-10-CM
L03.032	Cellulitis of left toe	Diagnosis	ICD-10-CM
L03.039	Cellulitis of unspecified toe	Diagnosis	ICD-10-CM
L03.041	Acute lymphangitis of right toe	Diagnosis	ICD-10-CM
L03.042	Acute lymphangitis of left toe	Diagnosis	ICD-10-CM
L03.049	Acute lymphangitis of unspecified toe	Diagnosis	ICD-10-CM
L03.111	Cellulitis of right axilla	Diagnosis	ICD-10-CM
L03.112	Cellulitis of left axilla	Diagnosis	ICD-10-CM
L03.113	Cellulitis of right upper limb	Diagnosis	ICD-10-CM
L03.114	Cellulitis of left upper limb	Diagnosis	ICD-10-CM
L03.115	Cellulitis of right lower limb	Diagnosis	ICD-10-CM
L03.116	Cellulitis of left lower limb	Diagnosis	ICD-10-CM
L03.119	Cellulitis of unspecified part of limb	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L03.121	Acute lymphangitis of right axilla	Diagnosis	ICD-10-CM
L03.122	Acute lymphangitis of left axilla	Diagnosis	ICD-10-CM
L03.123	Acute lymphangitis of right upper limb	Diagnosis	ICD-10-CM
L03.124	Acute lymphangitis of left upper limb	Diagnosis	ICD-10-CM
L03.125	Acute lymphangitis of right lower limb	Diagnosis	ICD-10-CM
L03.126	Acute lymphangitis of left lower limb	Diagnosis	ICD-10-CM
L03.129	Acute lymphangitis of unspecified part of limb	Diagnosis	ICD-10-CM
L03.211	Cellulitis of face	Diagnosis	ICD-10-CM
L03.212	Acute lymphangitis of face	Diagnosis	ICD-10-CM
L03.213	Periorbital cellulitis	Diagnosis	ICD-10-CM
L03.221	Cellulitis of neck	Diagnosis	ICD-10-CM
L03.222	Acute lymphangitis of neck	Diagnosis	ICD-10-CM
L03.311	Cellulitis of abdominal wall	Diagnosis	ICD-10-CM
L03.312	Cellulitis of back [any part except buttock]	Diagnosis	ICD-10-CM
L03.313	Cellulitis of chest wall	Diagnosis	ICD-10-CM
L03.314	Cellulitis of groin	Diagnosis	ICD-10-CM
L03.315	Cellulitis of perineum	Diagnosis	ICD-10-CM
L03.316	Cellulitis of umbilicus	Diagnosis	ICD-10-CM
L03.317	Cellulitis of buttock	Diagnosis	ICD-10-CM
L03.319	Cellulitis of trunk, unspecified	Diagnosis	ICD-10-CM
L03.321	Acute lymphangitis of abdominal wall	Diagnosis	ICD-10-CM
L03.322	Acute lymphangitis of back [any part except buttock]	Diagnosis	ICD-10-CM
L03.323	Acute lymphangitis of chest wall	Diagnosis	ICD-10-CM
L03.324	Acute lymphangitis of groin	Diagnosis	ICD-10-CM
L03.325	Acute lymphangitis of perineum	Diagnosis	ICD-10-CM
L03.326	Acute lymphangitis of umbilicus	Diagnosis	ICD-10-CM
L03.327	Acute lymphangitis of buttock	Diagnosis	ICD-10-CM
L03.329	Acute lymphangitis of trunk, unspecified	Diagnosis	ICD-10-CM
L03.811	Cellulitis of head [any part, except face]	Diagnosis	ICD-10-CM
L03.818	Cellulitis of other sites	Diagnosis	ICD-10-CM
L03.891	Acute lymphangitis of head [any part, except face]	Diagnosis	ICD-10-CM
L03.898	Acute lymphangitis of other sites	Diagnosis	ICD-10-CM
L03.90	Cellulitis, unspecified	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L03.91	Acute lymphangitis, unspecified	Diagnosis	ICD-10-CM
L05.01	Pilonidal cyst with abscess	Diagnosis	ICD-10-CM
L05.02	Pilonidal sinus with abscess	Diagnosis	ICD-10-CM
L05.91	Pilonidal cyst without abscess	Diagnosis	ICD-10-CM
L05.92	Pilonidal sinus without abscess	Diagnosis	ICD-10-CM
L08.0	Pyoderma	Diagnosis	ICD-10-CM
L08.1	Erythrasma	Diagnosis	ICD-10-CM
L08.81	Pyoderma vegetans	Diagnosis	ICD-10-CM
L08.82	Omphalitis not of newborn	Diagnosis	ICD-10-CM
L08.89	Other specified local infections of the skin and subcutaneous tissue	Diagnosis	ICD-10-CM
L08.9	Local infection of the skin and subcutaneous tissue, unspecified	Diagnosis	ICD-10-CM
L88	Pyoderma gangrenosum	Diagnosis	ICD-10-CM
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue	Diagnosis	ICD-10-CM
L98.0	Pyogenic granuloma	Diagnosis	ICD-10-CM
L98.3	Eosinophilic cellulitis [Wells]	Diagnosis	ICD-10-CM
<b>Urinary Tract Infections - Frailty</b>			
A36.85	Diphtheritic cystitis	Diagnosis	ICD-10-CM
A56.01	Chlamydial cystitis and urethritis	Diagnosis	ICD-10-CM
N10	Acute pyelonephritis	Diagnosis	ICD-10-CM
N11.0	Nonobstructive reflux-associated chronic pyelonephritis	Diagnosis	ICD-10-CM
N11.1	Chronic obstructive pyelonephritis	Diagnosis	ICD-10-CM
N11.8	Other chronic tubulo-interstitial nephritis	Diagnosis	ICD-10-CM
N11.9	Chronic tubulo-interstitial nephritis, unspecified	Diagnosis	ICD-10-CM
N12	Tubulo-interstitial nephritis, not specified as acute or chronic	Diagnosis	ICD-10-CM
N13.6	Pyonephrosis	Diagnosis	ICD-10-CM
N15.1	Renal and perinephric abscess	Diagnosis	ICD-10-CM
N15.9	Renal tubulo-interstitial disease, unspecified	Diagnosis	ICD-10-CM
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
N28.84	Pyelitis cystica	Diagnosis	ICD-10-CM
N28.85	Pyeloureteritis cystica	Diagnosis	ICD-10-CM
N28.86	Ureteritis cystica	Diagnosis	ICD-10-CM
N30.00	Acute cystitis without hematuria	Diagnosis	ICD-10-CM
N30.01	Acute cystitis with hematuria	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
N30.10	Interstitial cystitis (chronic) without hematuria	Diagnosis	ICD-10-CM
N30.11	Interstitial cystitis (chronic) with hematuria	Diagnosis	ICD-10-CM
N30.20	Other chronic cystitis without hematuria	Diagnosis	ICD-10-CM
N30.21	Other chronic cystitis with hematuria	Diagnosis	ICD-10-CM
N30.30	Trigonitis without hematuria	Diagnosis	ICD-10-CM
N30.31	Trigonitis with hematuria	Diagnosis	ICD-10-CM
N30.40	Irradiation cystitis without hematuria	Diagnosis	ICD-10-CM
N30.41	Irradiation cystitis with hematuria	Diagnosis	ICD-10-CM
N30.80	Other cystitis without hematuria	Diagnosis	ICD-10-CM
N30.81	Other cystitis with hematuria	Diagnosis	ICD-10-CM
N30.90	Cystitis, unspecified without hematuria	Diagnosis	ICD-10-CM
N30.91	Cystitis, unspecified with hematuria	Diagnosis	ICD-10-CM
N34.0	Urethral abscess	Diagnosis	ICD-10-CM
N34.1	Nonspecific urethritis	Diagnosis	ICD-10-CM
N34.2	Other urethritis	Diagnosis	ICD-10-CM
N34.3	Urethral syndrome, unspecified	Diagnosis	ICD-10-CM
N35.111	Postinfective urethral stricture, not elsewhere classified, male, meatal	Diagnosis	ICD-10-CM
N35.112	Postinfective bulbous urethral stricture, not elsewhere classified, male	Diagnosis	ICD-10-CM
N35.113	Postinfective membranous urethral stricture, not elsewhere classified, male	Diagnosis	ICD-10-CM
N35.114	Postinfective anterior urethral stricture, not elsewhere classified, male	Diagnosis	ICD-10-CM
N35.119	Postinfective urethral stricture, not elsewhere classified, male, unspecified	Diagnosis	ICD-10-CM
N35.12	Postinfective urethral stricture, not elsewhere classified, female	Diagnosis	ICD-10-CM
N37	Urethral disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
N39.0	Urinary tract infection, site not specified	Diagnosis	ICD-10-CM
<b>Organ Failure - COVID Severity</b>			
A81.2	Progressive multifocal leukoencephalopathy	Diagnosis	ICD-10-CM
D69.3	Immune thrombocytopenic purpura	Diagnosis	ICD-10-CM
D69.59	Other secondary thrombocytopenia	Diagnosis	ICD-10-CM
D69.6	Thrombocytopenia, unspecified	Diagnosis	ICD-10-CM
G04.30	Acute necrotizing hemorrhagic encephalopathy, unspecified	Diagnosis	ICD-10-CM
G04.31	Postinfectious acute necrotizing hemorrhagic encephalopathy	Diagnosis	ICD-10-CM
G04.39	Other acute necrotizing hemorrhagic encephalopathy	Diagnosis	ICD-10-CM
G92	Toxic encephalopathy	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
G93.40	Encephalopathy, unspecified	Diagnosis	ICD-10-CM
G93.41	Metabolic encephalopathy	Diagnosis	ICD-10-CM
G93.49	Other encephalopathy	Diagnosis	ICD-10-CM
I26.01	Septic pulmonary embolism with acute cor pulmonale	Diagnosis	ICD-10-CM
I26.02	Saddle embolus of pulmonary artery with acute cor pulmonale	Diagnosis	ICD-10-CM
I26.09	Other pulmonary embolism with acute cor pulmonale	Diagnosis	ICD-10-CM
I42.0	Dilated cardiomyopathy	Diagnosis	ICD-10-CM
I42.8	Other cardiomyopathies	Diagnosis	ICD-10-CM
I42.9	Cardiomyopathy, unspecified	Diagnosis	ICD-10-CM
I50.1	Left ventricular failure, unspecified	Diagnosis	ICD-10-CM
I50.20	Unspecified systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.21	Acute systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.23	Acute on chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.30	Unspecified diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.31	Acute diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.33	Acute on chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.810	Right heart failure, unspecified	Diagnosis	ICD-10-CM
I50.811	Acute right heart failure	Diagnosis	ICD-10-CM
I50.813	Acute on chronic right heart failure	Diagnosis	ICD-10-CM
I50.814	Right heart failure due to left heart failure	Diagnosis	ICD-10-CM
I50.82	Biventricular heart failure	Diagnosis	ICD-10-CM
I50.83	High output heart failure	Diagnosis	ICD-10-CM
I50.89	Other heart failure	Diagnosis	ICD-10-CM
I50.9	Heart failure, unspecified	Diagnosis	ICD-10-CM
I67.3	Progressive vascular leukoencephalopathy	Diagnosis	ICD-10-CM
I67.83	Posterior reversible encephalopathy syndrome	Diagnosis	ICD-10-CM
J80	Acute respiratory distress syndrome	Diagnosis	ICD-10-CM
J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
J96.01	Acute respiratory failure with hypoxia	Diagnosis	ICD-10-CM
J96.02	Acute respiratory failure with hypercapnia	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J96.20	Acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
J96.21	Acute and chronic respiratory failure with hypoxia	Diagnosis	ICD-10-CM
J96.22	Acute and chronic respiratory failure with hypercapnia	Diagnosis	ICD-10-CM
J96.90	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
J96.91	Respiratory failure, unspecified with hypoxia	Diagnosis	ICD-10-CM
J96.92	Respiratory failure, unspecified with hypercapnia	Diagnosis	ICD-10-CM
K26.0	Acute duodenal ulcer with hemorrhage	Diagnosis	ICD-10-CM
K26.1	Acute duodenal ulcer with perforation	Diagnosis	ICD-10-CM
K26.2	Acute duodenal ulcer with both hemorrhage and perforation	Diagnosis	ICD-10-CM
K26.3	Acute duodenal ulcer without hemorrhage or perforation	Diagnosis	ICD-10-CM
K26.9	Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perforation	Diagnosis	ICD-10-CM
K27.0	Acute peptic ulcer, site unspecified, with hemorrhage	Diagnosis	ICD-10-CM
K27.1	Acute peptic ulcer, site unspecified, with perforation	Diagnosis	ICD-10-CM
K27.2	Acute peptic ulcer, site unspecified, with both hemorrhage and perforation	Diagnosis	ICD-10-CM
K27.3	Acute peptic ulcer, site unspecified, without hemorrhage or perforation	Diagnosis	ICD-10-CM
K55.011	Focal (segmental) acute (reversible) ischemia of small intestine	Diagnosis	ICD-10-CM
K55.012	Diffuse acute (reversible) ischemia of small intestine	Diagnosis	ICD-10-CM
K55.019	Acute (reversible) ischemia of small intestine, extent unspecified	Diagnosis	ICD-10-CM
K55.021	Focal (segmental) acute infarction of small intestine	Diagnosis	ICD-10-CM
K55.022	Diffuse acute infarction of small intestine	Diagnosis	ICD-10-CM
K55.029	Acute infarction of small intestine, extent unspecified	Diagnosis	ICD-10-CM
K55.031	Focal (segmental) acute (reversible) ischemia of large intestine	Diagnosis	ICD-10-CM
K55.032	Diffuse acute (reversible) ischemia of large intestine	Diagnosis	ICD-10-CM
K55.039	Acute (reversible) ischemia of large intestine, extent unspecified	Diagnosis	ICD-10-CM
K55.041	Focal (segmental) acute infarction of large intestine	Diagnosis	ICD-10-CM
K55.042	Diffuse acute infarction of large intestine	Diagnosis	ICD-10-CM
K55.049	Acute infarction of large intestine, extent unspecified	Diagnosis	ICD-10-CM
K55.051	Focal (segmental) acute (reversible) ischemia of intestine, part unspecified	Diagnosis	ICD-10-CM
K55.052	Diffuse acute (reversible) ischemia of intestine, part unspecified	Diagnosis	ICD-10-CM
K55.059	Acute (reversible) ischemia of intestine, part and extent unspecified	Diagnosis	ICD-10-CM
K55.061	Focal (segmental) acute infarction of intestine, part unspecified	Diagnosis	ICD-10-CM
K55.062	Diffuse acute infarction of intestine, part unspecified	Diagnosis	ICD-10-CM
K55.069	Acute infarction of intestine, part and extent unspecified	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
K55.30	Necrotizing enterocolitis, unspecified	Diagnosis	ICD-10-CM
K55.31	Stage 1 necrotizing enterocolitis	Diagnosis	ICD-10-CM
K55.32	Stage 2 necrotizing enterocolitis	Diagnosis	ICD-10-CM
K55.33	Stage 3 necrotizing enterocolitis	Diagnosis	ICD-10-CM
K56.0	Paralytic ileus	Diagnosis	ICD-10-CM
K56.7	Ileus, unspecified	Diagnosis	ICD-10-CM
K72.00	Acute and subacute hepatic failure without coma	Diagnosis	ICD-10-CM
K72.01	Acute and subacute hepatic failure with coma	Diagnosis	ICD-10-CM
K72.90	Hepatic failure, unspecified without coma	Diagnosis	ICD-10-CM
K72.91	Hepatic failure, unspecified with coma	Diagnosis	ICD-10-CM
K81.0	Acute cholecystitis	Diagnosis	ICD-10-CM
K81.9	Cholecystitis, unspecified	Diagnosis	ICD-10-CM
K82.A1	Gangrene of gallbladder in cholecystitis	Diagnosis	ICD-10-CM
K82.A2	Perforation of gallbladder in cholecystitis	Diagnosis	ICD-10-CM
K85.00	Idiopathic acute pancreatitis without necrosis or infection	Diagnosis	ICD-10-CM
K85.01	Idiopathic acute pancreatitis with uninfected necrosis	Diagnosis	ICD-10-CM
K85.02	Idiopathic acute pancreatitis with infected necrosis	Diagnosis	ICD-10-CM
K85.80	Other acute pancreatitis without necrosis or infection	Diagnosis	ICD-10-CM
K85.81	Other acute pancreatitis with uninfected necrosis	Diagnosis	ICD-10-CM
K85.82	Other acute pancreatitis with infected necrosis	Diagnosis	ICD-10-CM
K85.90	Acute pancreatitis without necrosis or infection, unspecified	Diagnosis	ICD-10-CM
K85.91	Acute pancreatitis with uninfected necrosis, unspecified	Diagnosis	ICD-10-CM
K85.92	Acute pancreatitis with infected necrosis, unspecified	Diagnosis	ICD-10-CM
N00.0	Acute nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N00.1	Acute nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N00.2	Acute nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N00.3	Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N00.4	Acute nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N00.5	Acute nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N00.6	Acute nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N00.7	Acute nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N00.8	Acute nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N00.9	Acute nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
N12	Tubulo-interstitial nephritis, not specified as acute or chronic	Diagnosis	ICD-10-CM
N17.0	Acute kidney failure with tubular necrosis	Diagnosis	ICD-10-CM
N17.1	Acute kidney failure with acute cortical necrosis	Diagnosis	ICD-10-CM
N17.2	Acute kidney failure with medullary necrosis	Diagnosis	ICD-10-CM
N17.8	Other acute kidney failure	Diagnosis	ICD-10-CM
N17.9	Acute kidney failure, unspecified	Diagnosis	ICD-10-CM
N19	Unspecified kidney failure	Diagnosis	ICD-10-CM
P22.0	Respiratory distress syndrome of newborn	Diagnosis	ICD-10-CM
P22.8	Other respiratory distress of newborn	Diagnosis	ICD-10-CM
P22.9	Respiratory distress of newborn, unspecified	Diagnosis	ICD-10-CM
P28.5	Respiratory failure of newborn	Diagnosis	ICD-10-CM
P76.1	Transitory ileus of newborn	Diagnosis	ICD-10-CM
P78.82	Peptic ulcer of newborn	Diagnosis	ICD-10-CM
P91.60	Hypoxic ischemic encephalopathy [HIE], unspecified	Diagnosis	ICD-10-CM
P91.61	Mild hypoxic ischemic encephalopathy [HIE]	Diagnosis	ICD-10-CM
P91.62	Moderate hypoxic ischemic encephalopathy [HIE]	Diagnosis	ICD-10-CM
P91.63	Severe hypoxic ischemic encephalopathy [HIE]	Diagnosis	ICD-10-CM
P91.811	Neonatal encephalopathy in diseases classified elsewhere	Diagnosis	ICD-10-CM
P91.819	Neonatal encephalopathy, unspecified	Diagnosis	ICD-10-CM
R34	Anuria and oliguria	Diagnosis	ICD-10-CM
R40.20	Unspecified coma	Diagnosis	ICD-10-CM
R40.2110	Coma scale, eyes open, never, unspecified time	Diagnosis	ICD-10-CM
R40.2111	Coma scale, eyes open, never, in the field [EMT or ambulance]	Diagnosis	ICD-10-CM
R40.2112	Coma scale, eyes open, never, at arrival to emergency department	Diagnosis	ICD-10-CM
R40.2113	Coma scale, eyes open, never, at hospital admission	Diagnosis	ICD-10-CM
R40.2114	Coma scale, eyes open, never, 24 hours or more after hospital admission	Diagnosis	ICD-10-CM
R40.2120	Coma scale, eyes open, to pain, unspecified time	Diagnosis	ICD-10-CM
R40.2121	Coma scale, eyes open, to pain, in the field [EMT or ambulance]	Diagnosis	ICD-10-CM
R40.2122	Coma scale, eyes open, to pain, at arrival to emergency department	Diagnosis	ICD-10-CM
R40.2123	Coma scale, eyes open, to pain, at hospital admission	Diagnosis	ICD-10-CM
R40.2124	Coma scale, eyes open, to pain, 24 hours or more after hospital admission	Diagnosis	ICD-10-CM
R40.2130	Coma scale, eyes open, to sound, unspecified time	Diagnosis	ICD-10-CM
R40.2131	Coma scale, eyes open, to sound, in the field [EMT or ambulance]	Diagnosis	ICD-10-CM



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
R40.2132	Coma scale, eyes open, to sound, at arrival to emergency department	Diagnosis	ICD-10-CM
R40.2133	Coma scale, eyes open, to sound, at hospital admission	Diagnosis	ICD-10-CM
R40.2134	Coma scale, eyes open, to sound, 24 hours or more after hospital admission	Diagnosis	ICD-10-CM
R40.2140	Coma scale, eyes open, spontaneous, unspecified time	Diagnosis	ICD-10-CM
R40.2141	Coma scale, eyes open, spontaneous, in the field [EMT or ambulance]	Diagnosis	ICD-10-CM
R40.2142	Coma scale, eyes open, spontaneous, at arrival to emergency department	Diagnosis	ICD-10-CM
R40.2143	Coma scale, eyes open, spontaneous, at hospital admission	Diagnosis	ICD-10-CM
R40.2144	Coma scale, eyes open, spontaneous, 24 hours or more after hospital admission	Diagnosis	ICD-10-CM
R40.2210	Coma scale, best verbal response, none, unspecified time	Diagnosis	ICD-10-CM
R40.2211	Coma scale, best verbal response, none, in the field [EMT or ambulance]	Diagnosis	ICD-10-CM
R40.2212	Coma scale, best verbal response, none, at arrival to emergency department	Diagnosis	ICD-10-CM
R40.2213	Coma scale, best verbal response, none, at hospital admission	Diagnosis	ICD-10-CM
R40.2214	Coma scale, best verbal response, none, 24 hours or more after hospital admission	Diagnosis	ICD-10-CM
R40.2220	Coma scale, best verbal response, incomprehensible words, unspecified time	Diagnosis	ICD-10-CM
R40.2221	Coma scale, best verbal response, incomprehensible words, in the field [EMT or ambulance]	Diagnosis	ICD-10-CM
R40.2222	Coma scale, best verbal response, incomprehensible words, at arrival to emergency department	Diagnosis	ICD-10-CM
R40.2223	Coma scale, best verbal response, incomprehensible words, at hospital admission	Diagnosis	ICD-10-CM
R40.2224	Coma scale, best verbal response, incomprehensible words, 24 hours or more after hospital admission	Diagnosis	ICD-10-CM
R40.2230	Coma scale, best verbal response, inappropriate words, unspecified time	Diagnosis	ICD-10-CM
R40.2231	Coma scale, best verbal response, inappropriate words, in the field [EMT or ambulance]	Diagnosis	ICD-10-CM
R40.2232	Coma scale, best verbal response, inappropriate words, at arrival to emergency department	Diagnosis	ICD-10-CM
R40.2233	Coma scale, best verbal response, inappropriate words, at hospital admission	Diagnosis	ICD-10-CM
R40.2234	Coma scale, best verbal response, inappropriate words, 24 hours or more after hospital admission	Diagnosis	ICD-10-CM
R40.2240	Coma scale, best verbal response, confused conversation, unspecified time	Diagnosis	ICD-10-CM
R40.2241	Coma scale, best verbal response, confused conversation, in the field [EMT or ambulance]	Diagnosis	ICD-10-CM
R40.2242	Coma scale, best verbal response, confused conversation, at arrival to emergency department	Diagnosis	ICD-10-CM
R40.2243	Coma scale, best verbal response, confused conversation, at hospital admission	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
R40.2244	Coma scale, best verbal response, confused conversation, 24 hours or more after hospital admission	Diagnosis	ICD-10-CM
R40.2310	Coma scale, best motor response, none, unspecified time	Diagnosis	ICD-10-CM
R40.2311	Coma scale, best motor response, none, in the field [EMT or ambulance]	Diagnosis	ICD-10-CM
R40.2312	Coma scale, best motor response, none, at arrival to emergency department	Diagnosis	ICD-10-CM
R40.2313	Coma scale, best motor response, none, at hospital admission	Diagnosis	ICD-10-CM
R40.2314	Coma scale, best motor response, none, 24 hours or more after hospital admission	Diagnosis	ICD-10-CM
R40.2320	Coma scale, best motor response, extension, unspecified time	Diagnosis	ICD-10-CM
R40.2321	Coma scale, best motor response, extension, in the field [EMT or ambulance]	Diagnosis	ICD-10-CM
R40.2322	Coma scale, best motor response, extension, at arrival to emergency department	Diagnosis	ICD-10-CM
R40.2323	Coma scale, best motor response, extension, at hospital admission	Diagnosis	ICD-10-CM
R40.2324	Coma scale, best motor response, extension, 24 hours or more after hospital admission	Diagnosis	ICD-10-CM
R40.2330	Coma scale, best motor response, abnormal flexion, unspecified time	Diagnosis	ICD-10-CM
R40.2331	Coma scale, best motor response, abnormal flexion, in the field [EMT or ambulance]	Diagnosis	ICD-10-CM
R40.2332	Coma scale, best motor response, abnormal flexion, at arrival to emergency department	Diagnosis	ICD-10-CM
R40.2333	Coma scale, best motor response, abnormal flexion, at hospital admission	Diagnosis	ICD-10-CM
R40.2334	Coma scale, best motor response, abnormal flexion, 24 hours or more after hospital admission	Diagnosis	ICD-10-CM
R40.2340	Coma scale, best motor response, flexion withdrawal, unspecified time	Diagnosis	ICD-10-CM
R40.2341	Coma scale, best motor response, flexion withdrawal, in the field [EMT or ambulance]	Diagnosis	ICD-10-CM
R40.2342	Coma scale, best motor response, flexion withdrawal, at arrival to emergency department	Diagnosis	ICD-10-CM
R40.2343	Coma scale, best motor response, flexion withdrawal, at hospital admission	Diagnosis	ICD-10-CM
R40.2344	Coma scale, best motor response, flexion withdrawal, 24 hours or more after hospital admission	Diagnosis	ICD-10-CM
R40.2350	Coma scale, best motor response, localizes pain, unspecified time	Diagnosis	ICD-10-CM
R40.2351	Coma scale, best motor response, localizes pain, in the field [EMT or ambulance]	Diagnosis	ICD-10-CM
R40.2352	Coma scale, best motor response, localizes pain, at arrival to emergency department	Diagnosis	ICD-10-CM
R40.2353	Coma scale, best motor response, localizes pain, at hospital admission	Diagnosis	ICD-10-CM
R40.2354	Coma scale, best motor response, localizes pain, 24 hours or more after hospital admission	Diagnosis	ICD-10-CM
R40.2420	Glasgow coma scale score 9-12, unspecified time	Diagnosis	ICD-10-CM
R40.2421	Glasgow coma scale score 9-12, in the field [EMT or ambulance]	Diagnosis	ICD-10-CM
R40.2422	Glasgow coma scale score 9-12, at arrival to emergency department	Diagnosis	ICD-10-CM
R40.2423	Glasgow coma scale score 9-12, at hospital admission	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
R40.2424	Glasgow coma scale score 9-12, 24 hours or more after hospital admission	Diagnosis	ICD-10-CM
R40.2430	Glasgow coma scale score 3-8, unspecified time	Diagnosis	ICD-10-CM
R40.2431	Glasgow coma scale score 3-8, in the field [EMT or ambulance]	Diagnosis	ICD-10-CM
R40.2432	Glasgow coma scale score 3-8, at arrival to emergency department	Diagnosis	ICD-10-CM
R40.2433	Glasgow coma scale score 3-8, at hospital admission	Diagnosis	ICD-10-CM
R40.2434	Glasgow coma scale score 3-8, 24 hours or more after hospital admission	Diagnosis	ICD-10-CM
R40.2440	Other coma, without documented Glasgow coma scale score, or with partial score reported, unspecified time	Diagnosis	ICD-10-CM
R40.2441	Other coma, without documented Glasgow coma scale score, or with partial score reported, in the field [EMT or ambulance]	Diagnosis	ICD-10-CM
R40.2442	Other coma, without documented Glasgow coma scale score, or with partial score reported, at arrival to emergency department	Diagnosis	ICD-10-CM
R40.2443	Other coma, without documented Glasgow coma scale score, or with partial score reported, at hospital admission	Diagnosis	ICD-10-CM
R40.2444	Other coma, without documented Glasgow coma scale score, or with partial score reported, 24 hours or more after hospital admission	Diagnosis	ICD-10-CM
R57.0	Cardiogenic shock	Diagnosis	ICD-10-CM
R57.1	Hypovolemic shock	Diagnosis	ICD-10-CM
R57.9	Shock, unspecified	Diagnosis	ICD-10-CM
R65.20	Severe sepsis without septic shock	Diagnosis	ICD-10-CM
R65.21	Severe sepsis with septic shock	Diagnosis	ICD-10-CM
<b>Treatment-Dependent Immune Deficiencies</b>			
B18.0	Chronic viral hepatitis B with delta-agent	Diagnosis	ICD-10-CM
B18.1	Chronic viral hepatitis B without delta-agent	Diagnosis	ICD-10-CM
B18.2	Chronic viral hepatitis C	Diagnosis	ICD-10-CM
B18.9	Chronic viral hepatitis, unspecified	Diagnosis	ICD-10-CM
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency	Diagnosis	ICD-10-CM
D59.0	Drug-induced autoimmune hemolytic anemia	Diagnosis	ICD-10-CM
D59.1	Other autoimmune hemolytic anemias	Diagnosis	ICD-10-CM
D60.0	Chronic acquired pure red cell aplasia	Diagnosis	ICD-10-CM
D60.1	Transient acquired pure red cell aplasia	Diagnosis	ICD-10-CM
D60.8	Other acquired pure red cell aplasias	Diagnosis	ICD-10-CM
D60.9	Acquired pure red cell aplasia, unspecified	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
D61.0	Constitutional aplastic anemia	Diagnosis	ICD-10-CM
D61.01	Constitutional (pure) red blood cell aplasia	Diagnosis	ICD-10-CM
D61.09	Other constitutional aplastic anemia	Diagnosis	ICD-10-CM
D61.1	Drug-induced aplastic anemia	Diagnosis	ICD-10-CM
D61.2	Aplastic anemia due to other external agents	Diagnosis	ICD-10-CM
D61.3	Idiopathic aplastic anemia	Diagnosis	ICD-10-CM
D61.810	Antineoplastic chemotherapy induced pancytopenia	Diagnosis	ICD-10-CM
D61.811	Other drug-induced pancytopenia	Diagnosis	ICD-10-CM
D61.818	Other pancytopenia	Diagnosis	ICD-10-CM
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes	Diagnosis	ICD-10-CM
D61.9	Aplastic anemia, unspecified	Diagnosis	ICD-10-CM
D64.81	Anemia due to antineoplastic chemotherapy	Diagnosis	ICD-10-CM
D69.0	Allergic purpura	Diagnosis	ICD-10-CM
D69.2	Other nonthrombocytopenic purpura	Diagnosis	ICD-10-CM
D69.3	Immune thrombocytopenic purpura	Diagnosis	ICD-10-CM
D69.41	Evans syndrome	Diagnosis	ICD-10-CM
D70.1	Agranulocytosis secondary to cancer chemotherapy	Diagnosis	ICD-10-CM
D70.2	Other drug-induced agranulocytosis	Diagnosis	ICD-10-CM
D72.0	Genetic anomalies of leukocytes	Diagnosis	ICD-10-CM
D89.810	Acute graft-versus-host disease	Diagnosis	ICD-10-CM
D89.811	Chronic graft-versus-host disease	Diagnosis	ICD-10-CM
D89.812	Acute on chronic graft-versus-host disease	Diagnosis	ICD-10-CM
D89.813	Graft-versus-host disease, unspecified	Diagnosis	ICD-10-CM
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified	Diagnosis	ICD-10-CM
D89.9	Disorder involving the immune mechanism, unspecified	Diagnosis	ICD-10-CM
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E05.01	Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E05.10	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E05.11	Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E05.20	Thyrotoxicosis with toxic multinodular goiter without thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E05.21	Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E05.80	Other thyrotoxicosis without thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E05.81	Other thyrotoxicosis with thyrotoxic crisis or storm	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E05.90	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E05.91	Thyrotoxicosis, unspecified with thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E06.0	Acute thyroiditis	Diagnosis	ICD-10-CM
E06.1	Subacute thyroiditis	Diagnosis	ICD-10-CM
E06.2	Chronic thyroiditis with transient thyrotoxicosis	Diagnosis	ICD-10-CM
E06.3	Autoimmune thyroiditis	Diagnosis	ICD-10-CM
E06.4	Drug-induced thyroiditis	Diagnosis	ICD-10-CM
E06.5	Other chronic thyroiditis	Diagnosis	ICD-10-CM
E06.9	Thyroiditis, unspecified	Diagnosis	ICD-10-CM
E27.1	Primary adrenocortical insufficiency	Diagnosis	ICD-10-CM
E27.2	Addisonian crisis	Diagnosis	ICD-10-CM
G35	Multiple sclerosis	Diagnosis	ICD-10-CM
G70.00	Myasthenia gravis without (acute) exacerbation	Diagnosis	ICD-10-CM
G70.01	Myasthenia gravis with (acute) exacerbation	Diagnosis	ICD-10-CM
G70.80	Lambert-Eaton syndrome, unspecified	Diagnosis	ICD-10-CM
G70.81	Lambert-Eaton syndrome in disease classified elsewhere	Diagnosis	ICD-10-CM
G72.41	Inclusion body myositis [IBM]	Diagnosis	ICD-10-CM
G72.49	Other inflammatory and immune myopathies, not elsewhere classified	Diagnosis	ICD-10-CM
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Diagnosis	ICD-10-CM
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I73.1	Thromboangiitis obliterans [Buerger's disease]	Diagnosis	ICD-10-CM
I77.6	Arteritis, unspecified	Diagnosis	ICD-10-CM
I85.00	Esophageal varices without bleeding	Diagnosis	ICD-10-CM
I85.01	Esophageal varices with bleeding	Diagnosis	ICD-10-CM
I85.10	Secondary esophageal varices without bleeding	Diagnosis	ICD-10-CM
I85.11	Secondary esophageal varices with bleeding	Diagnosis	ICD-10-CM
K72.10	Chronic hepatic failure without coma	Diagnosis	ICD-10-CM
K72.11	Chronic hepatic failure with coma	Diagnosis	ICD-10-CM
K72.90	Hepatic failure, unspecified without coma	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
K72.91	Hepatic failure, unspecified with coma	Diagnosis	ICD-10-CM
K74.3	Primary biliary cirrhosis	Diagnosis	ICD-10-CM
K76.3	Infarction of liver	Diagnosis	ICD-10-CM
K76.6	Portal hypertension	Diagnosis	ICD-10-CM
K76.81	Hepatopulmonary syndrome	Diagnosis	ICD-10-CM
K91.2	Postsurgical malabsorption, not elsewhere classified	Diagnosis	ICD-10-CM
L10.0	Pemphigus vulgaris	Diagnosis	ICD-10-CM
L10.1	Pemphigus vegetans	Diagnosis	ICD-10-CM
L10.2	Pemphigus foliaceus	Diagnosis	ICD-10-CM
L10.3	Brazilian pemphigus [fogo selvagem]	Diagnosis	ICD-10-CM
L10.4	Pemphigus erythematosus	Diagnosis	ICD-10-CM
L10.81	Paraneoplastic pemphigus	Diagnosis	ICD-10-CM
L10.89	Other pemphigus	Diagnosis	ICD-10-CM
L10.9	Pemphigus, unspecified	Diagnosis	ICD-10-CM
L12.0	Bullous pemphigoid	Diagnosis	ICD-10-CM
L12.1	Cicatricial pemphigoid	Diagnosis	ICD-10-CM
L12.2	Chronic bullous disease of childhood	Diagnosis	ICD-10-CM
L12.8	Other pemphigoid	Diagnosis	ICD-10-CM
L12.9	Pemphigoid, unspecified	Diagnosis	ICD-10-CM
L13.0	Dermatitis herpetiformis	Diagnosis	ICD-10-CM
L13.8	Other specified bullous disorders	Diagnosis	ICD-10-CM
L13.9	Bullous disorder, unspecified	Diagnosis	ICD-10-CM
L40.0	Psoriasis vulgaris	Diagnosis	ICD-10-CM
L40.1	Generalized pustular psoriasis	Diagnosis	ICD-10-CM
L40.2	Acrodermatitis continua	Diagnosis	ICD-10-CM
L40.3	Pustulosis palmaris et plantaris	Diagnosis	ICD-10-CM
L40.4	Guttate psoriasis	Diagnosis	ICD-10-CM
L40.50	Arthropathic psoriasis, unspecified	Diagnosis	ICD-10-CM
L40.51	Distal interphalangeal psoriatic arthropathy	Diagnosis	ICD-10-CM
L40.52	Psoriatic arthritis mutilans	Diagnosis	ICD-10-CM
L40.53	Psoriatic spondylitis	Diagnosis	ICD-10-CM
L40.54	Psoriatic juvenile arthropathy	Diagnosis	ICD-10-CM
L40.59	Other psoriatic arthropathy	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L40.8	Other psoriasis	Diagnosis	ICD-10-CM
L40.9	Psoriasis, unspecified	Diagnosis	ICD-10-CM
M30.8	Other conditions related to polyarteritis nodosa	Diagnosis	ICD-10-CM
M31.0	Hypersensitivity angiitis	Diagnosis	ICD-10-CM
M31.1	Thrombotic microangiopathy	Diagnosis	ICD-10-CM
M31.2	Lethal midline granuloma	Diagnosis	ICD-10-CM
M31.30	Wegener's granulomatosis without renal involvement	Diagnosis	ICD-10-CM
M31.31	Wegener's granulomatosis with renal involvement	Diagnosis	ICD-10-CM
M31.4	Aortic arch syndrome [Takayasu]	Diagnosis	ICD-10-CM
M31.5	Giant cell arteritis with polymyalgia rheumatica	Diagnosis	ICD-10-CM
M31.6	Other giant cell arteritis	Diagnosis	ICD-10-CM
M31.7	Microscopic polyangiitis	Diagnosis	ICD-10-CM
M31.8	Other specified necrotizing vasculopathies	Diagnosis	ICD-10-CM
M31.9	Necrotizing vasculopathy, unspecified	Diagnosis	ICD-10-CM
M35.00	Sjogren syndrome, unspecified	Diagnosis	ICD-10-CM
M35.01	Sjogren syndrome with keratoconjunctivitis	Diagnosis	ICD-10-CM
M35.02	Sjogren syndrome with lung involvement	Diagnosis	ICD-10-CM
M35.03	Sjogren syndrome with myopathy	Diagnosis	ICD-10-CM
M35.04	Sjogren syndrome with tubulo-interstitial nephropathy	Diagnosis	ICD-10-CM
M35.09	Sjogren syndrome with other organ involvement	Diagnosis	ICD-10-CM
M35.1	Other overlap syndromes	Diagnosis	ICD-10-CM
M35.2	Behcet's disease	Diagnosis	ICD-10-CM
M35.3	Polymyalgia rheumatica	Diagnosis	ICD-10-CM
M35.4	Diffuse (eosinophilic) fasciitis	Diagnosis	ICD-10-CM
M35.5	Multifocal fibrosclerosis	Diagnosis	ICD-10-CM
M35.6	Relapsing panniculitis [Weber-Christian]	Diagnosis	ICD-10-CM
M35.8	Other specified systemic involvement of connective tissue	Diagnosis	ICD-10-CM
M35.9	Systemic involvement of connective tissue, unspecified	Diagnosis	ICD-10-CM
N00.0	Acute nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N00.1	Acute nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N00.2	Acute nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N00.3	Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N00.4	Acute nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
N00.5	Acute nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N00.6	Acute nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N00.7	Acute nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N00.8	Acute nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N00.9	Acute nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N01.0	Rapidly progressive nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N01.1	Rapidly progressive nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N01.2	Rapidly progressive nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N01.3	Rapidly progressive nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N01.4	Rapidly progressive nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N01.5	Rapidly progressive nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N01.6	Rapidly progressive nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N01.7	Rapidly progressive nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N01.8	Rapidly progressive nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N01.9	Rapidly progressive nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N02.0	Recurrent and persistent hematuria with minor glomerular abnormality	Diagnosis	ICD-10-CM
N02.1	Recurrent and persistent hematuria with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N02.3	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N02.4	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N02.5	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N02.6	Recurrent and persistent hematuria with dense deposit disease	Diagnosis	ICD-10-CM
N02.7	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N02.8	Recurrent and persistent hematuria with other morphologic changes	Diagnosis	ICD-10-CM
N02.9	Recurrent and persistent hematuria with unspecified morphologic changes	Diagnosis	ICD-10-CM
N03.0	Chronic nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N03.1	Chronic nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N03.2	Chronic nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N03.3	Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
N03.4	Chronic nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N03.5	Chronic nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N03.6	Chronic nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N03.7	Chronic nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N03.8	Chronic nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N03.9	Chronic nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N04.0	Nephrotic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N04.1	Nephrotic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N04.2	Nephrotic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N04.3	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N04.4	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N04.5	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N04.6	Nephrotic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N04.8	Nephrotic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N04.9	Nephrotic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N05.0	Unspecified nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N05.1	Unspecified nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N05.2	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N05.3	Unspecified nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N05.4	Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N05.5	Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N05.6	Unspecified nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N05.7	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N05.8	Unspecified nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N05.9	Unspecified nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N06.0	Isolated proteinuria with minor glomerular abnormality	Diagnosis	ICD-10-CM
N06.1	Isolated proteinuria with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N06.2	Isolated proteinuria with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N06.3	Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N06.4	Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N06.5	Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
N06.6	Isolated proteinuria with dense deposit disease	Diagnosis	ICD-10-CM
N06.7	Isolated proteinuria with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N06.8	Isolated proteinuria with other morphologic lesion	Diagnosis	ICD-10-CM
N06.9	Isolated proteinuria with unspecified morphologic lesion	Diagnosis	ICD-10-CM
N07.0	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality	Diagnosis	ICD-10-CM
N07.1	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N07.2	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N07.3	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N07.4	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N07.5	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N07.6	Hereditary nephropathy, not elsewhere classified with dense deposit disease	Diagnosis	ICD-10-CM
N07.7	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N07.8	Hereditary nephropathy, not elsewhere classified with other morphologic lesions	Diagnosis	ICD-10-CM
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions	Diagnosis	ICD-10-CM
N08	Glomerular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
N14.0	Analgesic nephropathy	Diagnosis	ICD-10-CM
N14.1	Nephropathy induced by other drugs, medicaments and biological substances	Diagnosis	ICD-10-CM
N14.2	Nephropathy induced by unspecified drug, medicament or biological substance	Diagnosis	ICD-10-CM
N14.3	Nephropathy induced by heavy metals	Diagnosis	ICD-10-CM
N14.4	Toxic nephropathy, not elsewhere classified	Diagnosis	ICD-10-CM
N15.0	Balkan nephropathy	Diagnosis	ICD-10-CM
N15.8	Other specified renal tubulo-interstitial diseases	Diagnosis	ICD-10-CM
N15.9	Renal tubulo-interstitial disease, unspecified	Diagnosis	ICD-10-CM
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
N17.1	Acute kidney failure with acute cortical necrosis	Diagnosis	ICD-10-CM
N17.2	Acute kidney failure with medullary necrosis	Diagnosis	ICD-10-CM
N18.5	Chronic kidney disease, stage 5	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
N18.6	End stage renal disease	Diagnosis	ICD-10-CM
R90.82	White matter disease, unspecified	Diagnosis	ICD-10-CM
T45.1X1A	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), initial encounter	Diagnosis	ICD-10-CM
T45.1X1D	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), subsequent encounter	Diagnosis	ICD-10-CM
T45.1X1S	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), sequela	Diagnosis	ICD-10-CM
T45.1X2A	Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm, initial encounter	Diagnosis	ICD-10-CM
T45.1X2D	Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm, subsequent encounter	Diagnosis	ICD-10-CM
T45.1X2S	Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm, sequela	Diagnosis	ICD-10-CM
T45.1X3A	Poisoning by antineoplastic and immunosuppressive drugs, assault, initial encounter	Diagnosis	ICD-10-CM
T45.1X3D	Poisoning by antineoplastic and immunosuppressive drugs, assault, subsequent encounter	Diagnosis	ICD-10-CM
T45.1X3S	Poisoning by antineoplastic and immunosuppressive drugs, assault, sequela	Diagnosis	ICD-10-CM
T45.1X4A	Poisoning by antineoplastic and immunosuppressive drugs, undetermined, initial encounter	Diagnosis	ICD-10-CM
T45.1X4D	Poisoning by antineoplastic and immunosuppressive drugs, undetermined, subsequent encounter	Diagnosis	ICD-10-CM
T45.1X4S	Poisoning by antineoplastic and immunosuppressive drugs, undetermined, sequela	Diagnosis	ICD-10-CM
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter	Diagnosis	ICD-10-CM
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter	Diagnosis	ICD-10-CM
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela	Diagnosis	ICD-10-CM
<b>Mild Liver Disease - CCI</b>			
B18.0	Chronic viral hepatitis B with delta-agent	Diagnosis	ICD-10-CM
B18.1	Chronic viral hepatitis B without delta-agent	Diagnosis	ICD-10-CM
B18.2	Chronic viral hepatitis C	Diagnosis	ICD-10-CM
B18.8	Other chronic viral hepatitis	Diagnosis	ICD-10-CM
B18.9	Chronic viral hepatitis, unspecified	Diagnosis	ICD-10-CM
K70.0	Alcoholic fatty liver	Diagnosis	ICD-10-CM
K70.10	Alcoholic hepatitis without ascites	Diagnosis	ICD-10-CM
K70.11	Alcoholic hepatitis with ascites	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
K70.2	Alcoholic fibrosis and sclerosis of liver	Diagnosis	ICD-10-CM
K70.30	Alcoholic cirrhosis of liver without ascites	Diagnosis	ICD-10-CM
K70.31	Alcoholic cirrhosis of liver with ascites	Diagnosis	ICD-10-CM
K70.9	Alcoholic liver disease, unspecified	Diagnosis	ICD-10-CM
K71.3	Toxic liver disease with chronic persistent hepatitis	Diagnosis	ICD-10-CM
K71.4	Toxic liver disease with chronic lobular hepatitis	Diagnosis	ICD-10-CM
K71.50	Toxic liver disease with chronic active hepatitis without ascites	Diagnosis	ICD-10-CM
K71.51	Toxic liver disease with chronic active hepatitis with ascites	Diagnosis	ICD-10-CM
K71.7	Toxic liver disease with fibrosis and cirrhosis of liver	Diagnosis	ICD-10-CM
K73.0	Chronic persistent hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K73.1	Chronic lobular hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K73.2	Chronic active hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K73.8	Other chronic hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K73.9	Chronic hepatitis, unspecified	Diagnosis	ICD-10-CM
K74.0	Hepatic fibrosis	Diagnosis	ICD-10-CM
K74.1	Hepatic sclerosis	Diagnosis	ICD-10-CM
K74.2	Hepatic fibrosis with hepatic sclerosis	Diagnosis	ICD-10-CM
K74.3	Primary biliary cirrhosis	Diagnosis	ICD-10-CM
K74.4	Secondary biliary cirrhosis	Diagnosis	ICD-10-CM
K74.5	Biliary cirrhosis, unspecified	Diagnosis	ICD-10-CM
K74.60	Unspecified cirrhosis of liver	Diagnosis	ICD-10-CM
K74.69	Other cirrhosis of liver	Diagnosis	ICD-10-CM
K76.0	Fatty (change of) liver, not elsewhere classified	Diagnosis	ICD-10-CM
K76.2	Central hemorrhagic necrosis of liver	Diagnosis	ICD-10-CM
K76.3	Infarction of liver	Diagnosis	ICD-10-CM
K76.4	Peliosis hepatis	Diagnosis	ICD-10-CM
K76.81	Hepatopulmonary syndrome	Diagnosis	ICD-10-CM
K76.89	Other specified diseases of liver	Diagnosis	ICD-10-CM
K76.9	Liver disease, unspecified	Diagnosis	ICD-10-CM
Z94.4	Liver transplant status	Diagnosis	ICD-10-CM
<b>HIV - CCI</b>			
B20	Human immunodeficiency virus [HIV] disease	Diagnosis	ICD-10-CM
<b>Mycoses - Frailty</b>			

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
B35.0	Tinea barbae and tinea capitis	Diagnosis	ICD-10-CM
B35.1	Tinea unguium	Diagnosis	ICD-10-CM
B35.2	Tinea manuum	Diagnosis	ICD-10-CM
B35.3	Tinea pedis	Diagnosis	ICD-10-CM
B35.4	Tinea corporis	Diagnosis	ICD-10-CM
B35.5	Tinea imbricata	Diagnosis	ICD-10-CM
B35.6	Tinea cruris	Diagnosis	ICD-10-CM
B35.8	Other dermatophytoses	Diagnosis	ICD-10-CM
B35.9	Dermatophytosis, unspecified	Diagnosis	ICD-10-CM
B36.0	Pityriasis versicolor	Diagnosis	ICD-10-CM
B36.1	Tinea nigra	Diagnosis	ICD-10-CM
B36.2	White piedra	Diagnosis	ICD-10-CM
B36.3	Black piedra	Diagnosis	ICD-10-CM
B36.8	Other specified superficial mycoses	Diagnosis	ICD-10-CM
B36.9	Superficial mycosis, unspecified	Diagnosis	ICD-10-CM
B37.0	Candidal stomatitis	Diagnosis	ICD-10-CM
B37.2	Candidiasis of skin and nail	Diagnosis	ICD-10-CM
B37.3	Candidiasis of vulva and vagina	Diagnosis	ICD-10-CM
B37.41	Candidal cystitis and urethritis	Diagnosis	ICD-10-CM
B37.42	Candidal balanitis	Diagnosis	ICD-10-CM
B37.49	Other urogenital candidiasis	Diagnosis	ICD-10-CM
B37.7	Candidal sepsis	Diagnosis	ICD-10-CM
B37.81	Candidal esophagitis	Diagnosis	ICD-10-CM
B37.82	Candidal enteritis	Diagnosis	ICD-10-CM
B37.83	Candidal cheilitis	Diagnosis	ICD-10-CM
B37.84	Candidal otitis externa	Diagnosis	ICD-10-CM
B37.89	Other sites of candidiasis	Diagnosis	ICD-10-CM
B37.9	Candidiasis, unspecified	Diagnosis	ICD-10-CM
B38.3	Cutaneous coccidioidomycosis	Diagnosis	ICD-10-CM
B38.7	Disseminated coccidioidomycosis	Diagnosis	ICD-10-CM
B38.81	Prostatic coccidioidomycosis	Diagnosis	ICD-10-CM
B38.89	Other forms of coccidioidomycosis	Diagnosis	ICD-10-CM
B38.9	Coccidioidomycosis, unspecified	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
B39.3	Disseminated histoplasmosis capsulati	Diagnosis	ICD-10-CM
B39.4	Histoplasmosis capsulati, unspecified	Diagnosis	ICD-10-CM
B39.5	Histoplasmosis duboisii	Diagnosis	ICD-10-CM
B39.9	Histoplasmosis, unspecified	Diagnosis	ICD-10-CM
B40.0	Acute pulmonary blastomycosis	Diagnosis	ICD-10-CM
B40.1	Chronic pulmonary blastomycosis	Diagnosis	ICD-10-CM
B40.2	Pulmonary blastomycosis, unspecified	Diagnosis	ICD-10-CM
B40.3	Cutaneous blastomycosis	Diagnosis	ICD-10-CM
B40.7	Disseminated blastomycosis	Diagnosis	ICD-10-CM
B40.81	Blastomycotic meningoencephalitis	Diagnosis	ICD-10-CM
B40.89	Other forms of blastomycosis	Diagnosis	ICD-10-CM
B40.9	Blastomycosis, unspecified	Diagnosis	ICD-10-CM
B41.0	Pulmonary paracoccidioidomycosis	Diagnosis	ICD-10-CM
B41.7	Disseminated paracoccidioidomycosis	Diagnosis	ICD-10-CM
B41.8	Other forms of paracoccidioidomycosis	Diagnosis	ICD-10-CM
B41.9	Paracoccidioidomycosis, unspecified	Diagnosis	ICD-10-CM
B42.0	Pulmonary sporotrichosis	Diagnosis	ICD-10-CM
B42.1	Lymphocutaneous sporotrichosis	Diagnosis	ICD-10-CM
B42.7	Disseminated sporotrichosis	Diagnosis	ICD-10-CM
B42.81	Cerebral sporotrichosis	Diagnosis	ICD-10-CM
B42.82	Sporotrichosis arthritis	Diagnosis	ICD-10-CM
B42.89	Other forms of sporotrichosis	Diagnosis	ICD-10-CM
B42.9	Sporotrichosis, unspecified	Diagnosis	ICD-10-CM
B43.0	Cutaneous chromomycosis	Diagnosis	ICD-10-CM
B43.1	Pheomycotic brain abscess	Diagnosis	ICD-10-CM
B43.2	Subcutaneous pheomycotic abscess and cyst	Diagnosis	ICD-10-CM
B43.8	Other forms of chromomycosis	Diagnosis	ICD-10-CM
B43.9	Chromomycosis, unspecified	Diagnosis	ICD-10-CM
B44.0	Invasive pulmonary aspergillosis	Diagnosis	ICD-10-CM
B44.1	Other pulmonary aspergillosis	Diagnosis	ICD-10-CM
B44.2	Tonsillar aspergillosis	Diagnosis	ICD-10-CM
B44.7	Disseminated aspergillosis	Diagnosis	ICD-10-CM
B44.89	Other forms of aspergillosis	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
B44.9	Aspergillosis, unspecified	Diagnosis	ICD-10-CM
B45.0	Pulmonary cryptococcosis	Diagnosis	ICD-10-CM
B45.1	Cerebral cryptococcosis	Diagnosis	ICD-10-CM
B45.2	Cutaneous cryptococcosis	Diagnosis	ICD-10-CM
B45.3	Osseous cryptococcosis	Diagnosis	ICD-10-CM
B45.7	Disseminated cryptococcosis	Diagnosis	ICD-10-CM
B45.8	Other forms of cryptococcosis	Diagnosis	ICD-10-CM
B45.9	Cryptococcosis, unspecified	Diagnosis	ICD-10-CM
B46.0	Pulmonary mucormycosis	Diagnosis	ICD-10-CM
B46.1	Rhinocerebral mucormycosis	Diagnosis	ICD-10-CM
B46.2	Gastrointestinal mucormycosis	Diagnosis	ICD-10-CM
B46.3	Cutaneous mucormycosis	Diagnosis	ICD-10-CM
B46.4	Disseminated mucormycosis	Diagnosis	ICD-10-CM
B46.5	Mucormycosis, unspecified	Diagnosis	ICD-10-CM
B46.8	Other zygomycoses	Diagnosis	ICD-10-CM
B46.9	Zygomycosis, unspecified	Diagnosis	ICD-10-CM
B47.0	Eumycetoma	Diagnosis	ICD-10-CM
B48.0	Lobomycosis	Diagnosis	ICD-10-CM
B48.1	Rhinosporidiosis	Diagnosis	ICD-10-CM
B48.2	Allescheriasis	Diagnosis	ICD-10-CM
B48.3	Geotrichosis	Diagnosis	ICD-10-CM
B48.4	Penicillosis	Diagnosis	ICD-10-CM
B48.8	Other specified mycoses	Diagnosis	ICD-10-CM
B49	Unspecified mycosis	Diagnosis	ICD-10-CM
<b>Other Chronic Respiratory Diseases</b>			
B44.81	Allergic bronchopulmonary aspergillosis	Diagnosis	ICD-10-CM
E84.0	Cystic fibrosis with pulmonary manifestations	Diagnosis	ICD-10-CM
E84.1	Cystic fibrosis with intestinal manifestations	Diagnosis	ICD-10-CM
E84.19	Cystic fibrosis with other intestinal manifestations	Diagnosis	ICD-10-CM
E84.8	Cystic fibrosis with other manifestations	Diagnosis	ICD-10-CM
G47.34	Idiopathic sleep related nonobstructive alveolar hypoventilation	Diagnosis	ICD-10-CM
G47.36	Sleep related hypoventilation in conditions classified elsewhere	Diagnosis	ICD-10-CM
G47.39	Other sleep apnea	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J40	Bronchitis, not specified as acute or chronic	Diagnosis	ICD-10-CM
J41.0	Simple chronic bronchitis	Diagnosis	ICD-10-CM
J41.1	Mucopurulent chronic bronchitis	Diagnosis	ICD-10-CM
J41.8	Mixed simple and mucopurulent chronic bronchitis	Diagnosis	ICD-10-CM
J42	Unspecified chronic bronchitis	Diagnosis	ICD-10-CM
J43	Emphysema	Diagnosis	ICD-10-CM
J43.0	Unilateral pulmonary emphysema [MacLeod's syndrome]	Diagnosis	ICD-10-CM
J43.1	Panlobular emphysema	Diagnosis	ICD-10-CM
J43.2	Centrilobular emphysema	Diagnosis	ICD-10-CM
J43.8	Other emphysema	Diagnosis	ICD-10-CM
J43.9	Emphysema, unspecified	Diagnosis	ICD-10-CM
J44	Other chronic obstructive pulmonary disease	Diagnosis	ICD-10-CM
J47.0	Bronchiectasis with acute lower respiratory infection	Diagnosis	ICD-10-CM
J47.1	Bronchiectasis with (acute) exacerbation	Diagnosis	ICD-10-CM
J47.9	Bronchiectasis, uncomplicated	Diagnosis	ICD-10-CM
J61	Pneumoconiosis due to asbestos and other mineral fibers	Diagnosis	ICD-10-CM
J62	Pneumoconiosis due to dust containing silica	Diagnosis	ICD-10-CM
J62.8	Pneumoconiosis due to other dust containing silica	Diagnosis	ICD-10-CM
J63	Pneumoconiosis due to other inorganic dusts	Diagnosis	ICD-10-CM
J63.6	Pneumoconiosis due to other specified inorganic dusts	Diagnosis	ICD-10-CM
J65	Pneumoconiosis associated with tuberculosis	Diagnosis	ICD-10-CM
J70	Respiratory conditions due to other external agents	Diagnosis	ICD-10-CM
J70.1	Chronic and other pulmonary manifestations due to radiation	Diagnosis	ICD-10-CM
J70.3	Chronic drug-induced interstitial lung disorders	Diagnosis	ICD-10-CM
J70.4	Drug-induced interstitial lung disorders, unspecified	Diagnosis	ICD-10-CM
J70.5	Respiratory conditions due to smoke inhalation	Diagnosis	ICD-10-CM
J70.8	Respiratory conditions due to other specified external agents	Diagnosis	ICD-10-CM
J70.9	Respiratory conditions due to unspecified external agent	Diagnosis	ICD-10-CM
J82	Pulmonary eosinophilia, not elsewhere classified	Diagnosis	ICD-10-CM
J82.8	Pulmonary eosinophilia, not elsewhere classified	Diagnosis	ICD-10-CM
J82.89	Other pulmonary eosinophilia, not elsewhere classified	Diagnosis	ICD-10-CM
J84	Other interstitial pulmonary diseases	Diagnosis	ICD-10-CM
J84.0	Alveolar and parieto-alveolar conditions	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J84.09	Other alveolar and parieto-alveolar conditions	Diagnosis	ICD-10-CM
J84.1	Other interstitial pulmonary diseases with fibrosis	Diagnosis	ICD-10-CM
J84.10	Pulmonary fibrosis, unspecified	Diagnosis	ICD-10-CM
J84.111	Idiopathic interstitial pneumonia, not otherwise specified	Diagnosis	ICD-10-CM
J84.113	Idiopathic non-specific interstitial pneumonitis	Diagnosis	ICD-10-CM
J84.115	Respiratory bronchiolitis interstitial lung disease	Diagnosis	ICD-10-CM
J84.117	Desquamative interstitial pneumonia	Diagnosis	ICD-10-CM
J84.17	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere	Diagnosis	ICD-10-CM
J84.170	Interstitial lung disease with progressive fibrotic phenotype in diseases classified elsewhere	Diagnosis	ICD-10-CM
J84.178	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere	Diagnosis	ICD-10-CM
J84.8	Other specified interstitial pulmonary diseases	Diagnosis	ICD-10-CM
J84.82	Adult pulmonary Langerhans cell histiocytosis	Diagnosis	ICD-10-CM
J84.84	Other interstitial lung diseases of childhood	Diagnosis	ICD-10-CM
J84.841	Neuroendocrine cell hyperplasia of infancy	Diagnosis	ICD-10-CM
J84.842	Pulmonary interstitial glycogenosis	Diagnosis	ICD-10-CM
J84.843	Alveolar capillary dysplasia with vein misalignment	Diagnosis	ICD-10-CM
J84.848	Other interstitial lung diseases of childhood	Diagnosis	ICD-10-CM
J84.89	Other specified interstitial pulmonary diseases	Diagnosis	ICD-10-CM
J84.9	Interstitial pulmonary disease, unspecified	Diagnosis	ICD-10-CM
J91	Pleural effusion in conditions classified elsewhere	Diagnosis	ICD-10-CM
J92.0	Pleural plaque with presence of asbestos	Diagnosis	ICD-10-CM
J96.1	Chronic respiratory failure	Diagnosis	ICD-10-CM
J98.2	Interstitial emphysema	Diagnosis	ICD-10-CM
J98.3	Compensatory emphysema	Diagnosis	ICD-10-CM
J98.4	Other disorders of lung	Diagnosis	ICD-10-CM
J98.9	Respiratory disorder, unspecified	Diagnosis	ICD-10-CM
P27	Chronic respiratory disease originating in the perinatal period	Diagnosis	ICD-10-CM
P27.0	Wilson-Mikity syndrome	Diagnosis	ICD-10-CM
P27.1	Bronchopulmonary dysplasia originating in the perinatal period	Diagnosis	ICD-10-CM
P27.8	Other chronic respiratory diseases originating in the perinatal period	Diagnosis	ICD-10-CM
P27.9	Unspecified chronic respiratory disease originating in the perinatal period	Diagnosis	ICD-10-CM

**Pneumonia - COVID Severity**

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
B97.29	Other coronavirus as the cause of diseases classified elsewhere	Diagnosis	ICD-10-CM
J12.81	Pneumonia due to SARS-associated coronavirus	Diagnosis	ICD-10-CM
J12.82	Pneumonia due to coronavirus disease 2019	Diagnosis	ICD-10-CM
J12.89	Other viral pneumonia	Diagnosis	ICD-10-CM
J12.9	Viral pneumonia, unspecified	Diagnosis	ICD-10-CM
J17	Pneumonia in diseases classified elsewhere	Diagnosis	ICD-10-CM
J18.0	Bronchopneumonia, unspecified organism	Diagnosis	ICD-10-CM
J18.1	Lobar pneumonia, unspecified organism	Diagnosis	ICD-10-CM
J18.2	Hypostatic pneumonia, unspecified organism	Diagnosis	ICD-10-CM
J18.8	Other pneumonia, unspecified organism	Diagnosis	ICD-10-CM
J18.9	Pneumonia, unspecified organism	Diagnosis	ICD-10-CM
J84.116	Cryptogenic organizing pneumonia	Diagnosis	ICD-10-CM
J85.1	Abscess of lung with pneumonia	Diagnosis	ICD-10-CM
<b>Solid Malignancies</b>			
C00.0	Malignant neoplasm of external upper lip	Diagnosis	ICD-10-CM
C00.1	Malignant neoplasm of external lower lip	Diagnosis	ICD-10-CM
C00.2	Malignant neoplasm of external lip, unspecified	Diagnosis	ICD-10-CM
C00.3	Malignant neoplasm of upper lip, inner aspect	Diagnosis	ICD-10-CM
C00.4	Malignant neoplasm of lower lip, inner aspect	Diagnosis	ICD-10-CM
C00.5	Malignant neoplasm of lip, unspecified, inner aspect	Diagnosis	ICD-10-CM
C00.6	Malignant neoplasm of commissure of lip, unspecified	Diagnosis	ICD-10-CM
C00.8	Malignant neoplasm of overlapping sites of lip	Diagnosis	ICD-10-CM
C00.9	Malignant neoplasm of lip, unspecified	Diagnosis	ICD-10-CM
C01	Malignant neoplasm of base of tongue	Diagnosis	ICD-10-CM
C02.0	Malignant neoplasm of dorsal surface of tongue	Diagnosis	ICD-10-CM
C02.1	Malignant neoplasm of border of tongue	Diagnosis	ICD-10-CM
C02.2	Malignant neoplasm of ventral surface of tongue	Diagnosis	ICD-10-CM
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	Diagnosis	ICD-10-CM
C02.4	Malignant neoplasm of lingual tonsil	Diagnosis	ICD-10-CM
C02.8	Malignant neoplasm of overlapping sites of tongue	Diagnosis	ICD-10-CM
C02.9	Malignant neoplasm of tongue, unspecified	Diagnosis	ICD-10-CM
C03.0	Malignant neoplasm of upper gum	Diagnosis	ICD-10-CM
C03.1	Malignant neoplasm of lower gum	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C03.9	Malignant neoplasm of gum, unspecified	Diagnosis	ICD-10-CM
C04.0	Malignant neoplasm of anterior floor of mouth	Diagnosis	ICD-10-CM
C04.1	Malignant neoplasm of lateral floor of mouth	Diagnosis	ICD-10-CM
C04.8	Malignant neoplasm of overlapping sites of floor of mouth	Diagnosis	ICD-10-CM
C04.9	Malignant neoplasm of floor of mouth, unspecified	Diagnosis	ICD-10-CM
C05.0	Malignant neoplasm of hard palate	Diagnosis	ICD-10-CM
C05.1	Malignant neoplasm of soft palate	Diagnosis	ICD-10-CM
C05.2	Malignant neoplasm of uvula	Diagnosis	ICD-10-CM
C05.8	Malignant neoplasm of overlapping sites of palate	Diagnosis	ICD-10-CM
C05.9	Malignant neoplasm of palate, unspecified	Diagnosis	ICD-10-CM
C06.0	Malignant neoplasm of cheek mucosa	Diagnosis	ICD-10-CM
C06.1	Malignant neoplasm of vestibule of mouth	Diagnosis	ICD-10-CM
C06.2	Malignant neoplasm of retromolar area	Diagnosis	ICD-10-CM
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth	Diagnosis	ICD-10-CM
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth	Diagnosis	ICD-10-CM
C06.9	Malignant neoplasm of mouth, unspecified	Diagnosis	ICD-10-CM
C07	Malignant neoplasm of parotid gland	Diagnosis	ICD-10-CM
C08.0	Malignant neoplasm of submandibular gland	Diagnosis	ICD-10-CM
C08.1	Malignant neoplasm of sublingual gland	Diagnosis	ICD-10-CM
C08.9	Malignant neoplasm of major salivary gland, unspecified	Diagnosis	ICD-10-CM
C09.0	Malignant neoplasm of tonsillar fossa	Diagnosis	ICD-10-CM
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	Diagnosis	ICD-10-CM
C09.8	Malignant neoplasm of overlapping sites of tonsil	Diagnosis	ICD-10-CM
C09.9	Malignant neoplasm of tonsil, unspecified	Diagnosis	ICD-10-CM
C10.0	Malignant neoplasm of vallecula	Diagnosis	ICD-10-CM
C10.1	Malignant neoplasm of anterior surface of epiglottis	Diagnosis	ICD-10-CM
C10.2	Malignant neoplasm of lateral wall of oropharynx	Diagnosis	ICD-10-CM
C10.3	Malignant neoplasm of posterior wall of oropharynx	Diagnosis	ICD-10-CM
C10.4	Malignant neoplasm of branchial cleft	Diagnosis	ICD-10-CM
C10.8	Malignant neoplasm of overlapping sites of oropharynx	Diagnosis	ICD-10-CM
C10.9	Malignant neoplasm of oropharynx, unspecified	Diagnosis	ICD-10-CM
C11.0	Malignant neoplasm of superior wall of nasopharynx	Diagnosis	ICD-10-CM
C11.1	Malignant neoplasm of posterior wall of nasopharynx	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C11.2	Malignant neoplasm of lateral wall of nasopharynx	Diagnosis	ICD-10-CM
C11.3	Malignant neoplasm of anterior wall of nasopharynx	Diagnosis	ICD-10-CM
C11.8	Malignant neoplasm of overlapping sites of nasopharynx	Diagnosis	ICD-10-CM
C11.9	Malignant neoplasm of nasopharynx, unspecified	Diagnosis	ICD-10-CM
C12	Malignant neoplasm of pyriform sinus	Diagnosis	ICD-10-CM
C13.0	Malignant neoplasm of postcricoid region	Diagnosis	ICD-10-CM
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	Diagnosis	ICD-10-CM
C13.2	Malignant neoplasm of posterior wall of hypopharynx	Diagnosis	ICD-10-CM
C13.8	Malignant neoplasm of overlapping sites of hypopharynx	Diagnosis	ICD-10-CM
C13.9	Malignant neoplasm of hypopharynx, unspecified	Diagnosis	ICD-10-CM
C14.0	Malignant neoplasm of pharynx, unspecified	Diagnosis	ICD-10-CM
C14.2	Malignant neoplasm of Waldeyer's ring	Diagnosis	ICD-10-CM
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx	Diagnosis	ICD-10-CM
C15.3	Malignant neoplasm of upper third of esophagus	Diagnosis	ICD-10-CM
C15.4	Malignant neoplasm of middle third of esophagus	Diagnosis	ICD-10-CM
C15.5	Malignant neoplasm of lower third of esophagus	Diagnosis	ICD-10-CM
C15.8	Malignant neoplasm of overlapping sites of esophagus	Diagnosis	ICD-10-CM
C15.9	Malignant neoplasm of esophagus, unspecified	Diagnosis	ICD-10-CM
C16.0	Malignant neoplasm of cardia	Diagnosis	ICD-10-CM
C16.1	Malignant neoplasm of fundus of stomach	Diagnosis	ICD-10-CM
C16.2	Malignant neoplasm of body of stomach	Diagnosis	ICD-10-CM
C16.3	Malignant neoplasm of pyloric antrum	Diagnosis	ICD-10-CM
C16.4	Malignant neoplasm of pylorus	Diagnosis	ICD-10-CM
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified	Diagnosis	ICD-10-CM
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified	Diagnosis	ICD-10-CM
C16.8	Malignant neoplasm of overlapping sites of stomach	Diagnosis	ICD-10-CM
C16.9	Malignant neoplasm of stomach, unspecified	Diagnosis	ICD-10-CM
C17.0	Malignant neoplasm of duodenum	Diagnosis	ICD-10-CM
C17.1	Malignant neoplasm of jejunum	Diagnosis	ICD-10-CM
C17.2	Malignant neoplasm of ileum	Diagnosis	ICD-10-CM
C17.3	Meckel's diverticulum, malignant	Diagnosis	ICD-10-CM
C17.8	Malignant neoplasm of overlapping sites of small intestine	Diagnosis	ICD-10-CM
C17.9	Malignant neoplasm of small intestine, unspecified	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C18.0	Malignant neoplasm of cecum	Diagnosis	ICD-10-CM
C18.1	Malignant neoplasm of appendix	Diagnosis	ICD-10-CM
C18.2	Malignant neoplasm of ascending colon	Diagnosis	ICD-10-CM
C18.3	Malignant neoplasm of hepatic flexure	Diagnosis	ICD-10-CM
C18.4	Malignant neoplasm of transverse colon	Diagnosis	ICD-10-CM
C18.5	Malignant neoplasm of splenic flexure	Diagnosis	ICD-10-CM
C18.6	Malignant neoplasm of descending colon	Diagnosis	ICD-10-CM
C18.7	Malignant neoplasm of sigmoid colon	Diagnosis	ICD-10-CM
C18.8	Malignant neoplasm of overlapping sites of colon	Diagnosis	ICD-10-CM
C18.9	Malignant neoplasm of colon, unspecified	Diagnosis	ICD-10-CM
C19	Malignant neoplasm of rectosigmoid junction	Diagnosis	ICD-10-CM
C20	Malignant neoplasm of rectum	Diagnosis	ICD-10-CM
C21.0	Malignant neoplasm of anus, unspecified	Diagnosis	ICD-10-CM
C21.1	Malignant neoplasm of anal canal	Diagnosis	ICD-10-CM
C21.2	Malignant neoplasm of cloacogenic zone	Diagnosis	ICD-10-CM
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal	Diagnosis	ICD-10-CM
C22.0	Liver cell carcinoma	Diagnosis	ICD-10-CM
C22.1	Intrahepatic bile duct carcinoma	Diagnosis	ICD-10-CM
C22.2	Hepatoblastoma	Diagnosis	ICD-10-CM
C22.3	Angiosarcoma of liver	Diagnosis	ICD-10-CM
C22.4	Other sarcomas of liver	Diagnosis	ICD-10-CM
C22.7	Other specified carcinomas of liver	Diagnosis	ICD-10-CM
C22.8	Malignant neoplasm of liver, primary, unspecified as to type	Diagnosis	ICD-10-CM
C22.9	Malignant neoplasm of liver, not specified as primary or secondary	Diagnosis	ICD-10-CM
C23	Malignant neoplasm of gallbladder	Diagnosis	ICD-10-CM
C24.0	Malignant neoplasm of extrahepatic bile duct	Diagnosis	ICD-10-CM
C24.1	Malignant neoplasm of ampulla of Vater	Diagnosis	ICD-10-CM
C24.8	Malignant neoplasm of overlapping sites of biliary tract	Diagnosis	ICD-10-CM
C24.9	Malignant neoplasm of biliary tract, unspecified	Diagnosis	ICD-10-CM
C25.0	Malignant neoplasm of head of pancreas	Diagnosis	ICD-10-CM
C25.1	Malignant neoplasm of body of pancreas	Diagnosis	ICD-10-CM
C25.2	Malignant neoplasm of tail of pancreas	Diagnosis	ICD-10-CM
C25.3	Malignant neoplasm of pancreatic duct	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C25.4	Malignant neoplasm of endocrine pancreas	Diagnosis	ICD-10-CM
C25.7	Malignant neoplasm of other parts of pancreas	Diagnosis	ICD-10-CM
C25.8	Malignant neoplasm of overlapping sites of pancreas	Diagnosis	ICD-10-CM
C25.9	Malignant neoplasm of pancreas, unspecified	Diagnosis	ICD-10-CM
C26.0	Malignant neoplasm of intestinal tract, part unspecified	Diagnosis	ICD-10-CM
C26.1	Malignant neoplasm of spleen	Diagnosis	ICD-10-CM
C26.9	Malignant neoplasm of ill-defined sites within the digestive system	Diagnosis	ICD-10-CM
C30.0	Malignant neoplasm of nasal cavity	Diagnosis	ICD-10-CM
C30.1	Malignant neoplasm of middle ear	Diagnosis	ICD-10-CM
C31.0	Malignant neoplasm of maxillary sinus	Diagnosis	ICD-10-CM
C31.1	Malignant neoplasm of ethmoidal sinus	Diagnosis	ICD-10-CM
C31.2	Malignant neoplasm of frontal sinus	Diagnosis	ICD-10-CM
C31.3	Malignant neoplasm of sphenoid sinus	Diagnosis	ICD-10-CM
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses	Diagnosis	ICD-10-CM
C31.9	Malignant neoplasm of accessory sinus, unspecified	Diagnosis	ICD-10-CM
C32.0	Malignant neoplasm of glottis	Diagnosis	ICD-10-CM
C32.1	Malignant neoplasm of supraglottis	Diagnosis	ICD-10-CM
C32.2	Malignant neoplasm of subglottis	Diagnosis	ICD-10-CM
C32.3	Malignant neoplasm of laryngeal cartilage	Diagnosis	ICD-10-CM
C32.8	Malignant neoplasm of overlapping sites of larynx	Diagnosis	ICD-10-CM
C32.9	Malignant neoplasm of larynx, unspecified	Diagnosis	ICD-10-CM
C33	Malignant neoplasm of trachea	Diagnosis	ICD-10-CM
C34.00	Malignant neoplasm of unspecified main bronchus	Diagnosis	ICD-10-CM
C34.01	Malignant neoplasm of right main bronchus	Diagnosis	ICD-10-CM
C34.02	Malignant neoplasm of left main bronchus	Diagnosis	ICD-10-CM
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung	Diagnosis	ICD-10-CM
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung	Diagnosis	ICD-10-CM
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung	Diagnosis	ICD-10-CM
C34.2	Malignant neoplasm of middle lobe, bronchus or lung	Diagnosis	ICD-10-CM
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung	Diagnosis	ICD-10-CM
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	Diagnosis	ICD-10-CM
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung	Diagnosis	ICD-10-CM
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

