

Disclaimer

The following report(s) provides findings from an FDA-initiated Sentinel System query using Patient-Centered Clinical Research Network (PCORnet) data. While Sentinel System 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 the Sentinel Distributed Database, and seeking to better understand Sentinel System capabilities.

Data obtained through the Sentinel and PCORnet Distributed Databases 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 the Sentinel System in the public domain as soon as possible. Any public health actions taken by FDA regarding products involved in Sentinel System 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).

If you are using a web page screen reader and are unable to access this document, please contact the Sentinel Operations Center for assistance at info@sentinelssystem.org.

Overview for Request fda_pmp_wp001

Request ID: fda_pmp_wp001

Request Description: The objective of this request was to assess the feasibility of using national Patient-Centered Clinical Research Network (PCORnet) data to complement results from queries run against the Sentinel Distributed Database (SDD). PCORnet is comprised of electronic health record data. This request aims to describe the demographic, vital, and clinical characteristics of patients receiving a prescription for sodium-glucose cotransporter-2 (SGLT-2) inhibitors and other select anti-diabetic medications.

Modular Program Tool Used: PCORnet Modular Program version 1.4 with Baseline Characteristics, Vitals, and Cohort Quality Assessment (CQA) Modules.

Data Source: We included data from 25 PCORnet Data Marts in this report. The 25 Data Marts represent 7 of the PCORnet Clinical Research Networks: OneFlorida, ADVANCE, CAPriCORN, Greater Plains Collaborative, INSIGHT-NYC, PaTH, and STAR. We distributed this request on October 2, 2019.

Study Design: We used a retrospective study design to identify prevalent users of SGLT-2 inhibitors or sitagliptin within the PCORnet network between March 1, 2013, and June 30, 2018.

Exposures of Interest: Our exposures of interest were: canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, any SGLT-2 inhibitor (defined as either canagliflozin, dapagliflozin, empagliflozin, or ertugliflozin), and sitagliptin.

The PCORnet prescribing table utilizes Concept Unique Identifiers (CUIs) as the medical terminology used to identify prescriptions; this is a National Library of Medicine terminology and differs from National Drug Codes.

Please see Appendix A for the list of CUIs used to defined exposures of interest for this request.

Cohort Eligibility Criteria¹: We identified 18 cohorts for this request which were grouped into Cohort Groups A, B, and C. Cohorts in Group A were defined as patients with the relevant drug prescription during the study period AND NO same-day evidence of the comparator drug group of interest. For the SGLT-2 inhibitor-defined cohorts we excluded patients with any dipeptidyl peptidase-4 (DPP-4) inhibitors on the day of a qualifying (index) prescription (including SGLT-2 inhibitor/DPP-4 inhibitor combination medications). For the sitagliptin-defined cohort we excluded patients with any SGLT-2 inhibitor prescription on the day of index prescription (including SGLT-2 inhibitor/DPP-4 inhibitor combination medications). Cohorts in Group B had the same exposure requirements as Group A with an additional inclusion requirement of any lab record for hemoglobin A1C (HbA1c) in the 183 days prior to or including the day of index prescription. Cohorts in Group C had the same exposure requirements as Group A with an additional inclusion requirement of any lab record for either creatinine or estimated glomerular filtration rate (EGFR) in the 183 days prior to or including the day of index prescription.

All patients were required to have at least one encounter record during the study period. An encounter is defined as any record in the Encounter table of the PCORnet Common Data Model (CDM) that occurs within the study period. These include in-person clinical encounters but may also include encounters such as telemedicine and email consultations. We included the following age groups in the analyses: 0-1 years, 2-19 years, 20-44 years, 45-64 years, and 65+ years.

Please see Appendix B for the full list of CUI codes used to define prescription-defined exclusion criteria for this request. Please see Appendix B.1 for the full list of Logical Observation Identifiers Names and Codes (LOINC) codes used to define labs for this request.

Overview for Request fda_pmp_wp001, continued

Baseline Characteristics: We assessed the following characteristics in the 365 days prior to and including index date: glucagon-like peptide-1 (GLP-1) analog prescription, thiazolidinedione prescription, sulfonylurea prescription, biguanide prescription, short/rapid-acting insulin prescription, long/intermediate-acting insulin prescription, diabetes complications (either renal, neurological, ocular, or peripheral vascular in nature), stroke, malignancy, acute myocardial infarction, hypertension or hypertensive disorders, hypercholesterolemia or hyperlipidemia, alcohol consumption, and chronic kidney disease. We also assessed the presence of an SGLT-2 inhibitor or DPP-4 inhibitor prescription in the 365 days prior to but not including index date.

Please see Appendix C and Appendix C.1 for the full list of codes used to define baseline characteristics for this request. Overall query and baseline table specifications can be found in Appendices D.1 and D.2.

Vitals Characteristics: We assessed the following vitals characteristics in the 183 days prior to and including index date: Body-Mass Index (BMI) by age group, smoking status, smoking status by race, and smoking status by sex.

Vital assessment specifications can be found in Appendix D.3.

Cohort Quality Assessment: We performed cohort quality assessment against all of the Group A cohorts.

Please see Appendix D.4 for the full list of CQA checks that were performed in this request.

Limitations: Code based algorithms to define exposures and baseline characteristics are imperfect without chart validation and may be misclassified. Additionally, electronic health record data lack a consistent definition of enrollment and we are therefore unable to confirm that all elements of a patient's care are captured within the given health system; as a result, misclassification may occur. Therefore, data should be interpreted with these limitations in mind.

Notes: Please contact the PCORnet Query Fulfillment team (qf@pcornet.org) and Sentinel Operations Center (info@sentinelssystem.org) for questions and to provide comments/suggestions for future enhancements to this document.

¹Patients with multiple valid index-defining prescriptions may contribute to multiple cohorts but will only be counted once per unique cohort.

TABLE OF CONTENTS

<u>Glossary</u>	Glossary of Terms for Analyses Using PCORnet Modular Program (PMP) Tool
<u>Table 1</u>	Baseline Characteristics for Cohort A: Medication Prescription Users in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018
<u>Table 2</u>	Baseline Characteristics of Cohort B: Medication Prescription and an HbA1c Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018
<u>Table 3</u>	Baseline Characteristics for Cohort C: Medication Prescription and a Creatinine or eGFR Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018
<u>Appendix A</u>	List of Concept Unique Identifier (CUI) Codes Used to Define Exposures in this Request
<u>Appendix B</u>	List of Concept Unique Identifier (CUI) Codes Used to Define Inclusion/Exclusion Criteria for this Request
<u>Appendix B.1</u>	List of Logical Observation Identifiers Names and Codes (LOINC) Codes Used to Define Inclusion/Exclusion Criteria for this Request
<u>Appendix C</u>	List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request
<u>Appendix C.1</u>	List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request
<u>Appendix D.1</u>	Specifications Defining Parameters for this Request
<u>Appendix D.2</u>	Specifications Defining Baseline Characteristic Parameters for this Request
<u>Appendix D.3</u>	Specifications Defining Vital Assessment Parameters for this Request
<u>Appendix D.4</u>	Specifications Defining Cohort Quality Assessment Parameters for this Request

**Glossary of Terms for Analyses Using
PCORnet Modular Program (PMP) Tool**

Health Event of Interest (HEI) - the HEI represents the index exposure or health event that should be used to define the cohort. All patients within a cohort will be required to have the HEI. Cohorts can be further refined or restricted through the use of inclusion/exclusion criteria.

Query Period - the time range from the start of the query identification period to the end of the query identification period. The identification of HEIs is restricted to the query period. Identification of inclusion/exclusion criteria, covariates and vital measures are **NOT** restricted to the query period.

Enrollment Requirement - indicates the parameter options used to define enrollment, based on the encounters table.

EB1 - Patients must have at least one encounter within a specified query period.

EB2 - Patients must have a minimum number of records in the specified query period, with a minimum number of days between the first and last encounter. Users can indicate if records can come from any combination of encounter, diagnosis, procedure, dispensing, prescribing, or lab result tables. For encounter, diagnosis and procedure records, users have the option to limit valid records to specific caresettings.

"Patients must have at least two encounters of an ambulatory (AV) or inpatient (IP) encounter type between 01/01/2015-12/31/2016, with at least sixty days between the first and last encounter."

EB2 Number - Number of records to be included in denominator (exposed and unexposed population). This parameter is only applied when an EB2 enrollment definition is selected.

EB2 List - Can be used to limit identification of enrollment proxy records to specific caresettings. Can only be defined when the EB2 Table is set to a combination of encounter, diagnosis, or procedure tables. Acceptable values are listed under "Care Setting" in this document. This parameter is only applied when an EB2 enrollment definition is selected.

EB2 Days - Minimum number of days between first and last record. This parameter is only applied when an EB2 enrollment definition is selected.

EB2 Table - Indicates which CDM table should be checked for contributing records. This parameter is only applied when an EB2 enrollment definition is selected.

Age Group - parameter for restricting the cohort of interest to certain age groups and specifying age group stratification in result tables.

Age Calculation - indicates which method of calculation will be used for patient age.

Fixed (F) - age calculated on last day of query period.

Index (I) - age calculated at date of HEI index event. Patients with multiple qualifying HEIs across different age periods will be counted once per age period.

Sex - optional sex categories for stratification in result tables. Users should specify which specific groups they would like included as separate strata. All patients whose sex does not fall into one of these categories will be categorized as "Other"

Ambiguous (A)

Female (F)

Male (M)

No Information (NI)

Unknown (UN)

Other (OT)

Race - optional race categories for stratification in result tables. Users should specify which specific groups they would like included as separate strata. All patients whose race does not fall into one of these categories will be categorized as "Other"

American Indian or Alaska Native (01)

Asian (02)

Black or African American (03)

Native Hawaiian or Other Pacific Islander (04)

White (05)

Multiple Race (06)

Refuse to Answer (O7)
No Information (NI)
Unknown (UN)
Other (OT)

Hispanic - optional ethnicity categories for stratification in result tables. Users should specify which specific groups they would like included as separate strata. All patients whose ethnicity does not fall into one of these categories will be categorized as "Other"

Yes (Y)
No (N)
Refuse to Answer (R)
No Information (NI)
Unknown (UN)
Other (OT)

Difference Table - The difference table captures patients who meet all enrollment proxy and inclusion/exclusion criteria and have at least one valid record within the same CDM tables as the HEI-defining codelists, but who DO NOT have an HEI code. These patients are intended to serve as a rough proxy for an unexposed population. However, limitations of Electronic Health Record systems should be considered when results interpreting this group.

Cohort Quality Assessment Module - Cohort Quality Assessment is an optional module that can be run on the numerator and the difference table populations to perform data quality and availability assessments. CQA will output counts, distributions, and frequencies on any of the variables within the PCORnet CDM tables. Cross-variable checks are also permitted within CDM tables (e.g. a distribution of result_number by result_unit can be requested in the Lab Result table.) Data assessments will be limited to the cohorts formed using PMP functionality. Users can limit checks to specific calendar-based time periods (e.g. 2016-2017) and to code lists of interest (e.g. provide a distribution of result_num values for records with an HbA1c LOINC code in the Lab Result table.)

Counts - returns counts of all qualifying records, and of all unique patients with qualifying records in a given table, limited by specified criteria. Counts can be performed against ID variables within the PCORnet CDM.

"What is the count of unique and all patient IDs in records in the Diagnosis table, limited to records for Diabetes or Heart Failure diagnosis?"

Frequency - returns frequency of values occurring for a specified variable. Frequencies can be performed against categorical variables within the PCORnet CDM.

"How frequently are each dose ordered unit value occurring in Warfarin prescribing records?"

Distribution - returns percentile-based summary statistics. Distributions can be performed against numeric variables within the PCORnet CDM.

"What is the distribution of warfarin dose ordered in prescribing records when the dose ordered unit is mg?"

Baseline Table (Covariate Assessment) Module - Baseline Table is an optional module that can be run to generate a Table 1 for your PMP-formed cohort. Users can indicate a list of covariates and the baseline table will provide counts and percentage of your PMP-formed cohort who have the covariate of interest. Covariates can be identified in a time period relative to your HEI date (e.g. in the 365 days prior to the HEI) or within a set period of calendar time (e.g. in 2016).

"Of the patients with a Heart Failure primary diagnosis in 2017, how many had a Diabetes diagnosis in the previous year?"

Vitals Module - Vitals module is an optional module that further stratifies cohorts based on vitals records, including height, weight, BMI, smoking and tobacco use statuses. Users will indicate a period relative to the HEI date in which to identify vital records and the program will search for the vital record closest to the index date and classify according to user-requested stratifications. Vital measures can be cross-stratified against certain demographic data, including age, sex, race, and ethnicity.

"What is the BMI distribution of patients who had a Diabetes diagnosis record in 2015?"

Centralized DataMart- Centralized DataMarts are those for which a single DM responds on behalf of multiple contributing health systems. Data for each contributing health system is aggregated and queried at a centralized location. A single response is then submitted to the Coordinating Center on behalf of all contributing sites.

Non-Centralized DataMart- A Non-Centralized DataMart is one for which the responding DM represents the singular health system contributing data for that request.

*all terms may not be used in this report

Table 1. Baseline Characteristics for Cohort A: Medication Prescription Users in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

Characteristic ¹	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Number of Unique Patients	123,535		67,577		32,418		40,860		32		289,833	
Demographics	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age (Years) ¹												
0-<2	16	0.0%	16	0.0%	15	0.0%	0	0.0%	0	0.0%	17	0.0%
2-<20	135	0.1%	79	0.1%	54	0.2%	19	0.0%	0	0.0%	218	0.1%
20-44	16,475	13.3%	9,010	13.3%	4,720	14.6%	4,885	12.0%	0	0.0%	26,435	9.1%
45-64	74,940	60.7%	40,370	59.7%	21,036	64.9%	24,458	59.9%	22	68.8%	134,368	46.4%
65+	31,940	25.9%	18,070	26.7%	6,584	20.3%	11,488	28.1%	0	0.0%	128,760	44.4%
Sex												
Female	58,871	47.7%	32,556	48.2%	15,637	48.2%	18,697	45.8%	11	34.4%	146,532	50.6%
Male	64,658	52.3%	35,021	51.8%	16,777	51.8%	22,161	54.2%	21	65.6%	143,290	49.4%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Hispanic												
Yes	13,009	10.5%	6,303	9.3%	4,585	14.1%	3,972	9.7%	0	0.0%	35,668	12.3%
No	104,066	84.2%	57,841	85.6%	26,235	80.9%	34,709	84.9%	21	65.6%	236,926	81.7%
Refuse to Answer	1,090	0.9%	588	0.9%	309	1.0%	361	0.9%	0	0.0%	2,503	0.9%
Other/Missing	5341	4.3%	2,818	4.2%	1,262	3.9%	1,804	4.4%	0	0.0%	14,722	5.1%
Race												
American Indian or Alaska Native	468	0.4%	234	0.3%	110	0.3%	98	0.2%	0	0.0%	1,272	0.4%
Asian	2,953	2.4%	1,529	2.3%	752	2.3%	1,108	2.7%	0	0.0%	8,440	2.9%
Black or African American	17,023	13.8%	9,188	13.6%	4,577	14.1%	5,695	13.9%	0	0.0%	50,265	17.3%
Multiple Race	721	0.6%	356	0.5%	220	0.7%	242	0.6%	0	0.0%	1,995	0.7%
Native Hawaiian or Other Pacific Islander	325	0.3%	174	0.3%	89	0.3%	98	0.2%	0	0.0%	912	0.3%
Other/Missing	9,724	7.9%	5,304	7.8%	2,349	7.2%	3,330	8.1%	0	0.0%	31,835	11.0%
Refuse to Answer	1,741	1.4%	971	1.4%	412	1.3%	525	1.3%	0	0.0%	5,703	2.0%
White	90,525	73.3%	49,752	73.6%	23,820	73.5%	29,667	72.6%	24	75.0%	189,368	65.3%

Table 1. Baseline Characteristics for Cohort A: Medication Prescription Users in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Sex by Age Group 0-2 Years												
Female	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Male	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sex by Age Group 2-19 Years												
Female	80	60.0%	43	54.0%	29	54.0%	11	57.0%	0	0.0%	171	78.0%
Male	54	40.0%	36	46.0%	25	46.0%	0	47.0%	0	0.0%	94	43.0%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sex by Age Group 20-44 Years												
Female	8,856	53.8%	4,874	54.1%	2,502	53.0%	2,583	52.9%	0	43.0%	14,873	56.3%
Male	7,702	46.7%	4,185	46.4%	2,216	46.9%	2,324	47.6%	0	57.0%	12,824	48.5%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sex by Age Group 45-64 Years												
Female	35,799	47.8%	19,382	48.0%	10,078	47.9%	11,337	46.4%	0	0.0%	70,066	52.1%
Male	39,489	52.7%	21,158	52.4%	11,045	52.5%	13,215	54.0%	14	63.6%	70,829	52.7%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sex by Age Group 65+ Years												
Female	14,373	45.0%	8,360	46.3%	3,062	46.5%	4,828	42.0%	0	0.0%	68,563	53.2%
Male	17,718	55.5%	9,807	54.3%	3,520	53.5%	6,703	58.3%	0	0.0%	66,850	51.9%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Table 1. Baseline Characteristics for Cohort A: Medication Prescription Users in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Year of First Index Event												
2013	1,775	1.4%	1,774	2.6%	0	0.0%	0	0.0%	0	0.0%	63,150	21.8%
2014	12,690	10.3%	9,440	14.0%	3,266	10.1%	376	0.9%	0	0.0%	50,303	17.4%
2015	24,901	20.2%	17,538	26.0%	6,043	18.6%	2,903	7.1%	0	0.0%	50,288	17.4%
2016	27,808	22.5%	16,710	24.7%	7,350	22.7%	7,824	19.1%	0	0.0%	50,211	17.3%
2017	36,943	29.9%	16,017	23.7%	9,458	29.2%	17,909	43.8%	0	0.0%	51,631	17.8%
2018	19,400	15.7%	6,080	9.0%	6,283	19.4%	11,813	28.9%	32	100.0%	24,250	8.4%
Calendar Year by Age Group 0-2 Years												
2013	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2014	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2015	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2016	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2017	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2018	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Calendar Year by Age Group 2-19 Years												
2013	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	42	19.3%
2014	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	23	10.6%
2015	17	12.6%	11	13.9%	0	0.0%	0	0.0%	0	0.0%	43	19.7%
2016	26	19.3%	13	16.5%	0	0.0%	0	0.0%	0	0.0%	31	14.2%
2017	17	12.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	29	13.3%
2018	13	9.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Calendar Year by Age Group 20-44 Years												
2013	191	1.2%	191	2.1%	0	0.0%	0	0.0%	0	0.0%	5,289	20.0%
2014	1,758	10.7%	1,245	13.8%	516	10.9%	46	0.9%	0	0.0%	4,761	18.0%
2015	3,439	20.9%	2,349	26.1%	894	18.9%	375	7.7%	0	0.0%	4,879	18.5%
2016	3,723	22.6%	2,216	24.6%	1,003	21.3%	978	20.0%	0	0.0%	4,936	18.7%
2017	4,894	29.7%	2,203	24.5%	1,368	29.0%	2,112	43.2%	0	0.0%	5,343	20.2%
2018	2,522	15.3%	825	9.2%	877	18.6%	1,346	27.6%	0	0.0%	2,445	9.2%

Table 1. Baseline Characteristics for Cohort A: Medication Prescription Users in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Calendar Year by Age Group 45-64 Years												
2013	1,097	1.5%	1,096	2.7%	0	0.0%	0	0.0%	0	0.0%	30,298	22.5%
2014	8,001	10.7%	5,840	14.5%	2,103	10.0%	252	1.0%	0	0.0%	24,424	18.2%
2015	15,479	20.7%	10,624	26.3%	3,979	18.9%	1,806	7.4%	0	0.0%	24,977	18.6%
2016	17,104	22.8%	9,938	24.6%	4,942	23.5%	4,851	19.8%	0	0.0%	24,515	18.2%
2017	22,352	29.8%	9,506	23.5%	6,136	29.2%	10,775	44.1%	0	0.0%	25,095	18.7%
2018	11,221	15.0%	3,509	8.7%	3,938	18.7%	6,827	27.9%	22	100.0%	11,577	8.6%
Calendar Year by Age Group 65+ Years												
2013	465	1.5%	465	2.6%	0	0.0%	0	0.0%	0	0.0%	29,664	23.0%
2014	2,923	9.2%	2,331	12.9%	627	9.5%	48	0.4%	0	0.0%	23,739	18.4%
2015	6,005	18.8%	4,563	25.3%	1,156	17.6%	671	5.8%	0	0.0%	23,363	18.1%
2016	7,064	22.1%	4,596	25.4%	1,376	20.9%	1,994	17.4%	0	0.0%	23,400	18.2%
2017	9,867	30.9%	4,420	24.5%	1,934	29.4%	5,064	44.1%	0	0.0%	24,081	18.7%
2018	5,762	18.0%	1,761	9.7%	1,434	21.8%	3,710	32.3%	0	0.0%	11,165	8.7%
Recorded History Of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
GLP-1 analog Prescription up to 365 days before index	23,091	18.7%	12,212	18.1%	6,209	19.2%	9,420	23.1%	0	0.0%	8,118	2.8%
SGLT-2i Prescription up to 365 days before index (not including day of index)	5,472	4.4%	6,566	9.7%	5,965	18.4%	6,312	15.4%	0	0.0%	7,016	2.4%
DPP-4i Prescription up to 365 days before index (not including day of index)	22,061	17.9%	12,620	18.7%	6,092	18.8%	7,331	17.9%	0	0.0%	32,090	11.1%
Thiazolidinedione Prescription up to 365 days before index	7,679	6.2%	4,667	6.9%	2,473	7.6%	2,156	5.3%	0	0.0%	15,892	5.5%
Sulfonylurea Prescription up to 365 days before index	36,510	29.6%	21,017	31.1%	9,674	29.8%	11,616	28.4%	0	0.0%	107,527	37.1%

Table 1. Baseline Characteristics for Cohort A: Medication Prescription Users in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

Recorded History Of:	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Biguanide Prescription up to 365 days before index	77,579	62.8%	42,523	62.9%	21,384	66.0%	25,640	62.8%	24	75.0%	177,380	61.2%
Short/Rapid-Acting Insulin Prescription up to 365 days before index	24,277	19.7%	13,398	19.8%	6,549	20.2%	8,424	20.6%	0	0.0%	50,521	17.4%
Long/Intermediate-Acting Insulin Prescription up to 365 days before index	35,644	28.9%	19,735	29.2%	9,387	29.0%	12,716	31.1%	12	37.5%	63,020	21.7%
Diabetes Complication (defined as either renal, neurologic, ocular or peripheral vascular) up to 365 days before index	29,067	23.5%	15,815	23.4%	7,032	21.7%	11,472	28.1%	0	0.0%	82,453	28.4%
Stroke up to 365 days before index	1,884	1.5%	956	1.4%	447	1.4%	707	1.7%	0	0.0%	8,347	2.9%
Malignancy up to 365 days before index	10,477	8.5%	5,763	8.5%	2,716	8.4%	3,621	8.9%	0	0.0%	29,484	10.2%
Acute Myocardial Infarction up to 365 days before index	1,571	1.3%	694	1.0%	335	1.0%	692	1.7%	0	0.0%	5,587	1.9%
Hypertension/Hypertensive Disorder up to 365 days before index	64,805	52.5%	35,450	52.5%	16,657	51.4%	23,710	58.0%	20	62.5%	168,464	58.1%
Hypercholesterolemia/Hyperlipidemia up to 365 days before index	59,253	48.0%	32,644	48.3%	14,619	45.1%	22,488	55.0%	15	46.9%	141,212	48.7%
Alcohol consumption up to 365 days before index	1,473	1.2%	726	1.1%	391	1.2%	511	1.3%	0	0.0%	4,416	1.5%
Chronic Kidney Disease up to 365 days before index	5,751	4.7%	3,061	4.5%	1,184	3.7%	2,543	6.2%	0	0.0%	34,540	11.9%

Table 1. Baseline Characteristics for Cohort A: Medication Prescription Users in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

Patient Vitals ^{2,3}	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<i>Body Mass Index (BMI)</i>												
BMI by Age Group 0-2 Years												
Underweight (<5th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Normal weight (5th - 85th percentile)	12	75.0%	12	75.0%	11	73.3%	0	0.0%	0	0.0%	11	64.7%
Overweight (85th - 95th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Obese (≥95th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Severely Obese (1.2*95th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BMI Missing ⁴	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BMI by Age Group 2-19 Years												
Underweight (<5th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Normal weight (5th - 85th percentile)	20	14.8%	14	17.7%	15	27.8%	0	0.0%	0	0.0%	23	10.6%
Overweight (85th - 95th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	17	7.8%
Obese (≥95th percentile)	11	8.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	34	15.6%
Severely Obese (1.2*95th percentile)	46	34.1%	14	17.7%	11	20.4%	0	0.0%	0	0.0%	73	33.5%
BMI Missing ⁴	20	14.8%	14	17.7%	0	0.0%	0	0.0%	0	0.0%	24	11.0%

Table 1. Baseline Characteristics for Cohort A: Medication Prescription Users in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
BMI by Age Group 20-44 Years												
Underweight (<18.5 kg/m ²)	15	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	89	0.3%
Normal weight (18.5 - <25 kg/m ²)	550	3.3%	304	3.4%	167	3.5%	120	2.5%	0	0.0%	1,486	5.6%
Overweight (25 - <30 kg/m ²)	1909	11.6%	957	10.6%	559	11.8%	584	12.0%	0	29.0%	3,544	13.4%
Obese (≥30 kg/m ²)	10739	65.2%	5,860	65.0%	2,974	63.0%	3,362	68.8%	0	71.0%	16,001	60.5%
BMI Missing ⁴	3222	19.6%	1,815	20.1%	940	19.9%	766	15.7%	0	0.0%	5,286	20.0%
BMI by Age Group 45-64 Years												
Underweight (<18.5 kg/m ²)	76	0.1%	37	0.1%	17	0.1%	13	0.1%	0	0.0%	420	0.3%
Normal weight (18.5 - <25 kg/m ²)	3127	4.2%	1,625	4.0%	901	4.3%	1,027	4.2%	0	0.0%	8,982	6.7%
Overweight (25 - <30 kg/m ²)	12255	16.4%	6,324	15.7%	3,594	17.1%	4,258	17.4%	0	0.0%	25,926	19.3%
Obese (≥30 kg/m ²)	43718	58.3%	23,589	58.4%	11,840	56.3%	14,976	61.2%	14	64%	69,509	51.7%
BMI Missing ⁴	15727	21.0%	8,757	21.7%	4,624	22.0%	4,155	17.0%	0	0.0%	29,518	22.0%
BMI by Age Group 65+ Years												
Underweight (<18.5 kg/m ²)	54	0.2%	32	0.2%	0	0.0%	0	0.0%	0	0.0%	814	0.6%
Normal weight (18.5 - <25 kg/m ²)	2,344	7.3%	1,264	7.0%	534	8.1%	887	7.7%	0	0.0%	15,352	11.9%
Overweight (25 - <30 kg/m ²)	7,232	22.6%	3,928	21.7%	1,522	23.1%	2,787	24.3%	0	0.0%	31,846	24.7%
Obese (≥30 kg/m ²)	14,960	46.8%	8,476	46.9%	2,936	44.6%	5,599	48.7%	0	0.0%	47,161	36.6%
BMI Missing ⁴	7,324	22.9%	4,334	24.0%	1,534	23.3%	2,177	19.0%	0	0.0%	33,568	26.1%

Table 1. Baseline Characteristics for Cohort A: Medication Prescription Users in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<i>Smoking Status</i>												
Smoking (Overall)												
Current every day smoker	5,407	4.4%	3,049	4.5%	1,194	3.7%	1,858	4.5%	0	0.0%	12,571	4.3%
Current some day smoker	2,495	2.0%	1,452	2.1%	936	2.9%	360	0.9%	0	0.0%	5,840	2.0%
Former smoker	17,942	14.5%	10,012	14.8%	3,899	12.0%	6,918	16.9%	0	0.0%	40,618	14.0%
Never smoker	32,800	26.6%	18,068	26.7%	8,096	25.0%	11,603	28.4%	0	0.0%	72,784	25.1%
Smoker, current status unknown	1,507	1.2%	828	1.2%	370	1.1%	535	1.3%	0	0.0%	4,422	1.5%
Unknown if ever smoked	5,688	4.6%	3,245	4.8%	1,382	4.3%	2,008	4.9%	0	0.0%	19,323	6.7%
Heavy tobacco smoker	233	0.2%	112	0.2%	35	0.1%	93	0.2%	0	0.0%	656	0.2%
Light tobacco smoker	434	0.4%	199	0.3%	70	0.2%	158	0.4%	0	0.0%	966	0.3%
All Other smoking Values	27,849	22.5%	14,847	22.0%	7,754	23.9%	8,758	21.4%	0	0.0%	53,395	18.4%
Smoking Missing ⁴	29,108	23.6%	15,671	23.2%	8,589	26.5%	8,481	20.8%	0	0.0%	79,201	27.3%
Smoking by Race (Black or African American)												
Current every day smoker	720	4.2%	422	4.6%	139	3.0%	225	4.0%	0	0.0%	2,212	4.4%
Current some day smoker	144	0.8%	84	0.9%	32	0.7%	43	0.8%	0	0.0%	530	1.1%
Former smoker	1,744	10.2%	944	10.3%	408	8.9%	711	12.5%	0	0.0%	4,994	9.9%
Never smoker	4,480	26.3%	2,529	27.5%	1,245	27.2%	1,385	24.3%	0	0.0%	11,262	22.4%
Smoker, current status unknown	286	1.7%	147	1.6%	84	1.8%	90	1.6%	0	0.0%	1,023	2.0%
Unknown if ever smoked	1,220	7.2%	677	7.4%	334	7.3%	423	7.4%	0	0.0%	4,837	9.6%
Heavy tobacco smoker	26	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	103	0.2%
Light tobacco smoker	60	0.4%	29	0.3%	0	0.0%	31	0.5%	0	0.0%	248	0.5%
All Other Smoking Values	4,705	27.6%	2,421	26.3%	1,244	27.2%	1,563	27.4%	0	0.0%	10,551	21.0%
Smoking Missing ⁴	3,554	20.9%	1,824	19.9%	1,005	22.0%	1,139	20.0%	0	0.0%	14,408	28.7%

Table 1. Baseline Characteristics for Cohort A: Medication Prescription Users in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Race (White)												
Current every day smoker	4,342	4.8%	2,425	4.9%	971	4.1%	1,488	5.0%	0	0.0%	9,353	4.9%
Current some day smoker	2,140	2.4%	1,247	2.5%	817	3.4%	250	0.8%	0	0.0%	4,767	2.5%
Former smoker	14,982	16.6%	8,405	16.9%	3,198	13.4%	5,763	19.4%	0	0.0%	32,747	17.3%
Never smoker	24,956	27.6%	13,774	27.7%	5,959	25.0%	8,989	30.3%	0	0.0%	52,620	27.8%
Smoker, current status unknown	796	0.9%	421	0.8%	217	0.9%	272	0.9%	0	0.0%	1,700	0.9%
Unknown if ever smoked	2,179	2.4%	1,190	2.4%	635	2.7%	723	2.4%	0	0.0%	5,360	2.8%
Heavy tobacco smoker	184	0.2%	92	0.2%	21	0.1%	78	0.3%	0	0.0%	493	0.3%
Light tobacco smoker	314	0.3%	139	0.3%	47	0.2%	112	0.4%	0	0.0%	583	0.3%
All Other Smoking Values	20,027	22.1%	10,764	21.6%	5,587	23.5%	6,263	21.1%	0	0.0%	36,274	19.2%
Smoking Missing ⁴	20,526	22.7%	11,201	22.5%	6,255	26.3%	5,659	19.1%	0	0.0%	45,413	24.0%
Smoking by Race (American Indian or Alaska Native)												
Current every day smoker	17	3.6%	13	5.6%	0	0.0%	0	0.0%	0	0.0%	66	5.2%
Current some day smoker	0	1.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	37	2.9%
Former smoker	49	10.5%	22	9.4%	0	0.0%	12	12.2%	0	0.0%	135	10.6%
Never smoker	77	16.5%	27	11.5%	16	14.5%	30	30.6%	0	0.0%	273	21.5%
Smoker, current status unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown if ever smoked	12	2.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	53	4.2%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	124	26.5%	66	28.2%	36	32.7%	28	28.6%	0	0.0%	248	19.5%
Smoking Missing ⁴	79	16.9%	41	17.5%	23	20.9%	12	12.2%	0	0.0%	341	26.8%

Table 1. Baseline Characteristics for Cohort A: Medication Prescription Users in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Race (Asian)												
Current every day smoker	35	1.2%	20	1.3%	0	0.0%	13	1.2%	0	0.0%	133	1.6%
Current some day smoker	24	0.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	95	1.1%
Former smoker	178	6.0%	84	5.5%	18	2.4%	60	5.4%	0	0.0%	562	6.7%
Never smoker	835	28.3%	452	29.6%	190	25.3%	315	28.4%	0	0.0%	2,557	30.3%
Smoker, current status unknown	46	1.6%	20	1.3%	0	1.0%	20	1.8%	0	0.0%	118	1.4%
Unknown if ever smoked	234	7.9%	131	8.6%	49	6.5%	104	9.4%	0	0.0%	773	9.2%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	658	22.3%	323	21.1%	183	24.3%	230	20.8%	0	0.0%	1,606	19.0%
Smoking Missing ⁴	858	29.1%	427	27.9%	244	32.4%	304	27.4%	0	0.0%	2,473	29.3%
Smoking by Race (Native Hawaiian or Other Pacific Islander)												
Current every day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	30	3.3%
Current some day smoker	29	8.9%	20	11.5%	12	13.5%	0	0.0%	0	0.0%	66	7.2%
Former smoker	14	4.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	59	6.5%
Never smoker	103	31.7%	35	20.1%	22	24.7%	54	55.1%	0	0.0%	233	25.5%
Smoker, current status unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown if ever smoked	17	5.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	81	8.9%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	37	11.4%	13	0.0%	0	0.0%	0	0.0%	0	0.0%	69	7.6%
Smoking Missing ⁴	81	24.9%	46	26.4%	36	40.4%	0	0.0%	0	0.0%	290	31.8%

Table 1. Baseline Characteristics for Cohort A: Medication Prescription Users in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Race (Multiple Race)												
Current every day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	23	1.2%
Current some day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Former smoker	28	3.9%	11	3.1%	14	6.4%	0	0.0%	0	0.0%	49	2.5%
Never smoker	105	14.6%	49	13.8%	49	22.3%	28	11.6%	0	0.0%	269	13.5%
Smoker, current status unknown	17	2.4%	0	3.0%	0	1.0%	0	0.0%	0	0.0%	42	2.1%
Unknown if ever smoked	88	12.2%	53	14.9%	21	9.5%	36	14.9%	0	0.0%	307	15.4%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	211	29.3%	115	32.3%	64	29.1%	57	23.6%	0	0.0%	391	19.6%
Smoking Missing ⁴	233	32.3%	109	30.6%	63	28.6%	90	37.2%	0	0.0%	879	44.1%
Smoking by Race (Refuse to Answer)												
Current every day smoker	24	1.4%	12	1.2%	0	0.0%	0	0.0%	0	0.0%	45	0.8%
Current some day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	13	0.2%
Former smoker	127	7.3%	64	6.6%	34	8.3%	37	7.0%	0	0.0%	240	4.2%
Never smoker	407	23.4%	216	22.2%	80	19.4%	126	24.0%	0	0.0%	1,070	18.8%
Smoker, current status unknown	33	1.9%	23	2.4%	0	0.0%	0	2.0%	0	0.0%	192	3.4%
Unknown if ever smoked	270	15.5%	169	17.4%	51	12.4%	89	17.0%	0	0.0%	1,287	22.6%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	336	19.3%	170	17.5%	86	20.9%	77	14.7%	0	0.0%	516	9.0%
Smoking Missing ⁴	490	28.1%	263	27.1%	117	28.4%	139	26.5%	0	0.0%	2,270	39.8%

Table 1. Baseline Characteristics for Cohort A: Medication Prescription Users in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Race (All Other CDM Values or Missing)												
Current every day smoker	195	2.0%	78	1.5%	13	0.6%	48	1.4%	0	0.0%	608	1.9%
Current some day smoker	69	0.7%	37	0.7%	21	0.9%	23	0.7%	0	0.0%	240	0.8%
Former smoker	702	7.2%	362	6.8%	129	5.5%	213	6.4%	0	0.0%	1,745	5.5%
Never smoker	1,783	18.3%	913	17.2%	478	20.3%	631	18.9%	0	0.0%	4,448	14.0%
Smoker, current status unknown	312	3.2%	189	3.6%	49	2.1%	125	3.8%	0	0.0%	1,307	4.1%
Unknown if ever smoked	1,668	17.2%	1,016	19.2%	286	12.2%	615	18.5%	0	0.0%	6,593	20.7%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	2	0.1%	0	0.0%	19	0.1%
Light tobacco smoker	17	0.2%	0	0.0%	0	0.0%	8	0.2%	0	0.0%	48	0.2%
All Other Smoking Values	1,696	17.4%	877	16.5%	480	20.4%	473	14.2%	0	0.0%	3,674	11.5%
Smoking Missing ⁴	3,202	32.9%	1,704	32.1%	800	34.1%	1,072	32.2%	0	0.0%	13,052	41.0%
Smoking by Sex (Female)												
Current every day smoker	2,631	4.5%	1,492	4.6%	537	3.4%	915	4.9%	0	0.0%	6,176	4.2%
Current some day smoker	1,078	1.8%	617	1.9%	389	2.5%	102	0.5%	0	0.0%	2,789	1.9%
Former smoker	7,133	12.1%	4,024	12.4%	1,571	10.0%	2,655	14.2%	0	0.0%	16,411	11.2%
Never smoker	17,167	29.2%	9,456	29.0%	4,339	27.7%	5,913	31.6%	0	0.0%	42,022	28.7%
Smoker, current status unknown	639	1.1%	363	1.1%	151	1.0%	217	1.2%	0	0.0%	1,933	1.3%
Unknown if ever smoked	3,043	5.2%	1,784	5.5%	735	4.7%	1,045	5.6%	0	0.0%	10,583	7.2%
Heavy tobacco smoker	95	0.2%	51	0.2%	0	0.0%	40	0.2%	0	0.0%	283	0.2%
Light tobacco smoker	170	0.3%	85	0.3%	21	0.1%	72	0.4%	0	0.0%	448	0.3%
All Other Smoking Values	13,654	23.2%	7,401	22.7%	3,892	24.9%	4,026	21.5%	0	0.0%	26,780	18.3%
Smoking Missing ⁴	13,182	22.4%	7,220	22.2%	3,903	25.0%	3,629	19.4%	0	0.0%	39,040	26.6%

Table 1. Baseline Characteristics for Cohort A: Medication Prescription Users in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Sex (Male)												
Current every day smoker	2,776	4.3%	1,557	4.4%	649	3.9%	920	4.2%	0	0.0%	6,395	4.5%
Current some day smoker	1,410	2.2%	804	2.3%	525	3.1%	211	1.0%	0	0.0%	3,051	2.1%
Former smoker	10,809	16.7%	5,988	17.1%	2,328	13.9%	4,263	19.2%	0	0.0%	24,207	16.9%
Never smoker	15,632	24.2%	8,612	24.6%	3,757	22.4%	5,689	25.7%	0	0.0%	30,759	21.5%
Smoker, current status unknown	867	1.3%	465	1.3%	219	1.3%	313	1.4%	0	0.0%	2,482	1.7%
Unknown if ever smoked	2,628	4.1%	1,461	4.2%	647	3.9%	963	4.3%	0	0.0%	8,728	6.1%
Heavy tobacco smoker	127	0.2%	61	0.2%	16	0.1%	53	0.2%	0	0.0%	359	0.3%
Light tobacco smoker	244	0.4%	101	0.3%	45	0.3%	86	0.4%	0	0.0%	486	0.3%
All Other Smoking Values	14,191	21.9%	7,446	21.3%	3,832	22.8%	4,732	21.4%	0	0.0%	26,612	18.6%
Smoking Missing ⁴	15,907	24.6%	8,451	24.1%	4,678	27.9%	4,842	21.8%	0	0.0%	40,158	28.0%
Smoking by Sex (Ambiguous)												
Current every day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Current some day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Former smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Never smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Smoker, current status unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown if ever smoked	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Smoking Missing ⁴	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Table 1. Baseline Characteristics for Cohort A: Medication Prescription Users in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Sex (All Other CDM Values or Missing)												
Current every day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Current some day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Former smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Never smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Smoker, current status unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown if ever smoked	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Smoking Missing ⁴	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

¹All metrics are based on total number of patients meeting cohort criteria.

²For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³All percentages in the Patient Vitals section of the report are based on the total number within a given vital/demographic strata. For example, the percentage of patients age 20-44 years with a normal BMI is based on the total number of patients age 20-44 years

⁴Vital record missingness is limited to the time period around the health event of interest in which vital measures are assessed and does not reflect the entire patient history.

NOTE: Zeroes in the report may represent true zeroes or may have been applied during low cell count masking. Discrepancies in percentages and sum totals across stratifications are a reflection of this cell count masking.

