

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_wp206

Request ID: cder_mpl1r_wp206_nsdv_v02

Request Description: In this report, we examined counts of individuals using the monoclonal antibodies (mAbs) under an Emergency Use Authorization (EUA) in the Rapid Coronavirus-19 Disease (COVID-19) Sentinel Distributed Database (SDD).

Sentinel Routine Querying Module: Cohort Identification and Descriptive Analysis (CIDA) module, version 10.3.0

Data Source: We distributed this request to five Data Partners (DPs) contributing to the Rapid COVID-19 SDD on July 28, 2021. Data from November 1, 2020 up to June 30, 2021 were included. At the time of this request, the Rapid COVID-19 SDD followed Sentinel Common Data Model (SCDM) version 7.1.0. Please see Appendix A for a list of dates of available data for each DP and links to SCDM v7.1.0 documentation.

Study Design: This was a descriptive analysis examining the utilization of mAbs or baricitinib and remdesivir in the Rapid COVID-19 SDD. We examined characteristics of patients utilizing these medications, the coding of these medications (e.g., procedure codes, outpatient dispensings, etc.), and the number of exposed patients with a SARS-CoV-2 positive laboratory test or diagnosis. We also examined the number of exposed patients when requiring enrollment in plans with medical and drug coverage, drug coverage only, or medical coverage only. This is a Type 5 analysis in the Query Request Package (QRP) documentation.

Exposures of Interest: We created the following exposure cohorts:

1. casirivimab and imdevimab (REGEN-COV2), in procedure table
2. bamlanivimab, in procedure table
3. REGEN-COV2 or bamlanivimab, unspecific codes, in procedure table
4. REGEN-COV2, bamlanivimab, or etesevimab, in dispensing table
5. REGEN-COV2, bamlanivimab, or bamlanivimab + etesevimab combination therapy, not including unspecific mAbs, in procedure or dispensing table
6. baricitinib with remdesivir, in procedure or dispensing table
7. bamlanivimab plus etesevimab combination therapy, in procedure table, codes representing both therapies
8. bamlanivimab alone with etesevimab alone, in procedure or dispensing table, codes representing individual therapies

We defined the exposures of interest using National Drug Codes (NDCs), Healthcare Common Procedure Coding System (HCPCS) procedure codes, and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-PCS) procedure codes. Only the first qualifying (index) mAb dispensing for each member was included; cohort re-entry was not allowed. Please see Appendix B for a list of non-proprietary name and brand name medical products, Appendix C for a list of HCPCS procedure codes and ICD-10-PCS codes used to define the exposures in this request.

Cohort Eligibility Criteria: For each of the above exposure cohorts, we separately assessed counts of patients which met the following criteria (Tables 1a-1ap):

- Medical and drug coverage required on the index date
 - No prior evidence of COVID-19 required
 - Prior evidence of COVID-19 required
- Only medical coverage required on the index date
 - No prior evidence of COVID-19 required
 - Prior evidence of COVID-19 required
- Only drug coverage required on the index date
 - No prior evidence of COVID-19 required
 - Prior evidence of COVID-19 required

We defined prior evidence of COVID-19 as a COVID-19 diagnosis or positive lab test ever in the enrollment history up to and including the index date. We did not examine counts of patients with prior evidence of COVID-19 in cohort #1 above (casirivimab and imdevimab (REGEN-COV2), in procedure table) or in cohort #2 above (bamlanivimab, in procedure table).

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For all the above cohorts, we also assessed the distribution of index-defining codes (Tables 2a-43a) and the total counts of index-defining codes (Tables 2b-43b). Reference material displaying distributions of index defining codes is always labeled with an 'a', includes stratifications by code type, and encounter type, and provides information about codes appearing on the same index date (e.g., procedure code and NDC appearing on the same index date). The total counts of index defining codes are always labeled with 'b' (e.g., Table 2b); this output does not stratify counts by encounter type and does not display codes appearing on the same index date.

The following age groups were included: ≤11, 12-17, 18-21, 22-44, 45-54, 55-64, 65-74, and 75+ years. For the baricitinib with remdesivir cohort, we indexed on a baricitinib dispensing and required evidence of a remdesivir dispensing in the two days before or after the index baricitinib dispensing. For the bamlanivimab alone with etesevimab alone cohort, we indexed on a bamlanivimab dispensing and required evidence of an etesevimab dispensing on the day of the index bamlanivimab dispensing. Please see Appendix D for a list of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes and ICD-10-PCS procedure codes, Appendix E for a list of HCPCS procedure codes and Appendix E for a list of non-proprietary name and brand name medical products used to define inclusion criteria in this request.

Baseline Characteristics: We assessed the following characteristics in the entire patient enrollment history up to and including the index date: age, year, sex, Charlson/Elixhauser combined comorbidity score¹, health service and drug utilization, asthma, body mass index >35 for adults or >85 percentile for children, cardiovascular disease, chronic kidney disease, chronic obstructive pulmonary disease, congenital heart disease, diabetes, hypertension, other chronic respiratory disease, and sickle cell disease. Please see Appendix F for a list of ICD-10-CM diagnosis codes and ICD-10-PCS procedure codes used to define baseline characteristics in this request.

Please see Appendix G and Appendix H for the specifications of parameters used in this request.

Small Cell Count Policy: Baseline characteristics tables for cohorts with two or fewer patients have been removed to mitigate privacy concerns.

Limitations: Algorithms to define exposures, inclusion criteria, and baseline characteristics are imperfect and may be misclassified. Additionally, data completeness varies by data source and claims type (i.e. care setting); inpatient claims may not be complete for at least sixty days after discharge at the participating national health plans and by at least 30 days after discharge for the participating integrated delivery systems. Therefore, estimates utilizing inpatient claims (e.g., covariates, or events) may be underestimated. Other claim types may also be incomplete, and data should be interpreted with these limitations in mind. Additionally, healthcare utilization data should be interpreted with caution, as patterns of use may differ during the pandemic.

Notes: Please contact the Sentinel Operations Center (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>).

¹Gagne 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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<u>Glossary</u>	List of Terms Found in this Report and their Definitions
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<u>Table 27b</u>	Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2 or Bamlanivimab, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021
<u>Table 28a</u>	Full Index-Defining Code Distribution of REGEN-COV2 or Bamlanivimab, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021
<u>Table 28b</u>	Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2 or Bamlanivimab, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021
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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 1a. Aggregated Baseline Table for Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	1,000	
Demographics	Mean	Standard Deviation
Mean Age (Years)	62.4	14.0
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	5	0.5%
18-21	7	0.7%
22-44	111	11.1%
45-54	143	14.3%
55-64	253	25.3%
65-74	297	29.7%
75+	184	18.4%
Sex		
Female	499	49.9%
Male	501	50.1%
Race		
American Indian or Alaska Native	*****	0.2%
Asian	12	1.2%
Black or African American	45	4.5%
Native Hawaiian or Other Pacific Islander	0	0.0%
Unknown	554	55.4%
White	387	38.7%
Ethnicity		
Hispanic Origin	35	3.5%
Year		
2020	132	13.2%
2021	868	86.8%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	2.3	3.2
	Number	Percent
Asthma	165	16.5%
BMI >35 for adults or >85 percentile for children	220	22.0%
Cardiovascular disease	742	74.2%
Chronic kidney disease	212	21.2%
Chronic obstructive pulmonary disease	184	18.4%
Congenital heart disease	18	1.8%
Diabetes	369	36.9%
Hypertension	653	65.3%
Other chronic respiratory disease	5	0.5%
Sickle cell disease	1	0.1%

Table 1a. Aggregated Baseline Table for Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	51.9	62.7
Mean number of emergency room encounters (ED)	2.0	4.4
Mean number of inpatient hospital encounters (IP)	0.4	1.2
Mean number of non-acute institutional encounters (IS)	0.2	1.2
Mean number of other ambulatory encounters (OA)	4.3	11.9
Mean number of filled prescriptions	75.5	89.0
Mean number of non-proprietary names	14.1	11.0
Mean number of unique drug classes	11.9	8.7

¹All metrics based on total number of unique patients

Table 1b. Aggregated Baseline Table for Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	1,901	
Demographics	Mean	Standard Deviation
Mean Age (Years)	61.9	14.4
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	11	0.6%
18-21	11	0.6%
22-44	220	11.6%
45-54	291	15.3%
55-64	526	27.7%
65-74	519	27.3%
75+	323	17.0%
Sex		
Female	964	50.7%
Male	937	49.3%
Race		
American Indian or Alaska Native	8	0.4%
Asian	30	1.6%
Black or African American	96	5.0%
Native Hawaiian or Other Pacific Islander	1	0.1%
Unknown	977	51.4%
White	789	41.5%
Ethnicity		
Hispanic Origin	73	3.8%
Year		
2020	272	14.3%
2021	1,629	85.7%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	2.4	3.1
	Number	Percent
Asthma	348	18.3%
BMI >35 for adults or >85 percentile for children	457	24.0%
Cardiovascular disease	1,455	76.5%
Chronic kidney disease	398	20.9%
Chronic obstructive pulmonary disease	347	18.3%
Congenital heart disease	33	1.7%
Diabetes	686	36.1%
Hypertension	1,293	68.0%
Other chronic respiratory disease	11	0.6%
Sickle cell disease	5	0.3%

Table 1b. Aggregated Baseline Table for Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	54.7	59.5
Mean number of emergency room encounters (ED)	2.0	4.0
Mean number of inpatient hospital encounters (IP)	0.4	1.1
Mean number of non-acute institutional encounters (IS)	0.1	0.9
Mean number of other ambulatory encounters (OA)	3.7	10.6
Mean number of filled prescriptions	41.8	75.1
Mean number of non-proprietary names	7.9	10.7
Mean number of unique drug classes	6.7	8.7

¹All metrics based on total number of unique patients

Table 1c. Aggregated Baseline Table for Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	1,000	
Demographics	Mean	Standard Deviation
Mean Age (Years)	62.4	14.0
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	5	0.5%
18-21	7	0.7%
22-44	111	11.1%
45-54	143	14.3%
55-64	253	25.3%
65-74	297	29.7%
75+	184	18.4%
Sex		
Female	499	49.9%
Male	501	50.1%
Race		
American Indian or Alaska Native	2	0.2%
Asian	12	1.2%
Black or African American	45	4.5%
Native Hawaiian or Other Pacific Islander	0	0.0%
Unknown	554	55.4%
White	387	38.7%
Ethnicity		
Hispanic Origin	35	3.5%
Year		
2020	132	13.2%
2021	868	86.8%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	2.3	3.2
	Number	Percent
Asthma	165	16.5%
BMI >35 for adults or >85 percentile for children	220	22.0%
Cardiovascular disease	742	74.2%
Chronic kidney disease	212	21.2%
Chronic obstructive pulmonary disease	184	18.4%
Congenital heart disease	18	1.8%
Diabetes	369	36.9%
Hypertension	653	65.3%
Other chronic respiratory disease	5	0.5%
Sickle cell disease	1	0.1%

Table 1c. Aggregated Baseline Table for Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	51.9	62.7
Mean number of emergency room encounters (ED)	2.0	4.4
Mean number of inpatient hospital encounters (IP)	0.4	1.2
Mean number of non-acute institutional encounters (IS)	0.2	1.2
Mean number of other ambulatory encounters (OA)	4.3	11.9
Mean number of filled prescriptions	75.5	89.0
Mean number of non-proprietary names	14.1	11.0
Mean number of unique drug classes	11.9	8.7

¹All metrics based on total number of unique patients

Table 1d. Aggregated Baseline Table for Bamlanivimab, in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	7,060	
Demographics	Mean	Standard Deviation
Mean Age (Years)	64.2	13.7
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	20	0.3%
18-21	22	0.3%
22-44	684	9.7%
45-54	809	11.5%
55-64	1,802	25.5%
65-74	2,186	31.0%
75+	1,537	21.8%
Sex		
Female	3,628	51.4%
Male	3,432	48.6%
Race		
American Indian or Alaska Native	25	0.4%
Asian	91	1.3%
Black or African American	327	4.6%
Native Hawaiian or Other Pacific Islander	8	0.1%
Unknown	3,973	56.3%
White	2,636	37.3%
Ethnicity		
Hispanic Origin	235	3.3%
Year		
2020	1,829	25.9%
2021	5,231	74.1%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	2.4	3.2
	Number	Percent
Asthma	1,107	15.7%
BMI >35 for adults or >85 percentile for children	1,558	22.1%
Cardiovascular disease	5,550	78.6%
Chronic kidney disease	1,603	22.7%
Chronic obstructive pulmonary disease	1,393	19.7%
Congenital heart disease	105	1.5%
Diabetes	2,630	37.3%
Hypertension	5,015	71.0%
Other chronic respiratory disease	56	0.8%
Sickle cell disease	16	0.2%

Table 1d. Aggregated Baseline Table for Bamlanivimab, in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	50.6	59.2
Mean number of emergency room encounters (ED)	2.1	4.4
Mean number of inpatient hospital encounters (IP)	0.4	1.1
Mean number of non-acute institutional encounters (IS)	0.2	1.3
Mean number of other ambulatory encounters (OA)	4.3	12.6
Mean number of filled prescriptions	74.9	87.1
Mean number of non-proprietary names	14.3	10.7
Mean number of unique drug classes	12.1	8.3

Table 1e. Aggregated Baseline Table for Bamlanivimab, in Procedure Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	12,687	
Demographics	Mean	Standard Deviation
Mean Age (Years)	63.3	14.3
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	38	0.3%
18-21	57	0.4%
22-44	1,361	10.7%
45-54	1,597	12.6%
55-64	3,513	27.7%
65-74	3,503	27.6%
75+	2,618	20.6%
Sex		
Female	6,513	51.3%
Male	6,174	48.7%
Race		
American Indian or Alaska Native	46	0.4%
Asian	180	1.4%
Black or African American	587	4.6%
Native Hawaiian or Other Pacific Islander	17	0.1%
Unknown	6,700	52.8%
White	5,157	40.6%
Ethnicity		
Hispanic Origin	461	3.6%
Year		
2020	3,405	26.8%
2021	9,282	73.2%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	2.5	3.2
	Number	Percent
Asthma	2,247	17.7%
BMI >35 for adults or >85 percentile for children	3,096	24.4%
Cardiovascular disease	10,123	79.8%
Chronic kidney disease	2,957	23.3%
Chronic obstructive pulmonary disease	2,587	20.4%
Congenital heart disease	206	1.6%
Diabetes	4,752	37.5%
Hypertension	9,121	71.9%
Other chronic respiratory disease	109	0.9%
Sickle cell disease	35	0.3%

Table 1e. Aggregated Baseline Table for Bamlanivimab, in Procedure Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	55.8	62.4
Mean number of emergency room encounters (ED)	2.1	4.1
Mean number of inpatient hospital encounters (IP)	0.4	1.1
Mean number of non-acute institutional encounters (IS)	0.1	1.0
Mean number of other ambulatory encounters (OA)	4.3	12.9
Mean number of filled prescriptions	43.8	75.7
Mean number of non-proprietary names	8.4	10.6
Mean number of unique drug classes	7.1	8.6

Table 1f. Aggregated Baseline Table for Bamlanivimab, in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	7,061	
Demographics	Mean	Standard Deviation
Mean Age (Years)	64.2	13.7
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	20	0.3%
18-21	22	0.3%
22-44	684	9.7%
45-54	809	11.5%
55-64	1,802	25.5%
65-74	2,187	31.0%
75+	1,537	21.8%
Sex		
Female	3,629	51.4%
Male	3,432	48.6%
Race		
American Indian or Alaska Native	25	0.4%
Asian	91	1.3%
Black or African American	328	4.6%
Native Hawaiian or Other Pacific Islander	8	0.1%
Unknown	3,973	56.3%
White	2,636	37.3%
Ethnicity		
Hispanic Origin	235	3.3%
Year		
2020	1,829	25.9%
2021	5,232	74.1%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	2.4	3.2
	Number	Percent
Asthma	1,107	15.7%
BMI >35 for adults or >85 percentile for children	1,558	22.1%
Cardiovascular disease	5,551	78.6%
Chronic kidney disease	1,604	22.7%
Chronic obstructive pulmonary disease	1,394	19.7%
Congenital heart disease	106	1.5%
Diabetes	2,631	37.3%
Hypertension	5,016	71.0%
Other chronic respiratory disease	56	0.8%
Sickle cell disease	16	0.2%

Table 1f. Aggregated Baseline Table for Bamlanivimab, in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	50.6	59.2
Mean number of emergency room encounters (ED)	2.1	4.4
Mean number of inpatient hospital encounters (IP)	0.4	1.1
Mean number of non-acute institutional encounters (IS)	0.2	1.3
Mean number of other ambulatory encounters (OA)	4.3	12.6
Mean number of filled prescriptions	74.9	87.1
Mean number of non-proprietary names	14.3	10.7
Mean number of unique drug classes	12.1	8.3

Table 1g. Aggregated Baseline Table for REGEN-COV2 or Bamlanivimab, Unspecific, in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	23	
Demographics	Mean	Standard Deviation
Mean Age (Years)	71.0	10.0
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	0	0.0%
18-21	0	0.0%
22-44	0	0.0%
45-54	2	8.7%
55-64	4	17.4%
65-74	7	30.4%
75+	10	43.5%
Sex		
Female	12	52.2%
Male	11	47.8%
Race		
American Indian or Alaska Native	0	0.0%
Asian	2	8.7%
Black or African American	4	17.4%
Native Hawaiian or Other Pacific Islander	0	0.0%
Unknown	7	30.4%
White	10	43.5%
Ethnicity		
Hispanic Origin	0	0.0%
Year		
2020	1	4.3%
2021	22	95.7%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	6.3	4.2
	Number	Percent
Asthma	3	13.0%
BMI >35 for adults or >85 percentile for children	5	21.7%
Cardiovascular disease	22	95.7%
Chronic kidney disease	12	52.2%
Chronic obstructive pulmonary disease	9	39.1%
Congenital heart disease	1	4.3%
Diabetes	14	60.9%
Hypertension	21	91.3%
Other chronic respiratory disease	0	0.0%
Sickle cell disease	0	0.0%

Table 1g. Aggregated Baseline Table for REGEN-COV2 or Bamlanivimab, Unspecific, in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	78.0	148.4
Mean number of emergency room encounters (ED)	2.7	4.7
Mean number of inpatient hospital encounters (IP)	2.0	2.4
Mean number of non-acute institutional encounters (IS)	0.6	1.1
Mean number of other ambulatory encounters (OA)	7.0	8.9
Mean number of filled prescriptions	86.9	90.7
Mean number of non-proprietary names	16.2	11.6
Mean number of unique drug classes	13.7	9.0

Table 1h. Aggregated Baseline Table for REGEN-COV2 or Bamlanivimab, Unspecific, in Procedure Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	29	
Demographics	Mean	Standard Deviation
Mean Age (Years)	72.1	12.0
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	0	0.0%
18-21	0	0.0%
22-44	0	0.0%
45-54	2	6.9%
55-64	7	24.1%
65-74	7	24.1%
75+	13	44.8%
Sex		
Female	15	51.7%
Male	14	48.3%
Race		
American Indian or Alaska Native	0	0.0%
Asian	2	6.9%
Black or African American	5	17.2%
Native Hawaiian or Other Pacific Islander	0	0.0%
Unknown	8	27.6%
White	14	48.3%
Ethnicity		
Hispanic Origin	0	0.0%
Year		
2020	1	3.4%
2021	28	96.6%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	6.2	4.2
	Number	Percent
Asthma	4	13.8%
BMI >35 for adults or >85 percentile for children	5	17.2%
Cardiovascular disease	28	96.6%
Chronic kidney disease	15	51.7%
Chronic obstructive pulmonary disease	10	34.5%
Congenital heart disease	1	3.4%
Diabetes	17	58.6%
Hypertension	27	93.1%
Other chronic respiratory disease	0	0.0%
Sickle cell disease	0	0.0%

Table 1h. Aggregated Baseline Table for REGEN-COV2 or Bamlanivimab, Unspecific, in Procedure Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	87.4	154.4
Mean number of emergency room encounters (ED)	3.0	4.6
Mean number of inpatient hospital encounters (IP)	1.8	2.2
Mean number of non-acute institutional encounters (IS)	0.5	1.0
Mean number of other ambulatory encounters (OA)	5.9	8.0
Mean number of filled prescriptions	68.9	86.0
Mean number of non-proprietary names	12.8	11.2
Mean number of unique drug classes	10.9	8.8

Table 1i. Aggregated Baseline Table for REGEN-COV2 or Bamlanivimab, Unspecific, in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	23	
Demographics	Mean	Standard Deviation
Mean Age (Years)	71.0	10.0
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	0	0.0%
18-21	0	0.0%
22-44	0	0.0%
45-54	2	8.7%
55-64	4	17.4%
65-74	7	30.4%
75+	10	43.5%
Sex		
Female	12	52.2%
Male	11	47.8%
Race		
American Indian or Alaska Native	0	0.0%
Asian	2	8.7%
Black or African American	4	17.4%
Native Hawaiian or Other Pacific Islander	0	0.0%
Unknown	7	30.4%
White	10	43.5%
Ethnicity		
Hispanic Origin	0	0.0%
Year		
2020	1	4.3%
2021	22	95.7%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	6.3	4.2
	Number	Percent
Asthma	3	13.0%
BMI >35 for adults or >85 percentile for children	5	21.7%
Cardiovascular disease	22	95.7%
Chronic kidney disease	12	52.2%
Chronic obstructive pulmonary disease	9	39.1%
Congenital heart disease	1	4.3%
Diabetes	14	60.9%
Hypertension	21	91.3%
Other chronic respiratory disease	0	0.0%
Sickle cell disease	0	0.0%

Table 1i. Aggregated Baseline Table for REGEN-COV2 or Bamlanivimab, Unspecific, in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	78.0	148.4
Mean number of emergency room encounters (ED)	2.7	4.7
Mean number of inpatient hospital encounters (IP)	2.0	2.4
Mean number of non-acute institutional encounters (IS)	0.6	1.1
Mean number of other ambulatory encounters (OA)	7.0	8.9
Mean number of filled prescriptions	86.9	90.7
Mean number of non-proprietary names	16.2	11.6
Mean number of unique drug classes	13.7	9.0

Table 1j. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Etesevimab in Dispensing Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

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

Table 1k. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Etesevimab in Dispensing Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

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

Table 1l. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Etesevimab in Dispensing Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

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

Table 1m. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, in Procedure or Dispensing Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	8,152	
Demographics	Mean	Standard Deviation
Mean Age (Years)	63.8	13.8
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	29	0.4%
18-21	31	0.4%
22-44	817	10.0%
45-54	985	12.1%
55-64	2,091	25.7%
65-74	2,481	30.4%
75+	1,718	21.1%
Sex		
Female	4,179	51.3%
Male	3,973	48.7%
Race		
American Indian or Alaska Native	30	0.4%
Asian	104	1.3%
Black or African American	374	4.6%
Native Hawaiian or Other Pacific Islander	10	0.1%
Unknown	4,575	56.1%
White	3,059	37.5%
Ethnicity		
Hispanic Origin	270	3.3%
Year		
2020	1,957	24.0%
2021	6,195	76.0%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	2.4	3.1
	Number	Percent
Asthma	1,298	15.9%
BMI >35 for adults or >85 percentile for children	1,816	22.3%
Cardiovascular disease	6,347	77.9%
Chronic kidney disease	1,831	22.5%
Chronic obstructive pulmonary disease	1,578	19.4%
Congenital heart disease	122	1.5%
Diabetes	3,023	37.1%
Hypertension	5,711	70.1%
Other chronic respiratory disease	64	0.8%
Sickle cell disease	17	0.2%

Table 1m. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, in Procedure or Dispensing Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	50.7	59.6
Mean number of emergency room encounters (ED)	2.1	4.4
Mean number of inpatient hospital encounters (IP)	0.4	1.1
Mean number of non-acute institutional encounters (IS)	0.2	1.3
Mean number of other ambulatory encounters (OA)	4.3	12.6
Mean number of filled prescriptions	74.8	87.2
Mean number of non-proprietary names	14.3	10.7
Mean number of unique drug classes	12.0	8.4

Table 1n. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, in Procedure or Dispensing Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	14,708	
Demographics	Mean	Standard Deviation
Mean Age (Years)	63.0	14.4
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	54	0.4%
18-21	70	0.5%
22-44	1,609	10.9%
45-54	1,929	13.1%
55-64	4,085	27.8%
65-74	4,022	27.3%
75+	2,939	20.0%
Sex		
Female	7,540	51.3%
Male	7,168	48.7%
Race		
American Indian or Alaska Native	58	0.4%
Asian	211	1.4%
Black or African American	685	4.7%
Native Hawaiian or Other Pacific Islander	20	0.1%
Unknown	7,743	52.6%
White	5,991	40.7%
Ethnicity		
Hispanic Origin	534	3.6%
Year		
2020	3,673	25.0%
2021	11,035	75.0%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	2.4	3.2
	Number	Percent
Asthma	2,626	17.9%
BMI >35 for adults or >85 percentile for children	3,600	24.5%
Cardiovascular disease	11,651	79.2%
Chronic kidney disease	3,376	23.0%
Chronic obstructive pulmonary disease	2,940	20.0%
Congenital heart disease	239	1.6%
Diabetes	5,470	37.2%
Hypertension	10,471	71.2%
Other chronic respiratory disease	124	0.8%
Sickle cell disease	40	0.3%

Table 1n. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, in Procedure or Dispensing Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	55.6	62.0
Mean number of emergency room encounters (ED)	2.1	4.0
Mean number of inpatient hospital encounters (IP)	0.4	1.1
Mean number of non-acute institutional encounters (IS)	0.1	1.0
Mean number of other ambulatory encounters (OA)	4.2	12.7
Mean number of filled prescriptions	43.6	75.6
Mean number of non-proprietary names	8.3	10.6
Mean number of unique drug classes	7.1	8.6

Table 1o. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, in Procedure or Dispensing Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	8,154	
Demographics	Mean	Standard Deviation
Mean Age (Years)	63.8	13.8
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	29	0.4%
18-21	31	0.4%
22-44	817	10.0%
45-54	985	12.1%
55-64	2,091	25.6%
65-74	2,483	30.5%
75+	1,718	21.1%
Sex		
Female	4,181	51.3%
Male	3,973	48.7%
Race		
American Indian or Alaska Native	30	0.4%
Asian	104	1.3%
Black or African American	375	4.6%
Native Hawaiian or Other Pacific Islander	10	0.1%
Unknown	4,576	56.1%
White	3,059	37.5%
Ethnicity		
Hispanic Origin	270	3.3%
Year		
2020	1,958	24.0%
2021	6,196	76.0%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	2.4	3.1
	Number	Percent
Asthma	1,298	15.9%
BMI >35 for adults or >85 percentile for children	1,816	22.3%
Cardiovascular disease	6,348	77.9%
Chronic kidney disease	1,832	22.5%
Chronic obstructive pulmonary disease	1,579	19.4%
Congenital heart disease	123	1.5%
Diabetes	3,024	37.1%
Hypertension	5,712	70.1%
Other chronic respiratory disease	64	0.8%
Sickle cell disease	17	0.2%

Table 1o. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, in Procedure or Dispensing Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	50.7	59.7
Mean number of emergency room encounters (ED)	2.1	4.4
Mean number of inpatient hospital encounters (IP)	0.4	1.1
Mean number of non-acute institutional encounters (IS)	0.2	1.3
Mean number of other ambulatory encounters (OA)	4.3	12.6
Mean number of filled prescriptions	74.8	87.2
Mean number of non-proprietary names	14.3	10.7
Mean number of unique drug classes	12.1	8.4

Table 1p. Aggregated Baseline Table for Baricitinib with Remdesivir, in Procedure or Dispensing Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	348	
Demographics	Mean	Standard Deviation
Mean Age (Years)	71.6	9.6
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	0	0.0%
18-21	0	0.0%
22-44	6	1.7%
45-54	13	3.7%
55-64	53	15.2%
65-74	142	40.8%
75+	134	38.5%
Sex		
Female	138	39.7%
Male	210	60.3%
Race		
American Indian or Alaska Native	0	0.0%
Asian	5	1.4%
Black or African American	29	8.3%
Native Hawaiian or Other Pacific Islander	2	0.6%
Unknown	129	37.1%
White	183	52.6%
Ethnicity		
Hispanic Origin	13	3.7%
Year		
2020	61	17.5%
2021	287	82.5%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	5.1	3.6
	Number	Percent
Asthma	53	15.2%
BMI >35 for adults or >85 percentile for children	116	33.3%
Cardiovascular disease	338	97.1%
Chronic kidney disease	139	39.9%
Chronic obstructive pulmonary disease	142	40.8%
Congenital heart disease	13	3.7%
Diabetes	205	58.9%
Hypertension	314	90.2%
Other chronic respiratory disease	3	0.9%
Sickle cell disease	1	0.3%

Table 1p. Aggregated Baseline Table for Baricitinib with Remdesivir, in Procedure or Dispensing Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	45.4	46.2
Mean number of emergency room encounters (ED)	1.7	2.7
Mean number of inpatient hospital encounters (IP)	1.5	1.1
Mean number of non-acute institutional encounters (IS)	1.2	3.9
Mean number of other ambulatory encounters (OA)	12.9	22.0
Mean number of filled prescriptions	90.2	90.6
Mean number of non-proprietary names	16.8	11.8
Mean number of unique drug classes	14.0	8.9

Table 1q. Aggregated Baseline Table for Baricitinib with Remdesivir, in Procedure or Dispensing Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	423	
Demographics	Mean	Standard Deviation
Mean Age (Years)	71.0	10.9
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	0	0.0%
18-21	0	0.0%
22-44	11	2.6%
45-54	20	4.7%
55-64	71	16.8%
65-74	158	37.4%
75+	163	38.5%
Sex		
Female	162	38.3%
Male	261	61.7%
Race		
American Indian or Alaska Native	0	0.0%
Asian	6	1.4%
Black or African American	33	7.8%
Native Hawaiian or Other Pacific Islander	2	0.5%
Unknown	165	39.0%
White	217	51.3%
Ethnicity		
Hispanic Origin	20	4.7%
Year		
2020	75	17.7%
2021	348	82.3%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	5.2	3.6
	Number	Percent
Asthma	65	15.4%
BMI >35 for adults or >85 percentile for children	133	31.4%
Cardiovascular disease	402	95.0%
Chronic kidney disease	168	39.7%
Chronic obstructive pulmonary disease	170	40.2%
Congenital heart disease	13	3.1%
Diabetes	246	58.2%
Hypertension	370	87.5%
Other chronic respiratory disease	4	0.9%
Sickle cell disease	1	0.2%

Table 1q. Aggregated Baseline Table for Baricitinib with Remdesivir, in Procedure or Dispensing Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	48.6	50.5
Mean number of emergency room encounters (ED)	2.3	3.4
Mean number of inpatient hospital encounters (IP)	1.6	1.2
Mean number of non-acute institutional encounters (IS)	1.0	3.5
Mean number of other ambulatory encounters (OA)	13.8	37.9
Mean number of filled prescriptions	75.6	85.5
Mean number of non-proprietary names	14.0	11.6
Mean number of unique drug classes	11.7	8.9