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

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C41.0	Malignant neoplasm of bones of skull and face	Diagnosis	ICD-10-CM
C41.1	Malignant neoplasm of mandible	Diagnosis	ICD-10-CM
C41.2	Malignant neoplasm of vertebral column	Diagnosis	ICD-10-CM
C41.3	Malignant neoplasm of ribs, sternum and clavicle	Diagnosis	ICD-10-CM
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx	Diagnosis	ICD-10-CM
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified	Diagnosis	ICD-10-CM
C43.0	Malignant melanoma of lip	Diagnosis	ICD-10-CM
C43.10	Malignant melanoma of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C43.11	Malignant melanoma of right eyelid, including canthus	Diagnosis	ICD-10-CM
C43.111	Malignant melanoma of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C43.112	Malignant melanoma of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C43.12	Malignant melanoma of left eyelid, including canthus	Diagnosis	ICD-10-CM
C43.121	Malignant melanoma of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C43.122	Malignant melanoma of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C43.20	Malignant melanoma of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C43.21	Malignant melanoma of right ear and external auricular canal	Diagnosis	ICD-10-CM
C43.22	Malignant melanoma of left ear and external auricular canal	Diagnosis	ICD-10-CM
C43.30	Malignant melanoma of unspecified part of face	Diagnosis	ICD-10-CM
C43.31	Malignant melanoma of nose	Diagnosis	ICD-10-CM
C43.39	Malignant melanoma of other parts of face	Diagnosis	ICD-10-CM
C43.4	Malignant melanoma of scalp and neck	Diagnosis	ICD-10-CM
C43.51	Malignant melanoma of anal skin	Diagnosis	ICD-10-CM
C43.52	Malignant melanoma of skin of breast	Diagnosis	ICD-10-CM
C43.59	Malignant melanoma of other part of trunk	Diagnosis	ICD-10-CM
C43.60	Malignant melanoma of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.61	Malignant melanoma of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.62	Malignant melanoma of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.70	Malignant melanoma of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C43.71	Malignant melanoma of right lower limb, including hip	Diagnosis	ICD-10-CM
C43.72	Malignant melanoma of left lower limb, including hip	Diagnosis	ICD-10-CM
C43.8	Malignant melanoma of overlapping sites of skin	Diagnosis	ICD-10-CM
C43.9	Malignant melanoma of skin, unspecified	Diagnosis	ICD-10-CM
C45.0	Mesothelioma of pleura	Diagnosis	ICD-10-CM



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

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

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

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C4A.39	Merkel cell carcinoma of other parts of face	Diagnosis	ICD-10-CM
C4A.4	Merkel cell carcinoma of scalp and neck	Diagnosis	ICD-10-CM
C4A.51	Merkel cell carcinoma of anal skin	Diagnosis	ICD-10-CM
C4A.52	Merkel cell carcinoma of skin of breast	Diagnosis	ICD-10-CM
C4A.59	Merkel cell carcinoma of other part of trunk	Diagnosis	ICD-10-CM
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C4A.71	Merkel cell carcinoma of right lower limb, including hip	Diagnosis	ICD-10-CM
C4A.72	Merkel cell carcinoma of left lower limb, including hip	Diagnosis	ICD-10-CM
C4A.8	Merkel cell carcinoma of overlapping sites	Diagnosis	ICD-10-CM
C4A.9	Merkel cell carcinoma, unspecified	Diagnosis	ICD-10-CM
C50.011	Malignant neoplasm of nipple and areola, right female breast	Diagnosis	ICD-10-CM
C50.012	Malignant neoplasm of nipple and areola, left female breast	Diagnosis	ICD-10-CM
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast	Diagnosis	ICD-10-CM
C50.021	Malignant neoplasm of nipple and areola, right male breast	Diagnosis	ICD-10-CM
C50.022	Malignant neoplasm of nipple and areola, left male breast	Diagnosis	ICD-10-CM
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast	Diagnosis	ICD-10-CM
C50.111	Malignant neoplasm of central portion of right female breast	Diagnosis	ICD-10-CM
C50.112	Malignant neoplasm of central portion of left female breast	Diagnosis	ICD-10-CM
C50.119	Malignant neoplasm of central portion of unspecified female breast	Diagnosis	ICD-10-CM
C50.121	Malignant neoplasm of central portion of right male breast	Diagnosis	ICD-10-CM
C50.122	Malignant neoplasm of central portion of left male breast	Diagnosis	ICD-10-CM
C50.129	Malignant neoplasm of central portion of unspecified male breast	Diagnosis	ICD-10-CM
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast	Diagnosis	ICD-10-CM
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	Diagnosis	ICD-10-CM
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast	Diagnosis	ICD-10-CM
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast	Diagnosis	ICD-10-CM
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast	Diagnosis	ICD-10-CM
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast	Diagnosis	ICD-10-CM
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast	Diagnosis	ICD-10-CM
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast	Diagnosis	ICD-10-CM
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast	Diagnosis	ICD-10-CM
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast	Diagnosis	ICD-10-CM
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast	Diagnosis	ICD-10-CM
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast	Diagnosis	ICD-10-CM
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast	Diagnosis	ICD-10-CM
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast	Diagnosis	ICD-10-CM
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast	Diagnosis	ICD-10-CM
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.611	Malignant neoplasm of axillary tail of right female breast	Diagnosis	ICD-10-CM
C50.612	Malignant neoplasm of axillary tail of left female breast	Diagnosis	ICD-10-CM
C50.619	Malignant neoplasm of axillary tail of unspecified female breast	Diagnosis	ICD-10-CM
C50.621	Malignant neoplasm of axillary tail of right male breast	Diagnosis	ICD-10-CM
C50.622	Malignant neoplasm of axillary tail of left male breast	Diagnosis	ICD-10-CM
C50.629	Malignant neoplasm of axillary tail of unspecified male breast	Diagnosis	ICD-10-CM
C50.811	Malignant neoplasm of overlapping sites of right female breast	Diagnosis	ICD-10-CM
C50.812	Malignant neoplasm of overlapping sites of left female breast	Diagnosis	ICD-10-CM
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast	Diagnosis	ICD-10-CM
C50.821	Malignant neoplasm of overlapping sites of right male breast	Diagnosis	ICD-10-CM
C50.822	Malignant neoplasm of overlapping sites of left male breast	Diagnosis	ICD-10-CM
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast	Diagnosis	ICD-10-CM
C50.911	Malignant neoplasm of unspecified site of right female breast	Diagnosis	ICD-10-CM
C50.912	Malignant neoplasm of unspecified site of left female breast	Diagnosis	ICD-10-CM
C50.919	Malignant neoplasm of unspecified site of unspecified female breast	Diagnosis	ICD-10-CM
C50.921	Malignant neoplasm of unspecified site of right male breast	Diagnosis	ICD-10-CM
C50.922	Malignant neoplasm of unspecified site of left male breast	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

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

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C57.8	Malignant neoplasm of overlapping sites of female genital organs	Diagnosis	ICD-10-CM
C57.9	Malignant neoplasm of female genital organ, unspecified	Diagnosis	ICD-10-CM
C58	Malignant neoplasm of placenta	Diagnosis	ICD-10-CM
C60.0	Malignant neoplasm of prepuce	Diagnosis	ICD-10-CM
C60.1	Malignant neoplasm of glans penis	Diagnosis	ICD-10-CM
C60.2	Malignant neoplasm of body of penis	Diagnosis	ICD-10-CM
C60.8	Malignant neoplasm of overlapping sites of penis	Diagnosis	ICD-10-CM
C60.9	Malignant neoplasm of penis, unspecified	Diagnosis	ICD-10-CM
C61	Malignant neoplasm of prostate	Diagnosis	ICD-10-CM
C62.00	Malignant neoplasm of unspecified undescended testis	Diagnosis	ICD-10-CM
C62.01	Malignant neoplasm of undescended right testis	Diagnosis	ICD-10-CM
C62.02	Malignant neoplasm of undescended left testis	Diagnosis	ICD-10-CM
C62.10	Malignant neoplasm of unspecified descended testis	Diagnosis	ICD-10-CM
C62.11	Malignant neoplasm of descended right testis	Diagnosis	ICD-10-CM
C62.12	Malignant neoplasm of descended left testis	Diagnosis	ICD-10-CM
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C63.00	Malignant neoplasm of unspecified epididymis	Diagnosis	ICD-10-CM
C63.01	Malignant neoplasm of right epididymis	Diagnosis	ICD-10-CM
C63.02	Malignant neoplasm of left epididymis	Diagnosis	ICD-10-CM
C63.10	Malignant neoplasm of unspecified spermatic cord	Diagnosis	ICD-10-CM
C63.11	Malignant neoplasm of right spermatic cord	Diagnosis	ICD-10-CM
C63.12	Malignant neoplasm of left spermatic cord	Diagnosis	ICD-10-CM
C63.2	Malignant neoplasm of scrotum	Diagnosis	ICD-10-CM
C63.7	Malignant neoplasm of other specified male genital organs	Diagnosis	ICD-10-CM
C63.8	Malignant neoplasm of overlapping sites of male genital organs	Diagnosis	ICD-10-CM
C63.9	Malignant neoplasm of male genital organ, unspecified	Diagnosis	ICD-10-CM
C64.1	Malignant neoplasm of right kidney, except renal pelvis	Diagnosis	ICD-10-CM
C64.2	Malignant neoplasm of left kidney, except renal pelvis	Diagnosis	ICD-10-CM
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	Diagnosis	ICD-10-CM
C65.1	Malignant neoplasm of right renal pelvis	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C65.2	Malignant neoplasm of left renal pelvis	Diagnosis	ICD-10-CM
C65.9	Malignant neoplasm of unspecified renal pelvis	Diagnosis	ICD-10-CM
C66.1	Malignant neoplasm of right ureter	Diagnosis	ICD-10-CM
C66.2	Malignant neoplasm of left ureter	Diagnosis	ICD-10-CM
C66.9	Malignant neoplasm of unspecified ureter	Diagnosis	ICD-10-CM
C67.0	Malignant neoplasm of trigone of bladder	Diagnosis	ICD-10-CM
C67.1	Malignant neoplasm of dome of bladder	Diagnosis	ICD-10-CM
C67.2	Malignant neoplasm of lateral wall of bladder	Diagnosis	ICD-10-CM
C67.3	Malignant neoplasm of anterior wall of bladder	Diagnosis	ICD-10-CM
C67.4	Malignant neoplasm of posterior wall of bladder	Diagnosis	ICD-10-CM
C67.5	Malignant neoplasm of bladder neck	Diagnosis	ICD-10-CM
C67.6	Malignant neoplasm of ureteric orifice	Diagnosis	ICD-10-CM
C67.7	Malignant neoplasm of urachus	Diagnosis	ICD-10-CM
C67.8	Malignant neoplasm of overlapping sites of bladder	Diagnosis	ICD-10-CM
C67.9	Malignant neoplasm of bladder, unspecified	Diagnosis	ICD-10-CM
C68.0	Malignant neoplasm of urethra	Diagnosis	ICD-10-CM
C68.1	Malignant neoplasm of paraurethral glands	Diagnosis	ICD-10-CM
C68.8	Malignant neoplasm of overlapping sites of urinary organs	Diagnosis	ICD-10-CM
C68.9	Malignant neoplasm of urinary organ, unspecified	Diagnosis	ICD-10-CM
C69.00	Malignant neoplasm of unspecified conjunctiva	Diagnosis	ICD-10-CM
C69.01	Malignant neoplasm of right conjunctiva	Diagnosis	ICD-10-CM
C69.02	Malignant neoplasm of left conjunctiva	Diagnosis	ICD-10-CM
C69.10	Malignant neoplasm of unspecified cornea	Diagnosis	ICD-10-CM
C69.11	Malignant neoplasm of right cornea	Diagnosis	ICD-10-CM
C69.12	Malignant neoplasm of left cornea	Diagnosis	ICD-10-CM
C69.20	Malignant neoplasm of unspecified retina	Diagnosis	ICD-10-CM
C69.21	Malignant neoplasm of right retina	Diagnosis	ICD-10-CM
C69.22	Malignant neoplasm of left retina	Diagnosis	ICD-10-CM
C69.30	Malignant neoplasm of unspecified choroid	Diagnosis	ICD-10-CM
C69.31	Malignant neoplasm of right choroid	Diagnosis	ICD-10-CM
C69.32	Malignant neoplasm of left choroid	Diagnosis	ICD-10-CM
C69.40	Malignant neoplasm of unspecified ciliary body	Diagnosis	ICD-10-CM
C69.41	Malignant neoplasm of right ciliary body	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C69.42	Malignant neoplasm of left ciliary body	Diagnosis	ICD-10-CM
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.51	Malignant neoplasm of right lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.52	Malignant neoplasm of left lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.60	Malignant neoplasm of unspecified orbit	Diagnosis	ICD-10-CM
C69.61	Malignant neoplasm of right orbit	Diagnosis	ICD-10-CM
C69.62	Malignant neoplasm of left orbit	Diagnosis	ICD-10-CM
C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa	Diagnosis	ICD-10-CM
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa	Diagnosis	ICD-10-CM
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa	Diagnosis	ICD-10-CM
C69.90	Malignant neoplasm of unspecified site of unspecified eye	Diagnosis	ICD-10-CM
C69.91	Malignant neoplasm of unspecified site of right eye	Diagnosis	ICD-10-CM
C69.92	Malignant neoplasm of unspecified site of left eye	Diagnosis	ICD-10-CM
C70.0	Malignant neoplasm of cerebral meninges	Diagnosis	ICD-10-CM
C70.1	Malignant neoplasm of spinal meninges	Diagnosis	ICD-10-CM
C70.9	Malignant neoplasm of meninges, unspecified	Diagnosis	ICD-10-CM
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles	Diagnosis	ICD-10-CM
C71.1	Malignant neoplasm of frontal lobe	Diagnosis	ICD-10-CM
C71.2	Malignant neoplasm of temporal lobe	Diagnosis	ICD-10-CM
C71.3	Malignant neoplasm of parietal lobe	Diagnosis	ICD-10-CM
C71.4	Malignant neoplasm of occipital lobe	Diagnosis	ICD-10-CM
C71.5	Malignant neoplasm of cerebral ventricle	Diagnosis	ICD-10-CM
C71.6	Malignant neoplasm of cerebellum	Diagnosis	ICD-10-CM
C71.7	Malignant neoplasm of brain stem	Diagnosis	ICD-10-CM
C71.8	Malignant neoplasm of overlapping sites of brain	Diagnosis	ICD-10-CM
C71.9	Malignant neoplasm of brain, unspecified	Diagnosis	ICD-10-CM
C72.0	Malignant neoplasm of spinal cord	Diagnosis	ICD-10-CM
C72.1	Malignant neoplasm of cauda equina	Diagnosis	ICD-10-CM
C72.20	Malignant neoplasm of unspecified olfactory nerve	Diagnosis	ICD-10-CM
C72.21	Malignant neoplasm of right olfactory nerve	Diagnosis	ICD-10-CM
C72.22	Malignant neoplasm of left olfactory nerve	Diagnosis	ICD-10-CM
C72.30	Malignant neoplasm of unspecified optic nerve	Diagnosis	ICD-10-CM
C72.31	Malignant neoplasm of right optic nerve	Diagnosis	ICD-10-CM



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C72.32	Malignant neoplasm of left optic nerve	Diagnosis	ICD-10-CM
C72.40	Malignant neoplasm of unspecified acoustic nerve	Diagnosis	ICD-10-CM
C72.41	Malignant neoplasm of right acoustic nerve	Diagnosis	ICD-10-CM
C72.42	Malignant neoplasm of left acoustic nerve	Diagnosis	ICD-10-CM
C72.50	Malignant neoplasm of unspecified cranial nerve	Diagnosis	ICD-10-CM
C72.59	Malignant neoplasm of other cranial nerves	Diagnosis	ICD-10-CM
C72.9	Malignant neoplasm of central nervous system, unspecified	Diagnosis	ICD-10-CM
C73	Malignant neoplasm of thyroid gland	Diagnosis	ICD-10-CM
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.01	Malignant neoplasm of cortex of right adrenal gland	Diagnosis	ICD-10-CM
C74.02	Malignant neoplasm of cortex of left adrenal gland	Diagnosis	ICD-10-CM
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.11	Malignant neoplasm of medulla of right adrenal gland	Diagnosis	ICD-10-CM
C74.12	Malignant neoplasm of medulla of left adrenal gland	Diagnosis	ICD-10-CM
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.91	Malignant neoplasm of unspecified part of right adrenal gland	Diagnosis	ICD-10-CM
C74.92	Malignant neoplasm of unspecified part of left adrenal gland	Diagnosis	ICD-10-CM
C75.0	Malignant neoplasm of parathyroid gland	Diagnosis	ICD-10-CM
C75.1	Malignant neoplasm of pituitary gland	Diagnosis	ICD-10-CM
C75.2	Malignant neoplasm of craniopharyngeal duct	Diagnosis	ICD-10-CM
C75.3	Malignant neoplasm of pineal gland	Diagnosis	ICD-10-CM
C75.4	Malignant neoplasm of carotid body	Diagnosis	ICD-10-CM
C75.5	Malignant neoplasm of aortic body and other paraganglia	Diagnosis	ICD-10-CM
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified	Diagnosis	ICD-10-CM
C75.9	Malignant neoplasm of endocrine gland, unspecified	Diagnosis	ICD-10-CM
C76.0	Malignant neoplasm of head, face and neck	Diagnosis	ICD-10-CM
C76.1	Malignant neoplasm of thorax	Diagnosis	ICD-10-CM
C76.2	Malignant neoplasm of abdomen	Diagnosis	ICD-10-CM
C76.3	Malignant neoplasm of pelvis	Diagnosis	ICD-10-CM
C76.40	Malignant neoplasm of unspecified upper limb	Diagnosis	ICD-10-CM
C76.41	Malignant neoplasm of right upper limb	Diagnosis	ICD-10-CM
C76.42	Malignant neoplasm of left upper limb	Diagnosis	ICD-10-CM
C76.50	Malignant neoplasm of unspecified lower limb	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C76.51	Malignant neoplasm of right lower limb	Diagnosis	ICD-10-CM
C76.52	Malignant neoplasm of left lower limb	Diagnosis	ICD-10-CM
C76.8	Malignant neoplasm of other specified ill-defined sites	Diagnosis	ICD-10-CM
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	Diagnosis	ICD-10-CM
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes	Diagnosis	ICD-10-CM
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes	Diagnosis	ICD-10-CM
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	Diagnosis	ICD-10-CM
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified	Diagnosis	ICD-10-CM
C78.00	Secondary malignant neoplasm of unspecified lung	Diagnosis	ICD-10-CM
C78.01	Secondary malignant neoplasm of right lung	Diagnosis	ICD-10-CM
C78.02	Secondary malignant neoplasm of left lung	Diagnosis	ICD-10-CM
C78.1	Secondary malignant neoplasm of mediastinum	Diagnosis	ICD-10-CM
C78.2	Secondary malignant neoplasm of pleura	Diagnosis	ICD-10-CM
C78.30	Secondary malignant neoplasm of unspecified respiratory organ	Diagnosis	ICD-10-CM
C78.39	Secondary malignant neoplasm of other respiratory organs	Diagnosis	ICD-10-CM
C78.4	Secondary malignant neoplasm of small intestine	Diagnosis	ICD-10-CM
C78.5	Secondary malignant neoplasm of large intestine and rectum	Diagnosis	ICD-10-CM
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-10-CM
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct	Diagnosis	ICD-10-CM
C78.80	Secondary malignant neoplasm of unspecified digestive organ	Diagnosis	ICD-10-CM
C78.89	Secondary malignant neoplasm of other digestive organs	Diagnosis	ICD-10-CM
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.10	Secondary malignant neoplasm of unspecified urinary organs	Diagnosis	ICD-10-CM
C79.11	Secondary malignant neoplasm of bladder	Diagnosis	ICD-10-CM
C79.19	Secondary malignant neoplasm of other urinary organs	Diagnosis	ICD-10-CM
C79.2	Secondary malignant neoplasm of skin	Diagnosis	ICD-10-CM
C79.31	Secondary malignant neoplasm of brain	Diagnosis	ICD-10-CM
C79.32	Secondary malignant neoplasm of cerebral meninges	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C79.40	Secondary malignant neoplasm of unspecified part of nervous system	Diagnosis	ICD-10-CM
C79.49	Secondary malignant neoplasm of other parts of nervous system	Diagnosis	ICD-10-CM
C79.51	Secondary malignant neoplasm of bone	Diagnosis	ICD-10-CM
C79.52	Secondary malignant neoplasm of bone marrow	Diagnosis	ICD-10-CM
C79.60	Secondary malignant neoplasm of unspecified ovary	Diagnosis	ICD-10-CM
C79.61	Secondary malignant neoplasm of right ovary	Diagnosis	ICD-10-CM
C79.62	Secondary malignant neoplasm of left ovary	Diagnosis	ICD-10-CM
C79.70	Secondary malignant neoplasm of unspecified adrenal gland	Diagnosis	ICD-10-CM
C79.71	Secondary malignant neoplasm of right adrenal gland	Diagnosis	ICD-10-CM
C79.72	Secondary malignant neoplasm of left adrenal gland	Diagnosis	ICD-10-CM
C79.81	Secondary malignant neoplasm of breast	Diagnosis	ICD-10-CM
C79.82	Secondary malignant neoplasm of genital organs	Diagnosis	ICD-10-CM
C79.89	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-10-CM
C79.9	Secondary malignant neoplasm of unspecified site	Diagnosis	ICD-10-CM
C7A.00	Malignant carcinoid tumor of unspecified site	Diagnosis	ICD-10-CM
C7A.010	Malignant carcinoid tumor of the duodenum	Diagnosis	ICD-10-CM
C7A.011	Malignant carcinoid tumor of the jejunum	Diagnosis	ICD-10-CM
C7A.012	Malignant carcinoid tumor of the ileum	Diagnosis	ICD-10-CM
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion	Diagnosis	ICD-10-CM
C7A.020	Malignant carcinoid tumor of the appendix	Diagnosis	ICD-10-CM
C7A.021	Malignant carcinoid tumor of the cecum	Diagnosis	ICD-10-CM
C7A.022	Malignant carcinoid tumor of the ascending colon	Diagnosis	ICD-10-CM
C7A.023	Malignant carcinoid tumor of the transverse colon	Diagnosis	ICD-10-CM
C7A.024	Malignant carcinoid tumor of the descending colon	Diagnosis	ICD-10-CM
C7A.025	Malignant carcinoid tumor of the sigmoid colon	Diagnosis	ICD-10-CM
C7A.026	Malignant carcinoid tumor of the rectum	Diagnosis	ICD-10-CM
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion	Diagnosis	ICD-10-CM
C7A.090	Malignant carcinoid tumor of the bronchus and lung	Diagnosis	ICD-10-CM
C7A.091	Malignant carcinoid tumor of the thymus	Diagnosis	ICD-10-CM
C7A.092	Malignant carcinoid tumor of the stomach	Diagnosis	ICD-10-CM
C7A.093	Malignant carcinoid tumor of the kidney	Diagnosis	ICD-10-CM
C7A.094	Malignant carcinoid tumor of the foregut, unspecified	Diagnosis	ICD-10-CM
C7A.095	Malignant carcinoid tumor of the midgut, unspecified	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified	Diagnosis	ICD-10-CM
C7A.098	Malignant carcinoid tumors of other sites	Diagnosis	ICD-10-CM
C7A.1	Malignant poorly differentiated neuroendocrine tumors	Diagnosis	ICD-10-CM
C7A.8	Other malignant neuroendocrine tumors	Diagnosis	ICD-10-CM
C7B.00	Secondary carcinoid tumors, unspecified site	Diagnosis	ICD-10-CM
C7B.01	Secondary carcinoid tumors of distant lymph nodes	Diagnosis	ICD-10-CM
C7B.02	Secondary carcinoid tumors of liver	Diagnosis	ICD-10-CM
C7B.03	Secondary carcinoid tumors of bone	Diagnosis	ICD-10-CM
C7B.04	Secondary carcinoid tumors of peritoneum	Diagnosis	ICD-10-CM
C7B.09	Secondary carcinoid tumors of other sites	Diagnosis	ICD-10-CM
C7B.1	Secondary Merkel cell carcinoma	Diagnosis	ICD-10-CM
C7B.8	Other secondary neuroendocrine tumors	Diagnosis	ICD-10-CM
C80.0	Disseminated malignant neoplasm, unspecified	Diagnosis	ICD-10-CM
C80.1	Malignant (primary) neoplasm, unspecified	Diagnosis	ICD-10-CM
C80.2	Malignant neoplasm associated with transplanted organ	Diagnosis	ICD-10-CM
D37.01	Neoplasm of uncertain behavior of lip	Diagnosis	ICD-10-CM
D37.02	Neoplasm of uncertain behavior of tongue	Diagnosis	ICD-10-CM
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands	Diagnosis	ICD-10-CM
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands	Diagnosis	ICD-10-CM
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands	Diagnosis	ICD-10-CM
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified	Diagnosis	ICD-10-CM
D37.04	Neoplasm of uncertain behavior of the minor salivary glands	Diagnosis	ICD-10-CM
D37.05	Neoplasm of uncertain behavior of pharynx	Diagnosis	ICD-10-CM
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity	Diagnosis	ICD-10-CM
D37.5	Neoplasm of uncertain behavior of rectum	Diagnosis	ICD-10-CM
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts	Diagnosis	ICD-10-CM
D37.8	Neoplasm of uncertain behavior of other specified digestive organs	Diagnosis	ICD-10-CM
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified	Diagnosis	ICD-10-CM
D38.0	Neoplasm of uncertain behavior of larynx	Diagnosis	ICD-10-CM
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung	Diagnosis	ICD-10-CM
D38.2	Neoplasm of uncertain behavior of pleura	Diagnosis	ICD-10-CM
D38.3	Neoplasm of uncertain behavior of mediastinum	Diagnosis	ICD-10-CM
D38.4	Neoplasm of uncertain behavior of thymus	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
D38.5	Neoplasm of uncertain behavior of other respiratory organs	Diagnosis	ICD-10-CM
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified	Diagnosis	ICD-10-CM
D39.0	Neoplasm of uncertain behavior of uterus	Diagnosis	ICD-10-CM
D39.10	Neoplasm of uncertain behavior of unspecified ovary	Diagnosis	ICD-10-CM
D39.11	Neoplasm of uncertain behavior of right ovary	Diagnosis	ICD-10-CM
D39.12	Neoplasm of uncertain behavior of left ovary	Diagnosis	ICD-10-CM
D39.2	Neoplasm of uncertain behavior of placenta	Diagnosis	ICD-10-CM
D39.8	Neoplasm of uncertain behavior of other specified female genital organs	Diagnosis	ICD-10-CM
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified	Diagnosis	ICD-10-CM
D40.0	Neoplasm of uncertain behavior of prostate	Diagnosis	ICD-10-CM
D40.10	Neoplasm of uncertain behavior of unspecified testis	Diagnosis	ICD-10-CM
D40.11	Neoplasm of uncertain behavior of right testis	Diagnosis	ICD-10-CM
D40.12	Neoplasm of uncertain behavior of left testis	Diagnosis	ICD-10-CM
D40.8	Neoplasm of uncertain behavior of other specified male genital organs	Diagnosis	ICD-10-CM
D40.9	Neoplasm of uncertain behavior of male genital organ, unspecified	Diagnosis	ICD-10-CM
D41.00	Neoplasm of uncertain behavior of unspecified kidney	Diagnosis	ICD-10-CM
D41.01	Neoplasm of uncertain behavior of right kidney	Diagnosis	ICD-10-CM
D41.02	Neoplasm of uncertain behavior of left kidney	Diagnosis	ICD-10-CM
D41.10	Neoplasm of uncertain behavior of unspecified renal pelvis	Diagnosis	ICD-10-CM
D41.11	Neoplasm of uncertain behavior of right renal pelvis	Diagnosis	ICD-10-CM
D41.12	Neoplasm of uncertain behavior of left renal pelvis	Diagnosis	ICD-10-CM
D41.20	Neoplasm of uncertain behavior of unspecified ureter	Diagnosis	ICD-10-CM
D41.21	Neoplasm of uncertain behavior of right ureter	Diagnosis	ICD-10-CM
D41.22	Neoplasm of uncertain behavior of left ureter	Diagnosis	ICD-10-CM
D41.3	Neoplasm of uncertain behavior of urethra	Diagnosis	ICD-10-CM
D41.4	Neoplasm of uncertain behavior of bladder	Diagnosis	ICD-10-CM
D41.8	Neoplasm of uncertain behavior of other specified urinary organs	Diagnosis	ICD-10-CM
D41.9	Neoplasm of uncertain behavior of unspecified urinary organ	Diagnosis	ICD-10-CM
D42.0	Neoplasm of uncertain behavior of cerebral meninges	Diagnosis	ICD-10-CM
D42.1	Neoplasm of uncertain behavior of spinal meninges	Diagnosis	ICD-10-CM
D42.9	Neoplasm of uncertain behavior of meninges, unspecified	Diagnosis	ICD-10-CM
D43.0	Neoplasm of uncertain behavior of brain, supratentorial	Diagnosis	ICD-10-CM
D43.1	Neoplasm of uncertain behavior of brain, infratentorial	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
D43.2	Neoplasm of uncertain behavior of brain, unspecified	Diagnosis	ICD-10-CM
D43.3	Neoplasm of uncertain behavior of cranial nerves	Diagnosis	ICD-10-CM
D43.4	Neoplasm of uncertain behavior of spinal cord	Diagnosis	ICD-10-CM
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system	Diagnosis	ICD-10-CM
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified	Diagnosis	ICD-10-CM
D44.0	Neoplasm of uncertain behavior of thyroid gland	Diagnosis	ICD-10-CM
D44.10	Neoplasm of uncertain behavior of unspecified adrenal gland	Diagnosis	ICD-10-CM
D44.11	Neoplasm of uncertain behavior of right adrenal gland	Diagnosis	ICD-10-CM
D44.12	Neoplasm of uncertain behavior of left adrenal gland	Diagnosis	ICD-10-CM
D44.2	Neoplasm of uncertain behavior of parathyroid gland	Diagnosis	ICD-10-CM
D44.3	Neoplasm of uncertain behavior of pituitary gland	Diagnosis	ICD-10-CM
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct	Diagnosis	ICD-10-CM
D44.5	Neoplasm of uncertain behavior of pineal gland	Diagnosis	ICD-10-CM
D44.6	Neoplasm of uncertain behavior of carotid body	Diagnosis	ICD-10-CM
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia	Diagnosis	ICD-10-CM
D44.9	Neoplasm of uncertain behavior of unspecified endocrine gland	Diagnosis	ICD-10-CM
D47.01	Cutaneous mastocytosis	Diagnosis	ICD-10-CM
D47.02	Systemic mastocytosis	Diagnosis	ICD-10-CM
D47.09	Other mast cell neoplasms of uncertain behavior	Diagnosis	ICD-10-CM
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage	Diagnosis	ICD-10-CM
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue	Diagnosis	ICD-10-CM
D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
D48.3	Neoplasm of uncertain behavior of retroperitoneum	Diagnosis	ICD-10-CM
D48.4	Neoplasm of uncertain behavior of peritoneum	Diagnosis	ICD-10-CM
D48.5	Neoplasm of uncertain behavior of skin	Diagnosis	ICD-10-CM
D48.60	Neoplasm of uncertain behavior of unspecified breast	Diagnosis	ICD-10-CM
D48.61	Neoplasm of uncertain behavior of right breast	Diagnosis	ICD-10-CM
D48.62	Neoplasm of uncertain behavior of left breast	Diagnosis	ICD-10-CM
D48.7	Neoplasm of uncertain behavior of other specified sites	Diagnosis	ICD-10-CM
D48.9	Neoplasm of uncertain behavior, unspecified	Diagnosis	ICD-10-CM
D49.0	Neoplasm of unspecified behavior of digestive system	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
D49.1	Neoplasm of unspecified behavior of respiratory system	Diagnosis	ICD-10-CM
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin	Diagnosis	ICD-10-CM
D49.3	Neoplasm of unspecified behavior of breast	Diagnosis	ICD-10-CM
D49.4	Neoplasm of unspecified behavior of bladder	Diagnosis	ICD-10-CM
D49.511	Neoplasm of unspecified behavior of right kidney	Diagnosis	ICD-10-CM
D49.512	Neoplasm of unspecified behavior of left kidney	Diagnosis	ICD-10-CM
D49.519	Neoplasm of unspecified behavior of unspecified kidney	Diagnosis	ICD-10-CM
D49.59	Neoplasm of unspecified behavior of other genitourinary organ	Diagnosis	ICD-10-CM
D49.6	Neoplasm of unspecified behavior of brain	Diagnosis	ICD-10-CM
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system	Diagnosis	ICD-10-CM
D49.81	Neoplasm of unspecified behavior of retina and choroid	Diagnosis	ICD-10-CM
D49.89	Neoplasm of unspecified behavior of other specified sites	Diagnosis	ICD-10-CM
D49.9	Neoplasm of unspecified behavior of unspecified site	Diagnosis	ICD-10-CM
Q85.00	Neurofibromatosis, unspecified	Diagnosis	ICD-10-CM
Q85.01	Neurofibromatosis, type 1	Diagnosis	ICD-10-CM
Q85.02	Neurofibromatosis, type 2	Diagnosis	ICD-10-CM
Q85.03	Schwannomatosis	Diagnosis	ICD-10-CM
Q85.09	Other neurofibromatosis	Diagnosis	ICD-10-CM
<b>Any Malignancy - CCI</b>			
C00.0	Malignant neoplasm of external upper lip	Diagnosis	ICD-10-CM
C00.1	Malignant neoplasm of external lower lip	Diagnosis	ICD-10-CM
C00.2	Malignant neoplasm of external lip, unspecified	Diagnosis	ICD-10-CM
C00.3	Malignant neoplasm of upper lip, inner aspect	Diagnosis	ICD-10-CM
C00.4	Malignant neoplasm of lower lip, inner aspect	Diagnosis	ICD-10-CM
C00.5	Malignant neoplasm of lip, unspecified, inner aspect	Diagnosis	ICD-10-CM
C00.6	Malignant neoplasm of commissure of lip, unspecified	Diagnosis	ICD-10-CM
C00.8	Malignant neoplasm of overlapping sites of lip	Diagnosis	ICD-10-CM
C00.9	Malignant neoplasm of lip, unspecified	Diagnosis	ICD-10-CM
C01	Malignant neoplasm of base of tongue	Diagnosis	ICD-10-CM
C02.0	Malignant neoplasm of dorsal surface of tongue	Diagnosis	ICD-10-CM
C02.1	Malignant neoplasm of border of tongue	Diagnosis	ICD-10-CM
C02.2	Malignant neoplasm of ventral surface of tongue	Diagnosis	ICD-10-CM
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C02.4	Malignant neoplasm of lingual tonsil	Diagnosis	ICD-10-CM
C02.8	Malignant neoplasm of overlapping sites of tongue	Diagnosis	ICD-10-CM
C02.9	Malignant neoplasm of tongue, unspecified	Diagnosis	ICD-10-CM
C03.0	Malignant neoplasm of upper gum	Diagnosis	ICD-10-CM
C03.1	Malignant neoplasm of lower gum	Diagnosis	ICD-10-CM
C03.9	Malignant neoplasm of gum, unspecified	Diagnosis	ICD-10-CM
C04.0	Malignant neoplasm of anterior floor of mouth	Diagnosis	ICD-10-CM
C04.1	Malignant neoplasm of lateral floor of mouth	Diagnosis	ICD-10-CM
C04.8	Malignant neoplasm of overlapping sites of floor of mouth	Diagnosis	ICD-10-CM
C04.9	Malignant neoplasm of floor of mouth, unspecified	Diagnosis	ICD-10-CM
C05.0	Malignant neoplasm of hard palate	Diagnosis	ICD-10-CM
C05.1	Malignant neoplasm of soft palate	Diagnosis	ICD-10-CM
C05.2	Malignant neoplasm of uvula	Diagnosis	ICD-10-CM
C05.8	Malignant neoplasm of overlapping sites of palate	Diagnosis	ICD-10-CM
C05.9	Malignant neoplasm of palate, unspecified	Diagnosis	ICD-10-CM
C06.0	Malignant neoplasm of cheek mucosa	Diagnosis	ICD-10-CM
C06.1	Malignant neoplasm of vestibule of mouth	Diagnosis	ICD-10-CM
C06.2	Malignant neoplasm of retromolar area	Diagnosis	ICD-10-CM
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth	Diagnosis	ICD-10-CM
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth	Diagnosis	ICD-10-CM
C06.9	Malignant neoplasm of mouth, unspecified	Diagnosis	ICD-10-CM
C07	Malignant neoplasm of parotid gland	Diagnosis	ICD-10-CM
C08.0	Malignant neoplasm of submandibular gland	Diagnosis	ICD-10-CM
C08.1	Malignant neoplasm of sublingual gland	Diagnosis	ICD-10-CM
C08.9	Malignant neoplasm of major salivary gland, unspecified	Diagnosis	ICD-10-CM
C09.0	Malignant neoplasm of tonsillar fossa	Diagnosis	ICD-10-CM
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	Diagnosis	ICD-10-CM
C09.8	Malignant neoplasm of overlapping sites of tonsil	Diagnosis	ICD-10-CM
C09.9	Malignant neoplasm of tonsil, unspecified	Diagnosis	ICD-10-CM
C10.0	Malignant neoplasm of vallecula	Diagnosis	ICD-10-CM
C10.1	Malignant neoplasm of anterior surface of epiglottis	Diagnosis	ICD-10-CM
C10.2	Malignant neoplasm of lateral wall of oropharynx	Diagnosis	ICD-10-CM
C10.3	Malignant neoplasm of posterior wall of oropharynx	Diagnosis	ICD-10-CM



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C10.4	Malignant neoplasm of branchial cleft	Diagnosis	ICD-10-CM
C10.8	Malignant neoplasm of overlapping sites of oropharynx	Diagnosis	ICD-10-CM
C10.9	Malignant neoplasm of oropharynx, unspecified	Diagnosis	ICD-10-CM
C11.0	Malignant neoplasm of superior wall of nasopharynx	Diagnosis	ICD-10-CM
C11.1	Malignant neoplasm of posterior wall of nasopharynx	Diagnosis	ICD-10-CM
C11.2	Malignant neoplasm of lateral wall of nasopharynx	Diagnosis	ICD-10-CM
C11.3	Malignant neoplasm of anterior wall of nasopharynx	Diagnosis	ICD-10-CM
C11.8	Malignant neoplasm of overlapping sites of nasopharynx	Diagnosis	ICD-10-CM
C11.9	Malignant neoplasm of nasopharynx, unspecified	Diagnosis	ICD-10-CM
C12	Malignant neoplasm of pyriform sinus	Diagnosis	ICD-10-CM
C13.0	Malignant neoplasm of postcricoid region	Diagnosis	ICD-10-CM
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	Diagnosis	ICD-10-CM
C13.2	Malignant neoplasm of posterior wall of hypopharynx	Diagnosis	ICD-10-CM
C13.8	Malignant neoplasm of overlapping sites of hypopharynx	Diagnosis	ICD-10-CM
C13.9	Malignant neoplasm of hypopharynx, unspecified	Diagnosis	ICD-10-CM
C14.0	Malignant neoplasm of pharynx, unspecified	Diagnosis	ICD-10-CM
C14.2	Malignant neoplasm of Waldeyer's ring	Diagnosis	ICD-10-CM
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx	Diagnosis	ICD-10-CM
C15.3	Malignant neoplasm of upper third of esophagus	Diagnosis	ICD-10-CM
C15.4	Malignant neoplasm of middle third of esophagus	Diagnosis	ICD-10-CM
C15.5	Malignant neoplasm of lower third of esophagus	Diagnosis	ICD-10-CM
C15.8	Malignant neoplasm of overlapping sites of esophagus	Diagnosis	ICD-10-CM
C15.9	Malignant neoplasm of esophagus, unspecified	Diagnosis	ICD-10-CM
C16.0	Malignant neoplasm of cardia	Diagnosis	ICD-10-CM
C16.1	Malignant neoplasm of fundus of stomach	Diagnosis	ICD-10-CM
C16.2	Malignant neoplasm of body of stomach	Diagnosis	ICD-10-CM
C16.3	Malignant neoplasm of pyloric antrum	Diagnosis	ICD-10-CM
C16.4	Malignant neoplasm of pylorus	Diagnosis	ICD-10-CM
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified	Diagnosis	ICD-10-CM
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified	Diagnosis	ICD-10-CM
C16.8	Malignant neoplasm of overlapping sites of stomach	Diagnosis	ICD-10-CM
C16.9	Malignant neoplasm of stomach, unspecified	Diagnosis	ICD-10-CM
C17.0	Malignant neoplasm of duodenum	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

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

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

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

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

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

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb	Diagnosis	ICD-10-CM
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb	Diagnosis	ICD-10-CM
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb	Diagnosis	ICD-10-CM
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb	Diagnosis	ICD-10-CM
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb	Diagnosis	ICD-10-CM
C41.0	Malignant neoplasm of bones of skull and face	Diagnosis	ICD-10-CM
C41.1	Malignant neoplasm of mandible	Diagnosis	ICD-10-CM
C41.2	Malignant neoplasm of vertebral column	Diagnosis	ICD-10-CM
C41.3	Malignant neoplasm of ribs, sternum and clavicle	Diagnosis	ICD-10-CM
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx	Diagnosis	ICD-10-CM
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified	Diagnosis	ICD-10-CM
C43.0	Malignant melanoma of lip	Diagnosis	ICD-10-CM
C43.10	Malignant melanoma of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C43.11	Malignant melanoma of right eyelid, including canthus	Diagnosis	ICD-10-CM
C43.12	Malignant melanoma of left eyelid, including canthus	Diagnosis	ICD-10-CM
C43.20	Malignant melanoma of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C43.21	Malignant melanoma of right ear and external auricular canal	Diagnosis	ICD-10-CM
C43.22	Malignant melanoma of left ear and external auricular canal	Diagnosis	ICD-10-CM
C43.30	Malignant melanoma of unspecified part of face	Diagnosis	ICD-10-CM
C43.31	Malignant melanoma of nose	Diagnosis	ICD-10-CM
C43.39	Malignant melanoma of other parts of face	Diagnosis	ICD-10-CM
C43.4	Malignant melanoma of scalp and neck	Diagnosis	ICD-10-CM
C43.51	Malignant melanoma of anal skin	Diagnosis	ICD-10-CM
C43.52	Malignant melanoma of skin of breast	Diagnosis	ICD-10-CM
C43.59	Malignant melanoma of other part of trunk	Diagnosis	ICD-10-CM
C43.60	Malignant melanoma of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.61	Malignant melanoma of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.62	Malignant melanoma of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.70	Malignant melanoma of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C43.71	Malignant melanoma of right lower limb, including hip	Diagnosis	ICD-10-CM
C43.72	Malignant melanoma of left lower limb, including hip	Diagnosis	ICD-10-CM
C43.8	Malignant melanoma of overlapping sites of skin	Diagnosis	ICD-10-CM
C43.9	Malignant melanoma of skin, unspecified	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

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

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck	Diagnosis	ICD-10-CM
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip	Diagnosis	ICD-10-CM
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	Diagnosis	ICD-10-CM
C49.3	Malignant neoplasm of connective and soft tissue of thorax	Diagnosis	ICD-10-CM
C49.4	Malignant neoplasm of connective and soft tissue of abdomen	Diagnosis	ICD-10-CM
C49.5	Malignant neoplasm of connective and soft tissue of pelvis	Diagnosis	ICD-10-CM
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified	Diagnosis	ICD-10-CM
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue	Diagnosis	ICD-10-CM
C49.9	Malignant neoplasm of connective and soft tissue, unspecified	Diagnosis	ICD-10-CM
C50.011	Malignant neoplasm of nipple and areola, right female breast	Diagnosis	ICD-10-CM
C50.012	Malignant neoplasm of nipple and areola, left female breast	Diagnosis	ICD-10-CM
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast	Diagnosis	ICD-10-CM
C50.021	Malignant neoplasm of nipple and areola, right male breast	Diagnosis	ICD-10-CM
C50.022	Malignant neoplasm of nipple and areola, left male breast	Diagnosis	ICD-10-CM
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast	Diagnosis	ICD-10-CM
C50.111	Malignant neoplasm of central portion of right female breast	Diagnosis	ICD-10-CM
C50.112	Malignant neoplasm of central portion of left female breast	Diagnosis	ICD-10-CM
C50.119	Malignant neoplasm of central portion of unspecified female breast	Diagnosis	ICD-10-CM
C50.121	Malignant neoplasm of central portion of right male breast	Diagnosis	ICD-10-CM
C50.122	Malignant neoplasm of central portion of left male breast	Diagnosis	ICD-10-CM
C50.129	Malignant neoplasm of central portion of unspecified male breast	Diagnosis	ICD-10-CM
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast	Diagnosis	ICD-10-CM
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	Diagnosis	ICD-10-CM
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast	Diagnosis	ICD-10-CM
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast	Diagnosis	ICD-10-CM
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast	Diagnosis	ICD-10-CM
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast	Diagnosis	ICD-10-CM
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast	Diagnosis	ICD-10-CM
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast	Diagnosis	ICD-10-CM
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast	Diagnosis	ICD-10-CM
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast	Diagnosis	ICD-10-CM
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast	Diagnosis	ICD-10-CM
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast	Diagnosis	ICD-10-CM
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast	Diagnosis	ICD-10-CM
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast	Diagnosis	ICD-10-CM
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast	Diagnosis	ICD-10-CM
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.611	Malignant neoplasm of axillary tail of right female breast	Diagnosis	ICD-10-CM
C50.612	Malignant neoplasm of axillary tail of left female breast	Diagnosis	ICD-10-CM
C50.619	Malignant neoplasm of axillary tail of unspecified female breast	Diagnosis	ICD-10-CM
C50.621	Malignant neoplasm of axillary tail of right male breast	Diagnosis	ICD-10-CM
C50.622	Malignant neoplasm of axillary tail of left male breast	Diagnosis	ICD-10-CM
C50.629	Malignant neoplasm of axillary tail of unspecified male breast	Diagnosis	ICD-10-CM
C50.811	Malignant neoplasm of overlapping sites of right female breast	Diagnosis	ICD-10-CM
C50.812	Malignant neoplasm of overlapping sites of left female breast	Diagnosis	ICD-10-CM
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast	Diagnosis	ICD-10-CM
C50.821	Malignant neoplasm of overlapping sites of right male breast	Diagnosis	ICD-10-CM
C50.822	Malignant neoplasm of overlapping sites of left male breast	Diagnosis	ICD-10-CM
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast	Diagnosis	ICD-10-CM
C50.911	Malignant neoplasm of unspecified site of right female breast	Diagnosis	ICD-10-CM
C50.912	Malignant neoplasm of unspecified site of left female breast	Diagnosis	ICD-10-CM
C50.919	Malignant neoplasm of unspecified site of unspecified female breast	Diagnosis	ICD-10-CM
C50.921	Malignant neoplasm of unspecified site of right male breast	Diagnosis	ICD-10-CM



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

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C57.7	Malignant neoplasm of other specified female genital organs	Diagnosis	ICD-10-CM
C57.8	Malignant neoplasm of overlapping sites of female genital organs	Diagnosis	ICD-10-CM
C57.9	Malignant neoplasm of female genital organ, unspecified	Diagnosis	ICD-10-CM
C58	Malignant neoplasm of placenta	Diagnosis	ICD-10-CM
C60.0	Malignant neoplasm of prepuce	Diagnosis	ICD-10-CM
C60.1	Malignant neoplasm of glans penis	Diagnosis	ICD-10-CM
C60.2	Malignant neoplasm of body of penis	Diagnosis	ICD-10-CM
C60.8	Malignant neoplasm of overlapping sites of penis	Diagnosis	ICD-10-CM
C60.9	Malignant neoplasm of penis, unspecified	Diagnosis	ICD-10-CM
C61	Malignant neoplasm of prostate	Diagnosis	ICD-10-CM
C62.00	Malignant neoplasm of unspecified undescended testis	Diagnosis	ICD-10-CM
C62.01	Malignant neoplasm of undescended right testis	Diagnosis	ICD-10-CM
C62.02	Malignant neoplasm of undescended left testis	Diagnosis	ICD-10-CM
C62.10	Malignant neoplasm of unspecified descended testis	Diagnosis	ICD-10-CM
C62.11	Malignant neoplasm of descended right testis	Diagnosis	ICD-10-CM
C62.12	Malignant neoplasm of descended left testis	Diagnosis	ICD-10-CM
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C63.00	Malignant neoplasm of unspecified epididymis	Diagnosis	ICD-10-CM
C63.01	Malignant neoplasm of right epididymis	Diagnosis	ICD-10-CM
C63.02	Malignant neoplasm of left epididymis	Diagnosis	ICD-10-CM
C63.10	Malignant neoplasm of unspecified spermatic cord	Diagnosis	ICD-10-CM
C63.11	Malignant neoplasm of right spermatic cord	Diagnosis	ICD-10-CM
C63.12	Malignant neoplasm of left spermatic cord	Diagnosis	ICD-10-CM
C63.2	Malignant neoplasm of scrotum	Diagnosis	ICD-10-CM
C63.7	Malignant neoplasm of other specified male genital organs	Diagnosis	ICD-10-CM
C63.8	Malignant neoplasm of overlapping sites of male genital organs	Diagnosis	ICD-10-CM
C63.9	Malignant neoplasm of male genital organ, unspecified	Diagnosis	ICD-10-CM
C64.1	Malignant neoplasm of right kidney, except renal pelvis	Diagnosis	ICD-10-CM
C64.2	Malignant neoplasm of left kidney, except renal pelvis	Diagnosis	ICD-10-CM
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C65.1	Malignant neoplasm of right renal pelvis	Diagnosis	ICD-10-CM
C65.2	Malignant neoplasm of left renal pelvis	Diagnosis	ICD-10-CM
C65.9	Malignant neoplasm of unspecified renal pelvis	Diagnosis	ICD-10-CM
C66.1	Malignant neoplasm of right ureter	Diagnosis	ICD-10-CM
C66.2	Malignant neoplasm of left ureter	Diagnosis	ICD-10-CM
C66.9	Malignant neoplasm of unspecified ureter	Diagnosis	ICD-10-CM
C67.0	Malignant neoplasm of trigone of bladder	Diagnosis	ICD-10-CM
C67.1	Malignant neoplasm of dome of bladder	Diagnosis	ICD-10-CM
C67.2	Malignant neoplasm of lateral wall of bladder	Diagnosis	ICD-10-CM
C67.3	Malignant neoplasm of anterior wall of bladder	Diagnosis	ICD-10-CM
C67.4	Malignant neoplasm of posterior wall of bladder	Diagnosis	ICD-10-CM
C67.5	Malignant neoplasm of bladder neck	Diagnosis	ICD-10-CM
C67.6	Malignant neoplasm of ureteric orifice	Diagnosis	ICD-10-CM
C67.7	Malignant neoplasm of urachus	Diagnosis	ICD-10-CM
C67.8	Malignant neoplasm of overlapping sites of bladder	Diagnosis	ICD-10-CM
C67.9	Malignant neoplasm of bladder, unspecified	Diagnosis	ICD-10-CM
C68.0	Malignant neoplasm of urethra	Diagnosis	ICD-10-CM
C68.1	Malignant neoplasm of paraurethral glands	Diagnosis	ICD-10-CM
C68.8	Malignant neoplasm of overlapping sites of urinary organs	Diagnosis	ICD-10-CM
C68.9	Malignant neoplasm of urinary organ, unspecified	Diagnosis	ICD-10-CM
C69.00	Malignant neoplasm of unspecified conjunctiva	Diagnosis	ICD-10-CM
C69.01	Malignant neoplasm of right conjunctiva	Diagnosis	ICD-10-CM
C69.02	Malignant neoplasm of left conjunctiva	Diagnosis	ICD-10-CM
C69.10	Malignant neoplasm of unspecified cornea	Diagnosis	ICD-10-CM
C69.11	Malignant neoplasm of right cornea	Diagnosis	ICD-10-CM
C69.12	Malignant neoplasm of left cornea	Diagnosis	ICD-10-CM
C69.20	Malignant neoplasm of unspecified retina	Diagnosis	ICD-10-CM
C69.21	Malignant neoplasm of right retina	Diagnosis	ICD-10-CM
C69.22	Malignant neoplasm of left retina	Diagnosis	ICD-10-CM
C69.30	Malignant neoplasm of unspecified choroid	Diagnosis	ICD-10-CM
C69.31	Malignant neoplasm of right choroid	Diagnosis	ICD-10-CM
C69.32	Malignant neoplasm of left choroid	Diagnosis	ICD-10-CM
C69.40	Malignant neoplasm of unspecified ciliary body	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C69.41	Malignant neoplasm of right ciliary body	Diagnosis	ICD-10-CM
C69.42	Malignant neoplasm of left ciliary body	Diagnosis	ICD-10-CM
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.51	Malignant neoplasm of right lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.52	Malignant neoplasm of left lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.60	Malignant neoplasm of unspecified orbit	Diagnosis	ICD-10-CM
C69.61	Malignant neoplasm of right orbit	Diagnosis	ICD-10-CM
C69.62	Malignant neoplasm of left orbit	Diagnosis	ICD-10-CM
C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa	Diagnosis	ICD-10-CM
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa	Diagnosis	ICD-10-CM
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa	Diagnosis	ICD-10-CM
C69.90	Malignant neoplasm of unspecified site of unspecified eye	Diagnosis	ICD-10-CM
C69.91	Malignant neoplasm of unspecified site of right eye	Diagnosis	ICD-10-CM
C69.92	Malignant neoplasm of unspecified site of left eye	Diagnosis	ICD-10-CM
C70.0	Malignant neoplasm of cerebral meninges	Diagnosis	ICD-10-CM
C70.1	Malignant neoplasm of spinal meninges	Diagnosis	ICD-10-CM
C70.9	Malignant neoplasm of meninges, unspecified	Diagnosis	ICD-10-CM
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles	Diagnosis	ICD-10-CM
C71.1	Malignant neoplasm of frontal lobe	Diagnosis	ICD-10-CM
C71.2	Malignant neoplasm of temporal lobe	Diagnosis	ICD-10-CM
C71.3	Malignant neoplasm of parietal lobe	Diagnosis	ICD-10-CM
C71.4	Malignant neoplasm of occipital lobe	Diagnosis	ICD-10-CM
C71.5	Malignant neoplasm of cerebral ventricle	Diagnosis	ICD-10-CM
C71.6	Malignant neoplasm of cerebellum	Diagnosis	ICD-10-CM
C71.7	Malignant neoplasm of brain stem	Diagnosis	ICD-10-CM
C71.8	Malignant neoplasm of overlapping sites of brain	Diagnosis	ICD-10-CM
C71.9	Malignant neoplasm of brain, unspecified	Diagnosis	ICD-10-CM
C72.0	Malignant neoplasm of spinal cord	Diagnosis	ICD-10-CM
C72.1	Malignant neoplasm of cauda equina	Diagnosis	ICD-10-CM
C72.20	Malignant neoplasm of unspecified olfactory nerve	Diagnosis	ICD-10-CM
C72.21	Malignant neoplasm of right olfactory nerve	Diagnosis	ICD-10-CM
C72.22	Malignant neoplasm of left olfactory nerve	Diagnosis	ICD-10-CM
C72.30	Malignant neoplasm of unspecified optic nerve	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C72.31	Malignant neoplasm of right optic nerve	Diagnosis	ICD-10-CM
C72.32	Malignant neoplasm of left optic nerve	Diagnosis	ICD-10-CM
C72.40	Malignant neoplasm of unspecified acoustic nerve	Diagnosis	ICD-10-CM
C72.41	Malignant neoplasm of right acoustic nerve	Diagnosis	ICD-10-CM
C72.42	Malignant neoplasm of left acoustic nerve	Diagnosis	ICD-10-CM
C72.50	Malignant neoplasm of unspecified cranial nerve	Diagnosis	ICD-10-CM
C72.59	Malignant neoplasm of other cranial nerves	Diagnosis	ICD-10-CM
C72.9	Malignant neoplasm of central nervous system, unspecified	Diagnosis	ICD-10-CM
C73	Malignant neoplasm of thyroid gland	Diagnosis	ICD-10-CM
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.01	Malignant neoplasm of cortex of right adrenal gland	Diagnosis	ICD-10-CM
C74.02	Malignant neoplasm of cortex of left adrenal gland	Diagnosis	ICD-10-CM
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.11	Malignant neoplasm of medulla of right adrenal gland	Diagnosis	ICD-10-CM
C74.12	Malignant neoplasm of medulla of left adrenal gland	Diagnosis	ICD-10-CM
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.91	Malignant neoplasm of unspecified part of right adrenal gland	Diagnosis	ICD-10-CM
C74.92	Malignant neoplasm of unspecified part of left adrenal gland	Diagnosis	ICD-10-CM
C75.0	Malignant neoplasm of parathyroid gland	Diagnosis	ICD-10-CM
C75.1	Malignant neoplasm of pituitary gland	Diagnosis	ICD-10-CM
C75.2	Malignant neoplasm of craniopharyngeal duct	Diagnosis	ICD-10-CM
C75.3	Malignant neoplasm of pineal gland	Diagnosis	ICD-10-CM
C75.4	Malignant neoplasm of carotid body	Diagnosis	ICD-10-CM
C75.5	Malignant neoplasm of aortic body and other paraganglia	Diagnosis	ICD-10-CM
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified	Diagnosis	ICD-10-CM
C75.9	Malignant neoplasm of endocrine gland, unspecified	Diagnosis	ICD-10-CM
C76.0	Malignant neoplasm of head, face and neck	Diagnosis	ICD-10-CM
C76.1	Malignant neoplasm of thorax	Diagnosis	ICD-10-CM
C76.2	Malignant neoplasm of abdomen	Diagnosis	ICD-10-CM
C76.3	Malignant neoplasm of pelvis	Diagnosis	ICD-10-CM
C76.40	Malignant neoplasm of unspecified upper limb	Diagnosis	ICD-10-CM
C76.41	Malignant neoplasm of right upper limb	Diagnosis	ICD-10-CM
C76.42	Malignant neoplasm of left upper limb	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C76.50	Malignant neoplasm of unspecified lower limb	Diagnosis	ICD-10-CM
C76.51	Malignant neoplasm of right lower limb	Diagnosis	ICD-10-CM
C76.52	Malignant neoplasm of left lower limb	Diagnosis	ICD-10-CM
C76.8	Malignant neoplasm of other specified ill-defined sites	Diagnosis	ICD-10-CM
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.27	Mixed cellularity Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.70	Other Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.77	Other Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.90	Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.97	Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.00	Follicular lymphoma grade I, unspecified site	Diagnosis	ICD-10-CM
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.07	Follicular lymphoma grade I, spleen	Diagnosis	ICD-10-CM
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.10	Follicular lymphoma grade II, unspecified site	Diagnosis	ICD-10-CM
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.17	Follicular lymphoma grade II, spleen	Diagnosis	ICD-10-CM
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.20	Follicular lymphoma grade III, unspecified, unspecified site	Diagnosis	ICD-10-CM
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.27	Follicular lymphoma grade III, unspecified, spleen	Diagnosis	ICD-10-CM
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.30	Follicular lymphoma grade IIIa, unspecified site	Diagnosis	ICD-10-CM
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.37	Follicular lymphoma grade IIIa, spleen	Diagnosis	ICD-10-CM
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.40	Follicular lymphoma grade IIIb, unspecified site	Diagnosis	ICD-10-CM
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.47	Follicular lymphoma grade IIIb, spleen	Diagnosis	ICD-10-CM
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.50	Diffuse follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.57	Diffuse follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.60	Cutaneous follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.67	Cutaneous follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.80	Other types of follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.87	Other types of follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.90	Follicular lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.97	Follicular lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.00	Small cell B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.07	Small cell B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.10	Mantle cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.17	Mantle cell lymphoma, spleen	Diagnosis	ICD-10-CM
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.19	Mantle cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.30	Diffuse large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.37	Diffuse large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.57	Lymphoblastic (diffuse) lymphoma, spleen	Diagnosis	ICD-10-CM
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.70	Burkitt lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.72	Burkitt lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.76	Burkitt lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.77	Burkitt lymphoma, spleen	Diagnosis	ICD-10-CM
C83.78	Burkitt lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.79	Burkitt lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.80	Other non-follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.87	Other non-follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

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

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.47	Peripheral T-cell lymphoma, not classified, spleen	Diagnosis	ICD-10-CM
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site	Diagnosis	ICD-10-CM
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen	Diagnosis	ICD-10-CM
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site	Diagnosis	ICD-10-CM
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen	Diagnosis	ICD-10-CM
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site	Diagnosis	ICD-10-CM
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen	Diagnosis	ICD-10-CM
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site	Diagnosis	ICD-10-CM
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.Z7	Other mature T/NK-cell lymphomas, spleen	Diagnosis	ICD-10-CM
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.10	Unspecified B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.17	Unspecified B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.87	Other specified types of non-Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.97	Non-Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C88.0	Waldenstrom macroglobulinemia	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C88.2	Heavy chain disease	Diagnosis	ICD-10-CM
C88.3	Immunoproliferative small intestinal disease	Diagnosis	ICD-10-CM
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]	Diagnosis	ICD-10-CM
C88.8	Other malignant immunoproliferative diseases	Diagnosis	ICD-10-CM
C88.9	Malignant immunoproliferative disease, unspecified	Diagnosis	ICD-10-CM
C90.00	Multiple myeloma not having achieved remission	Diagnosis	ICD-10-CM
C90.01	Multiple myeloma in remission	Diagnosis	ICD-10-CM
C90.02	Multiple myeloma in relapse	Diagnosis	ICD-10-CM
C90.10	Plasma cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C90.11	Plasma cell leukemia in remission	Diagnosis	ICD-10-CM
C90.12	Plasma cell leukemia in relapse	Diagnosis	ICD-10-CM
C90.20	Extramedullary plasmacytoma not having achieved remission	Diagnosis	ICD-10-CM
C90.21	Extramedullary plasmacytoma in remission	Diagnosis	ICD-10-CM
C90.22	Extramedullary plasmacytoma in relapse	Diagnosis	ICD-10-CM
C90.30	Solitary plasmacytoma not having achieved remission	Diagnosis	ICD-10-CM
C90.31	Solitary plasmacytoma in remission	Diagnosis	ICD-10-CM
C90.32	Solitary plasmacytoma in relapse	Diagnosis	ICD-10-CM
C91.00	Acute lymphoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C91.01	Acute lymphoblastic leukemia, in remission	Diagnosis	ICD-10-CM
C91.02	Acute lymphoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission	Diagnosis	ICD-10-CM
C91.11	Chronic lymphocytic leukemia of B-cell type in remission	Diagnosis	ICD-10-CM
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse	Diagnosis	ICD-10-CM
C91.30	Polymphocytic leukemia of B-cell type not having achieved remission	Diagnosis	ICD-10-CM
C91.31	Polymphocytic leukemia of B-cell type, in remission	Diagnosis	ICD-10-CM
C91.32	Polymphocytic leukemia of B-cell type, in relapse	Diagnosis	ICD-10-CM
C91.40	Hairy cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C91.41	Hairy cell leukemia, in remission	Diagnosis	ICD-10-CM
C91.42	Hairy cell leukemia, in relapse	Diagnosis	ICD-10-CM
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission	Diagnosis	ICD-10-CM
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission	Diagnosis	ICD-10-CM
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C91.60	Polymphocytic leukemia of T-cell type not having achieved remission	Diagnosis	ICD-10-CM
C91.61	Polymphocytic leukemia of T-cell type, in remission	Diagnosis	ICD-10-CM
C91.62	Polymphocytic leukemia of T-cell type, in relapse	Diagnosis	ICD-10-CM
C91.90	Lymphoid leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
C91.91	Lymphoid leukemia, unspecified, in remission	Diagnosis	ICD-10-CM
C91.92	Lymphoid leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission	Diagnosis	ICD-10-CM
C91.A1	Mature B-cell leukemia Burkitt-type, in remission	Diagnosis	ICD-10-CM
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse	Diagnosis	ICD-10-CM
C91.Z0	Other lymphoid leukemia not having achieved remission	Diagnosis	ICD-10-CM
C91.Z1	Other lymphoid leukemia, in remission	Diagnosis	ICD-10-CM
C91.Z2	Other lymphoid leukemia, in relapse	Diagnosis	ICD-10-CM
C92.00	Acute myeloblastic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.01	Acute myeloblastic leukemia, in remission	Diagnosis	ICD-10-CM
C92.02	Acute myeloblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	Diagnosis	ICD-10-CM
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission	Diagnosis	ICD-10-CM
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse	Diagnosis	ICD-10-CM
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission	Diagnosis	ICD-10-CM
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission	Diagnosis	ICD-10-CM
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse	Diagnosis	ICD-10-CM
C92.30	Myeloid sarcoma, not having achieved remission	Diagnosis	ICD-10-CM
C92.31	Myeloid sarcoma, in remission	Diagnosis	ICD-10-CM
C92.32	Myeloid sarcoma, in relapse	Diagnosis	ICD-10-CM
C92.40	Acute promyelocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.41	Acute promyelocytic leukemia, in remission	Diagnosis	ICD-10-CM
C92.42	Acute promyelocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.50	Acute myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.51	Acute myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
C92.52	Acute myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission	Diagnosis	ICD-10-CM
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission	Diagnosis	ICD-10-CM
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C92.90	Myeloid leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
C92.91	Myeloid leukemia, unspecified in remission	Diagnosis	ICD-10-CM
C92.92	Myeloid leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission	Diagnosis	ICD-10-CM
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission	Diagnosis	ICD-10-CM
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse	Diagnosis	ICD-10-CM
C92.Z0	Other myeloid leukemia not having achieved remission	Diagnosis	ICD-10-CM
C92.Z1	Other myeloid leukemia, in remission	Diagnosis	ICD-10-CM
C92.Z2	Other myeloid leukemia, in relapse	Diagnosis	ICD-10-CM
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.01	Acute monoblastic/monocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.02	Acute monoblastic/monocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C93.10	Chronic myelomonocytic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C93.11	Chronic myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.12	Chronic myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.31	Juvenile myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.32	Juvenile myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C93.90	Monocytic leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
C93.91	Monocytic leukemia, unspecified in remission	Diagnosis	ICD-10-CM
C93.92	Monocytic leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
C93.Z0	Other monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.Z1	Other monocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.Z2	Other monocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C94.00	Acute erythroid leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C94.01	Acute erythroid leukemia, in remission	Diagnosis	ICD-10-CM
C94.02	Acute erythroid leukemia, in relapse	Diagnosis	ICD-10-CM
C94.20	Acute megakaryoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C94.21	Acute megakaryoblastic leukemia, in remission	Diagnosis	ICD-10-CM
C94.22	Acute megakaryoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C94.30	Mast cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C94.31	Mast cell leukemia, in remission	Diagnosis	ICD-10-CM
C94.32	Mast cell leukemia, in relapse	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission	Diagnosis	ICD-10-CM
C94.41	Acute panmyelosis with myelofibrosis, in remission	Diagnosis	ICD-10-CM
C94.42	Acute panmyelosis with myelofibrosis, in relapse	Diagnosis	ICD-10-CM
C94.6	Myelodysplastic disease, not classified	Diagnosis	ICD-10-CM
C94.80	Other specified leukemias not having achieved remission	Diagnosis	ICD-10-CM
C94.81	Other specified leukemias, in remission	Diagnosis	ICD-10-CM
C94.82	Other specified leukemias, in relapse	Diagnosis	ICD-10-CM
C95.00	Acute leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
C95.01	Acute leukemia of unspecified cell type, in remission	Diagnosis	ICD-10-CM
C95.02	Acute leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C95.10	Chronic leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
C95.11	Chronic leukemia of unspecified cell type, in remission	Diagnosis	ICD-10-CM
C95.12	Chronic leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C95.90	Leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
C95.91	Leukemia, unspecified, in remission	Diagnosis	ICD-10-CM
C95.92	Leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96.2	Malignant mast cell neoplasm	Diagnosis	ICD-10-CM
C96.20	Malignant mast cell neoplasm, unspecified	Diagnosis	ICD-10-CM
C96.21	Aggressive systemic mastocytosis	Diagnosis	ICD-10-CM
C96.22	Mast cell sarcoma	Diagnosis	ICD-10-CM
C96.29	Other malignant mast cell neoplasm	Diagnosis	ICD-10-CM
C96.4	Sarcoma of dendritic cells (accessory cells)	Diagnosis	ICD-10-CM
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96.6	Unifocal Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
C96.A	Histiocytic sarcoma	Diagnosis	ICD-10-CM
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
<b>Metastatic Cancer - CCI</b>			
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	Diagnosis	ICD-10-CM
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes	Diagnosis	ICD-10-CM
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	Diagnosis	ICD-10-CM
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified	Diagnosis	ICD-10-CM
C78.00	Secondary malignant neoplasm of unspecified lung	Diagnosis	ICD-10-CM
C78.01	Secondary malignant neoplasm of right lung	Diagnosis	ICD-10-CM
C78.02	Secondary malignant neoplasm of left lung	Diagnosis	ICD-10-CM
C78.1	Secondary malignant neoplasm of mediastinum	Diagnosis	ICD-10-CM
C78.2	Secondary malignant neoplasm of pleura	Diagnosis	ICD-10-CM
C78.30	Secondary malignant neoplasm of unspecified respiratory organ	Diagnosis	ICD-10-CM
C78.39	Secondary malignant neoplasm of other respiratory organs	Diagnosis	ICD-10-CM
C78.4	Secondary malignant neoplasm of small intestine	Diagnosis	ICD-10-CM
C78.5	Secondary malignant neoplasm of large intestine and rectum	Diagnosis	ICD-10-CM
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-10-CM
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct	Diagnosis	ICD-10-CM
C78.80	Secondary malignant neoplasm of unspecified digestive organ	Diagnosis	ICD-10-CM
C78.89	Secondary malignant neoplasm of other digestive organs	Diagnosis	ICD-10-CM
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.10	Secondary malignant neoplasm of unspecified urinary organs	Diagnosis	ICD-10-CM
C79.11	Secondary malignant neoplasm of bladder	Diagnosis	ICD-10-CM
C79.19	Secondary malignant neoplasm of other urinary organs	Diagnosis	ICD-10-CM
C79.2	Secondary malignant neoplasm of skin	Diagnosis	ICD-10-CM
C79.31	Secondary malignant neoplasm of brain	Diagnosis	ICD-10-CM
C79.32	Secondary malignant neoplasm of cerebral meninges	Diagnosis	ICD-10-CM
C79.40	Secondary malignant neoplasm of unspecified part of nervous system	Diagnosis	ICD-10-CM
C79.49	Secondary malignant neoplasm of other parts of nervous system	Diagnosis	ICD-10-CM
C79.51	Secondary malignant neoplasm of bone	Diagnosis	ICD-10-CM
C79.52	Secondary malignant neoplasm of bone marrow	Diagnosis	ICD-10-CM
C79.60	Secondary malignant neoplasm of unspecified ovary	Diagnosis	ICD-10-CM
C79.61	Secondary malignant neoplasm of right ovary	Diagnosis	ICD-10-CM
C79.62	Secondary malignant neoplasm of left ovary	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C79.70	Secondary malignant neoplasm of unspecified adrenal gland	Diagnosis	ICD-10-CM
C79.71	Secondary malignant neoplasm of right adrenal gland	Diagnosis	ICD-10-CM
C79.72	Secondary malignant neoplasm of left adrenal gland	Diagnosis	ICD-10-CM
C79.81	Secondary malignant neoplasm of breast	Diagnosis	ICD-10-CM
C79.82	Secondary malignant neoplasm of genital organs	Diagnosis	ICD-10-CM
C79.89	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-10-CM
C79.9	Secondary malignant neoplasm of unspecified site	Diagnosis	ICD-10-CM
C80.0	Disseminated malignant neoplasm, unspecified	Diagnosis	ICD-10-CM
C80.1	Malignant (primary) neoplasm, unspecified	Diagnosis	ICD-10-CM
C80.2	Malignant neoplasm associated with transplanted organ	Diagnosis	ICD-10-CM
<b>Hematological Malignancy</b>			
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.27	Mixed cellularity Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.70	Other Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.77	Other Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.90	Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.97	Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.00	Follicular lymphoma grade I, unspecified site	Diagnosis	ICD-10-CM
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.07	Follicular lymphoma grade I, spleen	Diagnosis	ICD-10-CM
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.10	Follicular lymphoma grade II, unspecified site	Diagnosis	ICD-10-CM
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.17	Follicular lymphoma grade II, spleen	Diagnosis	ICD-10-CM
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.20	Follicular lymphoma grade III, unspecified, unspecified site	Diagnosis	ICD-10-CM
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.27	Follicular lymphoma grade III, unspecified, spleen	Diagnosis	ICD-10-CM
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.30	Follicular lymphoma grade IIIa, unspecified site	Diagnosis	ICD-10-CM
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.37	Follicular lymphoma grade IIIa, spleen	Diagnosis	ICD-10-CM
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.40	Follicular lymphoma grade IIIb, unspecified site	Diagnosis	ICD-10-CM
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.47	Follicular lymphoma grade IIIb, spleen	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.50	Diffuse follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.57	Diffuse follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.60	Cutaneous follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.67	Cutaneous follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.80	Other types of follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.87	Other types of follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.90	Follicular lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.97	Follicular lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.00	Small cell B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.07	Small cell B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.10	Mantle cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.17	Mantle cell lymphoma, spleen	Diagnosis	ICD-10-CM
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.19	Mantle cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.30	Diffuse large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