Table 2. Baseline Characteristics of Cohort B: Medication Prescription and an HbA1c Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

Characteristic ¹	Any SGLT-2 Inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent of Cohort A	Number	Percent of Cohort A	Number	Percent of Cohort A	Number	Percent of Cohort A	Number	Percent of Cohort A	Number	Percent of Cohort A
Number of Unique Patients	68,852	55.7%	37,519	55.5%	17,925	55.3%	24,202	59.2%	23	71.9%	176,287	60.8%
Demographics	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age (Years) ¹												
0-<2	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2-<20	45	0.1%	24	0.1%	11	0.1%	12	0.0%	0	0.0%	100	0.1%
20-44	9,911	14.4%	5,409	14.4%	2,847	15.9%	3,056	12.6%	0	0.0%	17,766	10.1%
45-64	42,172	61.3%	22,745	60.6%	11,692	65.2%	14,590	60.3%	16	69.6%	85,948	48.8%
65+	16,689	24.2%	9,314	24.8%	3,367	18.8%	6,537	27.0%	0	0.0%	72,450	41.1%
Sex												
Female	32,973	47.9%	18,175	48.4%	8,636	48.2%	11,191	46.2%	0	0.0%	90,441	51.3%
Male	35,876	52.1%	19,344	51.6%	9,287	51.8%	13,010	53.8%	15	65.2%	85,842	48.7%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Hispanic												
Yes	7,992	11.6%	3,829	10.2%	2,960	16.5%	2,415	10.0%	0	0.0%	23,897	13.6%
No	57,960	84.2%	32,162	85.7%	14,258	79.5%	20,685	85.5%	15	65.0%	143,547	81.4%
Refuse to Answer	456	0.7%	218	0.6%	122	0.7%	147	0.6%	0	0.0%	1,125	0.6%
Other/Missing	2,433	3.5%	1,278	3.4%	530	3.0%	918	3.8%	0	0.0%	7,701	4.4%
Race												
American Indian or Alaska Native	251	0.4%	108	0.3%	61	0.3%	70	0.3%	0	0.0%	786	0.4%
Asian	1,685	2.4%	891	2.4%	379	2.1%	652	2.7%	0	0.0%	5,174	2.9%
Black or African American	10,013	14.5%	5,504	14.7%	2,554	14.2%	3,493	14.4%	0	0.0%	32,355	18.4%
Multiple Race	358	0.5%	173	0.5%	116	0.6%	113	0.5%	0	0.0%	1,093	0.6%
Native Hawaiian or Other Pacific Islander	246	0.4%	125	0.3%	73	0.4%	84	0.3%	0	0.0%	679	0.4%
Other/Missing	5,265	7.6%	2,878	7.7%	1,194	6.7%	1,962	8.1%	0	0.0%	19,537	11.1%
Refuse to Answer	848	1.2%	477	1.3%	157	0.9%	245	1.0%	0	0.0%	3,680	2.1%
White	50,125	72.8%	27,278	72.7%	13,285	74.1%	17,492	72.3%	15	65.0%	112,917	64.1%

Table 2. Baseline Characteristics of Cohort B: Medication Prescription and an HbA1c Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 Inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Sex by Age Group 0-2 Years												
Female	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Male	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sex by Age Group 2-19 Years												
Female	26	57.0%	14	58.0%	0	0.0%	0	0.0%	0	0.0%	89	89.0%
Male	20	44.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	37	37.0%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sex by Age Group 20-44 Years												
Female	5,151	52.0%	2,834	52.4%	1,428	50.2%	1,541	50.4%	0	33.0%	9,887	55.7%
Male	4,818	48.6%	2,598	48.0%	1,371	48.2%	1,535	50.2%	0	67.0%	8,805	49.6%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sex by Age Group 45-64 Years												
Female	20,111	47.7%	10,885	47.9%	5,568	47.6%	6,807	46.7%	0	38.0%	45,241	52.6%
Male	22,286	52.8%	11,975	52.6%	6,165	52.7%	7,851	53.8%	0	63.0%	45,483	52.9%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sex by Age Group 65+ Years												
Female	7,828	46.9%	4,501	48.3%	1,601	47.5%	2,879	44.0%	0	0.0%	40,307	55.6%
Male	8,958	53.7%	4,878	52.4%	1,741	51.7%	3,684	56.4%	0	0.0%	36,796	50.8%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Table 2. Baseline Characteristics of Cohort B: Medication Prescription and an HbA1c Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 Inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Year of First Index Event												
2013	897	1.3%	897	2.4%	0	0.0%	0	0.0%	0	0.0%	37,042	21.0%
2014	6,815	9.9%	4,984	13.3%	1,875	10.5%	178	0.7%	0	0.0%	29,197	16.6%
2015	12,919	18.8%	9,265	24.7%	3,177	17.7%	1,418	5.9%	0	0.0%	30,907	17.5%
2016	15,212	22.1%	9,355	24.9%	3,930	21.9%	4,419	18.3%	0	0.0%	31,539	17.9%
2017	21,126	30.7%	9,158	24.4%	5,187	28.9%	10,823	44.7%	0	0.0%	32,164	18.2%
2018	11,863	17.2%	3,840	10.2%	3,721	20.8%	7,332	30.3%	23	100.0%	15,438	8.8%
Calendar Year by Age Group 0-2 Years												
2013	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2014	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2015	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2016	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2017	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2018	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Calendar Year by Age Group 2-19 Years												
2013	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	14	14.0%
2014	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2015	11	24.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	16	16.0%
2016	12	27.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	18	18.0%
2017	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	19	19.0%
2018	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Calendar Year by Age Group 20-44 Years												
2013	100	1.0%	100	1.8%	0	0.0%	0	0.0%	0	0.0%	3,325	18.7%
2014	1,021	10.3%	694	12.8%	330	11.6%	21	0.7%	0	0.0%	3,041	17.1%
2015	1,913	19.3%	1,322	24.4%	511	17.9%	178	5.8%	0	0.0%	3,386	19.1%
2016	2,197	22.2%	1,347	24.9%	565	19.8%	556	18.2%	0	0.0%	3,497	19.7%
2017	3,020	30.5%	1,347	24.9%	802	28.2%	1,352	44.2%	0	0.0%	3,719	20.9%
2018	1,679	16.9%	558	10.3%	527	18.5%	898	29.4%	0	0.0%	1,679	9.5%

Table 2. Baseline Characteristics of Cohort B: Medication Prescription and an HbA1c Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 Inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Calendar Year by Age Group 45-64 Years												
2013	562	1.3%	562	2.5%	0	0.0%	0	0.0%	0	0.0%	18,637	21.7%
2014	4,278	10.1%	3,092	13.6%	1,194	10.2%	111	0.8%	0	0.0%	15,146	17.6%
2015	8,165	19.4%	5,704	25.1%	2,144	18.3%	889	6.1%	0	0.0%	16,383	19.1%
2016	9,485	22.5%	5,680	25.0%	2,650	22.7%	2,758	18.9%	0	0.0%	16,339	19.0%
2017	12,881	30.5%	5,537	24.3%	3,344	28.6%	6,556	44.9%	0	0.0%	16,486	19.2%
2018	6,995	16.6%	2,263	9.9%	2,337	20.0%	4,309	29.5%	16	100.0%	7,724	9.0%
Calendar Year by Age Group 65+ Years												
2013	207	1.2%	207	2.2%	0	0.0%	0	0.0%	0	0.0%	16,761	23.1%
2014	1,497	9.0%	1,173	12.6%	320	9.5%	35	0.5%	0	0.0%	12,914	17.8%
2015	2,849	17.1%	2,243	24.1%	480	14.3%	291	4.5%	0	0.0%	13,202	18.2%
2016	3,584	21.5%	2,345	25.2%	677	20.1%	1,055	16.14%	0	0.0%	13,597	18.8%
2017	5,351	32.1%	2,336	25.1%	998	29.6%	2,932	44.85%	0	0.0%	13,978	19.3%
2018	3,272	19.6%	1,017	10.9%	788	23.4%	2,164	33.10%	0	0.0%	6,640	9.2%
Recorded History Of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
GLP-1 analog Prescription up to 365 days before index	14,471	21.0%	7,649	20.4%	3,915	21.8%	6,099	25.2%	0	0.0%	5,684	3.2%
SGLT-2i Prescription up to 365 days before index (not including day of index)	7,765	11.3%	6,659	17.7%	4,767	26.6%	5,228	21.6%	0	0.0%	4,889	2.8%
DPP-4i Prescription up to 365 days before index (not including day of index)	15,040	21.8%	8,553	22.8%	3,925	21.9%	5,149	21.3%	0	0.0%	41,389	23.5%
Thiazolidinedione Prescription up to 365 days before index	4,532	6.6%	2,693	7.2%	1,326	7.4%	1,366	5.6%	0	0.0%	10,052	5.7%
Sulfonylurea Prescription up to 365 days before index	23,998	34.9%	13,656	36.4%	6,212	34.7%	8,000	33.1%	0	0.0%	74,422	42.2%
Biguanide Prescription up to 365 days before index	48,184	70.0%	26,243	69.9%	13,027	72.7%	16,968	70.1%	21	91.3%	116,836	66.3%

Table 2. Baseline Characteristics of Cohort B: Medication Prescription and an HbA1c Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 Inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Short/Rapid-Acting Insulin Prescription up to 365 days before index	15,715	22.8%	8,341	22.2%	4,186	23.4%	5,669	23.4%	0	0.0%	36,936	21.0%
Long/Intermediate-Acting Insulin Prescription up to 365 days before index	22,765	33.1%	12,401	33.1%	5,851	32.6%	8,441	34.9%	0	0.0%	44,759	25.4%
Diabetes Complication (defined as either renal, neurologic, ocular or peripheral vascular) up to 365 days before index	20,828	30.3%	11,203	29.9%	4,939	27.6%	8,279	34.2%	0	0.0%	63,841	36.2%
Stroke up to 365 days before index	1,260	1.8%	620	1.7%	284	1.6%	480	2.0%	0	0.0%	6,467	3.7%
Malignancy up to 365 days before index	5,171	7.5%	2,696	7.2%	1,216	6.8%	2,016	8.3%	0	0.0%	16,818	9.5%
Acute Myocardial Infarction up to 365 days before index	1,130	1.6%	483	1.3%	212	1.2%	484	2.0%	0	0.0%	4,425	2.5%
Hypertension/Hypertensive Disorder up to 365 days before index	46,188	67.1%	25,190	67.1%	11,680	65.2%	16,899	69.8%	16	69.6%	126,958	72.0%
Hypercholesterolemia/Hyperlipidemia up to 365 days before index	43,747	63.5%	24,141	64.3%	10,520	58.7%	16,447	68.0%	13	56.5%	111,286	63.1%
Alcohol consumption up to 365 days before index	1,109	1.6%	563	1.5%	282	1.6%	374	1.5%	0	0.0%	3,568	2.0%
Chronic Kidney Disease up to 365 days before index	4,493	6.5%	2,324	6.2%	834	4.7%	2,010	8.3%	0	0.0%	27,528	15.6%

Table 2. Baseline Characteristics of Cohort B: Medication Prescription and an HbA1c Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

Patient Vitals ^{2,3}	Any SGLT-2 Inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<i>Body Mass Index (BMI)</i>												
BMI by Age Group 0-2 Years												
Underweight (<5th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Normal weight (5th - 85th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Overweight (85th - 95th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Obese (≥95th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Severely Obese (1.2*95th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BMI Missing ⁴	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BMI by Age Group 2-19 years:												
Underweight (<5th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Normal weight (5th - 85th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Overweight (85th - 95th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Obese (≥95th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	19	19.0%
Severely Obese (1.2*95th percentile)	22	48.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	46	46.0%
BMI Missing ⁴	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Table 2. Baseline Characteristics of Cohort B: Medication Prescription and an HbA1c Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 Inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
BMI by Age Group 20-44 Years												
Underweight (<18.5 kg/m ²)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	73	0.4%
Normal weight (18.5 - <25 kg/m ²)	322	3.2%	161	3.0%	92	3.2%	71	2.3%	0	0.0%	1,072	6.0%
Overweight (25 - <30 kg/m ²)	1,199	12.1%	591	10.9%	345	12.1%	351	11.5%	0	0.0%	2,595	14.6%
Obese (≥30 kg/m ²)	6,902	69.6%	3,736	69.1%	1,919	67.4%	2,226	72.8%	0	0.0%	11,566	65.1%
BMI Missing ⁴	1,410	14.2%	830	15.3%	405	14.2%	319	10.4%	0	0.0%	2,435	13.7%
BMI by Age Group 45-64 Years												
Underweight (<18.5 kg/m ²)	40	0.1%	25	0.1%	11	0.1%	12	0.1%	0	0.0%	260	0.3%
Normal weight (18.5 - <25 kg/m ²)	1,843	4.4%	924	4.1%	542	4.6%	612	4.2%	0	0.0%	6,306	7.3%
Overweight (25 - <30 kg/m ²)	7,409	17.6%	3,788	16.7%	2,139	18.3%	2,693	18.5%	0	0.0%	18,283	21.3%
Obese (≥30 kg/m ²)	26,888	63.8%	14,395	63.3%	7,204	61.6%	9,589	65.7%	11	68.8%	48,944	56.9%
BMI Missing ⁴	5,953	14.1%	3,580	15.7%	1,718	14.7%	1,638	11.2%	0	0.0%	12,113	14.1%
BMI by Age Group 65+ Years												
Underweight (<18.5 kg/m ²)	24	0.1%	13	0.1%	0	0.0%	0	0.0%	0	0.0%	492	0.7%
Normal weight (18.5 - <25 kg/m ²)	1,305	7.8%	691	7.4%	268	8.0%	506	7.7%	0	0.0%	9,680	13.4%
Overweight (25 - <30 kg/m ²)	4,067	24.4%	2,155	23.1%	817	24.3%	1,688	25.8%	0	0.0%	20,205	27.9%
Obese (≥30 kg/m ²)	8,832	52.9%	4,911	52.7%	1,692	50.3%	3,523	53.9%	0	0.0%	30,679	42.3%
BMI Missing ⁴	2,424	14.5%	1,503	16.1%	528	15.7%	749	11.5%	0	0.0%	11,348	15.7%

Table 2. Baseline Characteristics of Cohort B: Medication Prescription and an HbA1c Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 Inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<i>Smoking Status</i>												
Smoking (Overall)												
Current every day smoker	3,532	5.1%	1,969	5.2%	734	4.1%	1,334	5.5%	0	0.0%	8,766	5.0%
Current some day smoker	1,448	2.1%	875	2.3%	522	2.9%	223	0.9%	0	0.0%	3,371	1.9%
Former smoker	11,578	16.8%	6,304	16.8%	2,374	13.2%	4,861	20.1%	0	0.0%	27,561	15.6%
Never smoker	21,080	30.6%	11,452	30.5%	5,145	28.7%	8,022	33.1%	0	0.0%	50,407	28.6%
Smoker, current status unknown	1,235	1.8%	691	1.8%	307	1.7%	441	1.8%	0	0.0%	3,564	2.0%
Unknown if ever smoked	4,418	6.4%	2,554	6.8%	1,069	6.0%	1,536	6.3%	0	0.0%	15,064	8.5%
Heavy tobacco smoker	103	0.1%	56	0.1%	0	0.0%	49	0.2%	0	0.0%	385	0.2%
Light tobacco smoker	237	0.3%	104	0.3%	28	0.2%	94	0.4%	0	0.0%	575	0.3%
All Other Smoking Values	11,103	16.1%	5,776	15.4%	3,213	17.9%	3,577	14.8%	0	0.0%	25,271	14.3%
Smoking Missing ⁴	14,047	20.4%	7,681	20.5%	4,434	24.7%	3,993	16.5%	0	0.0%	41,253	23.4%
Smoking by Race (Black or African American)												
Current every day smoker	500	5.0%	288	5.2%	101	4.0%	178	5.1%	0	0.0%	1,602	5.0%
Current some day smoker	109	1.1%	48	0.9%	13	0.5%	32	0.9%	0	0.0%	338	1.0%
Former smoker	1,207	12.1%	623	11.3%	245	9.6%	522	14.9%	0	0.0%	3,441	10.6%
Never smoker	3,113	31.1%	1,783	32.4%	831	32.5%	968	27.7%	0	0.0%	8,096	25.0%
Smoker, current status unknown	241	2.4%	123	2.2%	74	2.9%	74	2.1%	0	0.0%	896	2.8%
Unknown if ever smoked	1,042	10.4%	591	10.7%	267	10.5%	356	10.2%	0	0.0%	4,199	13.0%
Heavy tobacco smoker	17	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	69	0.2%
Light tobacco smoker	40	0.4%	19	0.3%	0	0.0%	21	0.6%	0	0.0%	164	0.5%
All Other Smoking Values	1,841	18.4%	989	18.0%	449	17.6%	627	18.0%	0	0.0%	5,011	15.5%
Smoking Missing ⁴	1,832	18.3%	940	17.1%	475	18.6%	628	18.0%	0	0.0%	8,474	26.2%

Table 2. Baseline Characteristics of Cohort B: Medication Prescription and an HbA1c Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 Inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Race (White)												
Current every day smoker	2,801	5.6%	1,557	5.7%	581	4.4%	1,058	6.0%	0	0.0%	6,566	5.8%
Current some day smoker	1,210	2.4%	723	2.7%	461	3.5%	156	0.9%	0	0.0%	2,713	2.4%
Former smoker	9,603	19.2%	5,250	19.2%	1,941	14.6%	4,032	23.1%	0	0.0%	22,374	19.8%
Never smoker	15,833	31.6%	8,613	31.6%	3,732	28.1%	6,181	35.3%	0	0.0%	36,540	32.4%
Smoker, current status unknown	644	1.3%	361	1.3%	174	1.3%	215	1.2%	0	0.0%	1,337	1.2%
Unknown if ever smoked	1,647	3.3%	918	3.4%	503	3.8%	532	3.0%	0	0.0%	3,880	3.4%
Heavy tobacco smoker	83	0.2%	45	0.2%	0	0.0%	41	0.2%	0	0.0%	285	0.3%
Light tobacco smoker	164	0.3%	76	0.3%	21	0.2%	68	0.4%	0	0.0%	362	0.3%
All Other Smoking Values	8,105	16.2%	4,172	15.3%	2,433	18.3%	2,596	14.8%	0	0.0%	17,469	15.5%
Smoking Missing ⁴	9,961	19.9%	5,500	20.2%	3,353	25.2%	2,557	14.6%	0	0.0%	21,332	18.9%
Smoking by Race (American Indian or Alaska Native)												
Current every day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	44	5.6%
Current some day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	19	2.4%
Former smoker	27	10.8%	14	13.0%	0	0.0%	0	0.0%	0	0.0%	74	9.4%
Never smoker	66	26.3%	21	19.4%	14	23.0%	27	38.6%	0	0.0%	193	24.6%
Smoker, current status unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown if ever smoked	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	48	6.1%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	42	16.7%	20	18.5%	17	27.9%	11	15.7%	0	0.0%	74	9.4%
Smoking Missing ⁴	41	16.3%	23	21.3%	0	0.0%	0	0.0%	0	0.0%	211	26.8%

Table 2. Baseline Characteristics of Cohort B: Medication Prescription and an HbA1c Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 Inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Race (Asian)												
Current every day smoker	27	1.6%	16	1.8%	0	1.0%	0	1.0%	0	0.0%	84	1.6%
Current some day smoker	16	0.9%	0	0.0%	0	0.0%	0	1.0%	0	0.0%	61	1.2%
Former smoker	98	5.8%	44	4.9%	15	4.0%	36	5.5%	0	0.0%	369	7.1%
Never smoker	517	30.7%	259	29.1%	75	19.8%	185	28.4%	0	0.0%	1,782	34.4%
Smoker, current status unknown	36	2.1%	17	1.9%	0	2.0%	14	2.1%	0	0.0%	92	1.8%
Unknown if ever smoked	192	11.4%	110	12.3%	37	9.8%	81	12.4%	0	0.0%	596	11.5%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	269	16.0%	137	15.4%	61	16.1%	90	13.8%	0	0.0%	731	14.1%
Smoking Missing ⁴	452	26.8%	226	25.4%	108	28.5%	147	22.5%	0	0.0%	1,354	26.2%
Smoking by Race (Native Hawaiian or Other Pacific Islander)												
Current every day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	27	4.0%
Current some day smoker	21	8.5%	15	12.0%	0	0.0%	0	0.0%	0	0.0%	45	6.6%
Former smoker	13	5.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	36	5.3%
Never smoker	87	35.4%	26	20.8%	20	27.4%	49	58.3%	0	0.0%	212	31.2%
Smoker, current status unknown	0	3.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	11	1.6%
Unknown if ever smoked	15	6.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	65	9.6%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	0	4.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	21	3.1%
Smoking Missing ⁴	68	27.6%	39	31.2%	31	42.5%	0	0.0%	0	0.0%	228	33.6%

Table 2. Baseline Characteristics of Cohort B: Medication Prescription and an HbA1c Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 Inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Race (Multiple Race)												
Current every day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0%	14	1.3%
Current some day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0%	0	0.0%
Former smoker	20	5.6%	0	0.0%	12	10.3%	0	0.0%	0	0%	38	3.5%
Never smoker	79	22.1%	35	20.2%	36	31.0%	25	22.1%	0	0%	212	19.4%
Smoker, current status unknown	15	4.2%	0	0.0%	0	0.0%	0	0.0%	0	0%	31	2.8%
Unknown if ever smoked	67	18.7%	41	23.7%	18	15.5%	25	22.1%	0	0%	234	21.4%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0%	0	0.0%
All Other Smoking Values	76	21.2%	39	22.5%	32	27.6%	18	15.9%	0	0%	173	15.8%
Smoking Missing ⁴	66	18.4%	38	22.0%	13	11.2%	31	27.4%	0	0%	350	32.0%
Smoking by Race (Refuse to Answer)												
Current every day smoker	13	1.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	31	0.8%
Current some day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Former smoker	56	6.6%	34	7.1%	18	11.5%	16	6.5%	0	0.0%	104	2.8%
Never smoker	225	26.5%	117	24.5%	45	28.7%	72	29.4%	0	0.0%	734	19.9%
Smoker, current status unknown	23	2.7%	17	3.6%	0	0.0%	0	0.0%	0	0.0%	150	4.1%
Unknown if ever smoked	199	23.5%	119	24.9%	40	25.5%	69	28.2%	0	0.0%	970	26.4%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	105	12.4%	59	12.4%	28	17.8%	27	11.0%	0	0.0%	210	5.7%
Smoking Missing ⁴	165	19.5%	111	23.3%	21	13.4%	48	19.6%	0	0.0%	1,409	38.3%

Table 2. Baseline Characteristics of Cohort B: Medication Prescription and an HbA1c Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 Inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Race (All Other CDM Values or Missing)												
Current every day smoker	118	2.2%	37	1.3%	0	0.0%	37	1.9%	0	0.0%	303	1.6%
Current some day smoker	40	0.8%	12	0.4%	0	0.0%	18	0.9%	0	0.0%	114	0.6%
Former smoker	412	7.8%	230	8.0%	55	4.6%	152	7.7%	0	0.0%	999	5.1%
Never smoker	1,106	21.0%	508	17.7%	301	25.2%	425	21.7%	0	0.0%	2,581	13.2%
Smoker, current status unknown	251	4.8%	152	5.3%	41	3.4%	103	5.2%	0	0.0%	1,022	5.2%
Unknown if ever smoked	1,247	23.7%	768	26.7%	200	16.8%	456	23.2%	0	0.0%	5,068	25.9%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	19	0.1%
All Other Smoking Values	590	11.2%	297	10.3%	162	13.6%	182	9.3%	0	0.0%	1,502	7.7%
Smoking Missing ⁴	1,394	26.5%	742	25.8%	333	27.9%	501	25.5%	0	0.0%	7,819	40.0%
Smoking by Sex (Female)												
Current every day smoker	1,687	5.1%	949	5.2%	318	3.7%	650	5.8%	0	0.0%	4,258	4.7%
Current some day smoker	610	1.8%	359	2.0%	212	2.5%	68	0.6%	0	0.0%	1,546	1.7%
Former smoker	4,607	14.0%	2,553	14.0%	944	10.9%	1,856	16.6%	0	0.0%	11,176	12.4%
Never smoker	11,099	33.7%	6,014	33.1%	2,765	32.0%	4,150	37.1%	0	0.0%	29,274	32.4%
Smoker, current status unknown	528	1.6%	304	1.7%	125	1.4%	179	1.6%	0	0.0%	1,571	1.7%
Unknown if ever smoked	2,402	7.3%	1,423	7.8%	568	6.6%	814	7.3%	0	0.0%	8,284	9.2%
Heavy tobacco smoker	42	0.1%	13	0.1%	0	0.0%	12	0.1%	0	0.0%	163	0.2%
Light tobacco smoker	92	0.3%	48	0.3%	0	0.0%	41	0.4%	0	0.0%	261	0.3%
All Other Smoking Values	5,483	16.6%	2,914	16.0%	1,632	18.9%	1,643	14.7%	0	0.0%	12,893	14.3%
Smoking Missing ⁴	6,365	19.3%	3,525	19.4%	2,010	23.3%	1,724	15.4%	0	0.0%	20,944	23.2%

Table 2. Baseline Characteristics of Cohort B: Medication Prescription and an HbA1c Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 Inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Sex (Male)												
Current every day smoker	1,845	5.1%	1,013	5.2%	389	4.2%	665	5.1%	0	0.0%	4,508	5.3%
Current some day smoker	811	2.3%	478	2.5%	281	3.0%	145	1.1%	0	0.0%	1,803	2.1%
Former smoker	6,971	19.4%	3,751	19.4%	1,407	15.2%	3,005	23.1%	0	0.0%	16,385	19.1%
Never smoker	9,980	27.8%	5,438	28.1%	2,380	25.6%	3,871	29.8%	0	0.0%	21,132	24.6%
Smoker, current status unknown	707	2.0%	387	2.0%	182	2.0%	260	2.0%	0	0.0%	1,976	2.3%
Unknown if ever smoked	2,005	5.6%	1,131	5.8%	501	5.4%	722	5.5%	0	0.0%	6,762	7.9%
Heavy tobacco smoker	61	0.2%	33	0.2%	0	0.0%	29	0.2%	0	0.0%	222	0.3%
Light tobacco smoker	126	0.4%	56	0.3%	20	0.2%	53	0.4%	0	0.0%	306	0.4%
All Other Smoking Values	5,618	15.7%	2,845	14.7%	1,564	16.8%	1,934	14.9%	0	0.0%	12,369	14.4%
Smoking Missing ⁴	7,682	21.4%	4,156	21.5%	2,424	26.1%	2,269	17.4%	0	0.0%	20,307	23.7%
Smoking by Sex (Ambiguous)												
Current every day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Current some day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Former smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Never smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Smoker, current status unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown if ever smoked	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Smoking Missing ⁴	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Table 2. Baseline Characteristics of Cohort B: Medication Prescription and an HbA1c Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 Inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Sex (All Other CDM Values or Missing)												
Current every day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Current some day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Former smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Never smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Smoker, current status unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown if ever smoked	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Smoking Missing ⁴	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

¹All metrics are based on total number of patients meeting cohort criteria.

²For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³All percentages in the Patient Vitals section of the report are based on the total N within a given vital/demographic strata. For example, the percentage of patients Age 20-44 with a Normal BMI is based on the total number of patients Age 20-44

⁴Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

NOTE: Zeroes in the report may represent true zeroes or may have been applied during low cell count masking. Discrepancies in percentages and sum totals across stratifications are a reflection of this cell count masking.

Table 3. Baseline Characteristics for Cohort C: Medication Prescription and a Creatinine or eGFR Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

Characteristic ¹	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent of Cohort A	Number	Percent of Cohort A	Number	Percent of Cohort A	Number	Percent of Cohort A	Number	Percent of Cohort A	Number	Percent of Cohort A
Number of Unique Patients	73,744	59.7%	39,680	58.7%	19,130	59.0%	25,266	61.8%	19	59.3%	196,026	67.6%
Demographics	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age (Years)¹												
0-<2	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2-<20	74	0.1%	51	0.1%	34	0.2%	12	0.0%	0	0.0%	133	0.1%
20-44	10,146	13.8%	5,517	13.9%	2,852	14.9%	3,067	12.1%	0	0.0%	17,935	9.1%
45-64	44,980	61.0%	23,900	60.2%	12,415	64.9%	15,126	59.9%	13	68.4%	91,840	46.9%
65+	18,510	25.1%	10,183	25.7%	3,814	19.9%	7,055	27.9%	0	0.0%	86,087	43.9%
Sex												
Female	35,003	47.5%	19,102	48.1%	9,145	47.8%	11,589	45.9%	0	0.0%	99,512	50.8%
Male	38,738	52.5%	20,578	51.9%	9,983	52.2%	13,676	54.1%	12	63.2%	96,510	49.2%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Hispanic												
Yes	8,479	11.5%	4,065	10.2%	3,043	15.9%	2,572	10.2%	0	0.0%	25,178	13%
No	62,218	84.4%	34,032	85.8%	15,340	80.2%	21,582	85.4%	13	68.4%	160,907	82%
Refuse to Answer	489	0.7%	261	0.7%	121	0.6%	141	0.6%	0	0.0%	1,302	1%
Other/Missing	2,543	3.4%	1,314	3.3%	585	3.1%	934	3.7%	0	0.0%	8,609	4%
Race												
American Indian or Alaska Native	261	0.4%	108	0.3%	62	0.3%	66	0.3%	0	0.0%	908	0.5%
Asian	1,864	2.5%	965	2.4%	431	2.3%	707	2.8%	0	0.0%	5,971	3.0%
Black or African American	10,989	14.9%	6,026	15.2%	2,768	14.5%	3,754	14.9%	0	0.0%	36,369	18.6%
Multiple Race	405	0.5%	207	0.5%	117	0.6%	125	0.5%	0	0.0%	1,321	0.7%
Native Hawaiian or Other Pacific Islander	220	0.3%	112	0.3%	60	0.3%	74	0.3%	0	0.0%	692	0.4%
Other/Missing	5,851	7.9%	3,184	8.0%	1,368	7.2%	2,116	8.4%	0	0.0%	22,656	11.6%
Refuse to Answer	894	1.2%	515	1.3%	181	0.9%	269	1.1%	0	0.0%	4,039	2.1%
White	53,191	72.1%	28,485	71.8%	14,062	73.5%	18,082	71.6%	11	57.9%	124,022	63.3%

Table 3. Baseline Characteristics for Cohort C: Medication Prescription and a Creatinine or eGFR Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Sex by Age Group 0-2 Years												
Female	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Male	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sex by Age Group 2-19 Years												
Female	48	64.0%	33	65.0%	22	65.0%	0	0.0%	0	0.0%	99	74.0%
Male	27	36.0%	18	35.0%	0	0.0%	0	0.0%	0	0.0%	53	40.0%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sex by Age Group 20-44 Years												
Female	5,302	52.3%	2,918	52.9%	1,480	51.9%	1,564	51.0%	0	0.0%	10,018	55.9%
Male	4,902	48.3%	2,637	47.8%	1,361	47.7%	1,519	49.5%	0	0.0%	8,895	49.6%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sex by Age Group 45-64 Years												
Female	21,381	47.5%	11,424	47.8%	5,888	47.4%	7,066	46.7%	0	0.0%	48,196	52.5%
Male	23,867	53.1%	12,604	52.7%	6,575	53.0%	8,128	53.7%	0	0.0%	48,927	53.3%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sex by Age Group 65+ Years												
Female	8,447	45.6%	4,806	47.2%	1,758	46.1%	2,999	42.5%	0	0.0%	47,039	54.6%
Male	10,192	55.1%	5,463	53.6%	2,044	53.6%	4,090	58.0%	0	0.0%	44,588	51.8%
Ambiguous	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other/Missing	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Table 3. Baseline Characteristics for Cohort C: Medication Prescription and a Creatinine or eGFR Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Year of First Index Event												
2013	955	1.3%	955	2.4%	0	0.0%	0	0.0%	0	0.0%	38,877	19.8%
2014	6,915	9.4%	5,100	12.9%	1,891	9.9%	164	0.6%	0	0.0%	32,658	16.7%
2015	13,552	18.4%	9,702	24.5%	3,339	17.5%	1,380	5.5%	0	0.0%	34,485	17.6%
2016	15,915	21.6%	9,737	24.5%	4,172	21.8%	4,300	17.0%	0	0.0%	34,978	17.8%
2017	23,557	31.9%	10,199	25.7%	5,692	29.8%	11,587	45.9%	0	0.0%	37,566	19.2%
2018	12,846	17.4%	3,983	10.0%	4,017	21.0%	7,803	30.9%	19	100.0%	17,462	8.9%
Calendar Year by Age Group 0-2 Years												
2013	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2014	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2015	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2016	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2017	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2018	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Calendar Year by Age Group 2-19 Years												
2013	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	17	12.8%
2014	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	12	9.0%
2015	11	14.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	18	13.5%
2016	11	14.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	18	13.5%
2017	11	14.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	20	15.0%
2018	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	4.0%
Calendar Year by Age Group 20-44 Years												
2013	97	1.0%	97	1.8%	0	0.0%	0	0.0%	0	0.0%	3,249	18.1%
2014	1,010	10.0%	700	12.7%	303	10.6%	21	0.7%	0	0.0%	3,088	17.2%
2015	1,948	19.2%	1,365	24.7%	497	17.4%	148	4.8%	0	0.0%	3,408	19.0%
2016	2,185	21.5%	1,333	24.2%	568	19.9%	512	16.7%	0	0.0%	3,548	19.8%
2017	3,209	31.6%	1,461	26.5%	816	28.6%	1,406	45.8%	0	0.0%	3,843	21.4%
2018	1,732	17.1%	553	10.0%	566	19.8%	923	30.1%	0	0.0%	1,750	9.8%

Table 3. Baseline Characteristics for Cohort C: Medication Prescription and a Creatinine or eGFR Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Calendar Year by Age Group 45-64 Years												
2013	593	1.3%	593	2.5%	0	0.0%	0	0.0%	0	0.0%	18,776	20.4%
2014	4,338	9.6%	3,161	13.2%	1,198	9.6%	102	0.7%	0	0.0%	16,308	17.8%
2015	8,501	18.9%	5,934	24.8%	2,208	17.8%	857	5.7%	0	0.0%	17,552	19.1%
2016	9,911	22.0%	5,886	24.6%	2,804	22.6%	2,667	17.6%	0	0.0%	17,529	19.1%
2017	14,272	31.7%	6,103	25.5%	3,687	29.7%	6,953	46.0%	0	0.0%	18,466	20.1%
2018	7,599	16.9%	2,348	9.8%	2,534	20.4%	4,586	30.3%	13	100.0%	8,483	9.2%
Calendar Year by Age Group 65+ Years												
2013	219	1.2%	219	2.2%	0	0.0%	0	0.0%	0	0.0%	18,536	21.5%
2014	1,550	8.4%	1,214	11.9%	358	9.4%	33	0.5%	0	0.0%	15,312	17.8%
2015	3,103	16.8%	2,401	23.6%	582	15.3%	297	4.2%	0	0.0%	15,600	18.1%
2016	3,892	21.0%	2,550	25.0%	757	19.8%	1,094	15.5%	0	0.0%	16,307	18.9%
2017	6,223	33.6%	2,727	26.8%	1,165	30.5%	3,255	46.1%	0	0.0%	17,785	20.7%
2018	3,621	19.6%	1,103	10.8%	882	23.1%	2,354	33.4%	0	0.0%	8,077	9.4%
Recorded History Of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
GLP-1 analog Prescription up to 365 days before index	14,787	20.1%	7,705	19.4%	3,888	20.3%	6,059	24.0%	0	26.0%	5,782	2.9%
SGLT-2i Prescription up to 365 days before index (not including day of index)	11,228	15.2%	8,338	21.0%	5,634	29.5%	5,793	22.9%	0	32.0%	5,406	2.8%
DPP-4i Prescription up to 365 days before index (not including day of index)	15,078	20.4%	8,562	21.6%	4,110	21.5%	5,006	19.8%	0	11.0%	45,140	23.0%
Thiazolidinedione Prescription up to 365 days before index	4,958	6.7%	2,994	7.5%	1,612	8.4%	1,384	5.5%	0	21.0%	11,063	5.6%
Sulfonylurea Prescription up to 365 days before index	24,302	33.0%	13,721	34.6%	6,369	33.3%	7,910	31.3%	0	32.0%	77,854	39.7%
Biguanide Prescription up to 365 days before index	49,968	67.8%	26,910	67.8%	13,566	70.9%	17,121	67.8%	16	84.2%	123,871	63.2%

Table 3. Baseline Characteristics for Cohort C: Medication Prescription and a Creatinine or eGFR Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Short/Rapid-Acting Insulin Prescription up to 365 days before index	17,617	23.9%	9,498	23.9%	4,677	24.4%	6,134	24.3%	0	16.0%	44,798	22.9%
Long/Intermediate-Acting Insulin Prescription up to 365 days before index	24,184	32.8%	13,173	33.2%	6,201	32.4%	8,682	34.4%	0	42.0%	49,385	25.2%
Diabetes Complication (defined as either renal, neurologic, ocular or peripheral vascular) up to 365 days before index	22,000	29.8%	11,736	29.6%	5,258	27.5%	8,516	33.7%	0	0.0%	70,567	36.0%
Stroke up to 365 days before index	1,448	2.0%	719	1.8%	330	1.7%	531	2.1%	0	0.0%	7,202	3.7%
Malignancy up to 365 days before index	7,306	9.9%	3,901	9.8%	1,845	9.6%	2,640	10.4%	0	0.0%	22,940	11.7%
Acute Myocardial Infarction up to 365 days before index	1,248	1.7%	536	1.4%	238	1.2%	554	2.2%	0	0.0%	5,036	2.6%
Hypertension/Hypertensive Disorder up to 365 days before index	48,172	65.3%	25,874	65.2%	12,205	63.8%	17,261	68.3%	0	0.0%	138,593	70.7%
Hypercholesterolemia/Hyperlipidemia up to 365 days before index	44,668	60.6%	24,247	61.1%	10,776	56.3%	16,533	65.4%	0	0.0%	117,658	60.0%
Alcohol consumption up to 365 days before index	1,221	1.7%	583	1.5%	303	1.6%	420	1.7%	0	0.0%	3,949	2.0%
Chronic Kidney Disease up to 365 days before index	4,911	6.7%	2,581	6.5%	975	5.1%	2,119	8.4%	0	0.0%	31,718	16.2%

Table 3. Baseline Characteristics for Cohort C: Medication Prescription and a Creatinine or eGFR Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

Patient Vitals ^{2,3}	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<i>Body Mass Index (BMI)</i>												
BMI by Age Group 0-2 Years												
Underweight (<5th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Normal weight (5th - 85th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Overweight (85th - 95th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Obese (≥95th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Severely Obese (1.2*95th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BMI Missing ⁴	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BMI by Age Group 2-19 Years												
Underweight (<5th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	1.0%
Normal weight (5th - 85th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	8.0%
Overweight (85th - 95th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	8.0%
Obese (≥95th percentile)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	22	16.5%
Severely Obese (1.2*95th percentile)	20	27.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	44	33.1%
BMI Missing ⁴	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	7.0%

Table 3. Baseline Characteristics for Cohort C: Medication Prescription and a Creatinine or eGFR Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
BMI by Age Group 20-44 Years												
Underweight (<18.5 kg/m ²)	11	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	75	0.4%
Normal weight (18.5 - <25 kg/m ²)	356	3.5%	179	3.2%	106	3.7%	68	2.2%	0	0.0%	1,059	5.9%
Overweight (25 - <30 kg/m ²)	1,309	12.9%	645	11.7%	363	12.7%	383	12.5%	0	0.0%	2,584	14.4%
Obese (≥30 kg/m ²)	6,922	68.2%	3,732	67.6%	1,899	66.6%	2,168	70.7%	0	0.0%	11,528	64.3%
BMI Missing ⁴	1,496	14.7%	860	15.6%	394	13.8%	343	11.2%	0	0.0%	2,652	14.8%
BMI by Age Group 45-64 Years												
Underweight (<18.5 kg/m ²)	59	0.1%	29	0.1%	12	0.1%	0	0.0%	0	0.0%	289	0.3%
Normal weight (18.5 - <25 kg/m ²)	2,034	4.5%	1,034	4.3%	611	4.9%	654	4.3%	0	0.0%	6,841	7.4%
Overweight (25 - <30 kg/m ²)	8,091	18.0%	4,113	17.2%	2,338	18.8%	2,837	18.8%	0	0.0%	19,531	21.3%
Obese (≥30 kg/m ²)	28,239	62.8%	14,913	62.4%	7,530	60.7%	9,821	64.9%	0	0.0%	51,276	55.8%
BMI Missing ⁴	6,530	14.5%	3,773	15.8%	1,883	15.2%	1,769	11.7%	0	0.0%	13,863	15.1%
BMI by Age Group 65+ Years												
Underweight (<18.5 kg/m ²)	19	0%	12	0.1%	0	0.0%	0	0.0%	0	0.0%	634	0.7%
Normal weight (18.5 - <25 kg/m ²)	1,515	8.2%	786	7.7%	327	8.6%	595	8.4%	0	0.0%	11,927	13.9%
Overweight (25 - <30 kg/m ²)	4,548	24.6%	2,407	23.6%	951	24.9%	1,815	25.7%	0	0.0%	23,902	27.8%
Obese (≥30 kg/m ²)	9,567	51.7%	5,251	51.6%	1,851	48.5%	3,736	53.0%	0	0.0%	34,962	40.6%
BMI Missing ⁴	2,821	15.2%	1,681	16.5%	604	15.8%	853	12.1%	0	0.0%	14,646	17.0%

Table 3. Baseline Characteristics for Cohort C: Medication Prescription and a Creatinine or eGFR Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<i>Smoking Status</i>												
Smoking (Overall)												
Current every day smoker	3,354	4.5%	1,844	4.6%	762	4.0%	1,184	4.7%	0	0.0%	8,580	4.4%
Current some day smoker	1,666	2.3%	1,008	2.5%	611	3.2%	211	0.8%	0	0.0%	4,389	2.2%
Former smoker	11,352	15.4%	6,119	15.4%	2,460	12.9%	4,552	18.0%	0	0.0%	28,565	14.6%
Never smoker	20,171	27.4%	10,871	27.4%	4,875	25.5%	7,370	29.2%	0	0.0%	49,391	25.2%
Smoker, current status unknown	1,159	1.6%	650	1.6%	269	1.4%	429	1.7%	0	0.0%	3,653	1.9%
Unknown if ever smoked	4,417	6.0%	2,583	6.5%	984	5.1%	1,575	6.2%	0	0.0%	16,098	8.2%
Heavy tobacco smoker	123	0.2%	64	0.2%	0	0.0%	58	0.2%	0	0.0%	469	0.2%
Light tobacco smoker	266	0.4%	118	0.3%	49	0.3%	105	0.4%	0	0.0%	631	0.3%
All Other Smoking Values	15,940	21.6%	8,227	20.7%	4,482	23.4%	5,255	20.8%	0	0.0%	35,227	18.0%
Smoking Missing ⁴	15,209	20.6%	8,126	20.5%	4,555	23.8%	4,453	17.6%	0	0.0%	48,962	25.0%
Smoking by Race (Black or African American)												
Current every day smoker	467	4.2%	258	4.3%	103	3.7%	150	4.0%	0	0.0%	1,549	4.3%
Current some day smoker	109	1.0%	70	1.2%	0	0.0%	30	0.8%	0	0.0%	370	1.0%
Former smoker	1,221	11.1%	657	10.9%	264	9.5%	504	13.4%	0	0.0%	3,654	10.0%
Never smoker	3,060	27.8%	1,773	29.4%	817	29.5%	914	24.3%	0	0.0%	8,155	22.4%
Smoker, current status unknown	208	1.9%	115	1.9%	58	2.1%	75	2.0%	0	0.0%	888	2.4%
Unknown if ever smoked	997	9.1%	574	9.5%	233	8.4%	359	9.6%	0	0.0%	4,327	11.9%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	80	0.2%
Light tobacco smoker	42	0.4%	18	0.3%	0	0.0%	24	0.6%	0	0.0%	185	0.5%
All Other Smoking Values	2,742	25.0%	1,422	23.6%	678	24.5%	969	25.8%	0	0.0%	7,157	19.7%
Smoking Missing ⁴	2,005	18.2%	1,050	17.4%	528	19.1%	673	17.9%	0	0.0%	9,902	27.2%

Table 3. Baseline Characteristics for Cohort C: Medication Prescription and a Creatinine or eGFR Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Race (White)												
Current every day smoker	2,645	5.0%	1,436	5.0%	585	4.2%	925	5.1%	0	0.0%	6,376	5.1%
Current some day smoker	1,410	2.7%	848	3.0%	529	3.8%	137	0.8%	0	0.0%	3,634	2.9%
Former smoker	9,366	17.6%	5,036	17.7%	2,012	14.3%	3,771	20.9%	0	0.0%	22,933	18.5%
Never smoker	15,009	28.2%	8,044	28.2%	3,522	25.0%	5,652	31.3%	0	0.0%	35,165	28.4%
Smoker, current status unknown	583	1.1%	323	1.1%	154	1.1%	204	1.1%	0	0.0%	1,310	1.1%
Unknown if ever smoked	1,608	3.0%	913	3.2%	433	3.1%	537	3.0%	0	0.0%	4,090	3.3%
Heavy tobacco smoker	102	0.2%	56	0.2%	0	0.0%	48	0.3%	0	0.0%	344	0.3%
Light tobacco smoker	183	0.3%	79	0.3%	26	0.2%	74	0.4%	0	0.0%	384	0.3%
All Other Smoking Values	11,504	21.6%	5,920	20.8%	3,302	23.5%	3,761	20.8%	0	0.0%	24,042	19.4%
Smoking Missing ⁴	10,683	20.1%	5,728	20.1%	3,388	24.1%	2,898	16.0%	0	0.0%	25,668	20.7%
Smoking by Race (American Indian or Alaska Native)												
Current every day smoker	13	5.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	44	4.8%
Current some day smoker	0	1.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	31	3.4%
Former smoker	26	10.0%	15	13.9%	0	0.0%	0	0.0%	0	0.0%	96	10.6%
Never smoker	46	17.6%	20	18.5%	0	0.0%	23	34.8%	0	0.0%	189	20.8%
Smoker, current status unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown if ever smoked	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	51	5.6%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	53	20.3%	28	25.9%	20	32.3%	14	21.2%	0	0.0%	123	13.5%
Smoking Missing ⁴	35	13.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	239	26.3%