Table 1r. Aggregated Baseline Table for Baricitinib with Remdesivir, in Procedure or Dispensing Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	348	
Demographics	Mean	Standard Deviation
Mean Age (Years)	71.6	9.6
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	0	0.0%
18-21	0	0.0%
22-44	6	1.7%
45-54	13	3.7%
55-64	53	15.2%
65-74	142	40.8%
75+	134	38.5%
Sex		
Female	138	39.7%
Male	210	60.3%
Race		
American Indian or Alaska Native	0	0.0%
Asian	5	1.4%
Black or African American	29	8.3%
Native Hawaiian or Other Pacific Islander	2	0.6%
Unknown	129	37.1%
White	183	52.6%
Ethnicity		
Hispanic Origin	13	3.7%
Year		
2020	61	17.5%
2021	287	82.5%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	5.1	3.6
	Number	Percent
Asthma	53	15.2%
BMI >35 for adults or >85 percentile for children	116	33.3%
Cardiovascular disease	338	97.1%
Chronic kidney disease	139	39.9%
Chronic obstructive pulmonary disease	142	40.8%
Congenital heart disease	13	3.7%
Diabetes	205	58.9%
Hypertension	314	90.2%
Other chronic respiratory disease	3	0.9%
Sickle cell disease	1	0.3%

Table 1r. Aggregated Baseline Table for Baricitinib with Remdesivir, in Procedure or Dispensing Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	45.4	46.2
Mean number of emergency room encounters (ED)	1.7	2.7
Mean number of inpatient hospital encounters (IP)	1.5	1.1
Mean number of non-acute institutional encounters (IS)	1.2	3.9
Mean number of other ambulatory encounters (OA)	12.9	22.0
Mean number of filled prescriptions	90.2	90.6
Mean number of non-proprietary names	16.8	11.8
Mean number of unique drug classes	14.0	8.9

Table 1s. Aggregated Baseline Table for Bamlanivimab Plus Etesevimab (Combination Treatment), in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	115	
Demographics	Mean	Standard Deviation
Mean Age (Years)	49.7	13.4
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	4	3.5%
18-21	2	1.7%
22-44	25	21.7%
45-54	39	33.9%
55-64	41	35.7%
65-74	3	2.6%
75+	1	0.9%
Sex		
Female	56	48.7%
Male	59	51.3%
Race		
American Indian or Alaska Native	2	1.7%
Asian	2	1.7%
Black or African American	4	3.5%
Native Hawaiian or Other Pacific Islander	2	1.7%
Unknown	60	52.2%
White	45	39.1%
Ethnicity		
Hispanic Origin	3	2.6%
Year		
2020	0	0.0%
2021	115	100.0%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	1.4	1.7
	Number	Percent
Asthma	30	26.1%
BMI >35 for adults or >85 percentile for children	42	36.5%
Cardiovascular disease	72	62.6%
Chronic kidney disease	20	17.4%
Chronic obstructive pulmonary disease	7	6.1%
Congenital heart disease	0	0.0%
Diabetes	32	27.8%
Hypertension	60	52.2%
Other chronic respiratory disease	3	2.6%
Sickle cell disease	0	0.0%

Table 1s. Aggregated Baseline Table for Bamlanivimab Plus Etesevimab (Combination Treatment), in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	42.9	56.0
Mean number of emergency room encounters (ED)	1.5	2.8
Mean number of inpatient hospital encounters (IP)	0.3	0.7
Mean number of non-acute institutional encounters (IS)	0.0	0.1
Mean number of other ambulatory encounters (OA)	5.8	16.0
Mean number of filled prescriptions	64.5	85.3
Mean number of non-proprietary names	11.4	8.2
Mean number of unique drug classes	9.8	6.9

Table 1t. Aggregated Baseline Table for Bamlanivimab Plus Etesevimab (Combination Treatment), in Procedure Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	153	
Demographics	Mean	Standard Deviation
Mean Age (Years)	50.7	14.1
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	5	3.3%
18-21	2	1.3%
22-44	31	20.3%
45-54	50	32.7%
55-64	54	35.3%
65-74	8	5.2%
75+	3	2.0%
Sex		
Female	73	47.7%
Male	80	52.3%
Race		
American Indian or Alaska Native	3	2.0%
Asian	2	1.3%
Black or African American	4	2.6%
Native Hawaiian or Other Pacific Islander	2	1.3%
Unknown	83	54.2%
White	59	38.6%
Ethnicity		
Hispanic Origin	4	2.6%
Year		
2020	0	0.0%
2021	153	100.0%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	1.6	2.0
	Number	Percent
Asthma	35	22.9%
BMI >35 for adults or >85 percentile for children	54	35.3%
Cardiovascular disease	99	64.7%
Chronic kidney disease	25	16.3%
Chronic obstructive pulmonary disease	13	8.5%
Congenital heart disease	1	0.7%
Diabetes	45	29.4%
Hypertension	82	53.6%
Other chronic respiratory disease	4	2.6%
Sickle cell disease	0	0.0%

Table 1t. Aggregated Baseline Table for Bamlanivimab Plus Etesevimab (Combination Treatment), in Procedure Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	45.9	54.5
Mean number of emergency room encounters (ED)	1.5	2.6
Mean number of inpatient hospital encounters (IP)	0.3	0.8
Mean number of non-acute institutional encounters (IS)	0.0	0.1
Mean number of other ambulatory encounters (OA)	5.4	14.8
Mean number of filled prescriptions	51.8	82.3
Mean number of non-proprietary names	9.0	8.9
Mean number of unique drug classes	7.7	7.6

Table 1u. Aggregated Baseline Table for Bamlanivimab Plus Etesevimab (Combination Treatment), in Procedure Table, in Procedure or Dispensing Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	115	
Demographics	Mean	Standard Deviation
Mean Age (Years)	49.7	13.4
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	4	3.5%
18-21	2	1.7%
22-44	25	21.7%
45-54	39	33.9%
55-64	41	35.7%
65-74	3	2.6%
75+	1	0.9%
Sex		
Female	56	48.7%
Male	59	51.3%
Race		
American Indian or Alaska Native	2	1.7%
Asian	2	1.7%
Black or African American	4	3.5%
Native Hawaiian or Other Pacific Islander	2	1.7%
Unknown	60	52.2%
White	45	39.1%
Ethnicity		
Hispanic Origin	3	2.6%
Year		
2020	0	0.0%
2021	115	100.0%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	1.4	1.7
	Number	Percent
Asthma	30	26.1%
BMI >35 for adults or >85 percentile for children	42	36.5%
Cardiovascular disease	72	62.6%
Chronic kidney disease	20	17.4%
Chronic obstructive pulmonary disease	7	6.1%
Congenital heart disease	0	0.0%
Diabetes	32	27.8%
Hypertension	60	52.2%
Other chronic respiratory disease	3	2.6%
Sickle cell disease	0	0.0%

Table 1u. Aggregated Baseline Table for Bamlanivimab Plus Etesevimab (Combination Treatment), in Procedure Table, in Procedure or Dispensing Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	42.9	56.0
Mean number of emergency room encounters (ED)	1.5	2.8
Mean number of inpatient hospital encounters (IP)	0.3	0.7
Mean number of non-acute institutional encounters (IS)	0.0	0.1
Mean number of other ambulatory encounters (OA)	5.8	16.0
Mean number of filled prescriptions	64.5	85.3
Mean number of non-proprietary names	11.4	8.2
Mean number of unique drug classes	9.8	6.9

Table 1v. Aggregated Baseline Table for Bamlanivimab Alone with Etesevimab Alone, in Procedure or Dispensing Table, Medical and Drug Coverage, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

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

Table 1w. Aggregated Baseline Table for Bamlanivimab Alone with Etesevimab Alone, in Procedure or Dispensing Table, Medical Coverage, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

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

Table 1x. Aggregated Baseline Table for Bamlanivimab Alone with Etesevimab Alone, Drug Coverage, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

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

Table 1y. Aggregated Baseline Table for REGEN-COV2 or Bamlanivimab, Unspecific Codes, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	23	
Demographics	Mean	Standard Deviation
Mean Age (Years)	71.0	10.0
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	0	0.0%
18-21	0	0.0%
22-44	0	0.0%
45-54	2	8.7%
55-64	4	17.4%
65-74	7	30.4%
75+	10	43.5%
Sex		
Female	12	52.2%
Male	11	47.8%
Race		
American Indian or Alaska Native	0	0.0%
Asian	2	8.7%
Black or African American	4	17.4%
Native Hawaiian or Other Pacific Islander	0	0.0%
Unknown	7	30.4%
White	10	43.5%
Ethnicity		
Hispanic Origin	0	0.0%
Year		
2020	1	4.3%
2021	22	95.7%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	6.3	4.2
	Number	Percent
Asthma	3	13.0%
BMI >35 for adults or >85 percentile for children	5	21.7%
Cardiovascular disease	22	95.7%
Chronic kidney disease	12	52.2%
Chronic obstructive pulmonary disease	9	39.1%
Congenital heart disease	1	4.3%
Diabetes	14	60.9%
Hypertension	21	91.3%
Other chronic respiratory disease	0	0.0%
Sickle cell disease	0	0.0%
Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	78.0	148.4
Mean number of emergency room encounters (ED)	2.7	4.7

Table 1y. Aggregated Baseline Table for REGEN-COV2 or Bamlanivimab, Unspecific Codes, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Mean number of inpatient hospital encounters (IP)	2.0	2.4
Mean number of non-acute institutional encounters (IS)	0.6	1.1
Mean number of other ambulatory encounters (OA)	7.0	8.9
Mean number of filled prescriptions	86.9	90.7
Mean number of non-proprietary names	16.2	11.6
Mean number of unique drug classes	13.7	9.0

Table 1z. Aggregated Baseline Table for REGEN-COV2 or Bamlanivimab, Unspecific Codes, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	29	
Demographics	Mean	Standard Deviation
Mean Age (Years)	72.1	12.0
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	0	0.0%
18-21	0	0.0%
22-44	0	0.0%
45-54	2	6.9%
55-64	7	24.1%
65-74	7	24.1%
75+	13	44.8%
Sex		
Female	15	51.7%
Male	14	48.3%
Race		
American Indian or Alaska Native	0	0.0%
Asian	2	6.9%
Black or African American	5	17.2%
Native Hawaiian or Other Pacific Islander	0	0.0%
Unknown	8	27.6%
White	14	48.3%
Ethnicity		
Hispanic Origin	0	0.0%
Year		
2020	1	3.4%
2021	28	96.6%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	6.2	4.2
	Number	Percent
Asthma	4	13.8%
BMI >35 for adults or >85 percentile for children	5	17.2%
Cardiovascular disease	28	96.6%
Chronic kidney disease	15	51.7%
Chronic obstructive pulmonary disease	10	34.5%
Congenital heart disease	1	3.4%
Diabetes	17	58.6%
Hypertension	27	93.1%
Other chronic respiratory disease	0	0.0%
Sickle cell disease	0	0.0%

Table 1z. Aggregated Baseline Table for REGEN-COV2 or Bamlanivimab, Unspecific Codes, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	87.4	154.4
Mean number of emergency room encounters (ED)	3.0	4.6
Mean number of inpatient hospital encounters (IP)	1.8	2.2
Mean number of non-acute institutional encounters (IS)	0.5	1.0
Mean number of other ambulatory encounters (OA)	5.9	8.0
Mean number of filled prescriptions	68.9	86.0
Mean number of non-proprietary names	12.8	11.2
Mean number of unique drug classes	10.9	8.8

Table 1aa. Aggregated Baseline Table for REGEN-COV2 or Bamlanivimab, Unspecific Codes, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	23	
Demographics	Mean	Standard Deviation
Mean Age (Years)	71.0	10.0
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	0	0.0%
18-21	0	0.0%
22-44	0	0.0%
45-54	2	8.7%
55-64	4	17.4%
65-74	7	30.4%
75+	10	43.5%
Sex		
Female	12	52.2%
Male	11	47.8%
Race		
American Indian or Alaska Native	0	0.0%
Asian	2	8.7%
Black or African American	4	17.4%
Native Hawaiian or Other Pacific Islander	0	0.0%
Unknown	7	30.4%
White	10	43.5%
Ethnicity		
Hispanic Origin	0	0.0%
Year		
2020	1	4.3%
2021	22	95.7%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	6.3	4.2
	Number	Percent
Asthma	3	13.0%
BMI >35 for adults or >85 percentile for children	5	21.7%
Cardiovascular disease	22	95.7%
Chronic kidney disease	12	52.2%
Chronic obstructive pulmonary disease	9	39.1%
Congenital heart disease	1	4.3%
Diabetes	14	60.9%
Hypertension	21	91.3%
Other chronic respiratory disease	0	0.0%
Sickle cell disease	0	0.0%

Table 1aa. Aggregated Baseline Table for REGEN-COV2 or Bamlanivimab, Unspecific Codes, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	78.0	148.4
Mean number of emergency room encounters (ED)	2.7	4.7
Mean number of inpatient hospital encounters (IP)	2.0	2.4
Mean number of non-acute institutional encounters (IS)	0.6	1.1
Mean number of other ambulatory encounters (OA)	7.0	8.9
Mean number of filled prescriptions	86.9	90.7
Mean number of non-proprietary names	16.2	11.6
Mean number of unique drug classes	13.7	9.0

Table 1ab. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Etesevimab in Dispensing Table, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

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

Table 1ac. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Etesevimab, in Dispensing Table, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

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

Table 1ad. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Etesevimab, in Dispensing Table, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

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

Table 1ae. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	7,715	
Demographics	Mean	Standard Deviation
Mean Age (Years)	63.3	13.9
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	29	0.4%
18-21	31	0.4%
22-44	813	10.5%
45-54	978	12.7%
55-64	2,062	26.7%
65-74	2,255	29.2%
75+	1,547	20.1%
Sex		
Female	3,934	51.0%
Male	3,781	49.0%
Race		
American Indian or Alaska Native	30	0.4%
Asian	103	1.3%
Black or African American	348	4.5%
Native Hawaiian or Other Pacific Islander	10	0.1%
Unknown	4,330	56.1%
White	2,894	37.5%
Ethnicity		
Hispanic Origin	266	3.4%
Year		
2020	1,860	24.1%
2021	5,855	75.9%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	2.4	3.1
	Number	Percent
Asthma	1,245	16.1%
BMI >35 for adults or >85 percentile for children	1,748	22.7%
Cardiovascular disease	6,010	77.9%
Chronic kidney disease	1,717	22.3%
Chronic obstructive pulmonary disease	1,486	19.3%
Congenital heart disease	116	1.5%
Diabetes	2,886	37.4%
Hypertension	5,414	70.2%
Other chronic respiratory disease	63	0.8%
Sickle cell disease	16	0.2%

Table 1ae. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	50.4	59.8
Mean number of emergency room encounters (ED)	2.1	4.4
Mean number of inpatient hospital encounters (IP)	0.4	1.1
Mean number of non-acute institutional encounters (IS)	0.2	1.3
Mean number of other ambulatory encounters (OA)	4.3	12.6
Mean number of filled prescriptions	74.6	87.6
Mean number of non-proprietary names	14.3	10.7
Mean number of unique drug classes	12.1	8.4

Table 1af. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	14,067	
Demographics	Mean	Standard Deviation
Mean Age (Years)	62.6	14.4
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	54	0.4%
18-21	70	0.5%
22-44	1,602	11.4%
45-54	1,919	13.6%
55-64	4,039	28.7%
65-74	3,698	26.3%
75+	2,685	19.1%
Sex		
Female	7,178	51.0%
Male	6,889	49.0%
Race		
American Indian or Alaska Native	58	0.4%
Asian	210	1.5%
Black or African American	656	4.7%
Native Hawaiian or Other Pacific Islander	20	0.1%
Unknown	7,422	52.8%
White	5,701	40.5%
Ethnicity		
Hispanic Origin	527	3.7%
Year		
2020	3,533	25.1%
2021	10,534	74.9%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	2.4	3.1
	Number	Percent
Asthma	2,533	18.0%
BMI >35 for adults or >85 percentile for children	3,494	24.8%
Cardiovascular disease	11,142	79.2%
Chronic kidney disease	3,193	22.7%
Chronic obstructive pulmonary disease	2,801	19.9%
Congenital heart disease	230	1.6%
Diabetes	5,276	37.5%
Hypertension	10,019	71.2%
Other chronic respiratory disease	123	0.9%
Sickle cell disease	39	0.3%

Table 1af. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	55.4	61.5
Mean number of emergency room encounters (ED)	2.1	4.1
Mean number of inpatient hospital encounters (IP)	0.4	1.1
Mean number of non-acute institutional encounters (IS)	0.1	1.0
Mean number of other ambulatory encounters (OA)	4.2	12.7
Mean number of filled prescriptions	43.2	75.6
Mean number of non-proprietary names	8.3	10.6
Mean number of unique drug classes	7.0	8.6

Table 1ag. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	7,716	
Demographics	Mean	Standard Deviation
Mean Age (Years)	63.3	13.9
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	29	0.4%
18-21	31	0.4%
22-44	813	10.5%
45-54	978	12.7%
55-64	2,062	26.7%
65-74	2,256	29.2%
75+	1,547	20.0%
Sex		
Female	3,935	51.0%
Male	3,781	49.0%
Race		
American Indian or Alaska Native	30	0.4%
Asian	103	1.3%
Black or African American	349	4.5%
Native Hawaiian or Other Pacific Islander	10	0.1%
Unknown	4,330	56.1%
White	2,894	37.5%
Ethnicity		
Hispanic Origin	266	3.4%
Year		
2020	1,860	24.1%
2021	5,856	75.9%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	2.4	3.1
	Number	Percent
Asthma	1,245	16.1%
BMI >35 for adults or >85 percentile for children	1,748	22.7%
Cardiovascular disease	6,011	77.9%
Chronic kidney disease	1,718	22.3%
Chronic obstructive pulmonary disease	1,487	19.3%
Congenital heart disease	117	1.5%
Diabetes	2,887	37.4%
Hypertension	5,415	70.2%
Other chronic respiratory disease	63	0.8%
Sickle cell disease	16	0.2%

Table 1ag. Aggregated Baseline Table for REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	50.4	59.8
Mean number of emergency room encounters (ED)	2.1	4.4
Mean number of inpatient hospital encounters (IP)	0.4	1.1
Mean number of non-acute institutional encounters (IS)	0.2	1.3
Mean number of other ambulatory encounters (OA)	4.3	12.6
Mean number of filled prescriptions	74.6	87.6
Mean number of non-proprietary names	14.3	10.8
Mean number of unique drug classes	12.1	8.4

Table 1ah. Aggregated Baseline Table for Baricitinib with Remdesivir, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	347	
Demographics	Mean	Standard Deviation
Mean Age (Years)	71.6	9.6
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	0	0.0%
18-21	0	0.0%
22-44	6	1.7%
45-54	13	3.7%
55-64	53	15.3%
65-74	141	40.6%
75+	134	38.6%
Sex		
Female	138	39.8%
Male	209	60.2%
Race		
American Indian or Alaska Native	0	0.0%
Asian	5	1.4%
Black or African American	29	8.4%
Native Hawaiian or Other Pacific Islander	2	0.6%
Unknown	129	37.2%
White	182	52.4%
Ethnicity		
Hispanic Origin	13	3.7%
Year		
2020	61	17.6%
2021	286	82.4%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	5.1	3.6
	Number	Percent
Asthma	52	15.0%
BMI >35 for adults or >85 percentile for children	116	33.4%
Cardiovascular disease	337	97.1%
Chronic kidney disease	139	40.1%
Chronic obstructive pulmonary disease	141	40.6%
Congenital heart disease	13	3.7%
Diabetes	205	59.1%
Hypertension	313	90.2%
Other chronic respiratory disease	3	0.9%
Sickle cell disease	1	0.3%

Table 1ah. Aggregated Baseline Table for Baricitinib with Remdesivir, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	45.4	46.2
Mean number of emergency room encounters (ED)	1.7	2.7
Mean number of inpatient hospital encounters (IP)	1.5	1.1
Mean number of non-acute institutional encounters (IS)	1.2	3.9
Mean number of other ambulatory encounters (OA)	12.9	22.0
Mean number of filled prescriptions	90.2	90.7
Mean number of non-proprietary names	16.8	11.9
Mean number of unique drug classes	14.0	8.9

Table 1ai. Aggregated Baseline Table for Baricitinib with Remdesivir, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	422	
Demographics	Mean	Standard Deviation
Mean Age (Years)	71.0	10.9
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	0	0.0%
18-21	0	0.0%
22-44	11	2.6%
45-54	20	4.7%
55-64	71	16.8%
65-74	157	37.2%
75+	163	38.6%
Sex		
Female	162	38.4%
Male	260	61.6%
Race		
American Indian or Alaska Native	0	0.0%
Asian	6	1.4%
Black or African American	33	7.8%
Native Hawaiian or Other Pacific Islander	2	0.5%
Unknown	165	39.1%
White	216	51.2%
Ethnicity		
Hispanic Origin	20	4.7%
Year		
2020	75	17.8%
2021	347	82.2%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	5.3	3.6
	Number	Percent
Asthma	64	15.2%
BMI >35 for adults or >85 percentile for children	133	31.5%
Cardiovascular disease	401	95.0%
Chronic kidney disease	168	39.8%
Chronic obstructive pulmonary disease	169	40.0%
Congenital heart disease	13	3.1%
Diabetes	246	58.3%
Hypertension	369	87.4%
Other chronic respiratory disease	4	0.9%
Sickle cell disease	1	0.2%

Table 1ai. Aggregated Baseline Table for Baricitinib with Remdesivir, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	48.5	50.6
Mean number of emergency room encounters (ED)	2.3	3.4
Mean number of inpatient hospital encounters (IP)	1.6	1.2
Mean number of non-acute institutional encounters (IS)	1.0	3.5
Mean number of other ambulatory encounters (OA)	13.8	37.9
Mean number of filled prescriptions	75.6	85.5
Mean number of non-proprietary names	14.0	11.6
Mean number of unique drug classes	11.7	8.9

Table 1aj. Aggregated Baseline Table for Baricitinib with Remdesivir, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	347	
Demographics	Mean	Standard Deviation
Mean Age (Years)	71.6	9.6
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	0	0.0%
18-21	0	0.0%
22-44	6	1.7%
45-54	13	3.7%
55-64	53	15.3%
65-74	141	40.6%
75+	134	38.6%
Sex		
Female	138	39.8%
Male	209	60.2%
Race		
American Indian or Alaska Native	0	0.0%
Asian	5	1.4%
Black or African American	29	8.4%
Native Hawaiian or Other Pacific Islander	2	0.6%
Unknown	129	37.2%
White	182	52.4%
Ethnicity		
Hispanic Origin	13	3.7%
Year		
2020	61	17.6%
2021	286	82.4%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	5.1	3.6
	Number	Percent
Asthma	52	15.0%
BMI >35 for adults or >85 percentile for children	116	33.4%
Cardiovascular disease	337	97.1%
Chronic kidney disease	139	40.1%
Chronic obstructive pulmonary disease	141	40.6%
Congenital heart disease	13	3.7%
Diabetes	205	59.1%
Hypertension	313	90.2%
Other chronic respiratory disease	3	0.9%
Sickle cell disease	1	0.3%

Table 1aj. Aggregated Baseline Table for Baricitinib with Remdesivir, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	45.4	46.2
Mean number of emergency room encounters (ED)	1.7	2.7
Mean number of inpatient hospital encounters (IP)	1.5	1.1
Mean number of non-acute institutional encounters (IS)	1.2	3.9
Mean number of other ambulatory encounters (OA)	12.9	22.0
Mean number of filled prescriptions	90.2	90.7
Mean number of non-proprietary names	16.8	11.9
Mean number of unique drug classes	14.0	8.9

Table 1ak. Aggregated Baseline Table for Bamlanivimab Plus Etesevimab (Combination Treatment), with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	115	
Demographics	Mean	Standard Deviation
Mean Age (Years)	49.7	13.4
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	4	3.5%
18-21	2	1.7%
22-44	25	21.7%
45-54	39	33.9%
55-64	41	35.7%
65-74	3	2.6%
75+	1	0.9%
Sex		
Female	56	48.7%
Male	59	51.3%
Race		
American Indian or Alaska Native	2	1.7%
Asian	2	1.7%
Black or African American	4	3.5%
Native Hawaiian or Other Pacific Islander	2	1.7%
Unknown	60	52.2%
White	45	39.1%
Ethnicity		
Hispanic Origin	3	2.6%
Year		
2020	0	0.0%
2021	115	100.0%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	1.4	1.7
	Number	Percent
Asthma	30	26.1%
BMI >35 for adults or >85 percentile for children	42	36.5%
Cardiovascular disease	72	62.6%
Chronic kidney disease	20	17.4%
Chronic obstructive pulmonary disease	7	6.1%
Congenital heart disease	0	0.0%
Diabetes	32	27.8%
Hypertension	60	52.2%
Other chronic respiratory disease	3	2.6%
Sickle cell disease	0	0.0%

Table 1ak. Aggregated Baseline Table for Bamlanivimab Plus Etesevimab (Combination Treatment), with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	42.9	56.0
Mean number of emergency room encounters (ED)	1.5	2.8
Mean number of inpatient hospital encounters (IP)	0.3	0.7
Mean number of non-acute institutional encounters (IS)	0.0	0.1
Mean number of other ambulatory encounters (OA)	5.8	16.0
Mean number of filled prescriptions	64.5	85.3
Mean number of non-proprietary names	11.4	8.2
Mean number of unique drug classes	9.8	6.9

Table 1a. Aggregated Baseline Table for Bamlanivimab Plus Etesevimab (Combination Treatment), with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	151	
Demographics	Mean	Standard Deviation
Mean Age (Years)	50.7	14.0
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	5	3.3%
18-21	2	1.3%
22-44	30	19.9%
45-54	50	33.1%
55-64	53	35.1%
65-74	8	5.3%
75+	3	2.0%
Sex		
Female	71	47.0%
Male	80	53.0%
Race		
American Indian or Alaska Native	3	2.0%
Asian	2	1.3%
Black or African American	4	2.6%
Native Hawaiian or Other Pacific Islander	2	1.3%
Unknown	82	54.3%
White	58	38.4%
Ethnicity		
Hispanic Origin	4	2.6%
Year		
2020	0	0.0%
2021	151	100.0%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	1.6	2.0
	Number	Percent
Asthma	35	23.2%
BMI >35 for adults or >85 percentile for children	54	35.8%
Cardiovascular disease	98	64.9%
Chronic kidney disease	25	16.6%
Chronic obstructive pulmonary disease	13	8.6%
Congenital heart disease	1	0.7%
Diabetes	45	29.8%
Hypertension	81	53.6%
Other chronic respiratory disease	4	2.6%
Sickle cell disease	0	0.0%

Table 1a. Aggregated Baseline Table for Bamlanivimab Plus Etesevimab (Combination Treatment), with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	46.1	54.7
Mean number of emergency room encounters (ED)	1.5	2.6
Mean number of inpatient hospital encounters (IP)	0.3	0.8
Mean number of non-acute institutional encounters (IS)	0.0	0.1
Mean number of other ambulatory encounters (OA)	5.5	14.9
Mean number of filled prescriptions	52.5	82.7
Mean number of non-proprietary names	9.1	8.9
Mean number of unique drug classes	7.8	7.6

Table 1am. Aggregated Baseline Table for Bamlanivimab Plus Etesevimab (Combination Treatment), with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Characteristic¹	Number	
Number of unique patients	115	
Demographics	Mean	Standard Deviation
Mean Age (Years)	49.7	13.4
Age (Years)	Number	Percent
0-11	0	0.0%
12-17	4	3.5%
18-21	2	1.7%
22-44	25	21.7%
45-54	39	33.9%
55-64	41	35.7%
65-74	3	2.6%
75+	1	0.9%
Sex		
Female	56	48.7%
Male	59	51.3%
Race		
American Indian or Alaska Native	2	1.7%
Asian	2	1.7%
Black or African American	4	3.5%
Native Hawaiian or Other Pacific Islander	2	1.7%
Unknown	60	52.2%
White	45	39.1%
Ethnicity		
Hispanic Origin	3	2.6%
Year		
2020	0	0.0%
2021	115	100.0%
Recorded History of:	Mean	Standard Deviation
Prior combined comorbidity score	1.4	1.7
	Number	Percent
Asthma	30	26.1%
BMI >35 for adults or >85 percentile for children	42	36.5%
Cardiovascular disease	72	62.6%
Chronic kidney disease	20	17.4%
Chronic obstructive pulmonary disease	7	6.1%
Congenital heart disease	0	0.0%
Diabetes	32	27.8%
Hypertension	60	52.2%
Other chronic respiratory disease	3	2.6%
Sickle cell disease	0	0.0%

Table 1am. Aggregated Baseline Table for Bamlanivimab Plus Etesevimab (Combination Treatment), with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters (AV)	42.9	56.0
Mean number of emergency room encounters (ED)	1.5	2.8
Mean number of inpatient hospital encounters (IP)	0.3	0.7
Mean number of non-acute institutional encounters (IS)	0.0	0.1
Mean number of other ambulatory encounters (OA)	5.8	16.0
Mean number of filled prescriptions	64.5	85.3
Mean number of non-proprietary names	11.4	8.2
Mean number of unique drug classes	9.8	6.9

Table 1a. Aggregated Baseline Table for Bamlanivimab Alone with Etesevimab Alone, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

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

Table 1ao. Aggregated Baseline Table for Bamlanivimab Alone with Etesevimab Alone, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

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

Table 1ap. Aggregated Baseline Table for Bamlanivimab Alone with Etesevimab Alone, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

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

Table 2a. Full Index-Defining Code Distribution of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	649	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	76	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	41	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	27	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	20	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	17	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology	Procedure	ICD-10-PCS	16	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	16	Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	15	Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit

Table 2a. Full Index-Defining Code Distribution of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	13	Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	10	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	8	Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	7	Emergency Department
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	7	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	6	Ambulatory Visit
61755002600	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	5	Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	4	Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department

Table 2a. Full Index-Defining Code Distribution of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	3	Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	3	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	3	Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	3	Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2	Ambulatory Visit
61755002700	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2	Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2	Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Emergency Department

Table 2a. Full Index-Defining Code Distribution of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2	Ambulatory Visit
61755002500	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2	Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2	Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Emergency Department
61755002601	Casirivimab, 300 Mg/2.5 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	2	Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Ambulatory Visit
61755002700	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
61755002600	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Ambulatory Visit
61755002700	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit

Table 2a. Full Index-Defining Code Distribution of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Emergency Department
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Inpatient Hospital Stay
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Emergency Department
61755002600	Casirivimab (Regn10933)	Procedure	NDC		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Ambulatory Visit
61755002500	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit

Table 2a. Full Index-Defining Code Distribution of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure		1	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002600	Casirivimab (Regn10933)	Procedure	NDC	1	Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC	1	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
61755002500	Imdevimab (Regn10987)	Procedure	NDC	1	Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Ambulatory Visit

Table 2b. Total Counts for Each Time an Index-Defining Code Occurred of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	952
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	208
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	59
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	34
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	22
61755002400	Casirivimab (Regn10933)	Procedure	NDC	21
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	16
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	11
61755002600	Casirivimab (Regn10933)	Procedure	NDC	9
61755002500	Imdevimab (Regn10987)	Procedure	NDC	4
61755002700	Imdevimab (Regn10987)	Procedure	NDC	4
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1