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

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C83.87	Other non-follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.00	Mycosis fungoides, unspecified site	Diagnosis	ICD-10-CM
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.02	Mycosis fungoides, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.03	Mycosis fungoides, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.06	Mycosis fungoides, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.07	Mycosis fungoides, spleen	Diagnosis	ICD-10-CM
C84.08	Mycosis fungoides, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.09	Mycosis fungoides, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.10	Sezary disease, unspecified site	Diagnosis	ICD-10-CM
C84.11	Sezary disease, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.12	Sezary disease, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.13	Sezary disease, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.14	Sezary disease, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.16	Sezary disease, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.17	Sezary disease, spleen	Diagnosis	ICD-10-CM
C84.18	Sezary disease, lymph nodes of multiple sites	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C84.19	Sezary disease, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site	Diagnosis	ICD-10-CM
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.47	Peripheral T-cell lymphoma, not classified, spleen	Diagnosis	ICD-10-CM
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site	Diagnosis	ICD-10-CM
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen	Diagnosis	ICD-10-CM
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site	Diagnosis	ICD-10-CM
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen	Diagnosis	ICD-10-CM
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site	Diagnosis	ICD-10-CM
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen	Diagnosis	ICD-10-CM
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site	Diagnosis	ICD-10-CM
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.Z7	Other mature T/NK-cell lymphomas, spleen	Diagnosis	ICD-10-CM
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.10	Unspecified B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.17	Unspecified B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.87	Other specified types of non-Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.97	Non-Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C86.0	Extranodal NK/T-cell lymphoma, nasal type	Diagnosis	ICD-10-CM
C86.1	Hepatosplenic T-cell lymphoma	Diagnosis	ICD-10-CM
C86.2	Enteropathy-type (intestinal) T-cell lymphoma	Diagnosis	ICD-10-CM
C86.3	Subcutaneous panniculitis-like T-cell lymphoma	Diagnosis	ICD-10-CM
C86.4	Blastic NK-cell lymphoma	Diagnosis	ICD-10-CM
C86.5	Angioimmunoblastic T-cell lymphoma	Diagnosis	ICD-10-CM
C86.6	Primary cutaneous CD30-positive T-cell proliferations	Diagnosis	ICD-10-CM
C88.0	Waldenstrom macroglobulinemia	Diagnosis	ICD-10-CM
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]	Diagnosis	ICD-10-CM
C88.8	Other malignant immunoproliferative diseases	Diagnosis	ICD-10-CM
C90.00	Multiple myeloma not having achieved remission	Diagnosis	ICD-10-CM
C90.01	Multiple myeloma in remission	Diagnosis	ICD-10-CM
C90.02	Multiple myeloma in relapse	Diagnosis	ICD-10-CM
C90.10	Plasma cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C90.12	Plasma cell leukemia in relapse	Diagnosis	ICD-10-CM
C90.20	Extramedullary plasmacytoma not having achieved remission	Diagnosis	ICD-10-CM
C90.22	Extramedullary plasmacytoma in relapse	Diagnosis	ICD-10-CM
C90.30	Solitary plasmacytoma not having achieved remission	Diagnosis	ICD-10-CM
C90.32	Solitary plasmacytoma in relapse	Diagnosis	ICD-10-CM
C91.00	Acute lymphoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C91.02	Acute lymphoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission	Diagnosis	ICD-10-CM
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse	Diagnosis	ICD-10-CM
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission	Diagnosis	ICD-10-CM
C91.32	Prolymphocytic leukemia of B-cell type, in relapse	Diagnosis	ICD-10-CM
C91.40	Hairy cell leukemia not having achieved remission	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C91.42	Hairy cell leukemia, in relapse	Diagnosis	ICD-10-CM
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission	Diagnosis	ICD-10-CM
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse	Diagnosis	ICD-10-CM
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission	Diagnosis	ICD-10-CM
C91.62	Prolymphocytic leukemia of T-cell type, in relapse	Diagnosis	ICD-10-CM
C91.90	Lymphoid leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
C91.92	Lymphoid leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission	Diagnosis	ICD-10-CM
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse	Diagnosis	ICD-10-CM
C91.Z0	Other lymphoid leukemia not having achieved remission	Diagnosis	ICD-10-CM
C91.Z2	Other lymphoid leukemia, in relapse	Diagnosis	ICD-10-CM
C92.00	Acute myeloblastic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.02	Acute myeloblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	Diagnosis	ICD-10-CM
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse	Diagnosis	ICD-10-CM
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission	Diagnosis	ICD-10-CM
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse	Diagnosis	ICD-10-CM
C92.30	Myeloid sarcoma, not having achieved remission	Diagnosis	ICD-10-CM
C92.32	Myeloid sarcoma, in relapse	Diagnosis	ICD-10-CM
C92.40	Acute promyelocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.42	Acute promyelocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.50	Acute myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.52	Acute myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission	Diagnosis	ICD-10-CM
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse	Diagnosis	ICD-10-CM
C92.90	Myeloid leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
C92.92	Myeloid leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission	Diagnosis	ICD-10-CM
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse	Diagnosis	ICD-10-CM
C92.Z0	Other myeloid leukemia not having achieved remission	Diagnosis	ICD-10-CM
C92.Z2	Other myeloid leukemia, in relapse	Diagnosis	ICD-10-CM
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.02	Acute monoblastic/monocytic leukemia, in relapse	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C93.10	Chronic myelomonocytic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C93.12	Chronic myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.32	Juvenile myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C93.90	Monocytic leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
C93.92	Monocytic leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
C93.Z0	Other monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.Z2	Other monocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C94.00	Acute erythroid leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C94.02	Acute erythroid leukemia, in relapse	Diagnosis	ICD-10-CM
C94.20	Acute megakaryoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C94.22	Acute megakaryoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C94.30	Mast cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C94.32	Mast cell leukemia, in relapse	Diagnosis	ICD-10-CM
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission	Diagnosis	ICD-10-CM
C94.42	Acute panmyelosis with myelofibrosis, in relapse	Diagnosis	ICD-10-CM
C94.6	Myelodysplastic disease, not classified	Diagnosis	ICD-10-CM
C94.80	Other specified leukemias not having achieved remission	Diagnosis	ICD-10-CM
C94.82	Other specified leukemias, in relapse	Diagnosis	ICD-10-CM
C95.00	Acute leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
C95.02	Acute leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C95.10	Chronic leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
C95.12	Chronic leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C95.90	Leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
C95.92	Leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
C96.20	Malignant mast cell neoplasm, unspecified	Diagnosis	ICD-10-CM
C96.21	Aggressive systemic mastocytosis	Diagnosis	ICD-10-CM
C96.22	Mast cell sarcoma	Diagnosis	ICD-10-CM
C96.29	Other malignant mast cell neoplasm	Diagnosis	ICD-10-CM
C96.4	Sarcoma of dendritic cells (accessory cells)	Diagnosis	ICD-10-CM
C96.6	Unifocal Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
C96.A	Histiocytic sarcoma	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D45	Polycythemia vera	Diagnosis	ICD-10-CM
D46.22	Refractory anemia with excess of blasts 2	Diagnosis	ICD-10-CM
D47.1	Chronic myeloproliferative disease	Diagnosis	ICD-10-CM
D47.4	Osteomyelofibrosis	Diagnosis	ICD-10-CM
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)	Diagnosis	ICD-10-CM
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D61.82	Myelophthisis	Diagnosis	ICD-10-CM
D75.81	Myelofibrosis	Diagnosis	ICD-10-CM
<b>Proton Pump Inhibitors</b>			
C9113	Injection, pantoprazole sodium, per vial	Procedure	HCPCS
S0164	Injection, pantoprazole sodium, 40 mg	Procedure	HCPCS
<b>Selected Anti-CD20 mAbs</b>			
C9260	Injection, ofatumumab, 10 mg	Procedure	HCPCS
C9467	Injection, rituximab and hyaluronidase, 10 mg	Procedure	HCPCS
C9494	Injection, ocrelizumab, 1 mg	Procedure	HCPCS
J2350	Injection, ocrelizumab, 1 mg	Procedure	HCPCS
J9302	Injection, ofatumumab, 10 mg	Procedure	HCPCS
J9310	Injection, rituximab, 100 mg	Procedure	HCPCS
J9311	Injection, rituximab 10 mg and hyaluronidase	Procedure	HCPCS
J9312	Injection, rituximab, 10 mg	Procedure	HCPCS
<b>IL-6 Receptors</b>			
C9455	Injection, siltuximab, 10 mg	Procedure	HCPCS
J2860	Injection, siltuximab, 10 mg	Procedure	HCPCS
J3262	Injection, tocilizumab, 1 mg	Procedure	HCPCS
XW033G5	Introduction of Sarilumab into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW033H5	Introduction of Tocilizumab into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
XW043G5	Introduction of Sarilumab into Central Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW043H5	Introduction of Tocilizumab into Central Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
<b>Other Corticosteroids</b>			
C9469	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Procedure	HCPCS
G2112	Patient receiving <=5 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months	Procedure	HCPCS
G2113	Patient receiving >5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity	Procedure	HCPCS
G9467	Patients who have received or are receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills within the last twelve months	Procedure	HCPCS
G9468	Patient not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills	Procedure	HCPCS
G9469	Patients who have received or are receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 90 or greater consecutive days or a single prescription equating to 900 mg prednisone or greater for all fills	Procedure	HCPCS
G9470	Patients not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills	Procedure	HCPCS
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	Procedure	HCPCS
J0704	Injection, betamethasone sodium phosphate, per 4 mg	Procedure	HCPCS
J1020	Injection, methylprednisolone acetate, 20 mg	Procedure	HCPCS
J1030	Injection, methylprednisolone acetate, 40 mg	Procedure	HCPCS
J1040	Injection, methylprednisolone acetate, 80 mg	Procedure	HCPCS
J1700	Injection, hydrocortisone acetate, up to 25 mg	Procedure	HCPCS
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg	Procedure	HCPCS
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	Procedure	HCPCS
J2650	Injection, prednisolone acetate, up to 1 ml	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	Procedure	HCPCS
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	Procedure	HCPCS
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg	Procedure	HCPCS
J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	Procedure	HCPCS
J3302	Injection, triamcinolone diacetate, per 5 mg	Procedure	HCPCS
J3303	Injection, triamcinolone hexacetonide, per 5 mg	Procedure	HCPCS
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Procedure	HCPCS
J7506	Prednisone, oral, per 5 mg	Procedure	HCPCS
J7509	Methylprednisolone, oral, per 4 mg	Procedure	HCPCS
J7510	Prednisolone, oral, per 5 mg	Procedure	HCPCS
J7512	Prednisone, immediate release or delayed release, oral, 1 mg	Procedure	HCPCS
<b>Sickle Cell Disease</b>			
D57.00	Hb-SS disease with crisis, unspecified	Diagnosis	ICD-10-CM
D57.01	Hb-SS disease with acute chest syndrome	Diagnosis	ICD-10-CM
D57.02	Hb-SS disease with splenic sequestration	Diagnosis	ICD-10-CM
D57.03	Hb-SS disease with cerebral vascular involvement	Diagnosis	ICD-10-CM
D57.09	Hb-SS disease with crisis with other specified complication	Diagnosis	ICD-10-CM
D57.1	Sickle-cell disease without crisis	Diagnosis	ICD-10-CM
D57.20	Sickle-cell/Hb-C disease without crisis	Diagnosis	ICD-10-CM
D57.211	Sickle-cell/Hb-C disease with acute chest syndrome	Diagnosis	ICD-10-CM
D57.212	Sickle-cell/Hb-C disease with splenic sequestration	Diagnosis	ICD-10-CM
D57.213	Sickle-cell/Hb-C disease with cerebral vascular involvement	Diagnosis	ICD-10-CM
D57.218	Sickle-cell/Hb-C disease with crisis with other specified complication	Diagnosis	ICD-10-CM
D57.219	Sickle-cell/Hb-C disease with crisis, unspecified	Diagnosis	ICD-10-CM
D57.3	Sickle-cell trait	Diagnosis	ICD-10-CM
D57.40	Sickle-cell thalassemia without crisis	Diagnosis	ICD-10-CM
D57.411	Sickle-cell thalassemia, unspecified, with acute chest syndrome	Diagnosis	ICD-10-CM
D57.412	Sickle-cell thalassemia, unspecified, with splenic sequestration	Diagnosis	ICD-10-CM
D57.413	Sickle-cell thalassemia, unspecified, with cerebral vascular involvement	Diagnosis	ICD-10-CM
D57.418	Sickle-cell thalassemia, unspecified, with crisis with other specified complication	Diagnosis	ICD-10-CM
D57.419	Sickle-cell thalassemia, unspecified, with crisis	Diagnosis	ICD-10-CM
D57.42	Sickle-cell thalassemia beta zero without crisis	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
D57.431	Sickle-cell thalassemia beta zero with acute chest syndrome	Diagnosis	ICD-10-CM
D57.432	Sickle-cell thalassemia beta zero with splenic sequestration	Diagnosis	ICD-10-CM
D57.433	Sickle-cell thalassemia beta zero with cerebral vascular involvement	Diagnosis	ICD-10-CM
D57.438	Sickle-cell thalassemia beta zero with crisis with other specified complication	Diagnosis	ICD-10-CM
D57.439	Sickle-cell thalassemia beta zero with crisis, unspecified	Diagnosis	ICD-10-CM
D57.44	Sickle-cell thalassemia beta plus without crisis	Diagnosis	ICD-10-CM
D57.451	Sickle-cell thalassemia beta plus with acute chest syndrome	Diagnosis	ICD-10-CM
D57.452	Sickle-cell thalassemia beta plus with splenic sequestration	Diagnosis	ICD-10-CM
D57.453	Sickle-cell thalassemia beta plus with cerebral vascular involvement	Diagnosis	ICD-10-CM
D57.458	Sickle-cell thalassemia beta plus with crisis with other specified complication	Diagnosis	ICD-10-CM
D57.459	Sickle-cell thalassemia beta plus with crisis, unspecified	Diagnosis	ICD-10-CM
D57.80	Other sickle-cell disorders without crisis	Diagnosis	ICD-10-CM
D57.811	Other sickle-cell disorders with acute chest syndrome	Diagnosis	ICD-10-CM
D57.812	Other sickle-cell disorders with splenic sequestration	Diagnosis	ICD-10-CM
D57.813	Other sickle-cell disorders with cerebral vascular involvement	Diagnosis	ICD-10-CM
D57.818	Other sickle-cell disorders with crisis with other specified complication	Diagnosis	ICD-10-CM
D57.819	Other sickle-cell disorders with crisis, unspecified	Diagnosis	ICD-10-CM
J0791	Injection, crizanlizumab-tmca, 5 mg	Procedure	HCPCS

**Treatment-Independent Immune Deficiencies**

D57.02	Hb-SS disease with splenic sequestration	Diagnosis	ICD-10-CM
D57.212	Sickle-cell/Hb-C disease with splenic sequestration	Diagnosis	ICD-10-CM
D57.412	Sickle-cell thalassemia, unspecified, with splenic sequestration	Diagnosis	ICD-10-CM
D57.812	Other sickle-cell disorders with splenic sequestration	Diagnosis	ICD-10-CM
D70.0	Congenital agranulocytosis	Diagnosis	ICD-10-CM
D70.4	Cyclic neutropenia	Diagnosis	ICD-10-CM
D71	Functional disorders of polymorphonuclear neutrophils	Diagnosis	ICD-10-CM
D76.1	Hemophagocytic lymphohistiocytosis	Diagnosis	ICD-10-CM
D76.2	Hemophagocytic syndrome, infection-associated	Diagnosis	ICD-10-CM
D76.3	Other histiocytosis syndromes	Diagnosis	ICD-10-CM
D80.0	Hereditary hypogammaglobulinemia	Diagnosis	ICD-10-CM
D80.1	Nonfamilial hypogammaglobulinemia	Diagnosis	ICD-10-CM
D80.2	Selective deficiency of immunoglobulin A [IgA]	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses	Diagnosis	ICD-10-CM
D80.4	Selective deficiency of immunoglobulin M [IgM]	Diagnosis	ICD-10-CM
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]	Diagnosis	ICD-10-CM
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia	Diagnosis	ICD-10-CM
D80.8	Other immunodeficiencies with predominantly antibody defects	Diagnosis	ICD-10-CM
D80.9	Immunodeficiency with predominantly antibody defects, unspecified	Diagnosis	ICD-10-CM
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis	Diagnosis	ICD-10-CM
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers	Diagnosis	ICD-10-CM
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers	Diagnosis	ICD-10-CM
D81.3	Adenosine deaminase [ADA] deficiency	Diagnosis	ICD-10-CM
D81.30	Adenosine deaminase deficiency, unspecified	Diagnosis	ICD-10-CM
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency	Diagnosis	ICD-10-CM
D81.32	Adenosine deaminase 2 deficiency	Diagnosis	ICD-10-CM
D81.39	Other adenosine deaminase deficiency	Diagnosis	ICD-10-CM
D81.4	Nezelof's syndrome	Diagnosis	ICD-10-CM
D81.5	Purine nucleoside phosphorylase [PNP] deficiency	Diagnosis	ICD-10-CM
D81.6	Major histocompatibility complex class I deficiency	Diagnosis	ICD-10-CM
D81.7	Major histocompatibility complex class II deficiency	Diagnosis	ICD-10-CM
D81.89	Other combined immunodeficiencies	Diagnosis	ICD-10-CM
D81.9	Combined immunodeficiency, unspecified	Diagnosis	ICD-10-CM
D82.0	Wiskott-Aldrich syndrome	Diagnosis	ICD-10-CM
D82.1	Di George's syndrome	Diagnosis	ICD-10-CM
D82.2	Immunodeficiency with short-limbed stature	Diagnosis	ICD-10-CM
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus	Diagnosis	ICD-10-CM
D82.4	Hyperimmunoglobulin E [IgE] syndrome	Diagnosis	ICD-10-CM
D82.8	Immunodeficiency associated with other specified major defects	Diagnosis	ICD-10-CM
D82.9	Immunodeficiency associated with major defect, unspecified	Diagnosis	ICD-10-CM
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function	Diagnosis	ICD-10-CM
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders	Diagnosis	ICD-10-CM
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells	Diagnosis	ICD-10-CM
D83.8	Other common variable immunodeficiencies	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
D83.9	Common variable immunodeficiency, unspecified	Diagnosis	ICD-10-CM
D84.0	Lymphocyte function antigen-1 [LFA-1] defect	Diagnosis	ICD-10-CM
D84.1	Defects in the complement system	Diagnosis	ICD-10-CM
D84.8	Other specified immunodeficiencies	Diagnosis	ICD-10-CM
D84.9	Immunodeficiency, unspecified	Diagnosis	ICD-10-CM
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]	Diagnosis	ICD-10-CM
E40	Kwashiorkor	Diagnosis	ICD-10-CM
E41	Nutritional marasmus	Diagnosis	ICD-10-CM
E42	Marasmic kwashiorkor	Diagnosis	ICD-10-CM
E43	Unspecified severe protein-calorie malnutrition	Diagnosis	ICD-10-CM
E80.3	Defects of catalase and peroxidase	Diagnosis	ICD-10-CM
Q89.01	Asplenia (congenital)	Diagnosis	ICD-10-CM
Q89.09	Congenital malformations of spleen	Diagnosis	ICD-10-CM
<b>Rheumatological Inflammation</b>			
D86.0	Sarcoidosis of lung	Diagnosis	ICD-10-CM
D86.1	Sarcoidosis of lymph nodes	Diagnosis	ICD-10-CM
D86.2	Sarcoidosis of lung with sarcoidosis of lymph nodes	Diagnosis	ICD-10-CM
D86.3	Sarcoidosis of skin	Diagnosis	ICD-10-CM
D86.81	Sarcoid meningitis	Diagnosis	ICD-10-CM
D86.82	Multiple cranial nerve palsies in sarcoidosis	Diagnosis	ICD-10-CM
D86.83	Sarcoid iridocyclitis	Diagnosis	ICD-10-CM
D86.84	Sarcoid pyelonephritis	Diagnosis	ICD-10-CM
D86.85	Sarcoid myocarditis	Diagnosis	ICD-10-CM
D86.86	Sarcoid arthropathy	Diagnosis	ICD-10-CM
D86.87	Sarcoid myositis	Diagnosis	ICD-10-CM
D86.89	Sarcoidosis of other sites	Diagnosis	ICD-10-CM
D86.9	Sarcoidosis, unspecified	Diagnosis	ICD-10-CM
E85.0	Non-neuropathic hereditary familial amyloidosis	Diagnosis	ICD-10-CM
E85.1	Neuropathic hereditary familial amyloidosis	Diagnosis	ICD-10-CM
E85.2	Hereditary familial amyloidosis, unspecified	Diagnosis	ICD-10-CM
E85.3	Secondary systemic amyloidosis	Diagnosis	ICD-10-CM
E85.4	Organ-limited amyloidosis	Diagnosis	ICD-10-CM
E85.81	Light chain (AL) amyloidosis	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E85.82	Wild-type transthyretin-related (ATTR) amyloidosis	Diagnosis	ICD-10-CM
E85.89	Other amyloidosis	Diagnosis	ICD-10-CM
E85.9	Amyloidosis, unspecified	Diagnosis	ICD-10-CM
G35	Multiple sclerosis	Diagnosis	ICD-10-CM
G36.0	Neuromyelitis optica [Devic]	Diagnosis	ICD-10-CM
G37.0	Diffuse sclerosis of central nervous system	Diagnosis	ICD-10-CM
G37.1	Central demyelination of corpus callosum	Diagnosis	ICD-10-CM
G37.2	Central pontine myelinolysis	Diagnosis	ICD-10-CM
G37.3	Acute transverse myelitis in demyelinating disease of central nervous system	Diagnosis	ICD-10-CM
G37.4	Subacute necrotizing myelitis of central nervous system	Diagnosis	ICD-10-CM
G37.5	Concentric sclerosis [Balo] of central nervous system	Diagnosis	ICD-10-CM
G37.8	Other specified demyelinating diseases of central nervous system	Diagnosis	ICD-10-CM
G61.81	Chronic inflammatory demyelinating polyneuritis	Diagnosis	ICD-10-CM
G61.82	Multifocal motor neuropathy	Diagnosis	ICD-10-CM
G61.89	Other inflammatory polyneuropathies	Diagnosis	ICD-10-CM
G61.9	Inflammatory polyneuropathy, unspecified	Diagnosis	ICD-10-CM
G62.2	Polyneuropathy due to other toxic agents	Diagnosis	ICD-10-CM
G62.81	Critical illness polyneuropathy	Diagnosis	ICD-10-CM
G63	Polyneuropathy in diseases classified elsewhere	Diagnosis	ICD-10-CM
I40.8	Other acute myocarditis	Diagnosis	ICD-10-CM
I40.9	Acute myocarditis, unspecified	Diagnosis	ICD-10-CM
I41	Myocarditis in diseases classified elsewhere	Diagnosis	ICD-10-CM
J67.9	Hypersensitivity pneumonitis due to unspecified organic dust	Diagnosis	ICD-10-CM
J84.01	Alveolar proteinosis	Diagnosis	ICD-10-CM
J84.02	Pulmonary alveolar microlithiasis	Diagnosis	ICD-10-CM
J84.09	Other alveolar and parieto-alveolar conditions	Diagnosis	ICD-10-CM
J84.111	Idiopathic interstitial pneumonia, not otherwise specified	Diagnosis	ICD-10-CM
J84.112	Idiopathic pulmonary fibrosis	Diagnosis	ICD-10-CM
J84.113	Idiopathic non-specific interstitial pneumonitis	Diagnosis	ICD-10-CM
J84.114	Acute interstitial pneumonitis	Diagnosis	ICD-10-CM
J84.115	Respiratory bronchiolitis interstitial lung disease	Diagnosis	ICD-10-CM
J84.116	Cryptogenic organizing pneumonia	Diagnosis	ICD-10-CM
J84.117	Desquamative interstitial pneumonia	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J84.2	Lymphoid interstitial pneumonia	Diagnosis	ICD-10-CM
J84.81	Lymphangioliomyomatosis	Diagnosis	ICD-10-CM
J84.82	Adult pulmonary Langerhans cell histiocytosis	Diagnosis	ICD-10-CM
J84.83	Surfactant mutations of the lung	Diagnosis	ICD-10-CM
J84.841	Neuroendocrine cell hyperplasia of infancy	Diagnosis	ICD-10-CM
J84.842	Pulmonary interstitial glycogenosis	Diagnosis	ICD-10-CM
J84.843	Alveolar capillary dysplasia with vein misalignment	Diagnosis	ICD-10-CM
J84.848	Other interstitial lung diseases of childhood	Diagnosis	ICD-10-CM
K50.00	Crohn's disease of small intestine without complications	Diagnosis	ICD-10-CM
K50.011	Crohn's disease of small intestine with rectal bleeding	Diagnosis	ICD-10-CM
K50.012	Crohn's disease of small intestine with intestinal obstruction	Diagnosis	ICD-10-CM
K50.013	Crohn's disease of small intestine with fistula	Diagnosis	ICD-10-CM
K50.014	Crohn's disease of small intestine with abscess	Diagnosis	ICD-10-CM
K50.018	Crohn's disease of small intestine with other complication	Diagnosis	ICD-10-CM
K50.019	Crohn's disease of small intestine with unspecified complications	Diagnosis	ICD-10-CM
K50.10	Crohn's disease of large intestine without complications	Diagnosis	ICD-10-CM
K50.111	Crohn's disease of large intestine with rectal bleeding	Diagnosis	ICD-10-CM
K50.112	Crohn's disease of large intestine with intestinal obstruction	Diagnosis	ICD-10-CM
K50.113	Crohn's disease of large intestine with fistula	Diagnosis	ICD-10-CM
K50.114	Crohn's disease of large intestine with abscess	Diagnosis	ICD-10-CM
K50.118	Crohn's disease of large intestine with other complication	Diagnosis	ICD-10-CM
K50.119	Crohn's disease of large intestine with unspecified complications	Diagnosis	ICD-10-CM
K50.80	Crohn's disease of both small and large intestine without complications	Diagnosis	ICD-10-CM
K50.811	Crohn's disease of both small and large intestine with rectal bleeding	Diagnosis	ICD-10-CM
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction	Diagnosis	ICD-10-CM
K50.813	Crohn's disease of both small and large intestine with fistula	Diagnosis	ICD-10-CM
K50.814	Crohn's disease of both small and large intestine with abscess	Diagnosis	ICD-10-CM
K50.818	Crohn's disease of both small and large intestine with other complication	Diagnosis	ICD-10-CM
K50.819	Crohn's disease of both small and large intestine with unspecified complications	Diagnosis	ICD-10-CM
K50.90	Crohn's disease, unspecified, without complications	Diagnosis	ICD-10-CM
K50.911	Crohn's disease, unspecified, with rectal bleeding	Diagnosis	ICD-10-CM
K50.912	Crohn's disease, unspecified, with intestinal obstruction	Diagnosis	ICD-10-CM
K50.913	Crohn's disease, unspecified, with fistula	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
K50.914	Crohn's disease, unspecified, with abscess	Diagnosis	ICD-10-CM
K50.918	Crohn's disease, unspecified, with other complication	Diagnosis	ICD-10-CM
K50.919	Crohn's disease, unspecified, with unspecified complications	Diagnosis	ICD-10-CM
K51.00	Ulcerative (chronic) pancolitis without complications	Diagnosis	ICD-10-CM
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding	Diagnosis	ICD-10-CM
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction	Diagnosis	ICD-10-CM
K51.013	Ulcerative (chronic) pancolitis with fistula	Diagnosis	ICD-10-CM
K51.014	Ulcerative (chronic) pancolitis with abscess	Diagnosis	ICD-10-CM
K51.018	Ulcerative (chronic) pancolitis with other complication	Diagnosis	ICD-10-CM
K51.019	Ulcerative (chronic) pancolitis with unspecified complications	Diagnosis	ICD-10-CM
K51.20	Ulcerative (chronic) proctitis without complications	Diagnosis	ICD-10-CM
K51.211	Ulcerative (chronic) proctitis with rectal bleeding	Diagnosis	ICD-10-CM
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction	Diagnosis	ICD-10-CM
K51.213	Ulcerative (chronic) proctitis with fistula	Diagnosis	ICD-10-CM
K51.214	Ulcerative (chronic) proctitis with abscess	Diagnosis	ICD-10-CM
K51.218	Ulcerative (chronic) proctitis with other complication	Diagnosis	ICD-10-CM
K51.219	Ulcerative (chronic) proctitis with unspecified complications	Diagnosis	ICD-10-CM
K51.30	Ulcerative (chronic) rectosigmoiditis without complications	Diagnosis	ICD-10-CM
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding	Diagnosis	ICD-10-CM
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction	Diagnosis	ICD-10-CM
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula	Diagnosis	ICD-10-CM
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess	Diagnosis	ICD-10-CM
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication	Diagnosis	ICD-10-CM
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications	Diagnosis	ICD-10-CM
K51.40	Inflammatory polyps of colon without complications	Diagnosis	ICD-10-CM
K51.411	Inflammatory polyps of colon with rectal bleeding	Diagnosis	ICD-10-CM
K51.412	Inflammatory polyps of colon with intestinal obstruction	Diagnosis	ICD-10-CM
K51.413	Inflammatory polyps of colon with fistula	Diagnosis	ICD-10-CM
K51.414	Inflammatory polyps of colon with abscess	Diagnosis	ICD-10-CM
K51.418	Inflammatory polyps of colon with other complication	Diagnosis	ICD-10-CM
K51.419	Inflammatory polyps of colon with unspecified complications	Diagnosis	ICD-10-CM
K51.50	Left sided colitis without complications	Diagnosis	ICD-10-CM
K51.511	Left sided colitis with rectal bleeding	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
K51.512	Left sided colitis with intestinal obstruction	Diagnosis	ICD-10-CM
K51.513	Left sided colitis with fistula	Diagnosis	ICD-10-CM
K51.514	Left sided colitis with abscess	Diagnosis	ICD-10-CM
K51.518	Left sided colitis with other complication	Diagnosis	ICD-10-CM
K51.519	Left sided colitis with unspecified complications	Diagnosis	ICD-10-CM
K51.80	Other ulcerative colitis without complications	Diagnosis	ICD-10-CM
K51.811	Other ulcerative colitis with rectal bleeding	Diagnosis	ICD-10-CM
K51.812	Other ulcerative colitis with intestinal obstruction	Diagnosis	ICD-10-CM
K51.813	Other ulcerative colitis with fistula	Diagnosis	ICD-10-CM
K51.814	Other ulcerative colitis with abscess	Diagnosis	ICD-10-CM
K51.818	Other ulcerative colitis with other complication	Diagnosis	ICD-10-CM
K51.819	Other ulcerative colitis with unspecified complications	Diagnosis	ICD-10-CM
K51.90	Ulcerative colitis, unspecified, without complications	Diagnosis	ICD-10-CM
K51.911	Ulcerative colitis, unspecified with rectal bleeding	Diagnosis	ICD-10-CM
K51.912	Ulcerative colitis, unspecified with intestinal obstruction	Diagnosis	ICD-10-CM
K51.913	Ulcerative colitis, unspecified with fistula	Diagnosis	ICD-10-CM
K51.914	Ulcerative colitis, unspecified with abscess	Diagnosis	ICD-10-CM
K51.918	Ulcerative colitis, unspecified with other complication	Diagnosis	ICD-10-CM
K51.919	Ulcerative colitis, unspecified with unspecified complications	Diagnosis	ICD-10-CM
K52.0	Gastroenteritis and colitis due to radiation	Diagnosis	ICD-10-CM
K52.1	Toxic gastroenteritis and colitis	Diagnosis	ICD-10-CM
K52.21	Food protein-induced enterocolitis syndrome	Diagnosis	ICD-10-CM
K52.22	Food protein-induced enteropathy	Diagnosis	ICD-10-CM
K52.29	Other allergic and dietetic gastroenteritis and colitis	Diagnosis	ICD-10-CM
K52.81	Eosinophilic gastritis or gastroenteritis	Diagnosis	ICD-10-CM
K52.82	Eosinophilic colitis	Diagnosis	ICD-10-CM
K52.89	Other specified noninfective gastroenteritis and colitis	Diagnosis	ICD-10-CM
K52.9	Noninfective gastroenteritis and colitis, unspecified	Diagnosis	ICD-10-CM
K55.011	Focal (segmental) acute (reversible) ischemia of small intestine	Diagnosis	ICD-10-CM
K55.012	Diffuse acute (reversible) ischemia of small intestine	Diagnosis	ICD-10-CM
K55.019	Acute (reversible) ischemia of small intestine, extent unspecified	Diagnosis	ICD-10-CM
K55.1	Chronic vascular disorders of intestine	Diagnosis	ICD-10-CM
K55.9	Vascular disorder of intestine, unspecified	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L40.0	Psoriasis vulgaris	Diagnosis	ICD-10-CM
L40.1	Generalized pustular psoriasis	Diagnosis	ICD-10-CM
L93.0	Discoid lupus erythematosus	Diagnosis	ICD-10-CM
L93.1	Subacute cutaneous lupus erythematosus	Diagnosis	ICD-10-CM
L93.2	Other local lupus erythematosus	Diagnosis	ICD-10-CM
M02	Postinfective and reactive arthropathies	Diagnosis	ICD-10-CM
M02.0	Arthropathy following intestinal bypass	Diagnosis	ICD-10-CM
M02.00	Arthropathy following intestinal bypass, unspecified site	Diagnosis	ICD-10-CM
M02.01	Arthropathy following intestinal bypass, shoulder	Diagnosis	ICD-10-CM
M02.011	Arthropathy following intestinal bypass, right shoulder	Diagnosis	ICD-10-CM
M02.012	Arthropathy following intestinal bypass, left shoulder	Diagnosis	ICD-10-CM
M02.019	Arthropathy following intestinal bypass, unspecified shoulder	Diagnosis	ICD-10-CM
M02.02	Arthropathy following intestinal bypass, elbow	Diagnosis	ICD-10-CM
M02.021	Arthropathy following intestinal bypass, right elbow	Diagnosis	ICD-10-CM
M02.022	Arthropathy following intestinal bypass, left elbow	Diagnosis	ICD-10-CM
M02.029	Arthropathy following intestinal bypass, unspecified elbow	Diagnosis	ICD-10-CM
M02.03	Arthropathy following intestinal bypass, wrist	Diagnosis	ICD-10-CM
M02.031	Arthropathy following intestinal bypass, right wrist	Diagnosis	ICD-10-CM
M02.032	Arthropathy following intestinal bypass, left wrist	Diagnosis	ICD-10-CM
M02.039	Arthropathy following intestinal bypass, unspecified wrist	Diagnosis	ICD-10-CM
M02.04	Arthropathy following intestinal bypass, hand	Diagnosis	ICD-10-CM
M02.041	Arthropathy following intestinal bypass, right hand	Diagnosis	ICD-10-CM
M02.042	Arthropathy following intestinal bypass, left hand	Diagnosis	ICD-10-CM
M02.049	Arthropathy following intestinal bypass, unspecified hand	Diagnosis	ICD-10-CM
M02.05	Arthropathy following intestinal bypass, hip	Diagnosis	ICD-10-CM
M02.051	Arthropathy following intestinal bypass, right hip	Diagnosis	ICD-10-CM
M02.052	Arthropathy following intestinal bypass, left hip	Diagnosis	ICD-10-CM
M02.059	Arthropathy following intestinal bypass, unspecified hip	Diagnosis	ICD-10-CM
M02.06	Arthropathy following intestinal bypass, knee	Diagnosis	ICD-10-CM
M02.061	Arthropathy following intestinal bypass, right knee	Diagnosis	ICD-10-CM
M02.062	Arthropathy following intestinal bypass, left knee	Diagnosis	ICD-10-CM
M02.069	Arthropathy following intestinal bypass, unspecified knee	Diagnosis	ICD-10-CM
M02.07	Arthropathy following intestinal bypass, ankle and foot	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M02.071	Arthropathy following intestinal bypass, right ankle and foot	Diagnosis	ICD-10-CM
M02.072	Arthropathy following intestinal bypass, left ankle and foot	Diagnosis	ICD-10-CM
M02.079	Arthropathy following intestinal bypass, unspecified ankle and foot	Diagnosis	ICD-10-CM
M02.08	Arthropathy following intestinal bypass, vertebrae	Diagnosis	ICD-10-CM
M02.09	Arthropathy following intestinal bypass, multiple sites	Diagnosis	ICD-10-CM
M02.1	Postdysenteric arthropathy	Diagnosis	ICD-10-CM
M02.10	Postdysenteric arthropathy, unspecified site	Diagnosis	ICD-10-CM
M02.11	Postdysenteric arthropathy, shoulder	Diagnosis	ICD-10-CM
M02.111	Postdysenteric arthropathy, right shoulder	Diagnosis	ICD-10-CM
M02.112	Postdysenteric arthropathy, left shoulder	Diagnosis	ICD-10-CM
M02.119	Postdysenteric arthropathy, unspecified shoulder	Diagnosis	ICD-10-CM
M02.12	Postdysenteric arthropathy, elbow	Diagnosis	ICD-10-CM
M02.121	Postdysenteric arthropathy, right elbow	Diagnosis	ICD-10-CM
M02.122	Postdysenteric arthropathy, left elbow	Diagnosis	ICD-10-CM
M02.129	Postdysenteric arthropathy, unspecified elbow	Diagnosis	ICD-10-CM
M02.13	Postdysenteric arthropathy, wrist	Diagnosis	ICD-10-CM
M02.131	Postdysenteric arthropathy, right wrist	Diagnosis	ICD-10-CM
M02.132	Postdysenteric arthropathy, left wrist	Diagnosis	ICD-10-CM
M02.139	Postdysenteric arthropathy, unspecified wrist	Diagnosis	ICD-10-CM
M02.14	Postdysenteric arthropathy, hand	Diagnosis	ICD-10-CM
M02.141	Postdysenteric arthropathy, right hand	Diagnosis	ICD-10-CM
M02.142	Postdysenteric arthropathy, left hand	Diagnosis	ICD-10-CM
M02.149	Postdysenteric arthropathy, unspecified hand	Diagnosis	ICD-10-CM
M02.15	Postdysenteric arthropathy, hip	Diagnosis	ICD-10-CM
M02.151	Postdysenteric arthropathy, right hip	Diagnosis	ICD-10-CM
M02.152	Postdysenteric arthropathy, left hip	Diagnosis	ICD-10-CM
M02.159	Postdysenteric arthropathy, unspecified hip	Diagnosis	ICD-10-CM
M02.16	Postdysenteric arthropathy, knee	Diagnosis	ICD-10-CM
M02.161	Postdysenteric arthropathy, right knee	Diagnosis	ICD-10-CM
M02.162	Postdysenteric arthropathy, left knee	Diagnosis	ICD-10-CM
M02.169	Postdysenteric arthropathy, unspecified knee	Diagnosis	ICD-10-CM
M02.17	Postdysenteric arthropathy, ankle and foot	Diagnosis	ICD-10-CM
M02.171	Postdysenteric arthropathy, right ankle and foot	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M02.172	Postdysenteric arthropathy, left ankle and foot	Diagnosis	ICD-10-CM
M02.179	Postdysenteric arthropathy, unspecified ankle and foot	Diagnosis	ICD-10-CM
M02.18	Postdysenteric arthropathy, vertebrae	Diagnosis	ICD-10-CM
M02.19	Postdysenteric arthropathy, multiple sites	Diagnosis	ICD-10-CM
M02.2	Postimmunization arthropathy	Diagnosis	ICD-10-CM
M02.20	Postimmunization arthropathy, unspecified site	Diagnosis	ICD-10-CM
M02.21	Postimmunization arthropathy, shoulder	Diagnosis	ICD-10-CM
M02.211	Postimmunization arthropathy, right shoulder	Diagnosis	ICD-10-CM
M02.212	Postimmunization arthropathy, left shoulder	Diagnosis	ICD-10-CM
M02.219	Postimmunization arthropathy, unspecified shoulder	Diagnosis	ICD-10-CM
M02.22	Postimmunization arthropathy, elbow	Diagnosis	ICD-10-CM
M02.221	Postimmunization arthropathy, right elbow	Diagnosis	ICD-10-CM
M02.222	Postimmunization arthropathy, left elbow	Diagnosis	ICD-10-CM
M02.229	Postimmunization arthropathy, unspecified elbow	Diagnosis	ICD-10-CM
M02.23	Postimmunization arthropathy, wrist	Diagnosis	ICD-10-CM
M02.231	Postimmunization arthropathy, right wrist	Diagnosis	ICD-10-CM
M02.232	Postimmunization arthropathy, left wrist	Diagnosis	ICD-10-CM
M02.239	Postimmunization arthropathy, unspecified wrist	Diagnosis	ICD-10-CM
M02.24	Postimmunization arthropathy, hand	Diagnosis	ICD-10-CM
M02.241	Postimmunization arthropathy, right hand	Diagnosis	ICD-10-CM
M02.242	Postimmunization arthropathy, left hand	Diagnosis	ICD-10-CM
M02.249	Postimmunization arthropathy, unspecified hand	Diagnosis	ICD-10-CM
M02.25	Postimmunization arthropathy, hip	Diagnosis	ICD-10-CM
M02.251	Postimmunization arthropathy, right hip	Diagnosis	ICD-10-CM
M02.252	Postimmunization arthropathy, left hip	Diagnosis	ICD-10-CM
M02.259	Postimmunization arthropathy, unspecified hip	Diagnosis	ICD-10-CM
M02.26	Postimmunization arthropathy, knee	Diagnosis	ICD-10-CM
M02.261	Postimmunization arthropathy, right knee	Diagnosis	ICD-10-CM
M02.262	Postimmunization arthropathy, left knee	Diagnosis	ICD-10-CM
M02.269	Postimmunization arthropathy, unspecified knee	Diagnosis	ICD-10-CM
M02.27	Postimmunization arthropathy, ankle and foot	Diagnosis	ICD-10-CM
M02.271	Postimmunization arthropathy, right ankle and foot	Diagnosis	ICD-10-CM
M02.272	Postimmunization arthropathy, left ankle and foot	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M02.279	Postimmunization arthropathy, unspecified ankle and foot	Diagnosis	ICD-10-CM
M02.28	Postimmunization arthropathy, vertebrae	Diagnosis	ICD-10-CM
M02.29	Postimmunization arthropathy, multiple sites	Diagnosis	ICD-10-CM
M02.3	Reiter's disease	Diagnosis	ICD-10-CM
M02.30	Reiter's disease, unspecified site	Diagnosis	ICD-10-CM
M02.31	Reiter's disease, shoulder	Diagnosis	ICD-10-CM
M02.311	Reiter's disease, right shoulder	Diagnosis	ICD-10-CM
M02.312	Reiter's disease, left shoulder	Diagnosis	ICD-10-CM
M02.319	Reiter's disease, unspecified shoulder	Diagnosis	ICD-10-CM
M02.32	Reiter's disease, elbow	Diagnosis	ICD-10-CM
M02.321	Reiter's disease, right elbow	Diagnosis	ICD-10-CM
M02.322	Reiter's disease, left elbow	Diagnosis	ICD-10-CM
M02.329	Reiter's disease, unspecified elbow	Diagnosis	ICD-10-CM
M02.33	Reiter's disease, wrist	Diagnosis	ICD-10-CM
M02.331	Reiter's disease, right wrist	Diagnosis	ICD-10-CM
M02.332	Reiter's disease, left wrist	Diagnosis	ICD-10-CM
M02.339	Reiter's disease, unspecified wrist	Diagnosis	ICD-10-CM
M02.34	Reiter's disease, hand	Diagnosis	ICD-10-CM
M02.341	Reiter's disease, right hand	Diagnosis	ICD-10-CM
M02.342	Reiter's disease, left hand	Diagnosis	ICD-10-CM
M02.349	Reiter's disease, unspecified hand	Diagnosis	ICD-10-CM
M02.35	Reiter's disease, hip	Diagnosis	ICD-10-CM
M02.351	Reiter's disease, right hip	Diagnosis	ICD-10-CM
M02.352	Reiter's disease, left hip	Diagnosis	ICD-10-CM
M02.359	Reiter's disease, unspecified hip	Diagnosis	ICD-10-CM
M02.36	Reiter's disease, knee	Diagnosis	ICD-10-CM
M02.361	Reiter's disease, right knee	Diagnosis	ICD-10-CM
M02.362	Reiter's disease, left knee	Diagnosis	ICD-10-CM
M02.369	Reiter's disease, unspecified knee	Diagnosis	ICD-10-CM
M02.37	Reiter's disease, ankle and foot	Diagnosis	ICD-10-CM
M02.371	Reiter's disease, right ankle and foot	Diagnosis	ICD-10-CM
M02.372	Reiter's disease, left ankle and foot	Diagnosis	ICD-10-CM
M02.379	Reiter's disease, unspecified ankle and foot	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M02.38	Reiter's disease, vertebrae	Diagnosis	ICD-10-CM
M02.39	Reiter's disease, multiple sites	Diagnosis	ICD-10-CM
M02.8	Other reactive arthropathies	Diagnosis	ICD-10-CM
M02.80	Other reactive arthropathies, unspecified site	Diagnosis	ICD-10-CM
M02.81	Other reactive arthropathies, shoulder	Diagnosis	ICD-10-CM
M02.811	Other reactive arthropathies, right shoulder	Diagnosis	ICD-10-CM
M02.812	Other reactive arthropathies, left shoulder	Diagnosis	ICD-10-CM
M02.819	Other reactive arthropathies, unspecified shoulder	Diagnosis	ICD-10-CM
M02.82	Other reactive arthropathies, elbow	Diagnosis	ICD-10-CM
M02.821	Other reactive arthropathies, right elbow	Diagnosis	ICD-10-CM
M02.822	Other reactive arthropathies, left elbow	Diagnosis	ICD-10-CM
M02.829	Other reactive arthropathies, unspecified elbow	Diagnosis	ICD-10-CM
M02.83	Other reactive arthropathies, wrist	Diagnosis	ICD-10-CM
M02.831	Other reactive arthropathies, right wrist	Diagnosis	ICD-10-CM
M02.832	Other reactive arthropathies, left wrist	Diagnosis	ICD-10-CM
M02.839	Other reactive arthropathies, unspecified wrist	Diagnosis	ICD-10-CM
M02.84	Other reactive arthropathies, hand	Diagnosis	ICD-10-CM
M02.841	Other reactive arthropathies, right hand	Diagnosis	ICD-10-CM
M02.842	Other reactive arthropathies, left hand	Diagnosis	ICD-10-CM
M02.849	Other reactive arthropathies, unspecified hand	Diagnosis	ICD-10-CM
M02.85	Other reactive arthropathies, hip	Diagnosis	ICD-10-CM
M02.851	Other reactive arthropathies, right hip	Diagnosis	ICD-10-CM
M02.852	Other reactive arthropathies, left hip	Diagnosis	ICD-10-CM
M02.859	Other reactive arthropathies, unspecified hip	Diagnosis	ICD-10-CM
M02.86	Other reactive arthropathies, knee	Diagnosis	ICD-10-CM
M02.861	Other reactive arthropathies, right knee	Diagnosis	ICD-10-CM
M02.862	Other reactive arthropathies, left knee	Diagnosis	ICD-10-CM
M02.869	Other reactive arthropathies, unspecified knee	Diagnosis	ICD-10-CM
M02.87	Other reactive arthropathies, ankle and foot	Diagnosis	ICD-10-CM
M02.871	Other reactive arthropathies, right ankle and foot	Diagnosis	ICD-10-CM
M02.872	Other reactive arthropathies, left ankle and foot	Diagnosis	ICD-10-CM
M02.879	Other reactive arthropathies, unspecified ankle and foot	Diagnosis	ICD-10-CM
M02.88	Other reactive arthropathies, vertebrae	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M02.89	Other reactive arthropathies, multiple sites	Diagnosis	ICD-10-CM
M02.9	Reactive arthropathy, unspecified	Diagnosis	ICD-10-CM
M04	Autoinflammatory syndromes	Diagnosis	ICD-10-CM
M04.1	Periodic fever syndromes	Diagnosis	ICD-10-CM
M04.2	Cryopyrin-associated periodic syndromes	Diagnosis	ICD-10-CM
M04.8	Other autoinflammatory syndromes	Diagnosis	ICD-10-CM
M04.9	Autoinflammatory syndrome, unspecified	Diagnosis	ICD-10-CM
M05	Rheumatoid arthritis with rheumatoid factor	Diagnosis	ICD-10-CM
M05.0	Felty's syndrome	Diagnosis	ICD-10-CM
M05.00	Felty's syndrome, unspecified site	Diagnosis	ICD-10-CM
M05.01	Felty's syndrome, shoulder	Diagnosis	ICD-10-CM
M05.011	Felty's syndrome, right shoulder	Diagnosis	ICD-10-CM
M05.012	Felty's syndrome, left shoulder	Diagnosis	ICD-10-CM
M05.019	Felty's syndrome, unspecified shoulder	Diagnosis	ICD-10-CM
M05.02	Felty's syndrome, elbow	Diagnosis	ICD-10-CM
M05.021	Felty's syndrome, right elbow	Diagnosis	ICD-10-CM
M05.022	Felty's syndrome, left elbow	Diagnosis	ICD-10-CM
M05.029	Felty's syndrome, unspecified elbow	Diagnosis	ICD-10-CM
M05.03	Felty's syndrome, wrist	Diagnosis	ICD-10-CM
M05.031	Felty's syndrome, right wrist	Diagnosis	ICD-10-CM
M05.032	Felty's syndrome, left wrist	Diagnosis	ICD-10-CM
M05.039	Felty's syndrome, unspecified wrist	Diagnosis	ICD-10-CM
M05.04	Felty's syndrome, hand	Diagnosis	ICD-10-CM
M05.041	Felty's syndrome, right hand	Diagnosis	ICD-10-CM
M05.042	Felty's syndrome, left hand	Diagnosis	ICD-10-CM
M05.049	Felty's syndrome, unspecified hand	Diagnosis	ICD-10-CM
M05.05	Felty's syndrome, hip	Diagnosis	ICD-10-CM
M05.051	Felty's syndrome, right hip	Diagnosis	ICD-10-CM
M05.052	Felty's syndrome, left hip	Diagnosis	ICD-10-CM
M05.059	Felty's syndrome, unspecified hip	Diagnosis	ICD-10-CM
M05.06	Felty's syndrome, knee	Diagnosis	ICD-10-CM
M05.061	Felty's syndrome, right knee	Diagnosis	ICD-10-CM
M05.062	Felty's syndrome, left knee	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.069	Felty's syndrome, unspecified knee	Diagnosis	ICD-10-CM
M05.07	Felty's syndrome, ankle and foot	Diagnosis	ICD-10-CM
M05.071	Felty's syndrome, right ankle and foot	Diagnosis	ICD-10-CM
M05.072	Felty's syndrome, left ankle and foot	Diagnosis	ICD-10-CM
M05.079	Felty's syndrome, unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.09	Felty's syndrome, multiple sites	Diagnosis	ICD-10-CM
M05.1	Rheumatoid lung disease with rheumatoid arthritis	Diagnosis	ICD-10-CM
M05.10	Rheumatoid lung disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.11	Rheumatoid lung disease with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05.111	Rheumatoid lung disease with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.112	Rheumatoid lung disease with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.119	Rheumatoid lung disease with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.12	Rheumatoid lung disease with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05.121	Rheumatoid lung disease with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.122	Rheumatoid lung disease with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.129	Rheumatoid lung disease with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.13	Rheumatoid lung disease with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05.131	Rheumatoid lung disease with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.132	Rheumatoid lung disease with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.139	Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.14	Rheumatoid lung disease with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05.141	Rheumatoid lung disease with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.142	Rheumatoid lung disease with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.149	Rheumatoid lung disease with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.15	Rheumatoid lung disease with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05.151	Rheumatoid lung disease with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.152	Rheumatoid lung disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.159	Rheumatoid lung disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.16	Rheumatoid lung disease with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05.161	Rheumatoid lung disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.162	Rheumatoid lung disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.169	Rheumatoid lung disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.17	Rheumatoid lung disease with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.171	Rheumatoid lung disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.172	Rheumatoid lung disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.179	Rheumatoid lung disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.19	Rheumatoid lung disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.2	Rheumatoid vasculitis with rheumatoid arthritis	Diagnosis	ICD-10-CM
M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.21	Rheumatoid vasculitis with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05.211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.212	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.22	Rheumatoid vasculitis with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05.221	Rheumatoid vasculitis with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.222	Rheumatoid vasculitis with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.229	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.23	Rheumatoid vasculitis with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05.231	Rheumatoid vasculitis with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.232	Rheumatoid vasculitis with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.239	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.24	Rheumatoid vasculitis with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05.241	Rheumatoid vasculitis with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.242	Rheumatoid vasculitis with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.249	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.25	Rheumatoid vasculitis with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05.251	Rheumatoid vasculitis with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.252	Rheumatoid vasculitis with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.259	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.26	Rheumatoid vasculitis with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.27	Rheumatoid vasculitis with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05.271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.3	Rheumatoid heart disease with rheumatoid arthritis	Diagnosis	ICD-10-CM
M05.30	Rheumatoid heart disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.31	Rheumatoid heart disease with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05.311	Rheumatoid heart disease with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.312	Rheumatoid heart disease with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.319	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.32	Rheumatoid heart disease with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05.321	Rheumatoid heart disease with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.322	Rheumatoid heart disease with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.329	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.33	Rheumatoid heart disease with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05.331	Rheumatoid heart disease with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.332	Rheumatoid heart disease with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.339	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.34	Rheumatoid heart disease with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05.341	Rheumatoid heart disease with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.342	Rheumatoid heart disease with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.349	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.35	Rheumatoid heart disease with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05.351	Rheumatoid heart disease with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.352	Rheumatoid heart disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.359	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.36	Rheumatoid heart disease with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.37	Rheumatoid heart disease with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05.371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.39	Rheumatoid heart disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.4	Rheumatoid myopathy with rheumatoid arthritis	Diagnosis	ICD-10-CM
M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.41	Rheumatoid myopathy with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05.411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.42	Rheumatoid myopathy with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05.421	Rheumatoid myopathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.422	Rheumatoid myopathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.43	Rheumatoid myopathy with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05.431	Rheumatoid myopathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.432	Rheumatoid myopathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.44	Rheumatoid myopathy with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05.441	Rheumatoid myopathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.442	Rheumatoid myopathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.45	Rheumatoid myopathy with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.46	Rheumatoid myopathy with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.47	Rheumatoid myopathy with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.5	Rheumatoid polyneuropathy with rheumatoid arthritis	Diagnosis	ICD-10-CM
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.51	Rheumatoid polyneuropathy with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.52	Rheumatoid polyneuropathy with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.53	Rheumatoid polyneuropathy with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.54	Rheumatoid polyneuropathy with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.55	Rheumatoid polyneuropathy with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.56	Rheumatoid polyneuropathy with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.57	Rheumatoid polyneuropathy with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.6	Rheumatoid arthritis with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.60	Rheumatoid arthritis of unspecified site with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.61	Rheumatoid arthritis of shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.611	Rheumatoid arthritis of right shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.612	Rheumatoid arthritis of left shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.619	Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.62	Rheumatoid arthritis of elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.621	Rheumatoid arthritis of right elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.622	Rheumatoid arthritis of left elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.629	Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.63	Rheumatoid arthritis of wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.631	Rheumatoid arthritis of right wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.632	Rheumatoid arthritis of left wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.639	Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.64	Rheumatoid arthritis of hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.641	Rheumatoid arthritis of right hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.642	Rheumatoid arthritis of left hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.649	Rheumatoid arthritis of unspecified hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.65	Rheumatoid arthritis of hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.651	Rheumatoid arthritis of right hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.652	Rheumatoid arthritis of left hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.659	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.66	Rheumatoid arthritis of knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.669	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.67	Rheumatoid arthritis of ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.69	Rheumatoid arthritis of multiple sites with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.7	Rheumatoid arthritis with rheumatoid factor without organ or systems involvement	Diagnosis	ICD-10-CM
M05.70	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.71	Rheumatoid arthritis with rheumatoid factor of shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.711	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.712	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.719	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.72	Rheumatoid arthritis with rheumatoid factor of elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.729	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.73	Rheumatoid arthritis with rheumatoid factor of wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.731	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.732	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.739	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.74	Rheumatoid arthritis with rheumatoid factor of hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.741	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.742	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.749	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.75	Rheumatoid arthritis with rheumatoid factor of hip without organ or systems involvement	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05.752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05.759	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05.76	Rheumatoid arthritis with rheumatoid factor of knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.769	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.77	Rheumatoid arthritis with rheumatoid factor of ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.771	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.772	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.779	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	Diagnosis	ICD-10-CM
M05.8	Other rheumatoid arthritis with rheumatoid factor	Diagnosis	ICD-10-CM
M05.80	Other rheumatoid arthritis with rheumatoid factor of unspecified site	Diagnosis	ICD-10-CM
M05.81	Other rheumatoid arthritis with rheumatoid factor of shoulder	Diagnosis	ICD-10-CM
M05.811	Other rheumatoid arthritis with rheumatoid factor of right shoulder	Diagnosis	ICD-10-CM
M05.812	Other rheumatoid arthritis with rheumatoid factor of left shoulder	Diagnosis	ICD-10-CM
M05.819	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder	Diagnosis	ICD-10-CM
M05.82	Other rheumatoid arthritis with rheumatoid factor of elbow	Diagnosis	ICD-10-CM
M05.821	Other rheumatoid arthritis with rheumatoid factor of right elbow	Diagnosis	ICD-10-CM
M05.822	Other rheumatoid arthritis with rheumatoid factor of left elbow	Diagnosis	ICD-10-CM
M05.829	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.83	Other rheumatoid arthritis with rheumatoid factor of wrist	Diagnosis	ICD-10-CM
M05.831	Other rheumatoid arthritis with rheumatoid factor of right wrist	Diagnosis	ICD-10-CM
M05.832	Other rheumatoid arthritis with rheumatoid factor of left wrist	Diagnosis	ICD-10-CM
M05.839	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist	Diagnosis	ICD-10-CM
M05.84	Other rheumatoid arthritis with rheumatoid factor of hand	Diagnosis	ICD-10-CM
M05.841	Other rheumatoid arthritis with rheumatoid factor of right hand	Diagnosis	ICD-10-CM
M05.842	Other rheumatoid arthritis with rheumatoid factor of left hand	Diagnosis	ICD-10-CM
M05.849	Other rheumatoid arthritis with rheumatoid factor of unspecified hand	Diagnosis	ICD-10-CM
M05.85	Other rheumatoid arthritis with rheumatoid factor of hip	Diagnosis	ICD-10-CM
M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip	Diagnosis	ICD-10-CM
M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip	Diagnosis	ICD-10-CM
M05.859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip	Diagnosis	ICD-10-CM
M05.86	Other rheumatoid arthritis with rheumatoid factor of knee	Diagnosis	ICD-10-CM
M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee	Diagnosis	ICD-10-CM
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee	Diagnosis	ICD-10-CM
M05.869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee	Diagnosis	ICD-10-CM
M05.87	Other rheumatoid arthritis with rheumatoid factor of ankle and foot	Diagnosis	ICD-10-CM
M05.871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot	Diagnosis	ICD-10-CM
M05.872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot	Diagnosis	ICD-10-CM
M05.879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites	Diagnosis	ICD-10-CM
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified	Diagnosis	ICD-10-CM
M06.0	Rheumatoid arthritis without rheumatoid factor	Diagnosis	ICD-10-CM
M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site	Diagnosis	ICD-10-CM
M06.01	Rheumatoid arthritis without rheumatoid factor, shoulder	Diagnosis	ICD-10-CM
M06.011	Rheumatoid arthritis without rheumatoid factor, right shoulder	Diagnosis	ICD-10-CM
M06.012	Rheumatoid arthritis without rheumatoid factor, left shoulder	Diagnosis	ICD-10-CM
M06.019	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder	Diagnosis	ICD-10-CM
M06.02	Rheumatoid arthritis without rheumatoid factor, elbow	Diagnosis	ICD-10-CM
M06.021	Rheumatoid arthritis without rheumatoid factor, right elbow	Diagnosis	ICD-10-CM
M06.022	Rheumatoid arthritis without rheumatoid factor, left elbow	Diagnosis	ICD-10-CM
M06.029	Rheumatoid arthritis without rheumatoid factor, unspecified elbow	Diagnosis	ICD-10-CM
M06.03	Rheumatoid arthritis without rheumatoid factor, wrist	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M06.031	Rheumatoid arthritis without rheumatoid factor, right wrist	Diagnosis	ICD-10-CM
M06.032	Rheumatoid arthritis without rheumatoid factor, left wrist	Diagnosis	ICD-10-CM
M06.039	Rheumatoid arthritis without rheumatoid factor, unspecified wrist	Diagnosis	ICD-10-CM
M06.04	Rheumatoid arthritis without rheumatoid factor, hand	Diagnosis	ICD-10-CM
M06.041	Rheumatoid arthritis without rheumatoid factor, right hand	Diagnosis	ICD-10-CM
M06.042	Rheumatoid arthritis without rheumatoid factor, left hand	Diagnosis	ICD-10-CM
M06.049	Rheumatoid arthritis without rheumatoid factor, unspecified hand	Diagnosis	ICD-10-CM
M06.05	Rheumatoid arthritis without rheumatoid factor, hip	Diagnosis	ICD-10-CM
M06.051	Rheumatoid arthritis without rheumatoid factor, right hip	Diagnosis	ICD-10-CM
M06.052	Rheumatoid arthritis without rheumatoid factor, left hip	Diagnosis	ICD-10-CM
M06.059	Rheumatoid arthritis without rheumatoid factor, unspecified hip	Diagnosis	ICD-10-CM
M06.06	Rheumatoid arthritis without rheumatoid factor, knee	Diagnosis	ICD-10-CM
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee	Diagnosis	ICD-10-CM
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee	Diagnosis	ICD-10-CM
M06.069	Rheumatoid arthritis without rheumatoid factor, unspecified knee	Diagnosis	ICD-10-CM
M06.07	Rheumatoid arthritis without rheumatoid factor, ankle and foot	Diagnosis	ICD-10-CM
M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot	Diagnosis	ICD-10-CM
M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot	Diagnosis	ICD-10-CM
M06.079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae	Diagnosis	ICD-10-CM
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites	Diagnosis	ICD-10-CM
M06.1	Adult-onset Still's disease	Diagnosis	ICD-10-CM
M06.2	Rheumatoid bursitis	Diagnosis	ICD-10-CM
M06.20	Rheumatoid bursitis, unspecified site	Diagnosis	ICD-10-CM
M06.21	Rheumatoid bursitis, shoulder	Diagnosis	ICD-10-CM
M06.211	Rheumatoid bursitis, right shoulder	Diagnosis	ICD-10-CM
M06.212	Rheumatoid bursitis, left shoulder	Diagnosis	ICD-10-CM
M06.219	Rheumatoid bursitis, unspecified shoulder	Diagnosis	ICD-10-CM
M06.22	Rheumatoid bursitis, elbow	Diagnosis	ICD-10-CM
M06.221	Rheumatoid bursitis, right elbow	Diagnosis	ICD-10-CM
M06.222	Rheumatoid bursitis, left elbow	Diagnosis	ICD-10-CM
M06.229	Rheumatoid bursitis, unspecified elbow	Diagnosis	ICD-10-CM
M06.23	Rheumatoid bursitis, wrist	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M06.231	Rheumatoid bursitis, right wrist	Diagnosis	ICD-10-CM
M06.232	Rheumatoid bursitis, left wrist	Diagnosis	ICD-10-CM
M06.239	Rheumatoid bursitis, unspecified wrist	Diagnosis	ICD-10-CM
M06.24	Rheumatoid bursitis, hand	Diagnosis	ICD-10-CM
M06.241	Rheumatoid bursitis, right hand	Diagnosis	ICD-10-CM
M06.242	Rheumatoid bursitis, left hand	Diagnosis	ICD-10-CM
M06.249	Rheumatoid bursitis, unspecified hand	Diagnosis	ICD-10-CM
M06.25	Rheumatoid bursitis, hip	Diagnosis	ICD-10-CM
M06.251	Rheumatoid bursitis, right hip	Diagnosis	ICD-10-CM
M06.252	Rheumatoid bursitis, left hip	Diagnosis	ICD-10-CM
M06.259	Rheumatoid bursitis, unspecified hip	Diagnosis	ICD-10-CM
M06.26	Rheumatoid bursitis, knee	Diagnosis	ICD-10-CM
M06.261	Rheumatoid bursitis, right knee	Diagnosis	ICD-10-CM
M06.262	Rheumatoid bursitis, left knee	Diagnosis	ICD-10-CM
M06.269	Rheumatoid bursitis, unspecified knee	Diagnosis	ICD-10-CM
M06.27	Rheumatoid bursitis, ankle and foot	Diagnosis	ICD-10-CM
M06.271	Rheumatoid bursitis, right ankle and foot	Diagnosis	ICD-10-CM
M06.272	Rheumatoid bursitis, left ankle and foot	Diagnosis	ICD-10-CM
M06.279	Rheumatoid bursitis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.28	Rheumatoid bursitis, vertebrae	Diagnosis	ICD-10-CM
M06.29	Rheumatoid bursitis, multiple sites	Diagnosis	ICD-10-CM
M06.3	Rheumatoid nodule	Diagnosis	ICD-10-CM
M06.30	Rheumatoid nodule, unspecified site	Diagnosis	ICD-10-CM
M06.31	Rheumatoid nodule, shoulder	Diagnosis	ICD-10-CM
M06.311	Rheumatoid nodule, right shoulder	Diagnosis	ICD-10-CM
M06.312	Rheumatoid nodule, left shoulder	Diagnosis	ICD-10-CM
M06.319	Rheumatoid nodule, unspecified shoulder	Diagnosis	ICD-10-CM
M06.32	Rheumatoid nodule, elbow	Diagnosis	ICD-10-CM
M06.321	Rheumatoid nodule, right elbow	Diagnosis	ICD-10-CM
M06.322	Rheumatoid nodule, left elbow	Diagnosis	ICD-10-CM
M06.329	Rheumatoid nodule, unspecified elbow	Diagnosis	ICD-10-CM
M06.33	Rheumatoid nodule, wrist	Diagnosis	ICD-10-CM
M06.331	Rheumatoid nodule, right wrist	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M06.332	Rheumatoid nodule, left wrist	Diagnosis	ICD-10-CM
M06.339	Rheumatoid nodule, unspecified wrist	Diagnosis	ICD-10-CM
M06.34	Rheumatoid nodule, hand	Diagnosis	ICD-10-CM
M06.341	Rheumatoid nodule, right hand	Diagnosis	ICD-10-CM
M06.342	Rheumatoid nodule, left hand	Diagnosis	ICD-10-CM
M06.349	Rheumatoid nodule, unspecified hand	Diagnosis	ICD-10-CM
M06.35	Rheumatoid nodule, hip	Diagnosis	ICD-10-CM
M06.351	Rheumatoid nodule, right hip	Diagnosis	ICD-10-CM
M06.352	Rheumatoid nodule, left hip	Diagnosis	ICD-10-CM
M06.359	Rheumatoid nodule, unspecified hip	Diagnosis	ICD-10-CM
M06.36	Rheumatoid nodule, knee	Diagnosis	ICD-10-CM
M06.361	Rheumatoid nodule, right knee	Diagnosis	ICD-10-CM
M06.362	Rheumatoid nodule, left knee	Diagnosis	ICD-10-CM
M06.369	Rheumatoid nodule, unspecified knee	Diagnosis	ICD-10-CM
M06.37	Rheumatoid nodule, ankle and foot	Diagnosis	ICD-10-CM
M06.371	Rheumatoid nodule, right ankle and foot	Diagnosis	ICD-10-CM
M06.372	Rheumatoid nodule, left ankle and foot	Diagnosis	ICD-10-CM
M06.379	Rheumatoid nodule, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.38	Rheumatoid nodule, vertebrae	Diagnosis	ICD-10-CM
M06.39	Rheumatoid nodule, multiple sites	Diagnosis	ICD-10-CM
M06.4	Inflammatory polyarthropathy	Diagnosis	ICD-10-CM
M06.8	Other specified rheumatoid arthritis	Diagnosis	ICD-10-CM
M06.80	Other specified rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
M06.81	Other specified rheumatoid arthritis, shoulder	Diagnosis	ICD-10-CM
M06.811	Other specified rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
M06.812	Other specified rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
M06.819	Other specified rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M06.82	Other specified rheumatoid arthritis, elbow	Diagnosis	ICD-10-CM
M06.821	Other specified rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
M06.822	Other specified rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
M06.829	Other specified rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
M06.83	Other specified rheumatoid arthritis, wrist	Diagnosis	ICD-10-CM
M06.831	Other specified rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M06.832	Other specified rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
M06.839	Other specified rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
M06.84	Other specified rheumatoid arthritis, hand	Diagnosis	ICD-10-CM
M06.841	Other specified rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
M06.842	Other specified rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
M06.849	Other specified rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
M06.85	Other specified rheumatoid arthritis, hip	Diagnosis	ICD-10-CM
M06.851	Other specified rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
M06.852	Other specified rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
M06.859	Other specified rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
M06.86	Other specified rheumatoid arthritis, knee	Diagnosis	ICD-10-CM
M06.861	Other specified rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
M06.862	Other specified rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
M06.869	Other specified rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
M06.87	Other specified rheumatoid arthritis, ankle and foot	Diagnosis	ICD-10-CM
M06.871	Other specified rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
M06.872	Other specified rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
M06.879	Other specified rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.88	Other specified rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
M06.89	Other specified rheumatoid arthritis, multiple sites	Diagnosis	ICD-10-CM
M06.9	Rheumatoid arthritis, unspecified	Diagnosis	ICD-10-CM
M08.3	Juvenile rheumatoid polyarthritis (seronegative)	Diagnosis	ICD-10-CM
M08.40	Pauciarticular juvenile rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
M12.00	Chronic postrheumatic arthropathy [Jaccoud], unspecified site	Diagnosis	ICD-10-CM
M30.0	Polyarteritis nodosa	Diagnosis	ICD-10-CM
M30.1	Polyarteritis with lung involvement [Churg-Strauss]	Diagnosis	ICD-10-CM
M30.2	Juvenile polyarteritis	Diagnosis	ICD-10-CM
M30.3	Mucocutaneous lymph node syndrome [Kawasaki]	Diagnosis	ICD-10-CM
M30.8	Other conditions related to polyarteritis nodosa	Diagnosis	ICD-10-CM
M31.0	Hypersensitivity angiitis	Diagnosis	ICD-10-CM
M31.1	Thrombotic microangiopathy	Diagnosis	ICD-10-CM
M31.2	Lethal midline granuloma	Diagnosis	ICD-10-CM
M31.30	Wegener's granulomatosis without renal involvement	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M31.31	Wegener's granulomatosis with renal involvement	Diagnosis	ICD-10-CM
M31.4	Aortic arch syndrome [Takayasu]	Diagnosis	ICD-10-CM
M31.5	Giant cell arteritis with polymyalgia rheumatica	Diagnosis	ICD-10-CM
M31.6	Other giant cell arteritis	Diagnosis	ICD-10-CM
M31.7	Microscopic polyangiitis	Diagnosis	ICD-10-CM
M31.8	Other specified necrotizing vasculopathies	Diagnosis	ICD-10-CM
M31.9	Necrotizing vasculopathy, unspecified	Diagnosis	ICD-10-CM
M32.0	Drug-induced systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.10	Systemic lupus erythematosus, organ or system involvement unspecified	Diagnosis	ICD-10-CM
M32.11	Endocarditis in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.12	Pericarditis in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.13	Lung involvement in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.14	Glomerular disease in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.19	Other organ or system involvement in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.8	Other forms of systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.9	Systemic lupus erythematosus, unspecified	Diagnosis	ICD-10-CM
M33.00	Juvenile dermatomyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
M33.01	Juvenile dermatomyositis with respiratory involvement	Diagnosis	ICD-10-CM
M33.02	Juvenile dermatomyositis with myopathy	Diagnosis	ICD-10-CM
M33.09	Juvenile dermatomyositis with other organ involvement	Diagnosis	ICD-10-CM
M33.10	Other dermatomyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
M33.11	Other dermatomyositis with respiratory involvement	Diagnosis	ICD-10-CM
M33.12	Other dermatomyositis with myopathy	Diagnosis	ICD-10-CM
M33.13	Other dermatomyositis without myopathy	Diagnosis	ICD-10-CM
M33.19	Other dermatomyositis with other organ involvement	Diagnosis	ICD-10-CM
M33.20	Polymyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
M33.21	Polymyositis with respiratory involvement	Diagnosis	ICD-10-CM
M33.22	Polymyositis with myopathy	Diagnosis	ICD-10-CM
M33.29	Polymyositis with other organ involvement	Diagnosis	ICD-10-CM
M33.90	Dermatopolymyositis, unspecified, organ involvement unspecified	Diagnosis	ICD-10-CM
M33.91	Dermatopolymyositis, unspecified with respiratory involvement	Diagnosis	ICD-10-CM
M33.92	Dermatopolymyositis, unspecified with myopathy	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M33.93	Dermatopolymyositis, unspecified without myopathy	Diagnosis	ICD-10-CM
M33.99	Dermatopolymyositis, unspecified with other organ involvement	Diagnosis	ICD-10-CM
M34.0	Progressive systemic sclerosis	Diagnosis	ICD-10-CM
M34.1	CR(E)ST syndrome	Diagnosis	ICD-10-CM
M34.2	Systemic sclerosis induced by drug and chemical	Diagnosis	ICD-10-CM
M34.81	Systemic sclerosis with lung involvement	Diagnosis	ICD-10-CM
M34.82	Systemic sclerosis with myopathy	Diagnosis	ICD-10-CM
M34.83	Systemic sclerosis with polyneuropathy	Diagnosis	ICD-10-CM
M34.89	Other systemic sclerosis	Diagnosis	ICD-10-CM
M34.9	Systemic sclerosis, unspecified	Diagnosis	ICD-10-CM
M35.00	Sjogren syndrome, unspecified	Diagnosis	ICD-10-CM
M35.01	Sjogren syndrome with keratoconjunctivitis	Diagnosis	ICD-10-CM
M35.02	Sjogren syndrome with lung involvement	Diagnosis	ICD-10-CM
M35.03	Sjogren syndrome with myopathy	Diagnosis	ICD-10-CM
M35.04	Sjogren syndrome with tubulo-interstitial nephropathy	Diagnosis	ICD-10-CM
M35.09	Sjogren syndrome with other organ involvement	Diagnosis	ICD-10-CM
M35.1	Other overlap syndromes	Diagnosis	ICD-10-CM
M35.2	Behcet's disease	Diagnosis	ICD-10-CM
M35.3	Polymyalgia rheumatica	Diagnosis	ICD-10-CM
M35.4	Diffuse (eosinophilic) fasciitis	Diagnosis	ICD-10-CM
M35.5	Multifocal fibrosclerosis	Diagnosis	ICD-10-CM
M35.6	Relapsing panniculitis [Weber-Christian]	Diagnosis	ICD-10-CM
M35.8	Other specified systemic involvement of connective tissue	Diagnosis	ICD-10-CM
M35.9	Systemic involvement of connective tissue, unspecified	Diagnosis	ICD-10-CM
M36.0	Dermato(poly)myositis in neoplastic disease	Diagnosis	ICD-10-CM
M36.8	Systemic disorders of connective tissue in other diseases classified elsewhere	Diagnosis	ICD-10-CM
M46.00	Spinal enthesopathy, site unspecified	Diagnosis	ICD-10-CM
M46.01	Spinal enthesopathy, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M46.02	Spinal enthesopathy, cervical region	Diagnosis	ICD-10-CM
M46.03	Spinal enthesopathy, cervicothoracic region	Diagnosis	ICD-10-CM
M46.04	Spinal enthesopathy, thoracic region	Diagnosis	ICD-10-CM
M46.05	Spinal enthesopathy, thoracolumbar region	Diagnosis	ICD-10-CM
M46.06	Spinal enthesopathy, lumbar region	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M46.07	Spinal enthesopathy, lumbosacral region	Diagnosis	ICD-10-CM
M46.08	Spinal enthesopathy, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M46.09	Spinal enthesopathy, multiple sites in spine	Diagnosis	ICD-10-CM
M46.1	Sacroiliitis, not elsewhere classified	Diagnosis	ICD-10-CM
<b>Diabetes</b>			
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Diagnosis	ICD-10-CM
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma	Diagnosis	ICD-10-CM
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma	Diagnosis	ICD-10-CM
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy	Diagnosis	ICD-10-CM
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication	Diagnosis	ICD-10-CM
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract	Diagnosis	ICD-10-CM
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy	Diagnosis	ICD-10-CM
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication	Diagnosis	ICD-10-CM
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM

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

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy	Diagnosis	ICD-10-CM
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication	Diagnosis	ICD-10-CM
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E09.620	Drug or chemical induced diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E09.628	Drug or chemical induced diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E09.638	Drug or chemical induced diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E09.641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E09.69	Drug or chemical induced diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E09.8	Drug or chemical induced diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E09.9	Drug or chemical induced diabetes mellitus without complications	Diagnosis	ICD-10-CM
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.36	Type 1 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E10.59	Type 1 diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E10.620	Type 1 diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E10.621	Type 1 diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E10.622	Type 1 diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E10.628	Type 1 diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E10.630	Type 1 diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E10.638	Type 1 diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E10.65	Type 1 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E10.69	Type 1 diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E10.8	Type 1 diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E10.9	Type 1 diabetes mellitus without complications	Diagnosis	ICD-10-CM
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Diagnosis	ICD-10-CM
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E11.11	Type 2 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.36	Type 2 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E11.59	Type 2 diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E11.620	Type 2 diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E11.621	Type 2 diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E11.622	Type 2 diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E11.628	Type 2 diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E11.630	Type 2 diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E11.638	Type 2 diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E11.65	Type 2 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E11.69	Type 2 diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E11.8	Type 2 diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E11.9	Type 2 diabetes mellitus without complications	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Diagnosis	ICD-10-CM
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E13.10	Other specified diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E13.11	Other specified diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E13.21	Other specified diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.36	Other specified diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E13.44	Other specified diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E13.49	Other specified diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E13.59	Other specified diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E13.618	Other specified diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E13.620	Other specified diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E13.621	Other specified diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E13.622	Other specified diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E13.628	Other specified diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E13.630	Other specified diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E13.638	Other specified diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E13.641	Other specified diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E13.649	Other specified diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E13.65	Other specified diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E13.69	Other specified diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E13.8	Other specified diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E13.9	Other specified diabetes mellitus without complications	Diagnosis	ICD-10-CM
O24.011	Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester	Diagnosis	ICD-10-CM
O24.012	Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester	Diagnosis	ICD-10-CM
O24.013	Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester	Diagnosis	ICD-10-CM
O24.019	Pre-existing type 1 diabetes mellitus, in pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O24.02	Pre-existing type 1 diabetes mellitus, in childbirth	Diagnosis	ICD-10-CM
O24.03	Pre-existing type 1 diabetes mellitus, in the puerperium	Diagnosis	ICD-10-CM
O24.111	Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester	Diagnosis	ICD-10-CM
O24.112	Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester	Diagnosis	ICD-10-CM
O24.113	Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester	Diagnosis	ICD-10-CM
O24.119	Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O24.12	Pre-existing type 2 diabetes mellitus, in childbirth	Diagnosis	ICD-10-CM
O24.13	Pre-existing type 2 diabetes mellitus, in the puerperium	Diagnosis	ICD-10-CM
O24.311	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester	Diagnosis	ICD-10-CM
O24.312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester	Diagnosis	ICD-10-CM
O24.313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester	Diagnosis	ICD-10-CM
O24.319	Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O24.32	Unspecified pre-existing diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
O24.33	Unspecified pre-existing diabetes mellitus in the puerperium	Diagnosis	ICD-10-CM
O24.410	Gestational diabetes mellitus in pregnancy, diet controlled	Diagnosis	ICD-10-CM
O24.414	Gestational diabetes mellitus in pregnancy, insulin controlled	Diagnosis	ICD-10-CM
O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs	Diagnosis	ICD-10-CM
O24.419	Gestational diabetes mellitus in pregnancy, unspecified control	Diagnosis	ICD-10-CM
O24.420	Gestational diabetes mellitus in childbirth, diet controlled	Diagnosis	ICD-10-CM
O24.424	Gestational diabetes mellitus in childbirth, insulin controlled	Diagnosis	ICD-10-CM
O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs	Diagnosis	ICD-10-CM
O24.429	Gestational diabetes mellitus in childbirth, unspecified control	Diagnosis	ICD-10-CM
O24.430	Gestational diabetes mellitus in the puerperium, diet controlled	Diagnosis	ICD-10-CM
O24.434	Gestational diabetes mellitus in the puerperium, insulin controlled	Diagnosis	ICD-10-CM
O24.435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
O24.439	Gestational diabetes mellitus in the puerperium, unspecified control	Diagnosis	ICD-10-CM
O24.811	Other pre-existing diabetes mellitus in pregnancy, first trimester	Diagnosis	ICD-10-CM
O24.812	Other pre-existing diabetes mellitus in pregnancy, second trimester	Diagnosis	ICD-10-CM
O24.813	Other pre-existing diabetes mellitus in pregnancy, third trimester	Diagnosis	ICD-10-CM
O24.819	Other pre-existing diabetes mellitus in pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O24.82	Other pre-existing diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
O24.83	Other pre-existing diabetes mellitus in the puerperium	Diagnosis	ICD-10-CM
O24.911	Unspecified diabetes mellitus in pregnancy, first trimester	Diagnosis	ICD-10-CM
O24.912	Unspecified diabetes mellitus in pregnancy, second trimester	Diagnosis	ICD-10-CM
O24.913	Unspecified diabetes mellitus in pregnancy, third trimester	Diagnosis	ICD-10-CM
O24.919	Unspecified diabetes mellitus in pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O24.92	Unspecified diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
O24.93	Unspecified diabetes mellitus in the puerperium	Diagnosis	ICD-10-CM
<b>Chronic Kidney Disease</b>			
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy	Diagnosis	ICD-10-CM
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication	Diagnosis	ICD-10-CM
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E13.21	Other specified diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Diagnosis	ICD-10-CM
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
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	Diagnosis	ICD-10-CM
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	Diagnosis	ICD-10-CM
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
K76.7	Hepatorenal syndrome	Diagnosis	ICD-10-CM
M32.14	Glomerular disease in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M35.04	Sjogren syndrome with tubulo-interstitial nephropathy	Diagnosis	ICD-10-CM
N01.0	Rapidly progressive nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N01.1	Rapidly progressive nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N01.2	Rapidly progressive nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N01.3	Rapidly progressive nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N01.4	Rapidly progressive nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N01.5	Rapidly progressive nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N01.6	Rapidly progressive nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N01.7	Rapidly progressive nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N01.8	Rapidly progressive nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N01.9	Rapidly progressive nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N02.0	Recurrent and persistent hematuria with minor glomerular abnormality	Diagnosis	ICD-10-CM
N02.1	Recurrent and persistent hematuria with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N02.3	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N02.4	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N02.5	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N02.6	Recurrent and persistent hematuria with dense deposit disease	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
N02.7	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N02.8	Recurrent and persistent hematuria with other morphologic changes	Diagnosis	ICD-10-CM
N02.9	Recurrent and persistent hematuria with unspecified morphologic changes	Diagnosis	ICD-10-CM
N03.0	Chronic nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N03.1	Chronic nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N03.2	Chronic nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N03.3	Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N03.4	Chronic nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N03.5	Chronic nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N03.6	Chronic nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N03.7	Chronic nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N03.8	Chronic nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N03.9	Chronic nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N04.0	Nephrotic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N04.1	Nephrotic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N04.2	Nephrotic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N04.3	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N04.4	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N04.5	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N04.6	Nephrotic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N04.8	Nephrotic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N04.9	Nephrotic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N05.0	Unspecified nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N05.1	Unspecified nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N05.2	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N05.3	Unspecified nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N05.4	Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N05.5	Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N05.6	Unspecified nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N05.7	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N05.8	Unspecified nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
N05.9	Unspecified nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N06.0	Isolated proteinuria with minor glomerular abnormality	Diagnosis	ICD-10-CM
N06.1	Isolated proteinuria with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N06.2	Isolated proteinuria with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N06.3	Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N06.4	Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N06.5	Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N06.6	Isolated proteinuria with dense deposit disease	Diagnosis	ICD-10-CM
N06.7	Isolated proteinuria with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N06.8	Isolated proteinuria with other morphologic lesion	Diagnosis	ICD-10-CM
N06.9	Isolated proteinuria with unspecified morphologic lesion	Diagnosis	ICD-10-CM
N07.0	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality	Diagnosis	ICD-10-CM
N07.1	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N07.2	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N07.3	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N07.4	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N07.5	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N07.6	Hereditary nephropathy, not elsewhere classified with dense deposit disease	Diagnosis	ICD-10-CM
N07.7	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N07.8	Hereditary nephropathy, not elsewhere classified with other morphologic lesions	Diagnosis	ICD-10-CM
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions	Diagnosis	ICD-10-CM
N08	Glomerular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
N11.0	Nonobstructive reflux-associated chronic pyelonephritis	Diagnosis	ICD-10-CM
N11.1	Chronic obstructive pyelonephritis	Diagnosis	ICD-10-CM
N11.8	Other chronic tubulo-interstitial nephritis	Diagnosis	ICD-10-CM
N11.9	Chronic tubulo-interstitial nephritis, unspecified	Diagnosis	ICD-10-CM
N12	Tubulo-interstitial nephritis, not specified as acute or chronic	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
N15.0	Balkan nephropathy	Diagnosis	ICD-10-CM
N15.8	Other specified renal tubulo-interstitial diseases	Diagnosis	ICD-10-CM
N15.9	Renal tubulo-interstitial disease, unspecified	Diagnosis	ICD-10-CM
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
N18.1	Chronic kidney disease, stage 1	Diagnosis	ICD-10-CM
N18.2	Chronic kidney disease, stage 2 (mild)	Diagnosis	ICD-10-CM
N18.3	Chronic kidney disease, stage 3 (moderate)	Diagnosis	ICD-10-CM
N18.30	Chronic kidney disease, stage 3 unspecified	Diagnosis	ICD-10-CM
N18.31	Chronic kidney disease, stage 3a	Diagnosis	ICD-10-CM
N18.32	Chronic kidney disease, stage 3b	Diagnosis	ICD-10-CM
N18.4	Chronic kidney disease, stage 4 (severe)	Diagnosis	ICD-10-CM
N18.5	Chronic kidney disease, stage 5	Diagnosis	ICD-10-CM
N18.6	End stage renal disease	Diagnosis	ICD-10-CM
N18.9	Chronic kidney disease, unspecified	Diagnosis	ICD-10-CM
N19	Unspecified kidney failure	Diagnosis	ICD-10-CM
N25.0	Renal osteodystrophy	Diagnosis	ICD-10-CM
N25.1	Nephrogenic diabetes insipidus	Diagnosis	ICD-10-CM
N25.81	Secondary hyperparathyroidism of renal origin	Diagnosis	ICD-10-CM
N25.89	Other disorders resulting from impaired renal tubular function	Diagnosis	ICD-10-CM
N25.9	Disorder resulting from impaired renal tubular function, unspecified	Diagnosis	ICD-10-CM
N26.1	Atrophy of kidney (terminal)	Diagnosis	ICD-10-CM
N26.9	Renal sclerosis, unspecified	Diagnosis	ICD-10-CM
N28.89	Other specified disorders of kidney and ureter	Diagnosis	ICD-10-CM
N28.9	Disorder of kidney and ureter, unspecified	Diagnosis	ICD-10-CM
N29	Other disorders of kidney and ureter in diseases classified elsewhere	Diagnosis	ICD-10-CM
O10.2	Pre-existing hypertensive chronic kidney disease complicating pregnancy, childbirth and the puerperium	Diagnosis	ICD-10-CM
O10.21	Pre-existing hypertensive chronic kidney disease complicating pregnancy	Diagnosis	ICD-10-CM
O10.211	Pre-existing hypertensive chronic kidney disease complicating pregnancy, first trimester	Diagnosis	ICD-10-CM
O10.212	Pre-existing hypertensive chronic kidney disease complicating pregnancy, second trimester	Diagnosis	ICD-10-CM
O10.213	Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
O10.219	Pre-existing hypertensive chronic kidney disease complicating pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O10.22	Pre-existing hypertensive chronic kidney disease complicating childbirth	Diagnosis	ICD-10-CM
O10.23	Pre-existing hypertensive chronic kidney disease complicating the puerperium	Diagnosis	ICD-10-CM
O10.3	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, childbirth and the puerperium	Diagnosis	ICD-10-CM
O10.31	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy	Diagnosis	ICD-10-CM
O10.311	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, first trimester	Diagnosis	ICD-10-CM
O10.312	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester	Diagnosis	ICD-10-CM
O10.313	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester	Diagnosis	ICD-10-CM
O10.319	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O10.32	Pre-existing hypertensive heart and chronic kidney disease complicating childbirth	Diagnosis	ICD-10-CM
O10.33	Pre-existing hypertensive heart and chronic kidney disease complicating the puerperium	Diagnosis	ICD-10-CM
Q61.02	Congenital multiple renal cysts	Diagnosis	ICD-10-CM
Q61.11	Cystic dilatation of collecting ducts	Diagnosis	ICD-10-CM
Q61.19	Other polycystic kidney, infantile type	Diagnosis	ICD-10-CM
Q61.2	Polycystic kidney, adult type	Diagnosis	ICD-10-CM
Q61.3	Polycystic kidney, unspecified	Diagnosis	ICD-10-CM
Q61.4	Renal dysplasia	Diagnosis	ICD-10-CM
Q61.5	Medullary cystic kidney	Diagnosis	ICD-10-CM
Q61.8	Other cystic kidney diseases	Diagnosis	ICD-10-CM
R94.4	Abnormal results of kidney function studies	Diagnosis	ICD-10-CM
Z91.15	Patient's noncompliance with renal dialysis	Diagnosis	ICD-10-CM
Z99.2	Dependence on renal dialysis	Diagnosis	ICD-10-CM
<b>Diabetes (Without Complications) - CCI</b>			
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E10.620	Type 1 diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E10.621	Type 1 diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E10.622	Type 1 diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E10.628	Type 1 diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E10.630	Type 1 diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E10.638	Type 1 diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E10.65	Type 1 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E10.69	Type 1 diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E10.8	Type 1 diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E10.9	Type 1 diabetes mellitus without complications	Diagnosis	ICD-10-CM
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Diagnosis	ICD-10-CM
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E11.11	Type 2 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E11.620	Type 2 diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E11.621	Type 2 diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E11.622	Type 2 diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E11.628	Type 2 diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E11.630	Type 2 diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E11.638	Type 2 diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E11.65	Type 2 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E11.69	Type 2 diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E11.8	Type 2 diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E11.9	Type 2 diabetes mellitus without complications	Diagnosis	ICD-10-CM
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E13.10	Other specified diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E13.11	Other specified diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E13.618	Other specified diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E13.620	Other specified diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E13.621	Other specified diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E13.622	Other specified diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E13.628	Other specified diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E13.630	Other specified diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E13.638	Other specified diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E13.641	Other specified diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E13.649	Other specified diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E13.65	Other specified diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E13.69	Other specified diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E13.8	Other specified diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E13.9	Other specified diabetes mellitus without complications	Diagnosis	ICD-10-CM
<b>Diabetes (With Complications) - CCI</b>			
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E10.329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E10.359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.36	Type 1 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E10.59	Type 1 diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E11.359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.36	Type 2 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E11.59	Type 2 diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E13.21	Other specified diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E13.349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E13.359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.36	Other specified diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E13.44	Other specified diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E13.49	Other specified diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E13.59	Other specified diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
<b>Impaired Mobility - Frailty</b>			
E1050	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	Procedure	HCPCS
E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests	Procedure	HCPCS
E1065	POWER ATTACHMENT (TO CONVERT ANY WHEELCHAIR TO MOTORIZED WHEELCHAIR, E.G., SOLO)	Procedure	HCPCS
E1066	BATTERY CHARGER	Procedure	HCPCS
E1069	DEEP CYCLE BATTERY	Procedure	HCPCS
E1070	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest	Procedure	HCPCS
E1083	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest	Procedure	HCPCS
E1084	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests	Procedure	HCPCS
E1085	Hemi-wheelchair, fixed full length arms, swing away detachable foot rests	Procedure	HCPCS
E1086	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests	Procedure	HCPCS
E1087	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests	Procedure	HCPCS
E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests	Procedure	HCPCS
E1089	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest	Procedure	HCPCS
E1090	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests	Procedure	HCPCS
E1091	YOUTH WHEELCHAIR, ANY TYPE	Procedure	HCPCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E1092	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests	Procedure	HCPCS
E1093	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests	Procedure	HCPCS
E1100	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	Procedure	HCPCS
E1110	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest	Procedure	HCPCS
E1130	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests	Procedure	HCPCS
E1140	Wheelchair, detachable arms, desk or full length, swing away detachable footrests	Procedure	HCPCS
E1150	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests	Procedure	HCPCS
E1160	Wheelchair, fixed full length arms, swing away detachable elevating legrests	Procedure	HCPCS
E1161	Manual adult size wheelchair, includes tilt in space	Procedure	HCPCS
E1170	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests	Procedure	HCPCS
E1171	Amputee wheelchair, fixed full length arms, without footrests or legrest	Procedure	HCPCS
E1172	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest	Procedure	HCPCS
E1180	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests	Procedure	HCPCS
E1190	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests	Procedure	HCPCS
E1195	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests	Procedure	HCPCS
E1200	Amputee wheelchair, fixed full length arms, swing away detachable footrest	Procedure	HCPCS
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION	Procedure	HCPCS
E1221	Wheelchair with fixed arm, footrests	Procedure	HCPCS
E1222	Wheelchair with fixed arm, elevating legrests	Procedure	HCPCS
E1223	Wheelchair with detachable arms, footrests	Procedure	HCPCS
E1224	Wheelchair with detachable arms, elevating legrests	Procedure	HCPCS
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	Procedure	HCPCS
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	Procedure	HCPCS
E1227	Special height arms for wheelchair	Procedure	HCPCS
E1228	Special back height for wheelchair	Procedure	HCPCS
E1229	Wheelchair, pediatric size, not otherwise specified	Procedure	HCPCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER	Procedure	HCPCS
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Procedure	HCPCS
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Procedure	HCPCS
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Procedure	HCPCS
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Procedure	HCPCS
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Procedure	HCPCS
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	Procedure	HCPCS
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	Procedure	HCPCS
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	Procedure	HCPCS
E1239	Power wheelchair, pediatric size, not otherwise specified	Procedure	HCPCS
E1240	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest	Procedure	HCPCS
E1250	Lightweight wheelchair, fixed full length arms, swing away detachable footrest	Procedure	HCPCS
E1260	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest	Procedure	HCPCS
E1270	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests	Procedure	HCPCS
E1280	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests	Procedure	HCPCS
E1285	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest	Procedure	HCPCS
E1290	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest	Procedure	HCPCS
E1295	Heavy duty wheelchair, fixed full length arms, elevating legrest	Procedure	HCPCS
E1296	Special wheelchair seat height from floor	Procedure	HCPCS
E1297	Special wheelchair seat depth, by upholstery	Procedure	HCPCS
E1298	Special wheelchair seat depth and/or width, by construction	Procedure	HCPCS
Z99.3	Dependence on wheelchair	Diagnosis	ICD-10-CM
<b>Dementia - CCI</b>			
F01.50	Vascular dementia without behavioral disturbance	Diagnosis	ICD-10-CM
F01.51	Vascular dementia with behavioral disturbance	Diagnosis	ICD-10-CM
F02.80	Dementia in other diseases classified elsewhere without behavioral disturbance	Diagnosis	ICD-10-CM
F02.81	Dementia in other diseases classified elsewhere with behavioral disturbance	Diagnosis	ICD-10-CM
F03.90	Unspecified dementia without behavioral disturbance	Diagnosis	ICD-10-CM
F03.91	Unspecified dementia with behavioral disturbance	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
G30.0	Alzheimer's disease with early onset	Diagnosis	ICD-10-CM
G30.1	Alzheimer's disease with late onset	Diagnosis	ICD-10-CM
G30.8	Other Alzheimer's disease	Diagnosis	ICD-10-CM
G30.9	Alzheimer's disease, unspecified	Diagnosis	ICD-10-CM
G31.1	Senile degeneration of brain, not elsewhere classified	Diagnosis	ICD-10-CM
<b>Cognitive Impairment - Frailty</b>			
F01.50	Vascular dementia without behavioral disturbance	Diagnosis	ICD-10-CM
F01.51	Vascular dementia with behavioral disturbance	Diagnosis	ICD-10-CM
F02.80	Dementia in other diseases classified elsewhere without behavioral disturbance	Diagnosis	ICD-10-CM
F02.81	Dementia in other diseases classified elsewhere with behavioral disturbance	Diagnosis	ICD-10-CM
F03.90	Unspecified dementia without behavioral disturbance	Diagnosis	ICD-10-CM
F03.91	Unspecified dementia with behavioral disturbance	Diagnosis	ICD-10-CM
F04	Amnesic disorder due to known physiological condition	Diagnosis	ICD-10-CM
F05	Delirium due to known physiological condition	Diagnosis	ICD-10-CM
F06.0	Psychotic disorder with hallucinations due to known physiological condition	Diagnosis	ICD-10-CM
F06.1	Catatonic disorder due to known physiological condition	Diagnosis	ICD-10-CM
F06.8	Other specified mental disorders due to known physiological condition	Diagnosis	ICD-10-CM
F07.0	Personality change due to known physiological condition	Diagnosis	ICD-10-CM
F07.81	Postconcussional syndrome	Diagnosis	ICD-10-CM
F07.89	Other personality and behavioral disorders due to known physiological condition	Diagnosis	ICD-10-CM
F07.9	Unspecified personality and behavioral disorder due to known physiological condition	Diagnosis	ICD-10-CM
F09	Unspecified mental disorder due to known physiological condition	Diagnosis	ICD-10-CM
F48.2	Pseudobulbar affect	Diagnosis	ICD-10-CM
G30.0	Alzheimer's disease with early onset	Diagnosis	ICD-10-CM
G30.1	Alzheimer's disease with late onset	Diagnosis	ICD-10-CM
G30.8	Other Alzheimer's disease	Diagnosis	ICD-10-CM
G30.9	Alzheimer's disease, unspecified	Diagnosis	ICD-10-CM
G31.01	Pick's disease	Diagnosis	ICD-10-CM
G31.09	Other frontotemporal dementia	Diagnosis	ICD-10-CM
G31.1	Senile degeneration of brain, not elsewhere classified	Diagnosis	ICD-10-CM
G31.83	Dementia with Lewy bodies	Diagnosis	ICD-10-CM
R41.81	Age-related cognitive decline	Diagnosis	ICD-10-CM
R54	Age-related physical debility	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
<b>Paranoia - Frailty</b>			
F06.0	Psychotic disorder with hallucinations due to known physiological condition	Diagnosis	ICD-10-CM
F06.2	Psychotic disorder with delusions due to known physiological condition	Diagnosis	ICD-10-CM
F20.0	Paranoid schizophrenia	Diagnosis	ICD-10-CM
F20.1	Disorganized schizophrenia	Diagnosis	ICD-10-CM
F20.2	Catatonic schizophrenia	Diagnosis	ICD-10-CM
F20.3	Undifferentiated schizophrenia	Diagnosis	ICD-10-CM
F20.5	Residual schizophrenia	Diagnosis	ICD-10-CM
F20.81	Schizophreniform disorder	Diagnosis	ICD-10-CM
F20.89	Other schizophrenia	Diagnosis	ICD-10-CM
F20.9	Schizophrenia, unspecified	Diagnosis	ICD-10-CM
F22	Delusional disorders	Diagnosis	ICD-10-CM
F23	Brief psychotic disorder	Diagnosis	ICD-10-CM
F24	Shared psychotic disorder	Diagnosis	ICD-10-CM
F25.0	Schizoaffective disorder, bipolar type	Diagnosis	ICD-10-CM
F25.1	Schizoaffective disorder, depressive type	Diagnosis	ICD-10-CM
F25.8	Other schizoaffective disorders	Diagnosis	ICD-10-CM
F25.9	Schizoaffective disorder, unspecified	Diagnosis	ICD-10-CM
F28	Other psychotic disorder not due to a substance or known physiological condition	Diagnosis	ICD-10-CM
F29	Unspecified psychosis not due to a substance or known physiological condition	Diagnosis	ICD-10-CM
F32.3	Major depressive disorder, single episode, severe with psychotic features	Diagnosis	ICD-10-CM
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms	Diagnosis	ICD-10-CM
F44.89	Other dissociative and conversion disorders	Diagnosis	ICD-10-CM
<b>Depression - Frailty</b>			
F06.30	Mood disorder due to known physiological condition, unspecified	Diagnosis	ICD-10-CM
F06.31	Mood disorder due to known physiological condition with depressive features	Diagnosis	ICD-10-CM
F06.32	Mood disorder due to known physiological condition with major depressive-like episode	Diagnosis	ICD-10-CM
F06.33	Mood disorder due to known physiological condition with manic features	Diagnosis	ICD-10-CM
F06.34	Mood disorder due to known physiological condition with mixed features	Diagnosis	ICD-10-CM
F30.10	Manic episode without psychotic symptoms, unspecified	Diagnosis	ICD-10-CM
F30.11	Manic episode without psychotic symptoms, mild	Diagnosis	ICD-10-CM
F30.12	Manic episode without psychotic symptoms, moderate	Diagnosis	ICD-10-CM
F30.13	Manic episode, severe, without psychotic symptoms	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
F30.2	Manic episode, severe with psychotic symptoms	Diagnosis	ICD-10-CM
F30.3	Manic episode in partial remission	Diagnosis	ICD-10-CM
F30.4	Manic episode in full remission	Diagnosis	ICD-10-CM
F30.8	Other manic episodes	Diagnosis	ICD-10-CM
F30.9	Manic episode, unspecified	Diagnosis	ICD-10-CM
F31.0	Bipolar disorder, current episode hypomanic	Diagnosis	ICD-10-CM
F31.10	Bipolar disorder, current episode manic without psychotic features, unspecified	Diagnosis	ICD-10-CM
F31.11	Bipolar disorder, current episode manic without psychotic features, mild	Diagnosis	ICD-10-CM
F31.12	Bipolar disorder, current episode manic without psychotic features, moderate	Diagnosis	ICD-10-CM
F31.13	Bipolar disorder, current episode manic without psychotic features, severe	Diagnosis	ICD-10-CM
F31.2	Bipolar disorder, current episode manic severe with psychotic features	Diagnosis	ICD-10-CM
F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified	Diagnosis	ICD-10-CM
F31.31	Bipolar disorder, current episode depressed, mild	Diagnosis	ICD-10-CM
F31.32	Bipolar disorder, current episode depressed, moderate	Diagnosis	ICD-10-CM
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features	Diagnosis	ICD-10-CM
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features	Diagnosis	ICD-10-CM
F31.60	Bipolar disorder, current episode mixed, unspecified	Diagnosis	ICD-10-CM
F31.61	Bipolar disorder, current episode mixed, mild	Diagnosis	ICD-10-CM
F31.62	Bipolar disorder, current episode mixed, moderate	Diagnosis	ICD-10-CM
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features	Diagnosis	ICD-10-CM
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features	Diagnosis	ICD-10-CM
F31.70	Bipolar disorder, currently in remission, most recent episode unspecified	Diagnosis	ICD-10-CM
F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic	Diagnosis	ICD-10-CM
F31.72	Bipolar disorder, in full remission, most recent episode hypomanic	Diagnosis	ICD-10-CM
F31.73	Bipolar disorder, in partial remission, most recent episode manic	Diagnosis	ICD-10-CM
F31.74	Bipolar disorder, in full remission, most recent episode manic	Diagnosis	ICD-10-CM
F31.75	Bipolar disorder, in partial remission, most recent episode depressed	Diagnosis	ICD-10-CM
F31.76	Bipolar disorder, in full remission, most recent episode depressed	Diagnosis	ICD-10-CM
F31.77	Bipolar disorder, in partial remission, most recent episode mixed	Diagnosis	ICD-10-CM
F31.78	Bipolar disorder, in full remission, most recent episode mixed	Diagnosis	ICD-10-CM
F31.81	Bipolar II disorder	Diagnosis	ICD-10-CM
F31.89	Other bipolar disorder	Diagnosis	ICD-10-CM
F31.9	Bipolar disorder, unspecified	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
F32.0	Major depressive disorder, single episode, mild	Diagnosis	ICD-10-CM
F32.1	Major depressive disorder, single episode, moderate	Diagnosis	ICD-10-CM
F32.2	Major depressive disorder, single episode, severe without psychotic features	Diagnosis	ICD-10-CM
F32.3	Major depressive disorder, single episode, severe with psychotic features	Diagnosis	ICD-10-CM
F32.4	Major depressive disorder, single episode, in partial remission	Diagnosis	ICD-10-CM
F32.5	Major depressive disorder, single episode, in full remission	Diagnosis	ICD-10-CM
F32.8	Other depressive episodes	Diagnosis	ICD-10-CM
F32.89	Other specified depressive episodes	Diagnosis	ICD-10-CM
F32.9	Major depressive disorder, single episode, unspecified	Diagnosis	ICD-10-CM
F33.0	Major depressive disorder, recurrent, mild	Diagnosis	ICD-10-CM
F33.1	Major depressive disorder, recurrent, moderate	Diagnosis	ICD-10-CM
F33.2	Major depressive disorder, recurrent severe without psychotic features	Diagnosis	ICD-10-CM
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms	Diagnosis	ICD-10-CM
F33.40	Major depressive disorder, recurrent, in remission, unspecified	Diagnosis	ICD-10-CM
F33.41	Major depressive disorder, recurrent, in partial remission	Diagnosis	ICD-10-CM
F33.42	Major depressive disorder, recurrent, in full remission	Diagnosis	ICD-10-CM
F33.8	Other recurrent depressive disorders	Diagnosis	ICD-10-CM
F33.9	Major depressive disorder, recurrent, unspecified	Diagnosis	ICD-10-CM
F34.1	Dysthymic disorder	Diagnosis	ICD-10-CM
F34.8	Other persistent mood [affective] disorders	Diagnosis	ICD-10-CM
F34.81	Disruptive mood dysregulation disorder	Diagnosis	ICD-10-CM
F34.89	Other specified persistent mood disorders	Diagnosis	ICD-10-CM
F34.9	Persistent mood [affective] disorder, unspecified	Diagnosis	ICD-10-CM
F39	Unspecified mood [affective] disorder	Diagnosis	ICD-10-CM
F43.20	Adjustment disorder, unspecified	Diagnosis	ICD-10-CM
F43.21	Adjustment disorder with depressed mood	Diagnosis	ICD-10-CM
F43.22	Adjustment disorder with anxiety	Diagnosis	ICD-10-CM
F43.23	Adjustment disorder with mixed anxiety and depressed mood	Diagnosis	ICD-10-CM
F43.24	Adjustment disorder with disturbance of conduct	Diagnosis	ICD-10-CM
F43.25	Adjustment disorder with mixed disturbance of emotions and conduct	Diagnosis	ICD-10-CM
F43.29	Adjustment disorder with other symptoms	Diagnosis	ICD-10-CM
F43.8	Other reactions to severe stress	Diagnosis	ICD-10-CM
F43.9	Reaction to severe stress, unspecified	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
F94.8	Other childhood disorders of social functioning	Diagnosis	ICD-10-CM
<b>Hemiplegia or Paraplegia - CCI</b>			
G04.1	Tropical spastic paraplegia	Diagnosis	ICD-10-CM
G11.4	Hereditary spastic paraplegia	Diagnosis	ICD-10-CM
G80.1	Spastic diplegic cerebral palsy	Diagnosis	ICD-10-CM
G80.2	Spastic hemiplegic cerebral palsy	Diagnosis	ICD-10-CM
G81.00	Flaccid hemiplegia affecting unspecified side	Diagnosis	ICD-10-CM
G81.01	Flaccid hemiplegia affecting right dominant side	Diagnosis	ICD-10-CM
G81.02	Flaccid hemiplegia affecting left dominant side	Diagnosis	ICD-10-CM
G81.03	Flaccid hemiplegia affecting right nondominant side	Diagnosis	ICD-10-CM
G81.04	Flaccid hemiplegia affecting left nondominant side	Diagnosis	ICD-10-CM
G81.10	Spastic hemiplegia affecting unspecified side	Diagnosis	ICD-10-CM
G81.11	Spastic hemiplegia affecting right dominant side	Diagnosis	ICD-10-CM
G81.12	Spastic hemiplegia affecting left dominant side	Diagnosis	ICD-10-CM
G81.13	Spastic hemiplegia affecting right nondominant side	Diagnosis	ICD-10-CM
G81.14	Spastic hemiplegia affecting left nondominant side	Diagnosis	ICD-10-CM
G81.90	Hemiplegia, unspecified affecting unspecified side	Diagnosis	ICD-10-CM
G81.91	Hemiplegia, unspecified affecting right dominant side	Diagnosis	ICD-10-CM
G81.92	Hemiplegia, unspecified affecting left dominant side	Diagnosis	ICD-10-CM
G81.93	Hemiplegia, unspecified affecting right nondominant side	Diagnosis	ICD-10-CM
G81.94	Hemiplegia, unspecified affecting left nondominant side	Diagnosis	ICD-10-CM
G82.20	Paraplegia, unspecified	Diagnosis	ICD-10-CM
G82.21	Paraplegia, complete	Diagnosis	ICD-10-CM
G82.22	Paraplegia, incomplete	Diagnosis	ICD-10-CM
G82.50	Quadriplegia, unspecified	Diagnosis	ICD-10-CM
G82.51	Quadriplegia, C1-C4 complete	Diagnosis	ICD-10-CM
G82.52	Quadriplegia, C1-C4 incomplete	Diagnosis	ICD-10-CM
G82.53	Quadriplegia, C5-C7 complete	Diagnosis	ICD-10-CM
G82.54	Quadriplegia, C5-C7 incomplete	Diagnosis	ICD-10-CM
G83.0	Diplegia of upper limbs	Diagnosis	ICD-10-CM
G83.10	Monoplegia of lower limb affecting unspecified side	Diagnosis	ICD-10-CM
G83.11	Monoplegia of lower limb affecting right dominant side	Diagnosis	ICD-10-CM
G83.12	Monoplegia of lower limb affecting left dominant side	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
G83.13	Monoplegia of lower limb affecting right nondominant side	Diagnosis	ICD-10-CM
G83.14	Monoplegia of lower limb affecting left nondominant side	Diagnosis	ICD-10-CM
G83.20	Monoplegia of upper limb affecting unspecified side	Diagnosis	ICD-10-CM
G83.21	Monoplegia of upper limb affecting right dominant side	Diagnosis	ICD-10-CM
G83.22	Monoplegia of upper limb affecting left dominant side	Diagnosis	ICD-10-CM
G83.23	Monoplegia of upper limb affecting right nondominant side	Diagnosis	ICD-10-CM
G83.24	Monoplegia of upper limb affecting left nondominant side	Diagnosis	ICD-10-CM
G83.30	Monoplegia, unspecified affecting unspecified side	Diagnosis	ICD-10-CM
G83.31	Monoplegia, unspecified affecting right dominant side	Diagnosis	ICD-10-CM
G83.32	Monoplegia, unspecified affecting left dominant side	Diagnosis	ICD-10-CM
G83.33	Monoplegia, unspecified affecting right nondominant side	Diagnosis	ICD-10-CM
G83.34	Monoplegia, unspecified affecting left nondominant side	Diagnosis	ICD-10-CM
G83.4	Cauda equina syndrome	Diagnosis	ICD-10-CM
G83.9	Paralytic syndrome, unspecified	Diagnosis	ICD-10-CM
<b>Parkinson's Disease - Frailty</b>			
G20	Parkinson's disease	Diagnosis	ICD-10-CM
<b>Stroke - Frailty</b>			
G43.601	Persistent migraine aura with cerebral infarction, not intractable, with status migrainosus	Diagnosis	ICD-10-CM
G43.609	Persistent migraine aura with cerebral infarction, not intractable, without status migrainosus	Diagnosis	ICD-10-CM
G43.611	Persistent migraine aura with cerebral infarction, intractable, with status migrainosus	Diagnosis	ICD-10-CM
G43.619	Persistent migraine aura with cerebral infarction, intractable, without status migrainosus	Diagnosis	ICD-10-CM
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	Diagnosis	ICD-10-CM
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	Diagnosis	ICD-10-CM
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery	Diagnosis	ICD-10-CM
I60.20	Nontraumatic subarachnoid hemorrhage from unspecified anterior communicating artery	Diagnosis	ICD-10-CM
I60.21	Nontraumatic subarachnoid hemorrhage from right anterior communicating artery	Diagnosis	ICD-10-CM
I60.22	Nontraumatic subarachnoid hemorrhage from left anterior communicating artery	Diagnosis	ICD-10-CM
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	Diagnosis	ICD-10-CM
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	Diagnosis	ICD-10-CM
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery	Diagnosis	ICD-10-CM
I60.50	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery	Diagnosis	ICD-10-CM
I60.51	Nontraumatic subarachnoid hemorrhage from right vertebral artery	Diagnosis	ICD-10-CM
I60.52	Nontraumatic subarachnoid hemorrhage from left vertebral artery	Diagnosis	ICD-10-CM
I60.6	Nontraumatic subarachnoid hemorrhage from other intracranial arteries	Diagnosis	ICD-10-CM
I60.7	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery	Diagnosis	ICD-10-CM
I60.8	Other nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified	Diagnosis	ICD-10-CM
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	Diagnosis	ICD-10-CM
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	Diagnosis	ICD-10-CM
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	Diagnosis	ICD-10-CM
I61.3	Nontraumatic intracerebral hemorrhage in brain stem	Diagnosis	ICD-10-CM
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum	Diagnosis	ICD-10-CM
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular	Diagnosis	ICD-10-CM
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized	Diagnosis	ICD-10-CM
I61.8	Other nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I61.9	Nontraumatic intracerebral hemorrhage, unspecified	Diagnosis	ICD-10-CM
I62.00	Nontraumatic subdural hemorrhage, unspecified	Diagnosis	ICD-10-CM
I62.01	Nontraumatic acute subdural hemorrhage	Diagnosis	ICD-10-CM
I62.02	Nontraumatic subacute subdural hemorrhage	Diagnosis	ICD-10-CM
I62.03	Nontraumatic chronic subdural hemorrhage	Diagnosis	ICD-10-CM
I62.1	Nontraumatic extradural hemorrhage	Diagnosis	ICD-10-CM
I62.9	Nontraumatic intracranial hemorrhage, unspecified	Diagnosis	ICD-10-CM
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.011	Cerebral infarction due to thrombosis of right vertebral artery	Diagnosis	ICD-10-CM
I63.012	Cerebral infarction due to thrombosis of left vertebral artery	Diagnosis	ICD-10-CM
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.02	Cerebral infarction due to thrombosis of basilar artery	Diagnosis	ICD-10-CM
I63.031	Cerebral infarction due to thrombosis of right carotid artery	Diagnosis	ICD-10-CM
I63.032	Cerebral infarction due to thrombosis of left carotid artery	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.09	Cerebral infarction due to thrombosis of other precerebral artery	Diagnosis	ICD-10-CM
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.111	Cerebral infarction due to embolism of right vertebral artery	Diagnosis	ICD-10-CM
I63.112	Cerebral infarction due to embolism of left vertebral artery	Diagnosis	ICD-10-CM
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.12	Cerebral infarction due to embolism of basilar artery	Diagnosis	ICD-10-CM
I63.131	Cerebral infarction due to embolism of right carotid artery	Diagnosis	ICD-10-CM
I63.132	Cerebral infarction due to embolism of left carotid artery	Diagnosis	ICD-10-CM
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.139	Cerebral infarction due to embolism of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.19	Cerebral infarction due to embolism of other precerebral artery	Diagnosis	ICD-10-CM
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries	Diagnosis	ICD-10-CM
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery	Diagnosis	ICD-10-CM
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery	Diagnosis	ICD-10-CM
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery	Diagnosis	ICD-10-CM
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries	Diagnosis	ICD-10-CM
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries	Diagnosis	ICD-10-CM
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery	Diagnosis	ICD-10-CM
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery	Diagnosis	ICD-10-CM
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.39	Cerebral infarction due to thrombosis of other cerebral artery	Diagnosis	ICD-10-CM
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.411	Cerebral infarction due to embolism of right middle cerebral artery	Diagnosis	ICD-10-CM
I63.412	Cerebral infarction due to embolism of left middle cerebral artery	Diagnosis	ICD-10-CM
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.441	Cerebral infarction due to embolism of right cerebellar artery	Diagnosis	ICD-10-CM
I63.442	Cerebral infarction due to embolism of left cerebellar artery	Diagnosis	ICD-10-CM
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.49	Cerebral infarction due to embolism of other cerebral artery	Diagnosis	ICD-10-CM
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	Diagnosis	ICD-10-CM
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	Diagnosis	ICD-10-CM
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	Diagnosis	ICD-10-CM
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	Diagnosis	ICD-10-CM
I63.8	Other cerebral infarction	Diagnosis	ICD-10-CM
I63.9	Cerebral infarction, unspecified	Diagnosis	ICD-10-CM
I66.01	Occlusion and stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I66.02	Occlusion and stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I66.09	Occlusion and stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I66.11	Occlusion and stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I66.12	Occlusion and stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I66.21	Occlusion and stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I66.22	Occlusion and stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I66.3	Occlusion and stenosis of cerebellar arteries	Diagnosis	ICD-10-CM
I66.8	Occlusion and stenosis of other cerebral arteries	Diagnosis	ICD-10-CM
I66.9	Occlusion and stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I67.89	Other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.00	Unspecified sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.01	Cognitive deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.010	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.011	Memory deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.014	Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.015	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.018	Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.019	Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.020	Aphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.021	Dysphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.022	Dysarthria following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.023	Fluency disorder following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.090	Apraxia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.092	Facial weakness following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.093	Ataxia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.098	Other sequelae following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.10	Unspecified sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.11	Cognitive deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.111	Memory deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.113	Psychomotor deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.114	Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.115	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.118	Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.119	Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.120	Aphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.121	Dysphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.122	Dysarthria following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.123	Fluency disorder following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.128	Other speech and language deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.190	Apraxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.192	Facial weakness following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.193	Ataxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.198	Other sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.20	Unspecified sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.21	Cognitive deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.210	Attention and concentration deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.211	Memory deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.213	Psychomotor deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.214	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.215	Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.218	Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.219	Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.220	Aphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.221	Dysphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.222	Dysarthria following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.223	Fluency disorder following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.228	Other speech and language deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.290	Apraxia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.292	Facial weakness following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.293	Ataxia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.298	Other sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.30	Unspecified sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.31	Cognitive deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.310	Attention and concentration deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.311	Memory deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.312	Visuospatial deficit and spatial neglect following cerebral infarction	Diagnosis	ICD-10-CM
I69.313	Psychomotor deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.314	Frontal lobe and executive function deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.315	Cognitive social or emotional deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.318	Other symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM
I69.319	Unspecified symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM
I69.320	Aphasia following cerebral infarction	Diagnosis	ICD-10-CM
I69.321	Dysphasia following cerebral infarction	Diagnosis	ICD-10-CM
I69.322	Dysarthria following cerebral infarction	Diagnosis	ICD-10-CM
I69.323	Fluency disorder following cerebral infarction	Diagnosis	ICD-10-CM
I69.328	Other speech and language deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.361	Other paralytic syndrome following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.362	Other paralytic syndrome following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.365	Other paralytic syndrome following cerebral infarction, bilateral	Diagnosis	ICD-10-CM
I69.369	Other paralytic syndrome following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.390	Apraxia following cerebral infarction	Diagnosis	ICD-10-CM
I69.391	Dysphagia following cerebral infarction	Diagnosis	ICD-10-CM
I69.392	Facial weakness following cerebral infarction	Diagnosis	ICD-10-CM
I69.393	Ataxia following cerebral infarction	Diagnosis	ICD-10-CM
I69.398	Other sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.80	Unspecified sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.81	Cognitive deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.810	Attention and concentration deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.811	Memory deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.812	Visuospatial deficit and spatial neglect following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.813	Psychomotor deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.814	Frontal lobe and executive function deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.815	Cognitive social or emotional deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.818	Other symptoms and signs involving cognitive functions following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.819	Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.820	Aphasia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.821	Dysphasia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.822	Dysarthria following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.823	Fluency disorder following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.828	Other speech and language deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.865	Other paralytic syndrome following other cerebrovascular disease, bilateral	Diagnosis	ICD-10-CM
I69.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.890	Apraxia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.891	Dysphagia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.892	Facial weakness following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.893	Ataxia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.898	Other sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.90	Unspecified sequelae of unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.91	Cognitive deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.910	Attention and concentration deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.911	Memory deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.913	Psychomotor deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.914	Frontal lobe and executive function deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.918	Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.919	Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.920	Aphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.921	Dysphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.922	Dysarthria following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.923	Fluency disorder following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.928	Other speech and language deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.961	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.963	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.965	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral	Diagnosis	ICD-10-CM
I69.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.990	Apraxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.991	Dysphagia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.992	Facial weakness following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.993	Ataxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.998	Other sequelae following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
<b>Cerebrovascular Disease - CCI</b>			
G45.0	Vertebro-basilar artery syndrome	Diagnosis	ICD-10-CM
G45.1	Carotid artery syndrome (hemispheric)	Diagnosis	ICD-10-CM
G45.2	Multiple and bilateral precerebral artery syndromes	Diagnosis	ICD-10-CM
G45.3	Amaurosis fugax	Diagnosis	ICD-10-CM
G45.4	Transient global amnesia	Diagnosis	ICD-10-CM
G45.8	Other transient cerebral ischemic attacks and related syndromes	Diagnosis	ICD-10-CM
G45.9	Transient cerebral ischemic attack, unspecified	Diagnosis	ICD-10-CM
G46.0	Middle cerebral artery syndrome	Diagnosis	ICD-10-CM
G46.1	Anterior cerebral artery syndrome	Diagnosis	ICD-10-CM
G46.2	Posterior cerebral artery syndrome	Diagnosis	ICD-10-CM
G46.3	Brain stem stroke syndrome	Diagnosis	ICD-10-CM
G46.4	Cerebellar stroke syndrome	Diagnosis	ICD-10-CM
G46.5	Pure motor lacunar syndrome	Diagnosis	ICD-10-CM
G46.6	Pure sensory lacunar syndrome	Diagnosis	ICD-10-CM
G46.7	Other lacunar syndromes	Diagnosis	ICD-10-CM
G46.8	Other vascular syndromes of brain in cerebrovascular diseases	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
H34.00	Transient retinal artery occlusion, unspecified eye	Diagnosis	ICD-10-CM
H34.01	Transient retinal artery occlusion, right eye	Diagnosis	ICD-10-CM
H34.02	Transient retinal artery occlusion, left eye	Diagnosis	ICD-10-CM
H34.03	Transient retinal artery occlusion, bilateral	Diagnosis	ICD-10-CM
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	Diagnosis	ICD-10-CM
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	Diagnosis	ICD-10-CM
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery	Diagnosis	ICD-10-CM
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating	Diagnosis	ICD-10-CM
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	Diagnosis	ICD-10-CM
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	Diagnosis	ICD-10-CM
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery	Diagnosis	ICD-10-CM
I60.50	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery	Diagnosis	ICD-10-CM
I60.51	Nontraumatic subarachnoid hemorrhage from right vertebral artery	Diagnosis	ICD-10-CM
I60.52	Nontraumatic subarachnoid hemorrhage from left vertebral artery	Diagnosis	ICD-10-CM
I60.6	Nontraumatic subarachnoid hemorrhage from other intracranial arteries	Diagnosis	ICD-10-CM
I60.7	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery	Diagnosis	ICD-10-CM
I60.8	Other nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified	Diagnosis	ICD-10-CM
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	Diagnosis	ICD-10-CM
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	Diagnosis	ICD-10-CM
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	Diagnosis	ICD-10-CM
I61.3	Nontraumatic intracerebral hemorrhage in brain stem	Diagnosis	ICD-10-CM
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum	Diagnosis	ICD-10-CM
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular	Diagnosis	ICD-10-CM
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized	Diagnosis	ICD-10-CM
I61.8	Other nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I61.9	Nontraumatic intracerebral hemorrhage, unspecified	Diagnosis	ICD-10-CM
I62.00	Nontraumatic subdural hemorrhage, unspecified	Diagnosis	ICD-10-CM
I62.01	Nontraumatic acute subdural hemorrhage	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I62.02	Nontraumatic subacute subdural hemorrhage	Diagnosis	ICD-10-CM
I62.03	Nontraumatic chronic subdural hemorrhage	Diagnosis	ICD-10-CM
I62.1	Nontraumatic extradural hemorrhage	Diagnosis	ICD-10-CM
I62.9	Nontraumatic intracranial hemorrhage, unspecified	Diagnosis	ICD-10-CM
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.011	Cerebral infarction due to thrombosis of right vertebral artery	Diagnosis	ICD-10-CM
I63.012	Cerebral infarction due to thrombosis of left vertebral artery	Diagnosis	ICD-10-CM
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.02	Cerebral infarction due to thrombosis of basilar artery	Diagnosis	ICD-10-CM
I63.031	Cerebral infarction due to thrombosis of right carotid artery	Diagnosis	ICD-10-CM
I63.032	Cerebral infarction due to thrombosis of left carotid artery	Diagnosis	ICD-10-CM
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.09	Cerebral infarction due to thrombosis of other precerebral artery	Diagnosis	ICD-10-CM
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.111	Cerebral infarction due to embolism of right vertebral artery	Diagnosis	ICD-10-CM
I63.112	Cerebral infarction due to embolism of left vertebral artery	Diagnosis	ICD-10-CM
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.12	Cerebral infarction due to embolism of basilar artery	Diagnosis	ICD-10-CM
I63.131	Cerebral infarction due to embolism of right carotid artery	Diagnosis	ICD-10-CM
I63.132	Cerebral infarction due to embolism of left carotid artery	Diagnosis	ICD-10-CM
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.139	Cerebral infarction due to embolism of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.19	Cerebral infarction due to embolism of other precerebral artery	Diagnosis	ICD-10-CM
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries	Diagnosis	ICD-10-CM
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery	Diagnosis	ICD-10-CM
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery	Diagnosis	ICD-10-CM
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

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

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.441	Cerebral infarction due to embolism of right cerebellar artery	Diagnosis	ICD-10-CM
I63.442	Cerebral infarction due to embolism of left cerebellar artery	Diagnosis	ICD-10-CM
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.49	Cerebral infarction due to embolism of other cerebral artery	Diagnosis	ICD-10-CM
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	Diagnosis	ICD-10-CM
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	Diagnosis	ICD-10-CM
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	Diagnosis	ICD-10-CM
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	Diagnosis	ICD-10-CM
I63.8	Other cerebral infarction	Diagnosis	ICD-10-CM
I63.9	Cerebral infarction, unspecified	Diagnosis	ICD-10-CM
I65.01	Occlusion and stenosis of right vertebral artery	Diagnosis	ICD-10-CM
I65.02	Occlusion and stenosis of left vertebral artery	Diagnosis	ICD-10-CM
I65.03	Occlusion and stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I65.09	Occlusion and stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I65.1	Occlusion and stenosis of basilar artery	Diagnosis	ICD-10-CM
I65.21	Occlusion and stenosis of right carotid artery	Diagnosis	ICD-10-CM
I65.22	Occlusion and stenosis of left carotid artery	Diagnosis	ICD-10-CM
I65.23	Occlusion and stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I65.29	Occlusion and stenosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I65.8	Occlusion and stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
I65.9	Occlusion and stenosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I66.01	Occlusion and stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I66.02	Occlusion and stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I66.09	Occlusion and stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I66.11	Occlusion and stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I66.12	Occlusion and stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I66.21	Occlusion and stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I66.22	Occlusion and stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I66.3	Occlusion and stenosis of cerebellar arteries	Diagnosis	ICD-10-CM
I66.8	Occlusion and stenosis of other cerebral arteries	Diagnosis	ICD-10-CM
I66.9	Occlusion and stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I67.0	Dissection of cerebral arteries, nonruptured	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I67.1	Cerebral aneurysm, nonruptured	Diagnosis	ICD-10-CM
I67.2	Cerebral atherosclerosis	Diagnosis	ICD-10-CM
I67.3	Progressive vascular leukoencephalopathy	Diagnosis	ICD-10-CM
I67.4	Hypertensive encephalopathy	Diagnosis	ICD-10-CM
I67.5	Moyamoya disease	Diagnosis	ICD-10-CM
I67.6	Nonpyogenic thrombosis of intracranial venous system	Diagnosis	ICD-10-CM
I67.7	Cerebral arteritis, not elsewhere classified	Diagnosis	ICD-10-CM
I67.81	Acute cerebrovascular insufficiency	Diagnosis	ICD-10-CM
I67.82	Cerebral ischemia	Diagnosis	ICD-10-CM
I67.83	Posterior reversible encephalopathy syndrome	Diagnosis	ICD-10-CM
I67.841	Reversible cerebrovascular vasoconstriction syndrome	Diagnosis	ICD-10-CM
I67.848	Other cerebrovascular vasospasm and vasoconstriction	Diagnosis	ICD-10-CM
I67.89	Other cerebrovascular disease	Diagnosis	ICD-10-CM
I67.9	Cerebrovascular disease, unspecified	Diagnosis	ICD-10-CM
I68.0	Cerebral amyloid angiopathy	Diagnosis	ICD-10-CM
I68.2	Cerebral arteritis in other diseases classified elsewhere	Diagnosis	ICD-10-CM
I68.8	Other cerebrovascular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
I69.00	Unspecified sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.01	Cognitive deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.010	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.011	Memory deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.014	Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.015	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.018	Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.019	Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.020	Aphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.021	Dysphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.022	Dysarthria following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.023	Fluency disorder following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.090	Apraxia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.092	Facial weakness following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.093	Ataxia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.098	Other sequelae following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.10	Unspecified sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.11	Cognitive deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.111	Memory deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.113	Psychomotor deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.114	Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.115	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.118	Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.119	Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.120	Aphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.121	Dysphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.122	Dysarthria following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.123	Fluency disorder following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.128	Other speech and language deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.190	Apraxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.192	Facial weakness following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.193	Ataxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.198	Other sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.20	Unspecified sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.21	Cognitive deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.210	Attention and concentration deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.211	Memory deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.213	Psychomotor deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.214	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.215	Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.218	Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.219	Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.220	Aphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.221	Dysphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.222	Dysarthria following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.223	Fluency disorder following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.228	Other speech and language deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.290	Apraxia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.292	Facial weakness following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.293	Ataxia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.298	Other sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.30	Unspecified sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.31	Cognitive deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.310	Attention and concentration deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.311	Memory deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.312	Visuospatial deficit and spatial neglect following cerebral infarction	Diagnosis	ICD-10-CM
I69.313	Psychomotor deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.314	Frontal lobe and executive function deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.315	Cognitive social or emotional deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.318	Other symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM
I69.319	Unspecified symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM
I69.320	Aphasia following cerebral infarction	Diagnosis	ICD-10-CM
I69.321	Dysphasia following cerebral infarction	Diagnosis	ICD-10-CM
I69.322	Dysarthria following cerebral infarction	Diagnosis	ICD-10-CM
I69.323	Fluency disorder following cerebral infarction	Diagnosis	ICD-10-CM
I69.328	Other speech and language deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.361	Other paralytic syndrome following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.362	Other paralytic syndrome following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.365	Other paralytic syndrome following cerebral infarction, bilateral	Diagnosis	ICD-10-CM
I69.369	Other paralytic syndrome following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.390	Apraxia following cerebral infarction	Diagnosis	ICD-10-CM
I69.391	Dysphagia following cerebral infarction	Diagnosis	ICD-10-CM
I69.392	Facial weakness following cerebral infarction	Diagnosis	ICD-10-CM
I69.393	Ataxia following cerebral infarction	Diagnosis	ICD-10-CM
I69.398	Other sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.80	Unspecified sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.81	Cognitive deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.810	Attention and concentration deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.811	Memory deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.812	Visuospatial deficit and spatial neglect following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.813	Psychomotor deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.814	Frontal lobe and executive function deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.815	Cognitive social or emotional deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.818	Other symptoms and signs involving cognitive functions following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.819	Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.820	Aphasia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.821	Dysphasia following other cerebrovascular disease	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.822	Dysarthria following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.823	Fluency disorder following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.828	Other speech and language deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.865	Other paralytic syndrome following other cerebrovascular disease, bilateral	Diagnosis	ICD-10-CM
I69.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.890	Apraxia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.891	Dysphagia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.892	Facial weakness following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.893	Ataxia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.898	Other sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.90	Unspecified sequelae of unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.91	Cognitive deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.910	Attention and concentration deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.911	Memory deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.913	Psychomotor deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.914	Frontal lobe and executive function deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.918	Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.919	Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.920	Aphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.921	Dysphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.922	Dysarthria following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.923	Fluency disorder following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.928	Other speech and language deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.961	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I69.963	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.965	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral	Diagnosis	ICD-10-CM
I69.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.990	Apraxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.991	Dysphagia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.992	Facial weakness following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.993	Ataxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.998	Other sequelae following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
<b>Malaise - COVID Severity</b>			
G93.3	Postviral fatigue syndrome	Diagnosis	ICD-10-CM
R53.1	Weakness	Diagnosis	ICD-10-CM
R53.81	Other malaise	Diagnosis	ICD-10-CM
R53.83	Other fatigue	Diagnosis	ICD-10-CM
<b>Hypertension</b>			
H35.031	Hypertensive retinopathy, right eye	Diagnosis	ICD-10-CM
H35.032	Hypertensive retinopathy, left eye	Diagnosis	ICD-10-CM
H35.033	Hypertensive retinopathy, bilateral	Diagnosis	ICD-10-CM
H35.039	Hypertensive retinopathy, unspecified eye	Diagnosis	ICD-10-CM
I10	Essential (primary) hypertension	Diagnosis	ICD-10-CM
I11.0	Hypertensive heart disease with heart failure	Diagnosis	ICD-10-CM
I11.9	Hypertensive heart disease without heart failure	Diagnosis	ICD-10-CM
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Diagnosis	ICD-10-CM
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
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	Diagnosis	ICD-10-CM
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	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I15.0	Renovascular hypertension	Diagnosis	ICD-10-CM
I15.1	Hypertension secondary to other renal disorders	Diagnosis	ICD-10-CM
I15.2	Hypertension secondary to endocrine disorders	Diagnosis	ICD-10-CM
I15.8	Other secondary hypertension	Diagnosis	ICD-10-CM
I15.9	Secondary hypertension, unspecified	Diagnosis	ICD-10-CM
I16.0	Hypertensive urgency	Diagnosis	ICD-10-CM
I16.1	Hypertensive emergency	Diagnosis	ICD-10-CM
I16.9	Hypertensive crisis, unspecified	Diagnosis	ICD-10-CM
I67.4	Hypertensive encephalopathy	Diagnosis	ICD-10-CM
N26.2	Page kidney	Diagnosis	ICD-10-CM
<b>Congenital Heart Failure - Frailty</b>			
I09.81	Rheumatic heart failure	Diagnosis	ICD-10-CM
I50.1	Left ventricular failure, unspecified	Diagnosis	ICD-10-CM
I50.20	Unspecified systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.21	Acute systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.22	Chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.23	Acute on chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.30	Unspecified diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.31	Acute diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.32	Chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.33	Acute on chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.810	Right heart failure, unspecified	Diagnosis	ICD-10-CM
I50.811	Acute right heart failure	Diagnosis	ICD-10-CM
I50.812	Chronic right heart failure	Diagnosis	ICD-10-CM
I50.813	Acute on chronic right heart failure	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I50.814	Right heart failure due to left heart failure	Diagnosis	ICD-10-CM
I50.82	Biventricular heart failure	Diagnosis	ICD-10-CM
I50.83	High output heart failure	Diagnosis	ICD-10-CM
I50.84	End stage heart failure	Diagnosis	ICD-10-CM
I50.89	Other heart failure	Diagnosis	ICD-10-CM
I50.9	Heart failure, unspecified	Diagnosis	ICD-10-CM
<b>Congenital Heart Failure - CCI</b>			
I09.9	Rheumatic heart disease, unspecified	Diagnosis	ICD-10-CM
I11.0	Hypertensive heart disease with heart failure	Diagnosis	ICD-10-CM
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	Diagnosis	ICD-10-CM
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I25.5	Ischemic cardiomyopathy	Diagnosis	ICD-10-CM
I42.0	Dilated cardiomyopathy	Diagnosis	ICD-10-CM
I42.5	Other restrictive cardiomyopathy	Diagnosis	ICD-10-CM
I42.6	Alcoholic cardiomyopathy	Diagnosis	ICD-10-CM
I42.7	Cardiomyopathy due to drug and external agent	Diagnosis	ICD-10-CM
I42.8	Other cardiomyopathies	Diagnosis	ICD-10-CM
I42.9	Cardiomyopathy, unspecified	Diagnosis	ICD-10-CM
I43	Cardiomyopathy in diseases classified elsewhere	Diagnosis	ICD-10-CM
I50.1	Left ventricular failure, unspecified	Diagnosis	ICD-10-CM
I50.20	Unspecified systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.21	Acute systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.22	Chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.23	Acute on chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.30	Unspecified diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.31	Acute diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.32	Chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.33	Acute on chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.810	Right heart failure, unspecified	Diagnosis	ICD-10-CM
I50.811	Acute right heart failure	Diagnosis	ICD-10-CM
I50.812	Chronic right heart failure	Diagnosis	ICD-10-CM
I50.813	Acute on chronic right heart failure	Diagnosis	ICD-10-CM
I50.814	Right heart failure due to left heart failure	Diagnosis	ICD-10-CM
I50.82	Biventricular heart failure	Diagnosis	ICD-10-CM
I50.83	High output heart failure	Diagnosis	ICD-10-CM
I50.84	End stage heart failure	Diagnosis	ICD-10-CM
I50.89	Other heart failure	Diagnosis	ICD-10-CM
I50.9	Heart failure, unspecified	Diagnosis	ICD-10-CM
P29.0	Neonatal cardiac failure	Diagnosis	ICD-10-CM
<b>Moderate to Severe Kidney Disease - CCI</b>			
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Diagnosis	ICD-10-CM
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	Diagnosis	ICD-10-CM
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
N03.2	Chronic nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N03.3	Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N03.4	Chronic nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N03.5	Chronic nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N03.6	Chronic nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N03.7	Chronic nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N05.2	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N05.3	Unspecified nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N05.4	Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N05.5	Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N05.6	Unspecified nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N05.7	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N18.1	Chronic kidney disease, stage 1	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
N18.2	Chronic kidney disease, stage 2 (mild)	Diagnosis	ICD-10-CM
N18.3	Chronic kidney disease, stage 3 (moderate)	Diagnosis	ICD-10-CM
N18.4	Chronic kidney disease, stage 4 (severe)	Diagnosis	ICD-10-CM
N18.5	Chronic kidney disease, stage 5	Diagnosis	ICD-10-CM
N18.6	End stage renal disease	Diagnosis	ICD-10-CM
N18.9	Chronic kidney disease, unspecified	Diagnosis	ICD-10-CM
N19	Unspecified kidney failure	Diagnosis	ICD-10-CM
N25.0	Renal osteodystrophy	Diagnosis	ICD-10-CM
Z49.01	Encounter for fitting and adjustment of extracorporeal dialysis catheter	Diagnosis	ICD-10-CM
Z49.02	Encounter for fitting and adjustment of peritoneal dialysis catheter	Diagnosis	ICD-10-CM
Z94.0	Kidney transplant status	Diagnosis	ICD-10-CM
Z99.2	Dependence on renal dialysis	Diagnosis	ICD-10-CM
<b>Acute Myocardial Infarction - CCI</b>			
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery	Diagnosis	ICD-10-CM
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery	Diagnosis	ICD-10-CM
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall	Diagnosis	ICD-10-CM
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery	Diagnosis	ICD-10-CM
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall	Diagnosis	ICD-10-CM
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery	Diagnosis	ICD-10-CM
I21.29	ST elevation (STEMI) myocardial infarction involving other sites	Diagnosis	ICD-10-CM
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I21.9	Acute myocardial infarction, unspecified	Diagnosis	ICD-10-CM
I21.A1	Myocardial infarction type 2	Diagnosis	ICD-10-CM
I21.A9	Other myocardial infarction type	Diagnosis	ICD-10-CM
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall	Diagnosis	ICD-10-CM
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall	Diagnosis	ICD-10-CM
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites	Diagnosis	ICD-10-CM
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
I25.2	Old myocardial infarction	Diagnosis	ICD-10-CM
<b>COPD - CCI</b>			

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I27.81	Cor pulmonale (chronic)	Diagnosis	ICD-10-CM
I27.82	Chronic pulmonary embolism	Diagnosis	ICD-10-CM
I27.83	Eisenmenger's syndrome	Diagnosis	ICD-10-CM
I27.89	Other specified pulmonary heart diseases	Diagnosis	ICD-10-CM
I27.9	Pulmonary heart disease, unspecified	Diagnosis	ICD-10-CM
J40	Bronchitis, not specified as acute or chronic	Diagnosis	ICD-10-CM
J41.0	Simple chronic bronchitis	Diagnosis	ICD-10-CM
J41.1	Mucopurulent chronic bronchitis	Diagnosis	ICD-10-CM
J41.8	Mixed simple and mucopurulent chronic bronchitis	Diagnosis	ICD-10-CM
J42	Unspecified chronic bronchitis	Diagnosis	ICD-10-CM
J43.0	Unilateral pulmonary emphysema [MacLeod's syndrome]	Diagnosis	ICD-10-CM
J43.1	Panlobular emphysema	Diagnosis	ICD-10-CM
J43.2	Centrilobular emphysema	Diagnosis	ICD-10-CM
J43.8	Other emphysema	Diagnosis	ICD-10-CM
J43.9	Emphysema, unspecified	Diagnosis	ICD-10-CM
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection	Diagnosis	ICD-10-CM
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation	Diagnosis	ICD-10-CM
J44.9	Chronic obstructive pulmonary disease, unspecified	Diagnosis	ICD-10-CM
J45.20	Mild intermittent asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.21	Mild intermittent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.22	Mild intermittent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.30	Mild persistent asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.31	Mild persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.32	Mild persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.40	Moderate persistent asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.41	Moderate persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.42	Moderate persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.50	Severe persistent asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.51	Severe persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.52	Severe persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.901	Unspecified asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.902	Unspecified asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.909	Unspecified asthma, uncomplicated	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J45.990	Exercise induced bronchospasm	Diagnosis	ICD-10-CM
J45.991	Cough variant asthma	Diagnosis	ICD-10-CM
J45.998	Other asthma	Diagnosis	ICD-10-CM
J47.0	Bronchiectasis with acute lower respiratory infection	Diagnosis	ICD-10-CM
J47.1	Bronchiectasis with (acute) exacerbation	Diagnosis	ICD-10-CM
J47.9	Bronchiectasis, uncomplicated	Diagnosis	ICD-10-CM
J60	Coalworker's pneumoconiosis	Diagnosis	ICD-10-CM
J61	Pneumoconiosis due to asbestos and other mineral fibers	Diagnosis	ICD-10-CM
J62.0	Pneumoconiosis due to talc dust	Diagnosis	ICD-10-CM
J62.8	Pneumoconiosis due to other dust containing silica	Diagnosis	ICD-10-CM
J63.0	Aluminosis (of lung)	Diagnosis	ICD-10-CM
J63.1	Bauxite fibrosis (of lung)	Diagnosis	ICD-10-CM
J63.2	Berylliosis	Diagnosis	ICD-10-CM
J63.3	Graphite fibrosis (of lung)	Diagnosis	ICD-10-CM
J63.4	Siderosis	Diagnosis	ICD-10-CM
J63.5	Stannosis	Diagnosis	ICD-10-CM
J63.6	Pneumoconiosis due to other specified inorganic dusts	Diagnosis	ICD-10-CM
J64	Unspecified pneumoconiosis	Diagnosis	ICD-10-CM
J65	Pneumoconiosis associated with tuberculosis	Diagnosis	ICD-10-CM
J66.0	Byssinosis	Diagnosis	ICD-10-CM
J66.1	Flax-dressers' disease	Diagnosis	ICD-10-CM
J66.2	Cannabinosis	Diagnosis	ICD-10-CM
J66.8	Airway disease due to other specific organic dusts	Diagnosis	ICD-10-CM
J67.0	Farmer's lung	Diagnosis	ICD-10-CM
J67.1	Bagassosis	Diagnosis	ICD-10-CM
J67.2	Bird fancier's lung	Diagnosis	ICD-10-CM
J67.3	Suberosis	Diagnosis	ICD-10-CM
J67.4	Maltworker's lung	Diagnosis	ICD-10-CM
J67.5	Mushroom-worker's lung	Diagnosis	ICD-10-CM
J67.6	Maple-bark-stripper's lung	Diagnosis	ICD-10-CM
J67.7	Air conditioner and humidifier lung	Diagnosis	ICD-10-CM
J67.8	Hypersensitivity pneumonitis due to other organic dusts	Diagnosis	ICD-10-CM
J67.9	Hypersensitivity pneumonitis due to unspecified organic dust	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J68.4	Chronic respiratory conditions due to chemicals, gases, fumes and vapors	Diagnosis	ICD-10-CM
J70.1	Chronic and other pulmonary manifestations due to radiation	Diagnosis	ICD-10-CM
J70.3	Chronic drug-induced interstitial lung disorders	Diagnosis	ICD-10-CM
<b>Peripheral Vascular Disease - CCI</b>			
I70.0	Atherosclerosis of aorta	Diagnosis	ICD-10-CM
I70.1	Atherosclerosis of renal artery	Diagnosis	ICD-10-CM
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg	Diagnosis	ICD-10-CM
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg	Diagnosis	ICD-10-CM
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity	Diagnosis	ICD-10-CM
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity	Diagnosis	ICD-10-CM
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

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

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

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

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM
I70.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM
I70.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity	Diagnosis	ICD-10-CM
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM
I70.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM
I70.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity	Diagnosis	ICD-10-CM
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM



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

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM
I70.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM
I70.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity	Diagnosis	ICD-10-CM
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity	Diagnosis	ICD-10-CM
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.8	Atherosclerosis of other arteries	Diagnosis	ICD-10-CM
I70.90	Unspecified atherosclerosis	Diagnosis	ICD-10-CM
I70.91	Generalized atherosclerosis	Diagnosis	ICD-10-CM
I70.92	Chronic total occlusion of artery of the extremities	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I71.00	Dissection of unspecified site of aorta	Diagnosis	ICD-10-CM
I71.01	Dissection of thoracic aorta	Diagnosis	ICD-10-CM
I71.02	Dissection of abdominal aorta	Diagnosis	ICD-10-CM
I71.03	Dissection of thoracoabdominal aorta	Diagnosis	ICD-10-CM
I71.1	Thoracic aortic aneurysm, ruptured	Diagnosis	ICD-10-CM
I71.2	Thoracic aortic aneurysm, without rupture	Diagnosis	ICD-10-CM
I71.3	Abdominal aortic aneurysm, ruptured	Diagnosis	ICD-10-CM
I71.4	Abdominal aortic aneurysm, without rupture	Diagnosis	ICD-10-CM
I71.5	Thoracoabdominal aortic aneurysm, ruptured	Diagnosis	ICD-10-CM
I71.6	Thoracoabdominal aortic aneurysm, without rupture	Diagnosis	ICD-10-CM
I71.8	Aortic aneurysm of unspecified site, ruptured	Diagnosis	ICD-10-CM
I71.9	Aortic aneurysm of unspecified site, without rupture	Diagnosis	ICD-10-CM
I73.1	Thromboangiitis obliterans [Buerger's disease]	Diagnosis	ICD-10-CM
I73.81	Erythromelalgia	Diagnosis	ICD-10-CM
I73.89	Other specified peripheral vascular diseases	Diagnosis	ICD-10-CM
I73.9	Peripheral vascular disease, unspecified	Diagnosis	ICD-10-CM
I77.1	Stricture of artery	Diagnosis	ICD-10-CM
I79.0	Aneurysm of aorta in diseases classified elsewhere	Diagnosis	ICD-10-CM
K55.1	Chronic vascular disorders of intestine	Diagnosis	ICD-10-CM
K55.8	Other vascular disorders of intestine	Diagnosis	ICD-10-CM
K55.9	Vascular disorder of intestine, unspecified	Diagnosis	ICD-10-CM
Z95.810	Presence of automatic (implantable) cardiac defibrillator	Diagnosis	ICD-10-CM
Z95.811	Presence of heart assist device	Diagnosis	ICD-10-CM
Z95.812	Presence of fully implantable artificial heart	Diagnosis	ICD-10-CM
Z95.818	Presence of other cardiac implants and grafts	Diagnosis	ICD-10-CM
Z95.820	Peripheral vascular angioplasty status with implants and grafts	Diagnosis	ICD-10-CM
Z95.828	Presence of other vascular implants and grafts	Diagnosis	ICD-10-CM
Z95.9	Presence of cardiac and vascular implant and graft, unspecified	Diagnosis	ICD-10-CM
<b>Chronic Skin Ulcer - Frailty</b>			
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg	Diagnosis	ICD-10-CM
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg	Diagnosis	ICD-10-CM
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.25	Atherosclerosis of native arteries of other extremities with ulceration	Diagnosis	ICD-10-CM
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
L89.000	Pressure ulcer of unspecified elbow, unstageable	Diagnosis	ICD-10-CM
L89.001	Pressure ulcer of unspecified elbow, stage 1	Diagnosis	ICD-10-CM
L89.002	Pressure ulcer of unspecified elbow, stage 2	Diagnosis	ICD-10-CM
L89.003	Pressure ulcer of unspecified elbow, stage 3	Diagnosis	ICD-10-CM
L89.004	Pressure ulcer of unspecified elbow, stage 4	Diagnosis	ICD-10-CM
L89.009	Pressure ulcer of unspecified elbow, unspecified stage	Diagnosis	ICD-10-CM
L89.010	Pressure ulcer of right elbow, unstageable	Diagnosis	ICD-10-CM
L89.011	Pressure ulcer of right elbow, stage 1	Diagnosis	ICD-10-CM
L89.012	Pressure ulcer of right elbow, stage 2	Diagnosis	ICD-10-CM
L89.013	Pressure ulcer of right elbow, stage 3	Diagnosis	ICD-10-CM
L89.014	Pressure ulcer of right elbow, stage 4	Diagnosis	ICD-10-CM
L89.019	Pressure ulcer of right elbow, unspecified stage	Diagnosis	ICD-10-CM
L89.020	Pressure ulcer of left elbow, unstageable	Diagnosis	ICD-10-CM
L89.021	Pressure ulcer of left elbow, stage 1	Diagnosis	ICD-10-CM
L89.022	Pressure ulcer of left elbow, stage 2	Diagnosis	ICD-10-CM
L89.023	Pressure ulcer of left elbow, stage 3	Diagnosis	ICD-10-CM
L89.024	Pressure ulcer of left elbow, stage 4	Diagnosis	ICD-10-CM
L89.029	Pressure ulcer of left elbow, unspecified stage	Diagnosis	ICD-10-CM
L89.100	Pressure ulcer of unspecified part of back, unstageable	Diagnosis	ICD-10-CM
L89.101	Pressure ulcer of unspecified part of back, stage 1	Diagnosis	ICD-10-CM
L89.102	Pressure ulcer of unspecified part of back, stage 2	Diagnosis	ICD-10-CM
L89.103	Pressure ulcer of unspecified part of back, stage 3	Diagnosis	ICD-10-CM
L89.104	Pressure ulcer of unspecified part of back, stage 4	Diagnosis	ICD-10-CM
L89.109	Pressure ulcer of unspecified part of back, unspecified stage	Diagnosis	ICD-10-CM
L89.110	Pressure ulcer of right upper back, unstageable	Diagnosis	ICD-10-CM
L89.111	Pressure ulcer of right upper back, stage 1	Diagnosis	ICD-10-CM
L89.112	Pressure ulcer of right upper back, stage 2	Diagnosis	ICD-10-CM
L89.113	Pressure ulcer of right upper back, stage 3	Diagnosis	ICD-10-CM
L89.114	Pressure ulcer of right upper back, stage 4	Diagnosis	ICD-10-CM
L89.119	Pressure ulcer of right upper back, unspecified stage	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L89.120	Pressure ulcer of left upper back, unstageable	Diagnosis	ICD-10-CM
L89.121	Pressure ulcer of left upper back, stage 1	Diagnosis	ICD-10-CM
L89.122	Pressure ulcer of left upper back, stage 2	Diagnosis	ICD-10-CM
L89.123	Pressure ulcer of left upper back, stage 3	Diagnosis	ICD-10-CM
L89.124	Pressure ulcer of left upper back, stage 4	Diagnosis	ICD-10-CM
L89.129	Pressure ulcer of left upper back, unspecified stage	Diagnosis	ICD-10-CM
L89.130	Pressure ulcer of right lower back, unstageable	Diagnosis	ICD-10-CM
L89.131	Pressure ulcer of right lower back, stage 1	Diagnosis	ICD-10-CM
L89.132	Pressure ulcer of right lower back, stage 2	Diagnosis	ICD-10-CM
L89.133	Pressure ulcer of right lower back, stage 3	Diagnosis	ICD-10-CM
L89.134	Pressure ulcer of right lower back, stage 4	Diagnosis	ICD-10-CM
L89.139	Pressure ulcer of right lower back, unspecified stage	Diagnosis	ICD-10-CM
L89.140	Pressure ulcer of left lower back, unstageable	Diagnosis	ICD-10-CM
L89.141	Pressure ulcer of left lower back, stage 1	Diagnosis	ICD-10-CM
L89.142	Pressure ulcer of left lower back, stage 2	Diagnosis	ICD-10-CM
L89.143	Pressure ulcer of left lower back, stage 3	Diagnosis	ICD-10-CM
L89.144	Pressure ulcer of left lower back, stage 4	Diagnosis	ICD-10-CM
L89.149	Pressure ulcer of left lower back, unspecified stage	Diagnosis	ICD-10-CM
L89.150	Pressure ulcer of sacral region, unstageable	Diagnosis	ICD-10-CM
L89.151	Pressure ulcer of sacral region, stage 1	Diagnosis	ICD-10-CM
L89.152	Pressure ulcer of sacral region, stage 2	Diagnosis	ICD-10-CM
L89.153	Pressure ulcer of sacral region, stage 3	Diagnosis	ICD-10-CM
L89.154	Pressure ulcer of sacral region, stage 4	Diagnosis	ICD-10-CM
L89.159	Pressure ulcer of sacral region, unspecified stage	Diagnosis	ICD-10-CM
L89.200	Pressure ulcer of unspecified hip, unstageable	Diagnosis	ICD-10-CM
L89.201	Pressure ulcer of unspecified hip, stage 1	Diagnosis	ICD-10-CM
L89.202	Pressure ulcer of unspecified hip, stage 2	Diagnosis	ICD-10-CM
L89.203	Pressure ulcer of unspecified hip, stage 3	Diagnosis	ICD-10-CM
L89.204	Pressure ulcer of unspecified hip, stage 4	Diagnosis	ICD-10-CM
L89.209	Pressure ulcer of unspecified hip, unspecified stage	Diagnosis	ICD-10-CM
L89.210	Pressure ulcer of right hip, unstageable	Diagnosis	ICD-10-CM
L89.211	Pressure ulcer of right hip, stage 1	Diagnosis	ICD-10-CM
L89.212	Pressure ulcer of right hip, stage 2	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L89.213	Pressure ulcer of right hip, stage 3	Diagnosis	ICD-10-CM
L89.214	Pressure ulcer of right hip, stage 4	Diagnosis	ICD-10-CM
L89.219	Pressure ulcer of right hip, unspecified stage	Diagnosis	ICD-10-CM
L89.220	Pressure ulcer of left hip, unstageable	Diagnosis	ICD-10-CM
L89.221	Pressure ulcer of left hip, stage 1	Diagnosis	ICD-10-CM
L89.222	Pressure ulcer of left hip, stage 2	Diagnosis	ICD-10-CM
L89.223	Pressure ulcer of left hip, stage 3	Diagnosis	ICD-10-CM
L89.224	Pressure ulcer of left hip, stage 4	Diagnosis	ICD-10-CM
L89.229	Pressure ulcer of left hip, unspecified stage	Diagnosis	ICD-10-CM
L89.300	Pressure ulcer of unspecified buttock, unstageable	Diagnosis	ICD-10-CM
L89.301	Pressure ulcer of unspecified buttock, stage 1	Diagnosis	ICD-10-CM
L89.302	Pressure ulcer of unspecified buttock, stage 2	Diagnosis	ICD-10-CM
L89.303	Pressure ulcer of unspecified buttock, stage 3	Diagnosis	ICD-10-CM
L89.304	Pressure ulcer of unspecified buttock, stage 4	Diagnosis	ICD-10-CM
L89.309	Pressure ulcer of unspecified buttock, unspecified stage	Diagnosis	ICD-10-CM
L89.310	Pressure ulcer of right buttock, unstageable	Diagnosis	ICD-10-CM
L89.311	Pressure ulcer of right buttock, stage 1	Diagnosis	ICD-10-CM
L89.312	Pressure ulcer of right buttock, stage 2	Diagnosis	ICD-10-CM
L89.313	Pressure ulcer of right buttock, stage 3	Diagnosis	ICD-10-CM
L89.314	Pressure ulcer of right buttock, stage 4	Diagnosis	ICD-10-CM
L89.319	Pressure ulcer of right buttock, unspecified stage	Diagnosis	ICD-10-CM
L89.320	Pressure ulcer of left buttock, unstageable	Diagnosis	ICD-10-CM
L89.321	Pressure ulcer of left buttock, stage 1	Diagnosis	ICD-10-CM
L89.322	Pressure ulcer of left buttock, stage 2	Diagnosis	ICD-10-CM
L89.323	Pressure ulcer of left buttock, stage 3	Diagnosis	ICD-10-CM
L89.324	Pressure ulcer of left buttock, stage 4	Diagnosis	ICD-10-CM
L89.329	Pressure ulcer of left buttock, unspecified stage	Diagnosis	ICD-10-CM
L89.40	Pressure ulcer of contiguous site of back, buttock and hip, unspecified stage	Diagnosis	ICD-10-CM
L89.41	Pressure ulcer of contiguous site of back, buttock and hip, stage 1	Diagnosis	ICD-10-CM
L89.42	Pressure ulcer of contiguous site of back, buttock and hip, stage 2	Diagnosis	ICD-10-CM
L89.43	Pressure ulcer of contiguous site of back, buttock and hip, stage 3	Diagnosis	ICD-10-CM
L89.44	Pressure ulcer of contiguous site of back, buttock and hip, stage 4	Diagnosis	ICD-10-CM
L89.45	Pressure ulcer of contiguous site of back, buttock and hip, unstageable	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L89.500	Pressure ulcer of unspecified ankle, unstageable	Diagnosis	ICD-10-CM
L89.501	Pressure ulcer of unspecified ankle, stage 1	Diagnosis	ICD-10-CM
L89.502	Pressure ulcer of unspecified ankle, stage 2	Diagnosis	ICD-10-CM
L89.503	Pressure ulcer of unspecified ankle, stage 3	Diagnosis	ICD-10-CM
L89.504	Pressure ulcer of unspecified ankle, stage 4	Diagnosis	ICD-10-CM
L89.509	Pressure ulcer of unspecified ankle, unspecified stage	Diagnosis	ICD-10-CM
L89.510	Pressure ulcer of right ankle, unstageable	Diagnosis	ICD-10-CM
L89.511	Pressure ulcer of right ankle, stage 1	Diagnosis	ICD-10-CM
L89.512	Pressure ulcer of right ankle, stage 2	Diagnosis	ICD-10-CM
L89.513	Pressure ulcer of right ankle, stage 3	Diagnosis	ICD-10-CM
L89.514	Pressure ulcer of right ankle, stage 4	Diagnosis	ICD-10-CM
L89.519	Pressure ulcer of right ankle, unspecified stage	Diagnosis	ICD-10-CM
L89.520	Pressure ulcer of left ankle, unstageable	Diagnosis	ICD-10-CM
L89.521	Pressure ulcer of left ankle, stage 1	Diagnosis	ICD-10-CM
L89.522	Pressure ulcer of left ankle, stage 2	Diagnosis	ICD-10-CM
L89.523	Pressure ulcer of left ankle, stage 3	Diagnosis	ICD-10-CM
L89.524	Pressure ulcer of left ankle, stage 4	Diagnosis	ICD-10-CM
L89.529	Pressure ulcer of left ankle, unspecified stage	Diagnosis	ICD-10-CM
L89.600	Pressure ulcer of unspecified heel, unstageable	Diagnosis	ICD-10-CM
L89.601	Pressure ulcer of unspecified heel, stage 1	Diagnosis	ICD-10-CM
L89.602	Pressure ulcer of unspecified heel, stage 2	Diagnosis	ICD-10-CM
L89.603	Pressure ulcer of unspecified heel, stage 3	Diagnosis	ICD-10-CM
L89.604	Pressure ulcer of unspecified heel, stage 4	Diagnosis	ICD-10-CM
L89.609	Pressure ulcer of unspecified heel, unspecified stage	Diagnosis	ICD-10-CM
L89.610	Pressure ulcer of right heel, unstageable	Diagnosis	ICD-10-CM
L89.611	Pressure ulcer of right heel, stage 1	Diagnosis	ICD-10-CM
L89.612	Pressure ulcer of right heel, stage 2	Diagnosis	ICD-10-CM
L89.613	Pressure ulcer of right heel, stage 3	Diagnosis	ICD-10-CM
L89.614	Pressure ulcer of right heel, stage 4	Diagnosis	ICD-10-CM
L89.619	Pressure ulcer of right heel, unspecified stage	Diagnosis	ICD-10-CM
L89.620	Pressure ulcer of left heel, unstageable	Diagnosis	ICD-10-CM
L89.621	Pressure ulcer of left heel, stage 1	Diagnosis	ICD-10-CM
L89.622	Pressure ulcer of left heel, stage 2	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L89.623	Pressure ulcer of left heel, stage 3	Diagnosis	ICD-10-CM
L89.624	Pressure ulcer of left heel, stage 4	Diagnosis	ICD-10-CM
L89.629	Pressure ulcer of left heel, unspecified stage	Diagnosis	ICD-10-CM
L89.810	Pressure ulcer of head, unstageable	Diagnosis	ICD-10-CM
L89.811	Pressure ulcer of head, stage 1	Diagnosis	ICD-10-CM
L89.812	Pressure ulcer of head, stage 2	Diagnosis	ICD-10-CM
L89.813	Pressure ulcer of head, stage 3	Diagnosis	ICD-10-CM
L89.814	Pressure ulcer of head, stage 4	Diagnosis	ICD-10-CM
L89.819	Pressure ulcer of head, unspecified stage	Diagnosis	ICD-10-CM
L89.890	Pressure ulcer of other site, unstageable	Diagnosis	ICD-10-CM
L89.891	Pressure ulcer of other site, stage 1	Diagnosis	ICD-10-CM
L89.892	Pressure ulcer of other site, stage 2	Diagnosis	ICD-10-CM
L89.893	Pressure ulcer of other site, stage 3	Diagnosis	ICD-10-CM
L89.894	Pressure ulcer of other site, stage 4	Diagnosis	ICD-10-CM
L89.899	Pressure ulcer of other site, unspecified stage	Diagnosis	ICD-10-CM
L89.90	Pressure ulcer of unspecified site, unspecified stage	Diagnosis	ICD-10-CM
L89.91	Pressure ulcer of unspecified site, stage 1	Diagnosis	ICD-10-CM
L89.92	Pressure ulcer of unspecified site, stage 2	Diagnosis	ICD-10-CM
L89.93	Pressure ulcer of unspecified site, stage 3	Diagnosis	ICD-10-CM
L89.94	Pressure ulcer of unspecified site, stage 4	Diagnosis	ICD-10-CM
L89.95	Pressure ulcer of unspecified site, unstageable	Diagnosis	ICD-10-CM
L97.101	Non-pressure chronic ulcer of unspecified thigh limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.102	Non-pressure chronic ulcer of unspecified thigh with fat layer exposed	Diagnosis	ICD-10-CM
L97.103	Non-pressure chronic ulcer of unspecified thigh with necrosis of muscle	Diagnosis	ICD-10-CM
L97.104	Non-pressure chronic ulcer of unspecified thigh with necrosis of bone	Diagnosis	ICD-10-CM
L97.105	Non-pressure chronic ulcer of unspecified thigh with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.106	Non-pressure chronic ulcer of unspecified thigh with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.108	Non-pressure chronic ulcer of unspecified thigh with other specified severity	Diagnosis	ICD-10-CM
L97.109	Non-pressure chronic ulcer of unspecified thigh with unspecified severity	Diagnosis	ICD-10-CM
L97.111	Non-pressure chronic ulcer of right thigh limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.112	Non-pressure chronic ulcer of right thigh with fat layer exposed	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L97.113	Non-pressure chronic ulcer of right thigh with necrosis of muscle	Diagnosis	ICD-10-CM
L97.114	Non-pressure chronic ulcer of right thigh with necrosis of bone	Diagnosis	ICD-10-CM
L97.115	Non-pressure chronic ulcer of right thigh with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.116	Non-pressure chronic ulcer of right thigh with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.118	Non-pressure chronic ulcer of right thigh with other specified severity	Diagnosis	ICD-10-CM
L97.119	Non-pressure chronic ulcer of right thigh with unspecified severity	Diagnosis	ICD-10-CM
L97.121	Non-pressure chronic ulcer of left thigh limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.122	Non-pressure chronic ulcer of left thigh with fat layer exposed	Diagnosis	ICD-10-CM
L97.123	Non-pressure chronic ulcer of left thigh with necrosis of muscle	Diagnosis	ICD-10-CM
L97.124	Non-pressure chronic ulcer of left thigh with necrosis of bone	Diagnosis	ICD-10-CM
L97.125	Non-pressure chronic ulcer of left thigh with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.126	Non-pressure chronic ulcer of left thigh with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.128	Non-pressure chronic ulcer of left thigh with other specified severity	Diagnosis	ICD-10-CM
L97.129	Non-pressure chronic ulcer of left thigh with unspecified severity	Diagnosis	ICD-10-CM
L97.201	Non-pressure chronic ulcer of unspecified calf limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.202	Non-pressure chronic ulcer of unspecified calf with fat layer exposed	Diagnosis	ICD-10-CM
L97.203	Non-pressure chronic ulcer of unspecified calf with necrosis of muscle	Diagnosis	ICD-10-CM
L97.204	Non-pressure chronic ulcer of unspecified calf with necrosis of bone	Diagnosis	ICD-10-CM
L97.205	Non-pressure chronic ulcer of unspecified calf with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.206	Non-pressure chronic ulcer of unspecified calf with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.208	Non-pressure chronic ulcer of unspecified calf with other specified severity	Diagnosis	ICD-10-CM
L97.209	Non-pressure chronic ulcer of unspecified calf with unspecified severity	Diagnosis	ICD-10-CM
L97.211	Non-pressure chronic ulcer of right calf limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.212	Non-pressure chronic ulcer of right calf with fat layer exposed	Diagnosis	ICD-10-CM
L97.213	Non-pressure chronic ulcer of right calf with necrosis of muscle	Diagnosis	ICD-10-CM
L97.214	Non-pressure chronic ulcer of right calf with necrosis of bone	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L97.215	Non-pressure chronic ulcer of right calf with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.216	Non-pressure chronic ulcer of right calf with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.218	Non-pressure chronic ulcer of right calf with other specified severity	Diagnosis	ICD-10-CM
L97.219	Non-pressure chronic ulcer of right calf with unspecified severity	Diagnosis	ICD-10-CM
L97.221	Non-pressure chronic ulcer of left calf limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.222	Non-pressure chronic ulcer of left calf with fat layer exposed	Diagnosis	ICD-10-CM
L97.223	Non-pressure chronic ulcer of left calf with necrosis of muscle	Diagnosis	ICD-10-CM
L97.224	Non-pressure chronic ulcer of left calf with necrosis of bone	Diagnosis	ICD-10-CM
L97.225	Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.226	Non-pressure chronic ulcer of left calf with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.228	Non-pressure chronic ulcer of left calf with other specified severity	Diagnosis	ICD-10-CM
L97.229	Non-pressure chronic ulcer of left calf with unspecified severity	Diagnosis	ICD-10-CM
L97.301	Non-pressure chronic ulcer of unspecified ankle limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.302	Non-pressure chronic ulcer of unspecified ankle with fat layer exposed	Diagnosis	ICD-10-CM
L97.303	Non-pressure chronic ulcer of unspecified ankle with necrosis of muscle	Diagnosis	ICD-10-CM
L97.304	Non-pressure chronic ulcer of unspecified ankle with necrosis of bone	Diagnosis	ICD-10-CM
L97.305	Non-pressure chronic ulcer of unspecified ankle with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.306	Non-pressure chronic ulcer of unspecified ankle with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.308	Non-pressure chronic ulcer of unspecified ankle with other specified severity	Diagnosis	ICD-10-CM
L97.309	Non-pressure chronic ulcer of unspecified ankle with unspecified severity	Diagnosis	ICD-10-CM
L97.311	Non-pressure chronic ulcer of right ankle limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.312	Non-pressure chronic ulcer of right ankle with fat layer exposed	Diagnosis	ICD-10-CM
L97.313	Non-pressure chronic ulcer of right ankle with necrosis of muscle	Diagnosis	ICD-10-CM
L97.314	Non-pressure chronic ulcer of right ankle with necrosis of bone	Diagnosis	ICD-10-CM
L97.315	Non-pressure chronic ulcer of right ankle with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.316	Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L97.318	Non-pressure chronic ulcer of right ankle with other specified severity	Diagnosis	ICD-10-CM
L97.319	Non-pressure chronic ulcer of right ankle with unspecified severity	Diagnosis	ICD-10-CM
L97.321	Non-pressure chronic ulcer of left ankle limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.322	Non-pressure chronic ulcer of left ankle with fat layer exposed	Diagnosis	ICD-10-CM
L97.323	Non-pressure chronic ulcer of left ankle with necrosis of muscle	Diagnosis	ICD-10-CM
L97.324	Non-pressure chronic ulcer of left ankle with necrosis of bone	Diagnosis	ICD-10-CM
L97.325	Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.326	Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.328	Non-pressure chronic ulcer of left ankle with other specified severity	Diagnosis	ICD-10-CM
L97.329	Non-pressure chronic ulcer of left ankle with unspecified severity	Diagnosis	ICD-10-CM
L97.401	Non-pressure chronic ulcer of unspecified heel and midfoot limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.402	Non-pressure chronic ulcer of unspecified heel and midfoot with fat layer exposed	Diagnosis	ICD-10-CM
L97.403	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.404	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of bone	Diagnosis	ICD-10-CM
L97.405	Non-pressure chronic ulcer of unspecified heel and midfoot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.406	Non-pressure chronic ulcer of unspecified heel and midfoot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.408	Non-pressure chronic ulcer of unspecified heel and midfoot with other specified severity	Diagnosis	ICD-10-CM
L97.409	Non-pressure chronic ulcer of unspecified heel and midfoot with unspecified severity	Diagnosis	ICD-10-CM
L97.411	Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.412	Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed	Diagnosis	ICD-10-CM
L97.413	Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.414	Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone	Diagnosis	ICD-10-CM
L97.415	Non-pressure chronic ulcer of right heel and midfoot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.416	Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.418	Non-pressure chronic ulcer of right heel and midfoot with other specified severity	Diagnosis	ICD-10-CM
L97.419	Non-pressure chronic ulcer of right heel and midfoot with unspecified severity	Diagnosis	ICD-10-CM
L97.421	Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L97.422	Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed	Diagnosis	ICD-10-CM
L97.423	Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.424	Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone	Diagnosis	ICD-10-CM
L97.425	Non-pressure chronic ulcer of left heel and midfoot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.426	Non-pressure chronic ulcer of left heel and midfoot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.428	Non-pressure chronic ulcer of left heel and midfoot with other specified severity	Diagnosis	ICD-10-CM
L97.429	Non-pressure chronic ulcer of left heel and midfoot with unspecified severity	Diagnosis	ICD-10-CM
L97.501	Non-pressure chronic ulcer of other part of unspecified foot limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.502	Non-pressure chronic ulcer of other part of unspecified foot with fat layer exposed	Diagnosis	ICD-10-CM
L97.503	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.504	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of bone	Diagnosis	ICD-10-CM
L97.505	Non-pressure chronic ulcer of other part of unspecified foot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.506	Non-pressure chronic ulcer of other part of unspecified foot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.508	Non-pressure chronic ulcer of other part of unspecified foot with other specified severity	Diagnosis	ICD-10-CM
L97.509	Non-pressure chronic ulcer of other part of unspecified foot with unspecified severity	Diagnosis	ICD-10-CM
L97.511	Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.512	Non-pressure chronic ulcer of other part of right foot with fat layer exposed	Diagnosis	ICD-10-CM
L97.513	Non-pressure chronic ulcer of other part of right foot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.514	Non-pressure chronic ulcer of other part of right foot with necrosis of bone	Diagnosis	ICD-10-CM
L97.515	Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.516	Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.518	Non-pressure chronic ulcer of other part of right foot with other specified severity	Diagnosis	ICD-10-CM
L97.519	Non-pressure chronic ulcer of other part of right foot with unspecified severity	Diagnosis	ICD-10-CM
L97.521	Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.522	Non-pressure chronic ulcer of other part of left foot with fat layer exposed	Diagnosis	ICD-10-CM
L97.523	Non-pressure chronic ulcer of other part of left foot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.524	Non-pressure chronic ulcer of other part of left foot with necrosis of bone	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L97.525	Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.526	Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.528	Non-pressure chronic ulcer of other part of left foot with other specified severity	Diagnosis	ICD-10-CM
L97.529	Non-pressure chronic ulcer of other part of left foot with unspecified severity	Diagnosis	ICD-10-CM
L97.801	Non-pressure chronic ulcer of other part of unspecified lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.802	Non-pressure chronic ulcer of other part of unspecified lower leg with fat layer exposed	Diagnosis	ICD-10-CM
L97.803	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.804	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of bone	Diagnosis	ICD-10-CM
L97.805	Non-pressure chronic ulcer of other part of unspecified lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.806	Non-pressure chronic ulcer of other part of unspecified lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.808	Non-pressure chronic ulcer of other part of unspecified lower leg with other specified severity	Diagnosis	ICD-10-CM
L97.809	Non-pressure chronic ulcer of other part of unspecified lower leg with unspecified severity	Diagnosis	ICD-10-CM
L97.811	Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.812	Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed	Diagnosis	ICD-10-CM
L97.813	Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.814	Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone	Diagnosis	ICD-10-CM
L97.815	Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.816	Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.818	Non-pressure chronic ulcer of other part of right lower leg with other specified severity	Diagnosis	ICD-10-CM
L97.819	Non-pressure chronic ulcer of other part of right lower leg with unspecified severity	Diagnosis	ICD-10-CM
L97.821	Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.822	Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed	Diagnosis	ICD-10-CM
L97.823	Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.824	Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L97.825	Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.826	Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.828	Non-pressure chronic ulcer of other part of left lower leg with other specified severity	Diagnosis	ICD-10-CM
L97.829	Non-pressure chronic ulcer of other part of left lower leg with unspecified severity	Diagnosis	ICD-10-CM
L97.901	Non-pressure chronic ulcer of unspecified part of unspecified lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.902	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with fat layer exposed	Diagnosis	ICD-10-CM
L97.903	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.904	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of bone	Diagnosis	ICD-10-CM
L97.905	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.906	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.908	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with other specified severity	Diagnosis	ICD-10-CM
L97.909	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity	Diagnosis	ICD-10-CM
L97.911	Non-pressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.912	Non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed	Diagnosis	ICD-10-CM
L97.913	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.914	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of bone	Diagnosis	ICD-10-CM
L97.915	Non-pressure chronic ulcer of unspecified part of right lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.916	Non-pressure chronic ulcer of unspecified part of right lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.918	Non-pressure chronic ulcer of unspecified part of right lower leg with other specified severity	Diagnosis	ICD-10-CM
L97.919	Non-pressure chronic ulcer of unspecified part of right lower leg with unspecified severity	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L97.921	Non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.922	Non-pressure chronic ulcer of unspecified part of left lower leg with fat layer exposed	Diagnosis	ICD-10-CM
L97.923	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.924	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of bone	Diagnosis	ICD-10-CM
L97.925	Non-pressure chronic ulcer of unspecified part of left lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.926	Non-pressure chronic ulcer of unspecified part of left lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.928	Non-pressure chronic ulcer of unspecified part of left lower leg with other specified severity	Diagnosis	ICD-10-CM
L97.929	Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity	Diagnosis	ICD-10-CM
L98.411	Non-pressure chronic ulcer of buttock limited to breakdown of skin	Diagnosis	ICD-10-CM
L98.412	Non-pressure chronic ulcer of buttock with fat layer exposed	Diagnosis	ICD-10-CM
L98.413	Non-pressure chronic ulcer of buttock with necrosis of muscle	Diagnosis	ICD-10-CM
L98.414	Non-pressure chronic ulcer of buttock with necrosis of bone	Diagnosis	ICD-10-CM
L98.415	Non-pressure chronic ulcer of buttock with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.416	Non-pressure chronic ulcer of buttock with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.418	Non-pressure chronic ulcer of buttock with other specified severity	Diagnosis	ICD-10-CM
L98.419	Non-pressure chronic ulcer of buttock with unspecified severity	Diagnosis	ICD-10-CM
L98.421	Non-pressure chronic ulcer of back limited to breakdown of skin	Diagnosis	ICD-10-CM
L98.422	Non-pressure chronic ulcer of back with fat layer exposed	Diagnosis	ICD-10-CM
L98.423	Non-pressure chronic ulcer of back with necrosis of muscle	Diagnosis	ICD-10-CM
L98.424	Non-pressure chronic ulcer of back with necrosis of bone	Diagnosis	ICD-10-CM
L98.425	Non-pressure chronic ulcer of back with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.426	Non-pressure chronic ulcer of back with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.428	Non-pressure chronic ulcer of back with other specified severity	Diagnosis	ICD-10-CM
L98.429	Non-pressure chronic ulcer of back with unspecified severity	Diagnosis	ICD-10-CM
L98.491	Non-pressure chronic ulcer of skin of other sites limited to breakdown of skin	Diagnosis	ICD-10-CM
L98.492	Non-pressure chronic ulcer of skin of other sites with fat layer exposed	Diagnosis	ICD-10-CM
L98.493	Non-pressure chronic ulcer of skin of other sites with necrosis of muscle	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
L98.494	Non-pressure chronic ulcer of skin of other sites with necrosis of bone	Diagnosis	ICD-10-CM
L98.495	Non-pressure chronic ulcer of skin of other sites with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.496	Non-pressure chronic ulcer of skin of other sites with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.498	Non-pressure chronic ulcer of skin of other sites with other specified severity	Diagnosis	ICD-10-CM
L98.499	Non-pressure chronic ulcer of skin of other sites with unspecified severity	Diagnosis	ICD-10-CM
<b>Moderate to Severe Liver Disease - CCI</b>			
I85.00	Esophageal varices without bleeding	Diagnosis	ICD-10-CM
I85.01	Esophageal varices with bleeding	Diagnosis	ICD-10-CM
I86.4	Gastric varices	Diagnosis	ICD-10-CM
K70.40	Alcoholic hepatic failure without coma	Diagnosis	ICD-10-CM
K70.41	Alcoholic hepatic failure with coma	Diagnosis	ICD-10-CM
K71.10	Toxic liver disease with hepatic necrosis, without coma	Diagnosis	ICD-10-CM
K71.11	Toxic liver disease with hepatic necrosis, with coma	Diagnosis	ICD-10-CM
K72.10	Chronic hepatic failure without coma	Diagnosis	ICD-10-CM
K72.11	Chronic hepatic failure with coma	Diagnosis	ICD-10-CM
K72.90	Hepatic failure, unspecified without coma	Diagnosis	ICD-10-CM
K72.91	Hepatic failure, unspecified with coma	Diagnosis	ICD-10-CM
K76.5	Hepatic veno-occlusive disease	Diagnosis	ICD-10-CM
K76.6	Portal hypertension	Diagnosis	ICD-10-CM
K76.7	Hepatorenal syndrome	Diagnosis	ICD-10-CM
<b>Sore Throat - COVID Severity</b>			
J02.8	Acute pharyngitis due to other specified organisms	Diagnosis	ICD-10-CM
J02.9	Acute pharyngitis, unspecified	Diagnosis	ICD-10-CM
R07.0	Pain in throat	Diagnosis	ICD-10-CM
<b>Chloroquine</b>			
J0390	Injection, chloroquine HCl, up to 250 mg	Procedure	HCPCS
<b>Azithromycin</b>			
J0456	Injection, azithromycin, 500 mg	Procedure	HCPCS
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 g	Procedure	HCPCS
<b>Other Anti-Inflammatory and Immunosuppressive Treatments</b>			
J0638	Injection, canakinumab, 1 mg	Procedure	HCPCS

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J0760	Injection, colchicine, per 1 mg	Procedure	HCPCS
J1826	Injection, interferon beta-1a, 30 mcg	Procedure	HCPCS
J1830	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Procedure	HCPCS
Q3026	Injection, interferon beta-1a, 11 mcg for subcutaneous use	Procedure	HCPCS
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	Procedure	HCPCS
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Procedure	HCPCS
<b>Dexamethasone</b>			
J1094	Injection, dexamethasone acetate, 1 mg	Procedure	HCPCS
J1100	Injection, dexamethasone sodium phosphate, 1 mg	Procedure	HCPCS
J8540	Dexamethasone, oral, 0.25 mg	Procedure	HCPCS
S0173	Dexamethasone, oral, 4 mg	Procedure	HCPCS
<b>Other NSAIDs</b>			
J1130	Injection, diclofenac sodium, 0.5 mg	Procedure	HCPCS
J1741	Injection, ibuprofen, 100 mg	Procedure	HCPCS
J1885	INJ KETOROLAC TROMETHAMINE PER 15MG	Procedure	HCPCS
<b>H2 Blockers</b>			
J2780	Injection, ranitidine HCl, 25 mg	Procedure	HCPCS
S0023	Injection, cimetidine HCl, 300 mg	Procedure	HCPCS
S0028	Injection, famotidine, 20 mg	Procedure	HCPCS
<b>COPD</b>			
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection	Diagnosis	ICD-10-CM
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation	Diagnosis	ICD-10-CM
J44.9	Chronic obstructive pulmonary disease, unspecified	Diagnosis	ICD-10-CM
<b>Asthma</b>			
J45.20	Mild intermittent asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.21	Mild intermittent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.22	Mild intermittent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.30	Mild persistent asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.31	Mild persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.32	Mild persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.40	Moderate persistent asthma, uncomplicated	Diagnosis	ICD-10-CM