Table 3. Baseline Characteristics for Cohort C: Medication Prescription and a Creatinine or eGFR Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Race (Asian)												
Current every day smoker	24	1.3%	13	1.3%	0	0.0%	0	0.0%	0	0.0%	74	1.2%
Current some day smoker	18	1.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	70	1.2%
Former smoker	91	4.9%	31	3.2%	14	3.2%	31	4.4%	0	0.0%	419	7.0%
Never smoker	512	27.5%	247	25.6%	85	19.7%	163	23.1%	0	0.0%	1,852	31.0%
Smoker, current status unknown	39	2.1%	19	2.0%	0	0.0%	14	2.0%	0	0.0%	100	1.7%
Unknown if ever smoked	197	10.6%	114	11.8%	33	7.7%	88	12.4%	0	0.0%	662	11.1%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	390	20.9%	202	20.9%	98	22.7%	142	20.1%	0	0.0%	1,061	17.8%
Smoking Missing ⁴	507	27.2%	256	26.5%	103	23.9%	159	22.5%	0	0.0%	1,617	27.1%
Smoking by Race (Native Hawaiian or Other Pacific Islander)												
Current every day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	23	3.3%
Current some day smoker	23	10.5%	17	15.2%	0	0.0%	0	0.0%	0	0.0%	56	8.1%
Former smoker	11	5.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	35	5.1%
Never smoker	69	31.4%	22	19.6%	13	21.7%	29	39.2%	0	0.0%	189	27.3%
Smoker, current status unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown if ever smoked	13	5.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	64	9.2%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	16	7.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	29	4.2%
Smoking Missing ⁴	59	26.8%	32	28.6%	27	45.0%	0	0.0%	0	0.0%	219	31.6%

Table 3. Baseline Characteristics for Cohort C: Medication Prescription and a Creatinine or eGFR Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Race (Multiple Race)												
Current every day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	17	1.3%
Current some day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Former smoker	16	4.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	39	3.0%
Never smoker	70	17.3%	29	14.0%	30	25.6%	21	16.8%	0	0.0%	202	15.3%
Smoker, current status unknown	13	3.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	38	2.9%
Unknown if ever smoked	65	16.0%	42	20.3%	16	13.7%	24	19.2%	0	0.0%	253	19.2%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	124	30.6%	70	33.8%	34	29.1%	21	16.8%	0	0.0%	279	21.1%
Smoking Missing ⁴	84	20.7%	38	18.4%	13	11.1%	34	27.2%	0	0.0%	463	35.0%
Smoking by Race (Refuse to Answer)												
Current every day smoker	16	1.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	26	0.6%
Current some day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Former smoker	59	6.6%	29	5.6%	12	6.6%	12	4.5%	0	0.0%	119	2.9%
Never smoker	200	22.4%	96	18.6%	33	18.2%	53	19.7%	0	0.0%	717	17.8%
Smoker, current status unknown	24	2.7%	17	3.3%	0	0.0%	0	0.0%	0	0.0%	156	3.9%
Unknown if ever smoked	207	23.2%	122	23.7%	43	23.8%	72	26.8%	0	0.0%	1,034	25.6%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	127	14.2%	59	11.5%	34	18.8%	31	11.5%	0	0.0%	254	6.3%
Smoking Missing ⁴	208	23.3%	133	25.8%	24	13.3%	55	20.4%	0	0.0%	1,653	40.9%

Table 3. Baseline Characteristics for Cohort C: Medication Prescription and a Creatinine or eGFR Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Race (All Other CDM Values or Missing)												
Current every day smoker	104	1.8%	39	1.2%	0	0.0%	35	1.7%	0	0.0%	362	1.6%
Current some day smoker	44	0.8%	20	0.6%	0	0.0%	20	0.9%	0	0.0%	150	0.7%
Former smoker	432	7.4%	224	7.0%	62	4.5%	148	7.0%	0	0.0%	1,150	5.1%
Never smoker	1,139	19.5%	558	17.5%	294	21.5%	424	20.0%	0	0.0%	2,862	12.6%
Smoker, current status unknown	258	4.4%	159	5.0%	40	2.9%	106	5.0%	0	0.0%	1,120	4.9%
Unknown if ever smoked	1,322	22.6%	813	25.5%	222	16.2%	479	22.6%	0	0.0%	5,575	24.6%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	11	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	19	0.1%
All Other Smoking Values	873	14.9%	439	13.8%	250	18.3%	272	12.9%	0	0.0%	2,178	9.6%
Smoking Missing ⁴	1,564	26.7%	824	25.9%	378	27.6%	552	26.1%	0	0.0%	9,103	40.2%
Smoking by Sex (Female)												
Current every day smoker	1,576	4.5%	855	4.5%	316	3.5%	560	4.8%	0	0.0%	4,184	4.2%
Current some day smoker	720	2.1%	436	2.3%	241	2.6%	59	0.5%	0	0.0%	2,127	2.1%
Former smoker	4,452	12.7%	2,432	12.7%	940	10.3%	1,737	15.0%	0	0.0%	11,485	11.5%
Never smoker	10,491	30.0%	5,637	29.5%	2,611	28.6%	3,770	32.5%	0	0.0%	28,490	28.6%
Smoker, current status unknown	488	1.4%	269	1.4%	106	1.2%	176	1.5%	0	0.0%	1,563	1.6%
Unknown if ever smoked	2,354	6.7%	1,416	7.4%	516	5.6%	829	7.2%	0	0.0%	8,784	8.8%
Heavy tobacco smoker	52	0.1%	28	0.1%	0	0.0%	14	0.1%	0	0.0%	202	0.2%
Light tobacco smoker	104	0.3%	48	0.3%	0	0.0%	49	0.4%	0	0.0%	290	0.3%
All Other Smoking Values	7,799	22.3%	4,135	21.6%	2,250	24.6%	2,407	20.8%	0	0.0%	17,736	17.8%
Smoking Missing ⁴	6,897	19.7%	3,756	19.7%	2,058	22.5%	1,912	16.5%	0	0.0%	24,559	24.7%

Table 3. Baseline Characteristics for Cohort C: Medication Prescription and a Creatinine or eGFR Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Sex (Male)												
Current every day smoker	1,778	4.6%	964	4.7%	399	4.0%	593	4.3%	0	0.0%	4,396	4.6%
Current some day smoker	919	2.4%	530	2.6%	343	3.4%	129	0.9%	0	0.0%	2,252	2.3%
Former smoker	6,900	17.8%	3,687	17.9%	1,490	14.9%	2,815	20.6%	0	0.0%	17,080	17.7%
Never smoker	9,679	25.0%	5,234	25.4%	2,264	22.7%	3,599	26.3%	0	0.0%	20,901	21.7%
Smoker, current status unknown	671	1.7%	371	1.8%	163	1.6%	252	1.8%	0	0.0%	2,075	2.2%
Unknown if ever smoked	2,048	5.3%	1,167	5.7%	468	4.7%	746	5.5%	0	0.0%	7,292	7.6%
Heavy tobacco smoker	71	0.2%	36	0.2%	0	0.0%	34	0.2%	0	0.0%	253	0.3%
Light tobacco smoker	140	0.4%	58	0.3%	35	0.4%	56	0.4%	0	0.0%	319	0.3%
All Other Smoking Values	8,139	21.0%	4,089	19.9%	2,212	22.2%	2,848	20.8%	0	0.0%	17,481	18.1%
Smoking Missing ⁴	8,312	21.5%	4,370	21.2%	2,497	25.0%	2,541	18.6%	0	0.0%	24,401	25.3%
Smoking by Sex (Ambiguous)												
Current every day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Current some day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Former smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Never smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Smoker, current status unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown if ever smoked	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Smoking Missing ⁴	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Table 3. Baseline Characteristics for Cohort C: Medication Prescription and a Creatinine or eGFR Lab Record in the Patient-Centered Clinical Research Network (PCORnet) from March 1, 2013 to June 30, 2018

	Any SGLT-2 inhibitor		Canagliflozin		Dapagliflozin		Empagliflozin		Ertugliflozin		Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Smoking by Sex (All Other CDM Values or Missing)												
Current every day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Current some day smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Former smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Never smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Smoker, current status unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unknown if ever smoked	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Heavy tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Light tobacco smoker	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
All Other Smoking Values	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Smoking Missing ⁴	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

¹ All metrics are based on total number of patients meeting cohort criteria.

² For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³ All percentages in the Patient Vitals section of the report are based on the total N within a given vital/demographic strata. For example, the percentage of patients Age 20-44 with a Normal BMI is based on the total number of patients Age 20-44

⁴ Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

NOTE: Zeroes in the report may represent true zeroes or may have been applied during low cell count masking. Discrepancies in percentages and sum totals across stratifications are a reflection of this cell count masking.

Appendix A. List of Concept Unique Identifier (CUI) Codes Used to Define Exposures in this Request

We used the following strategies to identify exposure codes for this request:

Canagliflozin: We identified all CUIs that include canagliflozin generic or brand names in the constituent or description field

Dapagliflozin: We identified all CUIs that include dapagliflozin generic or brand names and removed all dapagliflozin/DPP-4i combination medications (e.g. dapagliflozin/saxagliptin) in the constituent or description field

Empagliflozin: We identified all CUIs that include empagliflozin generic or brand names and removed all empagliflozin/DPP-4i combination medications (e.g. empagliflozin/linagliptin) in the constituent or description field

Ertugliflozin: We identified all CUIs that include ertugliflozin generic or brand names and removed all ertugliflozin/DPP-4i combination medications (e.g. ertugliflozin/sitagliptin) in the constituent or description field

Sitagliptin: We identified all CUIs that include sitagliptin generic or brand names and removed all sitagliptin/DPP-4i combination medications (e.g. ertugliflozin/sitagliptin) in the constituent or description field

Code	Description	Code Type	Code Category
Canagliflozin			
1810997	24 HR canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1810999	24 HR canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1811002	24 HR canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1811003	24 HR canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1811006	24 HR canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1811007	24 HR canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1811010	24 HR canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1811011	24 HR canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545149	canagliflozin / Metformin	Prescription	CUI
1810996	canagliflozin / Metformin Extended Release Oral Tablet	Prescription	CUI
1810998	canagliflozin / Metformin Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545146	canagliflozin / Metformin Oral Product	Prescription	CUI
1545148	canagliflozin / Metformin Oral Tablet	Prescription	CUI
1545153	canagliflozin / Metformin Oral Tablet [Invokamet]	Prescription	CUI
1545147	canagliflozin / Metformin Pill	Prescription	CUI
1373465	canagliflozin 100 MG [Invokana]	Prescription	CUI
1373463	canagliflozin 100 MG Oral Tablet	Prescription	CUI
1373469	canagliflozin 100 MG Oral Tablet [Invokana]	Prescription	CUI
1545150	canagliflozin 150 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1545157	canagliflozin 150 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1545152	canagliflozin 150 MG / Metformin hydrochloride 1000 MG [Invokamet]	Prescription	CUI
1811000	canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1811001	canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI

Appendix A. List of Concept Unique Identifier (CUI) Codes Used to Define Exposures in this Request

Code	Description	Code Type	Code Category
1545156	canagliflozin 150 MG / Metformin hydrochloride 1000 MG Oral Tablet [Invokamet]	Prescription	CUI
1545158	canagliflozin 150 MG / Metformin hydrochloride 500 MG [Invokamet]	Prescription	CUI
1811004	canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1811005	canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545159	canagliflozin 150 MG / Metformin hydrochloride 500 MG Oral Tablet [Invokamet]	Prescription	CUI
1373472	canagliflozin 300 MG [Invokana]	Prescription	CUI
1373471	canagliflozin 300 MG Oral Tablet	Prescription	CUI
1373473	canagliflozin 300 MG Oral Tablet [Invokana]	Prescription	CUI
1545161	canagliflozin 50 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1545164	canagliflozin 50 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1545162	canagliflozin 50 MG / Metformin hydrochloride 1000 MG [Invokamet]	Prescription	CUI
1811008	canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1811009	canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545163	canagliflozin 50 MG / Metformin hydrochloride 1000 MG Oral Tablet [Invokamet]	Prescription	CUI
1545165	canagliflozin 50 MG / Metformin hydrochloride 500 MG [Invokamet]	Prescription	CUI
1811012	canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1811013	canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545166	canagliflozin 50 MG / Metformin hydrochloride 500 MG Oral Tablet [Invokamet]	Prescription	CUI
1546031	canagliflozin anhydrous	Prescription	CUI
1373460	canagliflozin Oral Product	Prescription	CUI
1373462	canagliflozin Oral Tablet	Prescription	CUI
1373466	canagliflozin Oral Tablet [Invokana]	Prescription	CUI
1373461	canagliflozin Pill	Prescription	CUI
1545151	Invokamet	Prescription	CUI
1545154	Invokamet Oral Product	Prescription	CUI
1545155	Invokamet Pill	Prescription	CUI
1373458	canagliflozin	Prescription	CUI
1373459	canagliflozin 100 MG	Prescription	CUI
1545145	canagliflozin 150 MG	Prescription	CUI
1373470	canagliflozin 300 MG	Prescription	CUI
1545160	canagliflozin 50 MG	Prescription	CUI
Dapagliflozin			
1593058	24 HR dapagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1593775	24 HR dapagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI

Appendix A. List of Concept Unique Identifier (CUI) Codes Used to Define Exposures in this Request

Code	Description	Code Type	Code Category
1593068	24 HR dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1593835	24 HR dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1940496	24 HR dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1940498	24 HR dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593070	24 HR dapagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1593833	24 HR dapagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593072	24 HR dapagliflozin 5 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1593831	24 HR dapagliflozin 5 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1488569	dapagliflozin (as dapagliflozin propanediol) 10 MG Oral Tablet	Prescription	CUI
1488574	dapagliflozin (as dapagliflozin propanediol) 5 MG Oral Tablet	Prescription	CUI
1486436	dapagliflozin / Metformin	Prescription	CUI
1593057	dapagliflozin / Metformin Extended Release Oral Tablet	Prescription	CUI
1593774	dapagliflozin / Metformin Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1592709	dapagliflozin / Metformin Oral Product	Prescription	CUI
1592710	dapagliflozin / Metformin Pill	Prescription	CUI
1593059	dapagliflozin 10 MG / metformin HCl 1000 MG Extended Release Oral Tablet	Prescription	CUI
1592722	dapagliflozin 10 MG / Metformin hydrochloride 1000 MG [Xigduo]	Prescription	CUI
1593776	dapagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593826	dapagliflozin 10 MG / Metformin hydrochloride 500 MG [Xigduo]	Prescription	CUI
1593069	dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1593827	dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1534397	dapagliflozin 10 MG [Farxiga]	Prescription	CUI
1486977	dapagliflozin 10 MG Oral Tablet [Farxiga]	Prescription	CUI
1940497	dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG [Xigduo]	Prescription	CUI
1940499	dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1940500	dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593071	dapagliflozin 5 MG / metformin HCl 1000 MG Extended Release Oral Tablet	Prescription	CUI
1593073	dapagliflozin 5 MG / metformin HCl 500 MG Extended Release Oral Tablet	Prescription	CUI
1593828	dapagliflozin 5 MG / Metformin hydrochloride 1000 MG [Xigduo]	Prescription	CUI
1593829	dapagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI

Appendix A. List of Concept Unique Identifier (CUI) Codes Used to Define Exposures in this Request

Code	Description	Code Type	Code Category
1593830	dapagliflozin 5 MG / Metformin hydrochloride 500 MG [Xigduo]	Prescription	CUI
1593832	dapagliflozin 5 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1534344	dapagliflozin 5 MG [Farxiga]	Prescription	CUI
1486981	dapagliflozin 5 MG Oral Tablet [Farxiga]	Prescription	CUI
1488566	dapagliflozin Oral Product	Prescription	CUI
1488568	dapagliflozin Oral Tablet	Prescription	CUI
1534343	dapagliflozin Oral Tablet [Farxiga]	Prescription	CUI
1488567	dapagliflozin Pill	Prescription	CUI
1486973	dapagliflozin propanediol 10 MG [Farxiga]	Prescription	CUI
1486971	dapagliflozin propanediol 10 MG Oral Tablet	Prescription	CUI
1486980	dapagliflozin propanediol 5 MG [Farxiga]	Prescription	CUI
1486979	dapagliflozin propanediol 5 MG Oral Tablet	Prescription	CUI
1486968	dapagliflozin propanediol Oral Product	Prescription	CUI
1486970	dapagliflozin propanediol Oral Tablet	Prescription	CUI
1486974	dapagliflozin propanediol Oral Tablet [Farxiga]	Prescription	CUI
1486969	dapagliflozin propanediol Pill	Prescription	CUI
1486972	Farxiga	Prescription	CUI
1486975	Farxiga Oral Product	Prescription	CUI
1486976	Farxiga Pill	Prescription	CUI
1592713	Xigduo	Prescription	CUI
1592716	Xigduo Oral Product	Prescription	CUI
1592717	Xigduo Pill	Prescription	CUI
1488564	dapagliflozin	Prescription	CUI
1488565	dapagliflozin 10 MG	Prescription	CUI
1940495	dapagliflozin 2.5 MG	Prescription	CUI
1488573	dapagliflozin 5 MG	Prescription	CUI
1486966	dapagliflozin propanediol	Prescription	CUI
1486967	dapagliflozin propanediol 10 MG	Prescription	CUI
1486978	dapagliflozin propanediol 5 MG	Prescription	CUI
Empagliflozin			
1862685	24 HR empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862688	24 HR empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862691	24 HR empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862692	24 HR empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862695	24 HR empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862697	24 HR empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI

Appendix A. List of Concept Unique Identifier (CUI) Codes Used to Define Exposures in this Request

Code	Description	Code Type	Code Category
1862700	24 HR empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862701	24 HR empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1664314	empagliflozin / Metformin	Prescription	CUI
1862684	empagliflozin / Metformin Extended Release Oral Tablet	Prescription	CUI
1862687	empagliflozin / Metformin Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1664311	empagliflozin / Metformin Oral Product	Prescription	CUI
1664313	empagliflozin / Metformin Oral Tablet	Prescription	CUI
1664318	empagliflozin / Metformin Oral Tablet [Synjardy]	Prescription	CUI
1664312	empagliflozin / Metformin Pill	Prescription	CUI
1862686	empagliflozin 10 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1862689	empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862690	empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1545660	empagliflozin 10 MG [Jardiance]	Prescription	CUI
1545658	empagliflozin 10 MG Oral Tablet	Prescription	CUI
1545664	empagliflozin 10 MG Oral Tablet [Jardiance]	Prescription	CUI
1665367	empagliflozin 12.5 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1664323	empagliflozin 12.5 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1665368	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1862693	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862694	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1665369	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Synjardy]	Prescription	CUI
1664324	empagliflozin 12.5 MG / Metformin hydrochloride 500 MG [Synjardy]	Prescription	CUI
1664325	empagliflozin 12.5 MG / Metformin hydrochloride 500 MG Oral Tablet [Synjardy]	Prescription	CUI
1862696	empagliflozin 25 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1862698	empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862699	empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1545667	empagliflozin 25 MG [Jardiance]	Prescription	CUI
1545666	empagliflozin 25 MG Oral Tablet	Prescription	CUI
1545668	empagliflozin 25 MG Oral Tablet [Jardiance]	Prescription	CUI
1664326	empagliflozin 5 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1664315	empagliflozin 5 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1664327	empagliflozin 5 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1862702	empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI

Appendix A. List of Concept Unique Identifier (CUI) Codes Used to Define Exposures in this Request

Code	Description	Code Type	Code Category
1862703	empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1664328	empagliflozin 5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Synjardy]	Prescription	CUI
1664317	empagliflozin 5 MG / Metformin hydrochloride 500 MG [Synjardy]	Prescription	CUI
1664321	empagliflozin 5 MG / Metformin hydrochloride 500 MG Oral Tablet [Synjardy]	Prescription	CUI
1545655	empagliflozin Oral Product	Prescription	CUI
1545657	empagliflozin Oral Tablet	Prescription	CUI
1545661	empagliflozin Oral Tablet [Jardiance]	Prescription	CUI
1545656	empagliflozin Pill	Prescription	CUI
1664316	Synjardy	Prescription	CUI
1664319	Synjardy Oral Product	Prescription	CUI
1664320	Synjardy Pill	Prescription	CUI
1545659	Jardiance	Prescription	CUI
1545662	Jardiance Oral Product	Prescription	CUI
1545663	Jardiance Pill	Prescription	CUI
1545653	empagliflozin	Prescription	CUI
1545654	empagliflozin 10 MG	Prescription	CUI
1664322	empagliflozin 12.5 MG	Prescription	CUI
1545665	empagliflozin 25 MG	Prescription	CUI
1664310	empagliflozin 5 MG	Prescription	CUI
Ertugliflozin			
1992684	ertugliflozin / Metformin	Prescription	CUI
1992681	ertugliflozin / Metformin Oral Product	Prescription	CUI
1992683	ertugliflozin / Metformin Oral Tablet	Prescription	CUI
1992688	ertugliflozin / Metformin Oral Tablet [Segluromet]	Prescription	CUI
1992682	ertugliflozin / Metformin Pill	Prescription	CUI
1992820	ertugliflozin 15 MG [Steglatro]	Prescription	CUI
1992819	ertugliflozin 15 MG Oral Tablet	Prescription	CUI
1992821	ertugliflozin 15 MG Oral Tablet [Steglatro]	Prescription	CUI
1992687	ertugliflozin 2.5 MG / Metformin hydrochloride 1000 MG [Segluromet]	Prescription	CUI
1992685	ertugliflozin 2.5 MG / metFORMIN hydrochloride 1000 MG Oral Tablet	Prescription	CUI
1992691	ertugliflozin 2.5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Segluromet]	Prescription	CUI
1992694	ertugliflozin 2.5 MG / Metformin hydrochloride 500 MG [Segluromet]	Prescription	CUI
1992693	ertugliflozin 2.5 MG / metFORMIN hydrochloride 500 MG Oral Tablet	Prescription	CUI
1992695	ertugliflozin 2.5 MG / Metformin hydrochloride 500 MG Oral Tablet [Segluromet]	Prescription	CUI
1992812	ertugliflozin 5 MG [Steglatro]	Prescription	CUI
1992810	ertugliflozin 5 MG Oral Tablet	Prescription	CUI
1992816	ertugliflozin 5 MG Oral Tablet [Steglatro]	Prescription	CUI
1992699	ertugliflozin 7.5 MG / Metformin hydrochloride 1000 MG [Segluromet]	Prescription	CUI
1992698	ertugliflozin 7.5 MG / metFORMIN hydrochloride 1000 MG Oral Tablet	Prescription	CUI
1992700	ertugliflozin 7.5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Segluromet]	Prescription	CUI
1992702	ertugliflozin 7.5 MG / Metformin hydrochloride 500 MG [Segluromet]	Prescription	CUI

Appendix A. List of Concept Unique Identifier (CUI) Codes Used to Define Exposures in this Request

Code	Description	Code Type	Code Category
1992701	ertugliflozin 7.5 MG / metFORMIN hydrochloride 500 MG Oral Tablet	Prescription	CUI
1992703	ertugliflozin 7.5 MG / Metformin hydrochloride 500 MG Oral Tablet [Segluromet]	Prescription	CUI
1992807	ertugliflozin Oral Product	Prescription	CUI
1992809	ertugliflozin Oral Tablet	Prescription	CUI
1992813	ertugliflozin Oral Tablet [Steglatro]	Prescription	CUI
1992674	ertugliflozin pidolate	Prescription	CUI
SGLT-2 Inhibitors			
1810997	24 HR canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1810999	24 HR canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1811002	24 HR canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1811003	24 HR canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1811006	24 HR canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1811007	24 HR canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1811010	24 HR canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1811011	24 HR canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545149	canagliflozin / Metformin	Prescription	CUI
1810996	canagliflozin / Metformin Extended Release Oral Tablet	Prescription	CUI
1810998	canagliflozin / Metformin Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545146	canagliflozin / Metformin Oral Product	Prescription	CUI
1545148	canagliflozin / Metformin Oral Tablet	Prescription	CUI
1545153	canagliflozin / Metformin Oral Tablet [Invokamet]	Prescription	CUI
1545147	canagliflozin / Metformin Pill	Prescription	CUI
1373465	canagliflozin 100 MG [Invokana]	Prescription	CUI
1373463	canagliflozin 100 MG Oral Tablet	Prescription	CUI

Appendix A. List of Concept Unique Identifier (CUI) Codes Used to Define Exposures in this Request

Code	Description	Code Type	Code Category
1373469	canagliflozin 100 MG Oral Tablet [Invokana]	Prescription	CUI
1545150	canagliflozin 150 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1545157	canagliflozin 150 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1545152	canagliflozin 150 MG / Metformin hydrochloride 1000 MG [Invokamet]	Prescription	CUI
1811000	canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1811001	canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545156	canagliflozin 150 MG / Metformin hydrochloride 1000 MG Oral Tablet [Invokamet]	Prescription	CUI
1545158	canagliflozin 150 MG / Metformin hydrochloride 500 MG [Invokamet]	Prescription	CUI
1811004	canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1811005	canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545159	canagliflozin 150 MG / Metformin hydrochloride 500 MG Oral Tablet [Invokamet]	Prescription	CUI
1373472	canagliflozin 300 MG [Invokana]	Prescription	CUI
1373471	canagliflozin 300 MG Oral Tablet	Prescription	CUI
1373473	canagliflozin 300 MG Oral Tablet [Invokana]	Prescription	CUI
1545161	canagliflozin 50 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1545164	canagliflozin 50 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1545162	canagliflozin 50 MG / Metformin hydrochloride 1000 MG [Invokamet]	Prescription	CUI
1811008	canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1811009	canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545163	canagliflozin 50 MG / Metformin hydrochloride 1000 MG Oral Tablet [Invokamet]	Prescription	CUI
1545165	canagliflozin 50 MG / Metformin hydrochloride 500 MG [Invokamet]	Prescription	CUI
1811012	canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1811013	canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545166	canagliflozin 50 MG / Metformin hydrochloride 500 MG Oral Tablet [Invokamet]	Prescription	CUI
1546031	canagliflozin anhydrous	Prescription	CUI
1373460	canagliflozin Oral Product	Prescription	CUI
1373462	canagliflozin Oral Tablet	Prescription	CUI
1373466	canagliflozin Oral Tablet [Invokana]	Prescription	CUI
1373461	canagliflozin Pill	Prescription	CUI
1593058	24 HR dapagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1593775	24 HR dapagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593068	24 HR dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI

Appendix A. List of Concept Unique Identifier (CUI) Codes Used to Define Exposures in this Request

Code	Description	Code Type	Code Category
1593835	24 HR dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1940496	24 HR dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1940498	24 HR dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593070	24 HR dapagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1593833	24 HR dapagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593072	24 HR dapagliflozin 5 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1593831	24 HR dapagliflozin 5 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1488569	dapagliflozin (as dapagliflozin propanediol) 10 MG Oral Tablet	Prescription	CUI
1488574	dapagliflozin (as dapagliflozin propanediol) 5 MG Oral Tablet	Prescription	CUI
1486436	dapagliflozin / Metformin	Prescription	CUI
1593057	dapagliflozin / Metformin Extended Release Oral Tablet	Prescription	CUI
1593774	dapagliflozin / Metformin Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1592709	dapagliflozin / Metformin Oral Product	Prescription	CUI
1592710	dapagliflozin / Metformin Pill	Prescription	CUI
1593059	dapagliflozin 10 MG / metformin HCl 1000 MG Extended Release Oral Tablet	Prescription	CUI
1592722	dapagliflozin 10 MG / Metformin hydrochloride 1000 MG [Xigduo]	Prescription	CUI
1593776	dapagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593826	dapagliflozin 10 MG / Metformin hydrochloride 500 MG [Xigduo]	Prescription	CUI
1593069	dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1593827	dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1534397	dapagliflozin 10 MG [Farxiga]	Prescription	CUI
1486977	dapagliflozin 10 MG Oral Tablet [Farxiga]	Prescription	CUI
1940497	dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG [Xigduo]	Prescription	CUI
1940499	dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1940500	dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593071	dapagliflozin 5 MG / metformin HCl 1000 MG Extended Release Oral Tablet	Prescription	CUI
1593073	dapagliflozin 5 MG / metformin HCl 500 MG Extended Release Oral Tablet	Prescription	CUI
1593828	dapagliflozin 5 MG / Metformin hydrochloride 1000 MG [Xigduo]	Prescription	CUI
1593829	dapagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593830	dapagliflozin 5 MG / Metformin hydrochloride 500 MG [Xigduo]	Prescription	CUI

Appendix A. List of Concept Unique Identifier (CUI) Codes Used to Define Exposures in this Request

Code	Description	Code Type	Code Category
1593832	dapagliflozin 5 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1534344	dapagliflozin 5 MG [Farxiga]	Prescription	CUI
1486981	dapagliflozin 5 MG Oral Tablet [Farxiga]	Prescription	CUI
1488566	dapagliflozin Oral Product	Prescription	CUI
1488568	dapagliflozin Oral Tablet	Prescription	CUI
1534343	dapagliflozin Oral Tablet [Farxiga]	Prescription	CUI
1488567	dapagliflozin Pill	Prescription	CUI
1486973	dapagliflozin propanediol 10 MG [Farxiga]	Prescription	CUI
1486971	dapagliflozin propanediol 10 MG Oral Tablet	Prescription	CUI
1486980	dapagliflozin propanediol 5 MG [Farxiga]	Prescription	CUI
1486979	dapagliflozin propanediol 5 MG Oral Tablet	Prescription	CUI
1486968	dapagliflozin propanediol Oral Product	Prescription	CUI
1486970	dapagliflozin propanediol Oral Tablet	Prescription	CUI
1486974	dapagliflozin propanediol Oral Tablet [Farxiga]	Prescription	CUI
1486969	dapagliflozin propanediol Pill	Prescription	CUI
1862685	24 HR empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862688	24 HR empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862691	24 HR empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862692	24 HR empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862695	24 HR empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862697	24 HR empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862700	24 HR empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862701	24 HR empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1664314	empagliflozin / Metformin	Prescription	CUI
1862684	empagliflozin / Metformin Extended Release Oral Tablet	Prescription	CUI
1862687	empagliflozin / Metformin Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1664311	empagliflozin / Metformin Oral Product	Prescription	CUI
1664313	empagliflozin / Metformin Oral Tablet	Prescription	CUI
1664318	empagliflozin / Metformin Oral Tablet [Synjardy]	Prescription	CUI
1664312	empagliflozin / Metformin Pill	Prescription	CUI
1862686	empagliflozin 10 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1862689	empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862690	empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI

Appendix A. List of Concept Unique Identifier (CUI) Codes Used to Define Exposures in this Request

Code	Description	Code Type	Code Category
1545660	empagliflozin 10 MG [Jardiance]	Prescription	CUI
1545658	empagliflozin 10 MG Oral Tablet	Prescription	CUI
1545664	empagliflozin 10 MG Oral Tablet [Jardiance]	Prescription	CUI
1665367	empagliflozin 12.5 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1664323	empagliflozin 12.5 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1665368	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1862693	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862694	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1665369	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Synjardy]	Prescription	CUI
1664324	empagliflozin 12.5 MG / Metformin hydrochloride 500 MG [Synjardy]	Prescription	CUI
1664325	empagliflozin 12.5 MG / Metformin hydrochloride 500 MG Oral Tablet [Synjardy]	Prescription	CUI
1862696	empagliflozin 25 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1862698	empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862699	empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1545667	empagliflozin 25 MG [Jardiance]	Prescription	CUI
1545666	empagliflozin 25 MG Oral Tablet	Prescription	CUI
1545668	empagliflozin 25 MG Oral Tablet [Jardiance]	Prescription	CUI
1664326	empagliflozin 5 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1664315	empagliflozin 5 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1664327	empagliflozin 5 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1862702	empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862703	empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1664328	empagliflozin 5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Synjardy]	Prescription	CUI
1664317	empagliflozin 5 MG / Metformin hydrochloride 500 MG [Synjardy]	Prescription	CUI
1664321	empagliflozin 5 MG / Metformin hydrochloride 500 MG Oral Tablet [Synjardy]	Prescription	CUI
1545655	empagliflozin Oral Product	Prescription	CUI
1545657	empagliflozin Oral Tablet	Prescription	CUI
1545661	empagliflozin Oral Tablet [Jardiance]	Prescription	CUI
1545656	empagliflozin Pill	Prescription	CUI
1992684	ertugliflozin / Metformin	Prescription	CUI
1992681	ertugliflozin / Metformin Oral Product	Prescription	CUI
1992683	ertugliflozin / Metformin Oral Tablet	Prescription	CUI
1992688	ertugliflozin / Metformin Oral Tablet [Segluromet]	Prescription	CUI
1992682	ertugliflozin / Metformin Pill	Prescription	CUI
1992820	ertugliflozin 15 MG [Steglatro]	Prescription	CUI
1992819	ertugliflozin 15 MG Oral Tablet	Prescription	CUI
1992821	ertugliflozin 15 MG Oral Tablet [Steglatro]	Prescription	CUI

Appendix A. List of Concept Unique Identifier (CUI) Codes Used to Define Exposures in this Request

1992687	ertugliflozin 2.5 MG / Metformin hydrochloride 1000 MG [Segluomet]	Prescription	CUI
1992685	ertugliflozin 2.5 MG / metFORMIN hydrochloride 1000 MG Oral Tablet	Prescription	CUI
1992691	ertugliflozin 2.5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Segluomet]	Prescription	CUI
1992694	ertugliflozin 2.5 MG / Metformin hydrochloride 500 MG [Segluomet]	Prescription	CUI
1992693	ertugliflozin 2.5 MG / metFORMIN hydrochloride 500 MG Oral Tablet	Prescription	CUI
1992695	ertugliflozin 2.5 MG / Metformin hydrochloride 500 MG Oral Tablet [Segluomet]	Prescription	CUI
1992812	ertugliflozin 5 MG [Steglatro]	Prescription	CUI
			Code
Code	Description	Code Type	Category
1992810	ertugliflozin 5 MG Oral Tablet	Prescription	CUI
1992816	ertugliflozin 5 MG Oral Tablet [Steglatro]	Prescription	CUI
1992699	ertugliflozin 7.5 MG / Metformin hydrochloride 1000 MG [Segluomet]	Prescription	CUI
1992698	ertugliflozin 7.5 MG / metFORMIN hydrochloride 1000 MG Oral Tablet	Prescription	CUI
1992700	ertugliflozin 7.5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Segluomet]	Prescription	CUI
1992702	ertugliflozin 7.5 MG / Metformin hydrochloride 500 MG [Segluomet]	Prescription	CUI
1992701	ertugliflozin 7.5 MG / metFORMIN hydrochloride 500 MG Oral Tablet	Prescription	CUI
1992703	ertugliflozin 7.5 MG / Metformin hydrochloride 500 MG Oral Tablet [Segluomet]	Prescription	CUI
1992807	ertugliflozin Oral Product	Prescription	CUI
1992809	ertugliflozin Oral Tablet	Prescription	CUI
1992813	ertugliflozin Oral Tablet [Steglatro]	Prescription	CUI
1992674	ertugliflozin pidolate	Prescription	CUI
1992808	ertugliflozin Pill	Prescription	CUI
1486972	Farxiga	Prescription	CUI
1486975	Farxiga Oral Product	Prescription	CUI
1486976	Farxiga Pill	Prescription	CUI
1592713	Xigduo	Prescription	CUI
1592716	Xigduo Oral Product	Prescription	CUI
1592717	Xigduo Pill	Prescription	CUI
1545151	Invokamet	Prescription	CUI
1545154	Invokamet Oral Product	Prescription	CUI
1545155	Invokamet Pill	Prescription	CUI
1664316	Synjardy	Prescription	CUI
1664319	Synjardy Oral Product	Prescription	CUI
1664320	Synjardy Pill	Prescription	CUI
1545659	Jardiance	Prescription	CUI
1545662	Jardiance Oral Product	Prescription	CUI
1545663	Jardiance Pill	Prescription	CUI
1992686	Segluomet	Prescription	CUI
1992689	Segluomet Oral Product	Prescription	CUI
1992690	Segluomet Pill	Prescription	CUI
1992811	Steglatro	Prescription	CUI
1992814	Steglatro Oral Product	Prescription	CUI
1992815	Steglatro Pill	Prescription	CUI
1373458	canagliflozin	Prescription	CUI

Appendix A. List of Concept Unique Identifier (CUI) Codes Used to Define Exposures in this Request

1373459	canagliflozin 100 MG	Prescription	CUI
1545145	canagliflozin 150 MG	Prescription	CUI
1373470	canagliflozin 300 MG	Prescription	CUI
1545160	canagliflozin 50 MG	Prescription	CUI
1488564	dapagliflozin	Prescription	CUI
1488565	dapagliflozin 10 MG	Prescription	CUI
1940495	dapagliflozin 2.5 MG	Prescription	CUI
1488573	dapagliflozin 5 MG	Prescription	CUI
1486966	dapagliflozin propanediol	Prescription	CUI
			Code
Code	Description	Code Type	Category
1486967	dapagliflozin propanediol 10 MG	Prescription	CUI
1486978	dapagliflozin propanediol 5 MG	Prescription	CUI
1545653	empagliflozin	Prescription	CUI
1545654	empagliflozin 10 MG	Prescription	CUI
1664322	empagliflozin 12.5 MG	Prescription	CUI
1545665	empagliflozin 25 MG	Prescription	CUI
1664310	empagliflozin 5 MG	Prescription	CUI
1992672	ertugliflozin	Prescription	CUI
1992818	ertugliflozin 15 MG	Prescription	CUI
1992680	ertugliflozin 2.5 MG	Prescription	CUI
1992806	ertugliflozin 5 MG	Prescription	CUI
1992697	ertugliflozin 7.5 MG	Prescription	CUI
SGLT-2 Inhibitors			
1159662	sitagliptin Oral Products	Prescription	CUI
1159663	sitagliptin Pills	Prescription	CUI
1189800	Simvastatin / sitagliptin Oral Product	Prescription	CUI
1189801	Simvastatin / sitagliptin Pills	Prescription	CUI
1189804	simvastatin 10 MG / sitagliptin 100 MG (sitagliptin phosphate monohydrate 128.5 MG) Oral Tablet	Prescription	CUI
1189808	simvastatin 20 MG / sitagliptin 100 MG (as sitagliptin phosphate monohydrate 128.5 MG) Oral Tablet	Prescription	CUI
1189811	Simvastatin / sitagliptin Oral Tablet [Juvisync 100/20]	Prescription	CUI
1189824	Simvastatin / sitagliptin Oral Tablet [Juvisync 100/40]	Prescription	CUI
1243826	Metformin / sitagliptin Extended Release Tablet	Prescription	CUI
1243827	24 HR Metformin hydrochloride 1000 MG / sitagliptin 100 MG Extended Release Oral Tablet	Prescription	CUI
1243829	Metformin hydrochloride 1000 MG / sitagliptin 100 MG [Janumet]	Prescription	CUI
1243839	Metformin / sitagliptin Extended Release Tablet [Janumet 50/1000]	Prescription	CUI
1243844	Metformin hydrochloride 1000 MG / sitagliptin 50 MG Extended Release Oral Tablet	Prescription	CUI
1243849	Metformin hydrochloride 500 MG / sitagliptin 50 MG Extended Release Oral Tablet	Prescription	CUI
1243850	Metformin hydrochloride 500 MG / sitagliptin 50 MG Extended Release Tablet [Janumet 50/500]	Prescription	CUI
1312411	Simvastatin 10 MG / sitagliptin 50 MG [Juvisync]	Prescription	CUI

Appendix A. List of Concept Unique Identifier (CUI) Codes Used to Define Exposures in this Request

Code	Description	Code Type	Code Category
1312416	Simvastatin 20 MG / sitagliptin 50 MG Oral Tablet	Prescription	CUI
1312418	Simvastatin 20 MG / sitagliptin 50 MG [Juvisync]	Prescription	CUI
621590	sitagliptin phosphate	Prescription	CUI
665032	sitagliptin Oral Tablet	Prescription	CUI
665033	sitagliptin 100 MG (as sitagliptin phosphate monohydrate 128.5 MG) Oral Tablet	Prescription	CUI
665034	sitagliptin 100 MG [Januvia]	Prescription	CUI
665035	sitagliptin Oral Tablet [Januvia]	Prescription	CUI
665036	Januvia 100 MG (as sitagliptin phosphate monohydrate 128.5 MG) Oral Tablet	Prescription	CUI
665038	sitagliptin 25 MG (sitagliptin phosphate monohydrate 32.13 MG) Oral Tablet	Prescription	CUI
665039	sitagliptin 25 MG [Januvia]	Prescription	CUI
665040	Januvia 25 MG (sitagliptin phosphate monohydrate 32.13 MG) Oral Tablet	Prescription	CUI
665042	sitagliptin 50 MG Oral Tablet	Prescription	CUI
665043	sitagliptin 50 MG [Januvia]	Prescription	CUI
665044	Januvia 50 MG (as sitagliptin phosphate monohydrate 64.25 MG) Oral Tablet	Prescription	CUI
729717	Metformin / sitagliptin	Prescription	CUI
757607	Metformin / sitagliptin Oral Tablet [Janumet 50/500]	Prescription	CUI
861769	metformin hydrochloride 1000 MG / sitagliptin 50 MG (as sitagliptin phosphate monohydrate 64.25 MG) Oral Tablet	Prescription	CUI
861820	Metformin hydrochloride 500 MG / sitagliptin 50 MG [Janumet]	Prescription	CUI
1312423	Simvastatin 40 MG / sitagliptin 50 MG Oral Tablet	Prescription	CUI
1312425	Simvastatin 40 MG / sitagliptin 50 MG [Juvisync]	Prescription	CUI
700516	Metformin / sitagliptin Oral Tablet	Prescription	CUI
757603	Metformin / sitagliptin Oral Tablet [Janumet]	Prescription	CUI
861770	Metformin hydrochloride 1000 MG / sitagliptin 50 MG [Janumet 50/1000]	Prescription	CUI
861819	sitaGLIPTin 50 MG / metFORMIN hydrochloride 500 MG Oral Tablet	Prescription	CUI
1189806	Simvastatin 10 MG / sitagliptin 100 MG [Juvisync]	Prescription	CUI
1189810	Simvastatin 20 MG / sitagliptin 100 MG [Juvisync 100/20]	Prescription	CUI
1189821	simvastatin 40 MG / sitagliptin 100 MG (sitagliptin phosphate monohydrate 128.5 MG) Oral Tablet	Prescription	CUI
1189823	Simvastatin 40 MG / sitagliptin 100 MG [Juvisync]	Prescription	CUI
1243834	Metformin hydrochloride 1000 MG / sitagliptin 100 MG Extended Release Tablet	Prescription	CUI
1243835	Metformin hydrochloride 1000 MG / sitagliptin 100 MG Extended Release Tablet [Janumet]	Prescription	CUI
1243842	metformin hydrochloride 1000 MG / sitagliptin (as sitagliptin phosphate monohydrate) 50 MG 24 HR Extended Release Tablet	Prescription	CUI
1312409	simvastatin 10 MG / sitagliptin 50 MG (sitagliptin phosphate monohydrate 64.25 MG) Oral Tablet	Prescription	CUI
1372754	Juvisync	Prescription	CUI
1189805	Juvisync 100/10	Prescription	CUI
1189816	Juvisync 100/10 Oral Product	Prescription	CUI
1189817	Juvisync 100/10 Pills	Prescription	CUI
1189809	Juvisync 100/20	Prescription	CUI
1189812	Juvisync 100/20 Oral Products	Prescription	CUI
1189813	Juvisync 100/20 Pill	Prescription	CUI