Table 3a. Full Index-Defining Code Distribution of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1,250	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	129	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	91	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	60	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	38	Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	35	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	32	Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	30	Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	22	Emergency Department

Table 3a. Full Index-Defining Code Distribution of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	23	Ambulatory Visit
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology	Procedure	ICD-10-PCS	20	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	18	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
61755002601	Casirivimab, 300 Mg/2.5 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	13	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	13	Ambulatory Visit
61755002600	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	13	Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	11	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	9	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	7	Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	7	Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	6	Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit

Table 3a. Full Index-Defining Code Distribution of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	6	Ambulatory Visit
61755002500	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	6	Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	5	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	5	Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	5	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Ambulatory Visit
61755002700	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Ambulatory Visit
61755002500	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	4	Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	4	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	3	Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit

Table 3a. Full Index-Defining Code Distribution of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
61755002601	Casirivimab, 300 Mg/2.5 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	3	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	3	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	3	Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	3	Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
61755002701	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
61755002601	Casirivimab, 300 Mg/2.5 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
61755002600	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
61755002600	Casirivimab (Regn10933)	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002600	Casirivimab (Regn10933)	Procedure	NDC	2	Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
61755002500	Imdevimab (Regn10987)	Procedure	NDC	2	Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002700	Imdevimab (Regn10987)	Procedure	NDC	1	Emergency Department
61755002600	Casirivimab (Regn10933)	Procedure	NDC		Emergency Department

Table 3a. Full Index-Defining Code Distribution of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002700	Imdevimab (Regn10987)	Procedure	NDC	1	Emergency Department
61755002601	Casirivimab, 300 Mg/2.5 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Emergency Department
61755002700	Imdevimab (Regn10987)	Procedure	NDC	1	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes	Procedure	HCPCS		Ambulatory Visit
61755002700	Infusion And Post Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
61755002600	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
	Casirivimab (Regn10933)				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002700	Imdevimab (Regn10987)	Procedure	NDC	1	Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes	Procedure	HCPCS		Emergency Department
61755002701	Infusion And Post Administration Monitoring	Procedure	NDC	1	Emergency Department
	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton				
61755002701	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	1	Ambulatory Visit
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes	Procedure	HCPCS		Inpatient Hospital Stay
61755002400	Infusion And Post Administration Monitoring	Procedure	NDC	1	Inpatient Hospital Stay
	Casirivimab (Regn10933)				
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes	Procedure	HCPCS		Inpatient Hospital Stay
61755002401	Infusion And Post Administration Monitoring	Procedure	NDC	1	Inpatient Hospital Stay
	Casirivimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes	Procedure	HCPCS		Emergency Department
61755002501	Infusion And Post Administration Monitoring	Procedure	NDC	1	Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton				

Table 3a. Full Index-Defining Code Distribution of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243 61755002401	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure Procedure	HCPCS NDC	1	Emergency Department Emergency Department
Q0243 M0243 61755002501	Injection, Casirivimab And Imdevimab, 2400 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure Procedure Procedure	HCPCS HCPCS NDC	1	Emergency Department Ambulatory Visit Emergency Department
Q0243 M0243 61755002501 61755002401	Injection, Casirivimab And Imdevimab, 2400 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure Procedure Procedure Procedure	HCPCS HCPCS NDC NDC	1	Ambulatory Visit Ambulatory Visit Ambulatory Visit Ambulatory Visit
M0243 61755002400	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Casirivimab (Regn10933)	Procedure Procedure	HCPCS NDC	1	Ambulatory Visit Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Other Ambulatory Visit
Q0243 61755002501 61755002401 61755002400	Injection, Casirivimab And Imdevimab, 2400 Mg Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton Casirivimab (Regn10933)	Procedure Procedure Procedure Procedure	HCPCS NDC NDC NDC	1	Emergency Department Emergency Department Emergency Department Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	1	Ambulatory Visit

Table 3b. Total Counts for Each Time an Index-Defining Code Occurred of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1,828
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	427
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	116
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	67
61755002400	Casirivimab (Regn10933)	Procedure	NDC	48
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	42
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	21
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	20
61755002600	Casirivimab (Regn10933)	Procedure	NDC	19
61755002500	Imdevimab (Regn10987)	Procedure	NDC	12
61755002700	Imdevimab (Regn10987)	Procedure	NDC	9
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1

Table 4a. Full Index-Defining Code Distribution of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	649	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	76	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	41	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	27	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	20	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	17	Ambulatory Visit
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	16	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	16	Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	15	Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	13	Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit

Table 4a. Full Index-Defining Code Distribution of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	10	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	8	Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	7	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	7	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	6	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002600	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	5	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	4	Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	3	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	3	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	3	Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit

Table 4a. Full Index-Defining Code Distribution of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243 61755002601	Injection, Casirivimab And Imdevimab, 2400 Mg Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure Procedure	HCPCS NDC	3	Ambulatory Visit Ambulatory Visit
Q0243 M0243 61755002700	Injection, Casirivimab And Imdevimab, 2400 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Imdevimab (Regn10987)	Procedure Procedure Procedure	HCPCS HCPCS NDC	2	Ambulatory Visit Ambulatory Visit Ambulatory Visit
Q0243 M0243 61755002701 61755002601	Injection, Casirivimab And Imdevimab, 2400 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure Procedure Procedure Procedure	HCPCS HCPCS NDC NDC	2	Ambulatory Visit Ambulatory Visit Ambulatory Visit Ambulatory Visit
Q0243 61755002701 M0243	Injection, Casirivimab And Imdevimab, 2400 Mg Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure Procedure Procedure	HCPCS NDC HCPCS	2	Ambulatory Visit Ambulatory Visit Inpatient Hospital
Q0243 M0243 61755002501 61755002401	Injection, Casirivimab And Imdevimab, 2400 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure Procedure Procedure Procedure	HCPCS HCPCS NDC NDC	2	Emergency Department Emergency Department Emergency Department Emergency Department
Q0243 M0243 61755002500 61755002400	Injection, Casirivimab And Imdevimab, 2400 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Imdevimab (Regn10987) Casirivimab (Regn10933)	Procedure Procedure Procedure Procedure	HCPCS HCPCS NDC NDC	2	Ambulatory Visit Ambulatory Visit Ambulatory Visit Ambulatory Visit
Q0243 M0243 61755002501	Injection, Casirivimab And Imdevimab, 2400 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure Procedure Procedure	HCPCS HCPCS NDC	2	Ambulatory Visit Ambulatory Visit Ambulatory Visit
M0243 61755002401	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure Procedure	HCPCS NDC	2	Ambulatory Visit Ambulatory Visit

Table 4a. Full Index-Defining Code Distribution of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Emergency Department
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion	Procedure	HCPCS		Ambulatory Visit
61755002700	And Post Administration Monitoring	Procedure	NDC		Ambulatory Visit
61755002600	Imdevimab (Regn10987) Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Ambulatory Visit
	Imdevimab (Regn10987)				Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion	Procedure	HCPCS		Emergency Department
61755002701	And Post Administration Monitoring	Procedure	NDC		Emergency Department
61755002601	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion	Procedure	HCPCS		Inpatient Hospital Stay
61755002400	And Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion	Procedure	HCPCS		Emergency Department
61755002600	And Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Emergency Department

Table 4a. Full Index-Defining Code Distribution of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243 61755002401	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure Procedure	HCPCS NDC	1	Emergency Department Emergency Department
Q0243 M0243 61755002501 61755002401	Injection, Casirivimab And Imdevimab, 2400 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure Procedure Procedure Procedure	HCPCS HCPCS NDC NDC	1	Ambulatory Visit Ambulatory Visit Ambulatory Visit Ambulatory Visit
Q0243 M0243 61755002500	Injection, Casirivimab And Imdevimab, 2400 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Imdevimab (Regn10987)	Procedure Procedure Procedure	HCPCS HCPCS NDC	1	Ambulatory Visit Ambulatory Visit Ambulatory Visit
M0243 61755002400	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Casirivimab (Regn10933)	Procedure Procedure	HCPCS NDC	1	Ambulatory Visit Ambulatory Visit
Q0243 61755002501 61755002401	Injection, Casirivimab And Imdevimab, 2400 Mg Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure Procedure Procedure	HCPCS NDC NDC	1	Emergency Department Emergency Department Emergency Department
Q0243 61755002600 61755002400	Injection, Casirivimab And Imdevimab, 2400 Mg Casirivimab (Regn10933) Casirivimab (Regn10933)	Procedure Procedure Procedure	HCPCS NDC NDC	1	Ambulatory Visit Ambulatory Visit Emergency Department
61755002401 61755002500 61755002501	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton Imdevimab (Regn10987) Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure Procedure Procedure	NDC NDC NDC	1 1 1	Emergency Department Emergency Department Ambulatory Visit

Table 4b. Total Counts for Each Time an Index-Defining Code Occurred of Casirivimab and Imdevimab (REGEN-COV2), in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	952
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	208
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	59
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	34
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	22
61755002400	Casirivimab (Regn10933)	Procedure	NDC	21
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	16
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	11
61755002600	Casirivimab (Regn10933)	Procedure	NDC	9
61755002500	Imdevimab (Regn10987)	Procedure	NDC	4
61755002700	Imdevimab (Regn10987)	Procedure	NDC	4
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1

Table 5a. Full Index-Defining Code Distribution of Bamlanivimab, in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4,491	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	717	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	405	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	388	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	245	Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	135	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	131	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	130	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC	79	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC	52	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC	46	Ambulatory Visit
2791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC	39	Ambulatory Visit

Table 5a. Full Index-Defining Code Distribution of Bamlanivimab, in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	38	Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC	26	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	25	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	23	Other Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	19	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	17	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239		Procedure	HCPCS		Ambulatory Visit
00002791001	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC	7	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001		Procedure	NDC	6	Emergency Department
	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton				
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	5	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239		Procedure	HCPCS	5	Ambulatory Visit
	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring				
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
00002791001		Procedure	NDC	5	Emergency Department
	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton				

Table 5a. Full Index-Defining Code Distribution of Bamlanivimab, in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6 Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	ICD-10-PCS	4	Inpatient Hospital Stay
M0239		Procedure	HCPCS		Inpatient Hospital Stay
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	4	Inpatient Hospital Stay
Xw043f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	3	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	HCPCS	3	Inpatient Hospital Stay
M0239		Procedure	HCPCS		Inpatient Hospital Stay
00002791001		Procedure	NDC		Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	HCPCS	3	Ambulatory Visit
M0239		Procedure	HCPCS		Ambulatory Visit
M0239		Procedure	HCPCS		Emergency Department
00002791001		Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2	Inpatient Hospital Stay
M0239		Procedure	HCPCS		Inpatient Hospital Stay
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Inpatient Hospital Stay
M0239		Procedure	HCPCS		Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Inpatient Hospital Stay
M0239		Procedure	HCPCS		Inpatient Hospital Stay

Table 5a. Full Index-Defining Code Distribution of Bamlanivimab, in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Inpatient Hospital Stay

Table 5b. Total Counts for Each Time an Index-Defining Code Occurred of Bamlanivimab, in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	6,858
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1,338
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	919
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	144

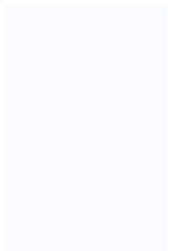


Table 6a. Full Index-Defining Code Distribution of Bamlanivimab, in Procedure Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	7,823	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1,305	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	944	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	775	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	463	Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	233	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	177	Ambulatory Visit
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	171	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	171	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	119	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	78	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	76	Ambulatory Visit

Table 6a. Full Index-Defining Code Distribution of Bamlanivimab, in Procedure Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	54	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	53	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	39	Other Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	37	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	34	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	30	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	14	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	13	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	12	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	9	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	8	Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	5	Other Ambulatory Visit

Table 6a. Full Index-Defining Code Distribution of Bamlanivimab, in Procedure Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw043f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	5	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	5	Ambulatory Visit
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	5	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Administration Monitoring	Procedure	NDC		Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton			4	
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Other Ambulatory Visit
M0239	Administration Monitoring	Procedure	HCPCS	3	
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Administration Monitoring	Procedure	NDC		Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton			2	
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Non-Acute Institutional Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Non-Acute Institutional Stay
M0239	Administration Monitoring	Procedure	NDC		Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton			2	
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Non-Acute Institutional Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Non-Acute Institutional Stay
M0239	Administration Monitoring	Procedure	NDC		Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton			2	

Table 6a. Full Index-Defining Code Distribution of Bamlanivimab, in Procedure Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0239 00002791001	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure Procedure	HCPCS NDC	2	Ambulatory Visit Emergency Department
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
M0239 M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure Procedure	HCPCS HCPCS	1	Inpatient Hospital Stay Inpatient Hospital Stay
Q0239 M0239	Injection, Bamlanivimab-Xxxx, 700 Mg Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure Procedure	HCPCS HCPCS	1	Inpatient Hospital Stay Inpatient Hospital Stay
Q0239 M0239 00002791001	Injection, Bamlanivimab-Xxxx, 700 Mg Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure Procedure Procedure	HCPCS HCPCS NDC	1	Inpatient Hospital Stay Inpatient Hospital Stay Inpatient Hospital Stay
M0239 M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure Procedure	HCPCS HCPCS	1	Non-Acute Institutional Stay Emergency Department
Q0239 M0239 M0239	Injection, Bamlanivimab-Xxxx, 700 Mg Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure Procedure Procedure	HCPCS HCPCS HCPCS	1	Ambulatory Visit Emergency Department Ambulatory Visit
Q0239 Q0239 Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg Injection, Bamlanivimab-Xxxx, 700 Mg Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure Procedure Procedure	HCPCS HCPCS HCPCS	1 1 1	Inpatient Hospital Stay Inpatient Hospital Stay Inpatient Hospital Stay
00002791001 00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure Procedure	NDC NDC	1 1	Inpatient Hospital Stay Inpatient Hospital Stay

Table 6b. Total Counts for Each Time an Index-Defining Code Occurred of Bamlanivimab, in Procedure Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	12,302
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	2,752
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	1,943
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	186
Xw043f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	5

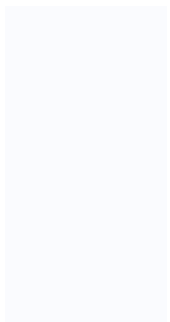


Table 7a. Full Index-Defining Code Distribution of Bamlanivimab, in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4,491	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	717	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	406	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	388	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	245	Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	135	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	131	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	130	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	79	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	52	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	46	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	39	Ambulatory Visit

Table 7a. Full Index-Defining Code Distribution of Bamlanivimab, in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	38	Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	26	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	25	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	23	Other Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	19	Non-Acute Institutional Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	17	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239		Procedure	HCPCS		Ambulatory Visit
00002791001	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	7	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001		Procedure	NDC	6	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	5	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239		Procedure	HCPCS	5	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
00002791001		Procedure	NDC	5	Emergency Department
	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton				

Table 7a. Full Index-Defining Code Distribution of Bamlanivimab, in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw033f6 M0239	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6 Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure Procedure	ICD-10-PCS HCPCS	4	Inpatient Hospital Stay Inpatient Hospital Stay
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	4	Non-Acute Institutional Stay
Xw043f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	3	Inpatient Hospital Stay
Q0239 M0239 00002791001	Injection, Bamlanivimab-Xxxx, 700 Mg Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure Procedure Procedure	HCPCS HCPCS NDC	3	Inpatient Hospital Stay Inpatient Hospital Stay Inpatient Hospital Stay
Q0239 M0239 M0239 00002791001	Injection, Bamlanivimab-Xxxx, 700 Mg Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure Procedure Procedure Procedure	HCPCS HCPCS HCPCS NDC	3	Ambulatory Visit Ambulatory Visit Emergency Department Ambulatory Visit
Q0239 M0239	Injection, Bamlanivimab-Xxxx, 700 Mg Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure Procedure	HCPCS HCPCS	2	Non-Acute Institutional Stay Non-Acute Institutional Stay
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
M0239 M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure Procedure	HCPCS HCPCS	1	Inpatient Hospital Stay Inpatient Hospital Stay
Q0239 M0239	Injection, Bamlanivimab-Xxxx, 700 Mg Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure Procedure	HCPCS HCPCS	1	Inpatient Hospital Stay Inpatient Hospital Stay

Table 7a. Full Index-Defining Code Distribution of Bamlanivimab, in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay

Table 7b. Total Counts for Each Time an Index-Defining Code Occurred of Bamlanivimab, in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	6,859
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1,339
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	920
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	144
Xw043f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	3

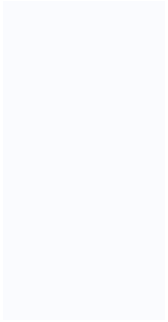


Table 8a. Full Index-Defining Code Distribution of REGEN-COV2 or Bamlanivimab, Unspecific, in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw033h6	Introduction Of Other New Technology Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	21	Inpatient Hospital Stay
Xw043h6	Introduction Of Other New Technology Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	2	Inpatient Hospital Stay

Table 8b. Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2 or Bamlanivimab, Unspecific, in Procedure Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
Xw033h6	Introduction Of Other New Technology Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	21
Xw043h6	Introduction Of Other New Technology Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	2

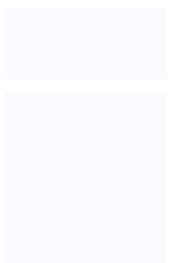


Table 9a. Full Index-Defining Code Distribution of REGEN-COV2 or Bamlanivimab, Unspecific, in Procedure Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw033h6	Introduction Of Other New Technology Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	27	Inpatient Hospital Stay
Xw043h6	Introduction Of Other New Technology Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	2	Inpatient Hospital Stay

Table 9b. Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2 or Bamlanivimab, Unspecific, in Procedure Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
Xw033h6	Introduction Of Other New Technology Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	27
Xw043h6	Introduction Of Other New Technology Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	2

Table 10a. Full Index-Defining Code Distribution of REGEN-COV2 or Bamlanivimab, Unspecific, in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw033h6	Introduction Of Other New Technology Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	21	Inpatient Hospital Stay
Xw043h6	Introduction Of Other New Technology Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	2	Inpatient Hospital Stay

Table 10b. Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2 or Bamlanivimab, Unspecific, in Procedure Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
Xw033h6	Introduction Of Other New Technology Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	21
Xw043h6	Introduction Of Other New Technology Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	2

Table 11a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Etesevimab in Dispensing Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1	N/A

Table 11b. Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2, Bamlanivimab, or Etesevimab in Dispensing Table, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1

Table 12a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Etesevimab in Dispensing Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1	N/A

Table 12b. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Etesevimab in Dispensing Table, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
2791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1

Table 13a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Etesevimab in Dispensing Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	2	N/A

Table 13b. Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2, Bamlanivimab, or Etesevimab in Dispensing Table, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	2

Table 14a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4,478	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	716	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	646	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	405	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	388	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	244	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	134	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	131	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	130	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	92	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	78	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit

Table 14a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	73	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	52	Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	45	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	41	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	39	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	38	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	27	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	24	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	23	Other Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	22	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	20	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	19	Non-Acute Institutional Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	17	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	17	Ambulatory Visit

Table 14a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	16	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002401	Post Administration Monitoring Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	16	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	15	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002601	Post Administration Monitoring Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	13	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002400	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	11	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	9	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	8	Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	7	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
00002791001	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	7	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002601	Post Administration Monitoring Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department

Table 14a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	6	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	6	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002600	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	5	Emergency Department
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	5	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002701	Post Administration Monitoring Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	5	Inpatient Hospital Stay
	Administration Monitoring				
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	5	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Emergency Department
M0239	Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post				
	Administration Monitoring				
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	4	Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion	Procedure	HCPCS		Emergency Department
00002791001	And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral	Procedure	ICD-10-PCS	4	Non-Acute Institutional Stay
	Vein, Percutaneous Approach, New Technology Group 6				
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	4	Ambulatory Visit
61755002601	Post Administration Monitoring Casirivimab, 300 Mg/2.5 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit

Table 14a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw033f6 M0239	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6 Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure Procedure	ICD-10-PCS HCPCS	4	Inpatient Hospital Stay Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	4	Ambulatory Visit
Q0245 M0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure Procedure	HCPCS HCPCS	3	Ambulatory Visit Ambulatory Visit
Q0239 M0239 00002791001	Injection, Bamlanivimab-Xxxx, 700 Mg Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure Procedure Procedure	HCPCS HCPCS NDC	3	Inpatient Hospital Stay Inpatient Hospital Stay Inpatient Hospital Stay
Q0239 M0239 M0239 00002791001	Injection, Bamlanivimab-Xxxx, 700 Mg Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure Procedure Procedure Procedure	HCPCS HCPCS HCPCS NDC	3	Ambulatory Visit Emergency Department Ambulatory Visit Ambulatory Visit
Q0243 61755002401	Injection, Casirivimab And Imdevimab, 2400 Mg Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure Procedure	HCPCS NDC	3	Ambulatory Visit Ambulatory Visit
Q0243 M0243 61755002501	Injection, Casirivimab And Imdevimab, 2400 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure Procedure Procedure	HCPCS HCPCS NDC	3	Emergency Department Emergency Department Emergency Department
Xw043f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	3	Inpatient Hospital Stay
M0243 M0239	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure Procedure	HCPCS HCPCS	3	Ambulatory Visit Ambulatory Visit

Table 14a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	3	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002500	Post Administration Monitoring	Procedure	NDC	2	Ambulatory Visit
61755002400	Imdevimab (Regn10987) Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC	2	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002501	Post Administration Monitoring	Procedure	NDC	2	Emergency Department
61755002401	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002401	Post Administration Monitoring Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002501	Post Administration Monitoring Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department

Table 14a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002701	Post Administration Monitoring	Procedure	NDC	2	Ambulatory Visit
61755002601	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002700	Post Administration Monitoring	Procedure	NDC	2	Ambulatory Visit
	Imdevimab (Regn10987)				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Non-Acute Institutional Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	2	Non-Acute Institutional Stay
	Administration Monitoring				
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
M0239	Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post			2	
	Administration Monitoring				
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Non-Acute Institutional Stay
	Post Administration Monitoring			2	
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Emergency Department
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1	N/A
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Emergency Department
00002791001	Administration Monitoring	Procedure	NDC		Emergency Department
	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton				
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Ambulatory Visit

Table 14a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion	Procedure	HCPCS		Ambulatory Visit
00002791001	And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Inpatient Hospital Stay
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Ambulatory Visit
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Inpatient Hospital Stay
61755002400	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Inpatient Hospital Stay
61755002400	Casirivimab (Regn10933)	Procedure	NDC	1	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
61755002400	Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	1	Ambulatory Visit
61755002400	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department

Table 14a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002401	Post Administration Monitoring	Procedure	NDC	1	Emergency Department
	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002501	Post Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
61755002401	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton				
61755002500	Imdevimab (Regn10987)	Procedure	NDC	1	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002500	Post Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
	Imdevimab (Regn10987)				
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
61755002501	Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002600	Post Administration Monitoring	Procedure	NDC	1	Emergency Department
	Casirivimab (Regn10933)				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002700	Post Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
61755002600	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
	Casirivimab (Regn10933)				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002600	Casirivimab (Regn10933)	Procedure	NDC	1	Ambulatory Visit

Table 14a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002701	Post Administration Monitoring	Procedure	NDC	1	Emergency Department
61755002601	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
61755002601	Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
61755002700	Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
	Imdevimab (Regn10987)				
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Administration Monitoring	Procedure	HCPCS	1	Inpatient Hospital Stay
	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post				
	Administration Monitoring				
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Inpatient Hospital Stay
	Administration Monitoring				
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Inpatient Hospital Stay
	Administration Monitoring				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Emergency Department
	Administration Monitoring				

Table 14a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw033f6 M0243	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6 Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure Procedure	ICD-10-PCS HCPCS	1	Inpatient Hospital Stay Inpatient Hospital Stay
Q0239 M0243	Injection, Bamlanivimab-Xxxx, 700 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure Procedure	HCPCS HCPCS	1	Emergency Department Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Other Ambulatory Visit
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay

Table 14b. Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	6,857
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1,338
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	952
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC	919
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	207
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	144
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	112
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	58
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	34
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	22
61755002400	Casirivimab (Regn10933)	Procedure	NDC	21
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	16
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	11
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	11
61755002600	Casirivimab (Regn10933)	Procedure	NDC	9
61755002500	Imdevimab (Regn10987)	Procedure	NDC	4
61755002700	Imdevimab (Regn10987)	Procedure	NDC	4
Xw043f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Central Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	3
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	1

Table 15a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	7,807	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1,302	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1,246	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	944	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	775	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	462	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	233	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	176	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	171	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	170	Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	123	Emergency Department

Table 15a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	120	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	118	Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	91	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	77	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	74	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	60	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	54	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	52	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	39	Other Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	38	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	35	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	34	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	32	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	31	Emergency Department

Table 15a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	30	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002401	Post Administration Monitoring Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	30	Non-Acute Institutional Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	23	Emergency Department
M0243	Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring				
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	20	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	18	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002601	Post Administration Monitoring Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	15	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	14	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	13	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	13	Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	13	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002600	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit

Table 15a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	12	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	10	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	9	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	9	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring				
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	8	Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	7	Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	7	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	6	Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department

Table 15a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	6	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002500	Post Administration Monitoring Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	6	Ambulatory Visit
61755002601	Post Administration Monitoring Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	6	Ambulatory Visit
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	5	Non-Acute Institutional Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	5	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
M0239	Administration Monitoring	Procedure	HCPCS		Emergency Department
00002791001	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	5	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002501	Post Administration Monitoring Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	5	Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	5	Other Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	5	Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Xw043f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	5	Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	5	Inpatient Hospital Stay

Table 15a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Ambulatory Visit
61755002500	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	4	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Ambulatory Visit
61755002700	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	4	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	3	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	3	Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit

Table 15a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002701	Post Administration Monitoring	Procedure	NDC	3	Ambulatory Visit
61755002601	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton				
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
M0239	Administration Monitoring	Procedure	HCPCS	3	Other Ambulatory Visit
	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post				
	Administration Monitoring				
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
M0239	Post Administration Monitoring	Procedure	HCPCS	3	Ambulatory Visit
	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post				
	Administration Monitoring				
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
M0239	Post Administration Monitoring	Procedure	HCPCS	3	Ambulatory Visit
	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post				
	Administration Monitoring				
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	3	Non-Acute Institutional Stay
	Post Administration Monitoring				
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Inpatient Hospital Stay
00002791001	Administration Monitoring	Procedure	NDC	2	Inpatient Hospital Stay
	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton				
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
00002791001	Administration Monitoring	Procedure	NDC	2	Emergency Department
	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC	2	Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department

Table 15a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002501	Post Administration Monitoring	Procedure	NDC	2	Emergency Department
61755002401	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
61755002500	Imdevimab (Regn10987)	Procedure	NDC	2	Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002600	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC	2	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002600	Casirivimab (Regn10933)	Procedure	NDC	2	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002701	Post Administration Monitoring	Procedure	NDC	2	Emergency Department
61755002601	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Non-Acute Institutional Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2	Non-Acute Institutional Stay
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1	N/A

Table 15a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Emergency Department
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Emergency Department
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Ambulatory Visit
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Inpatient Hospital Stay
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	1	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay

Table 15a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	1	Emergency Department
00002791001	Post Administration Monitoring	Procedure	NDC		Emergency Department
	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	1	Inpatient Hospital Stay
61755002400	Post Administration Monitoring	Procedure	NDC		Inpatient Hospital Stay
	Casirivimab (Regn10933)				
61755002400	Casirivimab (Regn10933)	Procedure	NDC	1	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Ambulatory Visit
61755002400	Administration Monitoring	Procedure	NDC		Ambulatory Visit
	Casirivimab (Regn10933)				
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002400	Post Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
	Casirivimab (Regn10933)				
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Inpatient Hospital Stay
61755002401	Post Administration Monitoring	Procedure	NDC	1	Inpatient Hospital Stay
	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002401	Post Administration Monitoring	Procedure	NDC	1	Emergency Department
	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002501	Post Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
61755002401	Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton				

Table 15a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002501	Post Administration Monitoring	Procedure	NDC	1	Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And	Procedure	HCPCS		Ambulatory Visit
61755002501	Imdevimab Includes Infusion And Post	Procedure	NDC	1	Emergency Department
	Administration Monitoring				
	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton				
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
61755002501	Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002700	Imdevimab (Regn10987)	Procedure	NDC	1	Emergency Department
61755002600	Casirivimab (Regn10933)	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002700	Post Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
61755002600	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
	Casirivimab (Regn10933)				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002700	Imdevimab (Regn10987)	Procedure	NDC	1	Emergency Department
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
61755002601	Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton				
61755002700	Imdevimab (Regn10987)	Procedure	NDC	1	Ambulatory Visit

Table 15a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
61755002700	Administration Monitoring Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002701	Post Administration Monitoring Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
61755002701	Administration Monitoring Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Inpatient Hospital Stay
M0239	Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Non-Acute Institutional Stay
M0239	Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Emergency Department
M0239	Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit

Table 15a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	1	Emergency Department
M0239	Post Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	1	Ambulatory Visit
M0239	Post Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
M0243	Vein, Percutaneous Approach, New Technology Group 6 Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Other Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Other Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay

Table 15b. Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	12,301
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	2,752
00002791001	Bamlanivimab, 700 Mg/20 ML (35 Mg/ML), 1 Vial Per Carton	Procedure	NDC	1,943
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1,828
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	426
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	186
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	149
61755002401	Casirivimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	115
61755002601	Casirivimab, 300 Mg/2.5 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	67
61755002400	Casirivimab (Regn10933)	Procedure	NDC	48
61755002501	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	42
61755002701	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	21
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	20
61755002600	Casirivimab (Regn10933)	Procedure	NDC	19
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	17
61755002500	Imdevimab (Regn10987)	Procedure	NDC	12
61755002700	Imdevimab (Regn10987)	Procedure	NDC	9
Xw043f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Central Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	5
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	1

Table 16a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4,478	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	716	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	646	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	406	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	388	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	244	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	134	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	131	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	130	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	92	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	78	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit

Table 16a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	73	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	52	Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	45	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	41	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	39	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	38	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	27	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	24	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	23	Other Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	22	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	20	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	19	Non-Acute Institutional Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	17	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	17	Ambulatory Visit

Table 16a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	16	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002401	Post Administration Monitoring Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	16	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	15	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002601	Post Administration Monitoring Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	13	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002400	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	11	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	9	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	8	Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	7	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC	Emergency Department	
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	7	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002601	Post Administration Monitoring Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department

Table 16a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	6	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	6	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002600	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	5	Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	5	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	5	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	5	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	4	Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	4	Non-Acute Institutional Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit

Table 16a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	4	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	4	Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	3	Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	3	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	3	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	3	Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	3	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Xw043f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	3	Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	3	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit

Table 16a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	3	Ambulatory Visit
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	2	N/A
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002500		Procedure	NDC	2	Ambulatory Visit
61755002400	Imdevimab (Regn10987) Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC	2	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
61755002501		Procedure	NDC	2	Emergency Department
61755002401	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002501		Procedure	NDC	2	Ambulatory Visit
	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department