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J45.41	Moderate persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.42	Moderate persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.50	Severe persistent asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.51	Severe persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.52	Severe persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.901	Unspecified asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.902	Unspecified asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.909	Unspecified asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.990	Exercise induced bronchospasm	Diagnosis	ICD-10-CM
J45.991	Cough variant asthma	Diagnosis	ICD-10-CM
J45.998	Other asthma	Diagnosis	ICD-10-CM
<b>Reactive Airway and Lung Diseases</b>			
J66.0	Byssinosis	Diagnosis	ICD-10-CM
J66.1	Flax-dressers' disease	Diagnosis	ICD-10-CM
J66.2	Cannabinosis	Diagnosis	ICD-10-CM
J66.8	Airway disease due to other specific organic dusts	Diagnosis	ICD-10-CM
J67.0	Farmer's lung	Diagnosis	ICD-10-CM
J67.1	Bagassosis	Diagnosis	ICD-10-CM
J67.2	Bird fancier's lung	Diagnosis	ICD-10-CM
J67.3	Suberosis	Diagnosis	ICD-10-CM
J67.4	Maltworker's lung	Diagnosis	ICD-10-CM
J67.5	Mushroom-worker's lung	Diagnosis	ICD-10-CM
J67.6	Maple-bark-stripper's lung	Diagnosis	ICD-10-CM
J67.7	Air conditioner and humidifier lung	Diagnosis	ICD-10-CM
J67.8	Hypersensitivity pneumonitis due to other organic dusts	Diagnosis	ICD-10-CM
J67.9	Hypersensitivity pneumonitis due to unspecified organic dust	Diagnosis	ICD-10-CM
J68.0	Bronchitis and pneumonitis due to chemicals, gases, fumes and vapors	Diagnosis	ICD-10-CM
J68.4	Chronic respiratory conditions due to chemicals, gases, fumes and vapors	Diagnosis	ICD-10-CM
J68.8	Other respiratory conditions due to chemicals, gases, fumes and vapors	Diagnosis	ICD-10-CM
J68.9	Unspecified respiratory condition due to chemicals, gases, fumes and vapors	Diagnosis	ICD-10-CM
<b>Steroids</b>			
J7509	Methylprednisolone, oral, per 4 mg	Procedure	HCPCS
J7510	Prednisolone, oral, per 5 mg	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
J7512	Prednisone, immediate release or delayed release, oral, 1 mg	Procedure	HCPCS
J8540	Dexamethasone, oral, 0.25 mg	Procedure	HCPCS
Z79.52	Long term (current) use of systemic steroids	Diagnosis	ICD-10-CM
Z92.241	Personal history of systemic steroid therapy	Diagnosis	ICD-10-CM
<b>Inhaled Corticosteroids</b>			
J7622	Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	Procedure	HCPCS
J7624	Bethamethasone, inhalation solution administered through DME, unit dose form, per mg	Procedure	HCPCS
J7626	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg	Procedure	HCPCS
J7627	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg	Procedure	HCPCS
J7633	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg	Procedure	HCPCS
J7634	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 mg	Procedure	HCPCS
J7637	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	Procedure	HCPCS
J7638	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	Procedure	HCPCS
J7641	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per mg	Procedure	HCPCS
J7683	Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	Procedure	HCPCS
J7684	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	Procedure	HCPCS
K0527	Triamcinolone, inhalation solution administered through DME, concentrated form, per milligram	Procedure	HCPCS
K0528	Triamcinolone, inhalation solution administered through DME, unit dose form, per milligram	Procedure	HCPCS
<b>Peptic Ulcer Disease - CCI</b>			
K25.0	Acute gastric ulcer with hemorrhage	Diagnosis	ICD-10-CM
K25.1	Acute gastric ulcer with perforation	Diagnosis	ICD-10-CM
K25.2	Acute gastric ulcer with both hemorrhage and perforation	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
K25.3	Acute gastric ulcer without hemorrhage or perforation	Diagnosis	ICD-10-CM
K25.4	Chronic or unspecified gastric ulcer with hemorrhage	Diagnosis	ICD-10-CM
K25.5	Chronic or unspecified gastric ulcer with perforation	Diagnosis	ICD-10-CM
K25.6	Chronic or unspecified gastric ulcer with both hemorrhage and perforation	Diagnosis	ICD-10-CM
K25.7	Chronic gastric ulcer without hemorrhage or perforation	Diagnosis	ICD-10-CM
K25.9	Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation	Diagnosis	ICD-10-CM
K26.0	Acute duodenal ulcer with hemorrhage	Diagnosis	ICD-10-CM
K26.1	Acute duodenal ulcer with perforation	Diagnosis	ICD-10-CM
K26.2	Acute duodenal ulcer with both hemorrhage and perforation	Diagnosis	ICD-10-CM
K26.3	Acute duodenal ulcer without hemorrhage or perforation	Diagnosis	ICD-10-CM
K26.4	Chronic or unspecified duodenal ulcer with hemorrhage	Diagnosis	ICD-10-CM
K26.5	Chronic or unspecified duodenal ulcer with perforation	Diagnosis	ICD-10-CM
K26.6	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation	Diagnosis	ICD-10-CM
K26.7	Chronic duodenal ulcer without hemorrhage or perforation	Diagnosis	ICD-10-CM
K26.9	Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perforation	Diagnosis	ICD-10-CM
K27.0	Acute peptic ulcer, site unspecified, with hemorrhage	Diagnosis	ICD-10-CM
K27.1	Acute peptic ulcer, site unspecified, with perforation	Diagnosis	ICD-10-CM
K27.2	Acute peptic ulcer, site unspecified, with both hemorrhage and perforation	Diagnosis	ICD-10-CM
K27.3	Acute peptic ulcer, site unspecified, without hemorrhage or perforation	Diagnosis	ICD-10-CM
K27.4	Chronic or unspecified peptic ulcer, site unspecified, with hemorrhage	Diagnosis	ICD-10-CM
K27.5	Chronic or unspecified peptic ulcer, site unspecified, with perforation	Diagnosis	ICD-10-CM
K27.6	Chronic or unspecified peptic ulcer, site unspecified, with both hemorrhage and perforation	Diagnosis	ICD-10-CM
K27.7	Chronic peptic ulcer, site unspecified, without hemorrhage or perforation	Diagnosis	ICD-10-CM
K27.9	Peptic ulcer, site unspecified, unspecified as acute or chronic, without hemorrhage or perforation	Diagnosis	ICD-10-CM
K28.0	Acute gastrojejunal ulcer with hemorrhage	Diagnosis	ICD-10-CM
K28.1	Acute gastrojejunal ulcer with perforation	Diagnosis	ICD-10-CM
K28.2	Acute gastrojejunal ulcer with both hemorrhage and perforation	Diagnosis	ICD-10-CM
K28.3	Acute gastrojejunal ulcer without hemorrhage or perforation	Diagnosis	ICD-10-CM
K28.4	Chronic or unspecified gastrojejunal ulcer with hemorrhage	Diagnosis	ICD-10-CM
K28.5	Chronic or unspecified gastrojejunal ulcer with perforation	Diagnosis	ICD-10-CM
K28.6	Chronic or unspecified gastrojejunal ulcer with both hemorrhage and perforation	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
K28.7	Chronic gastrojejunal ulcer without hemorrhage or perforation	Diagnosis	ICD-10-CM
K28.9	Gastrojejunal ulcer, unspecified as acute or chronic, without hemorrhage or perforation	Diagnosis	ICD-10-CM
<b>Rheumatologic Disease - CCI</b>			
M05.00	Felty's syndrome, unspecified site	Diagnosis	ICD-10-CM
M05.011	Felty's syndrome, right shoulder	Diagnosis	ICD-10-CM
M05.012	Felty's syndrome, left shoulder	Diagnosis	ICD-10-CM
M05.019	Felty's syndrome, unspecified shoulder	Diagnosis	ICD-10-CM
M05.021	Felty's syndrome, right elbow	Diagnosis	ICD-10-CM
M05.022	Felty's syndrome, left elbow	Diagnosis	ICD-10-CM
M05.029	Felty's syndrome, unspecified elbow	Diagnosis	ICD-10-CM
M05.031	Felty's syndrome, right wrist	Diagnosis	ICD-10-CM
M05.032	Felty's syndrome, left wrist	Diagnosis	ICD-10-CM
M05.039	Felty's syndrome, unspecified wrist	Diagnosis	ICD-10-CM
M05.041	Felty's syndrome, right hand	Diagnosis	ICD-10-CM
M05.042	Felty's syndrome, left hand	Diagnosis	ICD-10-CM
M05.049	Felty's syndrome, unspecified hand	Diagnosis	ICD-10-CM
M05.051	Felty's syndrome, right hip	Diagnosis	ICD-10-CM
M05.052	Felty's syndrome, left hip	Diagnosis	ICD-10-CM
M05.059	Felty's syndrome, unspecified hip	Diagnosis	ICD-10-CM
M05.061	Felty's syndrome, right knee	Diagnosis	ICD-10-CM
M05.062	Felty's syndrome, left knee	Diagnosis	ICD-10-CM
M05.069	Felty's syndrome, unspecified knee	Diagnosis	ICD-10-CM
M05.071	Felty's syndrome, right ankle and foot	Diagnosis	ICD-10-CM
M05.072	Felty's syndrome, left ankle and foot	Diagnosis	ICD-10-CM
M05.079	Felty's syndrome, unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.09	Felty's syndrome, multiple sites	Diagnosis	ICD-10-CM
M05.10	Rheumatoid lung disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.111	Rheumatoid lung disease with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.112	Rheumatoid lung disease with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.119	Rheumatoid lung disease with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.121	Rheumatoid lung disease with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.122	Rheumatoid lung disease with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.129	Rheumatoid lung disease with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.131	Rheumatoid lung disease with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.132	Rheumatoid lung disease with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.139	Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.141	Rheumatoid lung disease with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.142	Rheumatoid lung disease with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.149	Rheumatoid lung disease with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.151	Rheumatoid lung disease with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.152	Rheumatoid lung disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.159	Rheumatoid lung disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.161	Rheumatoid lung disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.162	Rheumatoid lung disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.169	Rheumatoid lung disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.171	Rheumatoid lung disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.172	Rheumatoid lung disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.179	Rheumatoid lung disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.19	Rheumatoid lung disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.212	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.221	Rheumatoid vasculitis with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.222	Rheumatoid vasculitis with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.229	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.231	Rheumatoid vasculitis with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.232	Rheumatoid vasculitis with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.239	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.241	Rheumatoid vasculitis with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.242	Rheumatoid vasculitis with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.249	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.251	Rheumatoid vasculitis with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.252	Rheumatoid vasculitis with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.259	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.30	Rheumatoid heart disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.311	Rheumatoid heart disease with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.312	Rheumatoid heart disease with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.319	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.321	Rheumatoid heart disease with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.322	Rheumatoid heart disease with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.329	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.331	Rheumatoid heart disease with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.332	Rheumatoid heart disease with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.339	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.341	Rheumatoid heart disease with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.342	Rheumatoid heart disease with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.349	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.351	Rheumatoid heart disease with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.352	Rheumatoid heart disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.359	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.39	Rheumatoid heart disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.421	Rheumatoid myopathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.422	Rheumatoid myopathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.431	Rheumatoid myopathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.432	Rheumatoid myopathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.441	Rheumatoid myopathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.442	Rheumatoid myopathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.60	Rheumatoid arthritis of unspecified site with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.611	Rheumatoid arthritis of right shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.612	Rheumatoid arthritis of left shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.619	Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.621	Rheumatoid arthritis of right elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.622	Rheumatoid arthritis of left elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.629	Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.631	Rheumatoid arthritis of right wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.632	Rheumatoid arthritis of left wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.639	Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.641	Rheumatoid arthritis of right hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.642	Rheumatoid arthritis of left hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.649	Rheumatoid arthritis of unspecified hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.651	Rheumatoid arthritis of right hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.652	Rheumatoid arthritis of left hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.659	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.669	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.69	Rheumatoid arthritis of multiple sites with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.70	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement	Diagnosis	ICD-10-CM
M05.711	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.712	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.719	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.729	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.731	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.732	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.739	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.741	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.742	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.749	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05.752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05.759	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.769	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.771	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.772	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.779	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	Diagnosis	ICD-10-CM
M05.80	Other rheumatoid arthritis with rheumatoid factor of unspecified site	Diagnosis	ICD-10-CM
M05.811	Other rheumatoid arthritis with rheumatoid factor of right shoulder	Diagnosis	ICD-10-CM
M05.812	Other rheumatoid arthritis with rheumatoid factor of left shoulder	Diagnosis	ICD-10-CM
M05.819	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder	Diagnosis	ICD-10-CM
M05.821	Other rheumatoid arthritis with rheumatoid factor of right elbow	Diagnosis	ICD-10-CM
M05.822	Other rheumatoid arthritis with rheumatoid factor of left elbow	Diagnosis	ICD-10-CM
M05.829	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow	Diagnosis	ICD-10-CM
M05.831	Other rheumatoid arthritis with rheumatoid factor of right wrist	Diagnosis	ICD-10-CM
M05.832	Other rheumatoid arthritis with rheumatoid factor of left wrist	Diagnosis	ICD-10-CM
M05.839	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist	Diagnosis	ICD-10-CM
M05.841	Other rheumatoid arthritis with rheumatoid factor of right hand	Diagnosis	ICD-10-CM
M05.842	Other rheumatoid arthritis with rheumatoid factor of left hand	Diagnosis	ICD-10-CM
M05.849	Other rheumatoid arthritis with rheumatoid factor of unspecified hand	Diagnosis	ICD-10-CM
M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip	Diagnosis	ICD-10-CM
M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip	Diagnosis	ICD-10-CM
M05.859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip	Diagnosis	ICD-10-CM
M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee	Diagnosis	ICD-10-CM
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee	Diagnosis	ICD-10-CM
M05.869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot	Diagnosis	ICD-10-CM
M05.872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot	Diagnosis	ICD-10-CM
M05.879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites	Diagnosis	ICD-10-CM
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified	Diagnosis	ICD-10-CM
M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site	Diagnosis	ICD-10-CM
M06.011	Rheumatoid arthritis without rheumatoid factor, right shoulder	Diagnosis	ICD-10-CM
M06.012	Rheumatoid arthritis without rheumatoid factor, left shoulder	Diagnosis	ICD-10-CM
M06.019	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder	Diagnosis	ICD-10-CM
M06.021	Rheumatoid arthritis without rheumatoid factor, right elbow	Diagnosis	ICD-10-CM
M06.022	Rheumatoid arthritis without rheumatoid factor, left elbow	Diagnosis	ICD-10-CM
M06.029	Rheumatoid arthritis without rheumatoid factor, unspecified elbow	Diagnosis	ICD-10-CM
M06.031	Rheumatoid arthritis without rheumatoid factor, right wrist	Diagnosis	ICD-10-CM
M06.032	Rheumatoid arthritis without rheumatoid factor, left wrist	Diagnosis	ICD-10-CM
M06.039	Rheumatoid arthritis without rheumatoid factor, unspecified wrist	Diagnosis	ICD-10-CM
M06.041	Rheumatoid arthritis without rheumatoid factor, right hand	Diagnosis	ICD-10-CM
M06.042	Rheumatoid arthritis without rheumatoid factor, left hand	Diagnosis	ICD-10-CM
M06.049	Rheumatoid arthritis without rheumatoid factor, unspecified hand	Diagnosis	ICD-10-CM
M06.051	Rheumatoid arthritis without rheumatoid factor, right hip	Diagnosis	ICD-10-CM
M06.052	Rheumatoid arthritis without rheumatoid factor, left hip	Diagnosis	ICD-10-CM
M06.059	Rheumatoid arthritis without rheumatoid factor, unspecified hip	Diagnosis	ICD-10-CM
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee	Diagnosis	ICD-10-CM
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee	Diagnosis	ICD-10-CM
M06.069	Rheumatoid arthritis without rheumatoid factor, unspecified knee	Diagnosis	ICD-10-CM
M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot	Diagnosis	ICD-10-CM
M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot	Diagnosis	ICD-10-CM
M06.079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae	Diagnosis	ICD-10-CM
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites	Diagnosis	ICD-10-CM
M06.1	Adult-onset Still's disease	Diagnosis	ICD-10-CM
M06.20	Rheumatoid bursitis, unspecified site	Diagnosis	ICD-10-CM
M06.211	Rheumatoid bursitis, right shoulder	Diagnosis	ICD-10-CM
M06.212	Rheumatoid bursitis, left shoulder	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M06.219	Rheumatoid bursitis, unspecified shoulder	Diagnosis	ICD-10-CM
M06.221	Rheumatoid bursitis, right elbow	Diagnosis	ICD-10-CM
M06.222	Rheumatoid bursitis, left elbow	Diagnosis	ICD-10-CM
M06.229	Rheumatoid bursitis, unspecified elbow	Diagnosis	ICD-10-CM
M06.231	Rheumatoid bursitis, right wrist	Diagnosis	ICD-10-CM
M06.232	Rheumatoid bursitis, left wrist	Diagnosis	ICD-10-CM
M06.239	Rheumatoid bursitis, unspecified wrist	Diagnosis	ICD-10-CM
M06.241	Rheumatoid bursitis, right hand	Diagnosis	ICD-10-CM
M06.242	Rheumatoid bursitis, left hand	Diagnosis	ICD-10-CM
M06.249	Rheumatoid bursitis, unspecified hand	Diagnosis	ICD-10-CM
M06.251	Rheumatoid bursitis, right hip	Diagnosis	ICD-10-CM
M06.252	Rheumatoid bursitis, left hip	Diagnosis	ICD-10-CM
M06.259	Rheumatoid bursitis, unspecified hip	Diagnosis	ICD-10-CM
M06.261	Rheumatoid bursitis, right knee	Diagnosis	ICD-10-CM
M06.262	Rheumatoid bursitis, left knee	Diagnosis	ICD-10-CM
M06.269	Rheumatoid bursitis, unspecified knee	Diagnosis	ICD-10-CM
M06.271	Rheumatoid bursitis, right ankle and foot	Diagnosis	ICD-10-CM
M06.272	Rheumatoid bursitis, left ankle and foot	Diagnosis	ICD-10-CM
M06.279	Rheumatoid bursitis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.28	Rheumatoid bursitis, vertebrae	Diagnosis	ICD-10-CM
M06.29	Rheumatoid bursitis, multiple sites	Diagnosis	ICD-10-CM
M06.30	Rheumatoid nodule, unspecified site	Diagnosis	ICD-10-CM
M06.311	Rheumatoid nodule, right shoulder	Diagnosis	ICD-10-CM
M06.312	Rheumatoid nodule, left shoulder	Diagnosis	ICD-10-CM
M06.319	Rheumatoid nodule, unspecified shoulder	Diagnosis	ICD-10-CM
M06.321	Rheumatoid nodule, right elbow	Diagnosis	ICD-10-CM
M06.322	Rheumatoid nodule, left elbow	Diagnosis	ICD-10-CM
M06.329	Rheumatoid nodule, unspecified elbow	Diagnosis	ICD-10-CM
M06.331	Rheumatoid nodule, right wrist	Diagnosis	ICD-10-CM
M06.332	Rheumatoid nodule, left wrist	Diagnosis	ICD-10-CM
M06.339	Rheumatoid nodule, unspecified wrist	Diagnosis	ICD-10-CM
M06.341	Rheumatoid nodule, right hand	Diagnosis	ICD-10-CM
M06.342	Rheumatoid nodule, left hand	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M06.349	Rheumatoid nodule, unspecified hand	Diagnosis	ICD-10-CM
M06.351	Rheumatoid nodule, right hip	Diagnosis	ICD-10-CM
M06.352	Rheumatoid nodule, left hip	Diagnosis	ICD-10-CM
M06.359	Rheumatoid nodule, unspecified hip	Diagnosis	ICD-10-CM
M06.361	Rheumatoid nodule, right knee	Diagnosis	ICD-10-CM
M06.362	Rheumatoid nodule, left knee	Diagnosis	ICD-10-CM
M06.369	Rheumatoid nodule, unspecified knee	Diagnosis	ICD-10-CM
M06.371	Rheumatoid nodule, right ankle and foot	Diagnosis	ICD-10-CM
M06.372	Rheumatoid nodule, left ankle and foot	Diagnosis	ICD-10-CM
M06.379	Rheumatoid nodule, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.38	Rheumatoid nodule, vertebrae	Diagnosis	ICD-10-CM
M06.39	Rheumatoid nodule, multiple sites	Diagnosis	ICD-10-CM
M06.4	Inflammatory polyarthropathy	Diagnosis	ICD-10-CM
M06.80	Other specified rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
M06.811	Other specified rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
M06.812	Other specified rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
M06.819	Other specified rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M06.821	Other specified rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
M06.822	Other specified rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
M06.829	Other specified rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
M06.831	Other specified rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
M06.832	Other specified rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
M06.839	Other specified rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
M06.841	Other specified rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
M06.842	Other specified rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
M06.849	Other specified rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
M06.851	Other specified rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
M06.852	Other specified rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
M06.859	Other specified rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
M06.861	Other specified rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
M06.862	Other specified rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
M06.869	Other specified rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
M06.871	Other specified rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M06.872	Other specified rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
M06.879	Other specified rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.88	Other specified rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
M06.89	Other specified rheumatoid arthritis, multiple sites	Diagnosis	ICD-10-CM
M06.9	Rheumatoid arthritis, unspecified	Diagnosis	ICD-10-CM
M31.5	Giant cell arteritis with polymyalgia rheumatica	Diagnosis	ICD-10-CM
M31.6	Other giant cell arteritis	Diagnosis	ICD-10-CM
M32.0	Drug-induced systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.10	Systemic lupus erythematosus, organ or system involvement unspecified	Diagnosis	ICD-10-CM
M32.11	Endocarditis in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.12	Pericarditis in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.13	Lung involvement in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.14	Glomerular disease in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.19	Other organ or system involvement in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.8	Other forms of systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.9	Systemic lupus erythematosus, unspecified	Diagnosis	ICD-10-CM
M33.00	Juvenile dermatomyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
M33.01	Juvenile dermatomyositis with respiratory involvement	Diagnosis	ICD-10-CM
M33.02	Juvenile dermatomyositis with myopathy	Diagnosis	ICD-10-CM
M33.03	Juvenile dermatomyositis without myopathy	Diagnosis	ICD-10-CM
M33.09	Juvenile dermatomyositis with other organ involvement	Diagnosis	ICD-10-CM
M33.10	Other dermatomyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
M33.11	Other dermatomyositis with respiratory involvement	Diagnosis	ICD-10-CM
M33.12	Other dermatomyositis with myopathy	Diagnosis	ICD-10-CM
M33.13	Other dermatomyositis without myopathy	Diagnosis	ICD-10-CM
M33.19	Other dermatomyositis with other organ involvement	Diagnosis	ICD-10-CM
M33.20	Polymyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
M33.21	Polymyositis with respiratory involvement	Diagnosis	ICD-10-CM
M33.22	Polymyositis with myopathy	Diagnosis	ICD-10-CM
M33.29	Polymyositis with other organ involvement	Diagnosis	ICD-10-CM
M33.90	Dermatopolymyositis, unspecified, organ involvement unspecified	Diagnosis	ICD-10-CM
M33.91	Dermatopolymyositis, unspecified with respiratory involvement	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M33.92	Dermatopolymyositis, unspecified with myopathy	Diagnosis	ICD-10-CM
M33.93	Dermatopolymyositis, unspecified without myopathy	Diagnosis	ICD-10-CM
M33.99	Dermatopolymyositis, unspecified with other organ involvement	Diagnosis	ICD-10-CM
M34.0	Progressive systemic sclerosis	Diagnosis	ICD-10-CM
M34.1	CR(E)ST syndrome	Diagnosis	ICD-10-CM
M34.2	Systemic sclerosis induced by drug and chemical	Diagnosis	ICD-10-CM
M34.81	Systemic sclerosis with lung involvement	Diagnosis	ICD-10-CM
M34.82	Systemic sclerosis with myopathy	Diagnosis	ICD-10-CM
M34.83	Systemic sclerosis with polyneuropathy	Diagnosis	ICD-10-CM
M34.89	Other systemic sclerosis	Diagnosis	ICD-10-CM
M34.9	Systemic sclerosis, unspecified	Diagnosis	ICD-10-CM
M35.00	Sjogren syndrome, unspecified	Diagnosis	ICD-10-CM
M35.01	Sjogren syndrome with keratoconjunctivitis	Diagnosis	ICD-10-CM
M35.02	Sjogren syndrome with lung involvement	Diagnosis	ICD-10-CM
M35.03	Sjogren syndrome with myopathy	Diagnosis	ICD-10-CM
M35.04	Sjogren syndrome with tubulo-interstitial nephropathy	Diagnosis	ICD-10-CM
M35.09	Sjogren syndrome with other organ involvement	Diagnosis	ICD-10-CM
M35.1	Other overlap syndromes	Diagnosis	ICD-10-CM
M35.3	Polymyalgia rheumatica	Diagnosis	ICD-10-CM
M36.0	Dermato(poly)myositis in neoplastic disease	Diagnosis	ICD-10-CM
<b>Arthritis - Frailty</b>			
M05.00	Felty's syndrome, unspecified site	Diagnosis	ICD-10-CM
M05.011	Felty's syndrome, right shoulder	Diagnosis	ICD-10-CM
M05.012	Felty's syndrome, left shoulder	Diagnosis	ICD-10-CM
M05.019	Felty's syndrome, unspecified shoulder	Diagnosis	ICD-10-CM
M05.021	Felty's syndrome, right elbow	Diagnosis	ICD-10-CM
M05.022	Felty's syndrome, left elbow	Diagnosis	ICD-10-CM
M05.029	Felty's syndrome, unspecified elbow	Diagnosis	ICD-10-CM
M05.031	Felty's syndrome, right wrist	Diagnosis	ICD-10-CM
M05.032	Felty's syndrome, left wrist	Diagnosis	ICD-10-CM
M05.039	Felty's syndrome, unspecified wrist	Diagnosis	ICD-10-CM
M05.041	Felty's syndrome, right hand	Diagnosis	ICD-10-CM
M05.042	Felty's syndrome, left hand	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.049	Felty's syndrome, unspecified hand	Diagnosis	ICD-10-CM
M05.051	Felty's syndrome, right hip	Diagnosis	ICD-10-CM
M05.052	Felty's syndrome, left hip	Diagnosis	ICD-10-CM
M05.059	Felty's syndrome, unspecified hip	Diagnosis	ICD-10-CM
M05.061	Felty's syndrome, right knee	Diagnosis	ICD-10-CM
M05.062	Felty's syndrome, left knee	Diagnosis	ICD-10-CM
M05.069	Felty's syndrome, unspecified knee	Diagnosis	ICD-10-CM
M05.071	Felty's syndrome, right ankle and foot	Diagnosis	ICD-10-CM
M05.072	Felty's syndrome, left ankle and foot	Diagnosis	ICD-10-CM
M05.079	Felty's syndrome, unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.09	Felty's syndrome, multiple sites	Diagnosis	ICD-10-CM
M05.10	Rheumatoid lung disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.111	Rheumatoid lung disease with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.112	Rheumatoid lung disease with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.119	Rheumatoid lung disease with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.121	Rheumatoid lung disease with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.122	Rheumatoid lung disease with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.129	Rheumatoid lung disease with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.131	Rheumatoid lung disease with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.132	Rheumatoid lung disease with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.139	Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.141	Rheumatoid lung disease with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.142	Rheumatoid lung disease with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.149	Rheumatoid lung disease with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.151	Rheumatoid lung disease with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.152	Rheumatoid lung disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.159	Rheumatoid lung disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.161	Rheumatoid lung disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.162	Rheumatoid lung disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.169	Rheumatoid lung disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.171	Rheumatoid lung disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.172	Rheumatoid lung disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.179	Rheumatoid lung disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.19	Rheumatoid lung disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.212	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.221	Rheumatoid vasculitis with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.222	Rheumatoid vasculitis with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.229	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.231	Rheumatoid vasculitis with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.232	Rheumatoid vasculitis with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.239	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.241	Rheumatoid vasculitis with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.242	Rheumatoid vasculitis with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.249	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.251	Rheumatoid vasculitis with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.252	Rheumatoid vasculitis with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.259	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.30	Rheumatoid heart disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.311	Rheumatoid heart disease with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.312	Rheumatoid heart disease with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.319	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.321	Rheumatoid heart disease with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.322	Rheumatoid heart disease with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.329	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.331	Rheumatoid heart disease with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.332	Rheumatoid heart disease with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.339	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.341	Rheumatoid heart disease with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.342	Rheumatoid heart disease with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.349	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.351	Rheumatoid heart disease with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.352	Rheumatoid heart disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.359	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.39	Rheumatoid heart disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.421	Rheumatoid myopathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.422	Rheumatoid myopathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.431	Rheumatoid myopathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.432	Rheumatoid myopathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.441	Rheumatoid myopathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.442	Rheumatoid myopathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.60	Rheumatoid arthritis of unspecified site with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.611	Rheumatoid arthritis of right shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.612	Rheumatoid arthritis of left shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.619	Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.621	Rheumatoid arthritis of right elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.622	Rheumatoid arthritis of left elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.629	Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.631	Rheumatoid arthritis of right wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.632	Rheumatoid arthritis of left wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.639	Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.641	Rheumatoid arthritis of right hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.642	Rheumatoid arthritis of left hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.649	Rheumatoid arthritis of unspecified hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.651	Rheumatoid arthritis of right hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.652	Rheumatoid arthritis of left hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.659	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.669	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.69	Rheumatoid arthritis of multiple sites with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.70	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement	Diagnosis	ICD-10-CM
M05.711	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.712	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.719	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.729	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.731	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.732	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.739	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.741	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.742	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.749	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05.752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05.759	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.769	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.771	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.772	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.779	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	Diagnosis	ICD-10-CM
M05.80	Other rheumatoid arthritis with rheumatoid factor of unspecified site	Diagnosis	ICD-10-CM
M05.811	Other rheumatoid arthritis with rheumatoid factor of right shoulder	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.812	Other rheumatoid arthritis with rheumatoid factor of left shoulder	Diagnosis	ICD-10-CM
M05.819	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder	Diagnosis	ICD-10-CM
M05.821	Other rheumatoid arthritis with rheumatoid factor of right elbow	Diagnosis	ICD-10-CM
M05.822	Other rheumatoid arthritis with rheumatoid factor of left elbow	Diagnosis	ICD-10-CM
M05.829	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow	Diagnosis	ICD-10-CM
M05.831	Other rheumatoid arthritis with rheumatoid factor of right wrist	Diagnosis	ICD-10-CM
M05.832	Other rheumatoid arthritis with rheumatoid factor of left wrist	Diagnosis	ICD-10-CM
M05.839	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist	Diagnosis	ICD-10-CM
M05.841	Other rheumatoid arthritis with rheumatoid factor of right hand	Diagnosis	ICD-10-CM
M05.842	Other rheumatoid arthritis with rheumatoid factor of left hand	Diagnosis	ICD-10-CM
M05.849	Other rheumatoid arthritis with rheumatoid factor of unspecified hand	Diagnosis	ICD-10-CM
M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip	Diagnosis	ICD-10-CM
M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip	Diagnosis	ICD-10-CM
M05.859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip	Diagnosis	ICD-10-CM
M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee	Diagnosis	ICD-10-CM
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee	Diagnosis	ICD-10-CM
M05.869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee	Diagnosis	ICD-10-CM
M05.871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot	Diagnosis	ICD-10-CM
M05.872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot	Diagnosis	ICD-10-CM
M05.879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites	Diagnosis	ICD-10-CM
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified	Diagnosis	ICD-10-CM
M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site	Diagnosis	ICD-10-CM
M06.011	Rheumatoid arthritis without rheumatoid factor, right shoulder	Diagnosis	ICD-10-CM
M06.012	Rheumatoid arthritis without rheumatoid factor, left shoulder	Diagnosis	ICD-10-CM
M06.019	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder	Diagnosis	ICD-10-CM
M06.021	Rheumatoid arthritis without rheumatoid factor, right elbow	Diagnosis	ICD-10-CM
M06.022	Rheumatoid arthritis without rheumatoid factor, left elbow	Diagnosis	ICD-10-CM
M06.029	Rheumatoid arthritis without rheumatoid factor, unspecified elbow	Diagnosis	ICD-10-CM
M06.031	Rheumatoid arthritis without rheumatoid factor, right wrist	Diagnosis	ICD-10-CM
M06.032	Rheumatoid arthritis without rheumatoid factor, left wrist	Diagnosis	ICD-10-CM
M06.039	Rheumatoid arthritis without rheumatoid factor, unspecified wrist	Diagnosis	ICD-10-CM
M06.041	Rheumatoid arthritis without rheumatoid factor, right hand	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M06.042	Rheumatoid arthritis without rheumatoid factor, left hand	Diagnosis	ICD-10-CM
M06.049	Rheumatoid arthritis without rheumatoid factor, unspecified hand	Diagnosis	ICD-10-CM
M06.051	Rheumatoid arthritis without rheumatoid factor, right hip	Diagnosis	ICD-10-CM
M06.052	Rheumatoid arthritis without rheumatoid factor, left hip	Diagnosis	ICD-10-CM
M06.059	Rheumatoid arthritis without rheumatoid factor, unspecified hip	Diagnosis	ICD-10-CM
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee	Diagnosis	ICD-10-CM
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee	Diagnosis	ICD-10-CM
M06.069	Rheumatoid arthritis without rheumatoid factor, unspecified knee	Diagnosis	ICD-10-CM
M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot	Diagnosis	ICD-10-CM
M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot	Diagnosis	ICD-10-CM
M06.079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae	Diagnosis	ICD-10-CM
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites	Diagnosis	ICD-10-CM
M06.1	Adult-onset Still's disease	Diagnosis	ICD-10-CM
M06.20	Rheumatoid bursitis, unspecified site	Diagnosis	ICD-10-CM
M06.211	Rheumatoid bursitis, right shoulder	Diagnosis	ICD-10-CM
M06.212	Rheumatoid bursitis, left shoulder	Diagnosis	ICD-10-CM
M06.219	Rheumatoid bursitis, unspecified shoulder	Diagnosis	ICD-10-CM
M06.221	Rheumatoid bursitis, right elbow	Diagnosis	ICD-10-CM
M06.222	Rheumatoid bursitis, left elbow	Diagnosis	ICD-10-CM
M06.229	Rheumatoid bursitis, unspecified elbow	Diagnosis	ICD-10-CM
M06.231	Rheumatoid bursitis, right wrist	Diagnosis	ICD-10-CM
M06.232	Rheumatoid bursitis, left wrist	Diagnosis	ICD-10-CM
M06.239	Rheumatoid bursitis, unspecified wrist	Diagnosis	ICD-10-CM
M06.241	Rheumatoid bursitis, right hand	Diagnosis	ICD-10-CM
M06.242	Rheumatoid bursitis, left hand	Diagnosis	ICD-10-CM
M06.249	Rheumatoid bursitis, unspecified hand	Diagnosis	ICD-10-CM
M06.251	Rheumatoid bursitis, right hip	Diagnosis	ICD-10-CM
M06.252	Rheumatoid bursitis, left hip	Diagnosis	ICD-10-CM
M06.259	Rheumatoid bursitis, unspecified hip	Diagnosis	ICD-10-CM
M06.261	Rheumatoid bursitis, right knee	Diagnosis	ICD-10-CM
M06.262	Rheumatoid bursitis, left knee	Diagnosis	ICD-10-CM
M06.269	Rheumatoid bursitis, unspecified knee	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M06.271	Rheumatoid bursitis, right ankle and foot	Diagnosis	ICD-10-CM
M06.272	Rheumatoid bursitis, left ankle and foot	Diagnosis	ICD-10-CM
M06.279	Rheumatoid bursitis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.28	Rheumatoid bursitis, vertebrae	Diagnosis	ICD-10-CM
M06.29	Rheumatoid bursitis, multiple sites	Diagnosis	ICD-10-CM
M06.30	Rheumatoid nodule, unspecified site	Diagnosis	ICD-10-CM
M06.311	Rheumatoid nodule, right shoulder	Diagnosis	ICD-10-CM
M06.312	Rheumatoid nodule, left shoulder	Diagnosis	ICD-10-CM
M06.319	Rheumatoid nodule, unspecified shoulder	Diagnosis	ICD-10-CM
M06.321	Rheumatoid nodule, right elbow	Diagnosis	ICD-10-CM
M06.322	Rheumatoid nodule, left elbow	Diagnosis	ICD-10-CM
M06.329	Rheumatoid nodule, unspecified elbow	Diagnosis	ICD-10-CM
M06.331	Rheumatoid nodule, right wrist	Diagnosis	ICD-10-CM
M06.332	Rheumatoid nodule, left wrist	Diagnosis	ICD-10-CM
M06.339	Rheumatoid nodule, unspecified wrist	Diagnosis	ICD-10-CM
M06.341	Rheumatoid nodule, right hand	Diagnosis	ICD-10-CM
M06.342	Rheumatoid nodule, left hand	Diagnosis	ICD-10-CM
M06.349	Rheumatoid nodule, unspecified hand	Diagnosis	ICD-10-CM
M06.351	Rheumatoid nodule, right hip	Diagnosis	ICD-10-CM
M06.352	Rheumatoid nodule, left hip	Diagnosis	ICD-10-CM
M06.359	Rheumatoid nodule, unspecified hip	Diagnosis	ICD-10-CM
M06.361	Rheumatoid nodule, right knee	Diagnosis	ICD-10-CM
M06.362	Rheumatoid nodule, left knee	Diagnosis	ICD-10-CM
M06.369	Rheumatoid nodule, unspecified knee	Diagnosis	ICD-10-CM
M06.371	Rheumatoid nodule, right ankle and foot	Diagnosis	ICD-10-CM
M06.372	Rheumatoid nodule, left ankle and foot	Diagnosis	ICD-10-CM
M06.379	Rheumatoid nodule, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.38	Rheumatoid nodule, vertebrae	Diagnosis	ICD-10-CM
M06.39	Rheumatoid nodule, multiple sites	Diagnosis	ICD-10-CM
M06.4	Inflammatory polyarthropathy	Diagnosis	ICD-10-CM
M06.80	Other specified rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
M06.811	Other specified rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
M06.812	Other specified rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M06.819	Other specified rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M06.821	Other specified rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
M06.822	Other specified rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
M06.829	Other specified rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
M06.831	Other specified rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
M06.832	Other specified rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
M06.839	Other specified rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
M06.841	Other specified rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
M06.842	Other specified rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
M06.849	Other specified rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
M06.851	Other specified rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
M06.852	Other specified rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
M06.859	Other specified rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
M06.861	Other specified rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
M06.862	Other specified rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
M06.869	Other specified rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
M06.871	Other specified rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
M06.872	Other specified rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
M06.879	Other specified rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.88	Other specified rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
M06.89	Other specified rheumatoid arthritis, multiple sites	Diagnosis	ICD-10-CM
M06.9	Rheumatoid arthritis, unspecified	Diagnosis	ICD-10-CM
M08.00	Unspecified juvenile rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M08.011	Unspecified juvenile rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
M08.012	Unspecified juvenile rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
M08.019	Unspecified juvenile rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M08.021	Unspecified juvenile rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
M08.022	Unspecified juvenile rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
M08.029	Unspecified juvenile rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
M08.031	Unspecified juvenile rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
M08.032	Unspecified juvenile rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
M08.039	Unspecified juvenile rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
M08.041	Unspecified juvenile rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M08.042	Unspecified juvenile rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
M08.049	Unspecified juvenile rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
M08.051	Unspecified juvenile rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
M08.052	Unspecified juvenile rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
M08.059	Unspecified juvenile rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
M08.061	Unspecified juvenile rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
M08.062	Unspecified juvenile rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
M08.069	Unspecified juvenile rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
M08.071	Unspecified juvenile rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
M08.072	Unspecified juvenile rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
M08.079	Unspecified juvenile rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M08.08	Unspecified juvenile rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
M08.09	Unspecified juvenile rheumatoid arthritis, multiple sites	Diagnosis	ICD-10-CM
M08.1	Juvenile ankylosing spondylitis	Diagnosis	ICD-10-CM
M08.20	Juvenile rheumatoid arthritis with systemic onset, unspecified site	Diagnosis	ICD-10-CM
M08.211	Juvenile rheumatoid arthritis with systemic onset, right shoulder	Diagnosis	ICD-10-CM
M08.212	Juvenile rheumatoid arthritis with systemic onset, left shoulder	Diagnosis	ICD-10-CM
M08.219	Juvenile rheumatoid arthritis with systemic onset, unspecified shoulder	Diagnosis	ICD-10-CM
M08.221	Juvenile rheumatoid arthritis with systemic onset, right elbow	Diagnosis	ICD-10-CM
M08.222	Juvenile rheumatoid arthritis with systemic onset, left elbow	Diagnosis	ICD-10-CM
M08.229	Juvenile rheumatoid arthritis with systemic onset, unspecified elbow	Diagnosis	ICD-10-CM
M08.231	Juvenile rheumatoid arthritis with systemic onset, right wrist	Diagnosis	ICD-10-CM
M08.232	Juvenile rheumatoid arthritis with systemic onset, left wrist	Diagnosis	ICD-10-CM
M08.239	Juvenile rheumatoid arthritis with systemic onset, unspecified wrist	Diagnosis	ICD-10-CM
M08.241	Juvenile rheumatoid arthritis with systemic onset, right hand	Diagnosis	ICD-10-CM
M08.242	Juvenile rheumatoid arthritis with systemic onset, left hand	Diagnosis	ICD-10-CM
M08.249	Juvenile rheumatoid arthritis with systemic onset, unspecified hand	Diagnosis	ICD-10-CM
M08.251	Juvenile rheumatoid arthritis with systemic onset, right hip	Diagnosis	ICD-10-CM
M08.252	Juvenile rheumatoid arthritis with systemic onset, left hip	Diagnosis	ICD-10-CM
M08.259	Juvenile rheumatoid arthritis with systemic onset, unspecified hip	Diagnosis	ICD-10-CM
M08.261	Juvenile rheumatoid arthritis with systemic onset, right knee	Diagnosis	ICD-10-CM
M08.262	Juvenile rheumatoid arthritis with systemic onset, left knee	Diagnosis	ICD-10-CM
M08.269	Juvenile rheumatoid arthritis with systemic onset, unspecified knee	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M08.271	Juvenile rheumatoid arthritis with systemic onset, right ankle and foot	Diagnosis	ICD-10-CM
M08.272	Juvenile rheumatoid arthritis with systemic onset, left ankle and foot	Diagnosis	ICD-10-CM
M08.279	Juvenile rheumatoid arthritis with systemic onset, unspecified ankle and foot	Diagnosis	ICD-10-CM
M08.28	Juvenile rheumatoid arthritis with systemic onset, vertebrae	Diagnosis	ICD-10-CM
M08.29	Juvenile rheumatoid arthritis with systemic onset, multiple sites	Diagnosis	ICD-10-CM
M08.3	Juvenile rheumatoid polyarthritis (seronegative)	Diagnosis	ICD-10-CM
M08.40	Pauciarticular juvenile rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
M08.411	Pauciarticular juvenile rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
M08.412	Pauciarticular juvenile rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
M08.419	Pauciarticular juvenile rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M08.421	Pauciarticular juvenile rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
M08.422	Pauciarticular juvenile rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
M08.429	Pauciarticular juvenile rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
M08.431	Pauciarticular juvenile rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
M08.432	Pauciarticular juvenile rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
M08.439	Pauciarticular juvenile rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
M08.441	Pauciarticular juvenile rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
M08.442	Pauciarticular juvenile rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
M08.449	Pauciarticular juvenile rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
M08.451	Pauciarticular juvenile rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
M08.452	Pauciarticular juvenile rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
M08.459	Pauciarticular juvenile rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
M08.461	Pauciarticular juvenile rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
M08.462	Pauciarticular juvenile rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
M08.469	Pauciarticular juvenile rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
M08.471	Pauciarticular juvenile rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
M08.472	Pauciarticular juvenile rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
M08.479	Pauciarticular juvenile rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M08.48	Pauciarticular juvenile rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
M08.80	Other juvenile arthritis, unspecified site	Diagnosis	ICD-10-CM
M08.811	Other juvenile arthritis, right shoulder	Diagnosis	ICD-10-CM
M08.812	Other juvenile arthritis, left shoulder	Diagnosis	ICD-10-CM
M08.819	Other juvenile arthritis, unspecified shoulder	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M08.821	Other juvenile arthritis, right elbow	Diagnosis	ICD-10-CM
M08.822	Other juvenile arthritis, left elbow	Diagnosis	ICD-10-CM
M08.829	Other juvenile arthritis, unspecified elbow	Diagnosis	ICD-10-CM
M08.831	Other juvenile arthritis, right wrist	Diagnosis	ICD-10-CM
M08.832	Other juvenile arthritis, left wrist	Diagnosis	ICD-10-CM
M08.839	Other juvenile arthritis, unspecified wrist	Diagnosis	ICD-10-CM
M08.841	Other juvenile arthritis, right hand	Diagnosis	ICD-10-CM
M08.842	Other juvenile arthritis, left hand	Diagnosis	ICD-10-CM
M08.849	Other juvenile arthritis, unspecified hand	Diagnosis	ICD-10-CM
M08.851	Other juvenile arthritis, right hip	Diagnosis	ICD-10-CM
M08.852	Other juvenile arthritis, left hip	Diagnosis	ICD-10-CM
M08.859	Other juvenile arthritis, unspecified hip	Diagnosis	ICD-10-CM
M08.861	Other juvenile arthritis, right knee	Diagnosis	ICD-10-CM
M08.862	Other juvenile arthritis, left knee	Diagnosis	ICD-10-CM
M08.869	Other juvenile arthritis, unspecified knee	Diagnosis	ICD-10-CM
M08.871	Other juvenile arthritis, right ankle and foot	Diagnosis	ICD-10-CM
M08.872	Other juvenile arthritis, left ankle and foot	Diagnosis	ICD-10-CM
M08.879	Other juvenile arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M08.88	Other juvenile arthritis, other specified site	Diagnosis	ICD-10-CM
M08.89	Other juvenile arthritis, multiple sites	Diagnosis	ICD-10-CM
M08.90	Juvenile arthritis, unspecified, unspecified site	Diagnosis	ICD-10-CM
M08.911	Juvenile arthritis, unspecified, right shoulder	Diagnosis	ICD-10-CM
M08.912	Juvenile arthritis, unspecified, left shoulder	Diagnosis	ICD-10-CM
M08.919	Juvenile arthritis, unspecified, unspecified shoulder	Diagnosis	ICD-10-CM
M08.921	Juvenile arthritis, unspecified, right elbow	Diagnosis	ICD-10-CM
M08.922	Juvenile arthritis, unspecified, left elbow	Diagnosis	ICD-10-CM
M08.929	Juvenile arthritis, unspecified, unspecified elbow	Diagnosis	ICD-10-CM
M08.931	Juvenile arthritis, unspecified, right wrist	Diagnosis	ICD-10-CM
M08.932	Juvenile arthritis, unspecified, left wrist	Diagnosis	ICD-10-CM
M08.939	Juvenile arthritis, unspecified, unspecified wrist	Diagnosis	ICD-10-CM
M08.941	Juvenile arthritis, unspecified, right hand	Diagnosis	ICD-10-CM
M08.942	Juvenile arthritis, unspecified, left hand	Diagnosis	ICD-10-CM
M08.949	Juvenile arthritis, unspecified, unspecified hand	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M08.951	Juvenile arthritis, unspecified, right hip	Diagnosis	ICD-10-CM
M08.952	Juvenile arthritis, unspecified, left hip	Diagnosis	ICD-10-CM
M08.959	Juvenile arthritis, unspecified, unspecified hip	Diagnosis	ICD-10-CM
M08.961	Juvenile arthritis, unspecified, right knee	Diagnosis	ICD-10-CM
M08.962	Juvenile arthritis, unspecified, left knee	Diagnosis	ICD-10-CM
M08.969	Juvenile arthritis, unspecified, unspecified knee	Diagnosis	ICD-10-CM
M08.971	Juvenile arthritis, unspecified, right ankle and foot	Diagnosis	ICD-10-CM
M08.972	Juvenile arthritis, unspecified, left ankle and foot	Diagnosis	ICD-10-CM
M08.979	Juvenile arthritis, unspecified, unspecified ankle and foot	Diagnosis	ICD-10-CM
M08.98	Juvenile arthritis, unspecified, vertebrae	Diagnosis	ICD-10-CM
M08.99	Juvenile arthritis, unspecified, multiple sites	Diagnosis	ICD-10-CM
M12.00	Chronic postrheumatic arthropathy [Jaccoud], unspecified site	Diagnosis	ICD-10-CM
M12.011	Chronic postrheumatic arthropathy [Jaccoud], right shoulder	Diagnosis	ICD-10-CM
M12.012	Chronic postrheumatic arthropathy [Jaccoud], left shoulder	Diagnosis	ICD-10-CM
M12.019	Chronic postrheumatic arthropathy [Jaccoud], unspecified shoulder	Diagnosis	ICD-10-CM
M12.021	Chronic postrheumatic arthropathy [Jaccoud], right elbow	Diagnosis	ICD-10-CM
M12.022	Chronic postrheumatic arthropathy [Jaccoud], left elbow	Diagnosis	ICD-10-CM
M12.029	Chronic postrheumatic arthropathy [Jaccoud], unspecified elbow	Diagnosis	ICD-10-CM
M12.031	Chronic postrheumatic arthropathy [Jaccoud], right wrist	Diagnosis	ICD-10-CM
M12.032	Chronic postrheumatic arthropathy [Jaccoud], left wrist	Diagnosis	ICD-10-CM
M12.039	Chronic postrheumatic arthropathy [Jaccoud], unspecified wrist	Diagnosis	ICD-10-CM
M12.041	Chronic postrheumatic arthropathy [Jaccoud], right hand	Diagnosis	ICD-10-CM
M12.042	Chronic postrheumatic arthropathy [Jaccoud], left hand	Diagnosis	ICD-10-CM
M12.049	Chronic postrheumatic arthropathy [Jaccoud], unspecified hand	Diagnosis	ICD-10-CM
M12.051	Chronic postrheumatic arthropathy [Jaccoud], right hip	Diagnosis	ICD-10-CM
M12.052	Chronic postrheumatic arthropathy [Jaccoud], left hip	Diagnosis	ICD-10-CM
M12.059	Chronic postrheumatic arthropathy [Jaccoud], unspecified hip	Diagnosis	ICD-10-CM
M12.061	Chronic postrheumatic arthropathy [Jaccoud], right knee	Diagnosis	ICD-10-CM
M12.062	Chronic postrheumatic arthropathy [Jaccoud], left knee	Diagnosis	ICD-10-CM
M12.069	Chronic postrheumatic arthropathy [Jaccoud], unspecified knee	Diagnosis	ICD-10-CM
M12.071	Chronic postrheumatic arthropathy [Jaccoud], right ankle and foot	Diagnosis	ICD-10-CM
M12.072	Chronic postrheumatic arthropathy [Jaccoud], left ankle and foot	Diagnosis	ICD-10-CM
M12.079	Chronic postrheumatic arthropathy [Jaccoud], unspecified ankle and foot	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M12.08	Chronic postrheumatic arthropathy [Jaccoud], other specified site	Diagnosis	ICD-10-CM
M12.09	Chronic postrheumatic arthropathy [Jaccoud], multiple sites	Diagnosis	ICD-10-CM
M15.0	Primary generalized (osteo)arthritis	Diagnosis	ICD-10-CM
M15.1	Heberden's nodes (with arthropathy)	Diagnosis	ICD-10-CM
M15.2	Bouchard's nodes (with arthropathy)	Diagnosis	ICD-10-CM
M15.3	Secondary multiple arthritis	Diagnosis	ICD-10-CM
M15.4	Erosive (osteo)arthritis	Diagnosis	ICD-10-CM
M15.8	Other polyosteoarthritis	Diagnosis	ICD-10-CM
M15.9	Polyosteoarthritis, unspecified	Diagnosis	ICD-10-CM
M16.0	Bilateral primary osteoarthritis of hip	Diagnosis	ICD-10-CM
M16.10	Unilateral primary osteoarthritis, unspecified hip	Diagnosis	ICD-10-CM
M16.11	Unilateral primary osteoarthritis, right hip	Diagnosis	ICD-10-CM
M16.12	Unilateral primary osteoarthritis, left hip	Diagnosis	ICD-10-CM
M16.2	Bilateral osteoarthritis resulting from hip dysplasia	Diagnosis	ICD-10-CM
M16.30	Unilateral osteoarthritis resulting from hip dysplasia, unspecified hip	Diagnosis	ICD-10-CM
M16.31	Unilateral osteoarthritis resulting from hip dysplasia, right hip	Diagnosis	ICD-10-CM
M16.32	Unilateral osteoarthritis resulting from hip dysplasia, left hip	Diagnosis	ICD-10-CM
M16.4	Bilateral post-traumatic osteoarthritis of hip	Diagnosis	ICD-10-CM
M16.50	Unilateral post-traumatic osteoarthritis, unspecified hip	Diagnosis	ICD-10-CM
M16.51	Unilateral post-traumatic osteoarthritis, right hip	Diagnosis	ICD-10-CM
M16.52	Unilateral post-traumatic osteoarthritis, left hip	Diagnosis	ICD-10-CM
M16.6	Other bilateral secondary osteoarthritis of hip	Diagnosis	ICD-10-CM
M16.7	Other unilateral secondary osteoarthritis of hip	Diagnosis	ICD-10-CM
M16.9	Osteoarthritis of hip, unspecified	Diagnosis	ICD-10-CM
M17.0	Bilateral primary osteoarthritis of knee	Diagnosis	ICD-10-CM
M17.10	Unilateral primary osteoarthritis, unspecified knee	Diagnosis	ICD-10-CM
M17.11	Unilateral primary osteoarthritis, right knee	Diagnosis	ICD-10-CM
M17.12	Unilateral primary osteoarthritis, left knee	Diagnosis	ICD-10-CM
M17.2	Bilateral post-traumatic osteoarthritis of knee	Diagnosis	ICD-10-CM
M17.30	Unilateral post-traumatic osteoarthritis, unspecified knee	Diagnosis	ICD-10-CM
M17.31	Unilateral post-traumatic osteoarthritis, right knee	Diagnosis	ICD-10-CM
M17.32	Unilateral post-traumatic osteoarthritis, left knee	Diagnosis	ICD-10-CM
M17.4	Other bilateral secondary osteoarthritis of knee	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M17.5	Other unilateral secondary osteoarthritis of knee	Diagnosis	ICD-10-CM
M17.9	Osteoarthritis of knee, unspecified	Diagnosis	ICD-10-CM
M18.0	Bilateral primary osteoarthritis of first carpometacarpal joints	Diagnosis	ICD-10-CM
M18.10	Unilateral primary osteoarthritis of first carpometacarpal joint, unspecified hand	Diagnosis	ICD-10-CM
M18.11	Unilateral primary osteoarthritis of first carpometacarpal joint, right hand	Diagnosis	ICD-10-CM
M18.12	Unilateral primary osteoarthritis of first carpometacarpal joint, left hand	Diagnosis	ICD-10-CM
M18.2	Bilateral post-traumatic osteoarthritis of first carpometacarpal joints	Diagnosis	ICD-10-CM
M18.30	Unilateral post-traumatic osteoarthritis of first carpometacarpal joint, unspecified hand	Diagnosis	ICD-10-CM
M18.31	Unilateral post-traumatic osteoarthritis of first carpometacarpal joint, right hand	Diagnosis	ICD-10-CM
M18.32	Unilateral post-traumatic osteoarthritis of first carpometacarpal joint, left hand	Diagnosis	ICD-10-CM
M18.4	Other bilateral secondary osteoarthritis of first carpometacarpal joints	Diagnosis	ICD-10-CM
M18.50	Other unilateral secondary osteoarthritis of first carpometacarpal joint, unspecified hand	Diagnosis	ICD-10-CM
M18.51	Other unilateral secondary osteoarthritis of first carpometacarpal joint, right hand	Diagnosis	ICD-10-CM
M18.52	Other unilateral secondary osteoarthritis of first carpometacarpal joint, left hand	Diagnosis	ICD-10-CM
M18.9	Osteoarthritis of first carpometacarpal joint, unspecified	Diagnosis	ICD-10-CM
M19.011	Primary osteoarthritis, right shoulder	Diagnosis	ICD-10-CM
M19.012	Primary osteoarthritis, left shoulder	Diagnosis	ICD-10-CM
M19.019	Primary osteoarthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M19.021	Primary osteoarthritis, right elbow	Diagnosis	ICD-10-CM
M19.022	Primary osteoarthritis, left elbow	Diagnosis	ICD-10-CM
M19.029	Primary osteoarthritis, unspecified elbow	Diagnosis	ICD-10-CM
M19.031	Primary osteoarthritis, right wrist	Diagnosis	ICD-10-CM
M19.032	Primary osteoarthritis, left wrist	Diagnosis	ICD-10-CM
M19.039	Primary osteoarthritis, unspecified wrist	Diagnosis	ICD-10-CM
M19.041	Primary osteoarthritis, right hand	Diagnosis	ICD-10-CM
M19.042	Primary osteoarthritis, left hand	Diagnosis	ICD-10-CM
M19.049	Primary osteoarthritis, unspecified hand	Diagnosis	ICD-10-CM
M19.071	Primary osteoarthritis, right ankle and foot	Diagnosis	ICD-10-CM
M19.072	Primary osteoarthritis, left ankle and foot	Diagnosis	ICD-10-CM
M19.079	Primary osteoarthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M19.111	Post-traumatic osteoarthritis, right shoulder	Diagnosis	ICD-10-CM
M19.112	Post-traumatic osteoarthritis, left shoulder	Diagnosis	ICD-10-CM
M19.119	Post-traumatic osteoarthritis, unspecified shoulder	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M19.121	Post-traumatic osteoarthritis, right elbow	Diagnosis	ICD-10-CM
M19.122	Post-traumatic osteoarthritis, left elbow	Diagnosis	ICD-10-CM
M19.129	Post-traumatic osteoarthritis, unspecified elbow	Diagnosis	ICD-10-CM
M19.131	Post-traumatic osteoarthritis, right wrist	Diagnosis	ICD-10-CM
M19.132	Post-traumatic osteoarthritis, left wrist	Diagnosis	ICD-10-CM
M19.139	Post-traumatic osteoarthritis, unspecified wrist	Diagnosis	ICD-10-CM
M19.141	Post-traumatic osteoarthritis, right hand	Diagnosis	ICD-10-CM
M19.142	Post-traumatic osteoarthritis, left hand	Diagnosis	ICD-10-CM
M19.149	Post-traumatic osteoarthritis, unspecified hand	Diagnosis	ICD-10-CM
M19.171	Post-traumatic osteoarthritis, right ankle and foot	Diagnosis	ICD-10-CM
M19.172	Post-traumatic osteoarthritis, left ankle and foot	Diagnosis	ICD-10-CM
M19.179	Post-traumatic osteoarthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M19.211	Secondary osteoarthritis, right shoulder	Diagnosis	ICD-10-CM
M19.212	Secondary osteoarthritis, left shoulder	Diagnosis	ICD-10-CM
M19.219	Secondary osteoarthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M19.221	Secondary osteoarthritis, right elbow	Diagnosis	ICD-10-CM
M19.222	Secondary osteoarthritis, left elbow	Diagnosis	ICD-10-CM
M19.229	Secondary osteoarthritis, unspecified elbow	Diagnosis	ICD-10-CM
M19.231	Secondary osteoarthritis, right wrist	Diagnosis	ICD-10-CM
M19.232	Secondary osteoarthritis, left wrist	Diagnosis	ICD-10-CM
M19.239	Secondary osteoarthritis, unspecified wrist	Diagnosis	ICD-10-CM
M19.241	Secondary osteoarthritis, right hand	Diagnosis	ICD-10-CM
M19.242	Secondary osteoarthritis, left hand	Diagnosis	ICD-10-CM
M19.249	Secondary osteoarthritis, unspecified hand	Diagnosis	ICD-10-CM
M19.271	Secondary osteoarthritis, right ankle and foot	Diagnosis	ICD-10-CM
M19.272	Secondary osteoarthritis, left ankle and foot	Diagnosis	ICD-10-CM
M19.279	Secondary osteoarthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M19.90	Unspecified osteoarthritis, unspecified site	Diagnosis	ICD-10-CM
M19.91	Primary osteoarthritis, unspecified site	Diagnosis	ICD-10-CM
M19.92	Post-traumatic osteoarthritis, unspecified site	Diagnosis	ICD-10-CM
M19.93	Secondary osteoarthritis, unspecified site	Diagnosis	ICD-10-CM
M45.0	Ankylosing spondylitis of multiple sites in spine	Diagnosis	ICD-10-CM
M45.1	Ankylosing spondylitis of occipito-atlanto-axial region	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M45.2	Ankylosing spondylitis of cervical region	Diagnosis	ICD-10-CM
M45.3	Ankylosing spondylitis of cervicothoracic region	Diagnosis	ICD-10-CM
M45.4	Ankylosing spondylitis of thoracic region	Diagnosis	ICD-10-CM
M45.5	Ankylosing spondylitis of thoracolumbar region	Diagnosis	ICD-10-CM
M45.6	Ankylosing spondylitis lumbar region	Diagnosis	ICD-10-CM
M45.7	Ankylosing spondylitis of lumbosacral region	Diagnosis	ICD-10-CM
M45.8	Ankylosing spondylitis sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M45.9	Ankylosing spondylitis of unspecified sites in spine	Diagnosis	ICD-10-CM
M48.8X1	Other specified spondylopathies, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M48.8X2	Other specified spondylopathies, cervical region	Diagnosis	ICD-10-CM
M48.8X3	Other specified spondylopathies, cervicothoracic region	Diagnosis	ICD-10-CM
M48.8X4	Other specified spondylopathies, thoracic region	Diagnosis	ICD-10-CM
M48.8X5	Other specified spondylopathies, thoracolumbar region	Diagnosis	ICD-10-CM
M48.8X6	Other specified spondylopathies, lumbar region	Diagnosis	ICD-10-CM
M48.8X7	Other specified spondylopathies, lumbosacral region	Diagnosis	ICD-10-CM
M48.8X8	Other specified spondylopathies, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M48.8X9	Other specified spondylopathies, site unspecified	Diagnosis	ICD-10-CM
Z87.39	Personal history of other diseases of the musculoskeletal system and connective tissue	Diagnosis	ICD-10-CM
<b>Gout - Frailty</b>			
M10.00	Idiopathic gout, unspecified site	Diagnosis	ICD-10-CM
M10.011	Idiopathic gout, right shoulder	Diagnosis	ICD-10-CM
M10.012	Idiopathic gout, left shoulder	Diagnosis	ICD-10-CM
M10.019	Idiopathic gout, unspecified shoulder	Diagnosis	ICD-10-CM
M10.021	Idiopathic gout, right elbow	Diagnosis	ICD-10-CM
M10.022	Idiopathic gout, left elbow	Diagnosis	ICD-10-CM
M10.029	Idiopathic gout, unspecified elbow	Diagnosis	ICD-10-CM
M10.031	Idiopathic gout, right wrist	Diagnosis	ICD-10-CM
M10.032	Idiopathic gout, left wrist	Diagnosis	ICD-10-CM
M10.039	Idiopathic gout, unspecified wrist	Diagnosis	ICD-10-CM
M10.041	Idiopathic gout, right hand	Diagnosis	ICD-10-CM
M10.042	Idiopathic gout, left hand	Diagnosis	ICD-10-CM
M10.049	Idiopathic gout, unspecified hand	Diagnosis	ICD-10-CM
M10.051	Idiopathic gout, right hip	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M10.052	Idiopathic gout, left hip	Diagnosis	ICD-10-CM
M10.059	Idiopathic gout, unspecified hip	Diagnosis	ICD-10-CM
M10.061	Idiopathic gout, right knee	Diagnosis	ICD-10-CM
M10.062	Idiopathic gout, left knee	Diagnosis	ICD-10-CM
M10.069	Idiopathic gout, unspecified knee	Diagnosis	ICD-10-CM
M10.071	Idiopathic gout, right ankle and foot	Diagnosis	ICD-10-CM
M10.072	Idiopathic gout, left ankle and foot	Diagnosis	ICD-10-CM
M10.079	Idiopathic gout, unspecified ankle and foot	Diagnosis	ICD-10-CM
M10.08	Idiopathic gout, vertebrae	Diagnosis	ICD-10-CM
M10.09	Idiopathic gout, multiple sites	Diagnosis	ICD-10-CM
M10.10	Lead-induced gout, unspecified site	Diagnosis	ICD-10-CM
M10.111	Lead-induced gout, right shoulder	Diagnosis	ICD-10-CM
M10.112	Lead-induced gout, left shoulder	Diagnosis	ICD-10-CM
M10.119	Lead-induced gout, unspecified shoulder	Diagnosis	ICD-10-CM
M10.121	Lead-induced gout, right elbow	Diagnosis	ICD-10-CM
M10.122	Lead-induced gout, left elbow	Diagnosis	ICD-10-CM
M10.129	Lead-induced gout, unspecified elbow	Diagnosis	ICD-10-CM
M10.131	Lead-induced gout, right wrist	Diagnosis	ICD-10-CM
M10.132	Lead-induced gout, left wrist	Diagnosis	ICD-10-CM
M10.139	Lead-induced gout, unspecified wrist	Diagnosis	ICD-10-CM
M10.141	Lead-induced gout, right hand	Diagnosis	ICD-10-CM
M10.142	Lead-induced gout, left hand	Diagnosis	ICD-10-CM
M10.149	Lead-induced gout, unspecified hand	Diagnosis	ICD-10-CM
M10.151	Lead-induced gout, right hip	Diagnosis	ICD-10-CM
M10.152	Lead-induced gout, left hip	Diagnosis	ICD-10-CM
M10.159	Lead-induced gout, unspecified hip	Diagnosis	ICD-10-CM
M10.161	Lead-induced gout, right knee	Diagnosis	ICD-10-CM
M10.162	Lead-induced gout, left knee	Diagnosis	ICD-10-CM
M10.169	Lead-induced gout, unspecified knee	Diagnosis	ICD-10-CM
M10.171	Lead-induced gout, right ankle and foot	Diagnosis	ICD-10-CM
M10.172	Lead-induced gout, left ankle and foot	Diagnosis	ICD-10-CM
M10.179	Lead-induced gout, unspecified ankle and foot	Diagnosis	ICD-10-CM
M10.18	Lead-induced gout, vertebrae	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M10.19	Lead-induced gout, multiple sites	Diagnosis	ICD-10-CM
M10.20	Drug-induced gout, unspecified site	Diagnosis	ICD-10-CM
M10.211	Drug-induced gout, right shoulder	Diagnosis	ICD-10-CM
M10.212	Drug-induced gout, left shoulder	Diagnosis	ICD-10-CM
M10.219	Drug-induced gout, unspecified shoulder	Diagnosis	ICD-10-CM
M10.221	Drug-induced gout, right elbow	Diagnosis	ICD-10-CM
M10.222	Drug-induced gout, left elbow	Diagnosis	ICD-10-CM
M10.229	Drug-induced gout, unspecified elbow	Diagnosis	ICD-10-CM
M10.231	Drug-induced gout, right wrist	Diagnosis	ICD-10-CM
M10.232	Drug-induced gout, left wrist	Diagnosis	ICD-10-CM
M10.239	Drug-induced gout, unspecified wrist	Diagnosis	ICD-10-CM
M10.241	Drug-induced gout, right hand	Diagnosis	ICD-10-CM
M10.242	Drug-induced gout, left hand	Diagnosis	ICD-10-CM
M10.249	Drug-induced gout, unspecified hand	Diagnosis	ICD-10-CM
M10.251	Drug-induced gout, right hip	Diagnosis	ICD-10-CM
M10.252	Drug-induced gout, left hip	Diagnosis	ICD-10-CM
M10.259	Drug-induced gout, unspecified hip	Diagnosis	ICD-10-CM
M10.261	Drug-induced gout, right knee	Diagnosis	ICD-10-CM
M10.262	Drug-induced gout, left knee	Diagnosis	ICD-10-CM
M10.269	Drug-induced gout, unspecified knee	Diagnosis	ICD-10-CM
M10.271	Drug-induced gout, right ankle and foot	Diagnosis	ICD-10-CM
M10.272	Drug-induced gout, left ankle and foot	Diagnosis	ICD-10-CM
M10.279	Drug-induced gout, unspecified ankle and foot	Diagnosis	ICD-10-CM
M10.28	Drug-induced gout, vertebrae	Diagnosis	ICD-10-CM
M10.29	Drug-induced gout, multiple sites	Diagnosis	ICD-10-CM
M10.30	Gout due to renal impairment, unspecified site	Diagnosis	ICD-10-CM
M10.311	Gout due to renal impairment, right shoulder	Diagnosis	ICD-10-CM
M10.312	Gout due to renal impairment, left shoulder	Diagnosis	ICD-10-CM
M10.319	Gout due to renal impairment, unspecified shoulder	Diagnosis	ICD-10-CM
M10.321	Gout due to renal impairment, right elbow	Diagnosis	ICD-10-CM
M10.322	Gout due to renal impairment, left elbow	Diagnosis	ICD-10-CM
M10.329	Gout due to renal impairment, unspecified elbow	Diagnosis	ICD-10-CM
M10.331	Gout due to renal impairment, right wrist	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M10.332	Gout due to renal impairment, left wrist	Diagnosis	ICD-10-CM
M10.339	Gout due to renal impairment, unspecified wrist	Diagnosis	ICD-10-CM
M10.341	Gout due to renal impairment, right hand	Diagnosis	ICD-10-CM
M10.342	Gout due to renal impairment, left hand	Diagnosis	ICD-10-CM
M10.349	Gout due to renal impairment, unspecified hand	Diagnosis	ICD-10-CM
M10.351	Gout due to renal impairment, right hip	Diagnosis	ICD-10-CM
M10.352	Gout due to renal impairment, left hip	Diagnosis	ICD-10-CM
M10.359	Gout due to renal impairment, unspecified hip	Diagnosis	ICD-10-CM
M10.361	Gout due to renal impairment, right knee	Diagnosis	ICD-10-CM
M10.362	Gout due to renal impairment, left knee	Diagnosis	ICD-10-CM
M10.369	Gout due to renal impairment, unspecified knee	Diagnosis	ICD-10-CM
M10.371	Gout due to renal impairment, right ankle and foot	Diagnosis	ICD-10-CM
M10.372	Gout due to renal impairment, left ankle and foot	Diagnosis	ICD-10-CM
M10.379	Gout due to renal impairment, unspecified ankle and foot	Diagnosis	ICD-10-CM
M10.38	Gout due to renal impairment, vertebrae	Diagnosis	ICD-10-CM
M10.39	Gout due to renal impairment, multiple sites	Diagnosis	ICD-10-CM
M10.40	Other secondary gout, unspecified site	Diagnosis	ICD-10-CM
M10.411	Other secondary gout, right shoulder	Diagnosis	ICD-10-CM
M10.412	Other secondary gout, left shoulder	Diagnosis	ICD-10-CM
M10.419	Other secondary gout, unspecified shoulder	Diagnosis	ICD-10-CM
M10.421	Other secondary gout, right elbow	Diagnosis	ICD-10-CM
M10.422	Other secondary gout, left elbow	Diagnosis	ICD-10-CM
M10.429	Other secondary gout, unspecified elbow	Diagnosis	ICD-10-CM
M10.431	Other secondary gout, right wrist	Diagnosis	ICD-10-CM
M10.432	Other secondary gout, left wrist	Diagnosis	ICD-10-CM
M10.439	Other secondary gout, unspecified wrist	Diagnosis	ICD-10-CM
M10.441	Other secondary gout, right hand	Diagnosis	ICD-10-CM
M10.442	Other secondary gout, left hand	Diagnosis	ICD-10-CM
M10.449	Other secondary gout, unspecified hand	Diagnosis	ICD-10-CM
M10.451	Other secondary gout, right hip	Diagnosis	ICD-10-CM
M10.452	Other secondary gout, left hip	Diagnosis	ICD-10-CM
M10.459	Other secondary gout, unspecified hip	Diagnosis	ICD-10-CM
M10.461	Other secondary gout, right knee	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M10.462	Other secondary gout, left knee	Diagnosis	ICD-10-CM
M10.469	Other secondary gout, unspecified knee	Diagnosis	ICD-10-CM
M10.471	Other secondary gout, right ankle and foot	Diagnosis	ICD-10-CM
M10.472	Other secondary gout, left ankle and foot	Diagnosis	ICD-10-CM
M10.479	Other secondary gout, unspecified ankle and foot	Diagnosis	ICD-10-CM
M10.48	Other secondary gout, vertebrae	Diagnosis	ICD-10-CM
M10.49	Other secondary gout, multiple sites	Diagnosis	ICD-10-CM
M10.9	Gout, unspecified	Diagnosis	ICD-10-CM
M11.00	Hydroxyapatite deposition disease, unspecified site	Diagnosis	ICD-10-CM
M11.011	Hydroxyapatite deposition disease, right shoulder	Diagnosis	ICD-10-CM
M11.012	Hydroxyapatite deposition disease, left shoulder	Diagnosis	ICD-10-CM
M11.019	Hydroxyapatite deposition disease, unspecified shoulder	Diagnosis	ICD-10-CM
M11.021	Hydroxyapatite deposition disease, right elbow	Diagnosis	ICD-10-CM
M11.022	Hydroxyapatite deposition disease, left elbow	Diagnosis	ICD-10-CM
M11.029	Hydroxyapatite deposition disease, unspecified elbow	Diagnosis	ICD-10-CM
M11.031	Hydroxyapatite deposition disease, right wrist	Diagnosis	ICD-10-CM
M11.032	Hydroxyapatite deposition disease, left wrist	Diagnosis	ICD-10-CM
M11.039	Hydroxyapatite deposition disease, unspecified wrist	Diagnosis	ICD-10-CM
M11.041	Hydroxyapatite deposition disease, right hand	Diagnosis	ICD-10-CM
M11.042	Hydroxyapatite deposition disease, left hand	Diagnosis	ICD-10-CM
M11.049	Hydroxyapatite deposition disease, unspecified hand	Diagnosis	ICD-10-CM
M11.051	Hydroxyapatite deposition disease, right hip	Diagnosis	ICD-10-CM
M11.052	Hydroxyapatite deposition disease, left hip	Diagnosis	ICD-10-CM
M11.059	Hydroxyapatite deposition disease, unspecified hip	Diagnosis	ICD-10-CM
M11.061	Hydroxyapatite deposition disease, right knee	Diagnosis	ICD-10-CM
M11.062	Hydroxyapatite deposition disease, left knee	Diagnosis	ICD-10-CM
M11.069	Hydroxyapatite deposition disease, unspecified knee	Diagnosis	ICD-10-CM
M11.071	Hydroxyapatite deposition disease, right ankle and foot	Diagnosis	ICD-10-CM
M11.072	Hydroxyapatite deposition disease, left ankle and foot	Diagnosis	ICD-10-CM
M11.079	Hydroxyapatite deposition disease, unspecified ankle and foot	Diagnosis	ICD-10-CM
M11.08	Hydroxyapatite deposition disease, vertebrae	Diagnosis	ICD-10-CM
M11.09	Hydroxyapatite deposition disease, multiple sites	Diagnosis	ICD-10-CM
M11.10	Familial chondrocalcinosis, unspecified site	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M11.111	Familial chondrocalcinosis, right shoulder	Diagnosis	ICD-10-CM
M11.112	Familial chondrocalcinosis, left shoulder	Diagnosis	ICD-10-CM
M11.119	Familial chondrocalcinosis, unspecified shoulder	Diagnosis	ICD-10-CM
M11.121	Familial chondrocalcinosis, right elbow	Diagnosis	ICD-10-CM
M11.122	Familial chondrocalcinosis, left elbow	Diagnosis	ICD-10-CM
M11.129	Familial chondrocalcinosis, unspecified elbow	Diagnosis	ICD-10-CM
M11.131	Familial chondrocalcinosis, right wrist	Diagnosis	ICD-10-CM
M11.132	Familial chondrocalcinosis, left wrist	Diagnosis	ICD-10-CM
M11.139	Familial chondrocalcinosis, unspecified wrist	Diagnosis	ICD-10-CM
M11.141	Familial chondrocalcinosis, right hand	Diagnosis	ICD-10-CM
M11.142	Familial chondrocalcinosis, left hand	Diagnosis	ICD-10-CM
M11.149	Familial chondrocalcinosis, unspecified hand	Diagnosis	ICD-10-CM
M11.151	Familial chondrocalcinosis, right hip	Diagnosis	ICD-10-CM
M11.152	Familial chondrocalcinosis, left hip	Diagnosis	ICD-10-CM
M11.159	Familial chondrocalcinosis, unspecified hip	Diagnosis	ICD-10-CM
M11.161	Familial chondrocalcinosis, right knee	Diagnosis	ICD-10-CM
M11.162	Familial chondrocalcinosis, left knee	Diagnosis	ICD-10-CM
M11.169	Familial chondrocalcinosis, unspecified knee	Diagnosis	ICD-10-CM
M11.171	Familial chondrocalcinosis, right ankle and foot	Diagnosis	ICD-10-CM
M11.172	Familial chondrocalcinosis, left ankle and foot	Diagnosis	ICD-10-CM
M11.179	Familial chondrocalcinosis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M11.18	Familial chondrocalcinosis, vertebrae	Diagnosis	ICD-10-CM
M11.19	Familial chondrocalcinosis, multiple sites	Diagnosis	ICD-10-CM
M11.20	Other chondrocalcinosis, unspecified site	Diagnosis	ICD-10-CM
M11.211	Other chondrocalcinosis, right shoulder	Diagnosis	ICD-10-CM
M11.212	Other chondrocalcinosis, left shoulder	Diagnosis	ICD-10-CM
M11.219	Other chondrocalcinosis, unspecified shoulder	Diagnosis	ICD-10-CM
M11.221	Other chondrocalcinosis, right elbow	Diagnosis	ICD-10-CM
M11.222	Other chondrocalcinosis, left elbow	Diagnosis	ICD-10-CM
M11.229	Other chondrocalcinosis, unspecified elbow	Diagnosis	ICD-10-CM
M11.231	Other chondrocalcinosis, right wrist	Diagnosis	ICD-10-CM
M11.232	Other chondrocalcinosis, left wrist	Diagnosis	ICD-10-CM
M11.239	Other chondrocalcinosis, unspecified wrist	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M11.241	Other chondrocalcinosis, right hand	Diagnosis	ICD-10-CM
M11.242	Other chondrocalcinosis, left hand	Diagnosis	ICD-10-CM
M11.249	Other chondrocalcinosis, unspecified hand	Diagnosis	ICD-10-CM
M11.251	Other chondrocalcinosis, right hip	Diagnosis	ICD-10-CM
M11.252	Other chondrocalcinosis, left hip	Diagnosis	ICD-10-CM
M11.259	Other chondrocalcinosis, unspecified hip	Diagnosis	ICD-10-CM
M11.261	Other chondrocalcinosis, right knee	Diagnosis	ICD-10-CM
M11.262	Other chondrocalcinosis, left knee	Diagnosis	ICD-10-CM
M11.269	Other chondrocalcinosis, unspecified knee	Diagnosis	ICD-10-CM
M11.271	Other chondrocalcinosis, right ankle and foot	Diagnosis	ICD-10-CM
M11.272	Other chondrocalcinosis, left ankle and foot	Diagnosis	ICD-10-CM
M11.279	Other chondrocalcinosis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M11.28	Other chondrocalcinosis, vertebrae	Diagnosis	ICD-10-CM
M11.29	Other chondrocalcinosis, multiple sites	Diagnosis	ICD-10-CM
M11.80	Other specified crystal arthropathies, unspecified site	Diagnosis	ICD-10-CM
M11.811	Other specified crystal arthropathies, right shoulder	Diagnosis	ICD-10-CM
M11.812	Other specified crystal arthropathies, left shoulder	Diagnosis	ICD-10-CM
M11.819	Other specified crystal arthropathies, unspecified shoulder	Diagnosis	ICD-10-CM
M11.821	Other specified crystal arthropathies, right elbow	Diagnosis	ICD-10-CM
M11.822	Other specified crystal arthropathies, left elbow	Diagnosis	ICD-10-CM
M11.829	Other specified crystal arthropathies, unspecified elbow	Diagnosis	ICD-10-CM
M11.831	Other specified crystal arthropathies, right wrist	Diagnosis	ICD-10-CM
M11.832	Other specified crystal arthropathies, left wrist	Diagnosis	ICD-10-CM
M11.839	Other specified crystal arthropathies, unspecified wrist	Diagnosis	ICD-10-CM
M11.841	Other specified crystal arthropathies, right hand	Diagnosis	ICD-10-CM
M11.842	Other specified crystal arthropathies, left hand	Diagnosis	ICD-10-CM
M11.849	Other specified crystal arthropathies, unspecified hand	Diagnosis	ICD-10-CM
M11.851	Other specified crystal arthropathies, right hip	Diagnosis	ICD-10-CM
M11.852	Other specified crystal arthropathies, left hip	Diagnosis	ICD-10-CM
M11.859	Other specified crystal arthropathies, unspecified hip	Diagnosis	ICD-10-CM
M11.861	Other specified crystal arthropathies, right knee	Diagnosis	ICD-10-CM
M11.862	Other specified crystal arthropathies, left knee	Diagnosis	ICD-10-CM
M11.869	Other specified crystal arthropathies, unspecified knee	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M11.871	Other specified crystal arthropathies, right ankle and foot	Diagnosis	ICD-10-CM
M11.872	Other specified crystal arthropathies, left ankle and foot	Diagnosis	ICD-10-CM
M11.879	Other specified crystal arthropathies, unspecified ankle and foot	Diagnosis	ICD-10-CM
M11.88	Other specified crystal arthropathies, vertebrae	Diagnosis	ICD-10-CM
M11.89	Other specified crystal arthropathies, multiple sites	Diagnosis	ICD-10-CM
M11.9	Crystal arthropathy, unspecified	Diagnosis	ICD-10-CM
M1A.00X0	Idiopathic chronic gout, unspecified site, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.00X1	Idiopathic chronic gout, unspecified site, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0110	Idiopathic chronic gout, right shoulder, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0111	Idiopathic chronic gout, right shoulder, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0120	Idiopathic chronic gout, left shoulder, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0121	Idiopathic chronic gout, left shoulder, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0190	Idiopathic chronic gout, unspecified shoulder, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0191	Idiopathic chronic gout, unspecified shoulder, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0210	Idiopathic chronic gout, right elbow, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0211	Idiopathic chronic gout, right elbow, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0220	Idiopathic chronic gout, left elbow, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0221	Idiopathic chronic gout, left elbow, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0290	Idiopathic chronic gout, unspecified elbow, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0291	Idiopathic chronic gout, unspecified elbow, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0310	Idiopathic chronic gout, right wrist, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0311	Idiopathic chronic gout, right wrist, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0320	Idiopathic chronic gout, left wrist, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0321	Idiopathic chronic gout, left wrist, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0390	Idiopathic chronic gout, unspecified wrist, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0391	Idiopathic chronic gout, unspecified wrist, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0410	Idiopathic chronic gout, right hand, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0411	Idiopathic chronic gout, right hand, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0420	Idiopathic chronic gout, left hand, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0421	Idiopathic chronic gout, left hand, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0490	Idiopathic chronic gout, unspecified hand, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0491	Idiopathic chronic gout, unspecified hand, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0510	Idiopathic chronic gout, right hip, without tophus (tophi)	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M1A.0511	Idiopathic chronic gout, right hip, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0520	Idiopathic chronic gout, left hip, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0521	Idiopathic chronic gout, left hip, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0590	Idiopathic chronic gout, unspecified hip, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0591	Idiopathic chronic gout, unspecified hip, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0610	Idiopathic chronic gout, right knee, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0611	Idiopathic chronic gout, right knee, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0620	Idiopathic chronic gout, left knee, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0621	Idiopathic chronic gout, left knee, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0690	Idiopathic chronic gout, unspecified knee, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0691	Idiopathic chronic gout, unspecified knee, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0710	Idiopathic chronic gout, right ankle and foot, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0711	Idiopathic chronic gout, right ankle and foot, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0720	Idiopathic chronic gout, left ankle and foot, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0721	Idiopathic chronic gout, left ankle and foot, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0790	Idiopathic chronic gout, unspecified ankle and foot, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.0791	Idiopathic chronic gout, unspecified ankle and foot, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.08X0	Idiopathic chronic gout, vertebrae, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.08X1	Idiopathic chronic gout, vertebrae, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.09X0	Idiopathic chronic gout, multiple sites, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.09X1	Idiopathic chronic gout, multiple sites, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.20X0	Drug-induced chronic gout, unspecified site, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.20X1	Drug-induced chronic gout, unspecified site, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2110	Drug-induced chronic gout, right shoulder, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2111	Drug-induced chronic gout, right shoulder, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2120	Drug-induced chronic gout, left shoulder, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2121	Drug-induced chronic gout, left shoulder, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2190	Drug-induced chronic gout, unspecified shoulder, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2191	Drug-induced chronic gout, unspecified shoulder, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2210	Drug-induced chronic gout, right elbow, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2211	Drug-induced chronic gout, right elbow, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2220	Drug-induced chronic gout, left elbow, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2221	Drug-induced chronic gout, left elbow, with tophus (tophi)	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M1A.2290	Drug-induced chronic gout, unspecified elbow, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2291	Drug-induced chronic gout, unspecified elbow, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2310	Drug-induced chronic gout, right wrist, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2311	Drug-induced chronic gout, right wrist, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2320	Drug-induced chronic gout, left wrist, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2321	Drug-induced chronic gout, left wrist, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2390	Drug-induced chronic gout, unspecified wrist, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2391	Drug-induced chronic gout, unspecified wrist, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2410	Drug-induced chronic gout, right hand, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2411	Drug-induced chronic gout, right hand, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2420	Drug-induced chronic gout, left hand, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2421	Drug-induced chronic gout, left hand, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2490	Drug-induced chronic gout, unspecified hand, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2491	Drug-induced chronic gout, unspecified hand, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2510	Drug-induced chronic gout, right hip, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2511	Drug-induced chronic gout, right hip, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2520	Drug-induced chronic gout, left hip, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2521	Drug-induced chronic gout, left hip, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2590	Drug-induced chronic gout, unspecified hip, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2591	Drug-induced chronic gout, unspecified hip, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2610	Drug-induced chronic gout, right knee, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2611	Drug-induced chronic gout, right knee, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2620	Drug-induced chronic gout, left knee, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2621	Drug-induced chronic gout, left knee, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2690	Drug-induced chronic gout, unspecified knee, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2691	Drug-induced chronic gout, unspecified knee, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2710	Drug-induced chronic gout, right ankle and foot, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2711	Drug-induced chronic gout, right ankle and foot, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2720	Drug-induced chronic gout, left ankle and foot, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2721	Drug-induced chronic gout, left ankle and foot, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2790	Drug-induced chronic gout, unspecified ankle and foot, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.2791	Drug-induced chronic gout, unspecified ankle and foot, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.28X0	Drug-induced chronic gout, vertebrae, without tophus (tophi)	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M1A.28X1	Drug-induced chronic gout, vertebrae, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.29X0	Drug-induced chronic gout, multiple sites, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.29X1	Drug-induced chronic gout, multiple sites, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.30X0	Chronic gout due to renal impairment, unspecified site, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.30X1	Chronic gout due to renal impairment, unspecified site, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3110	Chronic gout due to renal impairment, right shoulder, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3111	Chronic gout due to renal impairment, right shoulder, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3120	Chronic gout due to renal impairment, left shoulder, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3121	Chronic gout due to renal impairment, left shoulder, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3190	Chronic gout due to renal impairment, unspecified shoulder, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3191	Chronic gout due to renal impairment, unspecified shoulder, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3210	Chronic gout due to renal impairment, right elbow, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3211	Chronic gout due to renal impairment, right elbow, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3220	Chronic gout due to renal impairment, left elbow, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3221	Chronic gout due to renal impairment, left elbow, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3290	Chronic gout due to renal impairment, unspecified elbow, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3291	Chronic gout due to renal impairment, unspecified elbow, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3310	Chronic gout due to renal impairment, right wrist, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3311	Chronic gout due to renal impairment, right wrist, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3320	Chronic gout due to renal impairment, left wrist, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3321	Chronic gout due to renal impairment, left wrist, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3390	Chronic gout due to renal impairment, unspecified wrist, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3391	Chronic gout due to renal impairment, unspecified wrist, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3410	Chronic gout due to renal impairment, right hand, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3411	Chronic gout due to renal impairment, right hand, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3420	Chronic gout due to renal impairment, left hand, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3421	Chronic gout due to renal impairment, left hand, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3490	Chronic gout due to renal impairment, unspecified hand, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3491	Chronic gout due to renal impairment, unspecified hand, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3510	Chronic gout due to renal impairment, right hip, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3511	Chronic gout due to renal impairment, right hip, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3520	Chronic gout due to renal impairment, left hip, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3521	Chronic gout due to renal impairment, left hip, with tophus (tophi)	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M1A.3590	Chronic gout due to renal impairment, unspecified hip, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3591	Chronic gout due to renal impairment, unspecified hip, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3610	Chronic gout due to renal impairment, right knee, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3611	Chronic gout due to renal impairment, right knee, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3620	Chronic gout due to renal impairment, left knee, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3621	Chronic gout due to renal impairment, left knee, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3690	Chronic gout due to renal impairment, unspecified knee, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3691	Chronic gout due to renal impairment, unspecified knee, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3710	Chronic gout due to renal impairment, right ankle and foot, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3711	Chronic gout due to renal impairment, right ankle and foot, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3720	Chronic gout due to renal impairment, left ankle and foot, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3721	Chronic gout due to renal impairment, left ankle and foot, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3790	Chronic gout due to renal impairment, unspecified ankle and foot, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.3791	Chronic gout due to renal impairment, unspecified ankle and foot, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.38X0	Chronic gout due to renal impairment, vertebrae, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.38X1	Chronic gout due to renal impairment, vertebrae, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.39X0	Chronic gout due to renal impairment, multiple sites, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.39X1	Chronic gout due to renal impairment, multiple sites, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.40X0	Other secondary chronic gout, unspecified site, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.40X1	Other secondary chronic gout, unspecified site, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4110	Other secondary chronic gout, right shoulder, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4111	Other secondary chronic gout, right shoulder, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4120	Other secondary chronic gout, left shoulder, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4121	Other secondary chronic gout, left shoulder, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4190	Other secondary chronic gout, unspecified shoulder, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4191	Other secondary chronic gout, unspecified shoulder, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4210	Other secondary chronic gout, right elbow, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4211	Other secondary chronic gout, right elbow, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4220	Other secondary chronic gout, left elbow, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4221	Other secondary chronic gout, left elbow, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4290	Other secondary chronic gout, unspecified elbow, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4291	Other secondary chronic gout, unspecified elbow, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4310	Other secondary chronic gout, right wrist, without tophus (tophi)	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M1A.4311	Other secondary chronic gout, right wrist, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4320	Other secondary chronic gout, left wrist, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4321	Other secondary chronic gout, left wrist, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4390	Other secondary chronic gout, unspecified wrist, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4391	Other secondary chronic gout, unspecified wrist, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4410	Other secondary chronic gout, right hand, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4411	Other secondary chronic gout, right hand, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4420	Other secondary chronic gout, left hand, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4421	Other secondary chronic gout, left hand, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4490	Other secondary chronic gout, unspecified hand, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4491	Other secondary chronic gout, unspecified hand, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4510	Other secondary chronic gout, right hip, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4511	Other secondary chronic gout, right hip, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4520	Other secondary chronic gout, left hip, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4521	Other secondary chronic gout, left hip, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4590	Other secondary chronic gout, unspecified hip, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4591	Other secondary chronic gout, unspecified hip, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4610	Other secondary chronic gout, right knee, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4611	Other secondary chronic gout, right knee, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4620	Other secondary chronic gout, left knee, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4621	Other secondary chronic gout, left knee, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4690	Other secondary chronic gout, unspecified knee, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4691	Other secondary chronic gout, unspecified knee, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4710	Other secondary chronic gout, right ankle and foot, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4711	Other secondary chronic gout, right ankle and foot, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4720	Other secondary chronic gout, left ankle and foot, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4721	Other secondary chronic gout, left ankle and foot, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4790	Other secondary chronic gout, unspecified ankle and foot, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.4791	Other secondary chronic gout, unspecified ankle and foot, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.48X0	Other secondary chronic gout, vertebrae, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.48X1	Other secondary chronic gout, vertebrae, with tophus (tophi)	Diagnosis	ICD-10-CM
M1A.49X0	Other secondary chronic gout, multiple sites, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.49X1	Other secondary chronic gout, multiple sites, with tophus (tophi)	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M1A.9XX0	Chronic gout, unspecified, without tophus (tophi)	Diagnosis	ICD-10-CM
M1A.9XX1	Chronic gout, unspecified, with tophus (tophi)	Diagnosis	ICD-10-CM
<b>Muscle Pain - COVID Severity</b>			
M79.10	Myalgia, unspecified site	Diagnosis	ICD-10-CM
M79.11	Myalgia of mastication muscle	Diagnosis	ICD-10-CM
M79.12	Myalgia of auxiliary muscles, head and neck	Diagnosis	ICD-10-CM
M79.18	Myalgia, other site	Diagnosis	ICD-10-CM
<b>Pregnancy - Gestation Codes</b>			
O48.0	Post-term pregnancy	Diagnosis	ICD-10-CM
O48.1	Prolonged pregnancy	Diagnosis	ICD-10-CM
Z3A.20	20 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.21	21 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.22	22 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.23	23 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.24	24 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.25	25 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.26	26 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.27	27 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.28	28 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.29	29 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.30	30 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.31	31 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.32	32 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.33	33 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.34	34 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.35	35 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.36	36 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.37	37 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.38	38 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.39	39 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.40	40 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.41	41 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A.42	42 weeks gestation of pregnancy	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
Z3A.49	Greater than 42 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
<b>Cough - COVID Severity</b>			
R05	Cough	Diagnosis	ICD-10-CM
<b>Shortness of Breath or Dyspnea - COVID Severity</b>			
R06.0	Dyspnea	Diagnosis	ICD-10-CM
R06.00	Dyspnea, unspecified	Diagnosis	ICD-10-CM
R06.01	Orthopnea	Diagnosis	ICD-10-CM
R06.02	Shortness of breath	Diagnosis	ICD-10-CM
R06.03	Acute respiratory distress	Diagnosis	ICD-10-CM
R06.09	Other forms of dyspnea	Diagnosis	ICD-10-CM
R06.2	Wheezing	Diagnosis	ICD-10-CM
<b>Gastrointestinal Symptoms - COVID Severity</b>			
R10.1	Pain localized to upper abdomen	Diagnosis	ICD-10-CM
R10.10	Upper abdominal pain, unspecified	Diagnosis	ICD-10-CM
R10.11	Right upper quadrant pain	Diagnosis	ICD-10-CM
R10.12	Left upper quadrant pain	Diagnosis	ICD-10-CM
R10.13	Epigastric pain	Diagnosis	ICD-10-CM
R10.84	Generalized abdominal pain	Diagnosis	ICD-10-CM
R11.0	Nausea	Diagnosis	ICD-10-CM
R11.1	Vomiting	Diagnosis	ICD-10-CM
R11.11	Vomiting without nausea	Diagnosis	ICD-10-CM
R11.2	Nausea with vomiting, unspecified	Diagnosis	ICD-10-CM
R19.7	Diarrhea, unspecified	Diagnosis	ICD-10-CM
R63.0	Anorexia	Diagnosis	ICD-10-CM
<b>Loss of Taste/Smell - COVID Severity</b>			
R43.0	Anosmia	Diagnosis	ICD-10-CM
R43.1	Parosmia	Diagnosis	ICD-10-CM
R43.2	Parageusia	Diagnosis	ICD-10-CM
R43.8	Other disturbances of smell and taste	Diagnosis	ICD-10-CM
R43.9	Unspecified disturbances of smell and taste	Diagnosis	ICD-10-CM
<b>Fever - COVID Severity</b>			
R50.81	Fever presenting with conditions classified elsewhere	Diagnosis	ICD-10-CM
R50.9	Fever, unspecified	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
R56.00	Simple febrile convulsions	Diagnosis	ICD-10-CM
<b>Headache - COVID Severity</b>			
R51	Headache	Diagnosis	ICD-10-CM
R51.0	Headache with orthostatic component, not elsewhere classified	Diagnosis	ICD-10-CM
R51.9	Headache, unspecified	Diagnosis	ICD-10-CM
<b>Falls - Frailty</b>			
V00.111A	Fall from in-line roller-skates, initial encounter	Diagnosis	ICD-10-CM
V00.111D	Fall from in-line roller-skates, subsequent encounter	Diagnosis	ICD-10-CM
V00.111S	Fall from in-line roller-skates, sequela	Diagnosis	ICD-10-CM
V00.121A	Fall from non-in-line roller-skates, initial encounter	Diagnosis	ICD-10-CM
V00.121D	Fall from non-in-line roller-skates, subsequent encounter	Diagnosis	ICD-10-CM
V00.121S	Fall from non-in-line roller-skates, sequela	Diagnosis	ICD-10-CM
V00.131A	Fall from skateboard, initial encounter	Diagnosis	ICD-10-CM
V00.131D	Fall from skateboard, subsequent encounter	Diagnosis	ICD-10-CM
V00.131S	Fall from skateboard, sequela	Diagnosis	ICD-10-CM
V00.141A	Fall from scooter (nonmotorized), initial encounter	Diagnosis	ICD-10-CM
V00.141D	Fall from scooter (nonmotorized), subsequent encounter	Diagnosis	ICD-10-CM
V00.141S	Fall from scooter (nonmotorized), sequela	Diagnosis	ICD-10-CM
V00.151A	Fall from heeled shoes, initial encounter	Diagnosis	ICD-10-CM
V00.151D	Fall from heeled shoes, subsequent encounter	Diagnosis	ICD-10-CM
V00.151S	Fall from heeled shoes, sequela	Diagnosis	ICD-10-CM
V00.181A	Fall from other rolling-type pedestrian conveyance, initial encounter	Diagnosis	ICD-10-CM
V00.181D	Fall from other rolling-type pedestrian conveyance, subsequent encounter	Diagnosis	ICD-10-CM
V00.181S	Fall from other rolling-type pedestrian conveyance, sequela	Diagnosis	ICD-10-CM
V00.211A	Fall from ice-skates, initial encounter	Diagnosis	ICD-10-CM
V00.211D	Fall from ice-skates, subsequent encounter	Diagnosis	ICD-10-CM
V00.211S	Fall from ice-skates, sequela	Diagnosis	ICD-10-CM
V00.221A	Fall from sled, initial encounter	Diagnosis	ICD-10-CM
V00.221D	Fall from sled, subsequent encounter	Diagnosis	ICD-10-CM
V00.221S	Fall from sled, sequela	Diagnosis	ICD-10-CM
V00.281A	Fall from other gliding-type pedestrian conveyance, initial encounter	Diagnosis	ICD-10-CM
V00.281D	Fall from other gliding-type pedestrian conveyance, subsequent encounter	Diagnosis	ICD-10-CM
V00.281S	Fall from other gliding-type pedestrian conveyance, sequela	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
V00.311A	Fall from snowboard, initial encounter	Diagnosis	ICD-10-CM
V00.311D	Fall from snowboard, subsequent encounter	Diagnosis	ICD-10-CM
V00.311S	Fall from snowboard, sequela	Diagnosis	ICD-10-CM
V00.321A	Fall from snow-skis, initial encounter	Diagnosis	ICD-10-CM
V00.321D	Fall from snow-skis, subsequent encounter	Diagnosis	ICD-10-CM
V00.321S	Fall from snow-skis, sequela	Diagnosis	ICD-10-CM
V00.381A	Fall from other flat-bottomed pedestrian conveyance, initial encounter	Diagnosis	ICD-10-CM
V00.381D	Fall from other flat-bottomed pedestrian conveyance, subsequent encounter	Diagnosis	ICD-10-CM
V00.381S	Fall from other flat-bottomed pedestrian conveyance, sequela	Diagnosis	ICD-10-CM
V00.811A	Fall from moving wheelchair (powered), initial encounter	Diagnosis	ICD-10-CM
V00.811D	Fall from moving wheelchair (powered), subsequent encounter	Diagnosis	ICD-10-CM
V00.811S	Fall from moving wheelchair (powered), sequela	Diagnosis	ICD-10-CM
V00.821A	Fall from baby stroller, initial encounter	Diagnosis	ICD-10-CM
V00.821D	Fall from baby stroller, subsequent encounter	Diagnosis	ICD-10-CM
V00.821S	Fall from baby stroller, sequela	Diagnosis	ICD-10-CM
V00.831A	Fall from motorized mobility scooter, initial encounter	Diagnosis	ICD-10-CM
V00.831D	Fall from motorized mobility scooter, subsequent encounter	Diagnosis	ICD-10-CM
V00.831S	Fall from motorized mobility scooter, sequela	Diagnosis	ICD-10-CM
V00.891A	Fall from other pedestrian conveyance, initial encounter	Diagnosis	ICD-10-CM
V00.891D	Fall from other pedestrian conveyance, subsequent encounter	Diagnosis	ICD-10-CM
V00.891S	Fall from other pedestrian conveyance, sequela	Diagnosis	ICD-10-CM
W00.0XXA	Fall on same level due to ice and snow, initial encounter	Diagnosis	ICD-10-CM
W00.0XXD	Fall on same level due to ice and snow, subsequent encounter	Diagnosis	ICD-10-CM
W00.0XXS	Fall on same level due to ice and snow, sequela	Diagnosis	ICD-10-CM
W00.1XXA	Fall from stairs and steps due to ice and snow, initial encounter	Diagnosis	ICD-10-CM
W00.1XXD	Fall from stairs and steps due to ice and snow, subsequent encounter	Diagnosis	ICD-10-CM
W00.1XXS	Fall from stairs and steps due to ice and snow, sequela	Diagnosis	ICD-10-CM
W00.2XXA	Other fall from one level to another due to ice and snow, initial encounter	Diagnosis	ICD-10-CM
W00.2XXD	Other fall from one level to another due to ice and snow, subsequent encounter	Diagnosis	ICD-10-CM
W00.2XXS	Other fall from one level to another due to ice and snow, sequela	Diagnosis	ICD-10-CM
W00.9XXA	Unspecified fall due to ice and snow, initial encounter	Diagnosis	ICD-10-CM
W00.9XXD	Unspecified fall due to ice and snow, subsequent encounter	Diagnosis	ICD-10-CM
W00.9XXS	Unspecified fall due to ice and snow, sequela	Diagnosis	ICD-10-CM

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
W01.0XXA	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, initial encounter	Diagnosis	ICD-10-CM
W01.0XXD	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter	Diagnosis	ICD-10-CM
W01.0XXS	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, sequela	Diagnosis	ICD-10-CM
W01.10XA	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, initial encounter	Diagnosis	ICD-10-CM
W01.10XD	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, subsequent encounter	Diagnosis	ICD-10-CM
W01.10XS	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, sequela	Diagnosis	ICD-10-CM
W01.110A	Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, initial encounter	Diagnosis	ICD-10-CM
W01.110D	Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, subsequent encounter	Diagnosis	ICD-10-CM
W01.110S	Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, sequela	Diagnosis	ICD-10-CM
W01.111A	Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, initial encounter	Diagnosis	ICD-10-CM
W01.111D	Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, subsequent encounter	Diagnosis	ICD-10-CM
W01.111S	Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, sequela	Diagnosis	ICD-10-CM
W01.118A	Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, initial encounter	Diagnosis	ICD-10-CM
W01.118D	Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, subsequent encounter	Diagnosis	ICD-10-CM
W01.118S	Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, sequela	Diagnosis	ICD-10-CM
W01.119A	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, initial encounter	Diagnosis	ICD-10-CM
W01.119D	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, subsequent encounter	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
W01.119S	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, sequela	Diagnosis	ICD-10-CM
W01.190A	Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, initial encounter	Diagnosis	ICD-10-CM
W01.190D	Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, subsequent encounter	Diagnosis	ICD-10-CM
W01.190S	Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, sequela	Diagnosis	ICD-10-CM
W01.198A	Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, initial encounter	Diagnosis	ICD-10-CM
W01.198D	Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, subsequent encounter	Diagnosis	ICD-10-CM
W01.198S	Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, sequela	Diagnosis	ICD-10-CM
W03.XXXA	Other fall on same level due to collision with another person, initial encounter	Diagnosis	ICD-10-CM
W03.XXXD	Other fall on same level due to collision with another person, subsequent encounter	Diagnosis	ICD-10-CM
W03.XXXS	Other fall on same level due to collision with another person, sequela	Diagnosis	ICD-10-CM
W04.XXXA	Fall while being carried or supported by other persons, initial encounter	Diagnosis	ICD-10-CM
W04.XXXD	Fall while being carried or supported by other persons, subsequent encounter	Diagnosis	ICD-10-CM
W04.XXXS	Fall while being carried or supported by other persons, sequela	Diagnosis	ICD-10-CM
W05.0XXA	Fall from non-moving wheelchair, initial encounter	Diagnosis	ICD-10-CM
W05.0XXD	Fall from non-moving wheelchair, subsequent encounter	Diagnosis	ICD-10-CM
W05.0XXS	Fall from non-moving wheelchair, sequela	Diagnosis	ICD-10-CM
W05.1XXA	Fall from non-moving nonmotorized scooter, initial encounter	Diagnosis	ICD-10-CM
W05.1XXD	Fall from non-moving nonmotorized scooter, subsequent encounter	Diagnosis	ICD-10-CM
W05.1XXS	Fall from non-moving nonmotorized scooter, sequela	Diagnosis	ICD-10-CM
W05.2XXA	Fall from non-moving motorized mobility scooter, initial encounter	Diagnosis	ICD-10-CM
W05.2XXD	Fall from non-moving motorized mobility scooter, subsequent encounter	Diagnosis	ICD-10-CM
W05.2XXS	Fall from non-moving motorized mobility scooter, sequela	Diagnosis	ICD-10-CM
W06.XXXA	Fall from bed, initial encounter	Diagnosis	ICD-10-CM
W06.XXXD	Fall from bed, subsequent encounter	Diagnosis	ICD-10-CM
W06.XXXS	Fall from bed, sequela	Diagnosis	ICD-10-CM
W07.XXXA	Fall from chair, initial encounter	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
W07.XXXD	Fall from chair, subsequent encounter	Diagnosis	ICD-10-CM
W07.XXXS	Fall from chair, sequela	Diagnosis	ICD-10-CM
W08.XXXA	Fall from other furniture, initial encounter	Diagnosis	ICD-10-CM
W08.XXXD	Fall from other furniture, subsequent encounter	Diagnosis	ICD-10-CM
W08.XXXS	Fall from other furniture, sequela	Diagnosis	ICD-10-CM
W09.0XXA	Fall on or from playground slide, initial encounter	Diagnosis	ICD-10-CM
W09.0XXD	Fall on or from playground slide, subsequent encounter	Diagnosis	ICD-10-CM
W09.0XXS	Fall on or from playground slide, sequela	Diagnosis	ICD-10-CM
W09.1XXA	Fall from playground swing, initial encounter	Diagnosis	ICD-10-CM
W09.1XXD	Fall from playground swing, subsequent encounter	Diagnosis	ICD-10-CM
W09.1XXS	Fall from playground swing, sequela	Diagnosis	ICD-10-CM
W09.2XXA	Fall on or from jungle gym, initial encounter	Diagnosis	ICD-10-CM
W09.2XXD	Fall on or from jungle gym, subsequent encounter	Diagnosis	ICD-10-CM
W09.2XXS	Fall on or from jungle gym, sequela	Diagnosis	ICD-10-CM
W09.8XXA	Fall on or from other playground equipment, initial encounter	Diagnosis	ICD-10-CM
W09.8XXD	Fall on or from other playground equipment, subsequent encounter	Diagnosis	ICD-10-CM
W09.8XXS	Fall on or from other playground equipment, sequela	Diagnosis	ICD-10-CM
W10.0XXA	Fall (on)(from) escalator, initial encounter	Diagnosis	ICD-10-CM
W10.0XXD	Fall (on)(from) escalator, subsequent encounter	Diagnosis	ICD-10-CM
W10.0XXS	Fall (on)(from) escalator, sequela	Diagnosis	ICD-10-CM
W10.1XXA	Fall (on)(from) sidewalk curb, initial encounter	Diagnosis	ICD-10-CM
W10.1XXD	Fall (on)(from) sidewalk curb, subsequent encounter	Diagnosis	ICD-10-CM
W10.1XXS	Fall (on)(from) sidewalk curb, sequela	Diagnosis	ICD-10-CM
W10.2XXA	Fall (on)(from) incline, initial encounter	Diagnosis	ICD-10-CM
W10.2XXD	Fall (on)(from) incline, subsequent encounter	Diagnosis	ICD-10-CM
W10.2XXS	Fall (on)(from) incline, sequela	Diagnosis	ICD-10-CM
W10.8XXA	Fall (on) (from) other stairs and steps, initial encounter	Diagnosis	ICD-10-CM
W10.8XXD	Fall (on) (from) other stairs and steps, subsequent encounter	Diagnosis	ICD-10-CM
W10.8XXS	Fall (on) (from) other stairs and steps, sequela	Diagnosis	ICD-10-CM
W10.9XXA	Fall (on) (from) unspecified stairs and steps, initial encounter	Diagnosis	ICD-10-CM
W10.9XXD	Fall (on) (from) unspecified stairs and steps, subsequent encounter	Diagnosis	ICD-10-CM
W10.9XXS	Fall (on) (from) unspecified stairs and steps, sequela	Diagnosis	ICD-10-CM
W11.XXXA	Fall on and from ladder, initial encounter	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
W11.XXXD	Fall on and from ladder, subsequent encounter	Diagnosis	ICD-10-CM
W11.XXXS	Fall on and from ladder, sequela	Diagnosis	ICD-10-CM
W12.XXXA	Fall on and from scaffolding, initial encounter	Diagnosis	ICD-10-CM
W12.XXXD	Fall on and from scaffolding, subsequent encounter	Diagnosis	ICD-10-CM
W12.XXXS	Fall on and from scaffolding, sequela	Diagnosis	ICD-10-CM
W13.0XXA	Fall from, out of or through balcony, initial encounter	Diagnosis	ICD-10-CM
W13.0XXD	Fall from, out of or through balcony, subsequent encounter	Diagnosis	ICD-10-CM
W13.0XXS	Fall from, out of or through balcony, sequela	Diagnosis	ICD-10-CM
W13.1XXA	Fall from, out of or through bridge, initial encounter	Diagnosis	ICD-10-CM
W13.1XXD	Fall from, out of or through bridge, subsequent encounter	Diagnosis	ICD-10-CM
W13.1XXS	Fall from, out of or through bridge, sequela	Diagnosis	ICD-10-CM
W13.2XXA	Fall from, out of or through roof, initial encounter	Diagnosis	ICD-10-CM
W13.2XXD	Fall from, out of or through roof, subsequent encounter	Diagnosis	ICD-10-CM
W13.2XXS	Fall from, out of or through roof, sequela	Diagnosis	ICD-10-CM
W13.3XXA	Fall through floor, initial encounter	Diagnosis	ICD-10-CM
W13.3XXD	Fall through floor, subsequent encounter	Diagnosis	ICD-10-CM
W13.3XXS	Fall through floor, sequela	Diagnosis	ICD-10-CM
W13.4XXA	Fall from, out of or through window, initial encounter	Diagnosis	ICD-10-CM
W13.4XXD	Fall from, out of or through window, subsequent encounter	Diagnosis	ICD-10-CM
W13.4XXS	Fall from, out of or through window, sequela	Diagnosis	ICD-10-CM
W13.8XXA	Fall from, out of or through other building or structure, initial encounter	Diagnosis	ICD-10-CM
W13.8XXD	Fall from, out of or through other building or structure, subsequent encounter	Diagnosis	ICD-10-CM
W13.8XXS	Fall from, out of or through other building or structure, sequela	Diagnosis	ICD-10-CM
W13.9XXA	Fall from, out of or through building, not otherwise specified, initial encounter	Diagnosis	ICD-10-CM
W13.9XXD	Fall from, out of or through building, not otherwise specified, subsequent encounter	Diagnosis	ICD-10-CM
W13.9XXS	Fall from, out of or through building, not otherwise specified, sequela	Diagnosis	ICD-10-CM
W14.XXXA	Fall from tree, initial encounter	Diagnosis	ICD-10-CM
W14.XXXD	Fall from tree, subsequent encounter	Diagnosis	ICD-10-CM
W14.XXXS	Fall from tree, sequela	Diagnosis	ICD-10-CM
W15.XXXA	Fall from cliff, initial encounter	Diagnosis	ICD-10-CM
W15.XXXD	Fall from cliff, subsequent encounter	Diagnosis	ICD-10-CM
W15.XXXS	Fall from cliff, sequela	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
W16.011A	Fall into swimming pool striking water surface causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.011D	Fall into swimming pool striking water surface causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.011S	Fall into swimming pool striking water surface causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.012A	Fall into swimming pool striking water surface causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.012D	Fall into swimming pool striking water surface causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.012S	Fall into swimming pool striking water surface causing other injury, sequela	Diagnosis	ICD-10-CM
W16.021A	Fall into swimming pool striking bottom causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.021D	Fall into swimming pool striking bottom causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.021S	Fall into swimming pool striking bottom causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.022A	Fall into swimming pool striking bottom causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.022D	Fall into swimming pool striking bottom causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.022S	Fall into swimming pool striking bottom causing other injury, sequela	Diagnosis	ICD-10-CM
W16.031A	Fall into swimming pool striking wall causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.031D	Fall into swimming pool striking wall causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.031S	Fall into swimming pool striking wall causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.032A	Fall into swimming pool striking wall causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.032D	Fall into swimming pool striking wall causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.032S	Fall into swimming pool striking wall causing other injury, sequela	Diagnosis	ICD-10-CM
W16.111A	Fall into natural body of water striking water surface causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.111D	Fall into natural body of water striking water surface causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.111S	Fall into natural body of water striking water surface causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.112A	Fall into natural body of water striking water surface causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.112D	Fall into natural body of water striking water surface causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.112S	Fall into natural body of water striking water surface causing other injury, sequela	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
W16.121A	Fall into natural body of water striking bottom causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.121D	Fall into natural body of water striking bottom causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.121S	Fall into natural body of water striking bottom causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.122A	Fall into natural body of water striking bottom causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.122D	Fall into natural body of water striking bottom causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.122S	Fall into natural body of water striking bottom causing other injury, sequela	Diagnosis	ICD-10-CM
W16.131A	Fall into natural body of water striking side causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.131D	Fall into natural body of water striking side causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.131S	Fall into natural body of water striking side causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.132A	Fall into natural body of water striking side causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.132D	Fall into natural body of water striking side causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.132S	Fall into natural body of water striking side causing other injury, sequela	Diagnosis	ICD-10-CM
W16.211A	Fall in (into) filled bathtub causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.211D	Fall in (into) filled bathtub causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.211S	Fall in (into) filled bathtub causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.212A	Fall in (into) filled bathtub causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.212D	Fall in (into) filled bathtub causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.212S	Fall in (into) filled bathtub causing other injury, sequela	Diagnosis	ICD-10-CM
W16.221A	Fall in (into) bucket of water causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.221D	Fall in (into) bucket of water causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.221S	Fall in (into) bucket of water causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.222A	Fall in (into) bucket of water causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.222D	Fall in (into) bucket of water causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.222S	Fall in (into) bucket of water causing other injury, sequela	Diagnosis	ICD-10-CM
W16.311A	Fall into other water striking water surface causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.311D	Fall into other water striking water surface causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.311S	Fall into other water striking water surface causing drowning and submersion, sequela	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
W16.312A	Fall into other water striking water surface causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.312D	Fall into other water striking water surface causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.312S	Fall into other water striking water surface causing other injury, sequela	Diagnosis	ICD-10-CM
W16.321A	Fall into other water striking bottom causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.321D	Fall into other water striking bottom causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.321S	Fall into other water striking bottom causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.322A	Fall into other water striking bottom causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.322D	Fall into other water striking bottom causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.322S	Fall into other water striking bottom causing other injury, sequela	Diagnosis	ICD-10-CM
W16.331A	Fall into other water striking wall causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.331D	Fall into other water striking wall causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.331S	Fall into other water striking wall causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.332A	Fall into other water striking wall causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.332D	Fall into other water striking wall causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.332S	Fall into other water striking wall causing other injury, sequela	Diagnosis	ICD-10-CM
W16.41XA	Fall into unspecified water causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.41XD	Fall into unspecified water causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.41XS	Fall into unspecified water causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.42XA	Fall into unspecified water causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.42XD	Fall into unspecified water causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.42XS	Fall into unspecified water causing other injury, sequela	Diagnosis	ICD-10-CM
W16.511A	Jumping or diving into swimming pool striking water surface causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.511D	Jumping or diving into swimming pool striking water surface causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.511S	Jumping or diving into swimming pool striking water surface causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.512A	Jumping or diving into swimming pool striking water surface causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.512D	Jumping or diving into swimming pool striking water surface causing other injury, subsequent encounter	Diagnosis	ICD-10-CM