Appendix A. List of Concept Unique Identifier (CUI) Codes Used to Define Exposures in this Request

1189822	Juvisync 100/40	Prescription	CUI
1189825	Juvisync 100/40 Oral Products	Prescription	CUI
1189826	Juvisync 100/40 Pill	Prescription	CUI
704929	janumet	Prescription	CUI
1372738	Janumet	Prescription	CUI
1243828	Janumet 100/1000	Prescription	CUI
1243831	Janumet 100/1000 Oral Products	Prescription	CUI
1243832	Janumet 100/1000 Pill	Prescription	CUI
757601	Janumet 50/1000	Prescription	CUI
			Code
Code	Description	Code Type	Category
1167810	Janumet 50/1000 Oral Products	Prescription	CUI
1167811	Janumet 50/1000 Pill	Prescription	CUI
757605	Janumet 50/500	Prescription	CUI
1167812	Janumet 50/500 Oral Products	Prescription	CUI
1167813	Janumet 50/500 Pill	Prescription	CUI
638596	Januvia	Prescription	CUI
1167814	Januvia Oral Products	Prescription	CUI
1167815	Januvia Pill	Prescription	CUI
593411	sitagliptin	Prescription	CUI
665031	sitagliptin 100 MG	Prescription	CUI
665037	sitagliptin 25 MG	Prescription	CUI
665041	sitagliptin 50 MG	Prescription	CUI

Appendix B. List of Concept Unique Identifier (CUI) Codes Used to Define Inclusion/Exclusion Criteria for this Request

We used the following strategies to identify exclusion codes for this request:

SGLT-2 Inhibitor Exclusion: We included all CUIs that include canagliflozin/dapagliflozin/empagliflozin/ertugliflozin generic or brand names in the constituent or description field

DPP-4 Inhibitor Exclusion: We included all CUIs that include sitagliptin/saxagliptin/linagliptin/alogliptin generic or brand names in the constituent or description field

Code	Description	Code Type	Code Category
SGLT-2 Inhibitor Exclusion			
1810997	24 HR canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1810999	24 HR canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1811002	24 HR canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1811003	24 HR canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1811006	24 HR canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1811007	24 HR canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1811010	24 HR canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1811011	24 HR canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545149	canagliflozin / Metformin	Prescription	CUI
1810996	canagliflozin / Metformin Extended Release Oral Tablet	Prescription	CUI
1810998	canagliflozin / Metformin Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545146	canagliflozin / Metformin Oral Product	Prescription	CUI
1545148	canagliflozin / Metformin Oral Tablet	Prescription	CUI
1545153	canagliflozin / Metformin Oral Tablet [Invokamet]	Prescription	CUI
1545147	canagliflozin / Metformin Pill	Prescription	CUI
1373465	canagliflozin 100 MG [Invokana]	Prescription	CUI
1373463	canagliflozin 100 MG Oral Tablet	Prescription	CUI
1373469	canagliflozin 100 MG Oral Tablet [Invokana]	Prescription	CUI
1545150	canagliflozin 150 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1545157	canagliflozin 150 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1545152	canagliflozin 150 MG / Metformin hydrochloride 1000 MG [Invokamet]	Prescription	CUI
1811000	canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1811001	canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545156	canagliflozin 150 MG / Metformin hydrochloride 1000 MG Oral Tablet [Invokamet]	Prescription	CUI
1545158	canagliflozin 150 MG / Metformin hydrochloride 500 MG [Invokamet]	Prescription	CUI

Appendix B. List of Concept Unique Identifier (CUI) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Type	Code Category
1811004	canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1811005	canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545159	canagliflozin 150 MG / Metformin hydrochloride 500 MG Oral Tablet [Invokamet]	Prescription	CUI
1373472	canagliflozin 300 MG [Invokana]	Prescription	CUI
1373471	canagliflozin 300 MG Oral Tablet	Prescription	CUI
1373473	canagliflozin 300 MG Oral Tablet [Invokana]	Prescription	CUI
1545161	canagliflozin 50 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1545164	canagliflozin 50 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1545162	canagliflozin 50 MG / Metformin hydrochloride 1000 MG [Invokamet]	Prescription	CUI
1811008	canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1811009	canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545163	canagliflozin 50 MG / Metformin hydrochloride 1000 MG Oral Tablet [Invokamet]	Prescription	CUI
1545165	canagliflozin 50 MG / Metformin hydrochloride 500 MG [Invokamet]	Prescription	CUI
1811012	canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1811013	canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545166	canagliflozin 50 MG / Metformin hydrochloride 500 MG Oral Tablet [Invokamet]	Prescription	CUI
1546031	canagliflozin anhydrous	Prescription	CUI
1373460	canagliflozin Oral Product	Prescription	CUI
1373462	canagliflozin Oral Tablet	Prescription	CUI
1373466	canagliflozin Oral Tablet [Invokana]	Prescription	CUI
1373461	canagliflozin Pill	Prescription	CUI
1593058	24 HR dapagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1593775	24 HR dapagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593068	24 HR dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1593835	24 HR dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1940496	24 HR dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1940498	24 HR dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593070	24 HR dapagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1593833	24 HR dapagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI

Appendix B. List of Concept Unique Identifier (CUI) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Type	Code Category
1593072	24 HR dapagliflozin 5 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1593831	24 HR dapagliflozin 5 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1488569	dapagliflozin (as dapagliflozin propanediol) 10 MG Oral Tablet	Prescription	CUI
1488574	dapagliflozin (as dapagliflozin propanediol) 5 MG Oral Tablet	Prescription	CUI
1486436	dapagliflozin / Metformin	Prescription	CUI
1593057	dapagliflozin / Metformin Extended Release Oral Tablet	Prescription	CUI
1593774	dapagliflozin / Metformin Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1592709	dapagliflozin / Metformin Oral Product	Prescription	CUI
1592710	dapagliflozin / Metformin Pill	Prescription	CUI
1727500	dapagliflozin / saxagliptin	Prescription	CUI
1925495	dapagliflozin / saxagliptin Oral Product	Prescription	CUI
1925497	dapagliflozin / saxagliptin Oral Tablet	Prescription	CUI
1925501	dapagliflozin / saxagliptin Oral Tablet [Qtern]	Prescription	CUI
1925496	dapagliflozin / saxagliptin Pill	Prescription	CUI
1925498	dapagliflozin 10 MG (as dapagliflozin propanediol 12.3 MG) / saxagliptin 5 MG (as saxagliptin HCl 5.95 MG) Oral Tablet	Prescription	CUI
1593059	dapagliflozin 10 MG / metformin HCl 1000 MG Extended Release Oral Tablet	Prescription	CUI
1592722	dapagliflozin 10 MG / Metformin hydrochloride 1000 MG [Xigduo]	Prescription	CUI
1593776	dapagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593826	dapagliflozin 10 MG / Metformin hydrochloride 500 MG [Xigduo]	Prescription	CUI
1593069	dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1593827	dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1925500	dapagliflozin 10 MG / saxagliptin 5 MG [Qtern]	Prescription	CUI
1925504	dapagliflozin 10 MG / saxagliptin 5 MG Oral Tablet [Qtern]	Prescription	CUI
1534397	dapagliflozin 10 MG [Farxiga]	Prescription	CUI
1486977	dapagliflozin 10 MG Oral Tablet [Farxiga]	Prescription	CUI
1940497	dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG [Xigduo]	Prescription	CUI
1940499	dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1940500	dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593071	dapagliflozin 5 MG / metformin HCl 1000 MG Extended Release Oral Tablet	Prescription	CUI
1593073	dapagliflozin 5 MG / metformin HCl 500 MG Extended Release Oral Tablet	Prescription	CUI
1593828	dapagliflozin 5 MG / Metformin hydrochloride 1000 MG [Xigduo]	Prescription	CUI
1593829	dapagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593830	dapagliflozin 5 MG / Metformin hydrochloride 500 MG [Xigduo]	Prescription	CUI
1593832	dapagliflozin 5 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI

Appendix B. List of Concept Unique Identifier (CUI) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Type	Code Category
1534344	dapagliflozin 5 MG [Farxiga]	Prescription	CUI
1486981	dapagliflozin 5 MG Oral Tablet [Farxiga]	Prescription	CUI
1488566	dapagliflozin Oral Product	Prescription	CUI
1488568	dapagliflozin Oral Tablet	Prescription	CUI
1534343	dapagliflozin Oral Tablet [Farxiga]	Prescription	CUI
1488567	dapagliflozin Pill	Prescription	CUI
1486973	dapagliflozin propanediol 10 MG [Farxiga]	Prescription	CUI
1486971	dapagliflozin propanediol 10 MG Oral Tablet	Prescription	CUI
1486980	dapagliflozin propanediol 5 MG [Farxiga]	Prescription	CUI
1486979	dapagliflozin propanediol 5 MG Oral Tablet	Prescription	CUI
1486968	dapagliflozin propanediol Oral Product	Prescription	CUI
1486970	dapagliflozin propanediol Oral Tablet	Prescription	CUI
1486974	dapagliflozin propanediol Oral Tablet [Farxiga]	Prescription	CUI
1486969	dapagliflozin propanediol Pill	Prescription	CUI
1862685	24 HR empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862688	24 HR empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862691	24 HR empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862692	24 HR empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862695	24 HR empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862697	24 HR empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862700	24 HR empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862701	24 HR empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1598392	empagliflozin / Linagliptin	Prescription	CUI
1602106	empagliflozin / Linagliptin Oral Product	Prescription	CUI
1602108	empagliflozin / Linagliptin Oral Tablet	Prescription	CUI
1602112	empagliflozin / Linagliptin Oral Tablet [Glyxambi]	Prescription	CUI
1602107	empagliflozin / Linagliptin Pill	Prescription	CUI
1664314	empagliflozin / Metformin	Prescription	CUI
1862684	empagliflozin / Metformin Extended Release Oral Tablet	Prescription	CUI
1862687	empagliflozin / Metformin Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1664311	empagliflozin / Metformin Oral Product	Prescription	CUI
1664313	empagliflozin / Metformin Oral Tablet	Prescription	CUI
1664318	empagliflozin / Metformin Oral Tablet [Synjardy]	Prescription	CUI
1664312	empagliflozin / Metformin Pill	Prescription	CUI
1602111	empagliflozin 10 MG / Linagliptin 5 MG [Glyxambi]	Prescription	CUI

Appendix B. List of Concept Unique Identifier (CUI) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Type	Code Category
1602109	empagliflozin 10 MG / linagliptin 5 MG Oral Tablet	Prescription	CUI
1602115	empagliflozin 10 MG / Linagliptin 5 MG Oral Tablet [Glyxambi]	Prescription	CUI
1862686	empagliflozin 10 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1862689	empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862690	empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1545660	empagliflozin 10 MG [Jardiance]	Prescription	CUI
1545658	empagliflozin 10 MG Oral Tablet	Prescription	CUI
1545664	empagliflozin 10 MG Oral Tablet [Jardiance]	Prescription	CUI
1665367	empagliflozin 12.5 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1664323	empagliflozin 12.5 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1665368	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1862693	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862694	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1665369	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Synjardy]	Prescription	CUI
1664324	empagliflozin 12.5 MG / Metformin hydrochloride 500 MG [Synjardy]	Prescription	CUI
1664325	empagliflozin 12.5 MG / Metformin hydrochloride 500 MG Oral Tablet [Synjardy]	Prescription	CUI
1602119	empagliflozin 25 MG / Linagliptin 5 MG [Glyxambi]	Prescription	CUI
1602118	empagliflozin 25 MG / linagliptin 5 MG Oral Tablet	Prescription	CUI
1602120	empagliflozin 25 MG / Linagliptin 5 MG Oral Tablet [Glyxambi]	Prescription	CUI
1862696	empagliflozin 25 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1862698	empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862699	empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1545667	empagliflozin 25 MG [Jardiance]	Prescription	CUI
1545666	empagliflozin 25 MG Oral Tablet	Prescription	CUI
1545668	empagliflozin 25 MG Oral Tablet [Jardiance]	Prescription	CUI
1664326	empagliflozin 5 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1664315	empagliflozin 5 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1664327	empagliflozin 5 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1862702	empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862703	empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1664328	empagliflozin 5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Synjardy]	Prescription	CUI
1664317	empagliflozin 5 MG / Metformin hydrochloride 500 MG [Synjardy]	Prescription	CUI
1664321	empagliflozin 5 MG / Metformin hydrochloride 500 MG Oral Tablet [Synjardy]	Prescription	CUI
1545655	empagliflozin Oral Product	Prescription	CUI

Appendix B. List of Concept Unique Identifier (CUI) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Type	Code Category
1545657	empagliflozin Oral Tablet	Prescription	CUI
1545661	empagliflozin Oral Tablet [Jardiance]	Prescription	CUI
1545656	empagliflozin Pill	Prescription	CUI
1992684	ertugliflozin / Metformin	Prescription	CUI
1992681	ertugliflozin / Metformin Oral Product	Prescription	CUI
1992683	ertugliflozin / Metformin Oral Tablet	Prescription	CUI
1992688	ertugliflozin / Metformin Oral Tablet [Segluromet]	Prescription	CUI
1992682	ertugliflozin / Metformin Pill	Prescription	CUI
1992825	ertugliflozin / sitagliptin	Prescription	CUI
1992822	ertugliflozin / sitagliptin Oral Product	Prescription	CUI
1992824	ertugliflozin / sitagliptin Oral Tablet	Prescription	CUI
1992829	ertugliflozin / sitagliptin Oral Tablet [Steglujan]	Prescription	CUI
1992823	ertugliflozin / sitagliptin Pill	Prescription	CUI
1992828	ertugliflozin 15 MG / sitagliptin 100 MG [Steglujan]	Prescription	CUI
1992826	ertugliflozin 15 MG / sitagliptin 100 MG Oral Tablet	Prescription	CUI
1992832	ertugliflozin 15 MG / sitagliptin 100 MG Oral Tablet [Steglujan]	Prescription	CUI
1992820	ertugliflozin 15 MG [Steglatro]	Prescription	CUI
1992819	ertugliflozin 15 MG Oral Tablet	Prescription	CUI
1992821	ertugliflozin 15 MG Oral Tablet [Steglatro]	Prescription	CUI
1992687	ertugliflozin 2.5 MG / Metformin hydrochloride 1000 MG [Segluromet]	Prescription	CUI
1992685	ertugliflozin 2.5 MG / metFORMIN hydrochloride 1000 MG Oral Tablet	Prescription	CUI
1992691	ertugliflozin 2.5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Segluromet]	Prescription	CUI
1992694	ertugliflozin 2.5 MG / Metformin hydrochloride 500 MG [Segluromet]	Prescription	CUI
1992693	ertugliflozin 2.5 MG / metFORMIN hydrochloride 500 MG Oral Tablet	Prescription	CUI
1992695	ertugliflozin 2.5 MG / Metformin hydrochloride 500 MG Oral Tablet [Segluromet]	Prescription	CUI
1992836	ertugliflozin 5 MG / sitagliptin 100 MG [Steglujan]	Prescription	CUI
1992835	ertugliflozin 5 MG / sitagliptin 100 MG Oral Tablet	Prescription	CUI
1992837	ertugliflozin 5 MG / sitagliptin 100 MG Oral Tablet [Steglujan]	Prescription	CUI
1992812	ertugliflozin 5 MG [Steglatro]	Prescription	CUI
1992810	ertugliflozin 5 MG Oral Tablet	Prescription	CUI
1992816	ertugliflozin 5 MG Oral Tablet [Steglatro]	Prescription	CUI
1992699	ertugliflozin 7.5 MG / Metformin hydrochloride 1000 MG [Segluromet]	Prescription	CUI
1992698	ertugliflozin 7.5 MG / metFORMIN hydrochloride 1000 MG Oral Tablet	Prescription	CUI
1992700	ertugliflozin 7.5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Segluromet]	Prescription	CUI
1992702	ertugliflozin 7.5 MG / Metformin hydrochloride 500 MG [Segluromet]	Prescription	CUI
1992701	ertugliflozin 7.5 MG / metFORMIN hydrochloride 500 MG Oral Tablet	Prescription	CUI
1992703	ertugliflozin 7.5 MG / Metformin hydrochloride 500 MG Oral Tablet [Segluromet]	Prescription	CUI
1992807	ertugliflozin Oral Product	Prescription	CUI
1992809	ertugliflozin Oral Tablet	Prescription	CUI
1992813	ertugliflozin Oral Tablet [Steglatro]	Prescription	CUI
1992674	ertugliflozin pidolate	Prescription	CUI

Appendix B. List of Concept Unique Identifier (CUI) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Type	Code Category
1992808	ertugliflozin Pill	Prescription	CUI
1486972	Farxiga	Prescription	CUI
1486975	Farxiga Oral Product	Prescription	CUI
1486976	Farxiga Pill	Prescription	CUI
1592713	Xigduo	Prescription	CUI
1592716	Xigduo Oral Product	Prescription	CUI
1592717	Xigduo Pill	Prescription	CUI
1545151	Invokamet	Prescription	CUI
1545154	Invokamet Oral Product	Prescription	CUI
1545155	Invokamet Pill	Prescription	CUI
1925499	Qtern	Prescription	CUI
1925502	Qtern Oral Product	Prescription	CUI
1925503	Qtern Pill	Prescription	CUI
1664316	Synjardy	Prescription	CUI
1664319	Synjardy Oral Product	Prescription	CUI
1664320	Synjardy Pill	Prescription	CUI
1602110	Glyxambi	Prescription	CUI
1602113	Glyxambi Oral Product	Prescription	CUI
1602114	Glyxambi Pill	Prescription	CUI
1545659	Jardiance	Prescription	CUI
1545662	Jardiance Oral Product	Prescription	CUI
1545663	Jardiance Pill	Prescription	CUI
1992686	Segluromet	Prescription	CUI
1992689	Segluromet Oral Product	Prescription	CUI
1992690	Segluromet Pill	Prescription	CUI
1992827	Steglujan	Prescription	CUI
1992830	Steglujan Oral Product	Prescription	CUI
1992831	Steglujan Pill	Prescription	CUI
1992811	Steglatro	Prescription	CUI
1992814	Steglatro Oral Product	Prescription	CUI
1992815	Steglatro Pill	Prescription	CUI
1373458	canagliflozin	Prescription	CUI
1373459	canagliflozin 100 MG	Prescription	CUI
1545145	canagliflozin 150 MG	Prescription	CUI
1373470	canagliflozin 300 MG	Prescription	CUI
1545160	canagliflozin 50 MG	Prescription	CUI
1488564	dapagliflozin	Prescription	CUI
1488565	dapagliflozin 10 MG	Prescription	CUI
1940495	dapagliflozin 2.5 MG	Prescription	CUI
1488573	dapagliflozin 5 MG	Prescription	CUI
1486966	dapagliflozin propanediol	Prescription	CUI
1486967	dapagliflozin propanediol 10 MG	Prescription	CUI
1486978	dapagliflozin propanediol 5 MG	Prescription	CUI

Appendix B. List of Concept Unique Identifier (CUI) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Type	Code Category
1545653	empagliflozin	Prescription	CUI
1545654	empagliflozin 10 MG	Prescription	CUI
1664322	empagliflozin 12.5 MG	Prescription	CUI
1545665	empagliflozin 25 MG	Prescription	CUI
1664310	empagliflozin 5 MG	Prescription	CUI
1992672	ertugliflozin	Prescription	CUI
1992818	ertugliflozin 15 MG	Prescription	CUI
1992680	ertugliflozin 2.5 MG	Prescription	CUI
1992806	ertugliflozin 5 MG	Prescription	CUI
1992697	ertugliflozin 7.5 MG	Prescription	CUI
DPP-4 Inhibitor Exclusion			
1043563	metformin hydrochloride 1000 MG / saxagliptin 2.5 MG 24 HR Extended Release Oral Tablet	Prescription	CUI
1043565	Metformin hydrochloride 1000 MG / saxagliptin 2.5 MG [Kombiglyze]	Prescription	CUI
1043567	Kombiglyze 2.5/1000 24 HR Extended Release Oral Tablet	Prescription	CUI
1043568	Metformin hydrochloride 1000 MG / saxagliptin 2.5 MG Extended Release Oral Tablet	Prescription	CUI
1043569	Metformin hydrochloride 1000 MG / saxagliptin 2.5 MG Extended Release Tablet [Kombiglyze]	Prescription	CUI
1043570	metformin hydrochloride 1000 MG / saxagliptin 5 MG 24 HR Extended Release Tablet	Prescription	CUI
1043572	Metformin hydrochloride 1000 MG / saxagliptin 5 MG [Kombiglyze 5/1000]	Prescription	CUI
1043574	Kombiglyze 5/1000 24 HR Extended Release Oral Tablet	Prescription	CUI
1043575	Metformin hydrochloride 1000 MG / saxagliptin 5 MG Extended Release Tablet	Prescription	CUI
1043576	Metformin hydrochloride 1000 MG / saxagliptin 5 MG Extended Release Tablet [Kombiglyze]	Prescription	CUI
1043578	metformin hydrochloride 500 MG / saxagliptin 5 MG 24 HR Extended Release Tablet	Prescription	CUI
1043580	Metformin hydrochloride 500 MG / saxagliptin 5 MG [Kombiglyze]	Prescription	CUI
1043582	Kombiglyze 5/500 24 HR Extended Release Oral Tablet	Prescription	CUI
1043583	Metformin hydrochloride 500 MG / saxagliptin 5 MG Extended Release Tablet	Prescription	CUI
1043584	Metformin hydrochloride 500 MG / saxagliptin 5 MG Extended Release Tablet [Kombiglyze]	Prescription	CUI
1100702	linagliptin 5 MG Oral Tablet	Prescription	CUI
1100704	Linagliptin 5 MG [Tradjenta]	Prescription	CUI
1100706	Tradjenta 5 MG Oral Tablet	Prescription	CUI
1189804	Simvastatin 10 MG / sitagliptin 100 MG Oral Tablet	Prescription	CUI
1189806	Simvastatin 10 MG / sitagliptin 100 MG [Juvvisync]	Prescription	CUI
1189808	Simvastatin 20 MG / sitagliptin 100 MG Oral Tablet	Prescription	CUI
1189810	Simvastatin 20 MG / sitagliptin 100 MG [Juvvisync 100/20]	Prescription	CUI
1189821	simvastatin 40 MG / sitagliptin 100 MG (sitagliptin phosphate monohydrate 128.5 MG) Oral Tablet	Prescription	CUI
1189823	Simvastatin 40 MG / sitagliptin 100 MG [Juvvisync]	Prescription	CUI
1243020	Linagliptin 2.5 MG / Metformin hydrochloride 1000 MG Oral Tablet	Prescription	CUI

Appendix B. List of Concept Unique Identifier (CUI) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Type	Code Category
1243022	Linagliptin 2.5 MG / Metformin hydrochloride 1000 MG [Jentadueto]	Prescription	CUI
1243026	Jentadueto 2.5 MG / 1000 MG Oral Tablet	Prescription	CUI
1243027	Linagliptin 2.5 MG / Metformin hydrochloride 500 MG Oral Tablet	Prescription	CUI
1243029	Linagliptin 2.5 MG / Metformin hydrochloride 500 MG [Jentadueto]	Prescription	CUI
1243033	Jentadueto 2.5 MG / 500 MG Oral Tablet	Prescription	CUI
1243034	Linagliptin 2.5 MG / Metformin hydrochloride 850 MG Oral Tablet	Prescription	CUI
1243036	Linagliptin 2.5 MG / Metformin hydrochloride 850 MG [Jentadueto]	Prescription	CUI
1243040	Jentadueto 2.5 MG / 850 MG Oral Tablet	Prescription	CUI
1243827	metformin hydrochloride 1000 MG / sitagliptin (as sitagliptin phosphate monohydrate) 100 MG 24 HR Extended Release Tablet	Prescription	CUI
1243829	Metformin hydrochloride 1000 MG / sitagliptin 100 MG [Janumet]	Prescription	CUI
1243833	Janumet XR 100 MG / 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1243834	Metformin hydrochloride 1000 MG / sitagliptin 100 MG Extended Release Tablet	Prescription	CUI
1243835	Metformin hydrochloride 1000 MG / sitagliptin 100 MG Extended Release Tablet [Janumet]	Prescription	CUI
1243842	metformin hydrochloride 1000 MG / sitagliptin (as sitagliptin phosphate monohydrate) 50 MG 24 HR Extended Release Tablet	Prescription	CUI
1243843	Janumet XR 50 MG / 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1243844	Metformin hydrochloride 1000 MG / sitagliptin 50 MG Extended Release Oral Tablet	Prescription	CUI
1243845	Metformin hydrochloride 1000 MG / sitagliptin 50 MG Extended Release Oral Tablet [Janumet]	Prescription	CUI
1243846	metformin hydrochloride 500 MG / sitagliptin (as sitagliptin phosphate) 50 MG 24 HR Extended Release Tablet	Prescription	CUI
1243848	Janumet XR 50 MG / 500 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1243849	Metformin hydrochloride 500 MG / sitagliptin 50 MG Extended Release Oral Tablet	Prescription	CUI
1243850	Metformin hydrochloride 500 MG / sitagliptin 50 MG Extended Release Tablet [Janumet 50/500]	Prescription	CUI
1312409	simvastatin 10 MG / sitagliptin 50 MG (sitagliptin phosphate monohydrate 64.25 MG) Oral Tablet	Prescription	CUI
1312411	Simvastatin 10 MG / sitagliptin 50 MG [Juvisync]	Prescription	CUI
1312416	sitaGLIPtin 50 MG / simvastatin 20 MG Oral Tablet	Prescription	CUI
1312418	Simvastatin 20 MG / sitagliptin 50 MG [Juvisync]	Prescription	CUI
1312423	sitaGLIPtin 50 MG / simvastatin 40 MG Oral Tablet	Prescription	CUI
1312425	Simvastatin 40 MG / sitagliptin 50 MG [Juvisync]	Prescription	CUI
1368006	alogliptin 25 MG (as alogliptin benzoate 34 MG) Oral Tablet	Prescription	CUI
1368008	alogliptin 25 MG [Nesina]	Prescription	CUI
1368012	Nesina 25 MG (as alogliptin benzoate 34 MG) Oral Tablet	Prescription	CUI
1368018	alogliptin 6.25 MG (as alogliptin benzoate 8.5 MG) Oral Tablet	Prescription	CUI
1368019	alogliptin 6.25 MG [Nesina]	Prescription	CUI
1368020	Nesina 6.25 MG (as alogliptin benzoate 8.5 MG) Oral Tablet	Prescription	CUI
1368034	alogliptin 12.5 MG (as alogliptin benzoate 17 MG) Oral Tablet	Prescription	CUI
1368035	alogliptin 12.5 MG [Nesina]	Prescription	CUI

Appendix B. List of Concept Unique Identifier (CUI) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Type	Code Category
1368036	Nesina 12.5 MG (as alogliptin benzoate 17 MG) Oral Tablet	Prescription	CUI
1368385	alogliptin 12.5 MG (as alogliptin benzoate 17 MG) / metformin hydrochloride 1000 MG Oral Tablet	Prescription	CUI
1368387	alogliptin 12.5 MG / Metformin hydrochloride 1000 MG [Kazano]	Prescription	CUI
1368391	Kazano 12.5 MG / 1000 MG Oral Tablet	Prescription	CUI
1368392	alogliptin 12.5 MG (as alogliptin benzoate 17 MG / metformin hydrochloride 500 MG) Oral Tablet	Prescription	CUI
1368394	alogliptin 12.5 MG / Metformin hydrochloride 500 MG [Kazano]	Prescription	CUI
1368398	Kazano 12.5 MG / 500 MG Oral Tablet	Prescription	CUI
1368403	alogliptin 12.5 MG (as alogliptin benzoate 17 MG) / pioglitazone 15 MG (as pioglitazone hydrochloride 16.53 MG) Oral Tablet	Prescription	CUI
1368405	alogliptin 12.5 MG / pioglitazone 15 MG [Oseni]	Prescription	CUI
1368409	Oseni 12.5 MG / 15 MG Oral Tablet	Prescription	CUI
1368410	alogliptin 12.5 MG (as alogliptin benzoate 17 MG) / pioglitazone 30 MG (as pioglitazone hydrochloride 33.06 MG) Oral Tablet	Prescription	CUI
1368412	alogliptin 12.5 MG / pioglitazone 30 MG [Oseni]	Prescription	CUI
1368416	Oseni 12.5 MG / 30 MG Oral Tablet	Prescription	CUI
1368417	alogliptin 12.5 MG (as alogliptin benzoate 17 MG) / pioglitazone 45 MG (as pioglitazone hydrochloride 49.59 MG) Oral Tablet	Prescription	CUI
1368419	alogliptin 12.5 MG / pioglitazone 45 MG [Oseni]	Prescription	CUI
1368423	Oseni 12.5 MG / 45 MG Oral Tablet	Prescription	CUI
1368424	alogliptin 25 MG (as alogliptin benzoate 34 MG) / pioglitazone 15 MG (as pioglitazone hydrochloride 16.53 MG) Oral Tablet	Prescription	CUI
1368426	alogliptin 25 MG / pioglitazone 15 MG [Oseni]	Prescription	CUI
1368430	Oseni 25 MG / 15 MG Oral Tablet	Prescription	CUI
1368431	alogliptin 25 MG (as alogliptin benzoate 34 MG) / pioglitazone 30 MG (as pioglitazone hydrochloride 33.06 MG) Oral Tablet	Prescription	CUI
1368433	alogliptin 25 MG / pioglitazone 30 MG [Oseni]	Prescription	CUI
1368437	Oseni 25 MG / 30 MG Oral Tablet	Prescription	CUI
1368438	alogliptin 25 MG (as alogliptin benzoate 34 MG) / pioglitazone 45 MG (as pioglitazone hydrochloride 49.59 MG) Oral Tablet	Prescription	CUI
1368440	alogliptin 25 MG / pioglitazone 45 MG [Oseni]	Prescription	CUI
1368444	Oseni 25 MG / 45 MG Oral Tablet	Prescription	CUI
1602109	empagliflozin 10 MG / Linagliptin 5 MG Oral Tablet	Prescription	CUI
1602111	empagliflozin 10 MG / Linagliptin 5 MG [Glyxambi]	Prescription	CUI
1602115	Glyxambi (empagliflozin 10 MG / linagliptin 5 MG) Oral Tablet	Prescription	CUI
1602118	empagliflozin 25 MG / linagliptin 5 MG Oral Tablet	Prescription	CUI
1602119	empagliflozin 25 MG / Linagliptin 5 MG [Glyxambi]	Prescription	CUI
1602120	Glyxambi (empagliflozin 25 MG / linagliptin 5 MG) Oral Tablet	Prescription	CUI
1796089	linagliptin 2.5 MG / metFORMIN HCl 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1796091	Jentaduetto XR (linagliptin 2.5 MG / metformin HCl 1000 MG) 24HR Extended Release Oral Tablet	Prescription	CUI
1796092	Linagliptin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI

Appendix B. List of Concept Unique Identifier (CUI) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Type	Code Category
1796093	Linagliptin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Jentadueto]	Prescription	CUI
1796094	linagliptin 5 MG / metformin HCl 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1796095	Linagliptin 5 MG / Metformin hydrochloride 1000 MG [Jentadueto]	Prescription	CUI
1796096	Jentadueto XR (linagliptin 5 MG / metformin HCl 1000 MG) 24HR Extended Release Oral Tablet	Prescription	CUI
1796097	Linagliptin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1796098	Linagliptin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Jentadueto]	Prescription	CUI
1925498	dapagliflozin 10 MG (as dapagliflozin propanediol 12.3 MG) / saxagliptin 5 MG (as saxagliptin HCl 5.95 MG) Oral Tablet	Prescription	CUI
1925500	dapagliflozin 10 MG / saxagliptin 5 MG [Qtern]	Prescription	CUI
1925504	Qtern (dapagliflozin 10 MG (as dapagliflozin propanediol 12.3 MG) / saxagliptin 5 MG (as saxagliptin HCl 5.95 MG)) Oral Tablet	Prescription	CUI
1992826	ertugliflozin 15 MG / sitagliptin 100 MG Oral Tablet	Prescription	CUI
1992828	ertugliflozin 15 MG / sitagliptin 100 MG [Steglujan]	Prescription	CUI
1992835	ertugliflozin 5 MG / sitagliptin 100 MG Oral Tablet	Prescription	CUI
1992836	ertugliflozin 5 MG / sitagliptin 100 MG [Steglujan]	Prescription	CUI
665033	sitagliptin 100 MG (as sitagliptin phosphate monohydrate 128.5 MG) Oral Tablet	Prescription	CUI
665034	sitagliptin 100 MG [Januvia]	Prescription	CUI
665036	Januvia 100 MG (as sitagliptin phosphate monohydrate 128.5 MG) Oral Tablet	Prescription	CUI
665038	sitagliptin 25 MG (as sitagliptin phosphate monohydrate 32.13 MG) Oral Tablet	Prescription	CUI
665039	sitagliptin 25 MG [Januvia]	Prescription	CUI
665040	Januvia 25 MG (sitagliptin phosphate monohydrate 32.13 MG) Oral Tablet	Prescription	CUI
665042	sitagliptin 50 MG Oral Tablet	Prescription	CUI
665043	sitagliptin 50 MG [Januvia]	Prescription	CUI
665044	Januvia 50 MG (as sitagliptin phosphate monohydrate 64.25 MG) Oral Tablet	Prescription	CUI
858036	saxagliptin 5 MG (as saxagliptin HCl, anhydrous 5.58 MG) Oral Tablet	Prescription	CUI
858038	saxagliptin 5 MG [Onglyza]	Prescription	CUI
858040	Onglyza (as saxagliptin hydrochloride 5.58 MG) 5 MG Oral Tablet	Prescription	CUI
858042	saxagliptin 2.5 MG Oral Tablet	Prescription	CUI
858043	saxagliptin 2.5 MG [Onglyza]	Prescription	CUI
861769	metformin hydrochloride 1000 MG / sitagliptin 50 MG (as sitagliptin phosphate monohydrate 64.25 MG) Oral Tablet	Prescription	CUI
861770	Metformin hydrochloride 1000 MG / sitagliptin 50 MG [Janumet 50/1000]	Prescription	CUI
861819	metformin hydrochloride 500 MG / sitagliptin 50 MG (sitagliptin phosphate monohydrate 64.25 MG) Oral Tablet	Prescription	CUI
861820	Metformin hydrochloride 500 MG / sitagliptin 50 MG [Janumet]	Prescription	CUI
1159662	sitagliptin Oral Products	Prescription	CUI
1159663	sitagliptin Pills	Prescription	CUI
1189800	Simvastatin / sitagliptin Oral Product	Prescription	CUI
1189801	Simvastatin / sitagliptin Pills	Prescription	CUI
1992829	ertugliflozin / sitagliptin Oral Tablet [Steglujan]	Prescription	CUI

Appendix B. List of Concept Unique Identifier (CUI) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Type	Code Category
621590	sitagliptin phosphate	Prescription	CUI
665032	sitagliptin Oral Tablet	Prescription	CUI
665035	sitagliptin Oral Tablet [Januvia]	Prescription	CUI
1727500	dapagliflozin / saxagliptin	Prescription	CUI
1925495	dapagliflozin / saxagliptin Oral Product	Prescription	CUI
1925497	dapagliflozin / saxagliptin Oral Tablet	Prescription	CUI
1925501	dapagliflozin / saxagliptin Oral Tablet [Qtern]	Prescription	CUI
1925496	dapagliflozin / saxagliptin Pill	Prescription	CUI
1598392	empagliflozin / Linagliptin	Prescription	CUI
1602106	empagliflozin / Linagliptin Oral Product	Prescription	CUI
1602108	empagliflozin / Linagliptin Oral Tablet	Prescription	CUI
1602112	empagliflozin / Linagliptin Oral Tablet [Glyxambi]	Prescription	CUI
1602107	empagliflozin / Linagliptin Pill	Prescription	CUI
1992825	ertugliflozin / sitagliptin	Prescription	CUI
1992822	ertugliflozin / sitagliptin Oral Product	Prescription	CUI
1992824	ertugliflozin / sitagliptin Oral Tablet	Prescription	CUI
1992823	ertugliflozin / sitagliptin Pill	Prescription	CUI
1992832	ertugliflozin 15 MG / sitagliptin 100 MG Oral Tablet [Steglujan]	Prescription	CUI
1992837	ertugliflozin 5 MG / sitagliptin 100 MG Oral Tablet [Steglujan]	Prescription	CUI
1372754	Juvisync	Prescription	CUI
1189805	Juvisync 100/10	Prescription	CUI
1189816	Juvisync 100/10 Oral Product	Prescription	CUI
1189817	Juvisync 100/10 Pills	Prescription	CUI
1189809	Juvisync 100/20	Prescription	CUI
1189812	Juvisync 100/20 Oral Products	Prescription	CUI
1189813	Juvisync 100/20 Pill	Prescription	CUI
1189822	Juvisync 100/40	Prescription	CUI
1189825	Juvisync 100/40 Oral Products	Prescription	CUI
1189826	Juvisync 100/40 Pill	Prescription	CUI
704929	janumet	Prescription	CUI
1372738	Janumet	Prescription	CUI
1243828	Janumet 100/1000	Prescription	CUI
1243831	Janumet 100/1000 Oral Products	Prescription	CUI
1243832	Janumet 100/1000 Pill	Prescription	CUI
757601	Janumet 50/1000	Prescription	CUI
1167810	Janumet 50/1000 Oral Products	Prescription	CUI
1167811	Janumet 50/1000 Pill	Prescription	CUI
757605	Janumet 50/500	Prescription	CUI
1167812	Janumet 50/500 Oral Products	Prescription	CUI
1167813	Janumet 50/500 Pill	Prescription	CUI
1992827	Steglujan	Prescription	CUI
1992830	Steglujan Oral Product	Prescription	CUI
1992831	Steglujan Pill	Prescription	CUI
638596	Januvia	Prescription	CUI

Appendix B. List of Concept Unique Identifier (CUI) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Type	Code Category
1167814	Januvia Oral Products	Prescription	CUI
1167815	Januvia Pill	Prescription	CUI
1372730	Kombiglyze	Prescription	CUI
1043564	Kombiglyze 2.5/1000	Prescription	CUI
1172859	Kombiglyze 2.5/1000 Oral Product	Prescription	CUI
1172860	Kombiglyze 2.5/1000 Pill	Prescription	CUI
1043571	Kombiglyze 5/1000	Prescription	CUI
1172861	Kombiglyze 5/1000 Oral Product	Prescription	CUI
1173546	Kombiglyze 5/1000 Pill	Prescription	CUI
1043579	Kombiglyze 5/500	Prescription	CUI
1173547	Kombiglyze 5/500 Oral Product	Prescription	CUI
1173548	Kombiglyze 5/500 Pill	Prescription	CUI
1043566	Metformin / saxagliptin Extended Release Oral Tablet [Kombiglyze]	Prescription	CUI
1043573	Metformin / saxagliptin Extended Release Tablet [Kombiglyze 5/1000]	Prescription	CUI
1043581	Metformin / saxagliptin Extended Release Tablet [Kombiglyze 5/500]	Prescription	CUI
1100705	Linagliptin Oral Tablet [Tradjenta]	Prescription	CUI
1100703	Tradjenta	Prescription	CUI
1179163	Tradjenta Oral Product	Prescription	CUI
1179164	Tradjenta Pill	Prescription	CUI
1372706	Jentadueto	Prescription	CUI
1243021	Jentadueto 2.5/1000	Prescription	CUI
1243024	Jentadueto 2.5/1000 Oral Product	Prescription	CUI
1243025	Jentadueto 2.5/1000 Pill	Prescription	CUI
1243028	Jentadueto 2.5/500	Prescription	CUI
1243031	Jentadueto 2.5/500 Oral Product	Prescription	CUI
1243032	Jentadueto 2.5/500 Pill	Prescription	CUI
1243035	Jentadueto 2.5/850	Prescription	CUI
1243038	Jentadueto 2.5/850 Oral Product	Prescription	CUI
1243039	Jentadueto 2.5/850 Pill	Prescription	CUI
1796090	Linagliptin / Metformin Extended Release Oral Tablet [Jentadueto]	Prescription	CUI
1243023	Linagliptin / Metformin Oral Tablet [Jentadueto 2.5/1000]	Prescription	CUI
1243030	Linagliptin / Metformin Oral Tablet [Jentadueto 2.5/500]	Prescription	CUI
1243037	Linagliptin / Metformin Oral Tablet [Jentadueto 2.5/850]	Prescription	CUI
1368009	alogliptin Oral Tablet [Nesina]	Prescription	CUI

Appendix B. List of Concept Unique Identifier (CUI) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Type	Code Category
1368007	Nesina	Prescription	CUI
1368010	Nesina Oral Product	Prescription	CUI
1368011	Nesina Pill	Prescription	CUI
1368395	alogliptin / Metformin Oral Tablet [Kazano]	Prescription	CUI
1372692	Kazano	Prescription	CUI
1368396	Kazano Oral Product	Prescription	CUI
1368397	Kazano Pill	Prescription	CUI
1368434	alogliptin / pioglitazone Oral Tablet [Oseni]	Prescription	CUI
1372717	Oseni	Prescription	CUI
1368435	Oseni Oral Product	Prescription	CUI
1368436	Oseni Pill	Prescription	CUI
1602110	Glyxambi	Prescription	CUI
1602113	Glyxambi Oral Product	Prescription	CUI
1602114	Glyxambi Pill	Prescription	CUI
1925499	Qtern	Prescription	CUI
1925502	Qtern Oral Product	Prescription	CUI
1925503	Qtern Pill	Prescription	CUI
858037	Onglyza	Prescription	CUI
858044	onglyza 2.5 MG Oral Tablet	Prescription	CUI
1181729	Onglyza Oral Product	Prescription	CUI
1181730	Onglyza Pill	Prescription	CUI
858039	saxagliptin Oral Tablet [Onglyza]	Prescription	CUI
1189811	Simvastatin / sitagliptin Oral Tablet [Juvisync 100/20]	Prescription	CUI
1189824	Simvastatin / sitagliptin Oral Tablet [Juvisync 100/40]	Prescription	CUI
1243826	Metformin / sitagliptin Extended Release Tablet	Prescription	CUI
1243839	Metformin / sitagliptin Extended Release Tablet [Janumet 50/1000]	Prescription	CUI
729717	Metformin / sitagliptin	Prescription	CUI
757607	Metformin / sitagliptin Oral Tablet [Janumet 50/500]	Prescription	CUI
700516	Metformin / sitagliptin Oral Tablet	Prescription	CUI
757603	Metformin / sitagliptin Oral Tablet [Janumet]	Prescription	CUI
1368033	alogliptin 12.5 MG	Prescription	CUI
1368002	alogliptin 25 MG	Prescription	CUI
1368017	alogliptin 6.25 MG	Prescription	CUI
1243015	Linagliptin 2.5 MG	Prescription	CUI
1100700	Linagliptin 5 MG	Prescription	CUI
593411	sitagliptin	Prescription	CUI
665031	sitagliptin 100 MG	Prescription	CUI
665037	sitagliptin 25 MG	Prescription	CUI
665041	sitagliptin 50 MG	Prescription	CUI
1368001	alogliptin	Prescription	CUI
1100699	Linagliptin	Prescription	CUI
857974	saxagliptin	Prescription	CUI
858041	saxagliptin 2.5 MG	Prescription	CUI
858034	saxagliptin 5 MG	Prescription	CUI

Appendix B.1. List of Logical Observation Identifiers Names and Codes (LOINC) Codes Used to Define Inclusion/Exclusion Criteria for this Request

All LOINC lists used to define inclusion/exclusion criteria for this request were leveraged from prior PCORnet requests and additional literature searches.