Table 16a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002701	Post Administration Monitoring	Procedure	NDC	2	Ambulatory Visit
61755002601	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002700	Post Administration Monitoring	Procedure	NDC	2	Ambulatory Visit
	Imdevimab (Regn10987)				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Non-Acute Institutional Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	2	Non-Acute Institutional Stay
	Administration Monitoring				
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
M0239	Post Administration Monitoring	Procedure	HCPCS	2	Ambulatory Visit
	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post				
	Administration Monitoring				
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Non-Acute Institutional Stay
	Post Administration Monitoring			2	
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Emergency Department
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Emergency Department
00002791001	Administration Monitoring	Procedure	NDC		Emergency Department
	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton				
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Ambulatory Visit

Table 16a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Inpatient Hospital Stay
61755002400	Casirivimab (Regn10933)	Procedure	NDC	1	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department

Table 16a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002401	Post Administration Monitoring Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002501	Post Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
61755002401	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
61755002500	Imdevimab (Regn10987)	Procedure	NDC	1	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002500	Post Administration Monitoring Imdevimab (Regn10987)	Procedure	NDC	1	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
61755002501	Administration Monitoring Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002600	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC	1	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002700	Post Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
61755002600	Imdevimab (Regn10987) Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002600	Casirivimab (Regn10933)	Procedure	NDC	1	Ambulatory Visit

Table 16a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002701	Post Administration Monitoring	Procedure	NDC	1	Emergency Department
61755002601	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
61755002601	Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
61755002700	Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
	Imdevimab (Regn10987)				
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Administration Monitoring	Procedure	HCPCS	1	Inpatient Hospital Stay
	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post				
	Administration Monitoring				
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Emergency Departmenture
	Administration Monitoring				
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Inpatient Hospital Stay
	Administration Monitoring				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Emergency Department
	Administration Monitoring				

Table 16a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw033f6 M0243	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6 Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure Procedure	ICD-10-PCS HCPCS	1	Inpatient Hospital Stay Inpatient Hospital Stay
Q0239 M0243	Injection, Bamlanivimab-Xxxx, 700 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure Procedure	HCPCS HCPCS	1	Emergency Department Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Other Ambulatory Visit
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay

Table 16b. Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	6,858
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1,339
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	952
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC	920
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	207
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	144
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	112
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	58
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	34
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	22
61755002400	Casirivimab (Regn10933)	Procedure	NDC	21
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	16
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	11
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	11
61755002600	Casirivimab (Regn10933)	Procedure	NDC	9
61755002500	Imdevimab (Regn10987)	Procedure	NDC	4
61755002700	Imdevimab (Regn10987)	Procedure	NDC	4
Xw043f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Central Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	3
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	2
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	1

Table 17a. Full Index-Defining Code Distribution of Baricitinib with Remdesivir, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	331	Inpatient Hospital Stay
Xw0g7m6	Introduction Of Baricitinib Into Upper Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	15	Inpatient Hospital Stay
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Other Ambulatory Visit
Xw0h7m6	Introduction Of Baricitinib Into Lower Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay

Table 17b. Total Counts for Each Time an Index-Defining Code Occurred of Baricitinib with Remdesivir, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	332
Xw0g7m6	Introduction Of Baricitinib Into Upper Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	15
Xw0h7m6	Introduction Of Baricitinib Into Lower Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	1

Table 18a. Full Index-Defining Code Distribution of Baricitinib with Remdesivir, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	401	Inpatient Hospital Stay
Xw0g7m6	Introduction Of Baricitinib Into Upper Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	18	Inpatient Hospital Stay
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	2	Other Ambulatory Visit
Xw0h7m6	Introduction Of Baricitinib Into Lower Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
00002418230	Baricitinib	Procedure	NDC	1	Inpatient Hospital Stay

Table 18b. Total Counts for Each Time an Index-Defining Code Occurred of Baricitinib with Remdesivir, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	403
Xw0g7m6	Introduction Of Baricitinib Into Upper Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	18
00002418230	Baricitinib	Procedure	NDC	1
Xw0h7m6	Introduction Of Baricitinib Into Lower Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	1

Table 19a. Full Index-Defining Code Distribution of Baricitinib with Remdesivir, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	331	Inpatient Hospital Stay
Xw0g7m6	Introduction Of Baricitinib Into Upper Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	15	Inpatient Hospital Stay
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Other Ambulatory Visit
Xw0h7m6	Introduction Of Baricitinib Into Lower Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay

Table 19b. Total Counts for Each Time an Index-Defining Code Occurred of Baricitinib with Remdesivir, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	332
Xw0g7m6	Introduction Of Baricitinib Into Upper Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	15
Xw0h7m6	Introduction Of Baricitinib Into Lower Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	1

Table 20a. Full Index-Defining Code Distribution of Bamlanivimab Plus Etesevimab (Combination Treatment), Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	92	Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	11	Emergency Department
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Emergency Department
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	2	Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Other Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Emergency Department

Table 20b. Total Counts for Each Time an Index-Defining Code Occurred of Bamlanivimab Plus Etesevimab (Combination Treatment), Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	112
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	11

Table 21a. Full Index-Defining Code Distribution of Bamlanivimab Plus Etesevimab (Combination Treatment), Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	120	Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	15	Emergency Department
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	7	Emergency Department
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	6	Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	3	Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Other Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Emergency Department

Table 21b. Total Counts for Each Time an Index-Defining Code Occurred of Bamlanivimab Plus Etesevimab (Combination Treatment), Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	149
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	17

Table 22a. Full Index-Defining Code Distribution of Bamlanivimab Plus Etesevimab (Combination Treatment), Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	92	Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	11	Emergency Department
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Emergency Department
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	2	Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Other Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Emergency Department

Table 22b. Total Counts for Each Time an Index-Defining Code Occurred of Bamlanivimab Plus Etesevimab (Combination Treatment), Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	112
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	11

Table 23a. Full Index-Defining Code Distribution of Bamlanivimab Alone with Etesevimab Alone, Medical and Drug Coverage, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Ambulatory Visit

Table 23b. Total Counts for Each Time an Index-Defining Code Occurred of Bamlanivimab Alone with Etesevimab Alone, Medical and Drug Coverage, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	2
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2

Table 24a. Full Index-Defining Code Distribution of Bamlanivimab Alone with Etesevimab Alone, Medical Coverage, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Ambulatory Visit

Table 24b. Total Counts for Each Time an Index-Defining Code Occurred of Bamlanivimab Alone with Etesevimab Alone, Medical Coverage, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	2
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2

Table 25a. Full Index-Defining Code Distribution of Bamlanivimab Alone with Etesevimab Alone, Drug Coverage, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Ambulatory Visit

Table 25b. Total Counts for Each Time an Index-Defining Code Occurred of Bamlanivimab Alone with Etesevimab Alone, Drug Coverage, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	2
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2

Table 26a. Full Index-Defining Code Distribution of REGEN-COV2 or Bamlanivimab, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw033h6	Introduction Of Other New Technology Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	21	Inpatient Hospital Stay
Xw043h6	Introduction Of Other New Technology Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	2	Inpatient Hospital Stay

Table 26b. Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2 or Bamlanivimab, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
Xw033h6	Introduction Of Other New Technology Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	21
Xw043h6	Introduction Of Other New Technology Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	2

Table 27a. Full Index-Defining Code Distribution of REGEN-COV2 or Bamlanivimab, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw033h6	Introduction Of Other New Technology Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	27	Inpatient Hospital Stay
Xw043h6	Introduction Of Other New Technology Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	2	Inpatient Hospital Stay

Table 27b. Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2 or Bamlanivimab, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
Xw033h6	Introduction Of Other New Technology Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	27
Xw043h6	Introduction Of Other New Technology Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	2

Table 28a. Full Index-Defining Code Distribution of REGEN-COV2 or Bamlanivimab, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw033h6	Introduction Of Other New Technology Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	21	Inpatient Hospital Stay
Xw043h6	Introduction Of Other New Technology Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	2	Inpatient Hospital Stay

Table 28b. Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2 or Bamlanivimab, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
Xw033h6	Introduction Of Other New Technology Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	21
Xw043h6	Introduction Of Other New Technology Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	2

Table 29a. Full Index-Defining Code Distribution of REGEN-COV2 or Bamlanivimab, in Dispensing Table, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1	N/A

Table 29b. Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2 or Bamlanivimab, in Dispensing Table, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1

Table 30a. Full Index-Defining Code Distribution of REGEN-COV2 or Bamlanivimab, in Dispensing Table, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1	N/A

Table 30b. Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2 or Bamlanivimab, in Dispensing Table, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1

Table 31a. Full Index-Defining Code Distribution of REGEN-COV2 or Bamlanivimab, in Dispensing Table, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1	N/A

Table 31b. Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2 or Bamlanivimab, in Dispensing Table, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1

Table 32a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4,094	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	714	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	604	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	404	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	388	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	244	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	134	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	132	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	129	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	92	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	77	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit

Table 32a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	72	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	52	Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	45	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	41	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	39	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	38	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	27	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	23	Other Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	22	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	22	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	20	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	19	Non-Acute Institutional Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	17	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit

Table 32a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	16	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002401	Post Administration Monitoring Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	16	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	16	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	15	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002601	Post Administration Monitoring Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	13	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002400	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	11	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	9	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	7	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Emergency Department
M0239	Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC	Emergency Department	
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	7	Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	7	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002601	Post Administration Monitoring Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department

Table 32a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	6	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	6	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002600	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	5	Emergency Department
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	5	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002701	Post Administration Monitoring Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	5	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Emergency Department
M0239	Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	4	Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion	Procedure	HCPCS		Emergency Department
00002791001	And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	4	Non-Acute Institutional Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	4	Ambulatory Visit
61755002601	Post Administration Monitoring Casirivimab, 300 Mg/2.5 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Inpatient Hospital Stay

Table 32a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral	Procedure	ICD-10-PCS	4	Inpatient Hospital Stay
M0239	Vein, Percutaneous Approach, New Technology Group 6 Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	4	Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	3	Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	3	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	3	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	HCPCS	3	Ambulatory Visit
61755002401		Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	3	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Xw043f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	3	Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	3	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit

Table 32a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	3	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002500	Post Administration Monitoring	Procedure	NDC	2	Ambulatory Visit
61755002400	Imdevimab (Regn10987) Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC	2	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002501	Post Administration Monitoring	Procedure	NDC	2	Emergency Department
61755002401	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002401	Post Administration Monitoring Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002501	Post Administration Monitoring Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department

Table 32a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002701	Post Administration Monitoring	Procedure	NDC	2	Ambulatory Visit
61755002601	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	2	Ambulatory Visit
61755002700	Post Administration Monitoring	Procedure	NDC		Ambulatory Visit
	Imdevimab (Regn10987)				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Non-Acute Institutional Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	2	Non-Acute Institutional Stay
	Administration Monitoring				
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
M0239	Post Administration Monitoring	Procedure	HCPCS	2	Ambulatory Visit
	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post				
	Administration Monitoring				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Emergency Department
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1	N/A
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Emergency Department
00002791001	Administration Monitoring	Procedure	NDC		Emergency Department
	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton				
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Ambulatory Visit
00002791001	Administration Monitoring	Procedure	NDC		Ambulatory Visit
	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton				

Table 32a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion	Procedure	HCPCS	1	Ambulatory Visit
00002791001	And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Inpatient Hospital Stay
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	1	Inpatient Hospital Stay
61755002400	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Inpatient Hospital Stay
61755002400	Casirivimab (Regn10933)	Procedure	NDC	1	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Ambulatory Visit
61755002400	Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002400	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC	1	Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department

Table 32a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243 61755002401	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure Procedure	HCPCS NDC	1	Emergency Department Emergency Department
Q0243 M0243 61755002501 61755002401	Injection, Casirivimab And Imdevimab, 2400 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure Procedure Procedure	HCPCS HCPCS NDC NDC	1	Ambulatory Visit Ambulatory Visit Ambulatory Visit Ambulatory Visit
61755002500	Imdevimab (Regn10987)	Procedure	NDC	1	Emergency Department
Q0243 M0243 61755002500	Injection, Casirivimab And Imdevimab, 2400 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Imdevimab (Regn10987)	Procedure Procedure Procedure	HCPCS HCPCS NDC	1	Ambulatory Visit Ambulatory Visit Ambulatory Visit
M0239 61755002501	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure Procedure	HCPCS NDC	1	Ambulatory Visit Ambulatory Visit
Q0243 M0243 61755002600	Injection, Casirivimab And Imdevimab, 2400 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Casirivimab (Regn10933)	Procedure Procedure Procedure	HCPCS HCPCS NDC	1	Emergency Department Emergency Department Emergency Department
Q0243 M0243 61755002700 61755002600	Injection, Casirivimab And Imdevimab, 2400 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Imdevimab (Regn10987) Casirivimab (Regn10933)	Procedure Procedure Procedure Procedure	HCPCS HCPCS NDC NDC	1	Ambulatory Visit Ambulatory Visit Ambulatory Visit Ambulatory Visit
Q0243 61755002600	Injection, Casirivimab And Imdevimab, 2400 Mg Casirivimab (Regn10933)	Procedure Procedure	HCPCS NDC	1	Ambulatory Visit Ambulatory Visit
Q0243 M0243 61755002701 61755002601	Injection, Casirivimab And Imdevimab, 2400 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure Procedure Procedure Procedure	HCPCS HCPCS NDC NDC	1	Emergency Department Emergency Department Emergency Department Emergency Department

Table 32a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002700	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Non-Acute Institutional Stay

Table 32a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Other Ambulatory Visit
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay

Table 32b. Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	6,469
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1,333
00002791001	Bamlanivimab, 700 Mg/20 ML (35 Mg/ML), 1 Vial Per Carton	Procedure	NDC	917
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	908
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	206
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	144
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	112
61755002401	Casirivimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	58
61755002601	Casirivimab, 300 Mg/2.5 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	34
61755002400	Casirivimab (Regn10933)	Procedure	NDC	21
61755002501	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	21
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	16
61755002701	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	11
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	11
61755002600	Casirivimab (Regn10933)	Procedure	NDC	9
61755002500	Imdevimab (Regn10987)	Procedure	NDC	4
61755002700	Imdevimab (Regn10987)	Procedure	NDC	4
Xw043f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Central Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	3
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	1

Table 33a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	7,259	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1,298	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1,176	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	943	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	772	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	462	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	232	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	175	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	172	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	170	Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	122	Emergency Department

Table 33a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	120	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	117	Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	91	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	76	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	74	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	60	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	54	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	49	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	39	Other Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	38	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	35	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	33	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	32	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	31	Emergency Department

Table 33a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	30	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002401	Post Administration Monitoring Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	30	Non-Acute Institutional Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	23	Emergency Department
M0243	Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring				
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	20	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	18	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002601	Post Administration Monitoring Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	15	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	13	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	12	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC	Emergency Department	
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	12	Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit

Table 33a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	12	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002600	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	12	Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	10	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	9	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002501	Post Administration Monitoring Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	9	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Emergency Department
M0239	Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	8	Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	7	Ambulatory Visit
61755002401	Post Administration Monitoring Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	7	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002701	Post Administration Monitoring Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	6	Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion	Procedure	HCPCS		Emergency Department
00002791001	And Post Administration Monitoring Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department

Table 33a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	6	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002500	Post Administration Monitoring Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	6	Ambulatory Visit
61755002601	Post Administration Monitoring Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	6	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	5	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Emergency Department
M0239	Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	5	Other Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	5	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002501	Post Administration Monitoring Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	5	Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	5	Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Xw043f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	5	Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	5	Inpatient Hospital Stay
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	5	Non-Acute Institutional Stay

Table 33a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Ambulatory Visit
61755002500	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	4	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Ambulatory Visit
61755002700	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	4	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	3	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	3	Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit

Table 33a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002701	Post Administration Monitoring	Procedure	NDC	3	Ambulatory Visit
61755002601	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton				
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
M0239	Administration Monitoring	Procedure	HCPCS	3	Other Ambulatory Visit
	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post				
	Administration Monitoring				
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
M0239	Post Administration Monitoring	Procedure	HCPCS	3	Ambulatory Visit
	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post				
	Administration Monitoring				
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
M0239	Post Administration Monitoring	Procedure	HCPCS	3	Ambulatory Visit
	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post				
	Administration Monitoring				
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Inpatient Hospital Stay
00002791001	Administration Monitoring	Procedure	NDC	2	Inpatient Hospital Stay
	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton				
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
00002791001	Administration Monitoring	Procedure	NDC	2	Emergency Department
	Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC	2	Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002501	Post Administration Monitoring	Procedure	NDC	2	Emergency Department
61755002401	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton				
61755002500	Imdevimab (Regn10987)	Procedure	NDC	2	Emergency Department

Table 33a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	2	Emergency Department
61755002600	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Ambulatory Visit
61755002600	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	2	Emergency Department
61755002701	Post Administration Monitoring	Procedure	NDC		Emergency Department
61755002601	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Emergency Department
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Non-Acute Institutional Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2	Non-Acute Institutional Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2	Non-Acute Institutional Stay
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1	N/A
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Emergency Department
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Ambulatory Visit

Table 33a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	1	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Inpatient Hospital Stay
61755002400	Casirivimab (Regn10933)	Procedure	NDC	1	Emergency Department

Table 33a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
61755002400	Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	1	Ambulatory Visit
61755002400	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	1	Inpatient Hospital Stay
61755002401	Post Administration Monitoring Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	1	Emergency Department
61755002401	Post Administration Monitoring Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002501	Post Administration Monitoring	Procedure	NDC		Ambulatory Visit
61755002401	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002501	Post Administration Monitoring	Procedure	NDC		Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002501	Post Administration Monitoring Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department

Table 33a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Emergency Department
61755002700	Imdevimab (Regn10987)	Procedure	NDC		Emergency Department
61755002600	Casirivimab (Regn10933)	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002700	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
61755002600	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002700	Imdevimab (Regn10987)	Procedure	NDC	1	Emergency Department
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
61755002700	Imdevimab (Regn10987)	Procedure	NDC	1	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
61755002700	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Ambulatory Visit

Table 33a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Non-Acute Institutional Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department

Table 33a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Emergency Department
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS		Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Other Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Other Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay

Table 33b. Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	11,743
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	2,741
00002791001	Bamlanivimab, 700 Mg/20 ML (35 Mg/ML), 1 Vial Per Carton	Procedure	NDC	1,938
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1,755
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	424
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	186
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	148
61755002401	Casirivimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	115
61755002601	Casirivimab, 300 Mg/2.5 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	67
61755002400	Casirivimab (Regn10933)	Procedure	NDC	48
61755002501	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	41
61755002701	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	21
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	20
61755002600	Casirivimab (Regn10933)	Procedure	NDC	18
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	15
61755002500	Imdevimab (Regn10987)	Procedure	NDC	12
61755002700	Imdevimab (Regn10987)	Procedure	NDC	9
Xw043f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Central Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	5
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	1

Table 34a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4,094	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	714	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	604	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	405	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	388	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	244	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	134	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	132	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	129	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	92	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	77	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit

Table 34a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	72	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	52	Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	45	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	41	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	39	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	38	Inpatient Hospital Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	27	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	23	Other Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	22	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	22	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	20	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	19	Non-Acute Institutional Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	17	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit

Table 34a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	16	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002401	Post Administration Monitoring Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	16	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	16	Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	15	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002601	Post Administration Monitoring Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	13	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002400	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	11	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	9	Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	7	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
M0239	Administration Monitoring	Procedure	HCPCS		Emergency Department
00002791001	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC	Emergency Department	
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	7	Ambulatory Visit
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	7	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002601	Post Administration Monitoring Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department

Table 34a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	6	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	6	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002600	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	5	Emergency Department
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	5	Ambulatory Visit
61755002701	Post Administration Monitoring Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		5
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	Emergency Department	
M0239	Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	Ambulatory Visit	
	Administration Monitoring				
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	4	Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion	Procedure	HCPCS		Emergency Department
00002791001	And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	4	Ambulatory Visit
61755002601	Post Administration Monitoring Casirivimab, 300 Mg/2.5 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		4
	Administration Monitoring				

Table 34a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw033f6 M0239	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6 Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure Procedure	ICD-10-PCS HCPCS	4	Inpatient Hospital Stay Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Inpatient Hospital Stay
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	4	Non-Acute Institutional Stay
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	4	Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	3	Ambulatory Visit
Q0239 M0239 00002791001	Injection, Bamlanivimab-Xxxx, 700 Mg Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure Procedure Procedure	HCPCS HCPCS NDC	3	Inpatient Hospital Stay Inpatient Hospital Stay Inpatient Hospital Stay
Q0239 M0239 M0239 00002791001	Injection, Bamlanivimab-Xxxx, 700 Mg Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Administration Monitoring Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure Procedure Procedure Procedure	HCPCS HCPCS HCPCS NDC	3	Ambulatory Visit Emergency Department Ambulatory Visit Ambulatory Visit
Q0243 61755002401	Injection, Casirivimab And Imdevimab, 2400 Mg Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure Procedure	HCPCS NDC	3	Ambulatory Visit Ambulatory Visit
Q0243 M0243 61755002501	Injection, Casirivimab And Imdevimab, 2400 Mg Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring Imdevimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure Procedure Procedure	HCPCS HCPCS NDC	3	Emergency Department Emergency Department Emergency Department
Xw043f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	3	Inpatient Hospital Stay

Table 34a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	3	Ambulatory Visit
M0239	Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	3	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002500	Post Administration Monitoring	Procedure	NDC		Ambulatory Visit
61755002400	Imdevimab (Regn10987) Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Ambulatory Visit
61755002400	Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002501	Post Administration Monitoring	Procedure	NDC		Emergency Department
61755002401	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	2	Ambulatory Visit
61755002401	Post Administration Monitoring	Procedure	NDC		Ambulatory Visit
	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton				
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	2	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002501	Post Administration Monitoring	Procedure	NDC		Ambulatory Visit
	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton				

Table 34a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Emergency Department
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002701	Post Administration Monitoring	Procedure	NDC		Ambulatory Visit
61755002601	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Ambulatory Visit
61755002601	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002700	Post Administration Monitoring	Procedure	NDC		Ambulatory Visit
	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Ambulatory Visit
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	2	Non-Acute Institutional Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Non-Acute Institutional Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	2	Emergency Department
M0239	Post Administration Monitoring	Procedure	HCPCS		Ambulatory Visit
	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	2	Emergency Department
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1	N/A
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Emergency Department
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Emergency Department
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 MI (35 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Ambulatory Visit

Table 34a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion	Procedure	HCPCS		Ambulatory Visit
00002791001	And Post Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Inpatient Hospital Stay
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Ambulatory Visit
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Inpatient Hospital Stay
61755002400	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Inpatient Hospital Stay
61755002400	Casirivimab (Regn10933)	Procedure	NDC	1	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	1	Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
61755002400	Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS	1	Ambulatory Visit
61755002400	Post Administration Monitoring Casirivimab (Regn10933)	Procedure	NDC		Ambulatory Visit
61755002401	Casirivimab, 1332 Mg/11.1 Ml (120 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department

Table 34a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
61755002501	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
61755002401	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002401	Post Administration Monitoring	Procedure	NDC	1	Emergency Department
	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002501	Post Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
61755002401	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
	Casirivimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton				
61755002500	Imdevimab (Regn10987)	Procedure	NDC	1	Emergency Department
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002500	Post Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
	Imdevimab (Regn10987)				
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
61755002501	Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002600	Post Administration Monitoring	Procedure	NDC	1	Emergency Department
	Casirivimab (Regn10933)				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Ambulatory Visit
61755002700	Post Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
61755002600	Imdevimab (Regn10987)	Procedure	NDC		Ambulatory Visit
	Casirivimab (Regn10933)				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
61755002600	Casirivimab (Regn10933)	Procedure	NDC	1	Ambulatory Visit

Table 34a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And	Procedure	HCPCS		Emergency Department
61755002701	Post Administration Monitoring	Procedure	NDC	1	Emergency Department
61755002601	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC		Emergency Department
	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
61755002601	Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
	Casirivimab, 300 Mg/2.5 MI (120 Mg/MI), 1 Vial Per Carton				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Ambulatory Visit
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Ambulatory Visit
61755002700	Administration Monitoring	Procedure	NDC	1	Ambulatory Visit
	Imdevimab (Regn10987)				
61755002701	Imdevimab, 1332 Mg/11.1 MI (120 Mg/MI), 1 Vial Per Carton	Procedure	NDC	1	Emergency Department
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein,	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
	Percutaneous Approach, New Technology Group 6				
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Administration Monitoring	Procedure	HCPCS	1	Inpatient Hospital Stay
	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post				
	Administration Monitoring				
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Inpatient Hospital Stay
	Administration Monitoring				
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		Inpatient Hospital Stay
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Inpatient Hospital Stay
	Administration Monitoring				
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
	Vein, Percutaneous Approach, New Technology Group 6				
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Emergency Department
	Administration Monitoring				

Table 34a. Full Index-Defining Code Distribution of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Inpatient Hospital Stay
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Non-Acute Institutional Stay
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Emergency Department
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Other Ambulatory Visit

Table 34b. Total Counts for Each Time an Index-Defining Code Occurred of REGEN-COV2, Bamlanivimab, or Bam+Ete Combination, Does Not Include Unspecific mAbs, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	6,470
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1,334
00002791001	Bamlanivimab, 700 Mg/20 ML (35 Mg/ML), 1 Vial Per Carton	Procedure	NDC	918
M0243	Intravenous Infusion, Casirivimab And Imdevimab Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	908
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Procedure	HCPCS	206
Xw033f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	144
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	112
61755002401	Casirivimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	58
61755002601	Casirivimab, 300 Mg/2.5 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	34
61755002400	Casirivimab (Regn10933)	Procedure	NDC	21
61755002501	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	21
Xw033g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Peripheral Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	16
61755002701	Imdevimab, 1332 Mg/11.1 ML (120 Mg/ML), 1 Vial Per Carton	Procedure	NDC	11
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	11
61755002600	Casirivimab (Regn10933)	Procedure	NDC	9
61755002500	Imdevimab (Regn10987)	Procedure	NDC	4
61755002700	Imdevimab (Regn10987)	Procedure	NDC	4
Xw043f6	Introduction Of Bamlanivimab Monoclonal Antibody Into Central Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	3
00002791001	Bamlanivimab, 700 mg/20 mL (35 mg/mL), 1 vial per carton	Prescription	N/A	1
Xw043g6	Introduction Of REGEN-COV2 Monoclonal Antibody Into Central Vein, Percutaneous Approach. New Technology Group 6	Procedure	ICD-10-PCS	1

Table 35a. Full Index-Defining Code Distribution of Baricitinib with Remdesivir, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	330	Inpatient Hospital Stay
Xw0g7m6	Introduction Of Baricitinib Into Upper Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	15	Inpatient Hospital Stay
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Other Ambulatory Visit
Xw0h7m6	Introduction Of Baricitinib Into Lower Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay

Table 35b. Total Counts for Each Time an Index-Defining Code Occurred of Baricitinib with Remdesivir, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	331
Xw0g7m6	Introduction Of Baricitinib Into Upper Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	15
Xw0h7m6	Introduction Of Baricitinib Into Lower Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	1

Table 36a. Full Index-Defining Code Distribution of Baricitinib with Remdesivir, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	400	Inpatient Hospital Stay
Xw0g7m6	Introduction Of Baricitinib Into Upper Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	18	Inpatient Hospital Stay
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	2	Other Ambulatory Visit
Xw0h7m6	Introduction Of Baricitinib Into Lower Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay
00002418230	Baricitinib	Procedure	NDC	1	Inpatient Hospital Stay

Table 36b. Total Counts for Each Time an Index-Defining Code Occurred of Baricitinib with Remdesivir, with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	402
Xw0g7m6	Introduction Of Baricitinib Into Upper Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	18
00002418230	Baricitinib	Procedure	NDC	1
Xw0h7m6	Introduction Of Baricitinib Into Lower Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	1

Table 37a. Full Index-Defining Code Distribution of Baricitinib with Remdesivir, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	330	Inpatient Hospital Stay
Xw0g7m6	Introduction Of Baricitinib Into Upper Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	15	Inpatient Hospital Stay
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	1	Other Ambulatory Visit
Xw0h7m6	Introduction Of Baricitinib Into Lower Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	1	Inpatient Hospital Stay

Table 37b. Total Counts for Each Time an Index-Defining Code Occurred of Baricitinib with Remdesivir, with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
Xw0dxm6	Introduction Of Baricitinib Into Mouth And Pharynx, External Approach, New Technology Group 6	Procedure	ICD-10-PCS	331
Xw0g7m6	Introduction Of Baricitinib Into Upper Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	15
Xw0h7m6	Introduction Of Baricitinib Into Lower Gi, Via Natural Or Artificial Opening, New Technology Group 6	Procedure	ICD-10-PCS	1

Table 38a. Full Index-Defining Code Distribution of Bamlanivimab Plus Etesevimab (Combination Treatment), with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	92	Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	11	Emergency Department
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Emergency Department
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	2	Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Other Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Emergency Department

Table 38b. Total Counts for Each Time an Index-Defining Code Occurred of Bamlanivimab Plus Etesevimab (Combination Treatment), with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	112
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	11

Table 39a. Full Index-Defining Code Distribution of Bamlanivimab Plus Etesevimab (Combination Treatment), with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	120	Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	15	Emergency Department
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	6	Emergency Department
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	6	Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	2	Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Other Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Emergency Department

Table 39b. Total Counts for Each Time an Index-Defining Code Occurred of Bamlanivimab Plus Etesevimab (Combination Treatment), with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	148
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	15

Table 40a. Full Index-Defining Code Distribution of Bamlanivimab Plus Etesevimab (Combination Treatment), with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	92	Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	11	Emergency Department
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Emergency Department
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Emergency Department
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS		Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	4	Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	2	Ambulatory Visit
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Other Ambulatory Visit
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	1	Emergency Department

Table 40b. Total Counts for Each Time an Index-Defining Code Occurred of Bamlanivimab Plus Etesevimab (Combination Treatment), with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	112
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Procedure	HCPCS	11

Table 41a. Full Index-Defining Code Distribution of Bamlanivimab Alone with Etesevimab Alone, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Emergency Department
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Ambulatory Visit
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		1
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	Ambulatory Visit	

Table 41b. Total Counts for Each Time an Index-Defining Code Occurred of Bamlanivimab Alone with Etesevimab Alone, with COVID Diagnosis or Lab, Medical and Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	3
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	2
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2

Table 42a. Full Index-Defining Code Distribution of Bamlanivimab Plus Etesevimab (Combination Treatment), with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS		Emergency Department
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	1	Ambulatory Visit
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		1
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	Ambulatory Visit	

Table 42b. Total Counts for Each Time an Index-Defining Code Occurred of Bamlanivimab Plus Etesevimab (Combination Treatment), with COVID Diagnosis or Lab, Medical Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	3
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	2
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2

Table 43a. Full Index-Defining Code Distribution of Bamlanivimab Plus Etesevimab (Combination Treatment), with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts	Encounter Care Setting
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	1	Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS		Emergency Department
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Emergency Department
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post	Procedure	HCPCS	1	Ambulatory Visit
00002791001	Administration Monitoring Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC		Ambulatory Visit
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS		1
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	Ambulatory Visit	

Table 43b. Total Counts for Each Time an Index-Defining Code Occurred of Bamlanivimab Plus Etesevimab (Combination Treatment), with COVID Diagnosis or Lab, Drug Coverage Required, in the Sentinel Distributed Database (SDD) between November 1, 2020 and June 30, 2021

Code	Code Description	Code Category	Code Type	Overall Counts
00002791001	Bamlanivimab, 700 Mg/20 Ml (35 Mg/Ml), 1 Vial Per Carton	Procedure	NDC	3
Q0239	Injection, Bamlanivimab-Xxxx, 700 Mg	Procedure	HCPCS	2
M0239	Intravenous Infusion, Bamlanivimab-Xxxx, Includes Infusion And Post Administration Monitoring	Procedure	HCPCS	2

Appendix A. Start and End Dates for Each Data Partner (DP) up to Request End Date (July 28, 2021)

DP ID	Start Date	Most Recent Data Available*	Maximum Date of Data Completeness*
DP01	01/01/2017	04/15/2021	03/31/2021
DP02	07/01/2017	05/31/2021	04/30/2021
DP03	07/01/2017	04/30/2021	03/31/2021
DP04	07/01/2017	06/30/2021	05/31/2021
DP05	07/01/2017	06/22/2021	05/31/2021

*Most Recent Data Available is maximum date included in data, may be sparse; Maximum Date of Data Completeness is DMQA Max date (the month with the maximum date must have at least 80% of the number of records in the previous month).