**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
W16.512S	Jumping or diving into swimming pool striking water surface causing other injury, sequela	Diagnosis	ICD-10-CM
W16.521A	Jumping or diving into swimming pool striking bottom causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.521D	Jumping or diving into swimming pool striking bottom causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.521S	Jumping or diving into swimming pool striking bottom causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.522A	Jumping or diving into swimming pool striking bottom causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.522D	Jumping or diving into swimming pool striking bottom causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.522S	Jumping or diving into swimming pool striking bottom causing other injury, sequela	Diagnosis	ICD-10-CM
W16.531A	Jumping or diving into swimming pool striking wall causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.531D	Jumping or diving into swimming pool striking wall causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.531S	Jumping or diving into swimming pool striking wall causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.532A	Jumping or diving into swimming pool striking wall causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.532D	Jumping or diving into swimming pool striking wall causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.532S	Jumping or diving into swimming pool striking wall causing other injury, sequela	Diagnosis	ICD-10-CM
W16.611A	Jumping or diving into natural body of water striking water surface causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.611D	Jumping or diving into natural body of water striking water surface causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.611S	Jumping or diving into natural body of water striking water surface causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.612A	Jumping or diving into natural body of water striking water surface causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.612D	Jumping or diving into natural body of water striking water surface causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.612S	Jumping or diving into natural body of water striking water surface causing other injury, sequela	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
W16.621A	Jumping or diving into natural body of water striking bottom causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.621D	Jumping or diving into natural body of water striking bottom causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.621S	Jumping or diving into natural body of water striking bottom causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.622A	Jumping or diving into natural body of water striking bottom causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.622D	Jumping or diving into natural body of water striking bottom causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.622S	Jumping or diving into natural body of water striking bottom causing other injury, sequela	Diagnosis	ICD-10-CM
W16.711A	Jumping or diving from boat striking water surface causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.711D	Jumping or diving from boat striking water surface causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.711S	Jumping or diving from boat striking water surface causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.712A	Jumping or diving from boat striking water surface causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.712D	Jumping or diving from boat striking water surface causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.712S	Jumping or diving from boat striking water surface causing other injury, sequela	Diagnosis	ICD-10-CM
W16.721A	Jumping or diving from boat striking bottom causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.721D	Jumping or diving from boat striking bottom causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.721S	Jumping or diving from boat striking bottom causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.722A	Jumping or diving from boat striking bottom causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.722D	Jumping or diving from boat striking bottom causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.722S	Jumping or diving from boat striking bottom causing other injury, sequela	Diagnosis	ICD-10-CM
W16.811A	Jumping or diving into other water striking water surface causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.811D	Jumping or diving into other water striking water surface causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
W16.811S	Jumping or diving into other water striking water surface causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.812A	Jumping or diving into other water striking water surface causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.812D	Jumping or diving into other water striking water surface causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.812S	Jumping or diving into other water striking water surface causing other injury, sequela	Diagnosis	ICD-10-CM
W16.821A	Jumping or diving into other water striking bottom causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.821D	Jumping or diving into other water striking bottom causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.821S	Jumping or diving into other water striking bottom causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.822A	Jumping or diving into other water striking bottom causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.822D	Jumping or diving into other water striking bottom causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.822S	Jumping or diving into other water striking bottom causing other injury, sequela	Diagnosis	ICD-10-CM
W16.831A	Jumping or diving into other water striking wall causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.831D	Jumping or diving into other water striking wall causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.831S	Jumping or diving into other water striking wall causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.832A	Jumping or diving into other water striking wall causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.832D	Jumping or diving into other water striking wall causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.832S	Jumping or diving into other water striking wall causing other injury, sequela	Diagnosis	ICD-10-CM
W16.91XA	Jumping or diving into unspecified water causing drowning and submersion, initial encounter	Diagnosis	ICD-10-CM
W16.91XD	Jumping or diving into unspecified water causing drowning and submersion, subsequent encounter	Diagnosis	ICD-10-CM
W16.91XS	Jumping or diving into unspecified water causing drowning and submersion, sequela	Diagnosis	ICD-10-CM
W16.92XA	Jumping or diving into unspecified water causing other injury, initial encounter	Diagnosis	ICD-10-CM
W16.92XD	Jumping or diving into unspecified water causing other injury, subsequent encounter	Diagnosis	ICD-10-CM
W16.92XS	Jumping or diving into unspecified water causing other injury, sequela	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
W17.0XXA	Fall into well, initial encounter	Diagnosis	ICD-10-CM
W17.0XXD	Fall into well, subsequent encounter	Diagnosis	ICD-10-CM
W17.0XXS	Fall into well, sequela	Diagnosis	ICD-10-CM
W17.1XXA	Fall into storm drain or manhole, initial encounter	Diagnosis	ICD-10-CM
W17.1XXD	Fall into storm drain or manhole, subsequent encounter	Diagnosis	ICD-10-CM
W17.1XXS	Fall into storm drain or manhole, sequela	Diagnosis	ICD-10-CM
W17.2XXA	Fall into hole, initial encounter	Diagnosis	ICD-10-CM
W17.2XXD	Fall into hole, subsequent encounter	Diagnosis	ICD-10-CM
W17.2XXS	Fall into hole, sequela	Diagnosis	ICD-10-CM
W17.3XXA	Fall into empty swimming pool, initial encounter	Diagnosis	ICD-10-CM
W17.3XXD	Fall into empty swimming pool, subsequent encounter	Diagnosis	ICD-10-CM
W17.3XXS	Fall into empty swimming pool, sequela	Diagnosis	ICD-10-CM
W17.4XXA	Fall from dock, initial encounter	Diagnosis	ICD-10-CM
W17.4XXD	Fall from dock, subsequent encounter	Diagnosis	ICD-10-CM
W17.4XXS	Fall from dock, sequela	Diagnosis	ICD-10-CM
W17.81XA	Fall down embankment (hill), initial encounter	Diagnosis	ICD-10-CM
W17.81XD	Fall down embankment (hill), subsequent encounter	Diagnosis	ICD-10-CM
W17.81XS	Fall down embankment (hill), sequela	Diagnosis	ICD-10-CM
W17.82XA	Fall from (out of) grocery cart, initial encounter	Diagnosis	ICD-10-CM
W17.82XD	Fall from (out of) grocery cart, subsequent encounter	Diagnosis	ICD-10-CM
W17.82XS	Fall from (out of) grocery cart, sequela	Diagnosis	ICD-10-CM
W17.89XA	Other fall from one level to another, initial encounter	Diagnosis	ICD-10-CM
W17.89XD	Other fall from one level to another, subsequent encounter	Diagnosis	ICD-10-CM
W17.89XS	Other fall from one level to another, sequela	Diagnosis	ICD-10-CM
W18.00XA	Striking against unspecified object with subsequent fall, initial encounter	Diagnosis	ICD-10-CM
W18.00XD	Striking against unspecified object with subsequent fall, subsequent encounter	Diagnosis	ICD-10-CM
W18.00XS	Striking against unspecified object with subsequent fall, sequela	Diagnosis	ICD-10-CM
W18.01XA	Striking against sports equipment with subsequent fall, initial encounter	Diagnosis	ICD-10-CM
W18.01XD	Striking against sports equipment with subsequent fall, subsequent encounter	Diagnosis	ICD-10-CM
W18.01XS	Striking against sports equipment with subsequent fall, sequela	Diagnosis	ICD-10-CM
W18.02XA	Striking against glass with subsequent fall, initial encounter	Diagnosis	ICD-10-CM
W18.02XD	Striking against glass with subsequent fall, subsequent encounter	Diagnosis	ICD-10-CM
W18.02XS	Striking against glass with subsequent fall, sequela	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
W18.09XA	Striking against other object with subsequent fall, initial encounter	Diagnosis	ICD-10-CM
W18.09XD	Striking against other object with subsequent fall, subsequent encounter	Diagnosis	ICD-10-CM
W18.09XS	Striking against other object with subsequent fall, sequela	Diagnosis	ICD-10-CM
W18.11XA	Fall from or off toilet without subsequent striking against object, initial encounter	Diagnosis	ICD-10-CM
W18.11XD	Fall from or off toilet without subsequent striking against object, subsequent encounter	Diagnosis	ICD-10-CM
W18.11XS	Fall from or off toilet without subsequent striking against object, sequela	Diagnosis	ICD-10-CM
W18.12XA	Fall from or off toilet with subsequent striking against object, initial encounter	Diagnosis	ICD-10-CM
W18.12XD	Fall from or off toilet with subsequent striking against object, subsequent encounter	Diagnosis	ICD-10-CM
W18.12XS	Fall from or off toilet with subsequent striking against object, sequela	Diagnosis	ICD-10-CM
W18.2XXA	Fall in (into) shower or empty bathtub, initial encounter	Diagnosis	ICD-10-CM
W18.2XXD	Fall in (into) shower or empty bathtub, subsequent encounter	Diagnosis	ICD-10-CM
W18.2XXS	Fall in (into) shower or empty bathtub, sequela	Diagnosis	ICD-10-CM
W18.30XA	Fall on same level, unspecified, initial encounter	Diagnosis	ICD-10-CM
W18.30XD	Fall on same level, unspecified, subsequent encounter	Diagnosis	ICD-10-CM
W18.30XS	Fall on same level, unspecified, sequela	Diagnosis	ICD-10-CM
W18.31XA	Fall on same level due to stepping on an object, initial encounter	Diagnosis	ICD-10-CM
W18.31XD	Fall on same level due to stepping on an object, subsequent encounter	Diagnosis	ICD-10-CM
W18.31XS	Fall on same level due to stepping on an object, sequela	Diagnosis	ICD-10-CM
W18.39XA	Other fall on same level, initial encounter	Diagnosis	ICD-10-CM
W18.39XD	Other fall on same level, subsequent encounter	Diagnosis	ICD-10-CM
W18.39XS	Other fall on same level, sequela	Diagnosis	ICD-10-CM
W19.XXXA	Unspecified fall, initial encounter	Diagnosis	ICD-10-CM
W19.XXXD	Unspecified fall, subsequent encounter	Diagnosis	ICD-10-CM
W19.XXXS	Unspecified fall, sequela	Diagnosis	ICD-10-CM
Y01.XXXA	Assault by pushing from high place, initial encounter	Diagnosis	ICD-10-CM
Y01.XXXD	Assault by pushing from high place, subsequent encounter	Diagnosis	ICD-10-CM
Y01.XXXS	Assault by pushing from high place, sequela	Diagnosis	ICD-10-CM
Y30.XXXA	Falling, jumping or pushed from a high place, undetermined intent, initial encounter	Diagnosis	ICD-10-CM
Y30.XXXD	Falling, jumping or pushed from a high place, undetermined intent, subsequent encounter	Diagnosis	ICD-10-CM
Y30.XXXS	Falling, jumping or pushed from a high place, undetermined intent, sequela	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
XW033E5	Introduction of Remdesivir Anti-infective into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW043E5	Introduction of Remdesivir Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
<b>Baricitinib</b>			
XW0DXM6	Introduction of Baricitinib into Mouth and Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS
XW0G7M6	Introduction of Baricitinib into Upper GI, Via Natural or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS
XW0H7M6	Introduction of Baricitinib into Lower GI, Via Natural or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS
<b>BMI - Underweight</b>			
Z68.1	Body mass index (BMI) 19 or less, adult	Diagnosis	ICD-10-CM
Z68.51	Body mass index (BMI) pediatric, less than 5th percentile for age	Diagnosis	ICD-10-CM
<b>BMI - Normal Weight</b>			
Z68.20	Body mass index (BMI) 20.0-20.9, adult	Diagnosis	ICD-10-CM
Z68.21	Body mass index (BMI) 21.0-21.9, adult	Diagnosis	ICD-10-CM
Z68.22	Body mass index (BMI) 22.0-22.9, adult	Diagnosis	ICD-10-CM
Z68.23	Body mass index (BMI) 23.0-23.9, adult	Diagnosis	ICD-10-CM
Z68.24	Body mass index (BMI) 24.0-24.9, adult	Diagnosis	ICD-10-CM
Z68.52	Body mass index (BMI) pediatric, 5th percentile to less than 85th percentile for age	Diagnosis	ICD-10-CM
<b>BMI - Overweight</b>			
Z68.25	Body mass index (BMI) 25.0-25.9, adult	Diagnosis	ICD-10-CM
Z68.26	Body mass index (BMI) 26.0-26.9, adult	Diagnosis	ICD-10-CM
Z68.27	Body mass index (BMI) 27.0-27.9, adult	Diagnosis	ICD-10-CM
Z68.28	Body mass index (BMI) 28.0-28.9, adult	Diagnosis	ICD-10-CM
Z68.29	Body mass index (BMI) 29.0-29.9, adult	Diagnosis	ICD-10-CM
Z68.53	Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age	Diagnosis	ICD-10-CM
<b>BMI - Obese</b>			
Z68.30	Body mass index (BMI) 30.0-30.9, adult	Diagnosis	ICD-10-CM
Z68.31	Body mass index (BMI) 31.0-31.9, adult	Diagnosis	ICD-10-CM
Z68.32	Body mass index (BMI) 32.0-32.9, adult	Diagnosis	ICD-10-CM
Z68.33	Body mass index (BMI) 33.0-33.9, adult	Diagnosis	ICD-10-CM

**Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Revenue Procedure Codes (RE), and Diagnosis Related Group (DRG) Encounter Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
Z68.34	Body mass index (BMI) 34.0-34.9, adult	Diagnosis	ICD-10-CM
Z68.35	Body mass index (BMI) 35.0-35.9, adult	Diagnosis	ICD-10-CM
Z68.36	Body mass index (BMI) 36.0-36.9, adult	Diagnosis	ICD-10-CM
Z68.37	Body mass index (BMI) 37.0-37.9, adult	Diagnosis	ICD-10-CM
Z68.38	Body mass index (BMI) 38.0-38.9, adult	Diagnosis	ICD-10-CM
Z68.39	Body mass index (BMI) 39.0-39.9, adult	Diagnosis	ICD-10-CM
Z68.41	Body mass index (BMI) 40.0-44.9, adult	Diagnosis	ICD-10-CM
Z68.42	Body mass index (BMI) 45.0-49.9, adult	Diagnosis	ICD-10-CM
Z68.43	Body mass index (BMI) 50.0-59.9, adult	Diagnosis	ICD-10-CM
Z68.44	Body mass index (BMI) 60.0-69.9, adult	Diagnosis	ICD-10-CM
Z68.45	Body mass index (BMI) 70 or greater, adult	Diagnosis	ICD-10-CM
Z68.54	Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age	Diagnosis	ICD-10-CM

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
<b>Immunosuppressants</b>	
ABATACEPT	ORENCIA
ABATACEPT	ORENCIA CLICKJET
ADALIMUMAB	HUMIRA
ADALIMUMAB	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK
ADALIMUMAB	HUMIRA PEN
ADALIMUMAB	HUMIRA PEN-CD/UC/HS STARTER
ADALIMUMAB	HUMIRA PEN-PSORIASIS STARTER
ANAKINRA	KINERET
ANTI/THYMOCYTE	THYMOGLOBULIN
APREMILAST	OTEZLA
AURANOFIN	RIDAURA
AUROTHIOGLUCOSE	AUROTHIOGLUCOSE
AUROTHIOGLUCOSE	SOLGANAL
AZATHIOPRINE	AZASAN
AZATHIOPRINE	AZATHIOPRINE
AZATHIOPRINE	AZATHIOPRINE SODIUM
AZATHIOPRINE	IMURAN
BASILIXIMAB	SIMULECT
BELATACEPT	NULOJIX
BELIMUMAB	BENLYSTA
CANAKINUMAB	ILARIS
CYCLOSPORINE	CYCLOSPORINE
CYCLOSPORINE	SANDIMMUNE
CYCLOSPORINE MODIFIED	CYCLOSPORINE MODIFIED
CYCLOSPORINE MODIFIED	GENGRAF
CYCLOSPORINE MODIFIED	NEORAL
DACLIZUMAB	ZENAPAX
EMAPALUMAB/LZSG	GAMIFANT
ETANERCEPT	ENBREL
ETANERCEPT	ENBREL MINI
ETANERCEPT	ENBREL SURECLICK
EVEROLIMUS	ZORTRESS
FINGOLIMOD HYDROCHLORIDE	GILENYA
GOLD SODIUM THIOMALATE	GOLD SODIUM THIOMALATE
GOLD SODIUM THIOMALATE	MYOCHRSINE
GOLIMUMAB	SIMPONI
GOLIMUMAB	SIMPONI ARIA
INEBILIZUMAB/CDON	UPLIZNA
LEFLUNOMIDE	ARAVA
LEFLUNOMIDE	LEFLUNOMIDE
LENALIDOMIDE	REVLIMID
LYMPHOCYTE IMMUNE GLOBULIN ANTI/THYMOCYTE G	ATGAM
METHOTREXATE	RASUVO
METHOTREXATE	REDITREX
METHOTREXATE/PF	OTREXUP



**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
MUROMONAB CD3	ORTHOCLONE OKT3
MYCOPHENOLATE MOFETIL	CELLCEPT
MYCOPHENOLATE MOFETIL	MYCOPHENOLATE MOFETIL
MYCOPHENOLATE MOFETIL HCL	CELLCEPT INTRAVENOUS
MYCOPHENOLATE MOFETIL HCL	MYCOPHENOLATE MOFETIL
MYCOPHENOLATE SODIUM	MYCOPHENOLIC ACID DR
MYCOPHENOLATE SODIUM	MYFORTIC
RILONACEPT	ARCALYST
SARILUMAB SUBCUTANEOUS	KEVZARA
SATRALIZUMAB/MWGE	ENSPRYNG
SIROLIMUS	RAPAMUNE
SIROLIMUS	SIROLIMUS
TACROLIMUS	ASTAGRAF XL
TACROLIMUS	ENVARUS XR
TACROLIMUS	HECORIA
TACROLIMUS	PROGRAF
TACROLIMUS	TACROLIMUS
THALIDOMIDE	THALOMID
TOCILIZUMAB IV	ACTEMRA
TOCILIZUMAB SUBCUTANEOUS	ACTEMRA
TOCILIZUMAB SUBCUTANEOUS	ACTEMRA ACTPEN
TOFACITINIB CITRATE	XELJANZ
TOFACITINIB CITRATE	XELJANZ XR
TOFACITINIB CITRATE ORAL	XELJANZ
UPADACITINIB	RINVOQ
VOCLOSPORIN	LUPKYNIS
<b>Chemotherapy</b>	
ABEMACICLIB	VERZENIO
ACALABRUTINIB	CALQUENCE
ADO-TRASTUZUMAB EMTANSINE	KADCYLA
AFATINIB DIMALEATE	GILOTRIF
ALDESLEUKIN	PROLEUKIN
ALECTINIB HCL	ALECENSA
ALEMTUZUMAB	CAMPATH
ALEMTUZUMAB	LEMTRADA
ALPELISIB	PIQRAY 200MG DAILY DOSE
ALPELISIB	PIQRAY 250MG DAILY DOSE
ALPELISIB	PIQRAY 300MG DAILY DOSE
ALTRETAMINE	HEXALEN
ARSENIC TRIOXIDE	ARSENIC TRIOXIDE
ARSENIC TRIOXIDE	TRISENOX
ASPARAGINASE	ELSPAR
ASPARAGINASE ERWINIA CHRYSANTHEMI	ERWINAZE
ATEZOLIZUMAB	TECENTRIQ
AVAPRITINIB	AYVAKIT
AVELUMAB	BAVENCIO

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
AXICABTAGENE CILOLEUCEL	YESCARTA
AXITINIB	INLYTA
AZACITIDINE	AZACITIDINE
AZACITIDINE	ONUREG
AZACITIDINE	VIDAZA
BELANTAMAB MAFODOTIN/BLMF	BLENREP
BELINOSTAT	BELEODAQ
BENDAMUSTINE HCL	BELRAPZO
BENDAMUSTINE HCL	BENDAMUSTINE HYDROCHLORIDE
BENDAMUSTINE HCL	BENDEKA
BENDAMUSTINE HCL	TREANDA
BEVACIZUMAB	AVASTIN
BEVACIZUMAB/AWWB	MVASI
BEVACIZUMAB/BVZR	ZIRABEV
BEXAROTENE	BEXAROTENE
BEXAROTENE	TARGRETIN
BINIMETINIB	MEKTOVI
BLEOMYCIN SULF	BLEO 15K
BLEOMYCIN SULFATE	BLENOXANE
BLEOMYCIN SULFATE	BLEOMYCIN
BLEOMYCIN SULFATE	BLEOMYCIN SULFATE
BLINATUMOMAB	BLINCYTO
BORTEZOMIB	BORTEZOMIB
BORTEZOMIB	VELCADE
BOSUTINIB	BOSULIF
BRENTUXIMAB VEDOTIN	ADCETRIS
BREXUCABTAGENE AUTOLEUCEL	TECARTUS
BRIGATINIB	ALUNBRIG
BUSULFAN	BUSULFAN
BUSULFAN	BUSULFEX
BUSULFAN	MYLERAN
CABAZITAXEL	JEVTANA
CABOZANTINIB S-MALATE	CABOMETYX
CABOZANTINIB S-MALATE	COMETRIQ
CALASPARGASE PEGOL/MKNL	ASPARLAS
CAPECI	CAPECITABINE
CAPECITABINE	CAPECITABINE
CAPECITABINE	XELODA
CAPMATINIB HCL	TABRECTA
CARBOPLATIN	CARBOPLATIN
CARBOPLATIN	PARAPLATIN
CARFILZOMIB	KYPROLIS
CARMUSTINE	BICNU
CARMUSTINE	BICNU W/DILUENT ABSOLUTEETHANOL
CARMUSTINE	BICNU
CARMUSTINE	CARMUSTINE

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

<b>Non-Proprietary Name</b>	<b>Brand Name</b>
CARMUSTINE IN POLIFEPROSAN INTRACRANIAL IMPLANT WAFER	GLIADEL WAFER
CEMIPLIMAB-RWLC	LIBTAYO
CERITINIB	ZYKADIA
CETUXIMAB	ERBITUX
CHLORAMBUCIL	LEUKERAN
CISPLATIN	CISPLATIN
CISPLATIN	CISPLATIN AQ
CISPLATIN	PLATINOL AQ
CLADRIBINE	CLADRIBINE
CLADRIBINE	LEUSTATIN
CLOFARABINE	CLOFARABINE
CLOFARABINE	CLOLAR
COBIMETINIB FUMARATE	COTELLIC
COPANLISIB HCL	ALIQOPA
CRIZOTINIB	XALKORI
CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE
CYCLOPHOSPHAMIDE	CYTOXAN
CYCLOPHOSPHAMIDE	NEOSAR
CYTARABINE	CYTARABINE
CYTARABINE	CYTARABINEAQUEOUS
CYTARABINE	CYTOSAR-U
CYTARABINE	TARABINE PFS
CYTARABINE LIPOSOME	DEPOCYT
DABRAFENIB MESYLATE	TAFINLAR
DACARBAZINE	DACARBAZINE
DACARBAZINE	DTIC-DOME
DACOMITINIB	VIZIPDCO
DACTINOMYCIN	COSMEGEN
DACTINOMYCIN	DACTINOMYCIN
DARATUMUMAB	DARZALEX
DARATUMUMAB/HYALURONIDASE/FIHJ	DARZALEX FASPRO
DASATINIB	SPRYCEL
DAUNORUBICIN CITRATE LIPOSOME	DAUNOXOME
DAUNORUBICIN HCL	CERUBIDINE
DAUNORUBICIN HCL	DAUNORUBICIN HCL
DAUNORUBICIN HCL	DAUNORUBICIN HYDROCHLORIDE
DAUNORUBICIN-CYTARABINE LIPOSOME	VYXEOS
DECI	INQOVI
DECITABINE	DACOGEN
DECITABINE	DECITABINE
DENILEUKIN DIFTITOX	ONTAK
DINUTUXIMAB	UNITUXIN
DOCETAXEL	DOCEFREZ
DOCETAXEL	DOCETAXEL
DOCETAXEL	DOCETAXEL (NON- ALCOHOL FORMULA)
DOCETAXEL	DOCETAXEL (NON-ALCOHOL FORMULA)

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
DOCETAXEL	TAXOTERE
DOXORUBICIN HCL	ADRIAMYCIN
DOXORUBICIN HCL	ADRIAMYCIN PFS
DOXORUBICIN HCL	ADRIAMYCIN RDF
DOXORUBICIN HCL	DOXORUBICIN HCL
DOXORUBICIN HCL	DOXORUBICIN HYDROCHLORIDE
DOXORUBICIN HCL	RUBEX
DOXORUBICIN HCL	doxorubicin
DOXORUBICIN HCL LIPOSOMAL	DOXIL
DOXORUBICIN HCL LIPOSOMAL	DOXORUBICIN HCL LIPOSOME
DOXORUBICIN HCL LIPOSOMAL	DOXORUBICIN HYDROCHLORIDELIPOSOMAL
DOXORUBICIN HCL LIPOSOMAL	DOXORUBICIN HYDROCHLORIDELIPOSOME
DOXORUBICIN HCL LIPOSOMAL	LIPODOX
DOXORUBICIN HCL LIPOSOMAL	LIPODOX 50
DURVALUMAB	IMFINZI
DUVELISIB	COPIKTRA
ELOTUZUMAB	EMPLICITI
ENASIDENIB MESYLATE	IDHIFA
ENCORAFENIB	BRAFTOVI
ENFORTUMAB VEDOTIN/EJFV	PADCEV
ENTRECTINIB	ROZLYTREK
EPIRUBICIN HCL	ELLENC
EPIRUBICIN HCL	EPIRUBICIN HCL
EPIRUBICIN HCL	EPIRUBICIN HYDROCHLORIDE
ERDAFITINIB	BALVERSA
ERIBULIN MESYLATE	HALAVEN
ERLOTINIB	TARCEVA
ERLOTINIB HCL	ERLOTINIB HYDROCHLORIDE
ETOPOSIDE	ETOPOSIDE
ETOPOSIDE	TOPOSAR
ETOPOSIDE	VEPESID
ETOPOSIDE PHOSPHATE	ETOPHOS
EVEROLIMUS	AFINITOR
EVEROLIMUS	AFINITOR DISPERZ
EVEROLIMUS	EVEROLIMUS
FAM/TRASTUZUMAB DERUXTECAN/NXKI	ENHERTU
FEDRATINIB HCL	INREBIC
FLOXURIDINE	FLOXURIDINE
FLOXURIDINE	FUDR
FLUDARABINE PHOSPHATE	FLUDARA
FLUDARABINE PHOSPHATE	FLUDARABINE
FLUDARABINE PHOSPHATE	FLUDARABINE PHOSPHATE
FLUDARABINE PHOSPHATE	OFORTA
FLUOROURACIL	ADRUCIL
FLUOROURACIL	FLUOROURACIL
FOSTAMATINIB DISODIUM	TAVALISSE

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
GEFITINIB	IRESSA
GEMCITABINE HCL	GEMCITABINE
GEMCITABINE HCL	GEMCITABINE HCL
GEMCITABINE HCL	GEMCITABINE HYDROCHLORIDE
GEMCITABINE HCL	GEMZAR
GEMCITABINE HCL-NACL	INFUGEM
GEMTUZUMAB OZOGAMICIN	MYLOTARG
GILTERITINIB FUMARATE	XOSPATA
GLASDEGIB MALEATE	DAURISMO
GLUCARPIDASE	VORAXAZE
HYDROXYUREA	HYDREA
HYDROXYUREA	HYDROXYUREA
HYDROXYUREA	MYLOCEL
IBRITUMOMAB TIUXETAN FOR INDIUM-111 (IN-111)	ZEVALIN IN-111
IBRITUMOMAB TIUXETAN FOR YTTRIUM/90 (Y/90)	ZEVALIN Y-90
IBRUTINIB	IMBRUVICA
IDARUBICIN HCL	IDAMYCIN PFS
IDARUBICIN HCL	IDARUBICIN
IDARUBICIN HCL	IDARUBICIN HCL
IDARUBICIN HCL	IDARUBICIN HYDROCHLORIDE
IDELALISIB	ZYDELIG
IFOSFAMIDE	IFEX
IFOSFAMIDE	IFOSFAMIDE
IFOSFAMIDE/MESNA	IFEX/MESNEX COMBO PACK
IFOSFAMIDE/MESNA	IFOSFAMIDE/MESNA
IMATINIB MESYLATE	GLEEVEC
IMATINIB MESYLATE	IMATINIB MESYLATE
INOTUZUMAB OZOGAMICIN	BESPONSA
INTERFERON ALFA-2A	ROFERON-A
INTERFERON ALFA-2B	INTRON A
INTERFERON ALFA-2B	INTRON-A
INTERFERON ALFA-2B	INTRON-A W/DILUENT
INTERFERON ALFA-N3	ALFERON N
INTERFERON GAMMA-1B	ACTIMMUNE
IPILIMUMAB	YERVOY
IRINOTECAN HCL	CAMPTOSAR
IRINOTECAN HCL	IRINOTECAN
IRINOTECAN HCL	IRINOTECAN HCL
IRINOTECAN HCL	IRINOTECAN HYDROCHLORIDE
IRINOTECAN HCL LIPOSOME	ONIVYDE
ISATUXIMAB/IRFC	SARCLISA
IVOSIDENIB	TIBSOVO
IXABEPILONE	IXEPDCA
IXABEPILONE	IXEPDCA KIT
IXAZOMIB CITRATE	NINLARO
LAPATINIB DITOSYLATE	LAPATINIB DITOSYLATE

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
LAPATINIB DITOSYLATE	TYKERB
LAROTRECTINIB SULFATE	VITRAKVI
LENVATINIB	LENVIMA 10MG DAILY DOSE
LENVATINIB	LENVIMA 12MG DAILY DOSE
LENVATINIB	LENVIMA 14MG DAILY DOSE
LENVATINIB	LENVIMA 18MG DAILY DOSE
LENVATINIB	LENVIMA 20MG DAILY DOSE
LENVATINIB	LENVIMA 24MG DAILY DOSE
LENVATINIB	LENVIMA 4 MG DAILY DOSE
LENVATINIB	LENVIMA 8MG DAILY DOSE
LISOCABTAGENE MARALEUCEL	BREYANZI
LOMUSTINE	CEENU
LOMUSTINE	GLEOSTINE
LOMUSTINE	LOMUSTINE
LORLATINIB	LORBRENA
LURBINECTEDIN	ZEPZELCA
MECHLORETHAMINE HCL	MUSTARGEN
MELPHALAN	ALKERAN
MELPHALAN	MELPHALAN
MELPHALAN HCL	ALKERAN
MELPHALAN HCL	EVOMELA
MELPHALAN HCL	MELPHALAN HCL
MELPHALAN HCL	MELPHALAN HYDROCHLORIDE
MERCAPTOPYRINE	MERCAPTOPYRINE
MERCAPTOPYRINE	PURINETHOL
MERCAPTOPYRINE	PURIXAN
METHOTREXATE	METHOTREXATE
METHOTREXATE	XATMEP
METHOTREXATE SODIUM	METHOTREXATE
METHOTREXATE SODIUM	METHOTREXATE SODIUM
METHOTREXATE SODIUM	METHOTREXATE SODIUM LPF
METHOTREXATE SODIUM	RHEUMATREX
METHOTREXATE SODIUM	TREXALL
METHOTREXATE SODIUM/PF	METHOTREXATE SODIUM (PF)
METHOTREXATE/PF	OTREXUP (PF)
METHOTREXATE/PF	RASUVO (PF)
MIDOSTAURIN	RYDAPT
MITOMYCIN	MITOMYCIN
MITOMYCIN	MUTAMYCIN
MITOXANTRONE	MITOXANTRONE HCL
MITOXANTRONE	NOVANTRONE
MOGAMULIZUMAB-KPKC	POTELIGEO
MOXETUMOMAB PASUDOTOX-TDFK	LUMOXITI
NAXITAMAB/GQGK	DANYELZA
NECITUMUMAB	PORTRAZZA
NELARABINE	ARRANON

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
NERATINIB MALEATE	NERLYNX
NILOTINIB	TASIGNA
NIRAPARIB TOSYLATE	ZEJULA
NIVOLUMAB	OPDIVO
OBINUTUZUMAB	GAZYVA
OFATUMUMAB	ARZERRA
OLAPARIB	LYNPARZA
OLARATUMAB	LARTRUVO
OMACETAXINE MEPESUCCINATE	SYNRIBO
OSIMERTINIB MESYLATE	TAGRISSO
OXALIPLATIN	ELOXATIN
OXALIPLATIN	OXALIPLATIN
PACLITAXEL	ABRAXANE
PACLITAXEL	ONXOL
PACLITAXEL	PACLITAXEL
PACLITAXEL	TAXOL
PALBOCICLIB	IBRANCE
PANITUMUMAB	VECTIBIX
PANOBINOSTAT LACTATE	FARYDAK
PAZOPANIB HCL	VOTRIENT
PEGASPARGASE	ONCASPAR
PEGINTERFERON ALFA-2B	SYLATRON
PEMBROLIZUMAB	KEYTRUDA
PEMETREXED DISODIUM	ALIMTA
PEMIGATINIB	PEMAZYRE
PENTOSTATIN	NIPENT
PENTOSTATIN	PENTOSTATIN
PERTUZUMAB	PERJETA
PERTUZUMAB/TRASTUZ/HYALURON/ZZXF	PHESGO
PEXIDARTINIB HCL	TURALIO
PLICAMYCIN	MITHRACIN
POLATUZUMAB VEDOTIN-PIIQ	POLIVY
POMALIDOMIDE	POMALYST
PONATINIB HCL	ICLUSIG
PRALATREXATE	FOLOTYN
PRALSETINIB	GAVRETO
PROCARBAZINE HCL	MATULANE
RAMUCIRUMAB	CYRAMZA
REGORAFENIB	STIVARGA
RIBOCICLIB SUCCINATE	KISQALI
RIBOCICLIB/LETROZOLE	KISQALI FEMARA 200 DOSE
RIBOCICLIB/LETROZOLE	KISQALI FEMARA 400 DOSE
RIBOCICLIB/LETROZOLE	KISQALI FEMARA 600 DOSE
RIPRETINIB	QINLOCK
RITUXIMAB	RITUXAN
RITUXIMAB-HYALURONIDASE HUMAN	RITUXAN HYCELA

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
RITUXIMAB/ABBS	TRUXIMA
RITUXIMAB/ARRX	RIABNI
RITUXIMAB/PVVR	RUXIENCE
ROMIDEPSIN	ISTODAX
ROMIDEPSIN	ISTODAX (OVERFILL)
ROMIDEPSIN	ROMIDEPSIN
RUCAPARIB CAMSYLATE	RUBRACA
RUXOLITINIB PHOSPHATE	JAKAFI
SACITUZUMAB GOVITECAN/HZIY	TRODELVY
SELINEXOR	XPOVIO 100 MG ONCE WEEKLY
SELINEXOR	XPOVIO 40 MG ONCE WEEKLY
SELINEXOR	XPOVIO 40 MG TWICE WEEKLY
SELINEXOR	XPOVIO 60 MG ONCE WEEKLY
SELINEXOR	XPOVIO 60 MG TWICE WEEKLY
SELINEXOR	XPOVIO 80 MG ONCE WEEKLY
SELINEXOR	XPOVIO 80 MG TWICE WEEKLY
SELPERCATINIB	RETEVMO
SELUMETINIB SULFATE	KOSELUGO
SIPULEUCEL-T	PROVENGE
SONIDEGIB PHOSPHATE	ODOMZO
SORAFENIB TOSYLATE	NEXAVAR
STREPTOZOCIN	ZANOSAR
SUNITINIB MALATE	SUTENT
TAFASITAMAB/CXIX	MONJUVI
TAGRAXOFUSP-ERZS	ELZONRIS
TALAZOPARIB TOSYLATE	TALZENNA
TALIMOGENE LAHERPAREPVEC	IMLYGIC
TAZEMETOSTAT HBR	TAZVERIK
TEMOZOLOMIDE	TEMODAR
TEMOZOLOMIDE	TEMOZOLOMIDE
TEMSIROLIMUS	TEMSIROLIMUS
TEMSIROLIMUS	TORISEL
TENIPOSIDE	TENIPOSIDE
TENIPOSIDE	VUMON
TEPOTINIB HCL	TEPMETKO
THIOGUANINE	TABLOID
THIOTEPA	TEPADINA
THIOTEPA	THIOPLEX
THIOTEPA	THIOTEPA
TISAGENLECLEUCEL-T	KYMRIAH
TOPOTECAN HCL	HYCAMTIN
TOPOTECAN HCL	TOPOTECAN HCL
TOPOTECAN HCL	TOPOTECAN HYDROCHLORIDE
TOPOTECAN HCL	TOPOTECAN HYDROCHLORIDE
TOSITUMOMAB	BEXXAR
TRABECTEDIN	YONDELIS



**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

<b>Non-Proprietary Name</b>	<b>Brand Name</b>
TRAMETINIB DIMETHYL SULFOXIDE	MEKINIST
TRASTUZUMAB	HERCEPTIN
TRASTUZUMAB-HYALURONIDASE-OYSK	HERCPTIN HYLECTA
TRASTUZUMAB/ANNS	KANJINTI
TRASTUZUMAB/DKST	OGIVRI
TRASTUZUMAB/DTTB	ONTRUZANT
TRASTUZUMAB/PKRB	HERZUMA
TRASTUZUMAB/QYYP	TRAZIMERA
TRIFLURIDINE-TIPIRACIL	LONSURF
TRILACICLIB DIHYDROCHLORIDE	COSELA
TUCATINIB	TUKYSA
UMBRALISIB TOSYLATE	UKONIQ
URACIL MUSTARD	URACIL MUSTARD
VALRUBICIN	VALRUBICIN
VALRUBICIN	VALSTAR
VANDETANIB	CAPRELSA
VANDETANIB	VANDETANIB
VEMURAFENIB	ZELBORAF
VENETOCLAX	VENCLEXTA
VENETOCLAX	VENCLEXTA STARTING PACK
VINBLASTINE SULFATE	VINBLASTINE SULFATE
VINCRISTINE SULFATE	VINCASAR PFS
VINCRISTINE SULFATE	VINCRISTINE SULFATE
VINCRISTINE SULFATE LIPOSOME	MARQIBO
VINORELBINE TARTRATE	NAVELBINE
VINORELBINE TARTRATE	VINORELBINE TARTRATE
VISMODEGIB	ERIVEDGE
VORINOSTAT	ZOLINZA
ZANUBRUTINIB	BRUKINSA
ZIV-AFLIBERCEPT	ZALTRAP
<b>ACEI/ARBs</b>	
ALISKIREN/VALSARTAN	VALTURNA
AMLODIPINE BESYLATE/BENAZEPRIL HCL	AMLODIPINE BESYLATE-BENAZEPRIL
AMLODIPINE BESYLATE/BENAZEPRIL HCL	AMLODIPINE BESYLATE/BENAZEPRIL HCL
AMLODIPINE BESYLATE/BENAZEPRIL HCL	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE
AMLODIPINE BESYLATE/BENAZEPRIL HCL	LOTREL
AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL	AMLODIPINE-OLMESARTAN
AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL	AZOR
AMLODIPINE BESYLATE/VALSARTAN	AMLODIPINE BESYLATE/VALSARTAN
AMLODIPINE BESYLATE/VALSARTAN	AMLODIPINE-VALSARTAN
AMLODIPINE BESYLATE/VALSARTAN	EXFORGE
AMLODIPINE BESYLATE/VALSARTAN/HYDROCHLOROTHIAZIDE	AMLODIPINE-VALSARTAN-HCTZ
AMLODIPINE BESYLATE/VALSARTAN/HYDROCHLOROTHIAZIDE	EXFORGE HCT
AZILSARTAN MEDOXOMIL	EDARBI
AZILSARTAN MEDOXOMIL/CHLORTHALIDONE	EDARBYCLOR
BENAZEPRIL HCL	BENAZEPRIL HCL

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

<b>Non-Proprietary Name</b>	<b>Brand Name</b>
BENAZEPRIL HCL	BENAZEPRIL HYDROCHLORIDE
BENAZEPRIL HCL	LOTENSIN
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	BENAZEPRIL HCL-HCTZ
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	BENAZEPRIL-HYDROCHLOROTHIAZIDE
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	LOTENSIN HCT
BENAZEPRIL/HYDROCHLOROTHIAZIDE	BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE
BENAZEPRIL/HYDROCHLOROTHIAZIDE	LOTENSIN HCT
CANDESARTAN CILEXETIL	ATACAND
CANDESARTAN CILEXETIL	CANDESARTAN CILEXETIL
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ATACAND HCT
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	CANDESARTAN-HYDROCHLOROTHIAZID
CAPTOPRIL	CAPOTEN
CAPTOPRIL	CAPTOPRIL
CAPTOPRIL/HYDROCHLOROTHIAZIDE	CAPOZIDE
CAPTOPRIL/HYDROCHLOROTHIAZIDE	CAPTOPRIL-HYDROCHLOROTHIAZIDE
CAPTOPRIL/HYDROCHLOROTHIAZIDE	CAPTOPRIL/HYDROCHLOROTHIAZIDE
ENALAPRIL MALEATE	ENALAPRIL MALEATE
ENALAPRIL MALEATE	EPANED
ENALAPRIL MALEATE	VASOTEC
ENALAPRIL MALEATE/FELODIPINE	LEXXEL
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	ENALAPRIL MALEATE-HCTZ
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	ENALAPRIL MALEATE/HCTZ
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	ENALAPRIL-HYDROCHLOROTHIAZIDE
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	VASERETIC
ENALAPRILAT DIHYDRATE	ENALAPRILAT
ENALAPRILAT IV	ENALAPRILAT
EPROSARTAN MESYLATE	EPROSARTAN MESYLATE
EPROSARTAN MESYLATE	TEVETEN
EPROSARTAN MESYLATE/HYDROCHLOROTHIAZIDE	TEVETEN HCT
FOSINOPRIL SODIUM	FOSINOPRIL
FOSINOPRIL SODIUM	FOSINOPRIL SODIUM
FOSINOPRIL SODIUM	MONOPRIL
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	FOSINOPRIL-HYDROCHLOROTHIAZIDE
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	MONOPRIL HCT
IRBESARTAN	AVAPRO
IRBESARTAN	IRBESARTAN
IRBESARTAN/HYDROCHLOROTHIAZIDE	AVALIDE
IRBESARTAN/HYDROCHLOROTHIAZIDE	IRBESARTAN-HYDROCHLOROTHIAZIDE
IRBESARTAN/HYDROCHLOROTHIAZIDE	IRBESARTAN/HYDROCHLOROTHIAZIDE
LISINOPRIL	LISINOPRIL
LISINOPRIL	PRINIVIL
LISINOPRIL	QBRELIS
LISINOPRIL	ZESTRIL
LISINOPRIL/DIETARY SUPPLEMENT, COMB.10	LYTENSOPRIL

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

<b>Non-Proprietary Name</b>	<b>Brand Name</b>
LISINOPRIL/DIETARY SUPPLEMENT, COMB.10	LYTENSOPRIL-90
LISINOPRIL/HYDROCHLOROTHIAZIDE	LISINOPRIL-HCTZ
LISINOPRIL/HYDROCHLOROTHIAZIDE	LISINOPRIL-HYDROCHLOROTHIAZIDE
LISINOPRIL/HYDROCHLOROTHIAZIDE	LISINOPRIL/HYDROCHLOROTHIAZIDE
LISINOPRIL/HYDROCHLOROTHIAZIDE	PRINZIDE
LISINOPRIL/HYDROCHLOROTHIAZIDE	ZESTORETIC
LOSARTAN POTASSIUM	COZAAR
LOSARTAN POTASSIUM	LOSARTAN POTASSIUM
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	HYZAAR
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	LOSARTAN-HYDROCHLOROTHIAZIDE
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	LOSARTAN/HYDROCHLOROTHIAZIDE
MOEXIPRIL HCL	MOEXIPRIL HCL
MOEXIPRIL HCL	UNIVASC
MOEXIPRIL HCL/HYDROCHLOROTHIAZIDE	MOEXIPRIL-HYDROCHLOROTHIAZIDE
MOEXIPRIL HCL/HYDROCHLOROTHIAZIDE	UNIRETIC
NEBIVOLOL HCL/VALSARTAN	BYVALSON
OLMESARTAN MEDOXOMIL	BENICAR
OLMESARTAN MEDOXOMIL	OLMESARTAN MEDOXOMIL
OLMESARTAN MEDOXOMIL/AMLODIPINE	OLMESARTAN-AMLODIPINE-HCTZ
BESYLATE/HYDROCHLOROTHIAZIDE	
OLMESARTAN MEDOXOMIL/AMLODIPINE	TRIBENZOR
BESYLATE/HYDROCHLOROTHIAZIDE	
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	BENICAR HCT
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	OLMESARTAN-HYDROCHLOROTHIAZIDE
PERINDOPRIL ARGININE/AMLODIPINE BESYLATE	PRESTALIA
PERINDOPRIL ERBUMINE	ACEON
PERINDOPRIL ERBUMINE	PERINDOPRIL ERBUMINE
QUINAPRIL HCL	ACCUPRIL
QUINAPRIL HCL	QUINAPRIL
QUINAPRIL HCL	QUINAPRIL HCL
QUINAPRIL HCL	QUINAPRIL HYDROCHLORIDE
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE	ACCURETIC
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE	QUINAPRIL-HYDROCHLOROTHIAZIDE
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE	QUINARETIC
QUINAPRIL/HYDROCHLOROTHIAZIDE	ACCURETIC
RAMIPRIL	ALTACE
RAMIPRIL	RAMIPRIL
SACUBITRIL/VALSARTAN	ENTRESTO
TELMISARTAN	MICARDIS
TELMISARTAN	TELMISARTAN
TELMISARTAN/AMLODIPINE BESYLATE	TELMISARTAN-AMLODIPINE
TELMISARTAN/AMLODIPINE BESYLATE	TWYNSTA
TELMISARTAN/HYDROCHLOROTHIAZIDE	MICARDIS HCT
TELMISARTAN/HYDROCHLOROTHIAZIDE	TELMISARTAN-HYDROCHLOROTHIAZID

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

<b>Non-Proprietary Name</b>	<b>Brand Name</b>
TELMISARTAN/HYDROCHLOROTHIAZIDE	TELMISARTAN/HYDROCHLOROTHIAZIDE
TRANDOLAPRIL	MAVIK
TRANDOLAPRIL	TRANDOLAPRIL
TRANDOLAPRIL/VERAPAMIL HCL	TARKA
TRANDOLAPRIL/VERAPAMIL HCL	TRANDOLAPRIL-VERAPAMIL
TRANDOLAPRIL/VERAPAMIL HCL	TRANDOLAPRIL-VERAPAMIL ER
VALSARTAN	DIOVAN
VALSARTAN	VALSARTAN
VALSARTAN/HYDROCHLOROTHIAZIDE	DIOVAN HCT
VALSARTAN/HYDROCHLOROTHIAZIDE	VALSARTAN-HYDROCHLOROTHIAZIDE
VALSARTAN/HYDROCHLOROTHIAZIDE	VALSARTAN/HYDROCHLOROTHIAZIDE

**Other NSAIDs**

AMLODIPINE BESYLATE/CELECOXIB	CONSENSI
BUPIVACAINE/KETOROLAC/KETAMINE	BUPIVACAINE-KETOROLAC-KETAMINE
BUPIVACAINE/MELOXICAM INJECTION ER	ZYNRELEF
CELECOXIB	CELEBREX
CELECOXIB	CELECOXIB
CHLORPHENIRAMINE MALEATE/PHENYLEPHRINE	ADVIL ALLERGY-CONGESTION RLF
CHLORPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL/IBUPROFEN	ADVIL
CHLORPHENIRAMINE/PHENYLEPHRINE/IBUPROFEN	ADVIL ALLERGY & CONGESTION
CHLORPHENIRAMINE/PHENYLEPHRINE/IBUPROFEN	ADVIL MULTI-SYMPATOM COLD& FLU
DICLOFENAC POTASSIUM	CAMBIA
DICLOFENAC POTASSIUM	CATAFLAM
DICLOFENAC POTASSIUM	DICLOFENAC POTASSIUM
DICLOFENAC POTASSIUM	ZIPSOR
DICLOFENAC SODIUM	DICLOFENAC SODIUM
DICLOFENAC SODIUM	DICLOFENAC SODIUM DR
DICLOFENAC SODIUM	DICLOFENAC SODIUM EC
DICLOFENAC SODIUM	DICLOFENAC SODIUM ER
DICLOFENAC SODIUM	DICLOFENAC SODIUM XR
DICLOFENAC SODIUM	DYLOJECT
DICLOFENAC SODIUM	VOLTAREN
DICLOFENAC SODIUM	VOLTAREN-XR
DICLOFENAC SODIUM/MISOPROSTOL	ARTHROTEC 50
DICLOFENAC SODIUM/MISOPROSTOL	ARTHROTEC 75
DICLOFENAC SODIUM/MISOPROSTOL	DICLOFENAC SODIUM-MISOPROSTOL
DICLOFENAC SUBMICRONIZED	DICLOFENAC
DICLOFENAC SUBMICRONIZED	ZORVOLEX
DICLOFENAC W/ MISOPROSTOL	ARTHROTEC 50
DICLOFENAC W/ MISOPROSTOL	ARTHROTEC 75
DICLOFENAC W/ MISOPROSTOL	DICLOFENAC SODIUM/MISOPROSTOL
DIFLUNISAL	DIFLUNISAL
DIFLUNISAL	DOLOBID
ETODOLAC	ETODOLAC

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
ETODOLAC	ETODOLAC ER
ETODOLAC	LODINE
ETODOLAC	LODINE XL
FENOPROFEN CALCIUM	FENOPROFEN CALCIUM
FENOPROFEN CALCIUM	FENORTHO
FENOPROFEN CALCIUM	NALFON
FENOPROFEN CALCIUM	PROFENO
FLURBIPROFEN	ANSAID
FLURBIPROFEN	FLURBIPROFEN
HYDROCODONE/IBUPROFEN	HYDROCODONE BIT-IBUPROFEN
HYDROCODONE/IBUPROFEN	HYDROCODONE BT-IBUPROFEN TAB
HYDROCODONE/IBUPROFEN	HYDROCODONE-IBUPROFEN
HYDROCODONE/IBUPROFEN	HYDROCODONE/IBUPROFEN
HYDROCODONE/IBUPROFEN	IBUDONE
HYDROCODONE/IBUPROFEN	REPREXAIN
HYDROCODONE/IBUPROFEN	VICOPROFEN
HYDROCODONE/IBUPROFEN	XYLON 10
IBUPROFEN	ADDAPRIN
IBUPROFEN	ADVANCED PAIN RELIEF
IBUPROFEN	ADVIL
IBUPROFEN	ADVIL JUNIOR STRENGTH
IBUPROFEN	ADVIL LIQUI-GELS
IBUPROFEN	ADVIL LIQUI-GELS MINIS
IBUPROFEN	ADVIL MIGRAINE
IBUPROFEN	CALDOLOR
IBUPROFEN	CAP-PROFEN
IBUPROFEN	CHILD IBUPROFEN
IBUPROFEN	CHILD'S IBUPROFEN
IBUPROFEN	CHILDREN'S ADVIL
IBUPROFEN	CHILDREN'S IBUPROFEN
IBUPROFEN	CHILDREN'S MEDI-PROFEN
IBUPROFEN	CHILDREN'S MOTRIN
IBUPROFEN	CHILDREN'S PROFEN IB
IBUPROFEN	CHILDREN'S PROFENIB
IBUPROFEN	CHILDRENS ADVIL
IBUPROFEN	CHILDRENS IBUPROFEN
IBUPROFEN	CHILDRENS MEDI-PROFEN
IBUPROFEN	CHILDRENS MOTRIN
IBUPROFEN	CVS CHILDREN'S IBUPROFEN
IBUPROFEN	DYSPEL
IBUPROFEN	ELIXSURE IB
IBUPROFEN	EQ IBUPROFEN
IBUPROFEN	EQ IBUPROFEN CHILDRENS
IBUPROFEN	EQ IBUPROFEN INFANTS
IBUPROFEN	GENPRIL
IBUPROFEN	GNP IBUPROFEN

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
IBUPROFEN	GOODSENSE IBUPROFEN
IBUPROFEN	HALTRAN
IBUPROFEN	HYVEE IBUPROFEN CHILDRENS
IBUPROFEN	I-PRIN
IBUPROFEN	IBU
IBUPROFEN	IBU-200
IBUPROFEN	IBU-DROPS
IBUPROFEN	IBUPAIN-200
IBUPROFEN	IBUPROFEN
IBUPROFEN	IBUPROFEN 100
IBUPROFEN	IBUPROFEN 100 JUNIOR STRENGTH
IBUPROFEN	IBUPROFEN 200
IBUPROFEN	IBUPROFEN CHILD
IBUPROFEN	IBUPROFEN CHILDRENS
IBUPROFEN	IBUPROFEN IB
IBUPROFEN	IBUPROFEN INFANT
IBUPROFEN	IBUPROFEN JR
IBUPROFEN	IBUPROFEN JUNIOR STRENGTH
IBUPROFEN	IBUPROFEN M
IBUPROFEN	IBUPROHM
IBUPROFEN	IBUTAB
IBUPROFEN	INFANT IBUPROFEN
IBUPROFEN	INFANT S IBUPROFEN
IBUPROFEN	INFANT'S IBUPROFEN
IBUPROFEN	INFANT'S MOTRIN
IBUPROFEN	INFANTS ADVIL
IBUPROFEN	INFANTS IBU-DROPS
IBUPROFEN	INFANTS IBUPROFEN
IBUPROFEN	INFANTS MEDI-PROFEN
IBUPROFEN	INFANTS PROFENIB
IBUPROFEN	INFANTS' ADVIL
IBUPROFEN	INFANTS' IBUPROFEN
IBUPROFEN	INFANTS' MOTRIN
IBUPROFEN	KLS IBUPROFEN IB
IBUPROFEN	MEDI-PROFEN
IBUPROFEN	MENADOL
IBUPROFEN	MIDOL
IBUPROFEN	MIDOL CRAMP FORMULA MAXIMUM STRENGTH
IBUPROFEN	MOTRIN
IBUPROFEN	MOTRIN CHILDRENS
IBUPROFEN	MOTRIN IB
IBUPROFEN	MOTRIN INFANTS DROPS
IBUPROFEN	MOTRIN JUNIOR STRENGTH
IBUPROFEN	MOTRIN MIGRAINE
IBUPROFEN	MP IBUPROFEN
IBUPROFEN	NUPRIN

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
IBUPROFEN	NUPRIN MENSTRUAL RELIEF
IBUPROFEN	OSCO IBUPROFEN
IBUPROFEN	PAIN RELIEF
IBUPROFEN	PROFEN IB
IBUPROFEN	PROVIL
IBUPROFEN	Q-PROFEN
IBUPROFEN	QC IBUPROFEN
IBUPROFEN	QC IBUPROFEN IB
IBUPROFEN	RA IBUPROFEN
IBUPROFEN	RUFEN
IBUPROFEN	SAV-ON IBUPROFEN
IBUPROFEN	SB CHILDRENS IBUPROFEN
IBUPROFEN	SM IBUPROFEN
IBUPROFEN	SM IBUPROFEN IB
IBUPROFEN	TAB-PROFEN
IBUPROFEN	TGT IBUPROFEN
IBUPROFEN	TH IBUPROFEN
IBUPROFEN	V-R IBUPROFEN
IBUPROFEN	WAL-PROFEN
IBUPROFEN	YAPROFEN
IBUPROFEN	YBUPHEN
IBUPROFEN LYSINE/PF	IBUPROFEN LYSINE
IBUPROFEN LYSINE/PF	NEOPROFEN
IBUPROFEN/ACETAMINOPHEN	ADVIL DUAL ACTION
IBUPROFEN/CAFFEINE/VITAMINS B1, B2, B6,/B12	IC400
IBUPROFEN/CAFFEINE/VITAMINS B1, B2, B6,/B12	IC800
IBUPROFEN/DIETARY SUPPLEMENT,MISC. CB.11	THERAPROFEN-60
IBUPROFEN/DIETARY SUPPLEMENT,MISC. CB.11	THERAPROFEN-90
IBUPROFEN/DIPHENHYDRAMINE CITRATE	ADVIL PM
IBUPROFEN/DIPHENHYDRAMINE CITRATE	EQ IBUPROFEN PM
IBUPROFEN/DIPHENHYDRAMINE CITRATE	EQL IBUPROFEN PM
IBUPROFEN/DIPHENHYDRAMINE CITRATE	GOODSENSE IBUPROFEN PM
IBUPROFEN/DIPHENHYDRAMINE CITRATE	IBUPROFEN PM
IBUPROFEN/DIPHENHYDRAMINE CITRATE	MOTRIN PM
IBUPROFEN/DIPHENHYDRAMINE CITRATE	TGT IBUPROFEN PM
IBUPROFEN/DIPHENHYDRAMINE HCL	ADVIL PM
IBUPROFEN/DIPHENHYDRAMINE HCL	IBUPROFEN PM
IBUPROFEN/DIPHENHYDRAMINE HCL	IBUPROFEN-DIPHENHYDRAMINE HCL
IBUPROFEN/GLYCERIN	IBUPAK
IBUPROFEN/OXYCODONE HCL	COMBUNOX
IBUPROFEN/OXYCODONE HCL	OXYCODONE HCL-IBUPROFEN
IBUPROFEN/PHENYLEPHRINE HCL	ADVIL CONGESTION RELIEF
IBUPROFEN/PHENYLEPHRINE HCL	ADVIL SINUS CONGESTION-PAIN
IBUPROFEN/PHENYLEPHRINE HCL	CONGESTION RELIEF
IBUPROFEN/PHENYLEPHRINE HCL	SUDAFED PE HEAD CONGESTN-PAIN
IBUPROFEN/PSEUDOEPHEDRINE HCL	ADVIL

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
IBUPROFEN/PSEUDOEPHEDRINE HCL	ADVIL COLD & SINUS
IBUPROFEN/PSEUDOEPHEDRINE HCL	ADVIL COLD-SINUS
IBUPROFEN/PSEUDOEPHEDRINE HCL	CHILDREN'S MOTRIN COLD
IBUPROFEN/PSEUDOEPHEDRINE HCL	COLD & SINUS PAIN RELIEF
IBUPROFEN/PSEUDOEPHEDRINE HCL	COLD & SINUS RELIEF
IBUPROFEN/PSEUDOEPHEDRINE HCL	COLD-SINUS RELIEF
IBUPROFEN/PSEUDOEPHEDRINE HCL	DIMETAPP
IBUPROFEN/PSEUDOEPHEDRINE HCL	DRISTAN SINUS
IBUPROFEN/PSEUDOEPHEDRINE HCL	IBU-PROFEN
IBUPROFEN/PSEUDOEPHEDRINE HCL	IBU-PROFEN COLD & SINUS
IBUPROFEN/PSEUDOEPHEDRINE HCL	IBU-PROFEN COLD/SINUS
IBUPROFEN/PSEUDOEPHEDRINE HCL	IBUP SINUS
IBUPROFEN/PSEUDOEPHEDRINE HCL	IBUPROFEN
IBUPROFEN/PSEUDOEPHEDRINE HCL	IBUPROFEN AND PSEUDOEPHEDRINE
IBUPROFEN/PSEUDOEPHEDRINE HCL	IBUPROFEN COLD
IBUPROFEN/PSEUDOEPHEDRINE HCL	IBUPROFEN COLD & SINUS
IBUPROFEN/PSEUDOEPHEDRINE HCL	IBUPROFEN COLD-SINUS
IBUPROFEN/PSEUDOEPHEDRINE HCL	IBUPROFEN-PSE COLD-SINUS
IBUPROFEN/PSEUDOEPHEDRINE HCL	IBUPROFEN-PSEUDOEPHEDRINE
IBUPROFEN/PSEUDOEPHEDRINE HCL	IPRIN COLD & SINUS
IBUPROFEN/PSEUDOEPHEDRINE HCL	MEDI-PROFEN
IBUPROFEN/PSEUDOEPHEDRINE HCL	MOTRIN COLD
IBUPROFEN/PSEUDOEPHEDRINE HCL	MOTRIN COLD & SINUS
IBUPROFEN/PSEUDOEPHEDRINE HCL	MOTRIN IB SINUS
IBUPROFEN/PSEUDOEPHEDRINE HCL	NUPRIN COLD RELIEF
IBUPROFEN/PSEUDOEPHEDRINE HCL	NUPRIN FLU RELIEF
IBUPROFEN/PSEUDOEPHEDRINE HCL	PROFEN IB COLD & SINUS
IBUPROFEN/PSEUDOEPHEDRINE HCL	PROFEN IB COLD AND SINUS
IBUPROFEN/PSEUDOEPHEDRINE HCL	WAL-PROFEN
IBUPROFEN/PSEUDOEPHEDRINE HCL	WAL-PROFEN D
IBUPROFEN/PSEUDOEPHEDRINE HCL/CHLORPHENIRAMINE	ADVIL
IBUPROFEN/SWALLOWING SPRAY	IBU 600-EZS
INDOMETHACIN	INDOCIN
INDOMETHACIN	INDOCIN SR
INDOMETHACIN	INDOMETHACIN
INDOMETHACIN	INDOMETHACIN CR
INDOMETHACIN	INDOMETHACIN ER
INDOMETHACIN	INDOMETHACIN SA
INDOMETHACIN	INDOMETHACIN SR
INDOMETHACIN SODIUM	INDOMETHACIN
INDOMETHACIN SODIUM TRIHYDRATE	INDOCIN I.V.
INDOMETHACIN, SUBMICRONIZED	INDOMETHACIN
INDOMETHACIN, SUBMICRONIZED	TIVORBEX
KETOPROFEN	ACTRON
KETOPROFEN	KETOPROFEN
KETOPROFEN	KETOPROFEN ER



**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
KETOPROFEN	ORUDIS
KETOPROFEN	ORUDIS KT
KETOPROFEN	ORUVAIL
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE
KETOROLAC TROMETHAMINE	READYSHARP KETOROLAC
KETOROLAC TROMETHAMINE	TORADOL
KETOROLAC TROMETHAMINE	TORADOL IV/IM
KETOROLAC TROMETHAMINE	TORADOL ORAL
KETOROLAC TROMETHAMINE/LIDOCAINE HCL 1%	ACTIVE INJECTION KIT KET-L
KETOROLAC TROMETHAMINE/LIDOCAINE HCL 1%	KETOROCAINE-L
KETOROLAC/BUPIVACAINE 0.25%/LIDOCAINE 1%	ACTIVE INJECTION KIT KETMARC-L
KETOROLAC/BUPIVACAINE 0.25%/LIDOCAINE 1%	KETOROCAINE-LM
KETOROLAC/BUPIVACAINE 0.5%/LIDOCAINE 1%	READYSHARP ANESTHETICS +KETOROLAC
LANSOPRAZOLE/NAPROXEN	PREVACID NAPRAPAC
MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM
MEFENAMIC ACID	MEFENAMIC ACID
MEFENAMIC ACID	PONSTEL
MELOXICAM	ANJESO
MELOXICAM	MELOXICAM
MELOXICAM	MOBIC
MELOXICAM	QMIIZ ODT
MELOXICAM, SUBMICRONIZED	MELOXICAM
MELOXICAM, SUBMICRONIZED	VIVLODEX
NABUMETONE	NABUMETONE
NABUMETONE	RELAFEN
NABUMETONE	RELAFEN DS
NAPROXEN	EC-NAPROSYN
NAPROXEN	EC-NAPROXEN
NAPROXEN	NAPROSYN
NAPROXEN	NAPROXEN
NAPROXEN	NAPROXEN DR
NAPROXEN SODIUM	ALEVE
NAPROXEN SODIUM	ALL DAY PAIN RELIEF
NAPROXEN SODIUM	ALL DAY RELIEF
NAPROXEN SODIUM	ALL DAY RELIEF PAIN
NAPROXEN SODIUM	ANAPROX
NAPROXEN SODIUM	ANAPROX DS
NAPROXEN SODIUM	EQ ALL DAY PAIN RELIEF
NAPROXEN SODIUM	EQ NAPROXEN SODIUM
NAPROXEN SODIUM	EQL ALL DAY PAIN RELIEF
NAPROXEN SODIUM	FLANAX
NAPROXEN SODIUM	FLANAX PAIN RELIEF
NAPROXEN SODIUM	GNP NAPROXEN SODIUM
NAPROXEN SODIUM	GOODSENSE NAPROXEN SODIUM
NAPROXEN SODIUM	HCA NAPROXEN SODIUM
NAPROXEN SODIUM	HM NAPROXEN SODIUM

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
NAPROXEN SODIUM	HY-VEE ALL DAY RELIEF
NAPROXEN SODIUM	MEDIPROXEN
NAPROXEN SODIUM	MIDOL
NAPROXEN SODIUM	NAPRELAN
NAPROXEN SODIUM	NAPRELAN CR DOSEPAK
NAPROXEN SODIUM	NAPROXEN
NAPROXEN SODIUM	NAPROXEN SODIUM
NAPROXEN SODIUM	NAPROXEN SODIUM CR
NAPROXEN SODIUM	NAPROXEN SODIUM DS
NAPROXEN SODIUM	NAPROXEN SODIUM ER
NAPROXEN SODIUM	PAMPRIN ALL DAY MAXIMUM STRENGTH
NAPROXEN SODIUM	RA NAPROXEN SODIUM
NAPROXEN SODIUM	SM ALL DAY PAIN RELIEF
NAPROXEN SODIUM	TGT NAPROXEN SODIUM
NAPROXEN SODIUM	TH NAPROXEN
NAPROXEN SODIUM	WAL-PROXEN
NAPROXEN SODIUM/DIPHENHYDRAMINE HCL	ALEVE PM
NAPROXEN SODIUM/DIPHENHYDRAMINE HCL	NAPROXEN PM
NAPROXEN SODIUM/DIPHENHYDRAMINE HCL	RA NAPROXEN SODIUM PM
NAPROXEN SODIUM/PSEUDOEPHEDRINE HCL	ALEVE COLD AND SINUS
NAPROXEN SODIUM/PSEUDOEPHEDRINE HCL	ALEVE SINUS AND HEADACHE
NAPROXEN SODIUM/PSEUDOEPHEDRINE HCL	ALEVE-D SINUS AND COLD
NAPROXEN SODIUM/PSEUDOEPHEDRINE HCL	ALEVE-D SINUS AND HEADACHE
NAPROXEN SODIUM/PSEUDOEPHEDRINE HCL	ALL DAY COLD & SINUS
NAPROXEN SODIUM/PSEUDOEPHEDRINE HCL	ALL DAY PAIN RELIEF
NAPROXEN SODIUM/PSEUDOEPHEDRINE HCL	COLD & SINUS
NAPROXEN SODIUM/PSEUDOEPHEDRINE HCL	COLD-SINUS RELIEF
NAPROXEN SODIUM/PSEUDOEPHEDRINE HCL	SINUS AND COLD-D
NAPROXEN SODIUM/PSEUDOEPHEDRINE HCL	SUDAFED 12 HR PRESSURE-PAIN
NAPROXEN SODIUM/PSEUDOEPHEDRINE HCL	SUDAFED 12 HR SINUS-PAIN
NAPROXEN SODIUM/PSEUDOEPHEDRINE HCL	SUDAFED SINUS 12HR PRESSR-PAIN
NAPROXEN/DIETARY SUPPLEMENT,MISC. CB.11	THERAPROXEN
NAPROXEN/DIETARY SUPPLEMENT,MISC. CB.11	THERAPROXEN-90
NAPROXEN/ESOMEPRAZOLE MAGNESIUM	NAPROXEN-ESOMEPRAZOLE MAG
NAPROXEN/ESOMEPRAZOLE MAGNESIUM	VIMOVO
OXAPROZIN	DAYPRO
OXAPROZIN	OXAPROZIN
PHENYLEPHRINE/IBUPROFEN	ADVIL CONGESTION RELIEF
PHENYLEPHRINE/IBUPROFEN	ADVIL SINUS CONGESTION &PAIN
PHENYLEPHRINE/IBUPROFEN	SUDAFED PE HEAD CONGESTION + PAIN
PIROXICAM	FELDENE
PIROXICAM	PIROXICAM
PIROXICAM/DIETARY SUPPLEMENT,MISC. CB.11	THERAFELDAMINE
PSEUDOEPHEDRINE/IBUPROFEN	ADVIL COLD & SINUS
PSEUDOEPHEDRINE/IBUPROFEN	COLD & SINUS RELIEF
PSEUDOEPHEDRINE/IBUPROFEN	CVS COLD & SINUS RELIEF

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
PSEUDOEPHEDRINE/IBUPROFEN	EQ IBUPROFEN COLD/SINUS
PSEUDOEPHEDRINE/IBUPROFEN	IBU-PROFEN COLD/SINUS
PSEUDOEPHEDRINE/IBUPROFEN	IBUPROFEN COLD & SINUS
PSEUDOEPHEDRINE/IBUPROFEN	MOTRIN COLD & SINUS
PSEUDOEPHEDRINE/IBUPROFEN	RA IBU-PROFEN COLD/SINUS
PSEUDOEPHEDRINE/NAPROXEN SODIUM	ALEVE-D SINUS & COLD
PSEUDOEPHEDRINE/NAPROXEN SODIUM	ALEVE-D SINUS & HEADACHE
PSEUDOEPHEDRINE/NAPROXEN SODIUM	CVS SINUS & COLD-D
PSEUDOEPHEDRINE/NAPROXEN SODIUM	SINUS & COLD-D NON-DROWSY
PSEUDOEPHEDRINE/NAPROXEN SODIUM	SUDAFED SINUS 12 HOUR PRESSURE+PAIN
ROPIVACAINE HCL/CLONIDINE HCL/KETOROLAC	ROPIVACAINE-CLONIDINE-KETOROLC
ROPIVACAINE HCL/EPINEPHRINE/CLONIDINE HCL/KETOROLAC	R.E.C.K.(ROPIV-EPI-CLON-KETOR)
TROMETHAMINE	
ROPIVACAINE/KETOROLAC/KETAMINE	ROPIVACAINE-KETOROLAC-KETAMINE
SALIVA COLLECTION DEVICE/IBUPROFEN	TOXICOLOGY SALIVA COLLECTION
SULINDAC	CLINORIL
SULINDAC	SULINDAC
SUMATRIPTAN SUCCINATE/NAPROXEN SODIUM	SUMATRIPTAN SUCC-NAPROXEN SOD
SUMATRIPTAN SUCCINATE/NAPROXEN SODIUM	TREXIMET
TOLMETIN SODIUM	TOLECTIN 600
TOLMETIN SODIUM	TOLECTIN DS
TOLMETIN SODIUM	TOLMETIN SODIUM
Aspirin	
ASPIRIN	ADULT ASPIRIN
ASPIRIN	ADULT ASPIRIN REGIMEN
ASPIRIN	ADULT LOW DOSE ASPIRIN
ASPIRIN	ADULT LOW DOSE ASPIRIN EC
ASPIRIN	ADULT LOW STRENGTH
ASPIRIN	ADULT LOW STRENGTH ASPIR
ASPIRIN	ANACIN
ASPIRIN	ANALGESIC
ASPIRIN	ASPERDRINK
ASPIRIN	ASPERGUM
ASPIRIN	ASPIR 81
ASPIRIN	ASPIR-LOW
ASPIRIN	ASPIR-TRIN
ASPIRIN	ASPIRIN
ASPIRIN	ASPIRIN ADULT LOW STRENGTH
ASPIRIN	ASPIRIN CHILDRENS
ASPIRIN	ASPIRIN EC
ASPIRIN	ASPIRIN EC LOW DOSE
ASPIRIN	ASPIRIN ENTERIC COATED
ASPIRIN	ASPIRIN ENTERIC COATED ADULT LOW STRENGTH
ASPIRIN	ASPIRIN LITE-COAT
ASPIRIN	ASPIRIN LOW DOSE
ASPIRIN	ASPIRIN LOW STRENGTH

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
ASPIRIN	ASPIRIN LOW-STRENGTH
ASPIRIN	ASPIRTAB
ASPIRIN	BABY ASPIRIN
ASPIRIN	BAYER
ASPIRIN	BAYER ADVANCED ASPIRIN REGULAR STRENGTH
ASPIRIN	BAYER ASPIRIN
ASPIRIN	BAYER ASPIRIN REGIMEN
ASPIRIN	BAYER CHEWABLE ASPIRIN
ASPIRIN	BAYER LOW STRENGTH
ASPIRIN	BUFFERIN LOW DOSE
ASPIRIN	CHILD ASPIRIN
ASPIRIN	CHILDREN'S ASPIRIN
ASPIRIN	CHILDREN'S CHEWABLE ASPIRIN
ASPIRIN	CHILDRENS ASPIRIN
ASPIRIN	COATED ASPIRIN
ASPIRIN	CVS ASPIRIN
ASPIRIN	CVS ASPIRIN ADULT LOW DOSE
ASPIRIN	DURLAZA
ASPIRIN	EC ASPIRIN
ASPIRIN	ECASPIRIN
ASPIRIN	ECO-5
ASPIRIN	ECOTRIN
ASPIRIN	ECOTRIN REGULAR STRENGTH
ASPIRIN	ECPIRIN
ASPIRIN	ENTERIC COATED ASPIRIN
ASPIRIN	EQ ADULT ASPIRIN LOW STRENGTH
ASPIRIN	EQ ASPIRIN
ASPIRIN	EQ ASPIRIN EC
ASPIRIN	EQ ASPIRIN LOW DOSE
ASPIRIN	EQL ASPIRIN
ASPIRIN	EQL ASPIRIN EC
ASPIRIN	EQL ASPIRIN LOW DOSE
ASPIRIN	GENACOTE
ASPIRIN	GNP ASPIRIN LOW DOSE
ASPIRIN	GNP CHILDRENS ASPIRIN
ASPIRIN	GOODSENSE ASPIRIN LOW DOSE
ASPIRIN	H-E-B ASPIRIN
ASPIRIN	HALFPRIN
ASPIRIN	HM ASPIRIN
ASPIRIN	HM ENTERIC LOW DOSE ASPIRIN
ASPIRIN	LITE COAT ASPIRIN
ASPIRIN	LO-DOSE ASPIRIN
ASPIRIN	LO-DOSE ASPIRIN EC
ASPIRIN	LOW DOSE ASPIRIN
ASPIRIN	LOW DOSE ASPIRIN EC
ASPIRIN	LOW-DOSE ASPIRIN

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
ASPIRIN	MEDIQUE ASPIRIN
ASPIRIN	MINIPRIN
ASPIRIN	MINITABS
ASPIRIN	MM ASPIRIN
ASPIRIN	MP ASPIRIN
ASPIRIN	MP ENCOPRIN
ASPIRIN	MP REGRIPRIN
ASPIRIN	NINOPRIN
ASPIRIN	NORWICH ASPIRIN
ASPIRIN	OSCO ASPIRIN
ASPIRIN	OSCO CHILDRENS ASPIRIN
ASPIRIN	OSCO LOW STRENGTH ENTERICCOATED ASPIRIN
ASPIRIN	RA ASPIRIN
ASPIRIN	RA ASPIRIN EC
ASPIRIN	RA CHILDRENS ASPIRIN
ASPIRIN	RA PAIN RELIEF ASPIRIN
ASPIRIN	SAV-ON ASPIRIN
ASPIRIN	SAV-ON ASPIRIN EC
ASPIRIN	SAV-ON CHILDRENS ASPIRIN
ASPIRIN	SAV-ON LOW STRENGTH ASPIRIN EC
ASPIRIN	ST JOSEPH ASPIRIN
ASPIRIN	ST. JOSEPH ASPIRIN
ASPIRIN	ST. JOSEPH ASPIRIN CHILDREN
ASPIRIN	ST. JOSEPH ASPIRIN EC
ASPIRIN	ST. JOSEPH LOW-DOSE ASPIRIN
ASPIRIN	SUREPRIN 81
ASPIRIN (CALCIUM CARB/MAGNESIUM BUFFERS)/PRAVASTATIN	PRAVIGARD PAC
ASPIRIN BUFFERED	OSCO TRI-BUFFERED ASPIRIN
ASPIRIN BUFFERED (CA CARB/MG CARB/MG OX)	RA TRI-BUFFERED ASPIRIN
ASPIRIN BUFFERED (CA CARB/MG CARB/MG OX)	SAV-ON TRI-BUFFERED ASPIRIN
ASPIRIN DISINTEGRATING	ADULT ASPIRIN LOW STRENGTH
ASPIRIN DISPERSIBLE	ADULT ASPIRIN LOW STRENGTH
ASPIRIN SUPPOS 120 MG	ASPIRIN
ASPIRIN SUPPOS 200 MG	ASPIRIN
ASPIRIN SUPPOS 300 MG	ASPIRIN
ASPIRIN SUPPOS 60 MG	ASPIRIN
ASPIRIN SUPPOS 600 MG	ASPIRIN
ASPIRIN/CALCIUM CARBONATE/MAGNESIUM	ASPIRIN BUFFERED
ASPIRIN/CALCIUM CARBONATE/MAGNESIUM/PRAVASTATIN	PRAVIGARD PAC
ASPIRIN/DIPYRIDAMOLE	AGGRENEX
ASPIRIN/DIPYRIDAMOLE	ASPIRIN-DIPYRIDAMOLE ER
ASPIRIN/MAGNESIUM CARBONATE/DIHYDROXYALUMINUM	ASPIRIN BUFFERED
AMINOACETATE	
ASPIRIN/OMEPRAZOLE	ASPIRIN-OMEPRAZOLE
<b>Proton Pump Inhibitors</b>	
ASPIRIN/OMEPRAZOLE	YOSPRALA