Code	Description	Code Type	Code Category
HbA1c Inclusion			
4548-4	Hemoglobin A1c/Hemoglobin.total	Lab Code	LOINC
4549-2	Hemoglobin A1c/Hemoglobin.total	Lab Code	LOINC
17856-6	Hemoglobin A1c/Hemoglobin.total	Lab Code	LOINC
17855-8	Hemoglobin A1c/Hemoglobin.total	Lab Code	LOINC
59261-8	Hemoglobin A1c/Hemoglobin.total	Lab Code	LOINC
62388-4	Hemoglobin A1c/Hemoglobin.total	Lab Code	LOINC
71875-9	Hemoglobin A1c/Hemoglobin.total	Lab Code	LOINC
41995-2	Hemoglobin A1c	Lab Code	LOINC
Creatinine Inclusion			
21232-4	Creatinine	Lab Code	LOINC
2160-0	Creatinine	Lab Code	LOINC
38483-4	Creatinine	Lab Code	LOINC
35674-1	Creatinine	Lab Code	LOINC
eGFR Inclusion			
76633-7	Glomerular filtration rate/1.73 sq M.predicted	Lab Code	LOINC
33914-3	Glomerular filtration rate/1.73 sq M.predicted	Lab Code	LOINC
69405-9	Glomerular filtration rate/1.73 sq M.predicted	Lab Code	LOINC
62238-1	Glomerular filtration rate/1.73 sq M.predicted	Lab Code	LOINC
77147-7	Glomerular filtration rate/1.73 sq M.predicted	Lab Code	LOINC
50044-7	Glomerular filtration rate/1.73 sq M.predicted.female	Lab Code	LOINC
70969-1	Glomerular filtration rate/1.73 sq M.predicted.male	Lab Code	LOINC
88294-4	Glomerular filtration rate/1.73 sq M.predicted.non black	Lab Code	LOINC
48642-3	Glomerular filtration rate/1.73 sq M.predicted.non black	Lab Code	LOINC
48643-1	Glomerular filtration rate/1.73 sq M.predicted.black	Lab Code	LOINC
88293-6	Glomerular filtration rate/1.73 sq M.predicted.black	Lab Code	LOINC
50210-4	Glomerular filtration rate/1.73 sq M.predicted	Lab Code	LOINC
50384-7	Glomerular filtration rate/1.73 sq M.predicted	Lab Code	LOINC
45066-8	Creatinine & Glomerular filtration rate.predicted panel	Lab Code	LOINC

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

We used the following strategies to identify exposure codes for this request:

GLP-1 Analogs: We included all CUIs that include exenatide/liraglutide/lixisenatide/albiglutide/dulaglutide/semaglutide generic or brand names in the constituent or description field

Thiazolidinediones: We included all CUIs that include pioglitazone HCL/Rosiglitazone Maleate generic or brand names in the constituent or description field

Sulfonylureas: We included all CUIs that include glimepiride/chlorpropamide/glyburide/glipizide/tolazamide/tolbutamide generic or brand names in the constituent or description field

Biguanides: We included all CUIs that include metformin HCL generic or brand names in the constituent or description field

Short/Rapid Acting Insulins: We included all CUIs that include insulin lispro/insulin regular, human/insulin glulisine/insulin aspart generic or brand names in the constituent or description field

Long/Intermediate Acting Insulins: We included all CUIs that include insulin glargine, human recombinant analog/insulin NPH human isophane/insulin detemir/insulin aspart protamine, human/insulin degludec/insulin lispro protamine generic or brand names in the constituent or description field

SGLT-2s: We included all CUIs that include canagliflozin/dapagliflozin/empagliflozin/ertugliflozin generic or brand names in the constituent or description field

DPP-4s: We included all CUIs that include sitagliptin/saxagliptin/linagliptin/aalogliptin generic or brand names in the constituent or description field