See Sentinel Common Data Model (SCDM) documentation for more information on SCDM version 7.1

Appendix B. List of Non-Proprietary and Brand Names of Medical Products Used to Define Exposures in this Request

Generic Name	Brand Name
casirivimab and imdevimab	
casirivimab	REGEN-COV2
casirivimab (REGN10933)/imdevimab (REGN10987)	REGEN-COV2
imdevimab (REGN10987)	REGEN-COV2
bamlanivimab	
bamlanivimab	--
baricitinib	
baricitinib	--

Appendix C. List of Healthcare Common Procedure Coding System (HCPCS) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-PCS) Procedure Codes Used to Define Exposures in this Request

Code	Full Description	Code Category	Code Type
casirivimab and imdevimab			
Q0243	Injection, casirivimab and imdevimab, 2400 mg	Procedure	HCPCS
M0243	intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	Procedure	HCPCS
XW033G6	Introduction of REGEN-COV2 monoclonal antibody into peripheral vein, percutaneous approach, new technology group 6	Procedure	ICD-10-PCS
XW043G6	Introduction of REGEN-COV2 monoclonal antibody into central vein, percutaneous approach, new technology group 6	Procedure	ICD-10-PCS
bamlanivimab			
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
bamlanivimab and etesevimab			
Q0245	Injection_bamlanivimab_and_etesevimab_2100_mg	Procedure	HCPCS
M0245	intravenous_infusion_bamlanivimab_and_etesevimab_includes_infusion_and_post_administration_monitoring	Procedure	HCPCS
baricitinib			
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
REGEN-COV2 or bamlanivimab, unspecified			
XW033H6	Introduction of other new technology monoclonal antibody into peripheral vein, percutaneous approach, new technology group 6	Procedure	ICD-10-PCS
XW043H6	Introduction of other new technology monoclonal antibody into central vein, percutaneous approach, new technology group 6	Procedure	ICD-10-PCS

Appendix D. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Inclusion Criteria in this Request

Code	Full Description	Code Category	Code Type
COVID-19			
U07.1	Coronavirus infection, unspecified	Diagnosis	ICD-10-CM
etesevimab			
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
remdesivir			
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

Appendix E. List of Non-Proprietary and Brand Names of Medical Products Used to Define Inclusion Criteria in this Request

Non-Proprietary	Brand Name
	remdesivir
remdesivir	Veklury
	etesevimab
etesevimab	--

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
Asthma			
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
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
J45	Asthma	Diagnosis	ICD-10-CM
J45.2	Mild intermittent asthma	Diagnosis	ICD-10-CM
J45.3	Mild persistent asthma	Diagnosis	ICD-10-CM
J45.4	Moderate persistent asthma	Diagnosis	ICD-10-CM
J45.5	Severe persistent asthma	Diagnosis	ICD-10-CM
J45.9	Other and unspecified asthma	Diagnosis	ICD-10-CM
J45.90	Unspecified asthma	Diagnosis	ICD-10-CM
J45.99	Other asthma	Diagnosis	ICD-10-CM
Cardiovascular Disease			
I01	Rheumatic fever with heart involvement	Diagnosis	ICD-10-CM
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	Rheumatic mitral valve diseases	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	Rheumatic aortic valve diseases	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	Rheumatic tricuspid valve diseases	Diagnosis	ICD-10-CM
I07.0	Rheumatic tricuspid stenosis	Diagnosis	ICD-10-CM
I07.1	Rheumatic tricuspid insufficiency	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I07.2	Rheumatic tricuspid stenosis and insufficiency	Diagnosis	ICD-10-CM
I07.8	Other rheumatic tricuspid valve diseases	Diagnosis	ICD-10-CM
I07.9	Rheumatic tricuspid valve disease, unspecified	Diagnosis	ICD-10-CM
I08	Multiple valve diseases	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	Other rheumatic heart diseases	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
I09.8	Other specified rheumatic heart diseases	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
I10	Essential (primary) hypertension	Diagnosis	ICD-10-CM
I11	Hypertensive heart disease	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	Hypertensive chronic kidney disease	Diagnosis	ICD-10-CM
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage	Diagnosis	ICD-10-CM
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease,	Diagnosis	ICD-10-CM
I13	Hypertensive heart and chronic kidney disease	Diagnosis	ICD-10-CM
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through	Diagnosis	ICD-10-CM
I13.1	Hypertensive heart and chronic kidney disease without heart failure	Diagnosis	ICD-10-CM
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1	Diagnosis	ICD-10-CM
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5	Diagnosis	ICD-10-CM
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5	Diagnosis	ICD-10-CM
I15	Secondary hypertension	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	Hypertensive crisis	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
I20	Angina pectoris	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	Acute myocardial infarction	Diagnosis	ICD-10-CM
I21.0	ST elevation (STEMI) myocardial infarction of anterior wall	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	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior	Diagnosis	ICD-10-CM
I21.1	ST elevation (STEMI) myocardial infarction of inferior 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	Diagnosis	ICD-10-CM
I21.2	ST elevation (STEMI) myocardial infarction of other sites	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.A	Other type of myocardial infarction	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	Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction	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	Certain current complications following ST elevation (STEMI) and non-ST elevation	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	Diagnosis	ICD-10-CM
I23.4	Rupture of chordae tendineae as current complication following acute myocardial	Diagnosis	ICD-10-CM
I23.5	Rupture of papillary muscle as current complication following acute myocardial	Diagnosis	ICD-10-CM
I23.6	Thrombosis of atrium, auricular appendage, and ventricle as current complications	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	Other acute ischemic heart diseases	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	Chronic ischemic heart disease	Diagnosis	ICD-10-CM
I25.1	Atherosclerotic heart disease of native coronary artery	Diagnosis	ICD-10-CM
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	Diagnosis	ICD-10-CM
I25.11	Atherosclerotic heart disease of native coronary artery with 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	Diagnosis	ICD-10-CM
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina	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
I25.4	Coronary artery aneurysm and dissection	Diagnosis	ICD-10-CM
I25.41	Coronary artery aneurysm	Diagnosis	ICD-10-CM
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

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I25.7	Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris	Diagnosis	ICD-10-CM
I25.70	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris	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
I25.71	Atherosclerosis of autologous vein coronary artery bypass graft(s) with 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
I25.72	Atherosclerosis of autologous artery coronary artery bypass graft(s) with 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
I25.73	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with 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
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.75	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris	Diagnosis	ICD-10-CM
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
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
I25.76	Atherosclerosis of bypass graft of coronary artery of transplanted heart with 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
I25.79	Atherosclerosis of other coronary artery bypass graft(s) with 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	Diagnosis	ICD-10-CM
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.8	Other forms of chronic ischemic heart disease	Diagnosis	ICD-10-CM
I25.81	Atherosclerosis of other coronary vessels without 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	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
I26	Pulmonary embolism	Diagnosis	ICD-10-CM
I26.0	Pulmonary embolism with acute cor pulmonale	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
I26.9	Pulmonary embolism without acute cor pulmonale	Diagnosis	ICD-10-CM
I26.90	Septic pulmonary embolism without acute cor pulmonale	Diagnosis	ICD-10-CM
I26.92	Saddle embolus of pulmonary artery without acute cor pulmonale	Diagnosis	ICD-10-CM
I26.93	Single subsegmental pulmonary embolism without acute cor pulmonale	Diagnosis	ICD-10-CM
I26.94	Multiple subsegmental pulmonary emboli without acute cor pulmonale	Diagnosis	ICD-10-CM
I26.99	Other pulmonary embolism without acute cor pulmonale	Diagnosis	ICD-10-CM
I27	Other pulmonary heart diseases	Diagnosis	ICD-10-CM
I27.0	Primary pulmonary hypertension	Diagnosis	ICD-10-CM
I27.1	Kyphoscoliotic heart disease	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I27.2	Other secondary pulmonary hypertension	Diagnosis	ICD-10-CM
I27.20	Pulmonary hypertension, unspecified	Diagnosis	ICD-10-CM
I27.21	Secondary pulmonary arterial hypertension	Diagnosis	ICD-10-CM
I27.22	Pulmonary hypertension due to left heart disease	Diagnosis	ICD-10-CM
I27.23	Pulmonary hypertension due to lung diseases and hypoxia	Diagnosis	ICD-10-CM
I27.24	Chronic thromboembolic pulmonary hypertension	Diagnosis	ICD-10-CM
I27.29	Other secondary pulmonary hypertension	Diagnosis	ICD-10-CM
I27.8	Other specified pulmonary heart diseases	Diagnosis	ICD-10-CM
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
I28	Other diseases of pulmonary vessels	Diagnosis	ICD-10-CM
I28.0	Arteriovenous fistula of pulmonary vessels	Diagnosis	ICD-10-CM
I28.1	Aneurysm of pulmonary artery	Diagnosis	ICD-10-CM
I28.8	Other diseases of pulmonary vessels	Diagnosis	ICD-10-CM
I28.9	Disease of pulmonary vessels, unspecified	Diagnosis	ICD-10-CM
I30	Acute pericarditis	Diagnosis	ICD-10-CM
I30.0	Acute nonspecific idiopathic pericarditis	Diagnosis	ICD-10-CM
I30.1	Infective pericarditis	Diagnosis	ICD-10-CM
I30.8	Other forms of acute pericarditis	Diagnosis	ICD-10-CM
I30.9	Acute pericarditis, unspecified	Diagnosis	ICD-10-CM
I31	Other diseases of pericardium	Diagnosis	ICD-10-CM
I31.0	Chronic adhesive pericarditis	Diagnosis	ICD-10-CM
I31.1	Chronic constrictive pericarditis	Diagnosis	ICD-10-CM
I31.2	Hemopericardium, not elsewhere classified	Diagnosis	ICD-10-CM
I31.3	Pericardial effusion (noninflammatory)	Diagnosis	ICD-10-CM
I31.4	Cardiac tamponade	Diagnosis	ICD-10-CM
I31.8	Other specified diseases of pericardium	Diagnosis	ICD-10-CM
I31.9	Disease of pericardium, unspecified	Diagnosis	ICD-10-CM
I32	Pericarditis in diseases classified elsewhere	Diagnosis	ICD-10-CM
I33	Acute and subacute endocarditis	Diagnosis	ICD-10-CM
I33.0	Acute and subacute infective endocarditis	Diagnosis	ICD-10-CM
I33.9	Acute and subacute endocarditis, unspecified	Diagnosis	ICD-10-CM
I34	Nonrheumatic mitral valve disorders	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	Nonrheumatic aortic valve disorders	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	Nonrheumatic tricuspid valve disorders	Diagnosis	ICD-10-CM
I36.0	Nonrheumatic tricuspid (valve) stenosis	Diagnosis	ICD-10-CM
I36.1	Nonrheumatic tricuspid (valve) insufficiency	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
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	Nonrheumatic pulmonary valve disorders	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
I38	Endocarditis, valve unspecified	Diagnosis	ICD-10-CM
I39	Endocarditis and heart valve disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
I40	Acute myocarditis	Diagnosis	ICD-10-CM
I40.0	Infective myocarditis	Diagnosis	ICD-10-CM
I40.1	Isolated myocarditis	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
I42	Cardiomyopathy	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
I42.9	Cardiomyopathy, unspecified	Diagnosis	ICD-10-CM
I43	Cardiomyopathy in diseases classified elsewhere	Diagnosis	ICD-10-CM
I44	Atrioventricular and left bundle-branch block	Diagnosis	ICD-10-CM
I44.0	Atrioventricular block, first degree	Diagnosis	ICD-10-CM
I44.1	Atrioventricular block, second degree	Diagnosis	ICD-10-CM
I44.2	Atrioventricular block, complete	Diagnosis	ICD-10-CM
I44.3	Other and unspecified atrioventricular block	Diagnosis	ICD-10-CM
I44.30	Unspecified atrioventricular block	Diagnosis	ICD-10-CM
I44.39	Other atrioventricular block	Diagnosis	ICD-10-CM
I44.4	Left anterior fascicular block	Diagnosis	ICD-10-CM
I44.5	Left posterior fascicular block	Diagnosis	ICD-10-CM
I44.6	Other and unspecified fascicular block	Diagnosis	ICD-10-CM
I44.60	Unspecified fascicular block	Diagnosis	ICD-10-CM
I44.69	Other fascicular block	Diagnosis	ICD-10-CM
I44.7	Left bundle-branch block, unspecified	Diagnosis	ICD-10-CM
I45	Other conduction disorders	Diagnosis	ICD-10-CM
I45.0	Right fascicular block	Diagnosis	ICD-10-CM
I45.1	Other and unspecified right bundle-branch block	Diagnosis	ICD-10-CM
I45.10	Unspecified right bundle-branch block	Diagnosis	ICD-10-CM
I45.19	Other right bundle-branch block	Diagnosis	ICD-10-CM
I45.2	Bifascicular block	Diagnosis	ICD-10-CM
I45.3	Trifascicular block	Diagnosis	ICD-10-CM
I45.4	Nonspecific intraventricular block	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I45.5	Other specified heart block	Diagnosis	ICD-10-CM
I45.6	Pre-excitation syndrome	Diagnosis	ICD-10-CM
I45.8	Other specified conduction disorders	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	Cardiac arrest	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	Paroxysmal tachycardia	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	Atrial fibrillation and flutter	Diagnosis	ICD-10-CM
I48.0	Paroxysmal atrial fibrillation	Diagnosis	ICD-10-CM
I48.1	Persistent 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
I48.2	Chronic 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
I48.9	Unspecified atrial fibrillation and 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	Other cardiac arrhythmias	Diagnosis	ICD-10-CM
I49.0	Ventricular fibrillation and flutter	Diagnosis	ICD-10-CM
I49.01	Ventricular fibrillation	Diagnosis	ICD-10-CM
I49.02	Ventricular flutter	Diagnosis	ICD-10-CM
I49.1	Atrial premature depolarization	Diagnosis	ICD-10-CM
I49.2	Junctional premature depolarization	Diagnosis	ICD-10-CM
I49.3	Ventricular premature depolarization	Diagnosis	ICD-10-CM
I49.4	Other and unspecified premature depolarization	Diagnosis	ICD-10-CM
I49.40	Unspecified premature depolarization	Diagnosis	ICD-10-CM
I49.49	Other premature depolarization	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	Heart failure	Diagnosis	ICD-10-CM
I50.1	Left ventricular failure, unspecified	Diagnosis	ICD-10-CM
I50.2	Systolic (congestive) heart failure	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
I50.3	Diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.30	Unspecified diastolic (congestive) heart failure	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
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
I50.4	Combined systolic (congestive) and 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
I50.8	Other heart failure	Diagnosis	ICD-10-CM
I50.81	Right 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	Complications and ill-defined descriptions of heart disease	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
I51.8	Other ill-defined heart diseases	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
I70	Atherosclerosis	Diagnosis	ICD-10-CM
I70.0	Atherosclerosis of aorta	Diagnosis	ICD-10-CM
I70.1	Atherosclerosis of renal artery	Diagnosis	ICD-10-CM
I70.2	Atherosclerosis of native arteries of the extremities	Diagnosis	ICD-10-CM
I70.20	Unspecified atherosclerosis of native arteries of extremities	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
I70.21	Atherosclerosis of native arteries of extremities with intermittent claudication	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	Diagnosis	ICD-10-CM
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other	Diagnosis	ICD-10-CM
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication,	Diagnosis	ICD-10-CM
I70.22	Atherosclerosis of native arteries of extremities with rest pain	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
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
I70.23	Atherosclerosis of native arteries of right leg with ulceration	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
I70.24	Atherosclerosis of native arteries of left leg with ulceration	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
I70.26	Atherosclerosis of native arteries of extremities with gangrene	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
I70.29	Other atherosclerosis of native arteries of extremities	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
I70.3	Atherosclerosis of unspecified type of bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.30	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities	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
I70.31	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
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
I70.32	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain	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
I70.33	Atherosclerosis of unspecified type of bypass graft(s) of the right leg 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
I70.34	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration	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

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
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
I70.36	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene	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
I70.39	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities	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	Diagnosis	ICD-10-CM
I70.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other	Diagnosis	ICD-10-CM
I70.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities,	Diagnosis	ICD-10-CM
I70.4	Atherosclerosis of autologous vein bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.40	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right	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,	Diagnosis	ICD-10-CM
I70.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other	Diagnosis	ICD-10-CM
I70.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities,	Diagnosis	ICD-10-CM
I70.41	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.42	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain	Diagnosis	ICD-10-CM
I70.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right	Diagnosis	ICD-10-CM
I70.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left	Diagnosis	ICD-10-CM
I70.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain,	Diagnosis	ICD-10-CM
I70.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other	Diagnosis	ICD-10-CM
I70.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain,	Diagnosis	ICD-10-CM
I70.43	Atherosclerosis of autologous vein bypass graft(s) of the right leg 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

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
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	Diagnosis	ICD-10-CM
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel	Diagnosis	ICD-10-CM
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of	Diagnosis	ICD-10-CM
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of	Diagnosis	ICD-10-CM
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of	Diagnosis	ICD-10-CM
I70.44	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration	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	Diagnosis	ICD-10-CM
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other	Diagnosis	ICD-10-CM
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other	Diagnosis	ICD-10-CM
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of	Diagnosis	ICD-10-CM
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.46	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right	Diagnosis	ICD-10-CM
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left	Diagnosis	ICD-10-CM
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene,	Diagnosis	ICD-10-CM
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene,	Diagnosis	ICD-10-CM
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene,	Diagnosis	ICD-10-CM
I70.49	Other atherosclerosis of autologous vein bypass graft(s) of the extremities	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	Diagnosis	ICD-10-CM
I70.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified	Diagnosis	ICD-10-CM
I70.5	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.50	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the	Diagnosis	ICD-10-CM
I70.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the	Diagnosis	ICD-10-CM
I70.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the	Diagnosis	ICD-10-CM
I70.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the	Diagnosis	ICD-10-CM
I70.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the	Diagnosis	ICD-10-CM
I70.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the	Diagnosis	ICD-10-CM
I70.51	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with	Diagnosis	ICD-10-CM
I70.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with	Diagnosis	ICD-10-CM
I70.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with	Diagnosis	ICD-10-CM
I70.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with	Diagnosis	ICD-10-CM
I70.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with	Diagnosis	ICD-10-CM
I70.52	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest	Diagnosis	ICD-10-CM
I70.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest	Diagnosis	ICD-10-CM
I70.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest	Diagnosis	ICD-10-CM
I70.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest	Diagnosis	ICD-10-CM
I70.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest	Diagnosis	ICD-10-CM
I70.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest	Diagnosis	ICD-10-CM
I70.53	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with	Diagnosis	ICD-10-CM
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with	Diagnosis	ICD-10-CM
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with	Diagnosis	ICD-10-CM
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with	Diagnosis	ICD-10-CM
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with	Diagnosis	ICD-10-CM
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with	Diagnosis	ICD-10-CM
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with	Diagnosis	ICD-10-CM
I70.54	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with	Diagnosis	ICD-10-CM
I70.56	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with	Diagnosis	ICD-10-CM
I70.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with	Diagnosis	ICD-10-CM
I70.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with	Diagnosis	ICD-10-CM
I70.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with	Diagnosis	ICD-10-CM
I70.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with	Diagnosis	ICD-10-CM
I70.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with	Diagnosis	ICD-10-CM
I70.59	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities,	Diagnosis	ICD-10-CM
I70.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left	Diagnosis	ICD-10-CM
I70.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities,	Diagnosis	ICD-10-CM
I70.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities,	Diagnosis	ICD-10-CM
I70.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities,	Diagnosis	ICD-10-CM
I70.6	Atherosclerosis of nonbiological bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.60	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities	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	Diagnosis	ICD-10-CM
I70.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other	Diagnosis	ICD-10-CM
I70.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities,	Diagnosis	ICD-10-CM
I70.61	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.62	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain	Diagnosis	ICD-10-CM
I70.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right	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,	Diagnosis	ICD-10-CM
I70.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other	Diagnosis	ICD-10-CM
I70.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain,	Diagnosis	ICD-10-CM
I70.63	Atherosclerosis of nonbiological bypass graft(s) of the right leg 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	Diagnosis	ICD-10-CM
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other	Diagnosis	ICD-10-CM
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of	Diagnosis	ICD-10-CM
I70.64	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration	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	Diagnosis	ICD-10-CM
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other	Diagnosis	ICD-10-CM
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other	Diagnosis	ICD-10-CM
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of	Diagnosis	ICD-10-CM
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.66	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right	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,	Diagnosis	ICD-10-CM
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other	Diagnosis	ICD-10-CM
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene,	Diagnosis	ICD-10-CM
I70.69	Other atherosclerosis of nonbiological bypass graft(s) of the extremities	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	Diagnosis	ICD-10-CM
I70.7	Atherosclerosis of other type of bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.70	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities	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	Diagnosis	ICD-10-CM
I70.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other	Diagnosis	ICD-10-CM
I70.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities,	Diagnosis	ICD-10-CM
I70.71	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent	Diagnosis	ICD-10-CM
I70.72	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain	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	Diagnosis	ICD-10-CM
I70.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other	Diagnosis	ICD-10-CM
I70.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain,	Diagnosis	ICD-10-CM
I70.73	Atherosclerosis of other type of bypass graft(s) of the right leg 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	Diagnosis	ICD-10-CM
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other	Diagnosis	ICD-10-CM
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other	Diagnosis	ICD-10-CM
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I70.74	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration	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	Diagnosis	ICD-10-CM
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other	Diagnosis	ICD-10-CM
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other	Diagnosis	ICD-10-CM
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of	Diagnosis	ICD-10-CM
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.76	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right	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,	Diagnosis	ICD-10-CM
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other	Diagnosis	ICD-10-CM
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene,	Diagnosis	ICD-10-CM
I70.79	Other atherosclerosis of other type of bypass graft(s) of the extremities	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	Diagnosis	ICD-10-CM
I70.8	Atherosclerosis of other arteries	Diagnosis	ICD-10-CM
I70.9	Other and unspecified atherosclerosis	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
I71	Aortic aneurysm and dissection	Diagnosis	ICD-10-CM
I71.0	Dissection of aorta	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	Other aneurysm	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