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

<b>Non-Proprietary Name</b>	<b>Brand Name</b>
DEXLANSOPRAZOLE	DEXILANT
DEXLANSOPRAZOLE	KAPIDEX
ESOMEPRAZOLE MAG TRIHYDRATE	NEXIUM
ESOMEPRAZOLE MAG/GLYCERIN	ESOMEPE-EZS
ESOMEPRAZOLE MAGNESIUM	CVS ESOMEPRAZOLE MAGNESIUM
ESOMEPRAZOLE MAGNESIUM	ESOMEPRAZOLE MAGNESIUM
ESOMEPRAZOLE MAGNESIUM	GNP ESOMEPRAZOLE MAGNESIUM
ESOMEPRAZOLE MAGNESIUM	HEARTBURN TREATMENT
ESOMEPRAZOLE MAGNESIUM	NEXIUM
ESOMEPRAZOLE MAGNESIUM	NEXIUM 24HR
ESOMEPRAZOLE SODIUM	ESOMEPRAZOLE SODIUM
ESOMEPRAZOLE SODIUM	NEXIUM I.V.
ESOMEPRAZOLE STRONTIUM	ESOMEPRAZOLE STRONTIUM
LANSOPRAZOLE	FIRST-LANSOPRAZOLE
LANSOPRAZOLE	HEARTBURN RELIEF 24 HOUR
LANSOPRAZOLE	HEARTBURN TREATMENT 24 HOUR
LANSOPRAZOLE	LANSOPRAZOLE
LANSOPRAZOLE	LANSOPRAZOLE ODT
LANSOPRAZOLE	PREVACID
LANSOPRAZOLE	PREVACID 24HR
LANSOPRAZOLE	PREVACID IV
LANSOPRAZOLE	PREVACID SOLUTAB
LANSOPRAZOLE/AMOXICILLIN TRIHYDRATE/CLARITHROMYCIN	LANSOPRAZOL-AMOXICIL-CLARITHRO
LANSOPRAZOLE/AMOXICILLIN TRIHYDRATE/CLARITHROMYCIN	PREVPAC
OMEPRAZOLE	FIRST-OMEPRAZOLE
OMEPRAZOLE	OMEPRAZOLE
OMEPRAZOLE	OMEPRAZOLE + SYRSPEND SFALKA
OMEPRAZOLE	OMEPRAZOLE+SYRSPEND SF ALKA
OMEPRAZOLE	PRILOSEC
OMEPRAZOLE	ZANTAC-PPI
OMEPRAZOLE DELAYED RELEASE	EQ OMEPRAZOLE
OMEPRAZOLE DELAYED RELEASE	OMEPRAZOLE
OMEPRAZOLE DELAYED RELEASE	RA OMEPRAZOLE
OMEPRAZOLE MAGNESIUM	ACID REDUCER
OMEPRAZOLE MAGNESIUM	OMEPRAZOLE MAGNESIUM
OMEPRAZOLE MAGNESIUM	PRILOSEC
OMEPRAZOLE MAGNESIUM	PRILOSEC OTC
OMEPRAZOLE MAGNESIUM CAP DR 20.6 MG (20 MG BASE)	OMEPRAZOLE MAGNESIUM
OMEPRAZOLE MAGNESIUM CAP DR 20.6 MG (20 MG BASE)	QC OMEPRAZOLE MAGNESIUM
OMEPRAZOLE MAGNESIUM DELAYED RELEASE	ACID REDUCER
OMEPRAZOLE MAGNESIUM DELAYED RELEASE	PRILOSEC OTC
OMEPRAZOLE MAGNESIUM/AMOXICILLIN	TALICIA
OMEPRAZOLE/CLARITHROMYCIN/AMOXICILLIN TRIHYDRATE	OMECLAMOX-PAK
OMEPRAZOLE/SODIUM BICARBONATE	OMEPEPI
OMEPRAZOLE/SODIUM BICARBONATE	OMEPRAZOLE-SODIUM BICARBONATE
OMEPRAZOLE/SODIUM BICARBONATE	OMEPRAZOLE/SODIUM BICARBONATE

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

<b>Non-Proprietary Name</b>	<b>Brand Name</b>
OMEPRAZOLE/SODIUM BICARBONATE	ZEGERID
OMEPRAZOLE/SODIUM BICARBONATE	ZEGERID OTC
PANTOPRAZOLE SODIUM	PANTOPRAZOLE SODIUM
PANTOPRAZOLE SODIUM	PROTONIX
PANTOPRAZOLE SODIUM	PROTONIX IV
PANTOPRAZOLE SODIUM EC	PANTOPRAZOLE SODIUM
PANTOPRAZOLE SODIUM EC	PROTONIX
RABEPRAZOLE SODIUM	ACIPHEX
RABEPRAZOLE SODIUM	ACIPHEX SPRINKLE
RABEPRAZOLE SODIUM	RABEPRAZOLE SODIUM
RABEPRAZOLE SODIUM EC	ACIPHEX
RABEPRAZOLE SODIUM EC	RABEPRAZOLE SODIUM
<b>Azithromycin</b>	
AZITHROMYCIN	AZITHROMYCIN
AZITHROMYCIN	ZITHROMAX
AZITHROMYCIN	ZITHROMAX TRI-PAK
AZITHROMYCIN	ZITHROMAX Z-PAK
AZITHROMYCIN	ZMAX
AZITHROMYCIN	ZMAX ADULT-PEDIATRIC
AZITHROMYCIN	ZMAX PEDIATRIC
AZITHROMYCIN HYDROGEN CITRATE	AZITHROMYCIN
<b>Baricitinib</b>	
BARICITINIB	OLUMIANT
<b>Inhaled Corticosteroids</b>	
BECLOMETHASONE DIPROPIONATE	BECLOVENT
BECLOMETHASONE DIPROPIONATE	QVAR
BECLOMETHASONE DIPROPIONATE	QVAR REDHALER
BECLOMETHASONE DIPROPIONATE	VANCERIL
BECLOMETHASONE DIPROPIONATE	VANCERIL DOUBLE STRENGTH
BUDESONIDE	PULMICORT
BUDESONIDE	PULMICORT FLEXHALER
BUDESONIDE/FORMOTEROL FUMARATE	BUDESONIDE-FORMOTEROL FUMARATE
BUDESONIDE/FORMOTEROL FUMARATE	SYMBICORT
BUDESONIDE/FORMOTEROL FUMARATE DIHYD	SYMBICORT
BUDESONIDE/GLYCOPYRROLATE/FORMOTEROL FUMARATE	BREZTRI AEROSPHERE
CICLESONIDE	ALVESCO
FLUNISOLIDE	AEROBID
FLUNISOLIDE	AEROBID-M
FLUNISOLIDE	AEROSPAN
FLUNISOLIDE/MENTHOL	AEROBID-M
FLUTICASONE FUROATE	ARNUITY ELLIPTA
FLUTICASONE FUROATE/UMECLIDIUM BROMIDE/VILANTEROL	TRELEGY ELLIPTA
TRIFENAT	
FLUTICASONE FUROATE/VILANTEROL	BREO ELLIPTA
FLUTICASONE FUROATE/VILANTEROL TRIFENATATE	BREO ELLIPTA
FLUTICASONE PROPIONATE	ARMONAIR DIGIHALER

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
FLUTICASONE PROPIONATE	ARMONAIR RESPICLICK
FLUTICASONE PROPIONATE	FLOVENT
FLUTICASONE PROPIONATE	FLOVENT DISKUS
FLUTICASONE PROPIONATE	FLOVENT HFA
FLUTICASONE PROPIONATE	FLOVENT ROTADISK
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE	ADVAIR DISKUS
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE	ADVAIR HFA
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE	AIRDUO DIGIHALER
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE	AIRDUO RESPICLICK
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE	FLUTICASONE-SALMETEROL
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE	WIXELA INHUB
FLUTICASONE/SALMETEROL	ADVAIR DISKUS
FLUTICASONE/SALMETEROL	ADVAIR HFA
FLUTICASONE/SALMETEROL	FLUTICASONE PROPIONATE/SALMETEROL
MOMETASONE FUROATE	ASMANEX
MOMETASONE FUROATE	ASMANEX HFA
MOMETASONE FUROATE/FORMOTEROL FUMARATE	DULERA
TRIAMCINOLONE ACETONIDE	AZMACORT
Corticosteroids	
BETAMETHASONE	CELESTONE
BUDESONIDE	BUDESONIDE
BUDESONIDE	BUDESONIDE ER
BUDESONIDE	ENTOCORT EC
BUDESONIDE	ORTIKOS
BUDESONIDE	UCERIS
CORTISONE ACETATE	CORTISONE ACETATE
DEFLAZACORT	EMFLAZA
DEXAMETHASONE	BAYCADRON
DEXAMETHASONE	DECADRON
DEXAMETHASONE	DEXABLISS
DEXAMETHASONE	DEXAMETHASONE
DEXAMETHASONE	DEXAMETHASONE 10-DAY DOSEPACK
DEXAMETHASONE	DEXAMETHASONE 13-DAY DOSEPACK
DEXAMETHASONE	DEXAMETHASONE 6-DAY DOSEPACK
DEXAMETHASONE	DEXAMETHASONE 6-DAY THERAPY PACK
DEXAMETHASONE	DEXAMETHASONE INTENSOL
DEXAMETHASONE	DEXAMETHASONE
DEXAMETHASONE	DEXPAK
DEXAMETHASONE	DEXPAK 10 DAY
DEXAMETHASONE	DEXPAK 13 DAY
DEXAMETHASONE	DEXPAK 6 DAY
DEXAMETHASONE	DEXPAK JR 10 DAY
DEXAMETHASONE	DXEVO 11-DAY
DEXAMETHASONE	HEMADY
DEXAMETHASONE	HIDEX 6-DAY
DEXAMETHASONE	LOCORT 11-DAY



**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
DEXAMETHASONE	LOCORT 7-DAY
DEXAMETHASONE	TAPERDEX 12-DAY
DEXAMETHASONE	TAPERDEX 6-DAY
DEXAMETHASONE	TAPERDEX 7-DAY
DEXAMETHASONE	ZCORT 7-DAY
DEXAMETHASONE	ZEMA-PAK 10 DAY
DEXAMETHASONE	ZEMA-PAK 13 DAY
DEXAMETHASONE	ZEMA-PAK 6 DAY
DEXAMETHASONE	ZODEX 12-DAY
DEXAMETHASONE	ZODEX 6-DAY
DEXAMETHASONE	ZONACORT 11 DAY
DEXAMETHASONE	ZONACORT 7 DAY
DEXAMETHASONE INTENSOL	DEXAMETHASONE INTENSOL
FLUDROCORTISONE ACETATE	FLUDROCORTISONE ACETATE
HYDROCORTISONE	ALKINDI SPRINKLE
HYDROCORTISONE	CORTEF
HYDROCORTISONE	HYDROCORTISONE
HYDROCORTISONE	HYDROCORTONE
METHYLPREDNISOLONE	MEDROL
METHYLPREDNISOLONE	MEDROL DOSEPAK
METHYLPREDNISOLONE	METHYLPREDNISOLONE
METHYLPREDNISOLONE	METHYLPREDNISOLONE DOSE PACK
PREDNISOLONE	MILLIPRED
PREDNISOLONE	MILLIPRED DP
PREDNISOLONE	PREDNISOLONE
PREDNISOLONE	PRELONE
PREDNISOLONE ACETATE	FLO-PRED
PREDNISOLONE SODIUM PHOSPHATE	ASMALPRED
PREDNISOLONE SODIUM PHOSPHATE	ASMALPRED PLUS
PREDNISOLONE SODIUM PHOSPHATE	MILLIPRED
PREDNISOLONE SODIUM PHOSPHATE	ORAPRED
PREDNISOLONE SODIUM PHOSPHATE	ORAPRED ODT
PREDNISOLONE SODIUM PHOSPHATE	PEDIAPRED
PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SODIUM PHOSPHATE
PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SODIUM PHOSPHATE ODT
PREDNISOLONE SODIUM PHOSPHATE	VERIPRED 20
PREDNISONE	DELTASONE
PREDNISONE	LIQUID PRED
PREDNISONE	PREDNISONE
PREDNISONE	PREDNISONE INTENSOL
PREDNISONE	RAYOS
PREDNISONE	STERAPRED
PREDNISONE	STERAPRED 12 DAY
PREDNISONE	STERAPRED DS
PREDNISONE	STERAPRED DS 12 DAY
TRIAMCINOLONE	ARISTOCORT

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
<b>Other Corticosteroids</b>	
BETAMETHASONE ACETATE AND SODIUM PHOSPHATE IN STERILE WATER/PF	BETAMETHASONE ACETATE-SOD PHOS
BETAMETHASONE ACETATE/BETAMETHASONE SODIUM	BETA 1
BETAMETHASONE ACETATE/BETAMETHASONE SODIUM	BETAMETHASONE ACETATE-SOD PHOS
BETAMETHASONE ACETATE/BETAMETHASONE SODIUM	BETAMETHASONE SOD PHOS-ACETATE
BETAMETHASONE ACETATE/BETAMETHASONE SODIUM	BSP 0820
BETAMETHASONE ACETATE/BETAMETHASONE SODIUM	CELESTONE
BETAMETHASONE ACETATE/BETAMETHASONE SODIUM	POD-CARE 100C
BETAMETHASONE ACETATE/BETAMETHASONE SODIUM	READYSHARP BETAMETHASONE
BETAMETHASONE ACETATE/BETAMETHASONE SODIUM PHOSPHATE/WATER	BETAMETHASONE ACETATE-SOD PHOS
BETAMETHASONE ACETATE/SODIUM PHOSPHATE	CELESTONE SOLUSPAN
BETAMETHASONE SODIUM PHOSPHATE	BETAMETHASONE SP
BETAMETHASONE SODIUM PHOSPHATE	CELESTONE
BETAMETHASONE SODIUM PHOSPHATE IN STERILE WATER	BETAMETHASONE SOD PHOS-WATER
BETAMETHASONE SODIUM PHOSPHATE/ACETATE	ACTIVE INJECTION KIT BM
BETAMETHASONE SODIUM PHOSPHATE/ACETATE	BETA INJECT KIT
BETAMETHASONE SODIUM PHOSPHATE/ACETATE	BETALIDO
BETAMETHASONE SODIUM PHOSPHATE/ACETATE	BETAMETHASONE COMBO
BETAMETHASONE SODIUM PHOSPHATE/ACETATE	BETAMETHASONE SODIUM PHOSPHATE/BETAMETHASONE
BETAMETHASONE SODIUM PHOSPHATE/ACETATE	CELESTONE-SOLUSPAN
BETAMETHASONE SODIUM PHOSPHATE/ACETATE	MARBETA-25
BETAMETHASONE SODIUM PHOSPHATE/ACETATE	READYSHARP BETAMETHASONE
CORTISONE ACETATE	CORTISONE
FLUDROCORTISONE ACETATE	FLORINEF
FLUDROCORTISONE ACETATE	FLORINEF ACETATE
HYDROCORTISONE SODIUM PHOSPHATE	HYDROCORTONE
HYDROCORTISONE SODIUM SUCCINATE	A-HYDROCORT
HYDROCORTISONE SODIUM SUCCINATE	HYDROCORTISONE SOD SUCCINATE
HYDROCORTISONE SODIUM SUCCINATE	SOLU-CORTEF
HYDROCORTISONE SODIUM SUCCINATE PF	SOLU-CORTEF
HYDROCORTISONE SODIUM SUCCINATE/PF	SOLU-CORTEF
HYDROCORTISONE SODIUM SUCCINATE/PF	SOLU-CORTEF (PF)
METHYLPREDNISOLONE	ACTIVE INJECTION KIT LM-DEP-1
METHYLPREDNISOLONE	ACTIVE INJECTION KIT LM-DEP-2
METHYLPREDNISOLONE	DYURAL-40
METHYLPREDNISOLONE	DYURAL-80
METHYLPREDNISOLONE	DYURAL-LM
METHYLPREDNISOLONE	MEPROLONE UNIPAK
METHYLPREDNISOLONE	METHYLPRED
METHYLPREDNISOLONE	METHYLPRED DP
METHYLPREDNISOLONE	P-CARE D40MX
METHYLPREDNISOLONE	P-CARE D80MX
METHYLPREDNISOLONE	POINT OF CARE LM DEP 2
METHYLPREDNISOLONE	READYSHARP ANESTHETICS +METHYLPREDNISOLONE 80

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

<b>Non-Proprietary Name</b>	<b>Brand Name</b>
METHYLPREDNISOLONE	READYSHARP-P40
METHYLPREDNISOLONE	READYSHARP-P80
METHYLPREDNISOLONE ACE 40 MG/ML/BUPIVACAINE	PHYSICIANS EZ USE M-PRED
METHYLPREDNISOLONE ACE/LIDOCAINE	METHYLPREDNISOLONE/LIDOCAINE
METHYLPREDNISOLONE ACETATE	DEPO-MEDROL
METHYLPREDNISOLONE ACETATE	METHYLPRED 40
METHYLPREDNISOLONE ACETATE	METHYLPREDNISOLONE
METHYLPREDNISOLONE ACETATE	METHYLPREDNISOLONE ACETATE
METHYLPREDNISOLONE ACETATE	METHYLPREDNISOLONE PF
METHYLPREDNISOLONE ACETATE	P-CARE D40
METHYLPREDNISOLONE ACETATE	P-CARE D80
METHYLPREDNISOLONE ACETATE	READYSHARP METHYLPREDNISOLONE
METHYLPREDNISOLONE ACETATE IN SODIUM CHLORIDE,ISO/OSMOTIC/PF	METHYLPREDNISOLONE ACETATE
METHYLPREDNISOLONE ACETATE IN STERILE WATER	METHYLPREDNISOLONE ACETATE
METHYLPREDNISOLONE ACETATE W/ LIDOCAINE	METHYLPREDNISOLONE/LIDOCAINE
METHYLPREDNISOLONE ACETATE/BUPIVACAINE HCL	PHYSICIANS EZ USE M-PRED
METHYLPREDNISOLONE ACETATE/BUPIVACAINE HCL IN STERILE WATER	METHYLPREDNISOLONE-BUPIVACAINE
METHYLPREDNISOLONE SODIUM SUCCINATE	A-METHAPRED
METHYLPREDNISOLONE SODIUM SUCCINATE	METHYLPREDNISOLONE SOD SUCC
METHYLPREDNISOLONE SODIUM SUCCINATE	METHYLPREDNISOLONE SODIUM SUCC
METHYLPREDNISOLONE SODIUM SUCCINATE	SOLU-MEDROL
METHYLPREDNISOLONE SODIUM SUCCINATE	SOLU-MEDROL W/DILUENT
METHYLPREDNISOLONE SODIUM SUCCINATE/PF	SOLU-MEDROL
METHYLPREDNISOLONE SODIUM SUCCINATE/PF	SOLU-MEDROL (PF)
METHYLPREDNISOLONE/LIDOCAINE	ACTIVE INJECTION KIT L
METHYLPREDNISOLONE/LIDOCAINE	DYURAL-L
METHYLPREDNISOLONE/LIDOCAINE	MULTI-SPECIALTY KIT
METHYLPREDNISOLONE/LIDOCAINE	POINT OF CARE L.2
METHYLPREDNISOLONE/LIDOCAINE	POINT OF CARE L.5
PREDNISOLONE ACETATE	KEY-PRED
PREDNISOLONE ACETATE	KEY-PRED 25
PREDNISOLONE ACETATE	PREDICORT-50
PREDNISOLONE ACETATE	PREDNISOLONE ACETATE
PREDNISOLONE SODIUM PHOSPHATE	BUBBLI-PRED
PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SOD PHOSPHATE
PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SODIUM PHOS ODT
PREDNISONE ORAL	PREDNISONE
TRIAMCINOLONE	ACTIVE INJECTION KIT KM
TRIAMCINOLONE	BT INJECTION KIT
TRIAMCINOLONE	BUPIVILOG KIT
TRIAMCINOLONE	POINT OF CARE KM
TRIAMCINOLONE ACETONIDE	ARZE-JECT-A
TRIAMCINOLONE ACETONIDE	CENOCORT A-40
TRIAMCINOLONE ACETONIDE	KENALOG

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
TRIAMCINOLONE ACETONIDE	KENALOG-10
TRIAMCINOLONE ACETONIDE	KENALOG-40
TRIAMCINOLONE ACETONIDE	KENALOG-80
TRIAMCINOLONE ACETONIDE	P-CARE K40
TRIAMCINOLONE ACETONIDE	P-CARE K80
TRIAMCINOLONE ACETONIDE	POD-CARE 100K
TRIAMCINOLONE ACETONIDE	PRO-C-DURE 5
TRIAMCINOLONE ACETONIDE	PRO-C-DURE 6
TRIAMCINOLONE ACETONIDE	READYSHARP TRIAMCINOLONE
TRIAMCINOLONE ACETONIDE	TRIAM-A
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE PF
TRIAMCINOLONE ACETONIDE IN 0.9 % SODIUM CHLORIDE	TRIAMCINOLONE ACETONIDE
TRIAMCINOLONE ACETONIDE/0.9% SODIUM CHLORIDE/PF	TRIAMCINOLONE ACETONIDE
TRIAMCINOLONE ACETONIDE/BUPIVACAINE/ IN 0.9% SODIUM CHLORIDE	TRIAMCINOLONE ACET-BUPIVACAINE
TRIAMCINOLONE ACETONIDE/LIDOCAINE	TRIAMCINOLONE/LIDOCAINE
TRIAMCINOLONE ACETONIDE/LIDOCAINE HCL	EZ USE JOINT-TUNNEL-TRIGGER
TRIAMCINOLONE ACETONIDE/LIDOCAINE HCL	LIDOCILONE I
TRIAMCINOLONE DIACETATE	ARISTOCORT FORTE
TRIAMCINOLONE DIACETATE	ARISTOCORT INTRALESIONAL
TRIAMCINOLONE DIACETATE	CENOCORT FORTE SUSPENSION
TRIAMCINOLONE DIACETATE	TRIAM FORTE
TRIAMCINOLONE DIACETATE	TRIAMCINOLONE
TRIAMCINOLONE DIACETATE	TRIAMCINOLONE DIACETATE
TRIAMCINOLONE DIACETATE	TRIAMCINOLONE PF
TRIAMCINOLONE DIACETATE IN 0.9 % SODIUM CHLORIDE	TRIAMCINOLONE DIACETATE
TRIAMCINOLONE DIACETATE IN 0.9 % SODIUM CHLORIDE/PF	TRIAMCINOLONE DIACETATE
TRIAMCINOLONE HEXACETONIDE	ARISTOSPAN
TRIAMCINOLONE HEXACETONIDE	ARISTOSPAN INTRA-ARTICULAR
TRIAMCINOLONE HEXACETONIDE	ARISTOSPAN PARENTERAL
TRIAMCINOLONE/BUPIVACAINE	MLK F1 KIT
TRIAMCINOLONE/BUPIVACAINE	MLK F2 KIT
TRIAMCINOLONE/BUPIVACAINE	MLK F3 KIT
TRIAMCINOLONE/BUPIVACAINE	MLK F4 KIT
TRIAMCINOLONE/BUPIVACAINE	MLP A-1
TRIAMCINOLONE/BUPIVACAINE	MLP A-2
TRIAMCINOLONE/BUPIVACAINE	P-CARE K40MX
TRIAMCINOLONE/BUPIVACAINE	P-CARE K80MX
TRIAMCINOLONE/BUPIVACAINE	POD-CARE 100KMX
TRIAMCINOLONE/BUPIVACAINE	PRO-C-DURE 1 KIT
TRIAMCINOLONE/BUPIVACAINE	PRO-C-DURE 2 KIT
TRIAMCINOLONE/BUPIVACAINE	PRO-C-DURE 3 KIT
TRIAMCINOLONE/BUPIVACAINE	PRO-C-DURE 4 KIT
TRIAMCINOLONE/BUPIVACAINE	READYSHARP-K

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
TRIAMCINOLONE/LIDOCAINE HCL	K10-LIDO
TRIAMCINOLONE/LIDOCAINE HCL	K40-LIDO
TRIAMCINOLONE/LIDOCAINE HCL	LIDOLOG KIT
TRIAMCINOLONE/LIDOCAINE HCL	LT INJECTION KIT
<b>Dexamethasone</b>	
BUPIVACAINE HCL/DEXAMETHASONE SODIUM PHOSPHATE IN STERILE WATER	BUPIVACAINE-DEXAMETHASONE SOD
DEXAMETHASONE	ACTIVE INJECTION KIT DLM
DEXAMETHASONE	DEXLIDO-M
DEXAMETHASONE	DXEVO
DEXAMETHASONE	HIDEX
DEXAMETHASONE	LOCORT
DEXAMETHASONE	READYSHARP ANESTHETICS +DEXAMETHASONE
DEXAMETHASONE	TAPERDEX
DEXAMETHASONE	ZCORT
DEXAMETHASONE	ZEMA-PAK
DEXAMETHASONE	ZODEX
DEXAMETHASONE	ZONACORT
DEXAMETHASONE ACETATE	DALALONE DP
DEXAMETHASONE ACETATE	DEKASOL LA
DEXAMETHASONE ACETATE	DEX LA 16
DEXAMETHASONE ACETATE	DEX LA 8
DEXAMETHASONE ACETATE	DEXACEN LA-8
DEXAMETHASONE ACETATE	DEXAMETHASONE ACETATE
DEXAMETHASONE ACETATE	DEXAMETHASONE ACETATE-MDV
DEXAMETHASONE ACETATE	SOLUREX LA
DEXAMETHASONE ACETATE AND SODIUM PHOSPHATE IN STERILE WATER	DEXAMETHASONE ACETATE-SOD PHOS
DEXAMETHASONE ACETATE IN SODIUM CHLORIDE,	DEXAMETHASONE ACETATE LA
DEXAMETHASONE ACETATE/SODIUM PHOSPHATE	DEX COMBO
DEXAMETHASONE SODIUM PHOSPHATE	CPC-CORT-D
DEXAMETHASONE SODIUM PHOSPHATE	DECADRON
DEXAMETHASONE SODIUM PHOSPHATE	DECADRON-MDV
DEXAMETHASONE SODIUM PHOSPHATE	DEKASOL
DEXAMETHASONE SODIUM PHOSPHATE	DEKASOL-10
DEXAMETHASONE SODIUM PHOSPHATE	DEXAMETHASONE
DEXAMETHASONE SODIUM PHOSPHATE	DEXAMETHASONE SODIUM PHOSPHATE
DEXAMETHASONE SODIUM PHOSPHATE	READYSHARP DEXAMETHASONE
DEXAMETHASONE SODIUM PHOSPHATE	SOLUREX
DEXAMETHASONE SODIUM PHOSPHATE IN 0.9 % SODIUM CHLORIDE	DEXAMETHASONE-0.9% NACL
DEXAMETHASONE SODIUM PHOSPHATE IN 0.9 % SODIUM CHLORIDE	DEXAMETHASONE-NS
DEXAMETHASONE SODIUM PHOSPHATE PF/BUPIVACAINE 0.25%	ACTIVE INJECTION KIT M-1
DEXAMETHASONE SODIUM PHOSPHATE PF/BUPIVACAINE 0.25%	MARDEX-25
DEXAMETHASONE SODIUM PHOSPHATE/DEXTROSE	DEXAMETHASONE SODIUM PHOSPHATE/DEXTROSE

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

<b>Non-Proprietary Name</b>	<b>Brand Name</b>
DEXAMETHASONE SODIUM PHOSPHATE/LIDOCAINE HCL	LIDOCIDEX-I
DEXAMETHASONE SODIUM PHOSPHATE/NACL	DEXAMETHASONE SODIUM PHOSPHATE/SODIUM CHLORIDE
DEXAMETHASONE SODIUM PHOSPHATE/PF	ACTIVE INJECTION KIT D
DEXAMETHASONE SODIUM PHOSPHATE/PF	ACTIVE INJECTION KIT DL
DEXAMETHASONE SODIUM PHOSPHATE/PF	DEXAMETHASONE SODIUM PHOSPHATE
DEXAMETHASONE SODIUM PHOSPHATE/PF	DEXLIDO
DEXAMETHASONE SODIUM PHOSPHATE/PF	DOUBLEDEX
DEXAMETHASONE SODIUM PHOSPHATE/PF	MAS CARE-PAK
DEXAMETHASONE SODIUM PHOSPHATE/PF	TOPIDEX
DEXAMETHASONE/BUPIVACAINE HCL/EPINEPHRINE	BUPIVACAINE HYDROCHLORIDE/DEXAMETHASONE SODIUM PHOSPHATE/EPINEPHRINE
DEXAMETHASONE/SALIVA COLLECTION DEVICE	CUSHINGS SYNDROME DIAGNOSTIC
<b>Chloroquine</b>	
CHLOROQUINE HCL	ARALEN HCL
CHLOROQUINE PHOSPHATE	ARALEN
CHLOROQUINE PHOSPHATE	ARALEN PHOSPHATE
CHLOROQUINE PHOSPHATE	CHLOROQUINE PHOSPHATE
<b>H2 Blockers</b>	
CIMETIDINE	ACID REDUCER
CIMETIDINE	ACID RELIEF
CIMETIDINE	CIMETIDINE
CIMETIDINE	CIMETIDINE ACID REDUCER
CIMETIDINE	EQ CIMETIDINE ACID REDUCER
CIMETIDINE	EQ HEARTBURN RELIEF
CIMETIDINE	HEARTBURN
CIMETIDINE	HEARTBURN 200
CIMETIDINE	HEARTBURN RELIEF
CIMETIDINE	HM HEARTBURN RELIEF
CIMETIDINE	RA ACID REDUCER
CIMETIDINE	RA CIMETIDINE
CIMETIDINE	SB CIMETIDINE
CIMETIDINE	TAGAMET
CIMETIDINE	TAGAMET HB
CIMETIDINE HCL	CIMETIDINE
CIMETIDINE HCL	CIMETIDINE HCL
CIMETIDINE HCL IN 0.9 % SODIUM CHLORIDE	CIMETIDINE IN SODIUM CHLORIDE
CIMETIDINE HCL/NORMAL SALINE	CIMETIDINE IN SODIUM CHLORIDE
FAMOTIDINE	ACID CONTROL
FAMOTIDINE	ACID CONTROLLER
FAMOTIDINE	ACID CONTROLLER MAXIMUM STRENGTH
FAMOTIDINE	ACID REDUCER
FAMOTIDINE	ACID REDUCER MAXIMUM STRENGTH
FAMOTIDINE	ACID-PEP
FAMOTIDINE	EQ ACID CONTROLLER

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
FAMOTIDINE	EQ FAMOTIDINE MAXIMUM STRENGTH
FAMOTIDINE	FAMOTIDINE
FAMOTIDINE	HEARTBURN PREVENTION
FAMOTIDINE	HEARTBURN RELIEF
FAMOTIDINE	HM ACID REDUCER
FAMOTIDINE	KLS ACID CONTROLLER MAXIMUM STRENGTH
FAMOTIDINE	MM FAMOTIDINE
FAMOTIDINE	PEPCID
FAMOTIDINE	PEPCID AC
FAMOTIDINE	PEPCID AC EZ CHEWS MAXIMUM STRENGTH
FAMOTIDINE	PEPCID I.V.
FAMOTIDINE	PEPCID RPD
FAMOTIDINE	RA ACID REDUCER
FAMOTIDINE	SB ACID CONTROLLER
FAMOTIDINE	SB ACID CONTROLLER MAXIMUM STRENGTH
FAMOTIDINE IN 0.9 % SODIUM CHLORIDE	FAMOTIDINE-0.9% NACL
FAMOTIDINE IN 0.9 % SODIUM CHLORIDE	FAMOTIDINE-NS
FAMOTIDINE IN SALINE, ISO/OSMOTIC	FAMOTIDINE
FAMOTIDINE IN SALINE, ISO/OSMOTIC/PF	PEPCID
FAMOTIDINE IN SODIUM CHLORIDE, ISO/OSMOTIC/PF	FAMOTIDINE
FAMOTIDINE/CA CARBONATE/MAG HYDROXIDE	ACID REDUCER + ANTACID
FAMOTIDINE/CA CARBONATE/MAG HYDROXIDE	CVS DUAL ACTION COMPLETE
FAMOTIDINE/CA CARBONATE/MAG HYDROXIDE	GNP DUAL ACTION COMPLETE
FAMOTIDINE/CA CARBONATE/MAG HYDROXIDE	KLS ACID CONTROLLER COMPLETE
FAMOTIDINE/CA CARBONATE/MAG HYDROXIDE	PEPCID COMPLETE
FAMOTIDINE/CA CARBONATE/MAG HYDROXIDE	RA ACID REDUCER PLUS ANTACID
FAMOTIDINE/CA CARBONATE/MAG HYDROXIDE	SM COMPLETE DUAL ACTION
FAMOTIDINE/CALCIUM CARBONATE/MAGNESIUM	ACID CONTROLLER COMPLETE
FAMOTIDINE/CALCIUM CARBONATE/MAGNESIUM	ACID REDUCER COMPLETE
FAMOTIDINE/CALCIUM CARBONATE/MAGNESIUM	COMPLETE
FAMOTIDINE/CALCIUM CARBONATE/MAGNESIUM	DUAL ACTION
FAMOTIDINE/CALCIUM CARBONATE/MAGNESIUM	DUAL ACTION COMPLETE
FAMOTIDINE/CALCIUM CARBONATE/MAGNESIUM	PEPCID COMPLETE
FAMOTIDINE/CALCIUM CARBONATE/MAGNESIUM HYDROXIDE	ACID CONTROLLER COMPLETE
FAMOTIDINE/CALCIUM CARBONATE/MAGNESIUM HYDROXIDE	ACID REDUCER COMPLETE
FAMOTIDINE/CALCIUM CARBONATE/MAGNESIUM HYDROXIDE	COMPLETE
FAMOTIDINE/CALCIUM CARBONATE/MAGNESIUM HYDROXIDE	DUAL ACTION
FAMOTIDINE/CALCIUM CARBONATE/MAGNESIUM HYDROXIDE	DUAL ACTION COMPLETE
FAMOTIDINE/CALCIUM CARBONATE/MAGNESIUM HYDROXIDE	DUO FUSION
FAMOTIDINE/CALCIUM CARBONATE/MAGNESIUM HYDROXIDE	PEPCID COMPLETE
FAMOTIDINE/CALCIUM CARBONATE/MAGNESIUM HYDROXIDE	TUMS DUAL ACTION
FAMOTIDINE/PF	FAMOTIDINE
FAMOTIDINE/PF	PEPCID
IBUPROFEN/FAMOTIDINE	DUEXIS
NIZATIDINE	AXID
NIZATIDINE	AXID AR

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
NIZATIDINE	NIZATIDINE
RANITIDINE HCL	ACID CONTROL
RANITIDINE HCL	ACID CONTROL MAXIMUM STRENGTH
RANITIDINE HCL	ACID REDUCER
RANITIDINE HCL	ACID REDUCER 150
RANITIDINE HCL	ACID REDUCER MAXIMUM STRENGTH
RANITIDINE HCL	DEPRIZINE
RANITIDINE HCL	DEPRIZINE FUSEPAQ
RANITIDINE HCL	DEPRIZINE RAPIDPAQ
RANITIDINE HCL	EQ ACID REDUCER
RANITIDINE HCL	EQ RANITIDINE
RANITIDINE HCL	EQL ACID REDUCER MAXIMUMSTRENGTH
RANITIDINE HCL	EQL HEARTBURN RELIEF
RANITIDINE HCL	EQL HEARTBURN RELIEF MAXIMUM STRENGTH
RANITIDINE HCL	GNP ACID CONTROL 150 MAXIMUM STRENGTH
RANITIDINE HCL	GOODSENSE ACID REDUCER
RANITIDINE HCL	HEARTBURN
RANITIDINE HCL	HEARTBURN RELIEF
RANITIDINE HCL	HEARTBURN RELIEF 150
RANITIDINE HCL	HEARTBURN RELIEF 150 MAXIMUM STRENGTH
RANITIDINE HCL	HEARTBURN RELIEF 75
RANITIDINE HCL	HM ACID REDUCER
RANITIDINE HCL	HM ACID REDUCER MAXIMUM STRENGTH
RANITIDINE HCL	RA ACID REDUCER
RANITIDINE HCL	RA RANITIDINE
RANITIDINE HCL	RANITIDINE
RANITIDINE HCL	RANITIDINE ACID REDUCER
RANITIDINE HCL	RANITIDINE HCL
RANITIDINE HCL	RANITIDINE HYDROCHLORIDE
RANITIDINE HCL	SB ACID REDUCER RANITIDINE 75
RANITIDINE HCL	TALADINE
RANITIDINE HCL	TGT ACID REDUCER
RANITIDINE HCL	WAL-ZAN 150
RANITIDINE HCL	WAL-ZAN 75
RANITIDINE HCL	ZANTAC
RANITIDINE HCL	ZANTAC 150 MAXIMUM STRENGTH
RANITIDINE HCL	ZANTAC 25
RANITIDINE HCL	ZANTAC 75
RANITIDINE HCL IN 1/2 NORMAL SALINE	ZANTAC
RANITIDINE HCL/DIETARY SUPPLEMENT,MISC COMB17	GABITIDINE
RANITIDINE HCL/DIETARY SUPPLEMENT,MISC.COMBO8	SENTRADINE
<b>Other Anti-Inflammatory and Immunosuppressive Treatments</b>	
COLCHICINE	COLCHICINE
COLCHICINE	COLCRYS
COLCHICINE	GLOPERBA
COLCHICINE	MITIGARE



**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

<b>Non-Proprietary Name</b>	<b>Brand Name</b>
COLCHICINE/PROBENECID	COL-PROBENECID
COLCHICINE/PROBENECID	PROBENECID W/COLCHICINE
COLCHICINE/PROBENECID	PROBENECID-COLCHICINE
COLCHICINE/RHUS EXTRACTS	RHEUMATIC PAINS NO.15
INTERFERON BETA/1A	AVONEX
INTERFERON BETA/1A	AVONEX PEN
INTERFERON BETA/1A	REBIF
INTERFERON BETA/1A FOR IM INJ	AVONEX
INTERFERON BETA/1A/ALBUMIN HUMAN	AVONEX
INTERFERON BETA/1A/ALBUMIN HUMAN	AVONEX ADMINISTRATION PACK
INTERFERON BETA/1A/ALBUMIN HUMAN	REBIF
INTERFERON BETA/1A/ALBUMIN HUMAN	REBIF REBIDOSE
INTERFERON BETA/1B	BETASERON
INTERFERON BETA/1B	BETASERON W/DILUENT
INTERFERON BETA/1B	EXTAVIA
PEGINTERFERON BETA/1A	PLEGRIDY
PEGINTERFERON BETA/1A	PLEGRIDY PEN
PROBENECID/COLCHICINE	PROBENECID-COLCHICINE
<b>Pfizer Vaccine</b>	
COVID-19 vac mRNA, tris(Pfizer)/PF	
COVID-19 vac mRNA, tris(Pfizer)/PF	Pfizer COVID19 tris Vac(EUA)PF
COVID-19 vaccine, mRNA, BNT162b2, LNP-S (Pfizer)/PF	Comirnaty (PF)
COVID-19 vaccine, mRNA, BNT162b2, LNP-S (Pfizer)/PF	Pfizer COVID-19 Vaccine (EUA)
<b>Janssen Vaccine</b>	
COVID-19 vac, Ad26.COVS.2.S (Janssen)/PF	Janssen COVID-19 Vaccine (EUA)
<b>Moderna Vaccine</b>	
COVID-19 vaccine, mRNA, cx-024414, LNP-S (Moderna)/PF	Moderna COVID-19 Vaccine (EUA)
<b>Fluvoxamine</b>	
FLUVOXAMINE MALEATE	FLUVOXAMINE MALEATE
FLUVOXAMINE MALEATE	FLUVOXAMINE MALEATE ER
FLUVOXAMINE MALEATE	LUVOX CR
<b>Hydroxychloroquine</b>	
HYDROXYCHLOROQUINE SULFATE	HYDROXYCHLOROQUINE SULFATE
HYDROXYCHLOROQUINE SULFATE	PLAQUENIL
<b>Ivermectin</b>	
IVERMECTIN	IVERMECTIN
IVERMECTIN	STROMEKTOL
<b>Lopinavir/Ritonavir</b>	
LOPINAVER/RITONAVIR	KALETRA
LOPINAVER/RITONAVIR	LOPINAVER-RITONAVIR
<b>Selected Anti-CD20 mAbs</b>	
OCRELIZUMAB	OCREVUS
OFATUMUMAB	KESIMPTA PEN
RITUXIMAB/HYALURONIDASE, HUMAN RECOMBINANT	RITUXAN HYCELA
<b>Remdesivir</b>	
REMDESIVIR	REMDESIVIR (EUA)

**Appendix F. List of Non-Proprietary and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

Non-Proprietary Name	Brand Name
REMDESIVIR	VEKLURY
REMDESIVIR (EMERGENCY USE AUTHORIZATION)	REMDESIVIR (EUA)
REMDESIVIR FOR IV	REMDESIVIR
<b>IL-6 Receptors</b>	
SARILUMAB	KEVZARA
SILTUXIMAB	SYLVANT
TOCILIZUMAB	ACTEMRA
TOCILIZUMAB	ACTEMRA ACTPEN
<b>Sickle Cell Disease</b>	
crizanlizumab-tmca	Adakveo
voxelotor	Oxbryta

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

The Center for Drug Evaluation and Research has requested execution of the Cohort Identification and Descriptive Analysis (CIDA) tool [11.2.3] to characterize monoclonal antibody (mAb) users and COVID-19 patients, and estimate rates of anaphylaxis and hospitalizations among mAb users in the Sentinel Distributed Database (SDD).

<p style="text-align: center;"> <b>Coverage requirem Medical Coverage</b>  <b>Pre-index enrollment req 183</b>  <b>Post-index enrollment rec 0</b>  <b>Post-episode enrollment requiremer 0</b>  <b>Enrollment gap 45</b>  <b>Age groups: 0-11, 12-17, 18-54, 55-64, 65+</b>  <b>Envelope macro 1. Do not reclassify if encounter occurs on day of admission (ADate).</b> </p>														
<b>Exposure</b>														
Run	Scenario	Query Period	Stratifications	Index Exposure	Cohort definition	Incident exposure washout period	Incident w/ respect to:	Build Episodes on Point Exposure?	Care setting	Principal diagnosis position	Forced supply to attach to dispensings	Output Baseline Table	Censor treatment episode at evidence of:	Follow-Up Time Categories:
01	1	11-09-2020 to 06-30-2021	N/A	Monoclonal Antibody (bamlanivimab, or casirvimab and imdevimab, or same-day bamlanivimab and etesevimab (combo), or sotrovimab)	First valid exposure episodes during query period	0	n/a	Y	Any care setting	N/A	N/A	Y	*Death; *Query end date	N/A
01	2	11-09-2020 to 06-30-2021	N/A	Bamlanivimab	First valid exposure episodes during query period	0	n/a	Y	Any care setting	N/A	N/A	Y	*Death; *Query end date	N/A
01	3	11-09-2020 to 06-30-2021	N/A	Casirivimab and Imdevimab	First valid exposure episodes during query period	0	n/a	Y	Any care setting	N/A	N/A	Y	*Death; *Query end date	N/A

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

Run	Scenario	Query Period	Stratifications	Index Exposure	Cohort definition	Exposure								Follow-Up Time Categories:
						Incident exposure washout period	Incident w/ respect to:	Build Episodes on Point Exposure?	Care setting	Principal diagnosis position	Forced supply to attach to dispensings	Output Baseline Table	Censor treatment episode at evidence of:	
01	4	11-09-2020 to 06-30-2021	N/A	Bamlanivimab and Etesevimab (same-day combo)	First valid exposure episodes during query period	0	n/a	Y	Any care setting	N/A	N/A	Y	*Death; *Query end date	N/A
01	5	11-09-2020 to 06-30-2021	N/A	Sotrovimab	First valid exposure episodes during query period	0	n/a	Y	Any care setting	N/A	N/A	Y	*Death; *Query end date	N/A
01	6	11-09-2020 to 06-30-2021	N/A	COVID-19 (diagnosis or positive lab)	First valid exposure episodes during query period	0	n/a	Y	Any care setting	N/A	N/A	Y	*Death; *Query end date	N/A
01	7	11-09-2020 to 06-30-2021	N/A	COVID-19 (diagnosis or positive lab)	First valid exposure episodes during query period	0	n/a	Y	Any care setting	N/A	N/A	Y	*Death; *Query end date	N/A

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

Run	Scenario	Query Period	Stratifications	Index Exposure	Cohort definition	Exposure					Principal diagnosis position	Forced supply to attach to dispensings	Output Baseline Table	Censor treatment episode at evidence of:	Follow-Up Time Categories:
						Incident exposure washout period	Incident w/ respect to:	Build Episodes on Point Exposure?	Care setting						
02	8	11-09-2020 to 06-30-2021	Age, Sex, Year-Month, HHS_Region Follow-up Time Strata: Age, Sex	Monoclonal Antibody (bamlanivimab, or casirvimab and imdevimab, or same-day bamlanivimab and etesevimab (combo), or sotrovimab)	First valid exposure episodes during query period	0	n/a	Y	Outpatient: *Emergency department encounter; *Ambulatory visit; *Other ambulatory visit	N/A	N/A	N	*Death; *Query end date; *Occurrence of a hospitalization event	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15+	
03	9	11-09-2020 to most recent available data	Age, Sex Follow-up Time Strata: Age, Sex	Monoclonal Antibody (bamlanivimab, or casirvimab and imdevimab, or same-day bamlanivimab and etesevimab (combo), or sotrovimab)	First valid exposure episodes during query period	0	n/a	Y	Any care setting	N/A	N/A	N	*Death; *Query end date; *Occurrence of an anaphylaxis event	0, 1, 2, 3, 4, 5, 6, 7, 8+	
03	10	11-09-2020 to most recent available data	Age, Sex Follow-up Time Strata: Age, Sex	Monoclonal Antibody (bamlanivimab, or casirvimab and imdevimab, or same-day bamlanivimab and etesevimab (combo), or sotrovimab)	First valid exposure episodes during query period	0	n/a	Y	Any care setting	N/A	N/A	N	*Death; *Query end date; *Occurrence of an anaphylaxis event	0, 1, 2, 3, 4, 5, 6, 7, 8+	

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

Run	Scenario	Query Period	Stratifications	Index Exposure	Cohort definition	Exposure								
						Incident exposure washout period	Incident w/ respect to:	Build Episodes on Point Exposure?	Care setting	Principal diagnosis position	Forced supply to attach to dispensings	Output Baseline Table	Censor treatment episode at evidence of:	Follow-Up Time Categories:
03	11	11-09-2020 to most recent available data	Age, Sex Follow-up Time Strata: Age, Sex	Monoclonal Antibody (bamlanivimab, or casirvimab and imdevimab, or same-day bamlanivimab and etesevimab (combo), or sotrovimab)	First valid exposure episodes during query period	0	n/a	Y	Any care setting	N/A	N/A	N	*Death; *Query end date; *Occurrence of an anaphylaxis event	0, 1, 2, 3, 4, 5, 6, 7, 8+
03	12	11-09-2020 to most recent available data	Age, Sex Follow-up Time Strata: Age, Sex	Monoclonal Antibody (bamlanivimab, or casirvimab and imdevimab, or same-day bamlanivimab and etesevimab (combo), or sotrovimab)	First valid exposure episodes during query period	0	n/a	Y	Any care setting	N/A	N/A	N	*Death; *Query end date; *Occurrence of an anaphylaxis event	0, 1, 2, 3, 4, 5, 6, 7, 8+

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

Run	Scenario	Inclusion/Exclusion Criteria							Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period
		Inclusion/Exclusion group	Criteria	Care setting	Principal diagnosis position	Evaluation period start	Evaluation period end			
01	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
01	2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
01	3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
01	4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
01	5	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
01	6	mAbs	Exclusion	Any care setting	N/A	ever	ever	N/A	1	
01	7	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
02	8	COVID-19 (diagnosis or positive lab)	Inclusion	Any care setting	N/A	-14	-1	n/a	1	
		Inpatient mAb use	Exclusion	Inpatient	N/A	-14	0	n/a	1	
03	9	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
03	10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
03	11	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
03	12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

ICD-9, ICD-10, HCPCS, and CPT codes are provided by Optum360.

NDC codes are checked against First Data Bank's FDB MedKnowledge®.

Appendix G. Specifications Defining Parameters Used in this Request										
Run	Scenario	Event	Event Outcome							Risk Evaluation Window Start
			Incident event washout period	Incident w/ respect to:	Care setting	Principal diagnosis position	Exclude evidence of days supply if event washout includes dispensings	Event de-duplication		
01	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
01	2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
01	3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
01	4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
01	5	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
01	6	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
01	7	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
02	8	Hospitalization	0	N/A	Inpatient hospital stay	N/A	Y (look for evidence of Admission Date)	De-duplicates occurrences of the same event code and code type on the same day	1 (Exclude Day 0)	
03	9	Anaphylactic Reactions	0	N/A	Any care setting	N/A	N/A	De-duplicates occurrences of the same event code and code type on the same day	0 (Start on index date)	
03	10	Anaphylactic Reactions	0	N/A	Inpatient hospital stay	N/A	N/A	De-duplicates occurrences of the same event code and code type on the same day	0 (Start on index date)	
03	11	Anaphylactic Reactions	0	N/A	Emergency department encounter	N/A	N/A	De-duplicates occurrences of the same event code and code type on the same day	0 (Start on index date)	
03	12	Anaphylactic Reactions	0	N/A	Ambulatory visit	N/A	N/A	De-duplicates occurrences of the same event code and code type on the same day	0 (Start on index date)	

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



Appendix H. Specifications Defining Baseline Characteristic Parameters Used in this Request

Baseline Characteristics

Covariate	Covariate Number	Combo Covariate Components	Care setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply?	Number of instances the covariate should be found in evaluation period	Minimum Days Supply	Include in Baseline Table
<b>Monoclonal Antibody Comorbidities:</b>										
Asthma	COVAR 1		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Reactive Airway and Lung Diseases	COVAR 2		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Other Chronic Respiratory Diseases	COVAR 3		Any care setting	n/a	-183	0	n/a	1	n/a	Y
COPD	COVAR 4		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Diabetes	COVAR 5		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Chronic Kidney Disease	COVAR 6		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Hypertension	COVAR 7		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Cardiovascular and Other Vascular Disease	COVAR 8		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Obesity	COVAR 9		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Sickle Cell Disease	COVAR 10		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Congenital or Acquired Heart Disease	COVAR 11		Any care setting	n/a	-183	0	n/a	1	n/a	Y
<b>Immunocompromised</b>										
Treatment-Independent Immunosuppressive Disease	COVAR 137	COVAR 12 OR 13 OR 14								Y
HIV/AIDS	COVAR 12		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Hematological Malignancy	COVAR 13		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Treatment-Independent Immune Deficiencies	COVAR 14		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Immunosuppressive Treatments	COVAR 138	COVAR 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22								Y
Dialysis	COVAR 15		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Chemotherapeutic Agents	COVAR 16		Any care setting	n/a	-183	0	n/a	1	n/a	Y

**Appendix H. Specifications Defining Baseline Characteristic Parameters Used in this Request**

**Baseline Characteristics**

<b>Covariate</b>	<b>Covariate Number</b>	<b>Combo Covariate Components</b>	<b>Care setting</b>	<b>Principal diagnosis position</b>	<b>Evaluation period start</b>	<b>Evaluation period end</b>	<b>Exclude evidence of days supply?</b>	<b>Number of instances the covariate should be found in evaluation period</b>	<b>Minimum Days Supply</b>	<b>Include in Baseline Table</b>
Chemo Diagnoses and Procedures	COVAR 17		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Immunosuppressants	COVAR 18		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Immunosuppressants Diagnoses and Procedures	COVAR 19		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Steroid Diagnoses and Procedures	COVAR 20		Any care setting	n/a	-183	0	n/a	1	n/a	Y
At least 1 Corticosteroid Dispensing with 90 Days Supply	COVAR 21		Any care setting	n/a	-183	0	n/a	1	90	Y
At least 3 Corticosteroid Dispensings with 90 Days Supply	COVAR 22		Any care setting	n/a	-183	0	n/a	3	90	Y
Treatment-Dependent Immunosuppressive Disease	COVAR 139	((COVAR 23 OR 24 OR 25 OR 26) AND (16 OR 17 OR 18 OR 19)) OR (COVAR 26 AND (COVAR 20 OR 21 OR 22))								Y
Solid Malignancy	COVAR 23		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Solid Malignancy AND Chemo	COVAR 140	COVAR 23 AND (16 OR 17)								Y
Solid Malignancy AND Immunosuppressants	COVAR 141	COVAR 23 AND (18 OR 19)								Y
Organ Transplant	COVAR 24		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Transplant AND Chemo	COVAR 142	COVAR 24 AND (16 OR 17)								Y
Transplant AND Immunosuppressants	COVAR 143	COVAR 24 AND (18 OR 19)								Y

Appendix H. Specifications Defining Baseline Characteristic Parameters Used in this Request

Baseline Characteristics

Covariate	Covariate Number	Combo Covariate Components	Care setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply?	Number of instances the covariate should be found in evaluation period	Minimum Days Supply	Include in Baseline Table
Treatment-Dependent Immune Deficiencies	COVAR 25		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Immune Deficiencies AND Chemo	COVAR 144	COVAR 25 AND (16 OR 17)								Y
Immune Deficiencies AND Immunosuppressants	COVAR 145	COVAR 25 AND (18 OR 19)								Y
Rheumatological Inflammation	COVAR 26		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Rheum/inflammation AND Chemo	COVAR 146	COVAR 26 AND (16 OR 17)								Y
Rheum/inflammation AND Immunosuppressants	COVAR 147	COVAR 26 AND (18 OR 19)								Y
Rheum/inflammation AND Steroids	COVAR 148	COVAR 26 AND 20								Y
Rheum/inflammation AND at least 1-90 Day Corticosteroid	COVAR 149	COVAR 26 AND 21								Y
Rheum/inflammation AND at least 3-90 Day Corticosteroid	COVAR 150	COVAR 26 AND 22								Y

**General Health Indicators:**

Charlson/Elixhauser Combined Comorbidity Score	n/a				-183	0				Y
AMI	COVAR 27		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Congestive heart failure	COVAR 28		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Peripheral vascular disease	COVAR 29		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Cerebrovascular disease	COVAR 30		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Dementia	COVAR 31		Any care setting	n/a	-183	0	n/a	1	n/a	Y
COPD	COVAR 32		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Rheumatologic disease	COVAR 33		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Peptic ulcer disease	COVAR 34		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Diabetes (no complication)	COVAR 35		Any care setting	n/a	-183	0	n/a	1	n/a	Y

Appendix H. Specifications Defining Baseline Characteristic Parameters Used in this Request

Baseline Characteristics

Covariate	Covariate Number	Combo Covariate Components	Care setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply?	Number of instances the covariate should be found in evaluation period	Minimum Days Supply	Include in Baseline Table
Diabetes (complication)	COVAR 36		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Hemiplegia paraplegia	COVAR 37		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Moderate or Severe Kidney Disease	COVAR 38		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Any Malignancy	COVAR 39		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Mild liver disease	COVAR 40		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Severe liver disease	COVAR 41		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Metastatic cancer	COVAR 42		Any care setting	n/a	-183	0	n/a	1	n/a	Y
HIV/AIDS	COVAR 43		Any care setting	n/a	-183	0	n/a	1	n/a	Y
BMI - Underweight	COVAR 44		Any care setting	n/a	-183	0	n/a	1	n/a	Y
BMI - Normal Weight	COVAR 45		Any care setting	n/a	-183	0	n/a	1	n/a	Y
BMI - Overweight	COVAR 46		Any care setting	n/a	-183	0	n/a	1	n/a	Y
BMI - Obese	COVAR 47		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Home Oxygen Use (with hypoxia/hypoxemia proxies)	COVAR 48		Ambulatory, Other	n/a	-183	0	n/a	1	n/a	Y
Home Oxygen Use (without hypoxia/hypoxemia proxies)	COVAR 49		Ambulatory, Other	n/a	-183	0	n/a	1	n/a	Y
Hospitalizations in 6 months Prior	COVAR 50		Inpatient	n/a	-183	-1	n/a	1	n/a	Y
Hospitalizations in 30 Days Prior	COVAR 51		Inpatient	n/a	-30	-1	n/a	1	n/a	Y
Present Smoker	COVAR 52		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Not Present Smoker	COVAR 151	NOT COVAR 51								Y
Any Smoker	COVAR 53		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Not Any Smoker	COVAR 152	NOT COVAR 52								Y

**Appendix H. Specifications Defining Baseline Characteristic Parameters Used in this Request**

**Baseline Characteristics**

Covariate	Covariate Number	Combo Covariate Components	Care setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply?	Number of instances the covariate should be found in evaluation period	Minimum Days Supply	Include in Baseline Table
<b>Frailty</b>										
Arthritis	COVAR 54		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Chronic Skin Ulcer	COVAR 55		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Cognitive Impairment	COVAR 56		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Congestive Heart Failure	COVAR 57		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Depression	COVAR 58		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Falls	COVAR 59		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Gout	COVAR 60		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Impaired Mobility	COVAR 61		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Musculoskeletal Problems	COVAR 62		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Mycoses	COVAR 63		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Paranoia	COVAR 64		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Parkinson's Disease	COVAR 65		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Pneumonia	COVAR 66		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Skin and Soft Tissue Infections	COVAR 67		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Stroke	COVAR 68		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Urinary Tract Infections	COVAR 69		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Gestational Age Codes in 6 Months Before Index	COVAR 70		Any care setting	n/a	-183	-1	n/a	1	n/a	N
Pregnancy/Delivery Codes in 6 Months Before Index	COVAR 71		Any care setting	n/a	-183	-1	n/a	1	n/a	N
Pregnancy in 6 Months Before Index	COVAR 153	COVAR 70 and not COVAR 71								Y
Pregnancy 9 months After Index	COVAR 72		Any care setting	n/a	0	274	n/a	1	n/a	Y

**Appendix H. Specifications Defining Baseline Characteristic Parameters Used in this Request**

**Baseline Characteristics**

Covariate	Covariate Number	Combo Covariate Components	Care setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply?	Number of instances the covariate should be found in evaluation period	Minimum Days Supply	Include in Baseline Table
Pregnancy Before and After Index	COVAR 154	(COVAR 70 and not 71) OR COVAR 72								Y
<b>COVID-19 Vaccination:</b>										
Any COVID vaccine pre-index	COVAR 73		Any care setting	n/a	-183	0	No	1	n/a	Y
Pfizer pre-index	COVAR 74		Any care setting	n/a	-183	0	No	1	n/a	Y
Moderna pre-index	COVAR 75		Any care setting	n/a	-183	0	No	1	n/a	Y
Janssen pre-index	COVAR 76		Any care setting	n/a	-183	0	No	1	n/a	Y
Any COVID vaccine 1-90 days post-index	COVAR 77		Any care setting	n/a	1	90	No	1	n/a	Y
Pfizer 1-90 days post-index	COVAR 78		Any care setting	n/a	1	90	No	1	n/a	Y
Moderna 1-90 days post-index	COVAR 79		Any care setting	n/a	1	90	No	1	n/a	Y
Janssen 1-90 days post-index	COVAR 80		Any care setting	n/a	1	90	No	1	n/a	Y
Any COVID vaccine 1-183 days post-index	COVAR 81		Any care setting	n/a	1	183	No	1	n/a	Y
Pfizer 1-183 days post-index	COVAR 82		Any care setting	n/a	1	183	No	1	n/a	Y
Moderna 1-183 days post-index	COVAR 83		Any care setting	n/a	1	183	No	1	n/a	Y
Janssen 1-183 days post-index	COVAR 84		Any care setting	n/a	1	183	No	1	n/a	Y

Appendix H. Specifications Defining Baseline Characteristic Parameters Used in this Request

Baseline Characteristics										
Covariate	Covariate Number	Combo Covariate Components	Care setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply?	Number of instances the covariate should be found in evaluation period	Minimum Days Supply	Include in Baseline Table
<b>COVID-19 Treatments:</b>										
<b>Antivirals</b>										
Lopinavir/Ritonavir	COVAR 85		Any care setting	n/a	-183	0	No	1	n/a	Y
Remdesivir	COVAR 86		Any care setting	n/a	-183	0	No	1	n/a	Y
<b>Immunomodulators</b>										
Baricitinib	COVAR 87		Any care setting	n/a	-183	0	No	1	n/a	Y
IL-6 Receptors	COVAR 88		Any care setting	n/a	-183	0	No	1	n/a	Y
Other Anti-Inflammatory and Immunosuppressive Treatments	COVAR 89		Any care setting	n/a	-183	0	No	1	n/a	Y
<b>HCQ/CQ</b>										
Hydroxychloroquine	COVAR 90		Any care setting	n/a	-183	0	No	1	n/a	Y
Chloroquine	COVAR 91		Any care setting	n/a	-183	0	No	1	n/a	Y
Shortness of breath or dyspnea	COVAR 124		Outpatient (ED, AV, OA)	n/a	-183	0	n/a	1	n/a	Y
Pneumonia	COVAR 125		Outpatient (ED, AV, OA)	n/a	-183	0	n/a	1	n/a	Y
Non-invasive oxygen therapy	COVAR 126		Outpatient (ED, AV, OA)	n/a	-183	0	n/a	1	n/a	N
Invasive oxygen therapy	COVAR 127		Outpatient (ED, AV, OA)	n/a	-183	0	n/a	1	n/a	Y
Non-invasive oxygen combo	COVAR 156	COVAR 126 and not COVAR 127								Y
Hospitalization	COVAR 128		Inpatient	n/a	-183	0	n/a	1	n/a	Y
ICU	COVAR 129		Any care setting	n/a	-183	0	n/a	1	n/a	Y
Organ failure	COVAR 130		Any care setting	n/a	-183	0	n/a	1	n/a	Y

Appendix H. Specifications Defining Baseline Characteristic Parameters Used in this Request

Baseline Characteristics

Covariate	Covariate Number	Combo Covariate Components	Care setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply?	Number of instances the covariate should be found in evaluation period	Minimum Days Supply	Include in Baseline Table
<b>Additional mAb Use:</b>										
Any mAb at least twice in enrollment history	COVAR 131		Any care setting	n/a	ever	ever	n/a	2	n/a	Y
Inpatient mAb Use on Index	COVAR 132		Inpatient	n/a	0	0	n/a	1	n/a	Y
Ambulatory Visit mAb Use on Index	COVAR 133		Ambulatory	n/a	0	0	n/a	1	n/a	Y
Emergency Department mAb Use on Index	COVAR 134		Emergency	n/a	0	0	n/a	1	n/a	Y
Other Ambulatory Visit mAb Use on Index	COVAR 135		Other Ambulatory	n/a	0	0	n/a	1	n/a	N
Hospitalization on index	COVAR 136		Inpatient	n/a	0	0	n/a	1	n/a	Y
Outpatient mAb use and hospitalization on index	COVAR 157	(COVAR 133 OR 134 OR 135) AND COVAR 136								



**Appendix I. Specifications Defining Comorbidity Score, Medical Product Utilization, and Combo Codes Parameters Used in this Request**

Comorbidity Score		Utilization				
Evaluation period start	Evaluation period end	Medical utilization evaluation period start	Medical utilization evaluation period end	Medical visit care settings	Drug utilization evaluation period start	Drug utilization evaluation period end
-183	0	-183	0	*Inpatient hospital stay; *Non-acute institutional stay; *Emergency department encounter; *Ambulatory visit; *Other ambulatory visit; *Any care setting	-183	0

**Appendix I. Specifications Defining Comorbidity Score, Medical Product Utilization, and Combo Codes Parameters Used in this Request**

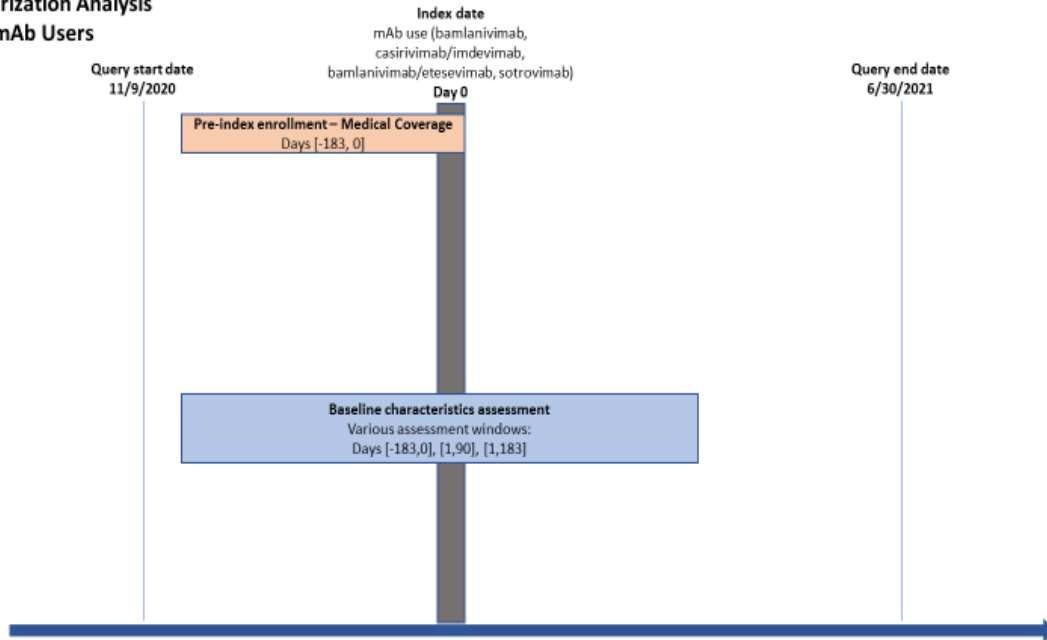
Combo						
Combination description	Combo Name	Combo Code Component(s)	Combination date	Code Type	Encounter type for each combination component	Principal diagnosis for each combination component
DRG Oxygen Encounter Codes (to be used in home oxygen baseline characteristic code lists)	OXYDRG	OXYDRG	First code to occur	PX	Inpatient, institutional stay	Any
Same-day Any Care Setting Bamlanivimab and Etesevimab (ICD 10 PX code) (to be used for any mAb exposure in any care setting)	BEPX	BAMPX, ETEPX	First code to occur (same day)	PX	Any	N/A
Same-day Outpatient Bamlanivimab and Etesevimab (ICD 10 PX code) (to be used for outpatient mAb exposure for hospitalization outcome cohort)	OPBEPX	OPBAPX, OPETPX	First code to occur (same day)	PX	Emergency Department; Ambulatory Visit; Other Ambulatory	N/A

**Appendix I. Specifications Defining Comorbidity Score, Medical Product Utilization, and Combo Codes Parameters Used in this Request**

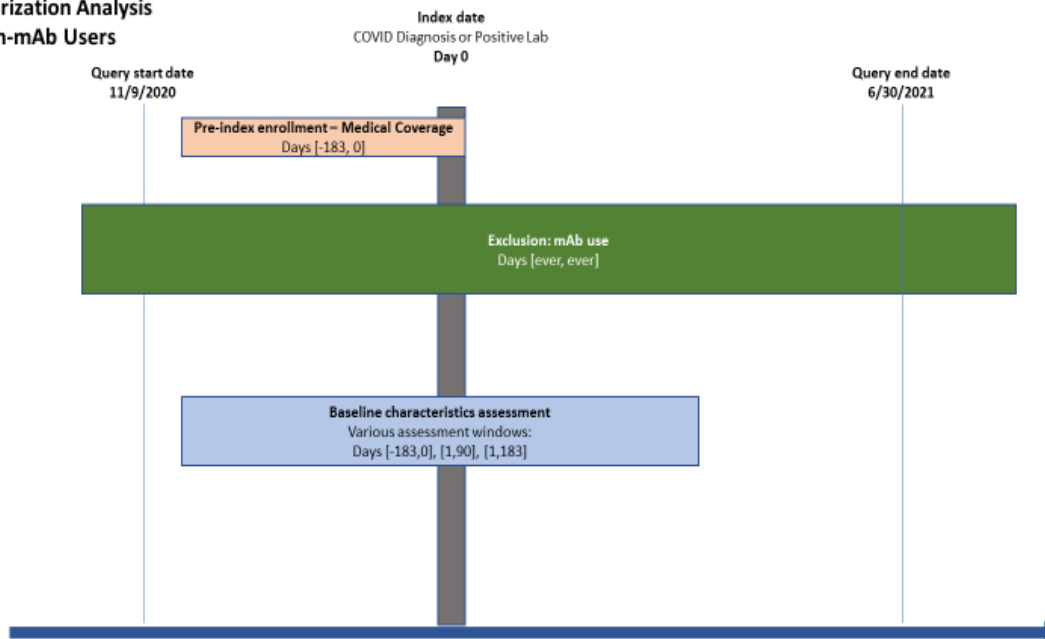
Combination description	Combo Name	Combo Code Component(s)	Combination date	Code Type	Encounter type for each combination component	Principal diagnosis for each combination component
Same-day Inpatient Bamlanivimab and Etesevimab (ICD 10 PX code) (to be used for inpatient mAb baseline characteristic and IP mAb exclusion criteria)	IPBEPX	IPBAPX, IPETPX	First code to occur (same day)	PX	Inpatient	N/A
Same-day Emergency Department Bamlanivimab and Etesevimab (ICD 10 PX code) (to be used for ED mAb baseline characteristic)	EDBEPX	EDBAPX, EDETPX	First code to occur (same day)	PX	Emergency Department	N/A
Same-day Ambulatory Bamlanivimab and Etesevimab (ICD 10 PX code) (to be used for AV mAb baseline characteristic)	AVBEPX	AVBAPX, AVETPX	First code to occur (same day)	PX	Ambulatory Visit	N/A
Same-day Other Ambulatory Department Bamlanivimab and Etesevimab (ICD 10 PX code) (to be used for OA mAb baseline characteristic)	OABEPX	OABAPX, OAETPX	First code to occur (same day)	PX	Other Ambulatory	N/A

Appendix J. Design Diagram of Cohort Entry Requirements and Event Outcome Assessment

**Characterization Analysis  
– mAb Users**

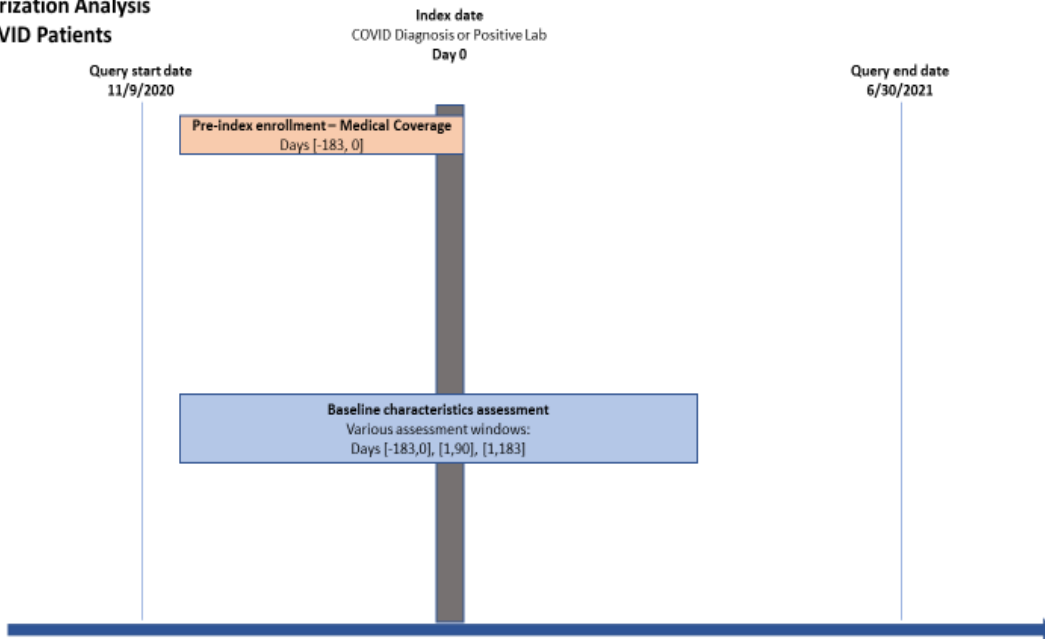


**Characterization Analysis  
– non-mAb Users**

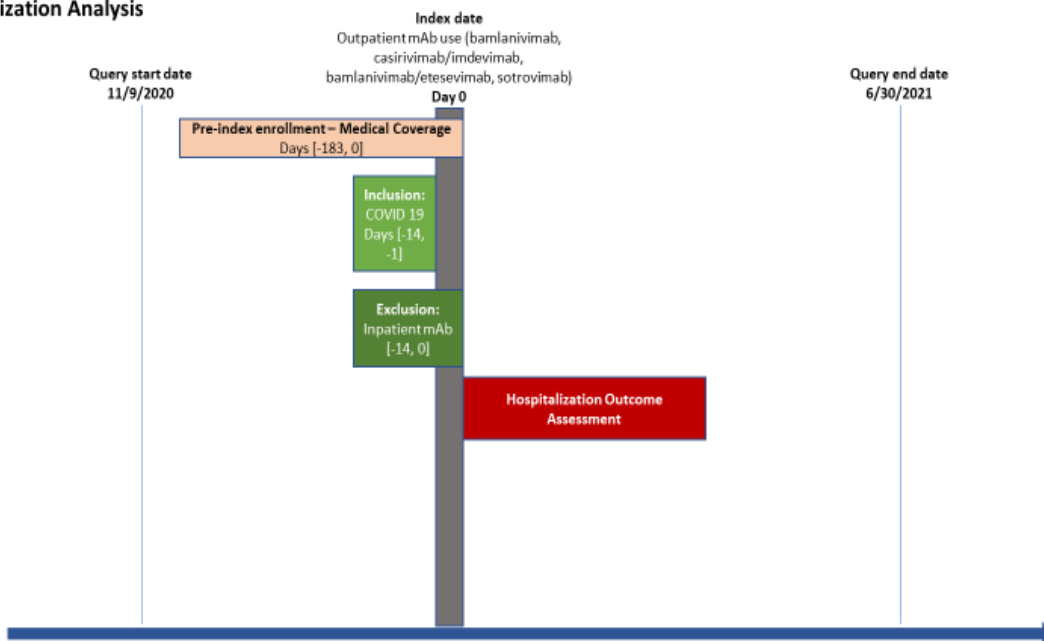


Appendix J. Design Diagram of Cohort Entry Requirements and Event Outcome Assessment

**Characterization Analysis  
– COVID Patients**



**Hospitalization Analysis**



## Appendix J. Design Diagram of Cohort Entry Requirements and Event Outcome Assessment

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### Anaphylaxis Analysis