Code	Description	Code Type	Code Category
GLP-1 Analogs			
1242963	exenatide 2 MG per 0.65 ML Powder for Injectable Suspension	Prescription	CUI
1242965	exenatide 3.08 MG/ML [Bydureon]	Prescription	CUI
1242968	Bydureon 2 MG Injection	Prescription	CUI
1359640	exenatide 0.005 MG/ACTUAT Pen Injector	Prescription	CUI
1359802	Byetta 0.005 MG/ACTUAT Pen Injector	Prescription	CUI
1359979	exenatide 0.01 MG/ACTUAT Prefilled Syringe [Byetta]	Prescription	CUI
1360105	liraglutide 6 MG/ML Pen Injector	Prescription	CUI
1360454	exenatide 0.01 MG/ACTUAT Prefilled Syringe	Prescription	CUI
1360495	Victoza 6 MG/ML Pen Injector	Prescription	CUI
1440055	Lixisenatide 0.1 MG/ML Injectable Solution	Prescription	CUI
1534800	albiglutide 30 MG in 0.5 ML Pen Injector	Prescription	CUI
1534802	albiglutide 60 MG/ML [Tanzeum]	Prescription	CUI
1534805	0.5 ML Tanzeum 60 MG/ML Pen Injector	Prescription	CUI
1534806	albiglutide 60 MG/ML Pen Injector	Prescription	CUI
1534807	albiglutide 60 MG/ML Pen Injector [Tanzeum]	Prescription	CUI
1534820	0.5 ML albiglutide 100 MG/ML Pen Injector	Prescription	CUI
1534821	albiglutide 100 MG/ML [Tanzeum]	Prescription	CUI
1534822	0.5 ML Tanzeum 100 MG/ML Pen Injector	Prescription	CUI
1534823	albiglutide 100 MG/ML Prefilled Syringe	Prescription	CUI
1534824	Tanzeum 100 MG/ML Prefilled Syringe	Prescription	CUI
1544916	exenatide 2 MG per 0.65 ML Pen Injector	Prescription	CUI
1544918	0.65 ML Bydureon 3.08 MG/ML Pen Injector	Prescription	CUI
1544919	exenatide 3.08 MG/ML Pen Injector	Prescription	CUI
1544920	Bydureon 3.08 MG/ML Prefilled Syringe	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1551295	dulaglutide 0.75 MG per 0.5 ML Auto-Injector	Prescription	CUI
1551297	dulaglutide 1.5 MG/ML [Trulicity]	Prescription	CUI
1551300	0.5 ML Trulicity 1.5 MG/ML Auto-Injector	Prescription	CUI
1551301	dulaglutide 1.5 MG/ML Prefilled Syringe	Prescription	CUI
1551302	Trulicity 1.5 MG/ML Prefilled Syringe	Prescription	CUI
1551304	0.5 ML dulaglutide 3 MG/ML Auto-Injector	Prescription	CUI
1551305	dulaglutide 3 MG/ML [Trulicity]	Prescription	CUI
1551306	0.5 ML Trulicity 3 MG/ML Auto-Injector	Prescription	CUI
1551307	dulaglutide 3 MG/ML Auto-Injector	Prescription	CUI
1551308	Trulicity 3 MG/ML Auto-Injector	Prescription	CUI
1598265	liraglutide 6 MG/ML [Saxenda]	Prescription	CUI
1598268	3 ML Saxenda 6 MG/ML Pen Injector	Prescription	CUI
1598269	liraglutide 6 MG/ML Prefilled Syringe [Saxenda]	Prescription	CUI
1653613	exenatide 2 MG [Bydureon]	Prescription	CUI
1803894	3 ML Lixisenatide 0.1 MG/ML Pen Injector	Prescription	CUI
1803895	Lixisenatide 0.1 MG/ML [Adlyxin]	Prescription	CUI
1803896	3 ML Adlyxin 0.1 MG/ML Pen Injector	Prescription	CUI
1803897	Lixisenatide 0.1 MG/ML Pen Injector	Prescription	CUI
1803898	Adlyxin 0.1 MG/ML Pen Injector	Prescription	CUI
1803902	{1 (3 ML Lixisenatide 0.05 MG/ML Pen Injector) / 1 (3 ML Lixisenatide 0.1 MG/ML Pen Injector) } Pack	Prescription	CUI
1803903	Adlyxin Starter Kit	Prescription	CUI
1858995	3 ML Insulin Glargine 100 UNT/ML / Lixisenatide 0.033 MG/ML Pen Injector	Prescription	CUI
1858997	Insulin Glargine 100 UNT/ML / Lixisenatide 0.033 MG/ML [Soliqua]	Prescription	CUI
1859001	Insulin Glargine 100 UNT/ML / Lixisenatide 0.033 MG/ML Pen Injector	Prescription	CUI
1859002	Insulin Glargine 100 UNT/ML / Lixisenatide 0.033 MG/ML Pen Injector [Soliqua]	Prescription	CUI
1860167	3 ML insulin degludec 100 UNT/ML / liraglutide 3.6 MG/ML Pen Injector	Prescription	CUI
1860169	insulin degludec 100 UNT/ML / liraglutide 3.6 MG/ML [Xultophy]	Prescription	CUI
1860172	Xultophy (insulin degludec 100 UNT / liraglutide 3.6 MG/ML) per 3 ML Pen Injector	Prescription	CUI
1860173	insulin degludec 100 UNT/ML / liraglutide 3.6 MG/ML Pen Injector	Prescription	CUI
1860174	insulin degludec 100 UNT/ML / liraglutide 3.6 MG/ML Pen Injector [Xultophy]	Prescription	CUI
1990866	0.85 ML exenatide 2.35 MG/ML Auto-Injector	Prescription	CUI
1990867	exenatide 2.35 MG/ML [Bydureon]	Prescription	CUI
1990869	0.85 ML Bydureon 2.35 MG/ML Auto-Injector	Prescription	CUI
1990870	exenatide 2.35 MG/ML Auto-Injector	Prescription	CUI
1990871	exenatide 2.35 MG/ML Auto-Injector [Bydureon]	Prescription	CUI
1991306	semaglutide 2 MG in 1.5 ML Pen Injector, 0.25 or 0.5 MG Dose	Prescription	CUI
1991308	semaglutide 1.34 MG/ML [Ozempic]	Prescription	CUI
1991311	0.25 MG, 0.5 MG Dose 1.5 ML Ozempic 1.34 MG/ML Pen Injector	Prescription	CUI
1991316	semaglutide 2 MG in 1.5 ML Pen Injector, 1 MG Dose	Prescription	CUI
1991317	1 MG Dose 1.5 ML Ozempic 1.34 MG/ML Pen Injector	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
847910	exenatide 10 MCG, 250 MCG/ML in 2.4 mL Pen Injector	Prescription	CUI
847911	exenatide 0.01 MG/ACTUAT [Byetta]	Prescription	CUI
847913	60 ACTUAT Byetta 0.01 MG/ACTUAT Pen Injector	Prescription	CUI
847915	60 ACTUAT exenatide 0.005 MG/ACTUAT Pen Injector	Prescription	CUI
847916	exenatide 0.005 MG/ACTUAT [Byetta]	Prescription	CUI
847917	60 ACTUAT Byetta 0.005 MG/ACTUAT Pen Injector	Prescription	CUI
897122	liraglutide 6 MG/ML in 3 mL Pen Injector	Prescription	CUI
897124	liraglutide 6 MG/ML [Victoza]	Prescription	CUI
897126	3 ML Victoza 6 MG/ML Pen Injector	Prescription	CUI
1242964	Bydureon	Prescription	CUI
1242967	Bydureon Injectable Product	Prescription	CUI
1990868	exenatide Auto-Injector [Bydureon]	Prescription	CUI
1242966	exenatide Injectable Suspension [Bydureon]	Prescription	CUI
1653614	exenatide Injection [Bydureon]	Prescription	CUI
1653619	exenatide Pen Injector [Bydureon]	Prescription	CUI
1544917	exenatide Prefilled Syringe [Bydureon]	Prescription	CUI
604751	Byetta	Prescription	CUI
744865	Byetta 0.25 MG/ML Injectable Solution	Prescription	CUI
1169415	Byetta Injectable Product	Prescription	CUI
847912	Byetta Prefilled Pen	Prescription	CUI
744864	exenatide 0.25 MG/ML [Byetta]	Prescription	CUI
604753	exenatide Injectable Solution [Byetta]	Prescription	CUI
1653625	exenatide Pen Injector [Byetta]	Prescription	CUI
1659117	albiglutide Pen Injector [Tanzeum]	Prescription	CUI
1534803	albiglutide Prefilled Syringe [Tanzeum]	Prescription	CUI
1534801	Tanzeum	Prescription	CUI
1534804	Tanzeum Injectable Product	Prescription	CUI
1649586	dulaglutide Auto-Injector [Trulicity]	Prescription	CUI
1551298	dulaglutide Prefilled Syringe [Trulicity]	Prescription	CUI
1551296	Trulicity	Prescription	CUI
1551299	Trulicity Injectable Product	Prescription	CUI
1653600	liraglutide Pen Injector [Saxenda]	Prescription	CUI
1598266	liraglutide Prefilled Syringe [Saxenda]	Prescription	CUI
1598264	Saxenda	Prescription	CUI
1598267	Saxenda Injectable Product	Prescription	CUI
1803893	3 ML Adlyxin 0.05 MG/ML Pen Injector	Prescription	CUI
1803887	Adlyxin	Prescription	CUI
1803891	Adlyxin 0.05 MG/ML Pen Injector	Prescription	CUI
1803890	Adlyxin Injectable Product	Prescription	CUI
1803888	Lixisenatide 0.05 MG/ML [Adlyxin]	Prescription	CUI
1803889	Lixisenatide Pen Injector [Adlyxin]	Prescription	CUI
1859000	3 ML Insulin Glargine 100 UNT/ML / Lixisenatide 0.033 MG/ML Pen Injector [Soliqua]	Prescription	CUI
1858998	Insulin Glargine / Lixisenatide Pen Injector [Soliqua]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1858996	Soliqua	Prescription	CUI
1858999	Soliqua Injectable Product	Prescription	CUI
1860170	insulin degludec / liraglutide Pen Injector [Xultophy]	Prescription	CUI
1860168	Xultophy	Prescription	CUI
1860171	Xultophy Injectable Product	Prescription	CUI
1991307	Ozempic	Prescription	CUI
1991310	Ozempic Injectable Product	Prescription	CUI
1991309	semaglutide Pen Injector [Ozempic]	Prescription	CUI
1653597	liraglutide Pen Injector [Victoza]	Prescription	CUI
897125	liraglutide Prefilled Syringe [Victoza]	Prescription	CUI
897123	Victoza	Prescription	CUI
1186578	Victoza Injectable Product	Prescription	CUI
1534819	albiglutide 100 MG/ML	Prescription	CUI
1534797	albiglutide 60 MG/ML	Prescription	CUI
1551292	dulaglutide 1.5 MG/ML	Prescription	CUI
1551303	dulaglutide 3 MG/ML	Prescription	CUI
847914	exenatide 0.005 MG/ACTUAT	Prescription	CUI
847908	exenatide 0.01 MG/ACTUAT	Prescription	CUI
1653610	exenatide 2 MG	Prescription	CUI
1990864	exenatide 2.35 MG/ML	Prescription	CUI
1242961	exenatide 3.08 MG/ML	Prescription	CUI
1860164	liraglutide 3.6 MG/ML	Prescription	CUI
897120	liraglutide 6 MG/ML	Prescription	CUI
1858991	Lixisenatide 0.033 MG/ML	Prescription	CUI
1440052	Lixisenatide 0.1 MG/ML	Prescription	CUI
1991303	semaglutide 1.34 MG/ML	Prescription	CUI
1534763	albiglutide	Prescription	CUI
1551291	dulaglutide	Prescription	CUI
60548	exenatide	Prescription	CUI
475968	liraglutide	Prescription	CUI
1440051	Lixisenatide	Prescription	CUI
1991302	semaglutide	Prescription	CUI
Thiazolidinediones			
1368403	alogliptin 12.5 MG (as alogliptin benzoate 17 MG) / pioglitazone 15 MG (as pioglitazone hydrochloride 16.53 MG) Oral Tablet	Prescription	CUI
1368405	alogliptin 12.5 MG / pioglitazone 15 MG [Oseni]	Prescription	CUI
1368410	alogliptin 12.5 MG (as alogliptin benzoate 17 MG) / pioglitazone 30 MG (as pioglitazone hydrochloride 33.06 MG) Oral Tablet	Prescription	CUI
1368412	alogliptin 12.5 MG / pioglitazone 30 MG [Oseni]	Prescription	CUI
1368416	Oseni 12.5/30 (as alogliptin benzoate 17 MG / pioglitazone hydrochloride 33.06 MG) Oral Tablet	Prescription	CUI
1368417	alogliptin 12.5 MG / pioglitazone 45 MG Oral Tablet	Prescription	CUI
1368419	alogliptin 12.5 MG / pioglitazone 45 MG [Oseni]	Prescription	CUI
1368423	Oseni 12.5/45 Oral Tablet	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1368424	alogliptin 25 MG / pioglitazone 15 MG Oral Tablet	Prescription	CUI
1368426	alogliptin 25 MG / pioglitazone 15 MG [Oseni]	Prescription	CUI
1368430	Oseni 25/15 (as alogliptin benzoate 34 MG / pioglitazone hydrochloride 16.53 MG) Oral Tablet	Prescription	CUI
1368431	alogliptin 25 MG / pioglitazone 30 MG Oral Tablet	Prescription	CUI
1368433	alogliptin 25 MG / pioglitazone 30 MG [Oseni]	Prescription	CUI
1368437	Oseni 25/30 Oral Tablet	Prescription	CUI
1368438	alogliptin 25 MG / pioglitazone 45 MG Oral Tablet	Prescription	CUI
1368440	alogliptin 25 MG / pioglitazone 45 MG [Oseni]	Prescription	CUI
1368444	Oseni 25/45 (as alogliptin benzoate 34 MG / pioglitazone hydrochloride 49.59 MG) Oral Tablet	Prescription	CUI
261241	rosiglitazone 2 MG Oral Tablet [Avandia]	Prescription	CUI
261242	avandia 4 MG (as rosiglitazone maleate) Oral Tablet	Prescription	CUI
261243	Avandia 8 MG (as rosiglitazone maleate) Oral Tablet	Prescription	CUI
261266	Actos (as pioglitazone HCl) 15 MG Oral Tablet	Prescription	CUI
261267	pioglitazone 30 MG Oral Tablet [Actos]	Prescription	CUI
261268	Actos (as pioglitazone hydrochloride) 45 MG Oral Tablet	Prescription	CUI
312440	pioglitazone (as pioglitazone hydrochloride) 30 MG Oral Tablet	Prescription	CUI
312441	pioglitazone 45 MG Oral Tablet	Prescription	CUI
312859	rosiglitazone 2 MG Oral Tablet	Prescription	CUI
312860	rosiglitazone 4 MG Oral Tablet	Prescription	CUI
312861	rosiglitazone maleate 8 MG Oral Tablet	Prescription	CUI
317573	pioglitazone (as pioglitazone HCl) 15 MG Oral Tablet	Prescription	CUI
574470	rosiglitazone 2 MG [Avandia]	Prescription	CUI
574471	rosiglitazone 4 MG [Avandia]	Prescription	CUI
574472	rosiglitazone 8 MG [Avandia]	Prescription	CUI
574495	pioglitazone 15 MG [Actos]	Prescription	CUI
574496	pioglitazone 30 MG [Actos]	Prescription	CUI
574497	pioglitazone 45 MG [Actos]	Prescription	CUI
602544	rosiglitazone 4 MG / glimepiride 1 MG Oral Tablet	Prescription	CUI
602549	rosiglitazone maleate 4 MG / glimepiride 2 MG Oral Tablet	Prescription	CUI
602550	rosiglitazone maleate MG / glimepiride 4 MG Oral Tablet	Prescription	CUI
647237	pioglitazone HCl 30 MG / glimepiride 2 MG Oral Tablet	Prescription	CUI
647239	glimepiride 4 MG / pioglitazone (as pioglitazone hydrochloride) 30 MG Oral Tablet	Prescription	CUI
706895	rosiglitazone maleate 8 MG / glimepiride 2 MG Oral Tablet	Prescription	CUI
706896	glimepiride 4 MG / rosiglitazone 8 MG Oral Tablet	Prescription	CUI
731455	glimepiride 4 MG / pioglitazone 30 MG [Duetact]	Prescription	CUI
731457	Duetact 30/4 (pioglitazone / glimepiride) Oral Tablet	Prescription	CUI
731461	glimepiride 2 MG / pioglitazone 30 MG [Duetact 30/2]	Prescription	CUI
731463	glimepiride 2 MG / pioglitazone 30 MG Oral Tablet [Duetact]	Prescription	CUI
847706	glimepiride 4 MG / rosiglitazone 4 MG [Avandaryl 4/4]	Prescription	CUI
847708	glimepiride 4 MG / rosiglitazone 4 MG Oral Tablet [Avandaryl]	Prescription	CUI
847710	glimepiride 2 MG / rosiglitazone 4 MG [Avandaryl]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
847712	Avandaryl 4 MG / 2 MG Oral Tablet, Once Daily	Prescription	CUI
847714	glimepiride 1 MG / rosiglitazone 4 MG [Avandaryl 4/1]	Prescription	CUI
847718	glimepiride 2 MG / rosiglitazone 8 MG [Avandaryl]	Prescription	CUI
847720	glimepiride 2 MG / rosiglitazone 8 MG Oral Tablet [Avandaryl 8/2]	Prescription	CUI
847722	glimepiride 4 MG / rosiglitazone 8 MG [Avandaryl]	Prescription	CUI
847724	Avandaryl 8 MG / 4 MG Oral Tablet, Once Daily	Prescription	CUI
861760	metformin hydrochloride 1000 MG / rosiglitazone (as rosiglitazone maleate) 2 MG Oral Tablet	Prescription	CUI
861761	Metformin hydrochloride 1000 MG / rosiglitazone 2 MG [Avandamet]	Prescription	CUI
861763	metformin hydrochloride 1000 MG / rosiglitazone (as rosiglitazone maleate) 4 MG Oral Tablet	Prescription	CUI
861764	Metformin hydrochloride 1000 MG / rosiglitazone 4 MG [Avandamet]	Prescription	CUI
861783	pioglitazone 15 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
861784	Metformin hydrochloride 500 MG / pioglitazone 15 MG [Actoplus Met]	Prescription	CUI
861785	Metformin hydrochloride 500 MG / pioglitazone 15 MG Oral Tablet [Actoplus Met 15/500]	Prescription	CUI
861795	rosiglitazone maleate 1 MG / metFORMIN hydrochloride 500 MG Oral Tablet	Prescription	CUI
861796	Metformin hydrochloride 500 MG / rosiglitazone 1 MG [Avandamet 1/500]	Prescription	CUI
861797	Metformin hydrochloride 500 MG / rosiglitazone 1 MG Oral Tablet [Avandamet]	Prescription	CUI
861806	rosiglitazone maleate 2 MG / metFORMIN hydrochloride 500 MG Oral Tablet	Prescription	CUI
861807	Metformin hydrochloride 500 MG / rosiglitazone 2 MG [Avandamet]	Prescription	CUI
861808	Metformin hydrochloride 500 MG / rosiglitazone 2 MG Oral Tablet [Avandamet]	Prescription	CUI
861816	metformin hydrochloride 500 MG / rosiglitazone (as rosiglitazone maleate) 4 MG Oral Tablet	Prescription	CUI
861817	Metformin hydrochloride 500 MG / rosiglitazone 4 MG [Avandamet]	Prescription	CUI
861822	Metformin hydrochloride 850 MG / pioglitazone 15 MG Oral Tablet	Prescription	CUI
861823	Metformin hydrochloride 850 MG / pioglitazone 15 MG [Actoplus Met]	Prescription	CUI
861824	Actoplus Met 15/850 MG Oral Tablet	Prescription	CUI
899989	pioglitazone 15 MG / metFORMIN HCl 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
899991	Metformin hydrochloride 1000 MG / pioglitazone 15 MG [Actoplus Met]	Prescription	CUI
899993	Actoplus Met XR 15/1000 24 HR Extended Release Oral Tablet	Prescription	CUI
899994	Metformin hydrochloride 1000 MG / pioglitazone 15 MG Extended Release Oral Tablet	Prescription	CUI
899995	Metformin hydrochloride 1000 MG / pioglitazone 15 MG Extended Release Oral Tablet [Actoplus Met]	Prescription	CUI
899996	metformin hydrochloride 1000 MG / pioglitazone 30 MG 24 HR Extended Release Oral Tablet	Prescription	CUI
899998	Metformin hydrochloride 1000 MG / pioglitazone 30 MG [Actoplus Met]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
900000	24 HR Metformin hydrochloride 1000 MG / pioglitazone 30 MG Extended Release Oral Tablet [Actoplus Met]	Prescription	CUI
900001	Metformin hydrochloride 1000 MG / pioglitazone 30 MG Extended Release Tablet	Prescription	CUI
900002	Metformin hydrochloride 1000 MG / pioglitazone 30 MG Extended Release Tablet [Actoplus Met]	Prescription	CUI
1368434	alogliptin / pioglitazone Oral Tablet [Oseni]	Prescription	CUI
1368409	alogliptin 12.5 MG / pioglitazone 15 MG Oral Tablet [Oseni]	Prescription	CUI
1372717	Oseni	Prescription	CUI
1368435	Oseni Oral Product	Prescription	CUI
1368436	Oseni Pill	Prescription	CUI
261455	Avandia	Prescription	CUI
1175666	Avandia Oral Product	Prescription	CUI
1175667	Avandia Pill	Prescription	CUI
368234	rosiglitazone Oral Tablet [Avandia]	Prescription	CUI
261442	Actos	Prescription	CUI
1169928	Actos Oral Product	Prescription	CUI
1169929	Actos Pill	Prescription	CUI
368230	pioglitazone Oral Tablet [Actos]	Prescription	CUI
647208	Duetact	Prescription	CUI
731460	Duetact 30/2	Prescription	CUI
1166403	Duetact 30/2 Oral Product	Prescription	CUI
1166404	Duetact 30/2 Pill	Prescription	CUI
731454	Duetact 30/4	Prescription	CUI
1166405	Duetact 30/4 Oral Product	Prescription	CUI
1166406	Duetact 30/4 Pill	Prescription	CUI
731462	glimepiride / pioglitazone Oral Tablet [Duetact 30/2]	Prescription	CUI
731456	glimepiride / pioglitazone Oral Tablet [Duetact 30/4]	Prescription	CUI
607816	Avandaryl	Prescription	CUI
847716	Avandaryl 4 MG / 1 MG (rosiglitazone / glimepiride) Oral Tablet	Prescription	CUI
847713	Avandaryl 4/1	Prescription	CUI
1175656	Avandaryl 4/1 Oral Product	Prescription	CUI
1175657	Avandaryl 4/1 Pill	Prescription	CUI
847709	Avandaryl 4/2	Prescription	CUI
1175658	Avandaryl 4/2 Oral Product	Prescription	CUI
1175659	Avandaryl 4/2 Pill	Prescription	CUI
847705	Avandaryl 4/4	Prescription	CUI
1175660	Avandaryl 4/4 Oral Product	Prescription	CUI
1175661	Avandaryl 4/4 Pill	Prescription	CUI
847717	Avandaryl 8/2	Prescription	CUI
1175662	Avandaryl 8/2 Oral Product	Prescription	CUI
1175663	Avandaryl 8/2 Pill	Prescription	CUI
847721	Avandaryl 8/4	Prescription	CUI
1175664	Avandaryl 8/4 Oral Product	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1175665	Avandaryl 8/4 Pill	Prescription	CUI
847715	glimepiride / rosiglitazone Oral Tablet [Avandaryl 4/1]	Prescription	CUI
847711	glimepiride / rosiglitazone Oral Tablet [Avandaryl 4/2]	Prescription	CUI
847707	glimepiride / rosiglitazone Oral Tablet [Avandaryl 4/4]	Prescription	CUI
847719	glimepiride / rosiglitazone Oral Tablet [Avandaryl 8/2]	Prescription	CUI
847723	glimepiride / rosiglitazone Oral Tablet [Avandaryl 8/4]	Prescription	CUI
352450	Avandamet	Prescription	CUI
806273	Avandamet 1/500	Prescription	CUI
1175016	Avandamet 1/500 Oral Product	Prescription	CUI
1175017	Avandamet 1/500 Pill	Prescription	CUI
861762	Avandamet 2 MG / 1000 MG Oral Tablet	Prescription	CUI
806285	Avandamet 2/1000	Prescription	CUI
1175018	Avandamet 2/1000 Oral Product	Prescription	CUI
1175019	Avandamet 2/1000 Pill	Prescription	CUI
806293	Avandamet 2/500	Prescription	CUI
1175020	Avandamet 2/500 Oral Product	Prescription	CUI
1175021	Avandamet 2/500 Pill	Prescription	CUI
861765	Avandamet 4 MG / 1000 MG Oral Tablet	Prescription	CUI
861818	Avandamet 4 MG / 500 MG Oral Tablet	Prescription	CUI
806281	Avandamet 4/1000	Prescription	CUI
1175022	Avandamet 4/1000 Oral Product	Prescription	CUI
1175023	Avandamet 4/1000 Pill	Prescription	CUI
806289	Avandamet 4/500	Prescription	CUI
1175024	Avandamet 4/500 Oral Product	Prescription	CUI
1175025	Avandamet 4/500 Pill	Prescription	CUI
806275	Metformin / rosiglitazone Oral Tablet [Avandamet 1/500]	Prescription	CUI
806287	Metformin / rosiglitazone Oral Tablet [Avandamet 2/1000]	Prescription	CUI
806295	Metformin / rosiglitazone Oral Tablet [Avandamet 2/500]	Prescription	CUI
806283	Metformin / rosiglitazone Oral Tablet [Avandamet 4/1000]	Prescription	CUI
806291	Metformin / rosiglitazone Oral Tablet [Avandamet 4/500]	Prescription	CUI
602411	Actoplus Met	Prescription	CUI
899990	Actoplus Met 15/1000	Prescription	CUI
1169920	Actoplus Met 15/1000 Oral Product	Prescription	CUI
1169921	Actoplus Met 15/1000 Pill	Prescription	CUI
731440	Actoplus Met 15/500	Prescription	CUI
1169922	Actoplus Met 15/500 Oral Product	Prescription	CUI
1169923	Actoplus Met 15/500 Pill	Prescription	CUI
731423	Actoplus Met 15/850	Prescription	CUI
1169924	Actoplus Met 15/850 Oral Product	Prescription	CUI
1169925	Actoplus Met 15/850 Pill	Prescription	CUI
899997	Actoplus Met 30/1000	Prescription	CUI
1169926	Actoplus Met 30/1000 Oral Product	Prescription	CUI
1169927	Actoplus Met 30/1000 Pill	Prescription	CUI
899992	Metformin / pioglitazone Extended Release Oral Tablet [Actoplus Met]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
899999	Metformin / pioglitazone Extended Release Tablet [Actoplus Met 30/1000]	Prescription	CUI
731442	Metformin / pioglitazone Oral Tablet [Actoplus Met 15/500]	Prescription	CUI
731425	Metformin / pioglitazone Oral Tablet [Actoplus Met 15/850]	Prescription	CUI
332435	pioglitazone 15 MG	Prescription	CUI
331478	pioglitazone 30 MG	Prescription	CUI
332436	pioglitazone 45 MG	Prescription	CUI
358530	rosiglitazone 2 MG	Prescription	CUI
358499	rosiglitazone 4 MG	Prescription	CUI
358500	rosiglitazone 8 MG	Prescription	CUI
33738	pioglitazone	Prescription	CUI
84108	rosiglitazone	Prescription	CUI
358809	rosiglitazone 1 MG	Prescription	CUI
Sulfonylureas			
102845	Glyburide 5 MG Oral Tablet [Daonil]	Prescription	CUI
105369	Chlorpropamide 100 MG Oral Tablet [Diabinese]	Prescription	CUI
105371	Calabren 2.5 MG Oral Tablet	Prescription	CUI
105372	Calabren 5 MG Oral Tablet	Prescription	CUI
105373	Glipizide 5 MG Oral Tablet [Minidiab]	Prescription	CUI
153591	Amaryl 2 MG Oral Tablet	Prescription	CUI
153843	Amaryl 1 MG Oral Tablet	Prescription	CUI
153845	glimepiride 4 MG Oral Tablet [Amaryl]	Prescription	CUI
197495	Chlorpropamide 100 MG Oral Tablet	Prescription	CUI
197496	Chlorpropamide 250 MG Oral Tablet	Prescription	CUI
197737	glyBURIDE 1.25 MG Oral Tablet	Prescription	CUI
198292	Tolazamide 250 MG Oral Tablet	Prescription	CUI
198293	TOLAZamide 500 MG Oral Tablet	Prescription	CUI
198294	TOLBUTamide 500 MG Oral Tablet	Prescription	CUI
199245	glimepiride 1 MG Oral Tablet	Prescription	CUI
199246	glimepiride 2 MG Oral Tablet	Prescription	CUI
199247	glimepiride 4 MG Oral Tablet	Prescription	CUI
201056	Libanil 2.5 MG Oral Tablet	Prescription	CUI
201057	Semi-Daonil 2.5 MG Oral Tablet	Prescription	CUI
201058	Euglucon 2.5 MG Oral Tablet	Prescription	CUI
201059	Malix 2.5 MG Oral Tablet	Prescription	CUI
201060	Glyburide 2.5 MG Oral Tablet [Diabetamide]	Prescription	CUI
201061	Glyburide 5 MG Oral Tablet [Libanil]	Prescription	CUI
201062	Glyburide 5 MG Oral Tablet [Euglucon]	Prescription	CUI
201063	Glyburide 5 MG Oral Tablet [Malix]	Prescription	CUI
201064	Diabetamide 5 MG Oral Tablet	Prescription	CUI
201919	Diabinese 250 MG Oral Tablet	Prescription	CUI
201921	Glibenese 5 MG Oral Tablet	Prescription	CUI
201922	Glipizide 2.5 MG Oral Tablet [Minidiab]	Prescription	CUI
205828	Glucotrol 5 MG Oral Tablet	Prescription	CUI
205830	Glucotrol 10 MG Oral Tablet	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
205872	DiaBeta 1.25 MG Oral Tablet	Prescription	CUI
205873	Micronase 1.25 MG Oral Tablet	Prescription	CUI
205875	Diabeta 2.5 MG Oral Tablet	Prescription	CUI
205876	Glyburide 2.5 MG Oral Tablet [Micronase]	Prescription	CUI
205879	Glyburide 5 MG Oral Tablet [Diabeta]	Prescription	CUI
205880	Micronase 5 MG Oral Tablet	Prescription	CUI
207954	Tolazamide 250 MG Oral Tablet [Tolinase]	Prescription	CUI
207955	Tolinase 500 MG Oral Tablet	Prescription	CUI
208012	Orinase 500 MG Oral Tablet	Prescription	CUI
246391	Glyburide 2.5 MG / Phenformin 25 MG Oral Tablet	Prescription	CUI
246524	Glyburide 5 MG / Phenformin 50 MG Oral Tablet	Prescription	CUI
250919	Glyburide 2.5 MG / Metformin 400 MG Oral Tablet	Prescription	CUI
260286	Glycron 1.5 MG Oral Tablet	Prescription	CUI
260287	Glyburide 6 MG Oral Tablet [Glycron]	Prescription	CUI
261974	Glycron 3 MG Oral Tablet	Prescription	CUI
310488	Glipizide 10 MG Oral Tablet	Prescription	CUI
310489	glipizide ER 2.5 MG 24 HR Extended Release Oral Tablet	Prescription	CUI
310490	glipiZIDE 5 MG Oral Tablet	Prescription	CUI
310534	glibenclamide 2.5 MG Oral Tablet	Prescription	CUI
310536	glyBURIDE 3 MG Oral Tablet	Prescription	CUI
310537	Glyburide 5 MG Oral Tablet	Prescription	CUI
310539	glyBURIDE 6 MG Oral Tablet	Prescription	CUI
313418	Tolazamide 250 MG Oral Capsule	Prescription	CUI
314000	glyBURIDE 1.5 MG Oral Tablet	Prescription	CUI
314006	glipizide ER 5 MG 24 HR Extended Release Tablet	Prescription	CUI
315107	Glipizide ER 10 MG 24 HR Extended Release Tablet	Prescription	CUI
351452	Tol-Tab 500 MG Oral Tablet	Prescription	CUI
379804	glipiZIDE 2.5 MG Oral Tablet	Prescription	CUI
429841	Glyburide 5 MG / Metformin 1000 MG Oral Tablet	Prescription	CUI
432853	Chlorpropamide 250 MG / Phenformin 25 MG Oral Tablet	Prescription	CUI
542030	Chlorpropamide 250 MG [Insulase]	Prescription	CUI
542032	Chlorpropamide 250 MG Oral Tablet [Insulase]	Prescription	CUI
563154	Glyburide 5 MG [Daonil]	Prescription	CUI
564035	Chlorpropamide 100 MG [Diabinese]	Prescription	CUI
564036	Glyburide 2.5 MG [Calabren]	Prescription	CUI
564037	Glyburide 5 MG [Calabren]	Prescription	CUI
564038	Glipizide 5 MG [Minidiab]	Prescription	CUI
565327	glimepiride 2 MG [Amaryl]	Prescription	CUI
565408	glimepiride 1 MG [Amaryl]	Prescription	CUI
565410	glimepiride 4 MG [Amaryl]	Prescription	CUI
565667	Glyburide 2.5 MG [Libanil]	Prescription	CUI
565668	Glyburide 2.5 MG [Semi-Daonil]	Prescription	CUI
565669	Glyburide 2.5 MG [Euglucon]	Prescription	CUI
565670	Glyburide 2.5 MG [Malix]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
565671	Glyburide 2.5 MG [Diabetamide]	Prescription	CUI
565672	Glyburide 5 MG [Libanil]	Prescription	CUI
565673	Glyburide 5 MG [Euglucon]	Prescription	CUI
565674	Glyburide 5 MG [Malix]	Prescription	CUI
565675	Glyburide 5 MG [Diabetamide]	Prescription	CUI
566055	Chlorpropamide 250 MG [Diabinese]	Prescription	CUI
566056	Glipizide 5 MG [Glibenese]	Prescription	CUI
566057	Glipizide 2.5 MG [Minidiab]	Prescription	CUI
566718	Glipizide 5 MG [Glucotrol]	Prescription	CUI
566720	Glipizide 10 MG [Glucotrol]	Prescription	CUI
566761	Glyburide 1.25 MG [Diabeta]	Prescription	CUI
566762	Glyburide 1.25 MG [Micronase]	Prescription	CUI
566764	Glyburide 2.5 MG [Diabeta]	Prescription	CUI
566765	Glyburide 2.5 MG [Micronase]	Prescription	CUI
566768	Glyburide 5 MG [Diabeta]	Prescription	CUI
566769	Glyburide 5 MG [Micronase]	Prescription	CUI
568685	Tolazamide 250 MG [Tolinase]	Prescription	CUI
568686	Tolazamide 500 MG [Tolinase]	Prescription	CUI
568742	Tolbutamide 500 MG [Orinase]	Prescription	CUI
574089	Glyburide 1.5 MG [Glycron]	Prescription	CUI
574090	Glyburide 6 MG [Glycron]	Prescription	CUI
574612	Glyburide 3 MG [Glycron]	Prescription	CUI
575377	Tolbutamide 500 MG [Tol-Tab]	Prescription	CUI
602544	glimepiride 1 MG / rosiglitazone 4 MG Oral Tablet	Prescription	CUI
602549	glimepiride 2 MG / rosiglitazone 4 MG Oral Tablet	Prescription	CUI
602550	rosiglitazone maleate 4 MG / glimepiride 4 MG Oral Tablet	Prescription	CUI
647237	glimepiride 2 MG / pioglitazone (as pioglitazone hydrochloride) 30 MG Oral Tablet	Prescription	CUI
647239	pioglitazone HCl 30 MG / glimepiride 4 MG Oral Tablet	Prescription	CUI
669981	Glyburide 1.25 MG [Glyburase]	Prescription	CUI
669983	Glyburide 1.25 MG Oral Tablet [Glyburase]	Prescription	CUI
669984	Glyburide 2.5 MG [Glyburase]	Prescription	CUI
669985	Glyburide 2.5 MG Oral Tablet [Glyburase]	Prescription	CUI
669986	Glyburide 5 MG [Glyburase]	Prescription	CUI
669987	Glyburide 5 MG Oral Tablet [Glyburase]	Prescription	CUI
706895	rosiglitazone maleate 8 MG / glimepiride 2 MG Oral Tablet	Prescription	CUI
706896	rosiglitazone maleate 8 MG / glimepiride 4 MG Oral Tablet	Prescription	CUI
731455	glimepiride 4 MG / pioglitazone 30 MG [Duetact]	Prescription	CUI
731457	glimepiride 4 MG / pioglitazone 30 MG Oral Tablet [Duetact]	Prescription	CUI
731461	glimepiride 2 MG / pioglitazone 30 MG [Duetact]	Prescription	CUI
731463	glimepiride 2 MG / pioglitazone 30 MG Oral Tablet [Duetact]	Prescription	CUI
844809	Glipizide 2.5 MG Extended Release Tablet	Prescription	CUI
844824	Glipizide 5 MG Extended Release Oral Tablet	Prescription	CUI
844827	Glipizide 10 MG Extended Release Tablet	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
847706	glimepiride 4 MG / rosiglitazone 4 MG [Avandaryl]	Prescription	CUI
847708	Avandaryl 4 MG / 4 MG (rosiglitazone / glimepiride) Oral Tablet	Prescription	CUI
847710	glimepiride 2 MG / rosiglitazone 4 MG [Avandaryl 4/2]	Prescription	CUI
847712	glimepiride 2 MG / rosiglitazone 4 MG Oral Tablet [Avandaryl]	Prescription	CUI
847714	glimepiride 1 MG / rosiglitazone 4 MG [Avandaryl]	Prescription	CUI
847716	Avandaryl 4 MG / 1 MG Oral Tablet, Once Daily	Prescription	CUI
847718	glimepiride 2 MG / rosiglitazone 8 MG [Avandaryl]	Prescription	CUI
847720	glimepiride 2 MG / rosiglitazone 8 MG Oral Tablet [Avandaryl 8/2]	Prescription	CUI
847722	glimepiride 4 MG / rosiglitazone 8 MG [Avandaryl]	Prescription	CUI
847724	glimepiride 4 MG / rosiglitazone 8 MG Oral Tablet [Avandaryl 8/4]	Prescription	CUI
861731	Glipizide 2.5 MG / Metformin hydrochloride 250 MG Oral Tablet	Prescription	CUI
861732	Glipizide 2.5 MG / Metformin hydrochloride 250 MG [Metaglip 2.5 MG/250 MG]	Prescription	CUI
861733	Glipizide 2.5 MG / Metformin hydrochloride 250 MG Oral Tablet [Metaglip 2.5 MG/250 MG]	Prescription	CUI
861736	glipiZIDE 2.5 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
861737	Glipizide 2.5 MG / Metformin hydrochloride 500 MG [Metaglip 2.5 MG/500 MG]	Prescription	CUI
861738	Glipizide 2.5 MG / Metformin hydrochloride 500 MG Oral Tablet [Metaglip 2.5 MG/500 MG]	Prescription	CUI
861740	Glipizide 5 MG / Metformin hydrochloride 500 MG Oral Tablet	Prescription	CUI
861741	Glipizide 5 MG / Metformin hydrochloride 500 MG [Metaglip]	Prescription	CUI
861742	Glipizide 5 MG / Metformin hydrochloride 500 MG Oral Tablet [Metaglip 5 MG/500 MG]	Prescription	CUI
861743	glyBURIDE 1.25 MG / metFORMIN HCl 250 MG Oral Tablet	Prescription	CUI
861745	Glyburide 1.25 MG / Metformin hydrochloride 250 MG [Glucoavance 1.25 MG/250 MG]	Prescription	CUI
861747	Glyburide 1.25 MG / Metformin hydrochloride 250 MG Oral Tablet [Glucoavance 1.25 MG/250 MG]	Prescription	CUI
861748	Glyburide 2.5 MG / Metformin hydrochloride 500 MG Oral Tablet	Prescription	CUI
861750	Glyburide 2.5 MG / Metformin hydrochloride 500 MG [Glucoavance 2.5 MG/500 MG]	Prescription	CUI
861753	glyburide 5 MG / metformin HCl 500 MG Oral Tablet	Prescription	CUI
861755	Glyburide 5 MG / Metformin hydrochloride 500 MG [Glucoavance]	Prescription	CUI
861757	Glyburide 5 MG / Metformin hydrochloride 500 MG Oral Tablet [Glucoavance]	Prescription	CUI
865568	24 HR Glucotrol XL 10 MG Extended Release Tablet	Prescription	CUI
865569	Glucotrol 10 MG Extended Release Tablet	Prescription	CUI
865570	Glipizide 2.5 MG [Glucotrol]	Prescription	CUI
865571	24 HR Glucotrol XL 2.5 MG Extended Release Oral Tablet	Prescription	CUI
865572	Glipizide 2.5 MG Extended Release Oral Tablet [Glucotrol]	Prescription	CUI
865573	Glucotrol XL 5 MG 24 HR Extended Release Oral Tablet	Prescription	CUI
865574	Glipizide 5 MG Extended Release Tablet [Glucotrol]	Prescription	CUI
881405	Glyburide 1.5 MG [Glynase]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
881407	Glynase 1.5 MG Oral Tablet	Prescription	CUI
881408	Glyburide 3 MG [Glynase]	Prescription	CUI
881409	Glyburide 3 MG Oral Tablet [Glynase]	Prescription	CUI
881410	Glyburide 6 MG [Glynase]	Prescription	CUI
881411	Glyburide 6 MG Oral Tablet [Glynase]	Prescription	CUI
203296	Daonil	Prescription	CUI
1168162	Daonil Oral Product	Prescription	CUI
1168163	Daonil Pill	Prescription	CUI
369562	Glyburide Oral Tablet [Daonil]	Prescription	CUI
369557	Glyburide Oral Tablet [Semi-Daonil]	Prescription	CUI
225613	Semi-Daonil	Prescription	CUI
1178368	Semi-Daonil Oral Product	Prescription	CUI
1178369	Semi-Daonil Pill	Prescription	CUI
368714	Chlorpropamide Oral Tablet [Diabinese]	Prescription	CUI
151616	Diabinese	Prescription	CUI
1176496	Diabinese Oral Product	Prescription	CUI
1176497	Diabinese Pill	Prescription	CUI
379802	Glipizide Oral Tablet [Minidiab]	Prescription	CUI
203679	Minidiab	Prescription	CUI
1179291	Minidiab Oral Product	Prescription	CUI
1179292	Minidiab Pill	Prescription	CUI
153592	Amaryl	Prescription	CUI
153844	Amaryl 3 MG Oral Tablet	Prescription	CUI
1170663	Amaryl Oral Product	Prescription	CUI
1170664	Amaryl Pill	Prescription	CUI
565409	glimepiride 3 MG [Amaryl]	Prescription	CUI
367762	glimepiride Oral Tablet [Amaryl]	Prescription	CUI
379572	Glyburide Oral Tablet [Libanil]	Prescription	CUI
379571	Libanil	Prescription	CUI
1186169	Libanil Oral Product	Prescription	CUI
1186170	Libanil Pill	Prescription	CUI
151725	Euglucon	Prescription	CUI
1171148	Euglucon Oral Product	Prescription	CUI
1171149	Euglucon Pill	Prescription	CUI
379559	Glyburide Oral Tablet [Euglucon]	Prescription	CUI
379568	Glyburide Oral Tablet [Malix]	Prescription	CUI
152651	Malix	Prescription	CUI
1179740	Malix Oral Product	Prescription	CUI
1179741	Malix Pill	Prescription	CUI
93312	Glyburide Oral Tablet [Micronase]	Prescription	CUI
203289	Micronase	Prescription	CUI
1178082	Micronase Oral Product	Prescription	CUI
1178083	Micronase Pill	Prescription	CUI
203295	Diabeta	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1175878	Diabeta Oral Product	Prescription	CUI
1175879	Diabeta Pill	Prescription	CUI
151615	Diabetamide	Prescription	CUI
1175880	Diabetamide Oral Product	Prescription	CUI
1175881	Diabetamide Pill	Prescription	CUI
369373	Glyburide Oral Tablet [Diabeta]	Prescription	CUI
379565	Glyburide Oral Tablet [Diabetamide]	Prescription	CUI
568684	Tolazamide 100 MG [Tolinase]	Prescription	CUI
207953	Tolazamide 100 MG Oral Tablet [Tolinase]	Prescription	CUI
369304	Tolazamide Oral Tablet [Tolinase]	Prescription	CUI
220338	Tolinase	Prescription	CUI
1177973	Tolinase Oral Product	Prescription	CUI
1177974	Tolinase Pill	Prescription	CUI
574571	Glyburide 4.5 MG [Glycron]	Prescription	CUI
261351	Glyburide 4.5 MG Oral Tablet [Glycron]	Prescription	CUI
368204	Glyburide Oral Tablet [Glycron]	Prescription	CUI
261532	Glycron	Prescription	CUI
1171929	Glycron Oral Product	Prescription	CUI
1171930	Glycron Pill	Prescription	CUI
542031	Chlorpropamide Oral Tablet [Insulase]	Prescription	CUI
542029	Insulase	Prescription	CUI
1173427	Insulase Oral Product	Prescription	CUI
1173428	Insulase Pill	Prescription	CUI
151466	Calabren	Prescription	CUI
1170866	Calabren Oral Product	Prescription	CUI
1170867	Calabren Pill	Prescription	CUI
379570	Glyburide Oral Tablet [Calabren]	Prescription	CUI
151822	Glibenese	Prescription	CUI
1171233	Glibenese Oral Product	Prescription	CUI
1171234	Glibenese Pill	Prescription	CUI
379803	Glipizide Oral Tablet [Glibenese]	Prescription	CUI
865567	Glipizide Extended Release Oral Tablet [Glucotrol]	Prescription	CUI
369500	Glipizide Oral Tablet [Glucotrol]	Prescription	CUI
203680	Glucotrol	Prescription	CUI
1171246	Glucotrol Oral Product	Prescription	CUI
1171247	Glucotrol Pill	Prescription	CUI
217360	Glucotrol XL	Prescription	CUI
353028	Tol-Tab	Prescription	CUI
1179112	Tol-Tab Oral Product	Prescription	CUI
1179113	Tol-Tab Pill	Prescription	CUI
368586	Tolbutamide Oral Tablet [Tol-Tab]	Prescription	CUI
669980	Glyburase	Prescription	CUI
1171919	Glyburase Oral Product	Prescription	CUI
1171920	Glyburase Pill	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
669982	Glyburide Oral Tablet [Glyburase]	Prescription	CUI
647208	Duetact	Prescription	CUI
731460	Duetact 30/2	Prescription	CUI
1166403	Duetact 30/2 Oral Product	Prescription	CUI
1166404	Duetact 30/2 Pill	Prescription	CUI
731454	Duetact 30/4	Prescription	CUI
1166405	Duetact 30/4 Oral Product	Prescription	CUI
1166406	Duetact 30/4 Pill	Prescription	CUI
731462	glimepiride / pioglitazone Oral Tablet [Duetact 30/2]	Prescription	CUI
731456	glimepiride / pioglitazone Oral Tablet [Duetact 30/4]	Prescription	CUI
849585	Glipizide / Metformin Oral Tablet [Metaglip 2.5 MG/250 MG]	Prescription	CUI
849593	Glipizide / Metformin Oral Tablet [Metaglip 2.5 MG/500 MG]	Prescription	CUI
849589	Glipizide / Metformin Oral Tablet [Metaglip 5 MG/500 MG]	Prescription	CUI
352764	Metaglip	Prescription	CUI
849583	Metaglip 2.5 MG/250 MG	Prescription	CUI
1185049	Metaglip 2.5 MG/250 MG Oral Product	Prescription	CUI
1185624	Metaglip 2.5 MG/250 MG Pill	Prescription	CUI
849591	Metaglip 2.5 MG/500 MG	Prescription	CUI
1185625	Metaglip 2.5 MG/500 MG Oral Product	Prescription	CUI
1185626	Metaglip 2.5 MG/500 MG Pill	Prescription	CUI
849587	Metaglip 5 MG/500 MG	Prescription	CUI
1185627	Metaglip 5 MG/500 MG Oral Product	Prescription	CUI
1185628	Metaglip 5 MG/500 MG Pill	Prescription	CUI
881406	Glyburide Oral Tablet [Glynase]	Prescription	CUI
881404	Glynase	Prescription	CUI
1171933	Glynase Oral Product	Prescription	CUI
1171934	Glynase Pill	Prescription	CUI
217370	Glynase Pres-Tab	Prescription	CUI
315647	Chlorpropamide 100 MG	Prescription	CUI
315648	Chlorpropamide 250 MG	Prescription	CUI
315978	glimepiride 1 MG	Prescription	CUI
317637	glimepiride 2 MG	Prescription	CUI
315979	glimepiride 4 MG	Prescription	CUI
317379	Glipizide 10 MG	Prescription	CUI
330349	Glipizide 2.5 MG	Prescription	CUI
315980	Glipizide 5 MG	Prescription	CUI
315987	Glyburide 1.25 MG	Prescription	CUI
315988	Glyburide 1.5 MG	Prescription	CUI
315989	Glyburide 2.5 MG	Prescription	CUI
315990	Glyburide 3 MG	Prescription	CUI
315991	Glyburide 5 MG	Prescription	CUI
315992	Glyburide 6 MG	Prescription	CUI
316833	Tolazamide 250 MG	Prescription	CUI
316834	Tolazamide 500 MG	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
316836	Tolbutamide 500 MG	Prescription	CUI
2404	Chlorpropamide	Prescription	CUI
332808	Chlorpropamide 125 MG	Prescription	CUI
332810	Chlorpropamide 200 MG	Prescription	CUI
438506	Chlorpropamide 50 MG	Prescription	CUI
25789	glimepiride	Prescription	CUI
380849	glimepiride 3 MG	Prescription	CUI
1361492	glimepiride 6 MG	Prescription	CUI
1361494	glimepiride 8 MG	Prescription	CUI
4821	Glipizide	Prescription	CUI
4815	Glyburide	Prescription	CUI
440286	Glyburide 1 MG	Prescription	CUI
440285	Glyburide 1.75 MG	Prescription	CUI
440287	Glyburide 3.5 MG	Prescription	CUI
331496	Glyburide 4.5 MG	Prescription	CUI
10633	Tolazamide	Prescription	CUI
316832	Tolazamide 100 MG	Prescription	CUI
Biguanides			
1043563	metformin hydrochloride 1000 MG / saxagliptin 2.5 MG 24 HR Extended Release Oral Tablet	Prescription	CUI
1043565	Metformin hydrochloride 1000 MG / saxagliptin 2.5 MG [Kombiglyze]	Prescription	CUI
1043567	24 HR Metformin hydrochloride 1000 MG / saxagliptin 2.5 MG Extended Release Oral Tablet [Kombiglyze]	Prescription	CUI
1043568	Metformin hydrochloride 1000 MG / saxagliptin 2.5 MG Extended Release Oral Tablet	Prescription	CUI
1043569	Metformin hydrochloride 1000 MG / saxagliptin 2.5 MG Extended Release Tablet [Kombiglyze]	Prescription	CUI
1043570	saxagliptin 5 MG / metFORMIN HCl 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1043572	Metformin hydrochloride 1000 MG / saxagliptin 5 MG [Kombiglyze]	Prescription	CUI
1043574	24 HR Metformin hydrochloride 1000 MG / saxagliptin 5 MG Extended Release Oral Tablet [Kombiglyze]	Prescription	CUI
1043575	Metformin hydrochloride 1000 MG / saxagliptin 5 MG Extended Release Tablet	Prescription	CUI
1043576	Metformin hydrochloride 1000 MG / saxagliptin 5 MG Extended Release Tablet [Kombiglyze 5/1000]	Prescription	CUI
1043578	24 HR Metformin hydrochloride 500 MG / saxagliptin 5 MG Extended Release Tablet	Prescription	CUI
1043580	Metformin hydrochloride 500 MG / saxagliptin 5 MG [Kombiglyze 5/500]	Prescription	CUI
1043582	Kombiglyze XR 5/500 (saxagliptin 5 MG (saxagliptin hydrochloride anhydrous 5.58 MG) / metformin hydrochloride 500 MG) 24 HR Extended Release Tablet	Prescription	CUI
1043583	Metformin hydrochloride 500 MG / saxagliptin 5 MG Extended Release Oral Tablet	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1043584	Metformin hydrochloride 500 MG / saxagliptin 5 MG Extended Release Tablet [Kombiglyze 5/500]	Prescription	CUI
105376	Metformin hydrochloride 500 MG Oral Tablet [Glucamet]	Prescription	CUI
105377	Metformin hydrochloride 850 MG Oral Tablet [Glucamet]	Prescription	CUI
1243020	linagliptin 2.5 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1243022	Linagliptin 2.5 MG / Metformin hydrochloride 1000 MG [Jentadueto 2.5/1000]	Prescription	CUI
1243026	Linagliptin 2.5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Jentadueto]	Prescription	CUI
1243027	Linagliptin 2.5 MG / Metformin hydrochloride 500 MG Oral Tablet	Prescription	CUI
1243029	Linagliptin 2.5 MG / Metformin hydrochloride 500 MG [Jentadueto 2.5/500]	Prescription	CUI
1243033	Linagliptin 2.5 MG / Metformin hydrochloride 500 MG Oral Tablet [Jentadueto]	Prescription	CUI
1243034	Linagliptin 2.5 MG / Metformin hydrochloride 850 MG Oral Tablet	Prescription	CUI
1243036	Linagliptin 2.5 MG / Metformin hydrochloride 850 MG [Jentadueto]	Prescription	CUI
1243040	Jentadueto 2.5 MG / 850 MG Oral Tablet	Prescription	CUI
1243827	metformin hydrochloride 1000 MG / sitagliptin (as sitagliptin phosphate monohydrate) 100 MG 24 HR Extended Release Tablet	Prescription	CUI
1243829	Metformin hydrochloride 1000 MG / sitagliptin 100 MG [Janumet]	Prescription	CUI
1243833	Janumet XR 100/1000 (sitagliptin (sitagliptin phosphate monohydrate 128.5 MG) / metformin hydrochloride) 24 HR Extended Release Oral Tablet	Prescription	CUI
1243834	Metformin hydrochloride 1000 MG / sitagliptin 100 MG Extended Release Oral Tablet	Prescription	CUI
1243835	Metformin hydrochloride 1000 MG / sitagliptin 100 MG Extended Release Oral Tablet [Janumet]	Prescription	CUI
1243842	sitaGLIPTin 50 MG / metFORMIN HCl 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1243843	Janumet XR 50 MG / 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1243844	Metformin hydrochloride 1000 MG / sitagliptin 50 MG Extended Release Tablet	Prescription	CUI
1243845	Metformin hydrochloride 1000 MG / sitagliptin 50 MG Extended Release Tablet [Janumet]	Prescription	CUI
1243846	metformin hydrochloride 500 MG / sitagliptin (as sitagliptin phosphate) 50 MG 24 HR Extended Release Oral Tablet	Prescription	CUI
1243849	Metformin hydrochloride 500 MG / sitagliptin 50 MG Extended Release Tablet	Prescription	CUI
1243850	Metformin hydrochloride 500 MG / sitagliptin 50 MG Extended Release Tablet [Janumet]	Prescription	CUI
1368385	alogliptin 12.5 MG (as alogliptin benzoate 17 MG) / metformin hydrochloride 1000 MG Oral Tablet	Prescription	CUI
1368387	alogliptin 12.5 MG / Metformin hydrochloride 1000 MG [Kazano]	Prescription	CUI
1368391	Kazano 12.5 MG / 1000 MG Oral Tablet	Prescription	CUI
1368392	alogliptin 12.5 MG (as alogliptin benzoate 17 MG / metformin hydrochloride 500 MG) Oral Tablet	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1368394	alogliptin 12.5 MG / Metformin hydrochloride 500 MG [Kazano]	Prescription	CUI
1368398	alogliptin 12.5 MG / Metformin hydrochloride 500 MG Oral Tablet [Kazano]	Prescription	CUI
1545150	canagliflozin 150 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1545152	canagliflozin 150 MG / Metformin hydrochloride 1000 MG [Invokamet]	Prescription	CUI
1545156	Invokamet (canagliflozin 150 MG / metformin hydrochloride 1000 MG) Oral Tablet	Prescription	CUI
1545157	canagliflozin 150 MG / Metformin hydrochloride 500 MG Oral Tablet	Prescription	CUI
1545158	canagliflozin 150 MG / Metformin hydrochloride 500 MG [Invokamet]	Prescription	CUI
1545159	Invokamet 150 MG / 500 MG Oral Tablet	Prescription	CUI
1545161	canagliflozin 50 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1545162	canagliflozin 50 MG / Metformin hydrochloride 1000 MG [Invokamet]	Prescription	CUI
1545163	Invokamet (canagliflozin 50 MG / metformin hydrochloride 1000 MG) Oral Tablet	Prescription	CUI
1545164	canagliflozin 50 MG / Metformin hydrochloride 500 MG Oral Tablet	Prescription	CUI
1545165	canagliflozin 50 MG / Metformin hydrochloride 500 MG [Invokamet]	Prescription	CUI
1545166	canagliflozin 50 MG / Metformin hydrochloride 500 MG Oral Tablet [Invokamet]	Prescription	CUI
1592722	dapagliflozin 10 MG / Metformin hydrochloride 1000 MG [Xigduo]	Prescription	CUI
1593058	dapagliflozin 10 MG / metFORMIN HCl 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1593059	dapagliflozin 10 MG / metformin HCl 1000 MG Extended Release Oral Tablet	Prescription	CUI
1593068	dapagliflozin 10 MG / metformin HCl 500 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1593069	dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1593070	dapagliflozin 5 MG / metFORMIN HCl 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1593071	dapagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1593072	24 HR dapagliflozin 5 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1593073	dapagliflozin 5 MG / metformin HCl 500 MG Extended Release Oral Tablet	Prescription	CUI
1593775	Xigduo XR 10/1000 24HR Extended Release Oral Tablet	Prescription	CUI
1593776	dapagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593826	dapagliflozin 10 MG / Metformin hydrochloride 500 MG [Xigduo]	Prescription	CUI
1593827	dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593828	dapagliflozin 5 MG / Metformin hydrochloride 1000 MG [Xigduo]	Prescription	CUI
1593829	dapagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593830	dapagliflozin 5 MG / Metformin hydrochloride 500 MG [Xigduo]	Prescription	CUI
1593832	Xigduo 5/500 Extended Release Oral Tablet	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1593833	24 HR dapagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1664315	empagliflozin 5 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1664317	empagliflozin 5 MG / Metformin hydrochloride 500 MG [Synjardy]	Prescription	CUI
1664321	Synjardy 5 MG / 500 MG Oral Tablet	Prescription	CUI
1664323	empagliflozin 12.5 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1664324	empagliflozin 12.5 MG / Metformin hydrochloride 500 MG [Synjardy]	Prescription	CUI
1664325	Synjardy (empagliflozin 12.5 MG / metformin hydrochloride 500 MG) Oral Tablet	Prescription	CUI
1664326	empagliflozin 5 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1664327	empagliflozin 5 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1664328	empagliflozin 5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Synjardy]	Prescription	CUI
1665367	empagliflozin 12.5 MG / metFORMIN hydrochloride 1000 MG Oral Tablet	Prescription	CUI
1665368	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1665369	Synjardy (empagliflozin 12.5 MG / metformin hydrochloride 1000 MG) Oral Tablet	Prescription	CUI
1796089	linagliptin 2.5 MG / metFORMIN HCl 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1796091	24 HR Linagliptin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Jentadueto]	Prescription	CUI
1796092	Linagliptin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1796093	Linagliptin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Jentadueto]	Prescription	CUI
1796094	linagliptin 5 MG / metFORMIN HCl 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1796095	Linagliptin 5 MG / Metformin hydrochloride 1000 MG [Jentadueto]	Prescription	CUI
1796097	Linagliptin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1796098	Linagliptin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Jentadueto]	Prescription	CUI