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I73	Other peripheral vascular diseases	Diagnosis	ICD-10-CM
I73.0	Raynaud's syndrome	Diagnosis	ICD-10-CM
I73.00	Raynaud's syndrome without gangrene	Diagnosis	ICD-10-CM
I73.01	Raynaud's syndrome with gangrene	Diagnosis	ICD-10-CM
I73.1	Thromboangiitis obliterans [Buerger's disease]	Diagnosis	ICD-10-CM
I73.8	Other specified peripheral vascular diseases	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
I74	Arterial embolism and thrombosis	Diagnosis	ICD-10-CM
I74.0	Embolism and thrombosis of abdominal aorta	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
I74.1	Embolism and thrombosis of other and unspecified parts of 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
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	Atheroembolism	Diagnosis	ICD-10-CM
I75.0	Atheroembolism of extremities	Diagnosis	ICD-10-CM
I75.01	Atheroembolism of upper extremity	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
I75.02	Atheroembolism of lower 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
I75.8	Atheroembolism of other sites	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	Other disorders of arteries and arterioles	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
I77.7	Other arterial dissection	Diagnosis	ICD-10-CM
I77.70	Dissection of unspecified artery	Diagnosis	ICD-10-CM
I77.71	Dissection of carotid artery	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
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
I77.8	Other specified disorders of arteries and arterioles	Diagnosis	ICD-10-CM
I77.81	Aortic ectasia	Diagnosis	ICD-10-CM
I77.810	Thoracic aortic ectasia	Diagnosis	ICD-10-CM
I77.811	Abdominal aortic ectasia	Diagnosis	ICD-10-CM
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	Diseases of capillaries	Diagnosis	ICD-10-CM
I78.0	Hereditary hemorrhagic telangiectasia	Diagnosis	ICD-10-CM
I78.1	Nevus, non-neoplastic	Diagnosis	ICD-10-CM
I78.8	Other diseases of capillaries	Diagnosis	ICD-10-CM
I78.9	Disease of capillaries, unspecified	Diagnosis	ICD-10-CM
I79	Disorders of arteries, arterioles and capillaries in diseases classified elsewhere	Diagnosis	ICD-10-CM
I79.0	Aneurysm of aorta in diseases classified elsewhere	Diagnosis	ICD-10-CM
I79.1	Aortitis in diseases classified elsewhere	Diagnosis	ICD-10-CM
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere	Diagnosis	ICD-10-CM
I80	Phlebitis and thrombophlebitis	Diagnosis	ICD-10-CM
I80.0	Phlebitis and thrombophlebitis of superficial vessels of lower extremities	Diagnosis	ICD-10-CM
I80.00	Phlebitis and thrombophlebitis of superficial vessels of unspecified lower extremity	Diagnosis	ICD-10-CM
I80.01	Phlebitis and thrombophlebitis of superficial vessels of right lower extremity	Diagnosis	ICD-10-CM
I80.02	Phlebitis and thrombophlebitis of superficial vessels of left lower extremity	Diagnosis	ICD-10-CM
I80.03	Phlebitis and thrombophlebitis of superficial vessels of lower extremities, bilateral	Diagnosis	ICD-10-CM
I80.1	Phlebitis and thrombophlebitis of femoral vein	Diagnosis	ICD-10-CM
I80.10	Phlebitis and thrombophlebitis of unspecified femoral vein	Diagnosis	ICD-10-CM
I80.11	Phlebitis and thrombophlebitis of right femoral vein	Diagnosis	ICD-10-CM
I80.12	Phlebitis and thrombophlebitis of left femoral vein	Diagnosis	ICD-10-CM
I80.13	Phlebitis and thrombophlebitis of femoral vein, bilateral	Diagnosis	ICD-10-CM
I80.2	Phlebitis and thrombophlebitis of other and unspecified deep vessels of lower	Diagnosis	ICD-10-CM
I80.20	Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremities	Diagnosis	ICD-10-CM
I80.201	Phlebitis and thrombophlebitis of unspecified deep vessels of right lower extremity	Diagnosis	ICD-10-CM
I80.202	Phlebitis and thrombophlebitis of unspecified deep vessels of left lower extremity	Diagnosis	ICD-10-CM
I80.203	Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremities, bilateral	Diagnosis	ICD-10-CM
I80.209	Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower	Diagnosis	ICD-10-CM
I80.21	Phlebitis and thrombophlebitis of iliac vein	Diagnosis	ICD-10-CM
I80.211	Phlebitis and thrombophlebitis of right iliac vein	Diagnosis	ICD-10-CM
I80.212	Phlebitis and thrombophlebitis of left iliac vein	Diagnosis	ICD-10-CM
I80.213	Phlebitis and thrombophlebitis of iliac vein, bilateral	Diagnosis	ICD-10-CM
I80.219	Phlebitis and thrombophlebitis of unspecified iliac vein	Diagnosis	ICD-10-CM
I80.22	Phlebitis and thrombophlebitis of popliteal vein	Diagnosis	ICD-10-CM
I80.221	Phlebitis and thrombophlebitis of right popliteal vein	Diagnosis	ICD-10-CM
I80.222	Phlebitis and thrombophlebitis of left popliteal vein	Diagnosis	ICD-10-CM
I80.223	Phlebitis and thrombophlebitis of popliteal vein, bilateral	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I80.229	Phlebitis and thrombophlebitis of unspecified popliteal vein	Diagnosis	ICD-10-CM
I80.23	Phlebitis and thrombophlebitis of tibial vein	Diagnosis	ICD-10-CM
I80.231	Phlebitis and thrombophlebitis of right tibial vein	Diagnosis	ICD-10-CM
I80.232	Phlebitis and thrombophlebitis of left tibial vein	Diagnosis	ICD-10-CM
I80.233	Phlebitis and thrombophlebitis of tibial vein, bilateral	Diagnosis	ICD-10-CM
I80.239	Phlebitis and thrombophlebitis of unspecified tibial vein	Diagnosis	ICD-10-CM
I80.24	Phlebitis and thrombophlebitis of peroneal vein	Diagnosis	ICD-10-CM
I80.241	Phlebitis and thrombophlebitis of right peroneal vein	Diagnosis	ICD-10-CM
I80.242	Phlebitis and thrombophlebitis of left peroneal vein	Diagnosis	ICD-10-CM
I80.243	Phlebitis and thrombophlebitis of peroneal vein, bilateral	Diagnosis	ICD-10-CM
I80.249	Phlebitis and thrombophlebitis of unspecified peroneal vein	Diagnosis	ICD-10-CM
I80.25	Phlebitis and thrombophlebitis of calf muscular vein	Diagnosis	ICD-10-CM
I80.251	Phlebitis and thrombophlebitis of right calf muscular vein	Diagnosis	ICD-10-CM
I80.252	Phlebitis and thrombophlebitis of left calf muscular vein	Diagnosis	ICD-10-CM
I80.253	Phlebitis and thrombophlebitis of calf muscular vein, bilateral	Diagnosis	ICD-10-CM
I80.259	Phlebitis and thrombophlebitis of unspecified calf muscular vein	Diagnosis	ICD-10-CM
I80.29	Phlebitis and thrombophlebitis of other deep vessels of lower extremities	Diagnosis	ICD-10-CM
I80.291	Phlebitis and thrombophlebitis of other deep vessels of right lower extremity	Diagnosis	ICD-10-CM
I80.292	Phlebitis and thrombophlebitis of other deep vessels of left lower extremity	Diagnosis	ICD-10-CM
I80.293	Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral	Diagnosis	ICD-10-CM
I80.299	Phlebitis and thrombophlebitis of other deep vessels of unspecified lower extremity	Diagnosis	ICD-10-CM
I80.3	Phlebitis and thrombophlebitis of lower extremities, unspecified	Diagnosis	ICD-10-CM
I80.8	Phlebitis and thrombophlebitis of other sites	Diagnosis	ICD-10-CM
I80.9	Phlebitis and thrombophlebitis of unspecified site	Diagnosis	ICD-10-CM
I81	Portal vein thrombosis	Diagnosis	ICD-10-CM
I82	Other venous embolism and thrombosis	Diagnosis	ICD-10-CM
I82.0	Budd-Chiari syndrome	Diagnosis	ICD-10-CM
I82.1	Thrombophlebitis migrans	Diagnosis	ICD-10-CM
I82.2	Embolism and thrombosis of vena cava and other thoracic veins	Diagnosis	ICD-10-CM
I82.21	Embolism and thrombosis of superior vena cava	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
I82.22	Embolism and thrombosis of inferior 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
I82.29	Embolism and thrombosis of other thoracic veins	Diagnosis	ICD-10-CM
I82.290	Acute embolism and thrombosis of other thoracic veins	Diagnosis	ICD-10-CM
I82.291	Chronic embolism and thrombosis of other thoracic veins	Diagnosis	ICD-10-CM
I82.3	Embolism and thrombosis of renal vein	Diagnosis	ICD-10-CM
I82.4	Acute embolism and thrombosis of deep veins of lower extremity	Diagnosis	ICD-10-CM
I82.40	Acute embolism and thrombosis of unspecified deep veins of lower extremity	Diagnosis	ICD-10-CM
I82.401	Acute embolism and thrombosis of unspecified deep veins of right lower extremity	Diagnosis	ICD-10-CM
I82.402	Acute embolism and thrombosis of unspecified deep veins of left lower extremity	Diagnosis	ICD-10-CM
I82.403	Acute embolism and thrombosis of unspecified deep veins of lower extremity, bilateral	Diagnosis	ICD-10-CM
I82.409	Acute embolism and thrombosis of unspecified deep veins of unspecified lower	Diagnosis	ICD-10-CM
I82.41	Acute embolism and thrombosis of femoral vein	Diagnosis	ICD-10-CM
I82.411	Acute embolism and thrombosis of right femoral vein	Diagnosis	ICD-10-CM
I82.412	Acute embolism and thrombosis of left femoral vein	Diagnosis	ICD-10-CM
I82.413	Acute embolism and thrombosis of femoral vein, bilateral	Diagnosis	ICD-10-CM
I82.419	Acute embolism and thrombosis of unspecified femoral vein	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I82.42	Acute embolism and thrombosis of iliac vein	Diagnosis	ICD-10-CM
I82.421	Acute embolism and thrombosis of right iliac vein	Diagnosis	ICD-10-CM
I82.422	Acute embolism and thrombosis of left iliac vein	Diagnosis	ICD-10-CM
I82.423	Acute embolism and thrombosis of iliac vein, bilateral	Diagnosis	ICD-10-CM
I82.429	Acute embolism and thrombosis of unspecified iliac vein	Diagnosis	ICD-10-CM
I82.43	Acute embolism and thrombosis of popliteal vein	Diagnosis	ICD-10-CM
I82.431	Acute embolism and thrombosis of right popliteal vein	Diagnosis	ICD-10-CM
I82.432	Acute embolism and thrombosis of left popliteal vein	Diagnosis	ICD-10-CM
I82.433	Acute embolism and thrombosis of popliteal vein, bilateral	Diagnosis	ICD-10-CM
I82.439	Acute embolism and thrombosis of unspecified popliteal vein	Diagnosis	ICD-10-CM
I82.44	Acute embolism and thrombosis of tibial vein	Diagnosis	ICD-10-CM
I82.441	Acute embolism and thrombosis of right tibial vein	Diagnosis	ICD-10-CM
I82.442	Acute embolism and thrombosis of left tibial vein	Diagnosis	ICD-10-CM
I82.443	Acute embolism and thrombosis of tibial vein, bilateral	Diagnosis	ICD-10-CM
I82.449	Acute embolism and thrombosis of unspecified tibial vein	Diagnosis	ICD-10-CM
I82.45	Acute embolism and thrombosis of peroneal vein	Diagnosis	ICD-10-CM
I82.451	Acute embolism and thrombosis of right peroneal vein	Diagnosis	ICD-10-CM
I82.452	Acute embolism and thrombosis of left peroneal vein	Diagnosis	ICD-10-CM
I82.453	Acute embolism and thrombosis of peroneal vein, bilateral	Diagnosis	ICD-10-CM
I82.459	Acute embolism and thrombosis of unspecified peroneal vein	Diagnosis	ICD-10-CM
I82.46	Acute embolism and thrombosis of calf muscular vein	Diagnosis	ICD-10-CM
I82.461	Acute embolism and thrombosis of right calf muscular vein	Diagnosis	ICD-10-CM
I82.462	Acute embolism and thrombosis of left calf muscular vein	Diagnosis	ICD-10-CM
I82.463	Acute embolism and thrombosis of calf muscular vein, bilateral	Diagnosis	ICD-10-CM
I82.469	Acute embolism and thrombosis of unspecified calf muscular vein	Diagnosis	ICD-10-CM
I82.49	Acute embolism and thrombosis of other specified deep vein of lower extremity	Diagnosis	ICD-10-CM
I82.491	Acute embolism and thrombosis of other specified deep vein of right lower extremity	Diagnosis	ICD-10-CM
I82.492	Acute embolism and thrombosis of other specified deep vein of left lower extremity	Diagnosis	ICD-10-CM
I82.493	Acute embolism and thrombosis of other specified deep vein of lower extremity,	Diagnosis	ICD-10-CM
I82.499	Acute embolism and thrombosis of other specified deep vein of unspecified lower	Diagnosis	ICD-10-CM
I82.4Y	Acute embolism and thrombosis of unspecified deep veins of proximal lower extremity	Diagnosis	ICD-10-CM
I82.4Y1	Acute embolism and thrombosis of unspecified deep veins of right proximal lower	Diagnosis	ICD-10-CM
I82.4Y2	Acute embolism and thrombosis of unspecified deep veins of left proximal lower	Diagnosis	ICD-10-CM
I82.4Y3	Acute embolism and thrombosis of unspecified deep veins of proximal lower extremity,	Diagnosis	ICD-10-CM
I82.4Y9	Acute embolism and thrombosis of unspecified deep veins of unspecified proximal lower	Diagnosis	ICD-10-CM
I82.4Z	Acute embolism and thrombosis of unspecified deep veins of distal lower extremity	Diagnosis	ICD-10-CM
I82.4Z1	Acute embolism and thrombosis of unspecified deep veins of right distal lower extremity	Diagnosis	ICD-10-CM
I82.4Z2	Acute embolism and thrombosis of unspecified deep veins of left distal lower extremity	Diagnosis	ICD-10-CM
I82.4Z3	Acute embolism and thrombosis of unspecified deep veins of distal lower extremity,	Diagnosis	ICD-10-CM
I82.4Z9	Acute embolism and thrombosis of unspecified deep veins of unspecified distal lower	Diagnosis	ICD-10-CM
I82.5	Chronic embolism and thrombosis of deep veins of lower extremity	Diagnosis	ICD-10-CM
I82.50	Chronic embolism and thrombosis of unspecified deep veins of lower extremity	Diagnosis	ICD-10-CM
I82.501	Chronic embolism and thrombosis of unspecified deep veins of right lower extremity	Diagnosis	ICD-10-CM
I82.502	Chronic embolism and thrombosis of unspecified deep veins of left lower extremity	Diagnosis	ICD-10-CM
I82.503	Chronic embolism and thrombosis of unspecified deep veins of lower extremity, bilateral	Diagnosis	ICD-10-CM
I82.509	Chronic embolism and thrombosis of unspecified deep veins of unspecified lower	Diagnosis	ICD-10-CM
I82.51	Chronic embolism and thrombosis of femoral vein	Diagnosis	ICD-10-CM
I82.511	Chronic embolism and thrombosis of right femoral vein	Diagnosis	ICD-10-CM
I82.512	Chronic embolism and thrombosis of left femoral vein	Diagnosis	ICD-10-CM
I82.513	Chronic embolism and thrombosis of femoral vein, bilateral	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I82.519	Chronic embolism and thrombosis of unspecified femoral vein	Diagnosis	ICD-10-CM
I82.52	Chronic embolism and thrombosis of iliac vein	Diagnosis	ICD-10-CM
I82.521	Chronic embolism and thrombosis of right iliac vein	Diagnosis	ICD-10-CM
I82.522	Chronic embolism and thrombosis of left iliac vein	Diagnosis	ICD-10-CM
I82.523	Chronic embolism and thrombosis of iliac vein, bilateral	Diagnosis	ICD-10-CM
I82.529	Chronic embolism and thrombosis of unspecified iliac vein	Diagnosis	ICD-10-CM
I82.53	Chronic embolism and thrombosis of popliteal vein	Diagnosis	ICD-10-CM
I82.531	Chronic embolism and thrombosis of right popliteal vein	Diagnosis	ICD-10-CM
I82.532	Chronic embolism and thrombosis of left popliteal vein	Diagnosis	ICD-10-CM
I82.533	Chronic embolism and thrombosis of popliteal vein, bilateral	Diagnosis	ICD-10-CM
I82.539	Chronic embolism and thrombosis of unspecified popliteal vein	Diagnosis	ICD-10-CM
I82.54	Chronic embolism and thrombosis of tibial vein	Diagnosis	ICD-10-CM
I82.541	Chronic embolism and thrombosis of right tibial vein	Diagnosis	ICD-10-CM
I82.542	Chronic embolism and thrombosis of left tibial vein	Diagnosis	ICD-10-CM
I82.543	Chronic embolism and thrombosis of tibial vein, bilateral	Diagnosis	ICD-10-CM
I82.549	Chronic embolism and thrombosis of unspecified tibial vein	Diagnosis	ICD-10-CM
I82.55	Chronic embolism and thrombosis of peroneal vein	Diagnosis	ICD-10-CM
I82.551	Chronic embolism and thrombosis of right peroneal vein	Diagnosis	ICD-10-CM
I82.552	Chronic embolism and thrombosis of left peroneal vein	Diagnosis	ICD-10-CM
I82.553	Chronic embolism and thrombosis of peroneal vein, bilateral	Diagnosis	ICD-10-CM
I82.559	Chronic embolism and thrombosis of unspecified peroneal vein	Diagnosis	ICD-10-CM
I82.56	Chronic embolism and thrombosis of calf muscular vein	Diagnosis	ICD-10-CM
I82.561	Chronic embolism and thrombosis of right calf muscular vein	Diagnosis	ICD-10-CM
I82.562	Chronic embolism and thrombosis of left calf muscular vein	Diagnosis	ICD-10-CM
I82.563	Chronic embolism and thrombosis of calf muscular vein, bilateral	Diagnosis	ICD-10-CM
I82.569	Chronic embolism and thrombosis of unspecified calf muscular vein	Diagnosis	ICD-10-CM
I82.59	Chronic embolism and thrombosis of other specified deep vein of lower extremity	Diagnosis	ICD-10-CM
I82.591	Chronic embolism and thrombosis of other specified deep vein of right lower extremity	Diagnosis	ICD-10-CM
I82.592	Chronic embolism and thrombosis of other specified deep vein of left lower extremity	Diagnosis	ICD-10-CM
I82.593	Chronic embolism and thrombosis of other specified deep vein of lower extremity,	Diagnosis	ICD-10-CM
I82.599	Chronic embolism and thrombosis of other specified deep vein of unspecified lower	Diagnosis	ICD-10-CM
I82.5Y	Chronic embolism and thrombosis of unspecified deep veins of proximal lower extremity	Diagnosis	ICD-10-CM
I82.5Y1	Chronic embolism and thrombosis of unspecified deep veins of right proximal lower	Diagnosis	ICD-10-CM
I82.5Y2	Chronic embolism and thrombosis of unspecified deep veins of left proximal lower	Diagnosis	ICD-10-CM
I82.5Y3	Chronic embolism and thrombosis of unspecified deep veins of proximal lower	Diagnosis	ICD-10-CM
I82.5Y9	Chronic embolism and thrombosis of unspecified deep veins of unspecified proximal	Diagnosis	ICD-10-CM
I82.5Z	Chronic embolism and thrombosis of unspecified deep veins of distal lower extremity	Diagnosis	ICD-10-CM
I82.5Z1	Chronic embolism and thrombosis of unspecified deep veins of right distal lower	Diagnosis	ICD-10-CM
I82.5Z2	Chronic embolism and thrombosis of unspecified deep veins of left distal lower	Diagnosis	ICD-10-CM
I82.5Z3	Chronic embolism and thrombosis of unspecified deep veins of distal lower extremity,	Diagnosis	ICD-10-CM
I82.5Z9	Chronic embolism and thrombosis of unspecified deep veins of unspecified distal lower	Diagnosis	ICD-10-CM
I82.6	Acute embolism and thrombosis of veins of upper extremity	Diagnosis	ICD-10-CM
I82.60	Acute embolism and thrombosis of unspecified veins of upper extremity	Diagnosis	ICD-10-CM
I82.601	Acute embolism and thrombosis of unspecified veins of right upper extremity	Diagnosis	ICD-10-CM
I82.602	Acute embolism and thrombosis of unspecified veins of left upper extremity	Diagnosis	ICD-10-CM
I82.603	Acute embolism and thrombosis of unspecified veins of upper extremity, bilateral	Diagnosis	ICD-10-CM
I82.609	Acute embolism and thrombosis of unspecified veins of unspecified upper extremity	Diagnosis	ICD-10-CM
I82.61	Acute embolism and thrombosis of superficial veins of upper extremity	Diagnosis	ICD-10-CM
I82.611	Acute embolism and thrombosis of superficial veins of right upper extremity	Diagnosis	ICD-10-CM
I82.612	Acute embolism and thrombosis of superficial veins of left upper extremity	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I82.613	Acute embolism and thrombosis of superficial veins of upper extremity, bilateral	Diagnosis	ICD-10-CM
I82.619	Acute embolism and thrombosis of superficial veins of unspecified upper extremity	Diagnosis	ICD-10-CM
I82.62	Acute embolism and thrombosis of deep veins of upper extremity	Diagnosis	ICD-10-CM
I82.621	Acute embolism and thrombosis of deep veins of right upper extremity	Diagnosis	ICD-10-CM
I82.622	Acute embolism and thrombosis of deep veins of left upper extremity	Diagnosis	ICD-10-CM
I82.623	Acute embolism and thrombosis of deep veins of upper extremity, bilateral	Diagnosis	ICD-10-CM
I82.629	Acute embolism and thrombosis of deep veins of unspecified upper extremity	Diagnosis	ICD-10-CM
I82.7	Chronic embolism and thrombosis of veins of upper extremity	Diagnosis	ICD-10-CM
I82.70	Chronic embolism and thrombosis of unspecified veins of upper extremity	Diagnosis	ICD-10-CM
I82.701	Chronic embolism and thrombosis of unspecified veins of right upper extremity	Diagnosis	ICD-10-CM
I82.702	Chronic embolism and thrombosis of unspecified veins of left upper extremity	Diagnosis	ICD-10-CM
I82.703	Chronic embolism and thrombosis of unspecified veins of upper extremity, bilateral	Diagnosis	ICD-10-CM
I82.709	Chronic embolism and thrombosis of unspecified veins of unspecified upper extremity	Diagnosis	ICD-10-CM
I82.71	Chronic embolism and thrombosis of superficial veins of upper extremity	Diagnosis	ICD-10-CM
I82.711	Chronic embolism and thrombosis of superficial veins of right upper extremity	Diagnosis	ICD-10-CM
I82.712	Chronic embolism and thrombosis of superficial veins of left upper extremity	Diagnosis	ICD-10-CM
I82.713	Chronic embolism and thrombosis of superficial veins of upper extremity, bilateral	Diagnosis	ICD-10-CM
I82.719	Chronic embolism and thrombosis of superficial veins of unspecified upper extremity	Diagnosis	ICD-10-CM
I82.72	Chronic embolism and thrombosis of deep veins of upper extremity	Diagnosis	ICD-10-CM
I82.721	Chronic embolism and thrombosis of deep veins of right upper extremity	Diagnosis	ICD-10-CM
I82.722	Chronic embolism and thrombosis of deep veins of left upper extremity	Diagnosis	ICD-10-CM
I82.723	Chronic embolism and thrombosis of deep veins of upper extremity, bilateral	Diagnosis	ICD-10-CM
I82.729	Chronic embolism and thrombosis of deep veins of unspecified upper extremity	Diagnosis	ICD-10-CM
I82.8	Embolism and thrombosis of other specified veins	Diagnosis	ICD-10-CM
I82.81	Embolism and thrombosis of superficial veins of lower extremities	Diagnosis	ICD-10-CM
I82.811	Embolism and thrombosis of superficial veins of right lower extremity	Diagnosis	ICD-10-CM
I82.812	Embolism and thrombosis of superficial veins of left lower extremity	Diagnosis	ICD-10-CM
I82.813	Embolism and thrombosis of superficial veins of lower extremities, bilateral	Diagnosis	ICD-10-CM
I82.819	Embolism and thrombosis of superficial veins of unspecified lower extremity	Diagnosis	ICD-10-CM
I82.89	Embolism and thrombosis of other specified veins	Diagnosis	ICD-10-CM
I82.890	Acute embolism and thrombosis of other specified veins	Diagnosis	ICD-10-CM
I82.891	Chronic embolism and thrombosis of other specified veins	Diagnosis	ICD-10-CM
I82.9	Embolism and thrombosis of unspecified vein	Diagnosis	ICD-10-CM
I82.90	Acute embolism and thrombosis of unspecified vein	Diagnosis	ICD-10-CM
I82.91	Chronic embolism and thrombosis of unspecified vein	Diagnosis	ICD-10-CM
I82.A	Embolism and thrombosis of axillary vein	Diagnosis	ICD-10-CM
I82.A1	Acute embolism and thrombosis of axillary vein	Diagnosis	ICD-10-CM
I82.A11	Acute embolism and thrombosis of right axillary vein	Diagnosis	ICD-10-CM
I82.A12	Acute embolism and thrombosis of left axillary vein	Diagnosis	ICD-10-CM
I82.A13	Acute embolism and thrombosis of axillary vein, bilateral	Diagnosis	ICD-10-CM
I82.A19	Acute embolism and thrombosis of unspecified axillary vein	Diagnosis	ICD-10-CM
I82.A2	Chronic embolism and thrombosis of axillary vein	Diagnosis	ICD-10-CM
I82.A21	Chronic embolism and thrombosis of right axillary vein	Diagnosis	ICD-10-CM
I82.A22	Chronic embolism and thrombosis of left axillary vein	Diagnosis	ICD-10-CM
I82.A23	Chronic embolism and thrombosis of axillary vein, bilateral	Diagnosis	ICD-10-CM
I82.A29	Chronic embolism and thrombosis of unspecified axillary vein	Diagnosis	ICD-10-CM
I82.B	Embolism and thrombosis of subclavian vein	Diagnosis	ICD-10-CM
I82.B1	Acute embolism and thrombosis of subclavian vein	Diagnosis	ICD-10-CM
I82.B11	Acute embolism and thrombosis of right subclavian vein	Diagnosis	ICD-10-CM
I82.B12	Acute embolism and thrombosis of left subclavian vein	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I82.B13	Acute embolism and thrombosis of subclavian vein, bilateral	Diagnosis	ICD-10-CM
I82.B19	Acute embolism and thrombosis of unspecified subclavian vein	Diagnosis	ICD-10-CM
I82.B2	Chronic embolism and thrombosis of subclavian vein	Diagnosis	ICD-10-CM
I82.B21	Chronic embolism and thrombosis of right subclavian vein	Diagnosis	ICD-10-CM
I82.B22	Chronic embolism and thrombosis of left subclavian vein	Diagnosis	ICD-10-CM
I82.B23	Chronic embolism and thrombosis of subclavian vein, bilateral	Diagnosis	ICD-10-CM
I82.B29	Chronic embolism and thrombosis of unspecified subclavian vein	Diagnosis	ICD-10-CM
I82.C	Embolism and thrombosis of internal jugular vein	Diagnosis	ICD-10-CM
I82.C1	Acute embolism and thrombosis of internal jugular vein	Diagnosis	ICD-10-CM
I82.C11	Acute embolism and thrombosis of right internal jugular vein	Diagnosis	ICD-10-CM
I82.C12	Acute embolism and thrombosis of left internal jugular vein	Diagnosis	ICD-10-CM
I82.C13	Acute embolism and thrombosis of internal jugular vein, bilateral	Diagnosis	ICD-10-CM
I82.C19	Acute embolism and thrombosis of unspecified internal jugular vein	Diagnosis	ICD-10-CM
I82.C2	Chronic embolism and thrombosis of internal jugular vein	Diagnosis	ICD-10-CM
I82.C21	Chronic embolism and thrombosis of right internal jugular vein	Diagnosis	ICD-10-CM
I82.C22	Chronic embolism and thrombosis of left internal jugular vein	Diagnosis	ICD-10-CM
I82.C23	Chronic embolism and thrombosis of internal jugular vein, bilateral	Diagnosis	ICD-10-CM
I82.C29	Chronic embolism and thrombosis of unspecified internal jugular vein	Diagnosis	ICD-10-CM
I83	Varicose veins of lower extremities	Diagnosis	ICD-10-CM
I83.0	Varicose veins of lower extremities with ulcer	Diagnosis	ICD-10-CM
I83.00	Varicose veins of unspecified lower extremity with ulcer	Diagnosis	ICD-10-CM
I83.001	Varicose veins of unspecified lower extremity with ulcer of thigh	Diagnosis	ICD-10-CM
I83.002	Varicose veins of unspecified lower extremity with ulcer of calf	Diagnosis	ICD-10-CM
I83.003	Varicose veins of unspecified lower extremity with ulcer of ankle	Diagnosis	ICD-10-CM
I83.004	Varicose veins of unspecified lower extremity with ulcer of heel and midfoot	Diagnosis	ICD-10-CM
I83.005	Varicose veins of unspecified lower extremity with ulcer other part of foot	Diagnosis	ICD-10-CM
I83.008	Varicose veins of unspecified lower extremity with ulcer other part of lower leg	Diagnosis	ICD-10-CM
I83.009	Varicose veins of unspecified lower extremity with ulcer of unspecified site	Diagnosis	ICD-10-CM
I83.01	Varicose veins of right lower extremity with ulcer	Diagnosis	ICD-10-CM
I83.011	Varicose veins of right lower extremity with ulcer of thigh	Diagnosis	ICD-10-CM
I83.012	Varicose veins of right lower extremity with ulcer of calf	Diagnosis	ICD-10-CM
I83.013	Varicose veins of right lower extremity with ulcer of ankle	Diagnosis	ICD-10-CM
I83.014	Varicose veins of right lower extremity with ulcer of heel and midfoot	Diagnosis	ICD-10-CM
I83.015	Varicose veins of right lower extremity with ulcer other part of foot	Diagnosis	ICD-10-CM
I83.018	Varicose veins of right lower extremity with ulcer other part of lower leg	Diagnosis	ICD-10-CM
I83.019	Varicose veins of right lower extremity with ulcer of unspecified site	Diagnosis	ICD-10-CM
I83.02	Varicose veins of left lower extremity with ulcer	Diagnosis	ICD-10-CM
I83.021	Varicose veins of left lower extremity with ulcer of thigh	Diagnosis	ICD-10-CM
I83.022	Varicose veins of left lower extremity with ulcer of calf	Diagnosis	ICD-10-CM
I83.023	Varicose veins of left lower extremity with ulcer of ankle	Diagnosis	ICD-10-CM
I83.024	Varicose veins of left lower extremity with ulcer of heel and midfoot	Diagnosis	ICD-10-CM
I83.025	Varicose veins of left lower extremity with ulcer other part of foot	Diagnosis	ICD-10-CM
I83.028	Varicose veins of left lower extremity with ulcer other part of lower leg	Diagnosis	ICD-10-CM
I83.029	Varicose veins of left lower extremity with ulcer of unspecified site	Diagnosis	ICD-10-CM
I83.1	Varicose veins of lower extremities with inflammation	Diagnosis	ICD-10-CM
I83.10	Varicose veins of unspecified lower extremity with inflammation	Diagnosis	ICD-10-CM
I83.11	Varicose veins of right lower extremity with inflammation	Diagnosis	ICD-10-CM
I83.12	Varicose veins of left lower extremity with inflammation	Diagnosis	ICD-10-CM
I83.2	Varicose veins of lower extremities with both ulcer and inflammation	Diagnosis	ICD-10-CM
I83.20	Varicose veins of unspecified lower extremity with both ulcer and inflammation	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I83.201	Varicose veins of unspecified lower extremity with both ulcer of thigh and inflammation	Diagnosis	ICD-10-CM
I83.202	Varicose veins of unspecified lower extremity with both ulcer of calf and inflammation	Diagnosis	ICD-10-CM
I83.203	Varicose veins of unspecified lower extremity with both ulcer of ankle and inflammation	Diagnosis	ICD-10-CM
I83.204	Varicose veins of unspecified lower extremity with both ulcer of heel and midfoot and	Diagnosis	ICD-10-CM
I83.205	Varicose veins of unspecified lower extremity with both ulcer other part of foot and	Diagnosis	ICD-10-CM
I83.208	Varicose veins of unspecified lower extremity with both ulcer of other part of lower	Diagnosis	ICD-10-CM
I83.209	Varicose veins of unspecified lower extremity with both ulcer of unspecified site and	Diagnosis	ICD-10-CM
I83.21	Varicose veins of right lower extremity with both ulcer and inflammation	Diagnosis	ICD-10-CM
I83.211	Varicose veins of right lower extremity with both ulcer of thigh and inflammation	Diagnosis	ICD-10-CM
I83.212	Varicose veins of right lower extremity with both ulcer of calf and inflammation	Diagnosis	ICD-10-CM
I83.213	Varicose veins of right lower extremity with both ulcer of ankle and inflammation	Diagnosis	ICD-10-CM
I83.214	Varicose veins of right lower extremity with both ulcer of heel and midfoot and	Diagnosis	ICD-10-CM
I83.215	Varicose veins of right lower extremity with both ulcer other part of foot and	Diagnosis	ICD-10-CM
I83.218	Varicose veins of right lower extremity with both ulcer of other part of lower extremity	Diagnosis	ICD-10-CM
I83.219	Varicose veins of right lower extremity with both ulcer of unspecified site and	Diagnosis	ICD-10-CM
I83.22	Varicose veins of left lower extremity with both ulcer and inflammation	Diagnosis	ICD-10-CM
I83.221	Varicose veins of left lower extremity with both ulcer of thigh and inflammation	Diagnosis	ICD-10-CM
I83.222	Varicose veins of left lower extremity with both ulcer of calf and inflammation	Diagnosis	ICD-10-CM
I83.223	Varicose veins of left lower extremity with both ulcer of ankle and inflammation	Diagnosis	ICD-10-CM
I83.224	Varicose veins of left lower extremity with both ulcer of heel and midfoot and	Diagnosis	ICD-10-CM
I83.225	Varicose veins of left lower extremity with both ulcer other part of foot and	Diagnosis	ICD-10-CM
I83.228	Varicose veins of left lower extremity with both ulcer of other part of lower extremity	Diagnosis	ICD-10-CM
I83.229	Varicose veins of left lower extremity with both ulcer of unspecified site and	Diagnosis	ICD-10-CM
I83.8	Varicose veins of lower extremities with other complications	Diagnosis	ICD-10-CM
I83.81	Varicose veins of lower extremities with pain	Diagnosis	ICD-10-CM
I83.811	Varicose veins of right lower extremity with pain	Diagnosis	ICD-10-CM
I83.812	Varicose veins of left lower extremity with pain	Diagnosis	ICD-10-CM
I83.813	Varicose veins of bilateral lower extremities with pain	Diagnosis	ICD-10-CM
I83.819	Varicose veins of unspecified lower extremity with pain	Diagnosis	ICD-10-CM
I83.89	Varicose veins of lower extremities with other complications	Diagnosis	ICD-10-CM
I83.891	Varicose veins of right lower extremity with other complications	Diagnosis	ICD-10-CM
I83.892	Varicose veins of left lower extremity with other complications	Diagnosis	ICD-10-CM
I83.893	Varicose veins of bilateral lower extremities with other complications	Diagnosis	ICD-10-CM
I83.899	Varicose veins of unspecified lower extremity with other complications	Diagnosis	ICD-10-CM
I83.9	Asymptomatic varicose veins of lower extremities	Diagnosis	ICD-10-CM
I83.90	Asymptomatic varicose veins of unspecified lower extremity	Diagnosis	ICD-10-CM
I83.91	Asymptomatic varicose veins of right lower extremity	Diagnosis	ICD-10-CM
I83.92	Asymptomatic varicose veins of left lower extremity	Diagnosis	ICD-10-CM
I83.93	Asymptomatic varicose veins of bilateral lower extremities	Diagnosis	ICD-10-CM
I85	Esophageal varices	Diagnosis	ICD-10-CM
I85.0	Esophageal varices	Diagnosis	ICD-10-CM
I85.00	Esophageal varices without bleeding	Diagnosis	ICD-10-CM
I85.01	Esophageal varices with bleeding	Diagnosis	ICD-10-CM
I85.1	Secondary esophageal varices	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
I86	Varicose veins of other sites	Diagnosis	ICD-10-CM
I86.0	Sublingual varices	Diagnosis	ICD-10-CM
I86.1	Scrotal varices	Diagnosis	ICD-10-CM
I86.2	Pelvic varices	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I86.3	Vulval varices	Diagnosis	ICD-10-CM
I86.4	Gastric varices	Diagnosis	ICD-10-CM
I86.8	Varicose veins of other specified sites	Diagnosis	ICD-10-CM
I87	Other disorders of veins	Diagnosis	ICD-10-CM
I87.0	Postthrombotic syndrome	Diagnosis	ICD-10-CM
I87.00	Postthrombotic syndrome without complications	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
I87.01	Postthrombotic syndrome with ulcer	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
I87.02	Postthrombotic syndrome with inflammation	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
I87.03	Postthrombotic syndrome with ulcer and inflammation	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
I87.09	Postthrombotic syndrome with other complications	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
I87.1	Compression of vein	Diagnosis	ICD-10-CM
I87.2	Venous insufficiency (chronic) (peripheral)	Diagnosis	ICD-10-CM
I87.3	Chronic venous hypertension (idiopathic)	Diagnosis	ICD-10-CM
I87.30	Chronic venous hypertension (idiopathic) without complications	Diagnosis	ICD-10-CM
I87.301	Chronic venous hypertension (idiopathic) without complications of right lower extremity	Diagnosis	ICD-10-CM
I87.302	Chronic venous hypertension (idiopathic) without complications of left lower extremity	Diagnosis	ICD-10-CM
I87.303	Chronic venous hypertension (idiopathic) without complications of bilateral lower	Diagnosis	ICD-10-CM
I87.309	Chronic venous hypertension (idiopathic) without complications of unspecified lower	Diagnosis	ICD-10-CM
I87.31	Chronic venous hypertension (idiopathic) with ulcer	Diagnosis	ICD-10-CM
I87.311	Chronic venous hypertension (idiopathic) with ulcer of right lower extremity	Diagnosis	ICD-10-CM
I87.312	Chronic venous hypertension (idiopathic) with ulcer of left lower extremity	Diagnosis	ICD-10-CM
I87.313	Chronic venous hypertension (idiopathic) with ulcer of bilateral lower extremity	Diagnosis	ICD-10-CM
I87.319	Chronic venous hypertension (idiopathic) with ulcer of unspecified lower extremity	Diagnosis	ICD-10-CM
I87.32	Chronic venous hypertension (idiopathic) with inflammation	Diagnosis	ICD-10-CM
I87.321	Chronic venous hypertension (idiopathic) with inflammation of right lower extremity	Diagnosis	ICD-10-CM
I87.322	Chronic venous hypertension (idiopathic) with inflammation of left lower extremity	Diagnosis	ICD-10-CM
I87.323	Chronic venous hypertension (idiopathic) with inflammation of bilateral lower extremity	Diagnosis	ICD-10-CM
I87.329	Chronic venous hypertension (idiopathic) with inflammation of unspecified lower	Diagnosis	ICD-10-CM
I87.33	Chronic venous hypertension (idiopathic) with ulcer and inflammation	Diagnosis	ICD-10-CM
I87.331	Chronic venous hypertension (idiopathic) with ulcer and inflammation of right lower	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I87.332	Chronic venous hypertension (idiopathic) with ulcer and inflammation of left lower	Diagnosis	ICD-10-CM
I87.333	Chronic venous hypertension (idiopathic) with ulcer and inflammation of bilateral lower	Diagnosis	ICD-10-CM
I87.339	Chronic venous hypertension (idiopathic) with ulcer and inflammation of unspecified	Diagnosis	ICD-10-CM
I87.39	Chronic venous hypertension (idiopathic) with other complications	Diagnosis	ICD-10-CM
I87.391	Chronic venous hypertension (idiopathic) with other complications of right lower	Diagnosis	ICD-10-CM
I87.392	Chronic venous hypertension (idiopathic) with other complications of left lower	Diagnosis	ICD-10-CM
I87.393	Chronic venous hypertension (idiopathic) with other complications of bilateral lower	Diagnosis	ICD-10-CM
I87.399	Chronic venous hypertension (idiopathic) with other complications of unspecified lower	Diagnosis	ICD-10-CM
I87.8	Other specified disorders of veins	Diagnosis	ICD-10-CM
I87.9	Disorder of vein, unspecified	Diagnosis	ICD-10-CM
I88	Nonspecific lymphadenitis	Diagnosis	ICD-10-CM
I88.0	Nonspecific mesenteric lymphadenitis	Diagnosis	ICD-10-CM
I88.1	Chronic lymphadenitis, except mesenteric	Diagnosis	ICD-10-CM
I88.8	Other nonspecific lymphadenitis	Diagnosis	ICD-10-CM
I88.9	Nonspecific lymphadenitis, unspecified	Diagnosis	ICD-10-CM
I89	Other noninfective disorders of lymphatic vessels and lymph nodes	Diagnosis	ICD-10-CM
I89.0	Lymphedema, not elsewhere classified	Diagnosis	ICD-10-CM
I89.1	Lymphangitis	Diagnosis	ICD-10-CM
I89.8	Other specified noninfective disorders of lymphatic vessels and lymph nodes	Diagnosis	ICD-10-CM
I89.9	Noninfective disorder of lymphatic vessels and lymph nodes, unspecified	Diagnosis	ICD-10-CM
I95	Hypotension	Diagnosis	ICD-10-CM
I95.0	Idiopathic hypotension	Diagnosis	ICD-10-CM
I95.1	Orthostatic hypotension	Diagnosis	ICD-10-CM
I95.2	Hypotension due to drugs	Diagnosis	ICD-10-CM
I95.3	Hypotension of hemodialysis	Diagnosis	ICD-10-CM
I95.8	Other hypotension	Diagnosis	ICD-10-CM
I95.81	Postprocedural hypotension	Diagnosis	ICD-10-CM
I95.89	Other hypotension	Diagnosis	ICD-10-CM
I95.9	Hypotension, unspecified	Diagnosis	ICD-10-CM
I96	Gangrene, not elsewhere classified	Diagnosis	ICD-10-CM
I97	Intraoperative and postprocedural complications and disorders of circulatory system,	Diagnosis	ICD-10-CM
I97.0	Postcardiotomy syndrome	Diagnosis	ICD-10-CM
I97.1	Other postprocedural cardiac functional disturbances	Diagnosis	ICD-10-CM
I97.11	Postprocedural cardiac insufficiency	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
I97.12	Postprocedural cardiac arrest	Diagnosis	ICD-10-CM
I97.120	Postprocedural cardiac arrest following cardiac surgery	Diagnosis	ICD-10-CM
I97.121	Postprocedural cardiac arrest following other surgery	Diagnosis	ICD-10-CM
I97.13	Postprocedural heart failure	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
I97.19	Other postprocedural cardiac functional disturbances	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
I97.2	Postmastectomy lymphedema syndrome	Diagnosis	ICD-10-CM
I97.3	Postprocedural hypertension	Diagnosis	ICD-10-CM
I97.4	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure	Diagnosis	ICD-10-CM
I97.41	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure	Diagnosis	ICD-10-CM
I97.410	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I97.411	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure	Diagnosis	ICD-10-CM
I97.418	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure	Diagnosis	ICD-10-CM
I97.42	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure	Diagnosis	ICD-10-CM
I97.5	Accidental puncture and laceration of a circulatory system organ or structure during a	Diagnosis	ICD-10-CM
I97.51	Accidental puncture and laceration of a circulatory system organ or structure during a	Diagnosis	ICD-10-CM
I97.52	Accidental puncture and laceration of a circulatory system organ or structure during	Diagnosis	ICD-10-CM
I97.6	Postprocedural hemorrhage, hematoma and seroma of a circulatory system organ or	Diagnosis	ICD-10-CM
I97.61	Postprocedural hemorrhage of a circulatory system organ or structure following a	Diagnosis	ICD-10-CM
I97.610	Postprocedural hemorrhage of a circulatory system organ or structure following a	Diagnosis	ICD-10-CM
I97.611	Postprocedural hemorrhage of a circulatory system organ or structure following cardiac	Diagnosis	ICD-10-CM
I97.618	Postprocedural hemorrhage of a circulatory system organ or structure following other	Diagnosis	ICD-10-CM
I97.62	Postprocedural hemorrhage, hematoma and seroma of a circulatory system organ or	Diagnosis	ICD-10-CM
I97.620	Postprocedural hemorrhage of a circulatory system organ or structure following other	Diagnosis	ICD-10-CM
I97.621	Postprocedural hematoma of a circulatory system organ or structure following other	Diagnosis	ICD-10-CM
I97.622	Postprocedural seroma of a circulatory system organ or structure following other	Diagnosis	ICD-10-CM
I97.63	Postprocedural hematoma of a circulatory system organ or structure following a	Diagnosis	ICD-10-CM
I97.630	Postprocedural hematoma of a circulatory system organ or structure following a cardiac	Diagnosis	ICD-10-CM
I97.631	Postprocedural hematoma of a circulatory system organ or structure following cardiac	Diagnosis	ICD-10-CM
I97.638	Postprocedural hematoma of a circulatory system organ or structure following other	Diagnosis	ICD-10-CM
I97.64	Postprocedural seroma of a circulatory system organ or structure following a circulatory	Diagnosis	ICD-10-CM
I97.640	Postprocedural seroma of a circulatory system organ or structure following a cardiac	Diagnosis	ICD-10-CM
I97.641	Postprocedural seroma of a circulatory system organ or structure following cardiac	Diagnosis	ICD-10-CM
I97.648	Postprocedural seroma of a circulatory system organ or structure following other	Diagnosis	ICD-10-CM
I97.7	Intraoperative cardiac functional disturbances	Diagnosis	ICD-10-CM
I97.71	Intraoperative cardiac arrest	Diagnosis	ICD-10-CM
I97.710	Intraoperative cardiac arrest during cardiac surgery	Diagnosis	ICD-10-CM
I97.711	Intraoperative cardiac arrest during other surgery	Diagnosis	ICD-10-CM
I97.79	Other intraoperative cardiac functional disturbances	Diagnosis	ICD-10-CM
I97.790	Other intraoperative cardiac functional disturbances during cardiac surgery	Diagnosis	ICD-10-CM
I97.791	Other intraoperative cardiac functional disturbances during other surgery	Diagnosis	ICD-10-CM
I97.8	Other intraoperative and postprocedural complications and disorders of the circulatory	Diagnosis	ICD-10-CM
I97.81	Intraoperative cerebrovascular infarction	Diagnosis	ICD-10-CM
I97.810	Intraoperative cerebrovascular infarction during cardiac surgery	Diagnosis	ICD-10-CM
I97.811	Intraoperative cerebrovascular infarction during other surgery	Diagnosis	ICD-10-CM
I97.82	Postprocedural cerebrovascular infarction	Diagnosis	ICD-10-CM
I97.820	Postprocedural cerebrovascular infarction following cardiac surgery	Diagnosis	ICD-10-CM
I97.821	Postprocedural cerebrovascular infarction following other surgery	Diagnosis	ICD-10-CM
I97.88	Other intraoperative complications of the circulatory system, not elsewhere classified	Diagnosis	ICD-10-CM
I97.89	Other postprocedural complications and disorders of the circulatory system, not	Diagnosis	ICD-10-CM
I99	Other and unspecified disorders of circulatory system	Diagnosis	ICD-10-CM
I99.8	Other disorder of circulatory system	Diagnosis	ICD-10-CM
I99.9	Unspecified disorder of circulatory system	Diagnosis	ICD-10-CM
Chronic Kidney Disease			
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage	Diagnosis	ICD-10-CM
I13.1	Hypertensive heart and chronic kidney disease without heart failure	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