1807888	Modified 24 HR Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1807894	metformin HCl 1000 MG Osmotic 24 HR Extended Release Oral Tablet	Prescription	CUI
1807915	metformin HCl 500 MG Modified 24 HR Extended Release Oral Tablet	Prescription	CUI
1807917	Osmotic 24 HR Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1810997	canagliflozin 150 MG / metFORMIN HCl 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1811000	canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1811001	canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1811002	canagliflozin 150 MG / metFORMIN HCl 500 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1811003	24 HR canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1811004	canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1811005	canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1811006	canagliflozin 50 MG / metformin hydrochloride 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1811007	Invokamet (canagliflozin 50 MG / metformin hydrochloride 1000 MG) 24HR Extended Release Oral Tablet	Prescription	CUI
1811008	canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1811009	canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1811010	canagliflozin 50 MG / metFORMIN HCl 500 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1811012	canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1811013	canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1862685	24 HR empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862686	empagliflozin 10 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1862688	24 HR empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862689	empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862690	empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862691	24 HR empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862693	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862694	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862695	empagliflozin 25 MG / metFORMIN HCl 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1862696	empagliflozin 25 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1862697	24 HR empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862698	empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1862699	empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862700	empagliflozin 5 MG / metformin HCl 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1862701	24 HR empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862702	empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862703	empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1940496	dapagliflozin 2.5 MG / metformin HCl 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1940497	dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG [Xigduo]	Prescription	CUI
1940498	Xigduo XR 2.5/1000 24HR Extended Release Oral Tablet	Prescription	CUI
1940499	dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1940500	dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1992685	ertugliflozin 2.5 MG / metFORMIN hydrochloride 1000 MG Oral Tablet	Prescription	CUI
1992687	ertugliflozin 2.5 MG / Metformin hydrochloride 1000 MG [Segluomet]	Prescription	CUI
1992691	ertugliflozin 2.5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Segluomet]	Prescription	CUI
1992693	ertugliflozin 2.5 MG / Metformin hydrochloride 500 MG Oral Tablet	Prescription	CUI
1992694	ertugliflozin 2.5 MG / Metformin hydrochloride 500 MG [Segluomet]	Prescription	CUI
1992695	Segluomet 2.5/500 Oral Tablet	Prescription	CUI
1992698	ertugliflozin 7.5 MG / metFORMIN hydrochloride 1000 MG Oral Tablet	Prescription	CUI
1992699	ertugliflozin 7.5 MG / Metformin hydrochloride 1000 MG [Segluomet]	Prescription	CUI
1992700	Segluomet 7.5/1000 (ertugliflozin 7.5 MG / metformin hydrochloride 1000 MG) MG Oral Tablet	Prescription	CUI
1992701	ertugliflozin 7.5 MG / Metformin hydrochloride 500 MG Oral Tablet	Prescription	CUI
1992702	ertugliflozin 7.5 MG / Metformin hydrochloride 500 MG [Segluomet]	Prescription	CUI
204045	Metformin hydrochloride 500 MG Oral Tablet [Orabet Metformin]	Prescription	CUI
204047	Orabet Metformin 850 MG Oral Tablet	Prescription	CUI
250919	Glyburide 2.5 MG / Metformin 400 MG Oral Tablet	Prescription	CUI
429841	Glyburide 5 MG / Metformin 1000 MG Oral Tablet	Prescription	CUI
431724	12 HR Metformin hydrochloride 850 MG Extended Release Tablet	Prescription	CUI
583195	Metformin hydrochloride 850 MG Oral Tablet [Metforming]	Prescription	CUI
860975	24 HR Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
860976	Metformin hydrochloride 500 MG [Glucophage]	Prescription	CUI
860977	24 HR Metformin hydrochloride 500 MG Extended Release Oral Tablet [Glucophage]	Prescription	CUI
860978	Metformin hydrochloride 500 MG Extended Release Tablet	Prescription	CUI
860979	Metformin hydrochloride 500 MG Extended Release Tablet [Glucophage]	Prescription	CUI
860981	metFORMIN HCl 750 MG 24HR Extended Release Oral Tablet	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
860982	Metformin hydrochloride 750 MG [Glucophage]	Prescription	CUI
860983	Glucophage XR 24 HR 750 MG Extended Release Oral Tablet	Prescription	CUI
860984	Metformin hydrochloride 750 MG Extended Release Oral Tablet	Prescription	CUI
860985	Metformin hydrochloride 750 MG Extended Release Oral Tablet [Glucophage]	Prescription	CUI
860996	metFORMIN hydrochloride 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
860997	Metformin hydrochloride 1000 MG [Fortamet]	Prescription	CUI
860998	24 HR Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Fortamet]	Prescription	CUI
860999	Metformin hydrochloride 1000 MG Extended Release Tablet	Prescription	CUI
861000	Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Fortamet]	Prescription	CUI
861001	Metformin hydrochloride 500 MG [Fortamet]	Prescription	CUI
861002	Fortamet 500 MG 24 HR Extended Release Oral Tablet	Prescription	CUI
861003	Fortamet 500 MG Extended Release Oral Tablet	Prescription	CUI
861004	metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
861005	Metformin hydrochloride 1000 MG [Glucophage]	Prescription	CUI
861006	Glucophage 1000 MG Oral Tablet	Prescription	CUI
861007	metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
861008	Glucophage 500 MG Oral Tablet	Prescription	CUI
861010	metFORMIN hydrochloride 850 MG Oral Tablet	Prescription	CUI
861011	Metformin hydrochloride 850 MG [Glucophage]	Prescription	CUI
861012	Glucophage 850 MG Oral Tablet	Prescription	CUI
861014	Metformin hydrochloride 1000 MG [Glumetza]	Prescription	CUI
861015	Modified 24 HR Glumetza 1000 MG Extended Release Oral Tablet	Prescription	CUI
861016	Metformin hydrochloride 1000 MG Extended Release Tablet [Glumetza]	Prescription	CUI
861017	Metformin hydrochloride 500 MG [Glumetza]	Prescription	CUI
861018	24 HR Glumetza 500 MG Extended Release Tablet	Prescription	CUI
861019	Metformin hydrochloride 500 MG Extended Release Tablet [Glumetza]	Prescription	CUI
861025	metFORMIN HCl 500 MG in 5 mL Oral Solution	Prescription	CUI
861026	Metformin hydrochloride 100 MG/ML [Riomet]	Prescription	CUI
861027	Riomet 500 MG per 5 ML Oral Solution	Prescription	CUI
861731	glipiZIDE 2.5 MG / metFORMIN HCl 250 MG Oral Tablet	Prescription	CUI
861732	Glipizide 2.5 MG / Metformin hydrochloride 250 MG [Metaglip 2.5 MG/250 MG]	Prescription	CUI
861733	Glipizide 2.5 MG / Metformin hydrochloride 250 MG Oral Tablet [Metaglip]	Prescription	CUI
861736	Glipizide 2.5 MG / Metformin hydrochloride 500 MG Oral Tablet	Prescription	CUI
861737	Glipizide 2.5 MG / Metformin hydrochloride 500 MG [Metaglip]	Prescription	CUI
861740	Glipizide 5 MG / Metformin hydrochloride 500 MG Oral Tablet	Prescription	CUI
861741	Glipizide 5 MG / Metformin hydrochloride 500 MG [Metaglip 5 MG/500 MG]	Prescription	CUI
861742	Metaglip 5 MG/500 MG (glipizide / metformin HCl) Oral Tablet	Prescription	CUI
861743	Glyburide 1.25 MG / Metformin hydrochloride 250 MG Oral Tablet	Prescription	CUI
861745	Glyburide 1.25 MG / Metformin hydrochloride 250 MG [Glucovance 1.25 MG/250 MG]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
861747	Glucovance 1.25 MG/250 MG (glyburide / metformin HCl) Oral Tablet	Prescription	CUI
861748	glyBURIDE 2.5 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
861750	Glyburide 2.5 MG / Metformin hydrochloride 500 MG [Glucovance]	Prescription	CUI
861752	Glucovance 2.5 MG/500 MG (glyburide / metformin HCl) Oral Tablet	Prescription	CUI
861753	glyburide 5 MG / metformin HCl 500 MG Oral Tablet	Prescription	CUI
861755	Glyburide 5 MG / Metformin hydrochloride 500 MG [Glucovance]	Prescription	CUI
861757	Glucovance 5 MG/500 MG (glyburide / metformin HCl) Oral Tablet	Prescription	CUI
861760	Metformin hydrochloride 1000 MG / rosiglitazone 2 MG Oral Tablet	Prescription	CUI
861761	Metformin hydrochloride 1000 MG / rosiglitazone 2 MG [Avandamet 2/1000]	Prescription	CUI
861763	rosiglitazone maleate 4 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
861764	Metformin hydrochloride 1000 MG / rosiglitazone 4 MG [Avandamet]	Prescription	CUI
861765	Avandamet 4/1000 MG Oral Tablet	Prescription	CUI
861769	sitaGLIPtin 50 MG / metFORMIN hydrochloride 1000 MG Oral Tablet	Prescription	CUI
861770	Metformin hydrochloride 1000 MG / sitagliptin 50 MG [Janumet]	Prescription	CUI
861771	Metformin hydrochloride 1000 MG / sitagliptin 50 MG Oral Tablet [Janumet]	Prescription	CUI
861783	pioglitazone 15 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
861784	Metformin hydrochloride 500 MG / pioglitazone 15 MG [Actoplus Met 15/500]	Prescription	CUI
861785	Metformin hydrochloride 500 MG / pioglitazone 15 MG Oral Tablet [Actoplus Met 15/500]	Prescription	CUI
861787	repaglinide 1 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
861788	Metformin hydrochloride 500 MG / repaglinide 1 MG [PrandiMet]	Prescription	CUI
861790	repaglinide 2 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
861791	Metformin hydrochloride 500 MG / repaglinide 2 MG [PrandiMet 2/500]	Prescription	CUI
861795	rosiglitazone maleate 1 MG / metFORMIN hydrochloride 500 MG Oral Tablet	Prescription	CUI
861796	Metformin hydrochloride 500 MG / rosiglitazone 1 MG [Avandamet]	Prescription	CUI
861797	Avandamet 1/500 Oral Tablet	Prescription	CUI
861806	Metformin hydrochloride 500 MG / rosiglitazone 2 MG Oral Tablet	Prescription	CUI
861807	Metformin hydrochloride 500 MG / rosiglitazone 2 MG [Avandamet]	Prescription	CUI
861808	Avandamet 2/500 MG Oral Tablet	Prescription	CUI
861816	rosiglitazone maleate 4 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
861817	Metformin hydrochloride 500 MG / rosiglitazone 4 MG [Avandamet]	Prescription	CUI
861819	Metformin hydrochloride 500 MG / sitagliptin 50 MG Oral Tablet	Prescription	CUI
861820	Metformin hydrochloride 500 MG / sitagliptin 50 MG [Janumet]	Prescription	CUI
861821	Janumet 50 mg/500 mg Oral Tablet	Prescription	CUI
861822	pioglitazone 15 MG / metFORMIN HCl 850 MG Oral Tablet	Prescription	CUI
861823	Metformin hydrochloride 850 MG / pioglitazone 15 MG [Actoplus Met 15/850]	Prescription	CUI
875864	Metformin hydrochloride 500 MG [Glucamet]	Prescription	CUI
875865	Metformin hydrochloride 850 MG [Glucamet]	Prescription	CUI
876009	Metformin hydrochloride 500 MG [Orabet Metformin]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
876010	Metformin hydrochloride 850 MG [Orabet Metformin]	Prescription	CUI
876033	Metformin hydrochloride 850 MG [Metforming]	Prescription	CUI
899989	pioglitazone 15 MG / metFORMIN HCl 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
899991	Metformin hydrochloride 1000 MG / pioglitazone 15 MG [Actoplus Met 15/1000]	Prescription	CUI
899993	24 HR Metformin hydrochloride 1000 MG / pioglitazone 15 MG Extended Release Tablet [Actoplus Met 15/1000]	Prescription	CUI
899994	Metformin hydrochloride 1000 MG / pioglitazone 15 MG Extended Release Tablet	Prescription	CUI
899995	Metformin hydrochloride 1000 MG / pioglitazone 15 MG Extended Release Tablet [Actoplus Met 15/1000]	Prescription	CUI
899996	metformin hydrochloride 1000 MG / pioglitazone 30 MG 24 HR Extended Release Oral Tablet	Prescription	CUI
899998	Metformin hydrochloride 1000 MG / pioglitazone 30 MG [Actoplus Met]	Prescription	CUI
900000	24 HR Metformin hydrochloride 1000 MG / pioglitazone 30 MG Extended Release Tablet [Actoplus Met]	Prescription	CUI
900001	Metformin hydrochloride 1000 MG / pioglitazone 30 MG Extended Release Oral Tablet	Prescription	CUI
900002	Metformin hydrochloride 1000 MG / pioglitazone 30 MG Extended Release Oral Tablet [Actoplus Met]	Prescription	CUI
977566	Metformin hydrochloride 850 MG Extended Release Oral Tablet	Prescription	CUI
1372730	Kombiglyze	Prescription	CUI
1043564	Kombiglyze 2.5/1000	Prescription	CUI
1172859	Kombiglyze 2.5/1000 Oral Product	Prescription	CUI
1172860	Kombiglyze 2.5/1000 Pill	Prescription	CUI
1043571	Kombiglyze 5/1000	Prescription	CUI
1172861	Kombiglyze 5/1000 Oral Product	Prescription	CUI
1173546	Kombiglyze 5/1000 Pill	Prescription	CUI
1043579	Kombiglyze 5/500	Prescription	CUI
1173547	Kombiglyze 5/500 Oral Product	Prescription	CUI
1173548	Kombiglyze 5/500 Pill	Prescription	CUI
1043566	Metformin / saxagliptin Extended Release Oral Tablet [Kombiglyze]	Prescription	CUI
1043573	Metformin / saxagliptin Extended Release Tablet [Kombiglyze 5/1000]	Prescription	CUI
1043581	Metformin / saxagliptin Extended Release Tablet [Kombiglyze 5/500]	Prescription	CUI
151825	Glucamet	Prescription	CUI
1171242	Glucamet Oral Product	Prescription	CUI
1171243	Glucamet Pill	Prescription	CUI
368526	Metformin Oral Tablet [Glucamet]	Prescription	CUI
1796096	24 HR Linagliptin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Jentadueto]	Prescription	CUI
1372706	Jentadueto	Prescription	CUI
1243021	Jentadueto 2.5/1000	Prescription	CUI
1243024	Jentadueto 2.5/1000 Oral Product	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1243025	Jentaduetto 2.5/1000 Pill	Prescription	CUI
1243028	Jentaduetto 2.5/500	Prescription	CUI
1243031	Jentaduetto 2.5/500 Oral Product	Prescription	CUI
1243032	Jentaduetto 2.5/500 Pill	Prescription	CUI
1243035	Jentaduetto 2.5/850	Prescription	CUI
1243038	Jentaduetto 2.5/850 Oral Product	Prescription	CUI
1243039	Jentaduetto 2.5/850 Pill	Prescription	CUI
1796090	Linagliptin / Metformin Extended Release Oral Tablet [Jentaduetto]	Prescription	CUI
1243023	Linagliptin / Metformin Oral Tablet [Jentaduetto 2.5/1000]	Prescription	CUI
1243030	Linagliptin / Metformin Oral Tablet [Jentaduetto 2.5/500]	Prescription	CUI
1243037	Linagliptin / Metformin Oral Tablet [Jentaduetto 2.5/850]	Prescription	CUI
1243848	24 HR Metformin hydrochloride 500 MG / sitagliptin 50 MG Extended Release Oral Tablet [Janumet]	Prescription	CUI
1372738	Janumet	Prescription	CUI
1243828	Janumet 100/1000	Prescription	CUI
1243831	Janumet 100/1000 Oral Product	Prescription	CUI
1243832	Janumet 100/1000 Pill	Prescription	CUI
757601	Janumet 50/1000	Prescription	CUI
1167810	Janumet 50/1000 Oral Product	Prescription	CUI
1167811	Janumet 50/1000 Pill	Prescription	CUI
757605	Janumet 50/500	Prescription	CUI
1167812	Janumet 50/500 Oral Product	Prescription	CUI
1167813	Janumet 50/500 Pill	Prescription	CUI
1243839	Metformin / sitagliptin Extended Release Oral Tablet [Janumet]	Prescription	CUI
1243830	Metformin / sitagliptin Extended Release Tablet [Janumet 100/1000]	Prescription	CUI
1243847	Metformin / sitagliptin Extended Release Tablet [Janumet 50/500]	Prescription	CUI
757603	Metformin / sitagliptin Oral Tablet [Janumet 50/1000]	Prescription	CUI
757607	Metformin / sitagliptin Oral Tablet [Janumet 50/500]	Prescription	CUI
1368395	alogliptin / Metformin Oral Tablet [Kazano]	Prescription	CUI
1372692	Kazano	Prescription	CUI
1368396	Kazano Oral Product	Prescription	CUI
1368397	Kazano Pill	Prescription	CUI
1810999	24 HR canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1811011	24 HR canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1810998	canagliflozin / Metformin Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545153	canagliflozin / Metformin Oral Tablet [Invokamet]	Prescription	CUI
1545151	Invokamet	Prescription	CUI
1545154	Invokamet Oral Product	Prescription	CUI
1545155	Invokamet Pill	Prescription	CUI
1593835	24 HR dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1593831	24 HR dapagliflozin 5 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593774	dapagliflozin / Metformin Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1592713	Xigduo	Prescription	CUI
1592716	Xigduo Oral Product	Prescription	CUI
1592717	Xigduo Pill	Prescription	CUI
1862692	24 HR empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862687	empagliflozin / Metformin Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1664318	empagliflozin / Metformin Oral Tablet [Synjardy]	Prescription	CUI
1664316	Synjardy	Prescription	CUI
1664319	Synjardy Oral Product	Prescription	CUI
1664320	Synjardy Pill	Prescription	CUI
1992688	ertugliflozin / Metformin Oral Tablet [Segluomet]	Prescription	CUI
1992703	ertugliflozin 7.5 MG / Metformin hydrochloride 500 MG Oral Tablet [Segluomet]	Prescription	CUI
1992686	Segluomet	Prescription	CUI
1992689	Segluomet Oral Product	Prescription	CUI
1992690	Segluomet Pill	Prescription	CUI
361841	Metformin Oral Tablet [Orabet Metformin]	Prescription	CUI
152161	Orabet Metformin	Prescription	CUI
1182890	Orabet Metformin Oral Product	Prescription	CUI
1182891	Orabet Metformin Pill	Prescription	CUI
583194	Metformin Oral Tablet [Metforming]	Prescription	CUI
583192	Metforming	Prescription	CUI
1185653	Metforming Oral Product	Prescription	CUI
1185654	Metforming Pill	Prescription	CUI
151827	Glucophage	Prescription	CUI
861023	Glucophage 625 MG Oral Tablet	Prescription	CUI
1171244	Glucophage Oral Product	Prescription	CUI
1171245	Glucophage Pill	Prescription	CUI
285065	Glucophage XR	Prescription	CUI
802051	Metformin Extended Release Oral Tablet [Glucophage]	Prescription	CUI
861022	Metformin hydrochloride 625 MG [Glucophage]	Prescription	CUI
368254	Metformin Oral Tablet [Glucophage]	Prescription	CUI
541766	Fortamet	Prescription	CUI
1172629	Fortamet Oral Product	Prescription	CUI
1172630	Fortamet Pill	Prescription	CUI
541768	Metformin Extended Release Oral Tablet [Fortamet]	Prescription	CUI
645109	Glumetza	Prescription	CUI
1171254	Glumetza Oral Product	Prescription	CUI
1171255	Glumetza Pill	Prescription	CUI
647241	Metformin Extended Release Oral Tablet [Glumetza]	Prescription	CUI
406257	Metformin Oral Solution [Riomet]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
405304	Riomet	Prescription	CUI
1185325	Riomet Oral Liquid Product	Prescription	CUI
1185326	Riomet Oral Product	Prescription	CUI
849585	Glipizide / Metformin Oral Tablet [Metaglip 2.5 MG/250 MG]	Prescription	CUI
849593	Glipizide / Metformin Oral Tablet [Metaglip 2.5 MG/500 MG]	Prescription	CUI
849589	Glipizide / Metformin Oral Tablet [Metaglip 5 MG/500 MG]	Prescription	CUI
861738	Glipizide 2.5 MG / Metformin hydrochloride 500 MG Oral Tablet [Metaglip 2.5 MG/500 MG]	Prescription	CUI
352764	Metaglip	Prescription	CUI
849583	Metaglip 2.5 MG/250 MG	Prescription	CUI
1185049	Metaglip 2.5 MG/250 MG Oral Product	Prescription	CUI
1185624	Metaglip 2.5 MG/250 MG Pill	Prescription	CUI
849591	Metaglip 2.5 MG/500 MG	Prescription	CUI
1185625	Metaglip 2.5 MG/500 MG Oral Product	Prescription	CUI
1185626	Metaglip 2.5 MG/500 MG Pill	Prescription	CUI
849587	Metaglip 5 MG/500 MG	Prescription	CUI
1185627	Metaglip 5 MG/500 MG Oral Product	Prescription	CUI
1185628	Metaglip 5 MG/500 MG Pill	Prescription	CUI
352450	Avandamet	Prescription	CUI
806273	Avandamet 1/500	Prescription	CUI
1175016	Avandamet 1/500 Oral Product	Prescription	CUI
1175017	Avandamet 1/500 Pill	Prescription	CUI
861762	Avandamet 2 MG / 1000 MG Oral Tablet	Prescription	CUI
806285	Avandamet 2/1000	Prescription	CUI
1175018	Avandamet 2/1000 Oral Product	Prescription	CUI
1175019	Avandamet 2/1000 Pill	Prescription	CUI
806293	Avandamet 2/500	Prescription	CUI
1175020	Avandamet 2/500 Oral Product	Prescription	CUI
1175021	Avandamet 2/500 Pill	Prescription	CUI
861818	Avandamet 4 MG / 500 MG Oral Tablet	Prescription	CUI
806281	Avandamet 4/1000	Prescription	CUI
1175022	Avandamet 4/1000 Oral Product	Prescription	CUI
1175023	Avandamet 4/1000 Pill	Prescription	CUI
806289	Avandamet 4/500	Prescription	CUI
1175024	Avandamet 4/500 Oral Product	Prescription	CUI
1175025	Avandamet 4/500 Pill	Prescription	CUI
806275	Metformin / rosiglitazone Oral Tablet [Avandamet 1/500]	Prescription	CUI
806287	Metformin / rosiglitazone Oral Tablet [Avandamet 2/1000]	Prescription	CUI
806295	Metformin / rosiglitazone Oral Tablet [Avandamet 2/500]	Prescription	CUI
806283	Metformin / rosiglitazone Oral Tablet [Avandamet 4/1000]	Prescription	CUI
806291	Metformin / rosiglitazone Oral Tablet [Avandamet 4/500]	Prescription	CUI
602411	Actoplus Met	Prescription	CUI
899990	Actoplus Met 15/1000	Prescription	CUI
1169920	Actoplus Met 15/1000 Oral Product	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1169921	Actoplus Met 15/1000 Pill	Prescription	CUI
731440	Actoplus Met 15/500	Prescription	CUI
1169922	Actoplus Met 15/500 Oral Product	Prescription	CUI
1169923	Actoplus Met 15/500 Pill	Prescription	CUI
731423	Actoplus Met 15/850	Prescription	CUI
861824	Actoplus Met 15/850 (metformin hydrochloride 850 MG / pioglitazone (as pioglitazone hydrochloride) 15 MG) Oral Tablet	Prescription	CUI
1169924	Actoplus Met 15/850 Oral Product	Prescription	CUI
1169925	Actoplus Met 15/850 Pill	Prescription	CUI
899997	Actoplus Met 30/1000	Prescription	CUI
1169926	Actoplus Met 30/1000 Oral Product	Prescription	CUI
1169927	Actoplus Met 30/1000 Pill	Prescription	CUI
899992	Metformin / pioglitazone Extended Release Oral Tablet [Actoplus Met]	Prescription	CUI
899999	Metformin / pioglitazone Extended Release Tablet [Actoplus Met 30/1000]	Prescription	CUI
731442	Metformin / pioglitazone Oral Tablet [Actoplus Met 15/500]	Prescription	CUI
731425	Metformin / pioglitazone Oral Tablet [Actoplus Met 15/850]	Prescription	CUI
805670	Metformin / repaglinide Oral Tablet [PrandiMet 1/500]	Prescription	CUI
805674	Metformin / repaglinide Oral Tablet [PrandiMet 2/500]	Prescription	CUI
861789	Metformin hydrochloride 500 MG / repaglinide 1 MG Oral Tablet [PrandiMet 1/500]	Prescription	CUI
861792	Metformin hydrochloride 500 MG / repaglinide 2 MG Oral Tablet [PrandiMet 2/500]	Prescription	CUI
1372716	PrandiMet	Prescription	CUI
805668	PrandiMet 1/500	Prescription	CUI
1184627	PrandiMet 1/500 Oral Product	Prescription	CUI
1184628	PrandiMet 1/500 Pill	Prescription	CUI
805672	PrandiMet 2/500	Prescription	CUI
1184629	PrandiMet 2/500 Oral Product	Prescription	CUI
1184630	PrandiMet 2/500 Pill	Prescription	CUI
861024	Metformin hydrochloride 100 MG/ML	Prescription	CUI
860995	Metformin hydrochloride 1000 MG	Prescription	CUI
861730	Metformin hydrochloride 250 MG	Prescription	CUI
860974	Metformin hydrochloride 500 MG	Prescription	CUI
860980	Metformin hydrochloride 750 MG	Prescription	CUI
861009	Metformin hydrochloride 850 MG	Prescription	CUI
6809	Metformin	Prescription	CUI
316255	Metformin 1000 MG	Prescription	CUI
330861	Metformin 250 MG	Prescription	CUI
332809	Metformin 400 MG	Prescription	CUI
316256	Metformin 500 MG	Prescription	CUI
438507	Metformin 513 MG	Prescription	CUI
861020	Metformin hydrochloride 625 MG	Prescription	CUI
Short/Rapid-Acting Insulins			
106892	Humulin 70/30 Injectable Suspension	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
106893	NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Injectable Suspension [Human Mixtard 30]	Prescription	CUI
108812	NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Injectable Suspension [Human Mixtard 30 ge]	Prescription	CUI
108815	NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Injectable Suspension [Human Mixtard Penfill]	Prescription	CUI
1359469	Insulin, Aspart Protamine, Human 70 UNT/ML / Insulin, Aspart, Human 30 UNT/ML Pen Injector	Prescription	CUI
1359484	Insulin, Glulisine, Human 100 UNT/ML Prefilled Syringe [Apidra]	Prescription	CUI
1359485	Insulin, Aspart, Human 100 UNT/ML Prefilled Syringe [NovoLog]	Prescription	CUI
1359581	Insulin, Glulisine, Human 100 UNT/ML Prefilled Syringe	Prescription	CUI
1359667	Insulin Lispro 100 UNT/ML Prefilled Syringe	Prescription	CUI
1359700	Insulin Lispro 25 UNT/ML / Insulin, Protamine Lispro, Human 75 UNT/ML Prefilled Syringe	Prescription	CUI
1359712	Insulin Lispro 50 UNT/ML / Insulin, Protamine Lispro, Human 50 UNT/ML Prefilled Syringe [Humalog Mix]	Prescription	CUI
1359720	insulin human, isophane 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Prefilled Syringe [Humulin]	Prescription	CUI
1360036	Insulin Lispro 25 UNT/ML / Insulin, Protamine Lispro, Human 75 UNT/ML Prefilled Syringe [Humalog Mix]	Prescription	CUI
1360058	Insulin Lispro 50 UNT/ML / Insulin, Protamine Lispro, Human 50 UNT/ML Pen Injector	Prescription	CUI
1360112	Insulin, Aspart, Human 100 UNT/ML Prefilled Syringe	Prescription	CUI
1360172	insulin human, isophane 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Prefilled Syringe	Prescription	CUI
1360226	insulin human, isophane 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Prefilled Syringe [Novolin]	Prescription	CUI
1360282	Insulin Lispro 100 UNT/ML Prefilled Syringe [Humalog]	Prescription	CUI
1360383	Insulin, Aspart Protamine, Human 70 UNT/ML / Insulin, Aspart, Human 30 UNT/ML Pen Injector [NovoLog Mix]	Prescription	CUI
1360435	Regular Insulin, Human 100 UNT/ML Prefilled Syringe [Novolin R]	Prescription	CUI
1360482	Regular Insulin, Human 100 UNT/ML Prefilled Syringe	Prescription	CUI
150659	Pur-In Neutral 100 UNT/ML Injectable Solution	Prescription	CUI
150831	Regular Insulin, Human 100 UNT/ML Injectable Solution [Human Actrapid Penfill]	Prescription	CUI
150973	Human Actrapid 100 UNT/ML Injectable Solution	Prescription	CUI
150974	Humulin S 100 UNT/ML Injectable Solution	Prescription	CUI
1543202	Regular Insulin, Human 4 UNT Inhalation Powder	Prescription	CUI
1543204	Regular Insulin, Human 0.35 MG/ACTUAT [Afrezza]	Prescription	CUI
1543207	Afrezza 0.35 MG/ACTUAT Inhalant Powder	Prescription	CUI
1544488	Regular Insulin, Human 8 UNT Inhalation Powder	Prescription	CUI
1544490	Afrezza 8 UNT Inhalant Powder	Prescription	CUI
1544568	{60 (Regular Insulin, Human 0.35 MG/ACTUAT Inhalant Powder) / 30 (Regular Insulin, Human 0.7 MG/ACTUAT Inhalant Powder) } Pack	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1544569	Afrezza 90 Cartridge Pack - 60 (4 UNT), 30 (8 UNT)	Prescription	CUI
1544570	{30 (Regular Insulin, Human 4 UNT Inhalation Powder) / 60 (Regular Insulin, Human 8 UNT Inhalation Powder) } Pack	Prescription	CUI
1544571	Afrezza 90 Cartridge Pack - 30 (4 UNT), 60 (8 UNT)	Prescription	CUI
1650260	Regular Insulin, Human 4 UNT [Afrezza]	Prescription	CUI
1650264	Regular Insulin, Human 8 UNT [Afrezza]	Prescription	CUI
1652239	insulin lispro 200 UNT/ML in 3 ML Pen Injector	Prescription	CUI
1652240	Insulin Lispro 200 UNT/ML [Humalog]	Prescription	CUI
1652242	3 ML Humalog 200 UNT/ML Pen Injector	Prescription	CUI
1652243	Insulin Lispro 200 UNT/ML Pen Injector	Prescription	CUI
1652244	Insulin Lispro 200 UNT/ML Pen Injector [Humalog]	Prescription	CUI
1652639	3 ML Insulin Lispro 100 UNT/ML Pen Injector	Prescription	CUI
1652640	3 ML Humalog 100 UNT/ML Pen Injector	Prescription	CUI
1652641	Insulin Lispro 100 UNT/ML Pen Injector	Prescription	CUI
1652642	Insulin Lispro 100 UNT/ML Pen Injector [Humalog]	Prescription	CUI
1652644	insulin lispro 100 UNT/ML in 3 ML Cartridge	Prescription	CUI
1652646	3 ML Humalog 100 UNT/ML Cartridge	Prescription	CUI
1652647	Insulin Lispro 100 UNT/ML Cartridge	Prescription	CUI
1652648	Insulin Lispro 100 UNT/ML Cartridge [Humalog]	Prescription	CUI
1653196	insulin aspart 100 UNT/ML in 3 ML Cartridge	Prescription	CUI
1653198	3 ML NovoLog 100 UNT/ML Cartridge	Prescription	CUI
1653199	Insulin, Aspart, Human 100 UNT/ML Cartridge	Prescription	CUI
1653200	Insulin, Aspart, Human 100 UNT/ML Cartridge [NovoLog]	Prescription	CUI
1653202	insulin aspart 100 UNT/ML in 3 ML Pen Injector	Prescription	CUI
1653204	3 ML NovoLog 100 UNT/ML Pen Injector	Prescription	CUI
1653205	Insulin, Aspart, Human 100 UNT/ML Pen Injector	Prescription	CUI
1653206	NovoLog 100 UNT/ML Pen Injector	Prescription	CUI
1654857	insulin human, isophane 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Pen Injector	Prescription	CUI
1654858	insulin human, isophane 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Pen Injector [Humulin]	Prescription	CUI
1654910	Regular Insulin, Human 12 UNT Inhalation Powder	Prescription	CUI
1654911	Regular Insulin, Human 12 UNT [Afrezza]	Prescription	CUI
1654912	Afrezza 12 UNT Inhalant Powder	Prescription	CUI
1656705	{30 (Regular Insulin, Human 12 UNT Inhalation Powder) / 60 (Regular Insulin, Human 8 UNT Inhalation Powder) } Pack	Prescription	CUI
1656706	Afrezza 90 Cartridge Pack - 60 (8 UNT), 30 (12 UNT)	Prescription	CUI
1731315	regular insulin, human 500 UNT/ML in 3 ML Pen Injector	Prescription	CUI
1731317	3 ML Humulin R 500 UNT/ML Pen Injector	Prescription	CUI
1731318	Regular Insulin, Human 500 UNT/ML Pen Injector	Prescription	CUI
1731319	Humulin R 500 UNT/ML Pen Injector	Prescription	CUI
1798387	{90 (Regular Insulin, Human 4 UNT Inhalation Powder) / 90 (Regular Insulin, Human 8 UNT Inhalation Powder) } Pack	Prescription	CUI
1798388	afrezza 180 Inhalation Cartridge Titration Pack - 90 (4 UNT), 90 (8 UNT)	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1862101	{60 (Regular Insulin, Human 12 UNT Inhalant Powder) / 60 (Regular Insulin, Human 4 UNT Inhalant Powder) / 60 (Regular Insulin, Human 8 UNT Inhalant Powder) } Pack	Prescription	CUI
1862102	afrezza 180 Inhalation Cartridge Titration Pack - 60 (4 UNT), 60 (8 UNT), 60 (12 UNT)	Prescription	CUI
1926331	insulin lispro 100 UNT/ML in 3 ML Pen Injector, 0.5 UNT Doses	Prescription	CUI
1926332	0.5 UNT Doses 3 ML Humalog 100 UNT/ML Pen Injector	Prescription	CUI
1986351	Insulin, Aspart, Human 100 UNT/ML [Fiasp]	Prescription	CUI
1986354	Fiasp 100 UNT/mL Injectable Solution	Prescription	CUI
1986356	3 ML Fiasp 100 UNT/ML Pen Injector	Prescription	CUI
1986357	Fiasp 100 UNT/ML Pen Injector	Prescription	CUI
1992166	Insulin Lispro 100 UNT/ML [Admelog]	Prescription	CUI
1992169	Admelog 100 UNT/ML Injectable Solution	Prescription	CUI
1992171	Admelog 100 UNT/ML in 3 ML Pen Injector	Prescription	CUI
1992172	Insulin Lispro 100 UNT/ML Pen Injector [Admelog]	Prescription	CUI
1994311	insulin degludec 70 UNT/ML / insulin aspart 30 UNT/ML in 3 ML Pen Injector	Prescription	CUI
1994313	insulin degludec 70 UNT/ML / Insulin, Aspart, Human 30 UNT/ML [Ryzodeg]	Prescription	CUI
1994316	3 ML insulin degludec 70 UNT/ML / Insulin, Aspart, Human 30 UNT/ML Pen Injector [Ryzodeg]	Prescription	CUI
1994317	insulin degludec 70 UNT/ML / Insulin, Aspart, Human 30 UNT/ML Pen Injector	Prescription	CUI
1994318	insulin degludec 70 UNT/ML / Insulin, Aspart, Human 30 UNT/ML Pen Injector [Ryzodeg]	Prescription	CUI
2049380	NovoLIN 70/30 in 3 ML Pen Injector	Prescription	CUI
2049381	insulin human, isophane 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Pen Injector [Novolin]	Prescription	CUI
2100028	{90 (Regular Insulin, Human 12 UNT Inhalation Powder) / 90 (Regular Insulin, Human 8 UNT Inhalation Powder) } Pack	Prescription	CUI
2100029	afrezza 180 Cartridge Pack - 90 (8 UNT), 90 (12 UNT)	Prescription	CUI
213441	Humulin 70/30 Injectable Suspension	Prescription	CUI
213442	Novolin 70/30 Injectable Suspension	Prescription	CUI
242120	Insulin Lispro 100 UNT/ML Injectable Solution	Prescription	CUI
249220	regular insulin, human (concentrated) 500 UNT/ML Injectable Solution	Prescription	CUI
259111	Insulin analog, Lispro Mixed 75/25 100 UNT/ML Injectable Suspension	Prescription	CUI
260265	insulin lispro protamine / insulin lispro 50/50 Injectable Suspension	Prescription	CUI
311033	Novolin R 100 UNT/ML Injectable Solution	Prescription	CUI
311034	Insulin, human Regular 100 UNT/ML Injectable Solution	Prescription	CUI
311035	Velosulin 100 UNT/ML Injectable Solution	Prescription	CUI
311036	Humulin R 100 UNT/ML Injectable Solution	Prescription	CUI
311040	insulin aspart 100 UNT/ML Injectable Solution	Prescription	CUI
311048	NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Injectable Suspension	Prescription	CUI
351297	insulin aspart protamine / insulin aspart 70/30 Injectable Suspension	Prescription	CUI
351859	HumuLIN R (concentrated) 500 UNT/ML Injectable Solution	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
351926	NovoLog 100 UNT/ML Injectable Solution	Prescription	CUI
485210	Insulin analog, Glulisine 100 UNT/ML Injectable Solution	Prescription	CUI
564393	NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML [Humulin M3]	Prescription	CUI
564394	NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML [Human Mixtard 30]	Prescription	CUI
564600	NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML [Human Mixtard 30 ge]	Prescription	CUI
564603	insulin human, isophane 70 UNT/ML / Regular Insulin, Human 30 UNT/ML [Human Mixtard]	Prescription	CUI
564766	Regular Insulin, Human 100 UNT/ML [Pur-In Neutral]	Prescription	CUI
564820	Regular Insulin, Human 100 UNT/ML [Human Actrapid Penfill]	Prescription	CUI
564881	Regular Insulin, Human 100 UNT/ML [Human Actrapid]	Prescription	CUI
564882	Regular Insulin, Human 100 UNT/ML [Humulin S]	Prescription	CUI
573330	insulin human, isophane 70 UNT/ML / Regular Insulin, Human 30 UNT/ML [Humulin]	Prescription	CUI
573331	NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML [Novolin 70/30]	Prescription	CUI
575146	Regular Insulin, Human 100 UNT/ML [Novolin R]	Prescription	CUI
575147	Regular Insulin, Human 100 UNT/ML [Velosulin]	Prescription	CUI
575148	Regular Insulin, Human 100 UNT/ML [Humulin R]	Prescription	CUI
575151	Insulin Lispro 100 UNT/ML [Humalog]	Prescription	CUI
575628	Regular Insulin, Human 500 UNT/ML [Humulin R]	Prescription	CUI
575679	Insulin, Aspart, Human 100 UNT/ML [NovoLog]	Prescription	CUI
615908	Insulin Lispro 100 UNT/ML [Lispro PRC]	Prescription	CUI
615910	Lispro PRC 100 UNT/ML Injectable Solution	Prescription	CUI
731277	Insulin Lispro 50 UNT/ML / Insulin, Protamine Lispro, Human 50 UNT/ML [Humalog Mix 50/50]	Prescription	CUI
731281	Humalog Mix 50/50 100 UNT/ML Injectable Suspension	Prescription	CUI
752386	Insulin Lispro 25 UNT/ML / Insulin, Protamine Lispro, Human 75 UNT/ML [Humalog Mix]	Prescription	CUI
752388	Humalog Mix 75/25 Injectable Suspension	Prescription	CUI
803192	Insulin, Glulisine, Human 100 UNT/ML [Apidra]	Prescription	CUI
803194	Apidra 100 UNT/ML Injectable Solution	Prescription	CUI
847187	insulin isophane, human 70 UN/ML / insulin, human UNT/ML in 3 ML Pen Injector	Prescription	CUI
847189	HumuLIN 70/30 in 3 ML Pen Injector	Prescription	CUI
847191	Insulin, Aspart Protamine, Human 70 UNT/ML / Insulin, Aspart, Human 30 UNT/ML per 3 ML Pen Injector	Prescription	CUI
847195	ReliOn Novolin 70/30 3 ML Prefilled Syringe	Prescription	CUI
847203	regular insulin, human 300 UNT per 3 ML Prefilled Syringe	Prescription	CUI
847205	Novolin R 100 UNT/ML 3 ML PenFill	Prescription	CUI
847207	insulin lispro 300 UNT per 3 ML Prefilled Syringe	Prescription	CUI
847209	Humalog 300 UNT per 3 ML Cartridge	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
847211	3 ML Insulin Lispro 50 UNT/ML / Insulin, Protamine Lispro, Human 50 UNT/ML Prefilled Syringe	Prescription	CUI
847213	Humalog Mix 50/50 300 UNT per 3 ML KwikPen	Prescription	CUI
847252	3 ML Insulin Lispro 25 UNT/ML / Insulin, Protamine Lispro, Human 75 UNT/ML Prefilled Syringe	Prescription	CUI
847254	Humalog Mix 75/25 300 UNT per 3 ML KwikPen	Prescription	CUI
847256	1.5 ML insulin human, isophane 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Prefilled Syringe	Prescription	CUI
847257	Novolin 70/30 1.5 ML Prefilled Syringe	Prescription	CUI
847259	insulin glulisine 100 UNT/ML in 3 ML Pen Injector	Prescription	CUI
847261	3 ML Apidra 100 UNT/ML Pen Injector	Prescription	CUI
847263	3 ML Insulin, Aspart, Human 100 UNT/ML Prefilled Syringe	Prescription	CUI
847265	NovoLog 100 UNT/ML 3 ML FlexPen	Prescription	CUI
847343	1.5 ML NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Prefilled Syringe [Humulin 70/30]	Prescription	CUI
847416	1.5 ML Insulin Lispro 100 UNT/ML Prefilled Syringe	Prescription	CUI
847417	regular insulin, human 150 UNT per 1.5 ML Prefilled Syringe	Prescription	CUI
865098	Humalog 100 UNT/ML Injectable Solution	Prescription	CUI
977838	Insulin, Aspart Protamine, Human 70 UNT/ML / Insulin, Aspart, Human 30 UNT/ML [NovoLog Mix 70/30]	Prescription	CUI
977840	Novolog Mix 70/30 3 ML FlexPen	Prescription	CUI
977842	NovoLog Mix 70/30 Injectable Suspension	Prescription	CUI
607583	Apidra	Prescription	CUI
1168563	Apidra Injectable Product	Prescription	CUI
803193	Insulin, Glulisine, Human Injectable Solution [Apidra]	Prescription	CUI
1651315	Insulin, Glulisine, Human Pen Injector [Apidra]	Prescription	CUI
847260	Insulin, Glulisine, Human Prefilled Syringe [Apidra]	Prescription	CUI
1372685	Human Mixtard	Prescription	CUI
93332	Human Mixtard 30	Prescription	CUI
226273	Human Mixtard 30 ge	Prescription	CUI
1171297	Human Mixtard 30 ge Injectable Product	Prescription	CUI
1171296	Human Mixtard 30 Injectable Product	Prescription	CUI
226275	Human Mixtard 50	Prescription	CUI
1171298	Human Mixtard 50 Injectable Product	Prescription	CUI
380933	Human Mixtard Penfill	Prescription	CUI
1171299	Human Mixtard Penfill Injectable Product	Prescription	CUI
565176	insulin human, isophane 50 UNT/ML / Regular Insulin, Human 50 UNT/ML [Human Mixtard]	Prescription	CUI
108816	insulin human, isophane 50 UNT/ML / Regular Insulin, Human 50 UNT/ML Injectable Suspension [Human Mixtard]	Prescription	CUI
564605	insulin human, isophane 60 UNT/ML / Regular Insulin, Human 40 UNT/ML [Human Mixtard]	Prescription	CUI
108822	insulin human, isophane 60 UNT/ML / Regular Insulin, Human 40 UNT/ML Injectable Suspension [Human Mixtard]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
564602	insulin human, isophane 80 UNT/ML / Regular Insulin, Human 20 UNT/ML [Human Mixtard]	Prescription	CUI
108814	insulin human, isophane 80 UNT/ML / Regular Insulin, Human 20 UNT/ML Injectable Suspension [Human Mixtard]	Prescription	CUI
564601	insulin human, isophane 90 UNT/ML / Regular Insulin, Human 10 UNT/ML [Human Mixtard]	Prescription	CUI
108813	insulin human, isophane 90 UNT/ML / Regular Insulin, Human 10 UNT/ML Injectable Suspension [Human Mixtard]	Prescription	CUI
379740	insulin, isophane / Regular Insulin, Human Injectable Suspension [Human Mixtard]	Prescription	CUI
379742	NPH Insulin, Human / Regular Insulin, Human Injectable Suspension [Human Mixtard 30 ge]	Prescription	CUI
379741	NPH Insulin, Human / Regular Insulin, Human Injectable Suspension [Human Mixtard 50]	Prescription	CUI
380934	NPH Insulin, Human / Regular Insulin, Human Injectable Suspension [Human Mixtard Penfill]	Prescription	CUI
564604	NPH Insulin, Human 50 UNT/ML / Regular Insulin, Human 50 UNT/ML [Human Mixtard Penfill]	Prescription	CUI
153122	NPH Insulin, Human 50 UNT/ML / Regular Insulin, Human 50 UNT/ML Injectable Suspension [Human Mixtard 50]	Prescription	CUI
977841	Insulin, Aspart Protamine, Human / Insulin, Aspart, Human Injectable Suspension [NovoLog Mix 70/30]	Prescription	CUI
1653209	Insulin, Aspart Protamine, Human / Insulin, Aspart, Human Pen Injector [NovoLog Mix]	Prescription	CUI
977839	Insulin, Aspart Protamine, Human / Insulin, Aspart, Human Prefilled Syringe [NovoLog Mix 70/30]	Prescription	CUI
1653197	Insulin, Aspart, Human Cartridge [NovoLog]	Prescription	CUI
363534	Insulin, Aspart, Human Injectable Solution [NovoLog]	Prescription	CUI
1653203	Insulin, Aspart, Human Pen Injector [NovoLog]	Prescription	CUI
847264	Insulin, Aspart, Human Prefilled Syringe [NovoLog]	Prescription	CUI
284810	NovoLog	Prescription	CUI
1178119	NovoLog Injectable Product	Prescription	CUI
1372741	NovoLog Mix	Prescription	CUI
977837	NovoLog Mix 70/30	Prescription	CUI
1178120	NovoLog Mix 70/30 Injectable Product	Prescription	CUI
352817	NovoLog Mix 70:30	Prescription	CUI
379750	NovoLog Penfill	Prescription	CUI
261542	Humalog Mix	Prescription	CUI
352691	Humalog Mix 50/50	Prescription	CUI
1171290	Humalog Mix 50/50 Injectable Product	Prescription	CUI
741394	Humalog Mix 75/25	Prescription	CUI
1171291	Humalog Mix 75/25 Injectable Product	Prescription	CUI
731280	Insulin Lispro / Insulin, Protamine Lispro, Human Injectable Suspension [Humalog Mix 50/50]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
752387	Insulin Lispro / Insulin, Protamine Lispro, Human Injectable Suspension [Humalog Mix 75/25]	Prescription	CUI
1653106	Insulin Lispro / Insulin, Protamine Lispro, Human Pen Injector [Humalog Mix]	Prescription	CUI
847212	Insulin Lispro / Insulin, Protamine Lispro, Human Prefilled Syringe [Humalog Mix 50/50]	Prescription	CUI
847253	Insulin Lispro / Insulin, Protamine Lispro, Human Prefilled Syringe [Humalog Mix 75/25]	Prescription	CUI
847279	1.5 ML insulin human, isophane 100 UNT/ML Prefilled Syringe [Humulin N]	Prescription	CUI
847199	3 ML Humulin N 100 UNT/ML Pen Injector	Prescription	CUI
1372744	Humulin	Prescription	CUI
217573	Humulin 50/50	Prescription	CUI
1171997	Humulin 50/50 Injectable Product	Prescription	CUI
311016	Humulin 50/50 Injectable Suspension	Prescription	CUI
92877	Humulin 70/30	Prescription	CUI
1172683	Humulin 70/30 Injectable Product	Prescription	CUI
226277	Humulin I	Prescription	CUI
150979	Humulin I 100 UNT/ML Injectable Suspension	Prescription	CUI
1172684	Humulin I Injectable Product	Prescription	CUI
92879	Humulin L	Prescription	CUI
311019	Humulin L 100 UNT/ML Injectable Suspension	Prescription	CUI
1172685	Humulin L Injectable Product	Prescription	CUI
226278	Humulin M1	Prescription	CUI
1172686	Humulin M1 Injectable Product	Prescription	CUI
226279	Humulin M2	Prescription	CUI
1172687	Humulin M2 Injectable Product	Prescription	CUI
226280	Humulin M3	Prescription	CUI
1172688	Humulin M3 Injectable Product	Prescription	CUI
226281	Humulin M4	Prescription	CUI
1172689	Humulin M4 Injectable Product	Prescription	CUI
226282	Humulin M5	Prescription	CUI
1172690	Humulin M5 Injectable Product	Prescription	CUI
92880	Humulin N	Prescription	CUI
311026	Humulin N 100 UNT/ML Injectable Suspension	Prescription	CUI
1654866	Humulin N 100 UNT/ML Pen Injector	Prescription	CUI
1172691	Humulin N Injectable Product	Prescription	CUI
92881	Humulin R	Prescription	CUI
1172692	Humulin R Injectable Product	Prescription	CUI
5459	Humulin S	Prescription	CUI
1172693	Humulin S Injectable Product	Prescription	CUI
253183	Humulin U Ultralente	Prescription	CUI
314045	Humulin U Ultralente 100 UNT/ML Injectable Suspension	Prescription	CUI
1172694	Humulin U Ultralente Injectable Product	Prescription	CUI
226283	Humulin Zn	Prescription	CUI
150977	Humulin Zn 100 UNT/ML Injectable Suspension	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1172695	Humulin Zn Injectable Product	Prescription	CUI
564886	insulin human, isophane 100 UNT/ML [Humulin I]	Prescription	CUI
575141	insulin human, isophane 100 UNT/ML [Humulin N]	Prescription	CUI
1359719	insulin human, isophane 100 UNT/ML Prefilled Syringe [Humulin N]	Prescription	CUI
564531	insulin human, isophane 50 UNT/ML / Regular Insulin, Human 50 UNT/ML [Humulin]	Prescription	CUI
108407	insulin human, isophane 50 UNT/ML / Regular Insulin, Human 50 UNT/ML Injectable Suspension [Humulin]	Prescription	CUI
564401	insulin human, isophane 60 UNT/ML / Regular Insulin, Human 40 UNT/ML [Humulin]	Prescription	CUI
106901	insulin human, isophane 60 UNT/ML / Regular Insulin, Human 40 UNT/ML Injectable Suspension [Humulin]	Prescription	CUI
564400	insulin human, isophane 80 UNT/ML / Regular Insulin, Human 20 UNT/ML [Humulin]	Prescription	CUI
106900	insulin human, isophane 80 UNT/ML / Regular Insulin, Human 20 UNT/ML Injectable Suspension [Humulin]	Prescription	CUI
564399	insulin human, isophane 90 UNT/ML / Regular Insulin, Human 10 UNT/ML [Humulin]	Prescription	CUI
106899	insulin human, isophane 90 UNT/ML / Regular Insulin, Human 10 UNT/ML Injectable Suspension [Humulin]	Prescription	CUI
365679	insulin, isophane / Regular Insulin, Human Injectable Suspension [Humulin]	Prescription	CUI
1654855	insulin, isophane / Regular Insulin, Human Pen Injector [Humulin]	Prescription	CUI
847188	insulin, isophane / Regular Insulin, Human Prefilled Syringe [Humulin]	Prescription	CUI
379730	insulin, isophane Injectable Suspension [Humulin I]	Prescription	CUI
365677	insulin, isophane Injectable Suspension [Humulin N]	Prescription	CUI
1654863	insulin, isophane Pen Injector [Humulin N]	Prescription	CUI
847198	insulin, isophane Prefilled Syringe [Humulin N]	Prescription	CUI
575135	Insulin, Zinc, Human 100 UNT/ML [Humulin L]	Prescription	CUI
365694	Insulin, Zinc, Human Injectable Suspension [Humulin L]	Prescription	CUI
365673	NPH Insulin, Human / Regular Insulin, Human Injectable Suspension [Humulin 70/30]	Prescription	CUI
365578	NPH Insulin, Human / Regular Insulin, Human Injectable Suspension [Humulin M1]	Prescription	CUI
365577	NPH Insulin, Human / Regular Insulin, Human Injectable Suspension [Humulin M2]	Prescription	CUI
365582	NPH Insulin, Human / Regular Insulin, Human Injectable Suspension [Humulin M3]	Prescription	CUI
365576	NPH Insulin, Human / Regular Insulin, Human Injectable Suspension [Humulin M4]	Prescription	CUI
365575	NPH Insulin, Human / Regular Insulin, Human Injectable Suspension [Humulin M5]	Prescription	CUI
575133	NPH Insulin, Human 50 UNT/ML / Regular Insulin, Human 50 UNT/ML [Humulin 50/50]	Prescription	CUI
362622	Regular Insulin, Human Injectable Solution [Humulin R]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
379734	Regular Insulin, Human Injectable Solution [Humulin S]	Prescription	CUI
1731316	Regular Insulin, Human Pen Injector [Humulin R]	Prescription	CUI
575202	Ultralente Insulin, Human 100 UNT/ML [Humulin U Ultralente]	Prescription	CUI
564884	Ultralente Insulin, Human 100 UNT/ML [Humulin Zn]	Prescription	CUI
365678	Ultralente Insulin, Human Injectable Suspension [Humulin U Ultralente]	Prescription	CUI
379727	Ultralente Insulin, Human Injectable Suspension [Humulin Zn]	Prescription	CUI
847201	3 ML insulin human, isophane 100 UNT/ML Prefilled Syringe [Novolin N]	Prescription	CUI
575142	insulin human, isophane 100 UNT/ML [Novolin N]	Prescription	CUI
311027	insulin human, isophane 100 UNT/ML Injectable Suspension [Novolin N]	Prescription	CUI
1359684	insulin human, isophane 100 UNT/ML Prefilled Syringe [Novolin N]	Prescription	CUI
365672	insulin, isophane / Regular Insulin, Human Injectable Suspension [Novolin]	Prescription	CUI
2049379	insulin, isophane / Regular Insulin, Human Pen Injector [Novolin]	Prescription	CUI
847194	insulin, isophane / Regular Insulin, Human Prefilled Syringe [Novolin]	Prescription	CUI
365573	insulin, isophane Injectable Suspension [Novolin N]	Prescription	CUI
847200	insulin, isophane Prefilled Syringe [Novolin N]	Prescription	CUI