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
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
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	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
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
N18.4	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
Z49.0	Preparatory care for 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
Z49.3	Encounter for adequacy testing for dialysis	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
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
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
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
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease,	Diagnosis	ICD-10-CM
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through	Diagnosis	ICD-10-CM
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1	Diagnosis	ICD-10-CM
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5	Diagnosis	ICD-10-CM
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5	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

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
M35.04	Sicca 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	Diagnosis	ICD-10-CM
N01.4	Rapidly progressive nephritic syndrome with diffuse endocapillary proliferative	Diagnosis	ICD-10-CM
N01.5	Rapidly progressive nephritic syndrome with diffuse mesangiocapillary	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	Diagnosis	ICD-10-CM
N02.4	Recurrent and persistent hematuria with diffuse endocapillary proliferative	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
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
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	Diagnosis	ICD-10-CM
N07.2	Hereditary nephropathy, not elsewhere classified with diffuse membranous	Diagnosis	ICD-10-CM
N07.3	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative	Diagnosis	ICD-10-CM
N07.4	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative	Diagnosis	ICD-10-CM
N07.5	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary	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	Diagnosis	ICD-10-CM
N07.8	Hereditary nephropathy, not elsewhere classified with other morphologic lesions	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
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
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
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
Q62.0	Congenital hydronephrosis	Diagnosis	ICD-10-CM
Q62.10	Congenital occlusion of ureter, unspecified	Diagnosis	ICD-10-CM
Q62.11	Congenital occlusion of ureteropelvic junction	Diagnosis	ICD-10-CM
Q62.12	Congenital occlusion of ureterovesical orifice	Diagnosis	ICD-10-CM
Q62.2	Congenital megaureter	Diagnosis	ICD-10-CM
Q62.31	Congenital ureterocele, orthotopic	Diagnosis	ICD-10-CM
Q62.32	Cecoureterocele	Diagnosis	ICD-10-CM
Q62.39	Other obstructive defects of renal pelvis and ureter	Diagnosis	ICD-10-CM
R94.4	Abnormal results of kidney function studies	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
N13.0	Hydronephrosis with ureteropelvic junction obstruction	Diagnosis	ICD-10-CM
N13.4	Hydroureter	Diagnosis	ICD-10-CM
N13.5	Crossing vessel and stricture of ureter without hydronephrosis	Diagnosis	ICD-10-CM
N13.6	Pyonephrosis	Diagnosis	ICD-10-CM
N13.70	Vesicoureteral-reflux, unspecified	Diagnosis	ICD-10-CM
N13.71	Vesicoureteral-reflux without reflux nephropathy	Diagnosis	ICD-10-CM
N13.721	Vesicoureteral-reflux with reflux nephropathy without hydroureter, unilateral	Diagnosis	ICD-10-CM
N13.722	Vesicoureteral-reflux with reflux nephropathy without hydroureter, bilateral	Diagnosis	ICD-10-CM
N13.729	Vesicoureteral-reflux with reflux nephropathy without hydroureter, unspecified	Diagnosis	ICD-10-CM
N13.731	Vesicoureteral-reflux with reflux nephropathy with hydroureter, unilateral	Diagnosis	ICD-10-CM
N13.732	Vesicoureteral-reflux with reflux nephropathy with hydroureter, bilateral	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
N13.739	Vesicoureteral-reflux with reflux nephropathy with hydroureter, unspecified	Diagnosis	ICD-10-CM
N13.8	Other obstructive and reflux uropathy	Diagnosis	ICD-10-CM
N13.9	Obstructive and reflux uropathy, 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
90999	Unlisted dialysis procedure, inpatient or outpatient	Procedure	ICD-10-PCS
90935	Hemodialysis procedure with single evaluation by a physician or other qualified health	Procedure	ICD-10-PCS
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial	Procedure	ICD-10-PCS
90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous	Procedure	ICD-10-PCS
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2	Procedure	ICD-10-PCS
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2	Procedure	ICD-10-PCS
90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2	Procedure	ICD-10-PCS
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and	Procedure	ICD-10-PCS
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and	Procedure	ICD-10-PCS
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and	Procedure	ICD-10-PCS
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to	Procedure	ICD-10-PCS
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to	Procedure	ICD-10-PCS
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to	Procedure	ICD-10-PCS
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age	Procedure	ICD-10-PCS
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age	Procedure	ICD-10-PCS
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age	Procedure	ICD-10-PCS
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for	Procedure	ICD-10-PCS
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for	Procedure	ICD-10-PCS
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for	Procedure	ICD-10-PCS
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for	Procedure	ICD-10-PCS
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of	Procedure	ICD-10-PCS
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of	Procedure	ICD-10-PCS
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of	Procedure	ICD-10-PCS
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of	Procedure	ICD-10-PCS
90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or	Procedure	ICD-10-PCS
90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or	Procedure	ICD-10-PCS
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon	Procedure	ICD-10-PCS
90994	Supervision Of Chronic Ambulatory Peritoneal Dialysis (capd), Home Or Out-patient	Procedure	ICD-10-PCS
E1640	Replacement components for hemodialysis and/or peritoneal dialysis machines that are	Procedure	ICD-10-PCS
E1630	Reciprocating peritoneal dialysis system	Procedure	ICD-10-PCS
90992	Peritoneal Dialysis Training And/or Counseling	Procedure	ICD-10-PCS
0507F	Peritoneal dialysis plan of care documented (ESRD)	Procedure	ICD-10-PCS
90976	Peritoneal Dialysis For End-stage Renal Disease (ESRD),	Procedure	ICD-10-PCS
90977	Peritoneal Dialysis For End-stage Renal Disease (ESRD),	Procedure	ICD-10-PCS
90978	Peritoneal Dialysis For End-stage Renal Disease (ESRD),	Procedure	ICD-10-PCS
90979	Peritoneal Dialysis For End-stage Renal Disease (ESRD),	Procedure	ICD-10-PCS
90982	Peritoneal Dialysis For End-stage Renal Disease (ESRD),	Procedure	ICD-10-PCS
90983	Peritoneal Dialysis For End-stage Renal Disease (ESRD),	Procedure	ICD-10-PCS
90984	Peritoneal Dialysis For End-stage Renal Disease (ESRD),	Procedure	ICD-10-PCS
90985	Peritoneal Dialysis For End-stage Renal Disease (ESRD),	Procedure	ICD-10-PCS
E1634	Peritoneal dialysis clamps, each	Procedure	ICD-10-PCS
K0610	Peritoneal dialysis clamp, each	Procedure	ICD-10-PCS
A4653	Peritoneal dialysis catheter anchoring device, belt, each	Procedure	ICD-10-PCS
4055F	Patient receiving peritoneal dialysis (ESRD)	Procedure	ICD-10-PCS

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
G8727	Patient receiving hemodialysis, peritoneal dialysis or kidney transplantation	Procedure	ICD-10-PCS
G9523	Patient discontinued from hemodialysis or peritoneal dialysis	Procedure	ICD-10-PCS
A4905	Intermittent peritoneal dialysis (ipd) supply kit	Procedure	ICD-10-PCS
S9339	Home therapy; peritoneal dialysis, administrative services, professional pharmacy	Procedure	ICD-10-PCS
99559	Home infusion of peritoneal dialysis, per visit	Procedure	ICD-10-PCS
E1638	Heating pad, for peritoneal dialysis, any size, each	Procedure	ICD-10-PCS
A4860	Disposable catheter tips for peritoneal dialysis, per 10	Procedure	ICD-10-PCS
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but	Procedure	ICD-10-PCS
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for	Procedure	ICD-10-PCS
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but	Procedure	ICD-10-PCS
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but	Procedure	ICD-10-PCS
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but	Procedure	ICD-10-PCS
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but	Procedure	ICD-10-PCS
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but	Procedure	ICD-10-PCS
A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each	Procedure	ICD-10-PCS
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	Procedure	ICD-10-PCS
A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet	Procedure	ICD-10-PCS
E1594	Cycler dialysis machine for peritoneal dialysis	Procedure	ICD-10-PCS
A4901	Continuous cycling peritoneal dialysis (ccpd) supply kit	Procedure	ICD-10-PCS
A4900	Continuous ambulatory peritoneal dialysis (capd) supply kit	Procedure	ICD-10-PCS
E1592	Automatic intermittent peritoneal dialysis system	Procedure	ICD-10-PCS
A4719	"Y set" tubing for peritoneal dialysis	Procedure	ICD-10-PCS
E1625	Water softening system, for hemodialysis	Procedure	ICD-10-PCS
G0365	Vessel mapping of vessels for hemodialysis access (services for preoperative vessel	Procedure	ICD-10-PCS
A4918	Venous pressure clamp, for hemodialysis, each	Procedure	ICD-10-PCS
93998	Unlisted noninvasive vascular diagnostic study	Procedure	ICD-10-PCS
E1580	Unipuncture control system for hemodialysis	Procedure	ICD-10-PCS
G0393	Transluminal balloon angioplasty, percutaneous; for maintenance of hemodialysis	Procedure	ICD-10-PCS
G0392	Transluminal balloon angioplasty, percutaneous; for maintenance of hemodialysis	Procedure	ICD-10-PCS
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis	Procedure	ICD-10-PCS
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10	Procedure	ICD-10-PCS
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed	Procedure	ICD-10-PCS
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with	Procedure	ICD-10-PCS
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);	Procedure	ICD-10-PCS
90988	Supervision Of Hemodialysis In Hospital Or Other Facility (excluding Home Dialysis), On	Procedure	ICD-10-PCS
E1636	Sorbent cartridges, for hemodialysis, per 10	Procedure	ICD-10-PCS
A4740	Shunt accessory, for hemodialysis, any type, each	Procedure	ICD-10-PCS
E1610	Reverse osmosis water purification system, for hemodialysis	Procedure	ICD-10-PCS
A4802	Protamine sulfate, for hemodialysis, per 50 mg	Procedure	ICD-10-PCS
E1540	Pressure alarm for hemodialysis, each, replacement	Procedure	ICD-10-PCS
A4870	Plumbing and/or electrical work for home hemodialysis equipment	Procedure	ICD-10-PCS
36489	Placement of central venous catheter (subclavian, jugular, or other vein) (eg, for central	Procedure	ICD-10-PCS
36488	Placement of central venous catheter (subclavian, jugular, or other vein) (eg, for central	Procedure	ICD-10-PCS
36491	Placement of central venous catheter (subclavian, jugular, or other vein) (eg, for central	Procedure	ICD-10-PCS
36490	Placement of central venous catheter (subclavian, jugular, or other vein) (eg, for central	Procedure	ICD-10-PCS
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis,	Procedure	ICD-10-PCS
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis,	Procedure	ICD-10-PCS
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis,	Procedure	ICD-10-PCS
G9241	Patient whose mode of vascular access is not a catheter at the time maintenance	Procedure	ICD-10-PCS
G9240	Patient whose mode of vascular access is a catheter at the time maintenance	Procedure	ICD-10-PCS

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
G8956	Patient receiving maintenance hemodialysis in an outpatient dialysis facility	Procedure	ICD-10-PCS
G9266	Patient receiving maintenance hemodialysis for greater than or equal to 90 days without	Procedure	ICD-10-PCS
G9265	Patient receiving maintenance hemodialysis for greater than or equal to 90 days with a	Procedure	ICD-10-PCS
G8957	Patient not receiving maintenance hemodialysis in an outpatient dialysis facility	Procedure	ICD-10-PCS
37607	Ligation or banding of angioaccess arteriovenous fistula	Procedure	ICD-10-PCS
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography	Procedure	ICD-10-PCS
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography	Procedure	ICD-10-PCS
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography	Procedure	ICD-10-PCS
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	Procedure	ICD-10-PCS
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure);	Procedure	ICD-10-PCS
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure);	Procedure	ICD-10-PCS
99512	Home visit for hemodialysis	Procedure	ICD-10-PCS
S9335	Home therapy, hemodialysis; administrative services, professional pharmacy services,	Procedure	ICD-10-PCS
90991	Home Hemodialysis Care, Outpatient, For Those Services Either Provided By The	Procedure	ICD-10-PCS
A4801	Heparin, any type, for hemodialysis, per 1000 units	Procedure	ICD-10-PCS
E1520	Heparin infusion pump for hemodialysis	Procedure	ICD-10-PCS
90941	Hemodialysis, For Acute Renal Failure And Or Intoxication,	Procedure	ICD-10-PCS
90942	Hemodialysis, For Acute Renal Failure And Or Intoxication,	Procedure	ICD-10-PCS
90943	Hemodialysis, For Acute Renal Failure And Or Intoxication,	Procedure	ICD-10-PCS
90944	Hemodialysis, For Acute Renal Failure And Or Intoxication,	Procedure	ICD-10-PCS
4053F	Hemodialysis via functioning arteriovenous (AV) graft (ESRD)	Procedure	ICD-10-PCS
4052F	Hemodialysis via functioning arteriovenous (AV) fistula (ESRD)	Procedure	ICD-10-PCS
4054F	Hemodialysis via catheter (ESRD)	Procedure	ICD-10-PCS
G8715	Hemodialysis treatment performed less than 3 times per week or greater than 3 times	Procedure	ICD-10-PCS
G8714	Hemodialysis treatment performed exactly 3 times per week > 90 days	Procedure	ICD-10-PCS
90990	Hemodialysis Training And/or Counseling	Procedure	ICD-10-PCS
0505F	Hemodialysis plan of care documented (ESRD, P-ESRD)	Procedure	ICD-10-PCS
E1590	Hemodialysis machine	Procedure	ICD-10-PCS
A4820	Hemodialysis kit supplies	Procedure	ICD-10-PCS
90939	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous	Procedure	ICD-10-PCS
A4730	Fistula cannulation set for hemodialysis, each	Procedure	ICD-10-PCS
G8085	ESRD patient requiring hemodialysis vascular access was not an eligible candidate for	Procedure	ICD-10-PCS
G8081	ESRD patient requiring hemodialysis vascular access documented to have received	Procedure	ICD-10-PCS
G8082	ESRD patient requiring hemodialysis documented to have received vascular access other	Procedure	ICD-10-PCS
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous	Procedure	ICD-10-PCS
93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment	Procedure	ICD-10-PCS
93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment	Procedure	ICD-10-PCS
G9239	Documentation of reasons for patient initiating maintenance hemodialysis with a	Procedure	ICD-10-PCS
G9264	Documentation of patient receiving maintenance hemodialysis for greater than or equal	Procedure	ICD-10-PCS
36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access	Procedure	ICD-10-PCS
A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each	Procedure	ICD-10-PCS
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or	Procedure	ICD-10-PCS
E1600	Delivery and/or installation charges for hemodialysis equipment	Procedure	ICD-10-PCS
E1615	Deionizer water purification system, for hemodialysis	Procedure	ICD-10-PCS
35686	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-	Procedure	ICD-10-PCS
A4890	Contracts, repair and maintenance, for hemodialysis equipment	Procedure	ICD-10-PCS
C1751	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)	Procedure	ICD-10-PCS
C1752	Catheter, hemodialysis/peritoneal, short-term	Procedure	ICD-10-PCS
C1750	Catheter, hemodialysis/peritoneal, long-term	Procedure	ICD-10-PCS
A4750	Blood tubing, arterial or venous, for hemodialysis, each	Procedure	ICD-10-PCS

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
A4755	Blood tubing, arterial and venous combined, for hemodialysis, each	Procedure	ICD-10-PCS
E1620	Blood pump for hemodialysis, replacement	Procedure	ICD-10-PCS
E1560	Blood leak detector for hemodialysis, each, replacement	Procedure	ICD-10-PCS
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon	Procedure	ICD-10-PCS
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet	Procedure	ICD-10-PCS
E1550	Bath conductivity meter for hemodialysis, each	Procedure	ICD-10-PCS
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	Procedure	ICD-10-PCS
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	Procedure	ICD-10-PCS
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	Procedure	ICD-10-PCS
36820	Arteriovenous anastomosis, open; by forearm vein transposition	Procedure	ICD-10-PCS
E1530	Air bubble detector for hemodialysis, each, replacement	Procedure	ICD-10-PCS
A4680	Activated carbon filter for hemodialysis, each	Procedure	ICD-10-PCS
A4709	Acid concentrate, solution, for hemodialysis, per gallon	Procedure	ICD-10-PCS
A4708	Acetate concentrate solution, for hemodialysis, per gallon	Procedure	ICD-10-PCS
49422	Removal of tunneled intraperitoneal catheter	Procedure	ICD-10-PCS
49325	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or	Procedure	ICD-10-PCS
49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter	Procedure	ICD-10-PCS
49419	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally	Procedure	ICD-10-PCS
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	Procedure	ICD-10-PCS
49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal	Procedure	ICD-10-PCS
49435	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote	Procedure	ICD-10-PCS
B50W	Plain Radiography / Dialysis Shunt/Fistula	Diagnosis	ICD-10-CM
B50W0ZZ	Plain Radiography of Dialysis Shunt/Fistula using High Osmolar Contrast	Diagnosis	ICD-10-CM
B50W1ZZ	Plain Radiography of Dialysis Shunt/Fistula using Low Osmolar Contrast	Diagnosis	ICD-10-CM
B50WYZZ	Plain Radiography of Dialysis Shunt/Fistula using Other Contrast	Diagnosis	ICD-10-CM
B51W	Fluoroscopy / Dialysis Shunt/Fistula	Diagnosis	ICD-10-CM
B51W0ZA	Fluoroscopy of Dialysis Shunt/Fistula using High Osmolar Contrast, Guidance	Diagnosis	ICD-10-CM
B51W0ZZ	Fluoroscopy of Dialysis Shunt/Fistula using High Osmolar Contrast	Diagnosis	ICD-10-CM
B51W1ZA	Fluoroscopy of Dialysis Shunt/Fistula using Low Osmolar Contrast, Guidance	Diagnosis	ICD-10-CM
B51W1ZZ	Fluoroscopy of Dialysis Shunt/Fistula using Low Osmolar Contrast	Diagnosis	ICD-10-CM
B51WYZA	Fluoroscopy of Dialysis Shunt/Fistula using Other Contrast, Guidance	Diagnosis	ICD-10-CM
B51WYZZ	Fluoroscopy of Dialysis Shunt/Fistula using Other Contrast	Diagnosis	ICD-10-CM
B51WZZA	Fluoroscopy of Dialysis Shunt/Fistula, Guidance	Diagnosis	ICD-10-CM
B51WZZZ	Fluoroscopy of Dialysis Shunt/Fistula	Diagnosis	ICD-10-CM
Congenital heart disease			
Q20	Congenital malformations of cardiac chambers and connections	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	Congenital malformations of cardiac septa	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

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
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	Congenital malformations of pulmonary and tricuspid valves	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
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	Congenital malformations of aortic and mitral valves	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	Other congenital malformations of heart	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	Congenital malformations of great arteries	Diagnosis	ICD-10-CM
Q25.0	Patent ductus arteriosus	Diagnosis	ICD-10-CM
Q25.1	Coarctation of aorta	Diagnosis	ICD-10-CM
Q25.2	Atresia 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
Q25.4	Other congenital malformations of aorta	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
Q25.49	Other congenital malformations of aorta	Diagnosis	ICD-10-CM
Q25.5	Atresia of pulmonary artery	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
Q25.6	Stenosis of pulmonary artery	Diagnosis	ICD-10-CM
Q25.7	Other congenital malformations 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	Congenital malformations of great veins	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
Q26.5	Anomalous portal venous connection	Diagnosis	ICD-10-CM
Q26.6	Portal vein-hepatic artery fistula	Diagnosis	ICD-10-CM
Q26.8	Other congenital malformations of great veins	Diagnosis	ICD-10-CM
Q26.9	Congenital malformation of great vein, unspecified	Diagnosis	ICD-10-CM
Chronic Obstructive Pulmonary Disease			
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
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
J43	Emphysema	Diagnosis	ICD-10-CM
J98.2	Interstitial emphysema	Diagnosis	ICD-10-CM
J98.3	Compensatory emphysema	Diagnosis	ICD-10-CM
P25	Interstitial emphysema and related conditions originating in the perinatal period	Diagnosis	ICD-10-CM
P25.0	Interstitial emphysema originating in the perinatal period	Diagnosis	ICD-10-CM
P25.8	Other conditions related to interstitial emphysema originating in the perinatal period	Diagnosis	ICD-10-CM
Diabetes			
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic	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	Diagnosis	ICD-10-CM
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic	Diagnosis	ICD-10-CM
E08.359	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	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	Diagnosis	ICD-10-CM
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic	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	Diagnosis	ICD-10-CM
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy	Diagnosis	ICD-10-CM
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with	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	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	Diagnosis	ICD-10-CM
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy	Diagnosis	ICD-10-CM
E09.321	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic	Diagnosis	ICD-10-CM
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic	Diagnosis	ICD-10-CM
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic	Diagnosis	ICD-10-CM
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic	Diagnosis	ICD-10-CM
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic	Diagnosis	ICD-10-CM
E09.329	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
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	Diagnosis	ICD-10-CM
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
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	Diagnosis	ICD-10-CM
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with	Diagnosis	ICD-10-CM
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with	Diagnosis	ICD-10-CM
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with	Diagnosis	ICD-10-CM
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with	Diagnosis	ICD-10-CM
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other	Diagnosis	ICD-10-CM
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without	Diagnosis	ICD-10-CM
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with	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
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
E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E10.329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E10.331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E10.339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E10.349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without	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,	Diagnosis	ICD-10-CM
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left	Diagnosis	ICD-10-CM
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E10.359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema	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,	Diagnosis	ICD-10-CM
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left	Diagnosis	ICD-10-CM
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment,	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

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
E10.9	Type 1 diabetes mellitus without complications	Diagnosis	ICD-10-CM
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-	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
E11.21	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	Diagnosis	ICD-10-CM
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without	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,	Diagnosis	ICD-10-CM
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left	Diagnosis	ICD-10-CM
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction	Diagnosis	ICD-10-CM
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction	Diagnosis	ICD-10-CM
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction	Diagnosis	ICD-10-CM
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction	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,	Diagnosis	ICD-10-CM
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema,	Diagnosis	ICD-10-CM
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema,	Diagnosis	ICD-10-CM
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema,	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,	Diagnosis	ICD-10-CM
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left	Diagnosis	ICD-10-CM
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment,	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
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic	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

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
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	Diagnosis	ICD-10-CM
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E13.329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E13.349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular	Diagnosis	ICD-10-CM
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction	Diagnosis	ICD-10-CM
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction	Diagnosis	ICD-10-CM
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction	Diagnosis	ICD-10-CM
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction	Diagnosis	ICD-10-CM
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction	Diagnosis	ICD-10-CM
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction	Diagnosis	ICD-10-CM
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction	Diagnosis	ICD-10-CM
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction	Diagnosis	ICD-10-CM
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined	Diagnosis	ICD-10-CM
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined	Diagnosis	ICD-10-CM
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined	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,	Diagnosis	ICD-10-CM
E13.359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E13.36	Other specified diabetes mellitus with diabetic cataract	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
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
E08.0	Diabetes mellitus due to underlying condition with hyperosmolarity	Diagnosis	ICD-10-CM
E08.1	Diabetes mellitus due to underlying condition with ketoacidosis	Diagnosis	ICD-10-CM
E08.2	Diabetes mellitus due to underlying condition with kidney complications	Diagnosis	ICD-10-CM
E08.3	Diabetes mellitus due to underlying condition with ophthalmic complications	Diagnosis	ICD-10-CM
E08.31	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy	Diagnosis	ICD-10-CM
E08.32	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic	Diagnosis	ICD-10-CM
E08.33	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic	Diagnosis	ICD-10-CM
E08.34	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
E08.35	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E08.352	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E08.353	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E08.354	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E08.355	Diabetes mellitus due to underlying condition with stable proliferative diabetic	Diagnosis	ICD-10-CM
E08.37	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
E08.4	Diabetes mellitus due to underlying condition with neurological complications	Diagnosis	ICD-10-CM
E08.5	Diabetes mellitus due to underlying condition with circulatory complications	Diagnosis	ICD-10-CM
E08.6	Diabetes mellitus due to underlying condition with other specified complications	Diagnosis	ICD-10-CM
E08.61	Diabetes mellitus due to underlying condition with diabetic arthropathy	Diagnosis	ICD-10-CM
E08.62	Diabetes mellitus due to underlying condition with skin complications	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
E08.63	Diabetes mellitus due to underlying condition with oral complications	Diagnosis	ICD-10-CM
E08.64	Diabetes mellitus due to underlying condition with hypoglycemia	Diagnosis	ICD-10-CM
E09.0	Drug or chemical induced diabetes mellitus with hyperosmolarity	Diagnosis	ICD-10-CM
E09.1	Drug or chemical induced diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM
E09.2	Drug or chemical induced diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
E09.3	Drug or chemical induced diabetes mellitus with ophthalmic complications	Diagnosis	ICD-10-CM
E09.31	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy	Diagnosis	ICD-10-CM
E09.32	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic	Diagnosis	ICD-10-CM
E09.33	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic	Diagnosis	ICD-10-CM
E09.34	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic	Diagnosis	ICD-10-CM
E09.35	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E09.352	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E09.353	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E09.354	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E09.355	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E09.37	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved	Diagnosis	ICD-10-CM
E09.4	Drug or chemical induced diabetes mellitus with neurological complications	Diagnosis	ICD-10-CM
E09.5	Drug or chemical induced diabetes mellitus with circulatory complications	Diagnosis	ICD-10-CM
E09.6	Drug or chemical induced diabetes mellitus with other specified complications	Diagnosis	ICD-10-CM
E09.61	Drug or chemical induced diabetes mellitus with diabetic arthropathy	Diagnosis	ICD-10-CM
E09.62	Drug or chemical induced diabetes mellitus with skin complications	Diagnosis	ICD-10-CM
E09.63	Drug or chemical induced diabetes mellitus with oral complications	Diagnosis	ICD-10-CM
E09.64	Drug or chemical induced diabetes mellitus with hypoglycemia	Diagnosis	ICD-10-CM
E10.1	Type 1 diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM
E10.2	Type 1 diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
E10.3	Type 1 diabetes mellitus with ophthalmic complications	Diagnosis	ICD-10-CM
E10.31	Type 1 diabetes mellitus with unspecified diabetic retinopathy	Diagnosis	ICD-10-CM
E10.32	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E10.33	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E10.34	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E10.35	Type 1 diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E10.352	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E10.353	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E10.354	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction	Diagnosis	ICD-10-CM
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction	Diagnosis	ICD-10-CM
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction	Diagnosis	ICD-10-CM
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction	Diagnosis	ICD-10-CM
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction	Diagnosis	ICD-10-CM
E10.355	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy	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

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
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,	Diagnosis	ICD-10-CM
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema,	Diagnosis	ICD-10-CM
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema,	Diagnosis	ICD-10-CM
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema,	Diagnosis	ICD-10-CM
E10.37	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment	Diagnosis	ICD-10-CM
E10.4	Type 1 diabetes mellitus with neurological complications	Diagnosis	ICD-10-CM
E10.5	Type 1 diabetes mellitus with circulatory complications	Diagnosis	ICD-10-CM
E10.6	Type 1 diabetes mellitus with other specified complications	Diagnosis	ICD-10-CM
E10.61	Type 1 diabetes mellitus with diabetic arthropathy	Diagnosis	ICD-10-CM
E10.62	Type 1 diabetes mellitus with skin complications	Diagnosis	ICD-10-CM
E10.63	Type 1 diabetes mellitus with oral complications	Diagnosis	ICD-10-CM
E10.64	Type 1 diabetes mellitus with hypoglycemia	Diagnosis	ICD-10-CM
E11.0	Type 2 diabetes mellitus with hyperosmolarity	Diagnosis	ICD-10-CM
E11.1	Type 2 diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM
E11.2	Type 2 diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
E11.3	Type 2 diabetes mellitus with ophthalmic complications	Diagnosis	ICD-10-CM
E11.31	Type 2 diabetes mellitus with unspecified diabetic retinopathy	Diagnosis	ICD-10-CM
E11.32	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E11.33	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E11.34	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E11.35	Type 2 diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E11.352	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E11.353	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal	Diagnosis	ICD-10-CM
E11.354	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction	Diagnosis	ICD-10-CM
E11.355	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E11.37	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment	Diagnosis	ICD-10-CM
E11.4	Type 2 diabetes mellitus with neurological complications	Diagnosis	ICD-10-CM
E11.5	Type 2 diabetes mellitus with circulatory complications	Diagnosis	ICD-10-CM
E11.6	Type 2 diabetes mellitus with other specified complications	Diagnosis	ICD-10-CM
E11.61	Type 2 diabetes mellitus with diabetic arthropathy	Diagnosis	ICD-10-CM
E11.62	Type 2 diabetes mellitus with skin complications	Diagnosis	ICD-10-CM
E11.63	Type 2 diabetes mellitus with oral complications	Diagnosis	ICD-10-CM
E11.64	Type 2 diabetes mellitus with hypoglycemia	Diagnosis	ICD-10-CM
E13.0	Other specified diabetes mellitus with hyperosmolarity	Diagnosis	ICD-10-CM
E13.1	Other specified diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM
E13.2	Other specified diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
E13.3	Other specified diabetes mellitus with ophthalmic complications	Diagnosis	ICD-10-CM
E13.31	Other specified diabetes mellitus with unspecified diabetic retinopathy	Diagnosis	ICD-10-CM
E13.32	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.33	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.34	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.35	Other specified diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.352	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction	Diagnosis	ICD-10-CM
E13.353	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction	Diagnosis	ICD-10-CM
E13.354	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined	Diagnosis	ICD-10-CM
E13.355	Other specified diabetes mellitus with stable proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E13.37	Other specified diabetes mellitus with diabetic macular edema, resolved following	Diagnosis	ICD-10-CM
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following	Diagnosis	ICD-10-CM
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following	Diagnosis	ICD-10-CM
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following	Diagnosis	ICD-10-CM
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following	Diagnosis	ICD-10-CM
E13.4	Other specified diabetes mellitus with neurological complications	Diagnosis	ICD-10-CM
E13.5	Other specified diabetes mellitus with circulatory complications	Diagnosis	ICD-10-CM
E13.6	Other specified diabetes mellitus with other specified complications	Diagnosis	ICD-10-CM
E13.61	Other specified diabetes mellitus with diabetic arthropathy	Diagnosis	ICD-10-CM
E13.62	Other specified diabetes mellitus with skin complications	Diagnosis	ICD-10-CM
E13.63	Other specified diabetes mellitus with oral complications	Diagnosis	ICD-10-CM
E13.64	Other specified diabetes mellitus with hypoglycemia	Diagnosis	ICD-10-CM
High BMI			
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
Z68.4	Body mass index [BMI] 40 or greater, 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
Z68.53	Body mass index [BMI] pediatric, 85th percentile to less than 95th percentile for age	Diagnosis	ICD-10-CM
Z68.54	Body mass index [BMI] pediatric, greater than or equal to 95th percentile for age	Diagnosis	ICD-10-CM
Hypertension			
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	Diagnosis	ICD-10-CM
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease,	Diagnosis	ICD-10-CM
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through	Diagnosis	ICD-10-CM
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1	Diagnosis	ICD-10-CM
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5	Diagnosis	ICD-10-CM
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5	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
I67.4	Hypertensive encephalopathy	Diagnosis	ICD-10-CM
N26.2	Page kidney	Diagnosis	ICD-10-CM
I13.1	Hypertensive heart and chronic kidney disease without heart failure	Diagnosis	ICD-10-CM
I16.0	Hypertensive urgency	Diagnosis	ICD-10-CM

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
I16.1	Hypertensive emergency	Diagnosis	ICD-10-CM
I16.9	Hypertensive crisis, unspecified	Diagnosis	ICD-10-CM
Sickle cell			
D57	Sickle-cell disorders	Diagnosis	ICD-10-CM
D57.0	Hb-SS disease with crisis	Diagnosis	ICD-10-CM
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
D57.1	Sickle-cell disease without crisis	Diagnosis	ICD-10-CM
D57.2	Sickle-cell/Hb-C disease	Diagnosis	ICD-10-CM
D57.20	Sickle-cell/Hb-C disease without crisis	Diagnosis	ICD-10-CM
D57.21	Sickle-cell/Hb-C disease with 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
D57.219	Sickle-cell/Hb-C disease with crisis, unspecified	Diagnosis	ICD-10-CM
D57.3	Sickle-cell trait	Diagnosis	ICD-10-CM
D57.4	Sickle-cell thalassemia	Diagnosis	ICD-10-CM
D57.40	Sickle-cell thalassemia without crisis	Diagnosis	ICD-10-CM
D57.41	Sickle-cell thalassemia with crisis	Diagnosis	ICD-10-CM
D57.411	Sickle-cell thalassemia with acute chest syndrome	Diagnosis	ICD-10-CM
D57.412	Sickle-cell thalassemia with splenic sequestration	Diagnosis	ICD-10-CM
D57.419	Sickle-cell thalassemia with crisis, unspecified	Diagnosis	ICD-10-CM
D57.8	Other sickle-cell disorders	Diagnosis	ICD-10-CM
D57.80	Other sickle-cell disorders without crisis	Diagnosis	ICD-10-CM
D57.81	Other sickle-cell disorders with 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
D57.819	Other sickle-cell disorders with crisis, unspecified	Diagnosis	ICD-10-CM
Other Chronic Respiratory Disorders			
E84.0	Cystic fibrosis with pulmonary manifestations	Diagnosis	ICD-10-CM
E84.11	Meconium ileus in cystic fibrosis	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
E84.9	Cystic fibrosis, unspecified	Diagnosis	ICD-10-CM
A15.0	Tuberculosis of lung	Diagnosis	ICD-10-CM
A15.5	Tuberculosis of larynx, trachea and bronchus	Diagnosis	ICD-10-CM
A15.6	Tuberculous pleurisy	Diagnosis	ICD-10-CM
A15.7	Primary respiratory tuberculosis	Diagnosis	ICD-10-CM
A15.8	Other respiratory tuberculosis	Diagnosis	ICD-10-CM
A15.9	Respiratory tuberculosis unspecified	Diagnosis	ICD-10-CM
Z86.11	personal history of tuberculosis	Diagnosis	ICD-10-CM
J65	Pneumoconiosis associated with tuberculosis	Diagnosis	ICD-10-CM
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

Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) Procedure Codes Used to Define Baseline Characteristics in this Request

Code	Full Description	Code Category	Code Type
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
G02	Meningitis in other infectious and parasitic diseases classified elsewhere	Diagnosis	ICD-10-CM

Appendix G. Specifications Defining Parameters for this Request

This request executed the Cohort Identification and Descriptive Analysis (CIDA) tool [version 10.3.0] to investigate the use of monoclonal antibodies in the Sentinel Distributed Database (SDD).

Query Period: November 1, 2020 - June 30, 2021
Coverage Requirement: Scenario-specific
Pre-Index Enrollment Requirement: Scenario-specific
Post-Index Enrollment Requirement: 0 days
Enrollment Gap: 45 days
Age Groups: ≤11, 12-17, 18-21, 22-44, 45-54, 55-64, 65-74, and 75+ years
Stratifications: Overall
Distribution of Index-Defining Codes: Yes - distribution of index-defining codes and encounter types is required
Envelope Macro: *Reclassify encounters during inpatient stay as inpatient (default)
Freeze Data: No

Scenario	Coverage Requirement	Pre-Index Enrollment	Exposure			Incident Exposure Washout Period	Incident with Respect to:
			Index Exposure	Cohort Definition			
1	Medical & Drug Coverage					No Washout	No Washout
2	Medical Coverage	0 days	casirivimab and imdevimab (REGEN-COV2), in procedure table	Include all valid exposure episodes during query period; only the first valid exposure episode's incidence is assessed using washout criteria			
3	Drug Coverage						
4	Medical & Drug Coverage					No Washout	No Washout
5	Medical Coverage	0 days	Bamlanivimab, in procedure table	Include all valid exposure episodes during query period; only the first valid exposure episode's incidence is assessed using washout criteria			
6	Drug Coverage						

Appendix G. Specifications Defining Parameters for this Request

Scenario	Coverage Requirement	Pre-Index Enrollment	Exposure			Incident Exposure Washout Period	Incident with Respect to:
			Index Exposure	Cohort Definition			
7	Medical & Drug Coverage					No Washout	No Washout
8	Medical Coverage	0 days	REGEN-COV2 or bamlanivimab, unspecific, in procedure table	Include all valid exposure episodes during query period; only the first valid exposure episode's incidence is assessed using washout criteria			
9	Drug Coverage						
10	Medical & Drug Coverage					No Washout	No Washout
11	Medical Coverage	0 days	REGEN-COV2, bamlanivimab, etesevimab in dispensing table	Include all valid exposure episodes during query period; only the first valid exposure episode's incidence is assessed using washout criteria			
12	Drug Coverage						
13	Medical & Drug Coverage					No Washout	No Washout
14	Medical Coverage	0 days	REGEN-COV2, Bamlanivimab, bam+ete combination, does not include unspecific mAbs	Include all valid exposure episodes during query period; only the first valid exposure episode's incidence is assessed using washout criteria			
15	Drug Coverage						
16	Medical & Drug Coverage					No Washout	No Washout
17	Medical Coverage	2 days	baricitinib with remdesivir	Include all valid exposure episodes during query period; only the first valid exposure episode's incidence is assessed using washout criteria			
18	Drug Coverage						

Appendix G. Specifications Defining Parameters for this Request

Scenario	Coverage Requirement	Pre-Index Enrollment	Exposure			Incident Exposure Washout Period	Incident with Respect to:
			Index Exposure	Cohort Definition			
19	Medical & Drug Coverage					No Washout	No Washout
20	Medical Coverage	0 days	Bamlanivimab plus etesevimab (combination treatment)	Include all valid exposure episodes during query period; only the first valid exposure episode's incidence is assessed using washout criteria			
21	Drug Coverage						
22	Medical & Drug Coverage						No Washout
23	Medical Coverage	0 days	Bamlanivimab alone with etesevimab alone	Include all valid exposure episodes during query period; only the first valid exposure episode's incidence is assessed using washout criteria			
24	Drug Coverage						
25	Medical & Drug Coverage						No Washout
26	Medical Coverage	0 days	REGEN-COV2 or bamlanivimab, unspecific, in procedure table, contrasts with scenario 3	Include all valid exposure episodes during query period; only the first valid exposure episode's incidence is assessed using washout criteria			
27	Drug Coverage						
28	Medical & Drug Coverage						No Washout
29	Medical Coverage	0 days	REGEN-COV2, bamlanivimab, etesevimab, in dispensing table, contrasts with scenario 4	Include all valid exposure episodes during query period; only the first valid exposure episode's incidence is assessed using washout criteria			
30	Drug Coverage						

Appendix G. Specifications Defining Parameters for this Request

Scenario	Coverage Requirement	Pre-Index Enrollment	Exposure			
			Index Exposure	Cohort Definition	Incident Exposure Washout Period	Incident with Respect to:
31	Medical & Drug Coverage		REGEN-COV2, Bamlanivimab, bam+ete combination, does not include unspecific mAbs, contrasts with scenario 5	Include all valid exposure episodes during query period; only the first valid exposure episode's incidence is assessed using washout criteria	No Washout	No Washout
32	Medical Coverage	0 days				
33	Drug Coverage					
34	Medical & Drug Coverage		baricitinib with remdesivir	Include all valid exposure episodes during query period; only the first valid exposure episode's incidence is assessed using washout criteria	No Washout	No Washout
35	Medical Coverage	2 days				
36	Drug Coverage					
37	Medical & Drug Coverage		Bamlanivimab plus etesevimab (combination treatment)	Include all valid exposure episodes during query period; only the first valid exposure episode's incidence is assessed using washout criteria	No Washout	No Washout
38	Medical Coverage	0 days				
39	Drug Coverage					
40	Medical & Drug Coverage		Bamlanivimab alone with etesevimab alone	Include all valid exposure episodes during query period; only the first valid exposure episode's incidence is assessed using washout criteria	No Washout	No Washout
41	Medical Coverage	0 days				
42	Drug Coverage					

Appendix G. Specifications Defining Parameters for this Request

Scenario	Coverage Requirement	Pre-Index Enrollment	Exposure				Care Setting	Censor Treatment Episode at Evidence of:
			Exclude Evidence of Days Supply if Exposure Washout Includes Dispensings	Treatment Episode Gap	Forced Supply to Attach to Procedure Codes:			
1	Medical & Drug Coverage		No Washout	0 days	N/A	Any	Death; Data Partner (DP) end date; Query end date	
2	Medical Coverage	0 days						
3	Drug Coverage							
4	Medical & Drug Coverage		No Washout	0 days	N/A	Any	Death; DP end date; Query end date	
5	Medical Coverage	0 days						
6	Drug Coverage							
7	Medical & Drug Coverage		No Washout	0 days	N/A	Any	Death; DP end date; Query end date	
8	Medical Coverage	0 days						
9	Drug Coverage							
10	Medical & Drug Coverage		No Washout	0 days	N/A	Any	Death; DP end date; Query end date	
11	Medical Coverage	0 days						
12	Drug Coverage							
13	Medical & Drug Coverage		No Washout	0 days	N/A			

Appendix G. Specifications Defining Parameters for this Request

Scenario	Coverage Requirement	Pre-Index Enrollment	Exposure				Care Setting	Censor Treatment Episode at Evidence of:
			Exclude Evidence of Days Supply if Exposure Washout Includes Dispensings	Treatment Episode Gap	Forced Supply to Attach to Procedure Codes:			
14	Medical Coverage	0 days					Any	Death; DP end date; Query end date
15	Drug Coverage							
16	Medical & Drug Coverage		No Washout	0 days	N/A			
17	Medical Coverage	2 days					Any	Death; DP end date; Query end date
18	Drug Coverage							
19	Medical & Drug Coverage		No Washout	0 days	N/A			
20	Medical Coverage	0 days					Any	Death; DP end date; Query end date
21	Drug Coverage							
22	Medical & Drug Coverage		No Washout	0 days	N/A			
23	Medical Coverage	0 days					Any	Death; DP end date; Query end date
24	Drug Coverage							
25	Medical & Drug Coverage		No Washout	0 days	N/A			
26	Medical Coverage	0 days					Any	Death; DP end date; Query end date

Appendix G. Specifications Defining Parameters for this Request

Scenario	Coverage Requirement	Pre-Index Enrollment	Exposure					
			Exclude Evidence of Days Supply if Exposure Washout Includes Dispensings	Treatment Episode Gap	Forced Supply to Attach to Procedure Codes:	Care Setting	Censor Treatment Episode at Evidence of:	
27	Drug Coverage							
28	Medical & Drug Coverage		No Washout	0 days	N/A			
29	Medical Coverage	0 days				Any	Death; DP end date; Query end date	
30	Drug Coverage							
31	Medical & Drug Coverage		No Washout	0 days	N/A			
32	Medical Coverage	0 days				Any	Death; DP end date; Query end date;	
33	Drug Coverage							
34	Medical & Drug Coverage		No Washout	0 days	N/A			
35	Medical Coverage	2 days				Any	Death; DP end date; Query end date	
36	Drug Coverage							
37	Medical & Drug Coverage		No Washout	0 days	N/A			
38	Medical Coverage	0 days				Any	Death; DP end date; Query end date	
39	Drug Coverage							

Appendix G. Specifications Defining Parameters for this Request

Scenario	Coverage Requirement	Pre-Index Enrollment	Exposure				
			Exclude Evidence of Days Supply if Exposure Washout Includes Dispensings	Treatment Episode Gap	Forced Supply to Attach to Procedure Codes:	Care Setting	Censor Treatment Episode at Evidence of:
40	Medical & Drug Coverage		No Washout	0 days	N/A		
41	Medical Coverage	0 days				Any	Death; DP end date; Query end date
42	Drug Coverage						

Appendix G. Specifications Defining Parameters for this Request

Scenario	Coverage Requirement	Pre-Index Enrollment	Inclusion/Exclusion Criteria				Evaluation Period Start	Evaluation Period End
			Inclusion/Exclusion Group	Criteria	Care Setting	Raw Lab Result		
1	Medical & Drug Coverage							
2	Medical Coverage	0 days	---	---	---	---	---	---
3	Drug Coverage							
4	Medical & Drug Coverage							
5	Medical Coverage	0 days	---	---	---	---	---	---
6	Drug Coverage							
7	Medical & Drug Coverage							
8	Medical Coverage	0 days	---	---	---	---	---	---
9	Drug Coverage							
10	Medical & Drug Coverage							
11	Medical Coverage	0 days	---	---	---	---	---	---
12	Drug Coverage							
13	Medical & Drug Coverage							

Appendix G. Specifications Defining Parameters for this Request

Scenario	Coverage Requirement	Pre-Index Enrollment	Inclusion/Exclusion Criteria				Evaluation Period Start	Evaluation Period End
			Inclusion/Exclusion Group	Criteria	Care Setting	Raw Lab Result		
14	Medical Coverage	0 days	---	---	---	--	---	---
15	Drug Coverage							
16	Medical & Drug Coverage							
17	Medical Coverage	2 days	remdesivir	Inclusion	Any	---	-2 days	2 days
18	Drug Coverage							
19	Medical & Drug Coverage							
20	Medical Coverage	0 days	---	---	---	--	---	---
21	Drug Coverage							
22	Medical & Drug Coverage							
23	Medical Coverage	0 days	Etesevimab	Inclusion	Any	---	0 days	0 days
24	Drug Coverage							
25	Medical & Drug Coverage							
26	Medical Coverage	0 days	COVID_dx or COVID_lab ("positive" lab results)	Inclusion	Any	POSITIVE	Entire patient history	Index date (day 0)

Appendix G. Specifications Defining Parameters for this Request

Scenario	Coverage Requirement	Pre-Index Enrollment	Inclusion/Exclusion Criteria				Evaluation Period Start	Evaluation Period End
			Inclusion/Exclusion Group	Criteria	Care Setting	Raw Lab Result		
27	Drug Coverage							
28	Medical & Drug Coverage							
29	Medical Coverage	0 days	COVID_dx or COVID_lab ("positive" lab results)	Inclusion	Any	POSITIVE	Entire patient history	Index date (day 0)
30	Drug Coverage							
31	Medical & Drug Coverage							
32	Medical Coverage	0 days	COVID_dx or COVID_lab ("positive" lab results)	Inclusion	Any	POSITIVE	Entire patient history	Index date (day 0)
33	Drug Coverage							
34	Medical & Drug Coverage		remdesivir AND	Inclusion	Any	---	-2 days	2 days
35	Medical Coverage	2 days	COVID_dx or COVID_lab ("positive" lab results)	Inclusion	Any	POSITIVE	Entire patient history	Index date (day 0)
36	Drug Coverage							
37	Medical & Drug Coverage							
38	Medical Coverage	0 days	COVID_dx or COVID_lab ("positive" lab results)	Inclusion	Any	POSITIVE	Entire patient history	Index date (day 0)
39	Drug Coverage							

Appendix G. Specifications Defining Parameters for this Request

Scenario	Coverage Requirement	Pre-Index Enrollment	Inclusion/Exclusion Criteria				Evaluation Period Start	Evaluation Period End
			Inclusion/Exclusion Group	Criteria	Care Setting	Raw Lab Result		
40	Medical & Drug Coverage		COVID_dx or COVID_lab ("positive" lab results)	Inclusion	Any	POSITIVE	Entire patient history	Index date (day 0)
41	Medical Coverage	0 days						
42	Drug Coverage		Etesevimab	Inclusion	Any	---	0 days	0 days

Appendix G. Specifications Defining Parameters for this Request

Scenario	Coverage Requirement	Pre-Index Enrollment	Inclusion/Exclusion Criteria			Baseline Characteristics
			Exclude Evidence of Days Supply if Inclusion/Exclusion Evaluation Period Includes Dispensings	Number of Instances the Criteria should be Found in Evaluation Period	Forced Supply to Attach to Dispensings	
1	Medical & Drug Coverage		---			
2	Medical Coverage	0 days		---		Please see Appendix H
3	Drug Coverage					
4	Medical & Drug Coverage		---			
5	Medical Coverage	0 days		---		Please see Appendix H
6	Drug Coverage					
7	Medical & Drug Coverage		---			
8	Medical Coverage	0 days		---		Please see Appendix H
9	Drug Coverage					
10	Medical & Drug Coverage		---			
11	Medical Coverage	0 days		---		Please see Appendix H
12	Drug Coverage					
13	Medical & Drug Coverage		---			

Appendix G. Specifications Defining Parameters for this Request

Scenario	Coverage Requirement	Pre-Index Enrollment	Inclusion/Exclusion Criteria		Baseline Characteristics
			Exclude Evidence of Days Supply if Inclusion/Exclusion Evaluation Period Includes Dispensings	Number of Instances the Criteria should be Found in Evaluation Period	Forced Supply to Attach to Dispensings
14	Medical Coverage	0 days		---	Please see Appendix H
15	Drug Coverage				
16	Medical & Drug Coverage		Evaluation period should search for evidence of days supply		N/A
17	Medical Coverage	2 days		1	Please see Appendix H
18	Drug Coverage				
19	Medical & Drug Coverage				N/A
20	Medical Coverage	0 days		1	Please see Appendix H
21	Drug Coverage				
22	Medical & Drug Coverage			---	N/A
23	Medical Coverage	0 days		1	Please see Appendix H
24	Drug Coverage				
25	Medical & Drug Coverage		Evaluation period should search for evidence of days supply		N/A
26	Medical Coverage	0 days		1	Please see Appendix H

Appendix G. Specifications Defining Parameters for this Request

Scenario	Coverage Requirement	Pre-Index Enrollment	Inclusion/Exclusion Criteria		Baseline Characteristics
			Exclude Evidence of Days Supply if Inclusion/Exclusion Evaluation Period Includes Dispensings	Number of Instances the Criteria should be Found in Evaluation Period	Forced Supply to Attach to Dispensings
27	Drug Coverage				
28	Medical & Drug Coverage		Evaluation period should search for evidence of days supply		N/A
29	Medical Coverage	0 days		1	Please see Appendix H
30	Drug Coverage				
31	Medical & Drug Coverage		Evaluation period should search for evidence of days supply		N/A
32	Medical Coverage	0 days		1	Please see Appendix H
33	Drug Coverage				
34	Medical & Drug Coverage		Evaluation period should search for evidence of days supply		N/A
35	Medical Coverage	2 days	Evaluation period should search for evidence of days supply	1	Please see Appendix H
36	Drug Coverage				
37	Medical & Drug Coverage		Evaluation period should search for evidence of days supply		N/A
38	Medical Coverage	0 days		1	Please see Appendix H
39	Drug Coverage				

Appendix G. Specifications Defining Parameters for this Request

Scenario	Coverage Requirement	Pre-Index Enrollment	Inclusion/Exclusion Criteria			Baseline Characteristics
			Exclude Evidence of Days Supply if Inclusion/Exclusion Evaluation Period Includes Dispensings	Number of Instances the Criteria should be Found in Evaluation Period	Forced Supply to Attach to Dispensings	
40	Medical & Drug Coverage		Evaluation period should search for evidence of days supply	1	N/A	
41	Medical Coverage	0 days				Please see Appendix H
42	Drug Coverage			1		

International Classification for Diseases, Ninth Revision (ICD-9) and Tenth Revision (ICD-10), Healthcare Common Procedure Coding System (HCPCS), and Clinical Procedural Terminology (CPT) codes are provided by Optum360.

National Drug Codes (NDCs) codes are checked against First Data Bank's FDB MedKnowledge®.

Appendix H. Specifications Defining Parameters for Baseline Characteristics in this Request

Covariates					
Covariate	Care Setting	Evaluation Period Start	Evaluation Period End	Search For	Number of Instances the Covariate should be Found in Evaluation Period
Asthma	Any	Entire patient history	Index day (day 0)	Diagnosis Adate	1
Cardiovascular disease	Any	Entire patient history	Index day (day 0)	Diagnosis Adate	1
Chronic kidney disease	Any	Entire patient history	Index day (day 0)	Diagnosis Adate	1
Congenital heart disease	Any	Entire patient history	Index day (day 0)	Diagnosis Adate	1
Chronic obstructive pulmonary disease	Any	Entire patient history	Index day (day 0)	Diagnosis Adate	1
Diabetes	Any	Entire patient history	Index day (day 0)	Diagnosis Adate	1
BMI >35 for adults or >85 percentile for children	Any	Entire patient history	Index day (day 0)	Diagnosis Adate	1
Hypertension	Any	Entire patient history	Index day (day 0)	Diagnosis Adate	1
Sickle cell disease	Any	Entire patient history	Index day (day 0)	Diagnosis Adate	1
Other chronic respiratory disease	Any	Entire patient history	Index day (day 0)	Diagnosis Adate	1