575136	Insulin, Zinc, Human 100 UNT/ML [Novolin L]	Prescription	CUI
311020	Insulin, Zinc, Human 100 UNT/ML Injectable Suspension [Novolin L]	Prescription	CUI
365669	Insulin, Zinc, Human Injectable Suspension [Novolin L]	Prescription	CUI
1372723	Novolin	Prescription	CUI
93555	Novolin 70/30	Prescription	CUI
1178125	Novolin 70/30 Injectable Product	Prescription	CUI
379753	Novolin 70/30 PenFill	Prescription	CUI
93557	Novolin L	Prescription	CUI
1178126	Novolin L Injectable Product	Prescription	CUI
93558	Novolin N	Prescription	CUI
1178127	Novolin N Injectable Product	Prescription	CUI
405228	Novolin N PenFill	Prescription	CUI
93560	Novolin R	Prescription	CUI
1178128	Novolin R Injectable Product	Prescription	CUI
363221	Regular Insulin, Human Injectable Solution [Novolin R]	Prescription	CUI
847204	Regular Insulin, Human Prefilled Syringe [Novolin R]	Prescription	CUI
723550	ReliOn R/Novolin	Prescription	CUI
724339	ReliOn/Novolin 70/30	Prescription	CUI
724343	ReliOn/Novolin N	Prescription	CUI
1544573	{90 (Regular Insulin, Human 0.35 MG/ACTUAT Inhalant Powder [Afrezza]) / 90 (Regular Insulin, Human 0.7 MG/ACTUAT Inhalant Powder [Afrezza]) } Pack [Afrezza 180 - 90 (4 UNT), 90 (8 UNT)]	Prescription	CUI
1543203	Afrezza	Prescription	CUI
1543206	Afrezza Inhalant Product	Prescription	CUI
1544489	Regular Insulin, Human 0.7 MG/ACTUAT [Afrezza]	Prescription	CUI
1543205	Regular Insulin, Human Inhalant Powder [Afrezza]	Prescription	CUI
2108527	Regular Insulin, Human Inhalation Powder [Afrezza]	Prescription	CUI
203209	Human Actrapid Penfill	Prescription	CUI
1171293	Human Actrapid Penfill Injectable Product	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
379747	Regular Insulin, Human Injectable Solution [Human Actrapid Penfill]	Prescription	CUI
1986350	Fiasp	Prescription	CUI
1986353	Fiasp Injectable Product	Prescription	CUI
1986352	Insulin, Aspart, Human Injectable Solution [Fiasp]	Prescription	CUI
1986355	Insulin, Aspart, Human Pen Injector [Fiasp]	Prescription	CUI
1994314	insulin degludec / Insulin, Aspart, Human Pen Injector [Ryzodeg]	Prescription	CUI
1994312	Ryzodeg	Prescription	CUI
1994315	Ryzodeg Injectable Product	Prescription	CUI
385895	Pur-In Neutral	Prescription	CUI
1183568	Pur-In Neutral Injectable Product	Prescription	CUI
385896	Regular Insulin, Human Injectable Solution [Pur-In Neutral]	Prescription	CUI
152644	Human Actrapid	Prescription	CUI
1171292	Human Actrapid Injectable Product	Prescription	CUI
379744	Regular Insulin, Human Injectable Solution [Human Actrapid]	Prescription	CUI
363120	Regular Insulin, Human Injectable Solution [Velosulin]	Prescription	CUI
11160	Velosulin	Prescription	CUI
1187762	Velosulin Injectable Product	Prescription	CUI
1992165	Admelog	Prescription	CUI
1992168	Admelog Injectable Product	Prescription	CUI
1992167	Insulin Lispro Injectable Solution [Admelog]	Prescription	CUI
1992170	Insulin Lispro Pen Injector [Admelog]	Prescription	CUI
343076	Insulin Lispro 100 UNT/ML	Prescription	CUI
1652237	Insulin Lispro 200 UNT/ML	Prescription	CUI
343263	Insulin Lispro 25 UNT/ML	Prescription	CUI
343663	Insulin Lispro 50 UNT/ML	Prescription	CUI
343211	Insulin, Aspart, Human 100 UNT/ML	Prescription	CUI
360342	Insulin, Aspart, Human 30 UNT/ML	Prescription	CUI
485208	Insulin, Glulisine, Human 100 UNT/ML	Prescription	CUI
Long/Intermediate-Acting Insulins			
106892	Humulin 70/30 Injectable Suspension	Prescription	CUI
106893	NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Injectable Suspension [Human Mixtard 30]	Prescription	CUI
108812	NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Injectable Suspension [Human Mixtard 30 ge]	Prescription	CUI
108815	NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Injectable Suspension [Human Mixtard Penfill]	Prescription	CUI
1359469	Insulin, Aspart Protamine, Human 70 UNT/ML / Insulin, Aspart, Human 30 UNT/ML Prefilled Syringe	Prescription	CUI
1359684	insulin human, isophane 100 UNT/ML Prefilled Syringe [Novolin N]	Prescription	CUI
1359700	Insulin Lispro 25 UNT/ML / Insulin, Protamine Lispro, Human 75 UNT/ML Prefilled Syringe	Prescription	CUI
1359712	Insulin Lispro 50 UNT/ML / Insulin, Protamine Lispro, Human 50 UNT/ML Prefilled Syringe [Humalog Mix]	Prescription	CUI
1359719	insulin human, isophane 100 UNT/ML Prefilled Syringe [Humulin N]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1359720	insulin human, isophane 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Prefilled Syringe [Humulin]	Prescription	CUI
1359855	Insulin Glargine 100 UNT/ML Prefilled Syringe	Prescription	CUI
1359856	Lantus 100 UNT/ML Pen Injector	Prescription	CUI
1359934	insulin detemir 100 UNT/ML Prefilled Syringe	Prescription	CUI
1359936	NPH Insulin, Human 100 UNT/ML Prefilled Syringe	Prescription	CUI
1360036	Insulin Lispro 25 UNT/ML / Insulin, Protamine Lispro, Human 75 UNT/ML Prefilled Syringe [Humalog Mix]	Prescription	CUI
1360058	Insulin Lispro 50 UNT/ML / Insulin, Protamine Lispro, Human 50 UNT/ML Prefilled Syringe	Prescription	CUI
1360172	NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Prefilled Syringe	Prescription	CUI
1360226	insulin human, isophane 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Prefilled Syringe [Novolin]	Prescription	CUI
1360281	insulin detemir 100 UNT/ML Prefilled Syringe [Levemir]	Prescription	CUI
1360383	Insulin, Aspart Protamine, Human 70 UNT/ML / Insulin, Aspart, Human 30 UNT/ML Prefilled Syringe [NovoLog Mix]	Prescription	CUI
150667	NPH Insulin, Human 100 UNT/ML Injectable Suspension [Pur-In Isophane]	Prescription	CUI
150978	NPH Insulin, Human 100 UNT/ML Injectable Suspension [Human Insulatard]	Prescription	CUI
150979	insulin human, isophane 100 UNT/ML Injectable Suspension [Humulin I]	Prescription	CUI
1604539	Insulin glargine 300 UNT/ML per 1.5 ML Pen Injector	Prescription	CUI
1604541	Insulin Glargine 300 UNT/ML [Toujeo]	Prescription	CUI
1604544	1.5 ML Toujeo 300 UNT/ML Pen Injector	Prescription	CUI
1604545	Insulin Glargine 300 UNT/ML Pen Injector	Prescription	CUI
1604546	Toujeo 300 UNT/ML Prefilled Syringe	Prescription	CUI
1654857	insulin human, isophane 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Pen Injector	Prescription	CUI
1654858	insulin human, isophane 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Pen Injector [Humulin]	Prescription	CUI
1654862	insulin isophane, human 100 UNT/ML in 3 ML Pen Injector	Prescription	CUI
1654865	insulin human, isophane 100 UNT/ML Pen Injector	Prescription	CUI
1654866	Humulin N 100 UNT/ML Pen Injector	Prescription	CUI
1670011	3 ML insulin degludec 100 UNT/ML Pen Injector	Prescription	CUI
1670013	insulin degludec 100 UNT/ML [Tresiba]	Prescription	CUI
1670016	3 ML Tresiba 100 UNT/ML Pen Injector	Prescription	CUI
1670017	insulin degludec 100 UNT/ML Pen Injector	Prescription	CUI
1670018	insulin degludec 100 UNT/ML Pen Injector [Tresiba]	Prescription	CUI
1670021	insulin degludec 200 UNT/ML in 3 ML Pen Injector	Prescription	CUI
1670022	insulin degludec 200 UNT/ML [Tresiba]	Prescription	CUI
1670023	3 ML Tresiba 200 UNT/ML Pen Injector	Prescription	CUI
1670024	insulin degludec 200 UNT/ML Pen Injector	Prescription	CUI
1670025	Tresiba 200 UNT/ML Pen Injector	Prescription	CUI
1736860	Insulin Glargine 100 UNT/ML [Basaglar]	Prescription	CUI
1736863	3 ML Basaglar 100 UNT/ML Pen Injector	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1736864	Insulin Glargine 100 UNT/ML Pen Injector [Basaglar]	Prescription	CUI
1858995	insulin glargine 100 UNT/ML / lixisenatide 33 MCG/ML in 3 ML Pen Injector	Prescription	CUI
1858997	Insulin Glargine 100 UNT/ML / Lixisenatide 0.033 MG/ML [Soliqua]	Prescription	CUI
1859000	3 ML Insulin Glargine 100 UNT/ML / Lixisenatide 0.033 MG/ML Pen Injector [Soliqua]	Prescription	CUI
1859001	Insulin Glargine 100 UNT/ML / Lixisenatide 0.033 MG/ML Pen Injector	Prescription	CUI
1859002	Insulin Glargine 100 UNT/ML / Lixisenatide 0.033 MG/ML Pen Injector [Soliqua]	Prescription	CUI
1860167	insulin degludec 100 UNT/ML / liraglutide 3.6 MG/ML per 3 ML Pen Injector	Prescription	CUI
1860169	insulin degludec 100 UNT/ML / liraglutide 3.6 MG/ML [Xultophy]	Prescription	CUI
1860172	3 ML insulin degludec 100 UNT/ML / liraglutide 3.6 MG/ML Pen Injector [Xultophy]	Prescription	CUI
1860173	insulin degludec 100 UNT/ML / liraglutide 3.6 MG/ML Pen Injector	Prescription	CUI
1860174	insulin degludec 100 UNT/ML / liraglutide 3.6 MG/ML Pen Injector [Xultophy]	Prescription	CUI
1994311	3 ML insulin degludec 70 UNT/ML / Insulin, Aspart, Human 30 UNT/ML Pen Injector	Prescription	CUI
1994313	insulin degludec 70 UNT/ML / Insulin, Aspart, Human 30 UNT/ML [Ryzodeg]	Prescription	CUI
1994316	Ryzodeg 70/30 per 3 ML Pen Injector	Prescription	CUI
1994317	insulin degludec 70 UNT/ML / Insulin, Aspart, Human 30 UNT/ML Pen Injector	Prescription	CUI
1994318	insulin degludec 70 UNT/ML / Insulin, Aspart, Human 30 UNT/ML Pen Injector [Ryzodeg]	Prescription	CUI
2002419	Insulin glargine 300 UNT/ML per 3 ML Pen Injector	Prescription	CUI
2002420	3 ML Toujeo 300 UNT/ML Pen Injector	Prescription	CUI
2049380	NovoLIN 70/30 in 3 ML Pen Injector	Prescription	CUI
2049381	insulin human, isophane 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Pen Injector [Novolin]	Prescription	CUI
2107520	insulin degludec 100 UNT/ML Injectable Solution	Prescription	CUI
2107522	Tresiba 100 UNT/mL Injectable Solution	Prescription	CUI
213441	Humulin 70/30 Injectable Suspension	Prescription	CUI
213442	Novolin 70/30 Injectable Suspension	Prescription	CUI
259111	insulin lispro protamine / insulin lispro 75/25 Injectable Suspension	Prescription	CUI
260265	insulin lispro protamine / insulin lispro 50/50 Injectable Suspension	Prescription	CUI
285018	Lantus 100 UNT/ML Injectable Solution	Prescription	CUI
311026	Humulin N 100 UNT/ML Injectable Suspension	Prescription	CUI
311027	Novolin N 100 UNT/ML Injectable Suspension	Prescription	CUI
311028	Insulin, human NPH 100 UNT/ML Injectable Suspension	Prescription	CUI
311041	Insulin Glargine 100 UNT/ML Injectable Solution	Prescription	CUI
311048	insulin human, isophane 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Injectable Suspension	Prescription	CUI
351297	insulin aspart protamine / insulin aspart 70/30 Injectable Suspension	Prescription	CUI
484322	Insulin analog, Detemir 100 UNT/ML Injectable Solution	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
564393	NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML [Humulin M3]	Prescription	CUI
564394	NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML [Human Mixtard 30]	Prescription	CUI
564600	NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML [Human Mixtard 30 ge]	Prescription	CUI
564603	NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML [Human Mixtard]	Prescription	CUI
564770	NPH Insulin, Human 100 UNT/ML [Pur-In Isophane]	Prescription	CUI
564885	NPH Insulin, Human 100 UNT/ML [Human Insulatard]	Prescription	CUI
564886	NPH Insulin, Human 100 UNT/ML [Humulin I]	Prescription	CUI
573330	insulin human, isophane 70 UNT/ML / Regular Insulin, Human 30 UNT/ML [Humulin]	Prescription	CUI
573331	insulin human, isophane 70 UNT/ML / Regular Insulin, Human 30 UNT/ML [Novolin]	Prescription	CUI
575068	Insulin Glargine 100 UNT/ML [Lantus]	Prescription	CUI
575141	NPH Insulin, Human 100 UNT/ML [Humulin N]	Prescription	CUI
575142	NPH Insulin, Human 100 UNT/ML [Novolin N]	Prescription	CUI
616236	insulin detemir 100 UNT/ML [Levemir]	Prescription	CUI
616238	Levemir 100 UNT/ML Injectable Solution	Prescription	CUI
731277	Insulin Lispro 50 UNT/ML / Insulin, Protamine Lispro, Human 50 UNT/ML [Humalog Mix]	Prescription	CUI
731281	Humalog Mix 50/50 100 UNT/ML Injectable Suspension	Prescription	CUI
752386	Insulin Lispro 25 UNT/ML / Insulin, Protamine Lispro, Human 75 UNT/ML [Humalog Mix 75/25]	Prescription	CUI
752388	Humalog Mix 75/25 Injectable Suspension	Prescription	CUI
847187	NPH insulin, human 210 UNT / regular insulin, human 90 UNT per 3 ML Prefilled Syringe	Prescription	CUI
847189	HumuLIN 70/30 in 3 ML Pen Injector	Prescription	CUI
847191	3 ML Insulin, Aspart Protamine, Human 70 UNT/ML / Insulin, Aspart, Human 30 UNT/ML Pen Injector	Prescription	CUI
847195	3 ML NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Prefilled Syringe [Novolin 70/30]	Prescription	CUI
847197	3 ML Insulin, human NPH 100 UNT/ML Prefilled Syringe	Prescription	CUI
847199	3 ML Humulin N 100 UNT/ML Pen Injector	Prescription	CUI
847201	ReliOn Novolin N 100 UNT/ML 3 ML InnoLet	Prescription	CUI
847211	insulin lispro protamine 150 UNT / insulin lispro 150 UNT per 3 ML Pen Injector	Prescription	CUI
847213	Humalog Mix 50/50 300 UNT per 3 ML KwikPen	Prescription	CUI
847230	insulin glargine 300 UNT per 3 ML Prefilled Syringe	Prescription	CUI
847232	3 ML Lantus 100 UNT/ML Pen Injector	Prescription	CUI
847239	insulin detemir 100 UNT/ML in 3 ML Pen Injector	Prescription	CUI
847241	3 ML Levemir 100 UNT/ML Pen Injector	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
847252	insulin lispro protamine 75 UNT/ML / insulin lispro 25 UNT/ML per 3 ML Pen Injector	Prescription	CUI
847254	Humalog Mix 75/25 300 UNT per 3 ML KwikPen	Prescription	CUI
847256	NPH insulin, human 105 UNT / regular insulin, human 45 UNT per 1.5 ML Prefilled Syringe	Prescription	CUI
847257	1.5 ML NPH Insulin, Human 70 UNT/ML / Regular Insulin, Human 30 UNT/ML Prefilled Syringe [Novolin 70/30]	Prescription	CUI
847278	1.5 ML Insulin, human NPH 100 UNT/ML Prefilled Syringe	Prescription	CUI
847279	Humulin N 100 UNT/ML 1.5 ML Pen	Prescription	CUI
847343	Humulin 70/30 1.5 ML Pen	Prescription	CUI
977838	Insulin, Aspart Protamine, Human 70 UNT/ML / Insulin, Aspart, Human 30 UNT/ML [NovoLog Mix]	Prescription	CUI
977840	Novolog Mix 70/30 3 ML FlexPen	Prescription	CUI
977842	NovoLog Mix 70/30 Injectable Suspension	Prescription	CUI
93332	Human Mixtard 30	Prescription	CUI
226273	Human Mixtard 30 ge	Prescription	CUI
1171297	Human Mixtard 30 ge Injectable Product	Prescription	CUI
1171296	Human Mixtard 30 Injectable Product	Prescription	CUI
379742	NPH Insulin, Human / Regular Insulin, Human Injectable Suspension [Human Mixtard 30 ge]	Prescription	CUI
379740	NPH Insulin, Human / Regular Insulin, Human Injectable Suspension [Human Mixtard 30]	Prescription	CUI
847205	3 ML Regular Insulin, Human 100 UNT/ML Prefilled Syringe [Novolin R]	Prescription	CUI
365672	insulin, isophane / Regular Insulin, Human Injectable Suspension [Novolin]	Prescription	CUI
2049379	insulin, isophane / Regular Insulin, Human Pen Injector [Novolin]	Prescription	CUI
847194	insulin, isophane / Regular Insulin, Human Prefilled Syringe [Novolin]	Prescription	CUI
365573	insulin, isophane Injectable Suspension [Novolin N]	Prescription	CUI
847200	insulin, isophane Prefilled Syringe [Novolin N]	Prescription	CUI
575136	Insulin, Zinc, Human 100 UNT/ML [Novolin L]	Prescription	CUI
311020	Insulin, Zinc, Human 100 UNT/ML Injectable Suspension [Novolin L]	Prescription	CUI
365669	Insulin, Zinc, Human Injectable Suspension [Novolin L]	Prescription	CUI
1372723	Novolin	Prescription	CUI
93555	Novolin 70/30	Prescription	CUI
1178125	Novolin 70/30 Injectable Product	Prescription	CUI
379753	Novolin 70/30 PenFill	Prescription	CUI
93557	Novolin L	Prescription	CUI
1178126	Novolin L Injectable Product	Prescription	CUI
93558	Novolin N	Prescription	CUI
1178127	Novolin N Injectable Product	Prescription	CUI
405228	Novolin N PenFill	Prescription	CUI
93560	Novolin R	Prescription	CUI
311033	Novolin R 100 UNT/ML Injectable Solution	Prescription	CUI
1178128	Novolin R Injectable Product	Prescription	CUI
575146	Regular Insulin, Human 100 UNT/ML [Novolin R]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1360435	Regular Insulin, Human 100 UNT/ML Prefilled Syringe [Novolin R]	Prescription	CUI
363221	Regular Insulin, Human Injectable Solution [Novolin R]	Prescription	CUI
847204	Regular Insulin, Human Prefilled Syringe [Novolin R]	Prescription	CUI
723550	ReliOn R/Novolin	Prescription	CUI
724339	ReliOn/Novolin 70/30	Prescription	CUI
724343	ReliOn/Novolin N	Prescription	CUI
261542	Humalog Mix	Prescription	CUI
352691	Humalog Mix 50/50	Prescription	CUI
1171290	Humalog Mix 50/50 Injectable Product	Prescription	CUI
741394	Humalog Mix 75/25	Prescription	CUI
1171291	Humalog Mix 75/25 Injectable Product	Prescription	CUI
731280	Insulin Lispro / Insulin, Protamine Lispro, Human Injectable Suspension [Humalog Mix 50/50]	Prescription	CUI
752387	Insulin Lispro / Insulin, Protamine Lispro, Human Injectable Suspension [Humalog Mix 75/25]	Prescription	CUI
1653106	Insulin Lispro / Insulin, Protamine Lispro, Human Pen Injector [Humalog Mix]	Prescription	CUI
847212	Insulin Lispro / Insulin, Protamine Lispro, Human Prefilled Syringe [Humalog Mix 50/50]	Prescription	CUI
847253	Insulin Lispro / Insulin, Protamine Lispro, Human Prefilled Syringe [Humalog Mix 75/25]	Prescription	CUI
1731317	3 ML Humulin R 500 UNT/ML Pen Injector	Prescription	CUI
1372744	Humulin	Prescription	CUI
217573	Humulin 50/50	Prescription	CUI
1171997	Humulin 50/50 Injectable Product	Prescription	CUI
311016	Humulin 50/50 Injectable Suspension	Prescription	CUI
92877	Humulin 70/30	Prescription	CUI
1172683	Humulin 70/30 Injectable Product	Prescription	CUI
226277	Humulin I	Prescription	CUI
1172684	Humulin I Injectable Product	Prescription	CUI
92879	Humulin L	Prescription	CUI
311019	Humulin L 100 UNT/ML Injectable Suspension	Prescription	CUI
1172685	Humulin L Injectable Product	Prescription	CUI
226278	Humulin M1	Prescription	CUI
1172686	Humulin M1 Injectable Product	Prescription	CUI
226279	Humulin M2	Prescription	CUI
1172687	Humulin M2 Injectable Product	Prescription	CUI
226280	Humulin M3	Prescription	CUI
1172688	Humulin M3 Injectable Product	Prescription	CUI
226281	Humulin M4	Prescription	CUI
1172689	Humulin M4 Injectable Product	Prescription	CUI
226282	Humulin M5	Prescription	CUI
1172690	Humulin M5 Injectable Product	Prescription	CUI
92880	Humulin N	Prescription	CUI
1172691	Humulin N Injectable Product	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
92881	Humulin R	Prescription	CUI
311036	Humulin R 100 UNT/ML Injectable Solution	Prescription	CUI
351859	Humulin R 500 UNT/ML Injectable Solution	Prescription	CUI
1731319	Humulin R 500 UNT/ML Pen Injector	Prescription	CUI
1172692	Humulin R Injectable Product	Prescription	CUI
5459	Humulin S	Prescription	CUI
150974	Humulin S 100 UNT/ML Injectable Solution	Prescription	CUI
1172693	Humulin S Injectable Product	Prescription	CUI
253183	Humulin U Ultralente	Prescription	CUI
314045	Humulin U Ultralente 100 UNT/ML Injectable Suspension	Prescription	CUI
1172694	Humulin U Ultralente Injectable Product	Prescription	CUI
226283	Humulin Zn	Prescription	CUI
150977	Humulin Zn 100 UNT/ML Injectable Suspension	Prescription	CUI
1172695	Humulin Zn Injectable Product	Prescription	CUI
564531	insulin human, isophane 50 UNT/ML / Regular Insulin, Human 50 UNT/ML [Humulin]	Prescription	CUI
108407	insulin human, isophane 50 UNT/ML / Regular Insulin, Human 50 UNT/ML Injectable Suspension [Humulin]	Prescription	CUI
564401	insulin human, isophane 60 UNT/ML / Regular Insulin, Human 40 UNT/ML [Humulin]	Prescription	CUI
106901	insulin human, isophane 60 UNT/ML / Regular Insulin, Human 40 UNT/ML Injectable Suspension [Humulin]	Prescription	CUI
564400	insulin human, isophane 80 UNT/ML / Regular Insulin, Human 20 UNT/ML [Humulin]	Prescription	CUI
106900	insulin human, isophane 80 UNT/ML / Regular Insulin, Human 20 UNT/ML Injectable Suspension [Humulin]	Prescription	CUI
564399	insulin human, isophane 90 UNT/ML / Regular Insulin, Human 10 UNT/ML [Humulin]	Prescription	CUI
106899	insulin human, isophane 90 UNT/ML / Regular Insulin, Human 10 UNT/ML Injectable Suspension [Humulin]	Prescription	CUI
365679	insulin, isophane / Regular Insulin, Human Injectable Suspension [Humulin]	Prescription	CUI
1654855	insulin, isophane / Regular Insulin, Human Pen Injector [Humulin]	Prescription	CUI
847188	insulin, isophane / Regular Insulin, Human Prefilled Syringe [Humulin]	Prescription	CUI
379730	insulin, isophane Injectable Suspension [Humulin I]	Prescription	CUI
365677	insulin, isophane Injectable Suspension [Humulin N]	Prescription	CUI
1654863	insulin, isophane Pen Injector [Humulin N]	Prescription	CUI
847198	insulin, isophane Prefilled Syringe [Humulin N]	Prescription	CUI
575135	Insulin, Zinc, Human 100 UNT/ML [Humulin L]	Prescription	CUI
365694	Insulin, Zinc, Human Injectable Suspension [Humulin L]	Prescription	CUI
365673	NPH Insulin, Human / Regular Insulin, Human Injectable Suspension [Humulin 70/30]	Prescription	CUI
365578	NPH Insulin, Human / Regular Insulin, Human Injectable Suspension [Humulin M1]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
365577	NPH Insulin, Human / Regular Insulin, Human Injectible Suspension [Humulin M2]	Prescription	CUI
365582	NPH Insulin, Human / Regular Insulin, Human Injectible Suspension [Humulin M3]	Prescription	CUI
365576	NPH Insulin, Human / Regular Insulin, Human Injectible Suspension [Humulin M4]	Prescription	CUI
365575	NPH Insulin, Human / Regular Insulin, Human Injectible Suspension [Humulin M5]	Prescription	CUI
575133	NPH Insulin, Human 50 UNT/ML / Regular Insulin, Human 50 UNT/ML [Humulin 50/50]	Prescription	CUI
575148	Regular Insulin, Human 100 UNT/ML [Humulin R]	Prescription	CUI
564882	Regular Insulin, Human 100 UNT/ML [Humulin S]	Prescription	CUI
575628	Regular Insulin, Human 500 UNT/ML [Humulin R]	Prescription	CUI
362622	Regular Insulin, Human Injectible Solution [Humulin R]	Prescription	CUI
379734	Regular Insulin, Human Injectible Solution [Humulin S]	Prescription	CUI
1731316	Regular Insulin, Human Pen Injector [Humulin R]	Prescription	CUI
575202	Ultralente Insulin, Human 100 UNT/ML [Humulin U Ultralente]	Prescription	CUI
564884	Ultralente Insulin, Human 100 UNT/ML [Humulin Zn]	Prescription	CUI
365678	Ultralente Insulin, Human Injectible Suspension [Humulin U Ultralente]	Prescription	CUI
379727	Ultralente Insulin, Human Injectible Suspension [Humulin Zn]	Prescription	CUI
616237	insulin detemir Injectible Solution [Levemir]	Prescription	CUI
1654192	insulin detemir Pen Injector [Levemir]	Prescription	CUI
847240	insulin detemir Prefilled Syringe [Levemir]	Prescription	CUI
400560	Levemir	Prescription	CUI
1167934	Levemir Injectible Product	Prescription	CUI
385903	insulin, isophane Injectible Suspension [Pur-In Isophane]	Prescription	CUI
385902	Pur-In Isophane	Prescription	CUI
1183564	Pur-In Isophane Injectible Product	Prescription	CUI
152647	Human Insulatard	Prescription	CUI
1171295	Human Insulatard Injectible Product	Prescription	CUI
379756	insulin, isophane Injectible Suspension [Human Insulatard]	Prescription	CUI
2107521	insulin degludec Injectible Solution [Tresiba]	Prescription	CUI
1670014	insulin degludec Pen Injector [Tresiba]	Prescription	CUI
1670012	Tresiba	Prescription	CUI
1670015	Tresiba Injectible Product	Prescription	CUI
1653506	Insulin Glargine Pen Injector [Toujeo]	Prescription	CUI
1604542	Insulin Glargine Prefilled Syringe [Toujeo]	Prescription	CUI
1604540	Toujeo	Prescription	CUI
1604543	Toujeo Injectible Product	Prescription	CUI
1736859	Basaglar	Prescription	CUI
1736862	Basaglar Injectible Product	Prescription	CUI
1736861	Insulin Glargine Pen Injector [Basaglar]	Prescription	CUI
1858998	Insulin Glargine / Lixisenatide Pen Injector [Soliqua]	Prescription	CUI
1858996	Soliqua	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1858999	Soliqua Injectable Product	Prescription	CUI
1860170	insulin degludec / liraglutide Pen Injector [Xultophy]	Prescription	CUI
1860168	Xultophy	Prescription	CUI
1860171	Xultophy Injectable Product	Prescription	CUI
362585	Insulin Glargine Injectable Solution [Lantus]	Prescription	CUI
1653499	Insulin Glargine Pen Injector [Lantus]	Prescription	CUI
847231	Insulin Glargine Prefilled Syringe [Lantus]	Prescription	CUI
261551	Lantus	Prescription	CUI
1175624	Lantus Injectable Product	Prescription	CUI
1670007	insulin degludec	Prescription	CUI
1670008	insulin degludec 100 UNT/ML	Prescription	CUI
1670020	insulin degludec 200 UNT/ML	Prescription	CUI
1994307	insulin degludec 70 UNT/ML	Prescription	CUI
139825	insulin detemir	Prescription	CUI
484320	insulin detemir 100 UNT/ML	Prescription	CUI
274783	Insulin Glargine	Prescription	CUI
343226	Insulin Glargine 100 UNT/ML	Prescription	CUI
1604538	Insulin Glargine 300 UNT/ML	Prescription	CUI
343101	insulin human, isophane 100 UNT/ML	Prescription	CUI
440398	insulin human, isophane 16 UNT/ML	Prescription	CUI
440649	insulin human, isophane 28 UNT/ML	Prescription	CUI
440651	insulin human, isophane 30 UNT/ML	Prescription	CUI
451436	insulin human, isophane 32 UNT/ML	Prescription	CUI
440652	insulin human, isophane 34 UNT/ML	Prescription	CUI
451438	insulin human, isophane 36 UNT/ML	Prescription	CUI
343489	insulin human, isophane 40 UNT/ML	Prescription	CUI
343257	insulin human, isophane 50 UNT/ML	Prescription	CUI
358615	insulin human, isophane 60 UNT/ML	Prescription	CUI
343079	insulin human, isophane 70 UNT/ML	Prescription	CUI
360893	insulin human, isophane 75 UNT/ML	Prescription	CUI
343495	insulin human, isophane 80 UNT/ML	Prescription	CUI
343494	insulin human, isophane 85 UNT/ML	Prescription	CUI
343493	insulin human, isophane 90 UNT/ML	Prescription	CUI
352385	Insulin, Aspart Protamine, Human	Prescription	CUI
833157	Insulin, Aspart Protamine, Human 50 UNT/ML	Prescription	CUI
353487	Insulin, Aspart Protamine, Human 70 UNT/ML	Prescription	CUI
SGLT-2 Inhibitors			
1810997	24 HR canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1810999	24 HR canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1811002	24 HR canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1811003	24 HR canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1811006	24 HR canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1811007	24 HR canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1811010	24 HR canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1811011	24 HR canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545149	canagliflozin / Metformin	Prescription	CUI
1810996	canagliflozin / Metformin Extended Release Oral Tablet	Prescription	CUI
1810998	canagliflozin / Metformin Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545146	canagliflozin / Metformin Oral Product	Prescription	CUI
1545148	canagliflozin / Metformin Oral Tablet	Prescription	CUI
1545153	canagliflozin / Metformin Oral Tablet [Invokamet]	Prescription	CUI
1545147	canagliflozin / Metformin Pill	Prescription	CUI
1373465	canagliflozin 100 MG [Invokana]	Prescription	CUI
1373463	canagliflozin 100 MG Oral Tablet	Prescription	CUI
1373469	canagliflozin 100 MG Oral Tablet [Invokana]	Prescription	CUI
1545150	canagliflozin 150 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1545157	canagliflozin 150 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1545152	canagliflozin 150 MG / Metformin hydrochloride 1000 MG [Invokamet]	Prescription	CUI
1811000	canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1811001	canagliflozin 150 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545156	canagliflozin 150 MG / Metformin hydrochloride 1000 MG Oral Tablet [Invokamet]	Prescription	CUI
1545158	canagliflozin 150 MG / Metformin hydrochloride 500 MG [Invokamet]	Prescription	CUI
1811004	canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1811005	canagliflozin 150 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545159	canagliflozin 150 MG / Metformin hydrochloride 500 MG Oral Tablet [Invokamet]	Prescription	CUI
1373472	canagliflozin 300 MG [Invokana]	Prescription	CUI
1373471	canagliflozin 300 MG Oral Tablet	Prescription	CUI
1373473	canagliflozin 300 MG Oral Tablet [Invokana]	Prescription	CUI
1545161	canagliflozin 50 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1545164	canagliflozin 50 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1545162	canagliflozin 50 MG / Metformin hydrochloride 1000 MG [Invokamet]	Prescription	CUI
1811008	canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1811009	canagliflozin 50 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545163	canagliflozin 50 MG / Metformin hydrochloride 1000 MG Oral Tablet [Invokamet]	Prescription	CUI
1545165	canagliflozin 50 MG / Metformin hydrochloride 500 MG [Invokamet]	Prescription	CUI
1811012	canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1811013	canagliflozin 50 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Invokamet]	Prescription	CUI
1545166	canagliflozin 50 MG / Metformin hydrochloride 500 MG Oral Tablet [Invokamet]	Prescription	CUI
1546031	canagliflozin anhydrous	Prescription	CUI
1373460	canagliflozin Oral Product	Prescription	CUI
1373462	canagliflozin Oral Tablet	Prescription	CUI
1373466	canagliflozin Oral Tablet [Invokana]	Prescription	CUI
1373461	canagliflozin Pill	Prescription	CUI
1593058	24 HR dapagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1593775	24 HR dapagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593068	24 HR dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1593835	24 HR dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1940496	24 HR dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1940498	24 HR dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593070	24 HR dapagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1593833	24 HR dapagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593072	24 HR dapagliflozin 5 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1593831	24 HR dapagliflozin 5 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1488569	dapagliflozin (as dapagliflozin propanediol) 10 MG Oral Tablet	Prescription	CUI
1488574	dapagliflozin (as dapagliflozin propanediol) 5 MG Oral Tablet	Prescription	CUI
1486436	dapagliflozin / Metformin	Prescription	CUI
1593057	dapagliflozin / Metformin Extended Release Oral Tablet	Prescription	CUI
1593774	dapagliflozin / Metformin Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1592709	dapagliflozin / Metformin Oral Product	Prescription	CUI
1592710	dapagliflozin / Metformin Pill	Prescription	CUI
1727500	dapagliflozin / saxagliptin	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1925495	dapagliflozin / saxagliptin Oral Product	Prescription	CUI
1925497	dapagliflozin / saxagliptin Oral Tablet	Prescription	CUI
1925501	dapagliflozin / saxagliptin Oral Tablet [Qtern]	Prescription	CUI
1925496	dapagliflozin / saxagliptin Pill	Prescription	CUI
1925498	dapagliflozin 10 MG (as dapagliflozin propanediol 12.3 MG) / saxagliptin 5 MG (as saxagliptin HCl 5.95 MG) Oral Tablet	Prescription	CUI
1593059	dapagliflozin 10 MG / metformin HCl 1000 MG Extended Release Oral Tablet	Prescription	CUI
1592722	dapagliflozin 10 MG / Metformin hydrochloride 1000 MG [Xigduo]	Prescription	CUI
1593776	dapagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593826	dapagliflozin 10 MG / Metformin hydrochloride 500 MG [Xigduo]	Prescription	CUI
1593069	dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet	Prescription	CUI
1593827	dapagliflozin 10 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1925500	dapagliflozin 10 MG / saxagliptin 5 MG [Qtern]	Prescription	CUI
1925504	dapagliflozin 10 MG / saxagliptin 5 MG Oral Tablet [Qtern]	Prescription	CUI
1534397	dapagliflozin 10 MG [Farxiga]	Prescription	CUI
1486977	dapagliflozin 10 MG Oral Tablet [Farxiga]	Prescription	CUI
1940497	dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG [Xigduo]	Prescription	CUI
1940499	dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1940500	dapagliflozin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593071	dapagliflozin 5 MG / metformin HCl 1000 MG Extended Release Oral Tablet	Prescription	CUI
1593073	dapagliflozin 5 MG / metformin HCl 500 MG Extended Release Oral Tablet	Prescription	CUI
1593828	dapagliflozin 5 MG / Metformin hydrochloride 1000 MG [Xigduo]	Prescription	CUI
1593829	dapagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1593830	dapagliflozin 5 MG / Metformin hydrochloride 500 MG [Xigduo]	Prescription	CUI
1593832	dapagliflozin 5 MG / Metformin hydrochloride 500 MG Extended Release Oral Tablet [Xigduo]	Prescription	CUI
1534344	dapagliflozin 5 MG [Farxiga]	Prescription	CUI
1486981	dapagliflozin 5 MG Oral Tablet [Farxiga]	Prescription	CUI
1488566	dapagliflozin Oral Product	Prescription	CUI
1488568	dapagliflozin Oral Tablet	Prescription	CUI
1534343	dapagliflozin Oral Tablet [Farxiga]	Prescription	CUI
1488567	dapagliflozin Pill	Prescription	CUI
1486973	dapagliflozin propanediol 10 MG [Farxiga]	Prescription	CUI
1486971	dapagliflozin propanediol 10 MG Oral Tablet	Prescription	CUI
1486980	dapagliflozin propanediol 5 MG [Farxiga]	Prescription	CUI
1486979	dapagliflozin propanediol 5 MG Oral Tablet	Prescription	CUI
1486968	dapagliflozin propanediol Oral Product	Prescription	CUI
1486970	dapagliflozin propanediol Oral Tablet	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1486974	dapagliflozin propanediol Oral Tablet [Farxiga]	Prescription	CUI
1486969	dapagliflozin propanediol Pill	Prescription	CUI
1862685	24 HR empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862688	24 HR empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862691	24 HR empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862692	24 HR empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862695	24 HR empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862697	24 HR empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1862700	24 HR empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862701	24 HR empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1598392	empagliflozin / Linagliptin	Prescription	CUI
1602106	empagliflozin / Linagliptin Oral Product	Prescription	CUI
1602108	empagliflozin / Linagliptin Oral Tablet	Prescription	CUI
1602112	empagliflozin / Linagliptin Oral Tablet [Glyxambi]	Prescription	CUI
1602107	empagliflozin / Linagliptin Pill	Prescription	CUI
1664314	empagliflozin / Metformin	Prescription	CUI
1862684	empagliflozin / Metformin Extended Release Oral Tablet	Prescription	CUI
1862687	empagliflozin / Metformin Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1664311	empagliflozin / Metformin Oral Product	Prescription	CUI
1664313	empagliflozin / Metformin Oral Tablet	Prescription	CUI
1664318	empagliflozin / Metformin Oral Tablet [Synjardy]	Prescription	CUI
1664312	empagliflozin / Metformin Pill	Prescription	CUI
1602111	empagliflozin 10 MG / Linagliptin 5 MG [Glyxambi]	Prescription	CUI
1602109	empagliflozin 10 MG / linagliptin 5 MG Oral Tablet	Prescription	CUI
1602115	empagliflozin 10 MG / Linagliptin 5 MG Oral Tablet [Glyxambi]	Prescription	CUI
1862686	empagliflozin 10 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1862689	empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862690	empagliflozin 10 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1545660	empagliflozin 10 MG [Jardiance]	Prescription	CUI
1545658	empagliflozin 10 MG Oral Tablet	Prescription	CUI
1545664	empagliflozin 10 MG Oral Tablet [Jardiance]	Prescription	CUI
1665367	empagliflozin 12.5 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1664323	empagliflozin 12.5 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1665368	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1862693	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862694	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1665369	empagliflozin 12.5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Synjardy]	Prescription	CUI
1664324	empagliflozin 12.5 MG / Metformin hydrochloride 500 MG [Synjardy]	Prescription	CUI
1664325	empagliflozin 12.5 MG / Metformin hydrochloride 500 MG Oral Tablet [Synjardy]	Prescription	CUI
1602119	empagliflozin 25 MG / Linagliptin 5 MG [Glyxambi]	Prescription	CUI
1602118	empagliflozin 25 MG / linagliptin 5 MG Oral Tablet	Prescription	CUI
1602120	empagliflozin 25 MG / Linagliptin 5 MG Oral Tablet [Glyxambi]	Prescription	CUI
1862696	empagliflozin 25 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1862698	empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862699	empagliflozin 25 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1545667	empagliflozin 25 MG [Jardiance]	Prescription	CUI
1545666	empagliflozin 25 MG Oral Tablet	Prescription	CUI
1545668	empagliflozin 25 MG Oral Tablet [Jardiance]	Prescription	CUI
1664326	empagliflozin 5 MG / metFORMIN HCl 1000 MG Oral Tablet	Prescription	CUI
1664315	empagliflozin 5 MG / metFORMIN HCl 500 MG Oral Tablet	Prescription	CUI
1664327	empagliflozin 5 MG / Metformin hydrochloride 1000 MG [Synjardy]	Prescription	CUI
1862702	empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1862703	empagliflozin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Synjardy]	Prescription	CUI
1664328	empagliflozin 5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Synjardy]	Prescription	CUI
1664317	empagliflozin 5 MG / Metformin hydrochloride 500 MG [Synjardy]	Prescription	CUI
1664321	empagliflozin 5 MG / Metformin hydrochloride 500 MG Oral Tablet [Synjardy]	Prescription	CUI
1545655	empagliflozin Oral Product	Prescription	CUI
1545657	empagliflozin Oral Tablet	Prescription	CUI
1545661	empagliflozin Oral Tablet [Jardiance]	Prescription	CUI
1545656	empagliflozin Pill	Prescription	CUI
1992684	ertugliflozin / Metformin	Prescription	CUI
1992681	ertugliflozin / Metformin Oral Product	Prescription	CUI
1992683	ertugliflozin / Metformin Oral Tablet	Prescription	CUI
1992688	ertugliflozin / Metformin Oral Tablet [Segluromet]	Prescription	CUI
1992682	ertugliflozin / Metformin Pill	Prescription	CUI
1992825	ertugliflozin / sitagliptin	Prescription	CUI
1992822	ertugliflozin / sitagliptin Oral Product	Prescription	CUI
1992824	ertugliflozin / sitagliptin Oral Tablet	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1992829	ertugliflozin / sitagliptin Oral Tablet [Steglujan]	Prescription	CUI
1992823	ertugliflozin / sitagliptin Pill	Prescription	CUI
1992828	ertugliflozin 15 MG / sitagliptin 100 MG [Steglujan]	Prescription	CUI
1992826	ertugliflozin 15 MG / sitagliptin 100 MG Oral Tablet	Prescription	CUI
1992832	ertugliflozin 15 MG / sitagliptin 100 MG Oral Tablet [Steglujan]	Prescription	CUI
1992820	ertugliflozin 15 MG [Steglatro]	Prescription	CUI
1992819	ertugliflozin 15 MG Oral Tablet	Prescription	CUI
1992821	ertugliflozin 15 MG Oral Tablet [Steglatro]	Prescription	CUI
1992687	ertugliflozin 2.5 MG / Metformin hydrochloride 1000 MG [Segluromet]	Prescription	CUI
1992685	ertugliflozin 2.5 MG / metFORMIN hydrochloride 1000 MG Oral Tablet	Prescription	CUI
1992691	ertugliflozin 2.5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Segluromet]	Prescription	CUI
1992694	ertugliflozin 2.5 MG / Metformin hydrochloride 500 MG [Segluromet]	Prescription	CUI
1992693	ertugliflozin 2.5 MG / metFORMIN hydrochloride 500 MG Oral Tablet	Prescription	CUI
1992695	ertugliflozin 2.5 MG / Metformin hydrochloride 500 MG Oral Tablet [Segluromet]	Prescription	CUI
1992836	ertugliflozin 5 MG / sitagliptin 100 MG [Steglujan]	Prescription	CUI
1992835	ertugliflozin 5 MG / sitagliptin 100 MG Oral Tablet	Prescription	CUI
1992837	ertugliflozin 5 MG / sitagliptin 100 MG Oral Tablet [Steglujan]	Prescription	CUI
1992812	ertugliflozin 5 MG [Steglatro]	Prescription	CUI
1992810	ertugliflozin 5 MG Oral Tablet	Prescription	CUI
1992816	ertugliflozin 5 MG Oral Tablet [Steglatro]	Prescription	CUI
1992699	ertugliflozin 7.5 MG / Metformin hydrochloride 1000 MG [Segluromet]	Prescription	CUI
1992698	ertugliflozin 7.5 MG / metFORMIN hydrochloride 1000 MG Oral Tablet	Prescription	CUI
1992700	ertugliflozin 7.5 MG / Metformin hydrochloride 1000 MG Oral Tablet [Segluromet]	Prescription	CUI
1992702	ertugliflozin 7.5 MG / Metformin hydrochloride 500 MG [Segluromet]	Prescription	CUI
1992701	ertugliflozin 7.5 MG / metFORMIN hydrochloride 500 MG Oral Tablet	Prescription	CUI
1992703	ertugliflozin 7.5 MG / Metformin hydrochloride 500 MG Oral Tablet [Segluromet]	Prescription	CUI
1992807	ertugliflozin Oral Product	Prescription	CUI
1992809	ertugliflozin Oral Tablet	Prescription	CUI
1992813	ertugliflozin Oral Tablet [Steglatro]	Prescription	CUI
1992674	ertugliflozin pidolate	Prescription	CUI
1992808	ertugliflozin Pill	Prescription	CUI
1486972	Farxiga	Prescription	CUI
1486975	Farxiga Oral Product	Prescription	CUI
1486976	Farxiga Pill	Prescription	CUI
1592713	Xigduo	Prescription	CUI
1592716	Xigduo Oral Product	Prescription	CUI
1592717	Xigduo Pill	Prescription	CUI
1545151	Invokamet	Prescription	CUI
1545154	Invokamet Oral Product	Prescription	CUI
1545155	Invokamet Pill	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1925499	Qtern	Prescription	CUI
1925502	Qtern Oral Product	Prescription	CUI
1925503	Qtern Pill	Prescription	CUI
1664316	Synjardy	Prescription	CUI
1664319	Synjardy Oral Product	Prescription	CUI
1664320	Synjardy Pill	Prescription	CUI
1602110	Glyxambi	Prescription	CUI
1602113	Glyxambi Oral Product	Prescription	CUI
1602114	Glyxambi Pill	Prescription	CUI
1545659	Jardiance	Prescription	CUI
1545662	Jardiance Oral Product	Prescription	CUI
1545663	Jardiance Pill	Prescription	CUI
1992686	Segluromet	Prescription	CUI
1992689	Segluromet Oral Product	Prescription	CUI
1992690	Segluromet Pill	Prescription	CUI
1992827	Steglujan	Prescription	CUI
1992830	Steglujan Oral Product	Prescription	CUI
1992831	Steglujan Pill	Prescription	CUI
1992811	Steglatro	Prescription	CUI
1992814	Steglatro Oral Product	Prescription	CUI
1992815	Steglatro Pill	Prescription	CUI
1373458	canagliflozin	Prescription	CUI
1373459	canagliflozin 100 MG	Prescription	CUI
1545145	canagliflozin 150 MG	Prescription	CUI
1373470	canagliflozin 300 MG	Prescription	CUI
1545160	canagliflozin 50 MG	Prescription	CUI
1488564	dapagliflozin	Prescription	CUI
1488565	dapagliflozin 10 MG	Prescription	CUI
1940495	dapagliflozin 2.5 MG	Prescription	CUI
1488573	dapagliflozin 5 MG	Prescription	CUI
1486966	dapagliflozin propanediol	Prescription	CUI
1486967	dapagliflozin propanediol 10 MG	Prescription	CUI
1486978	dapagliflozin propanediol 5 MG	Prescription	CUI
1545653	empagliflozin	Prescription	CUI
1545654	empagliflozin 10 MG	Prescription	CUI
1664322	empagliflozin 12.5 MG	Prescription	CUI
1545665	empagliflozin 25 MG	Prescription	CUI
1664310	empagliflozin 5 MG	Prescription	CUI
1992672	ertugliflozin	Prescription	CUI
1992818	ertugliflozin 15 MG	Prescription	CUI
1992680	ertugliflozin 2.5 MG	Prescription	CUI
1992806	ertugliflozin 5 MG	Prescription	CUI
1992697	ertugliflozin 7.5 MG	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
DPP-4s			
1043563	metformin hydrochloride 1000 MG / saxagliptin 2.5 MG 24 HR Extended Release Oral Tablet	Prescription	CUI
1043565	Metformin hydrochloride 1000 MG / saxagliptin 2.5 MG [Kombiglyze]	Prescription	CUI
1043567	Kombiglyze 2.5/1000 24 HR Extended Release Oral Tablet	Prescription	CUI
1043568	Metformin hydrochloride 1000 MG / saxagliptin 2.5 MG Extended Release Oral Tablet	Prescription	CUI
1043569	Metformin hydrochloride 1000 MG / saxagliptin 2.5 MG Extended Release Tablet [Kombiglyze]	Prescription	CUI
1043570	metformin hydrochloride 1000 MG / saxagliptin 5 MG 24 HR Extended Release Tablet	Prescription	CUI
1043572	Metformin hydrochloride 1000 MG / saxagliptin 5 MG [Kombiglyze 5/1000]	Prescription	CUI
1043574	Kombiglyze 5/1000 24 HR Extended Release Oral Tablet	Prescription	CUI
1043575	Metformin hydrochloride 1000 MG / saxagliptin 5 MG Extended Release Tablet	Prescription	CUI
1043576	Metformin hydrochloride 1000 MG / saxagliptin 5 MG Extended Release Tablet [Kombiglyze]	Prescription	CUI
1043578	metformin hydrochloride 500 MG / saxagliptin 5 MG 24 HR Extended Release Tablet	Prescription	CUI
1043580	Metformin hydrochloride 500 MG / saxagliptin 5 MG [Kombiglyze]	Prescription	CUI
1043582	Kombiglyze 5/500 24 HR Extended Release Oral Tablet	Prescription	CUI
1043583	Metformin hydrochloride 500 MG / saxagliptin 5 MG Extended Release Tablet	Prescription	CUI
1043584	Metformin hydrochloride 500 MG / saxagliptin 5 MG Extended Release Tablet [Kombiglyze]	Prescription	CUI
1100702	linagliptin 5 MG Oral Tablet	Prescription	CUI
1100704	Linagliptin 5 MG [Tradjenta]	Prescription	CUI
1100706	Tradjenta 5 MG Oral Tablet	Prescription	CUI
1189804	Simvastatin 10 MG / sitagliptin 100 MG Oral Tablet	Prescription	CUI
1189806	Simvastatin 10 MG / sitagliptin 100 MG [Juvissync]	Prescription	CUI
1189808	Simvastatin 20 MG / sitagliptin 100 MG Oral Tablet	Prescription	CUI
1189810	Simvastatin 20 MG / sitagliptin 100 MG [Juvissync 100/20]	Prescription	CUI
1189821	simvastatin 40 MG / sitagliptin 100 MG (sitagliptin phosphate monohydrate 128.5 MG) Oral Tablet	Prescription	CUI
1189823	Simvastatin 40 MG / sitagliptin 100 MG [Juvissync]	Prescription	CUI
1243020	Linagliptin 2.5 MG / Metformin hydrochloride 1000 MG Oral Tablet	Prescription	CUI
1243022	Linagliptin 2.5 MG / Metformin hydrochloride 1000 MG [Jentadueto]	Prescription	CUI
1243026	Jentadueto 2.5 MG / 1000 MG Oral Tablet	Prescription	CUI
1243027	Linagliptin 2.5 MG / Metformin hydrochloride 500 MG Oral Tablet	Prescription	CUI
1243029	Linagliptin 2.5 MG / Metformin hydrochloride 500 MG [Jentadueto]	Prescription	CUI
1243033	Jentadueto 2.5 MG / 500 MG Oral Tablet	Prescription	CUI
1243034	Linagliptin 2.5 MG / Metformin hydrochloride 850 MG Oral Tablet	Prescription	CUI
1243036	Linagliptin 2.5 MG / Metformin hydrochloride 850 MG [Jentadueto]	Prescription	CUI
1243040	Jentadueto 2.5 MG / 850 MG Oral Tablet	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1243827	metformin hydrochloride 1000 MG / sitagliptin (as sitagliptin phosphate monohydrate) 100 MG 24 HR Extended Release Tablet	Prescription	CUI
1243829	Metformin hydrochloride 1000 MG / sitagliptin 100 MG [Janumet]	Prescription	CUI
1243833	Janumet XR 100 MG / 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1243834	Metformin hydrochloride 1000 MG / sitagliptin 100 MG Extended Release Tablet	Prescription	CUI
1243835	Metformin hydrochloride 1000 MG / sitagliptin 100 MG Extended Release Tablet [Janumet]	Prescription	CUI
1243842	metformin hydrochloride 1000 MG / sitagliptin (as sitagliptin phosphate monohydrate) 50 MG 24 HR Extended Release Tablet	Prescription	CUI
1243843	Janumet XR 50 MG / 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1243844	Metformin hydrochloride 1000 MG / sitagliptin 50 MG Extended Release Oral Tablet	Prescription	CUI
1243845	Metformin hydrochloride 1000 MG / sitagliptin 50 MG Extended Release Oral Tablet [Janumet]	Prescription	CUI
1243846	metformin hydrochloride 500 MG / sitagliptin (as sitagliptin phosphate) 50 MG 24 HR Extended Release Tablet	Prescription	CUI
1243848	Janumet XR 50 MG / 500 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1243849	Metformin hydrochloride 500 MG / sitagliptin 50 MG Extended Release Oral Tablet	Prescription	CUI
1243850	Metformin hydrochloride 500 MG / sitagliptin 50 MG Extended Release Tablet [Janumet 50/500]	Prescription	CUI
1312409	simvastatin 10 MG / sitagliptin 50 MG (sitagliptin phosphate monohydrate 64.25 MG) Oral Tablet	Prescription	CUI
1312411	Simvastatin 10 MG / sitagliptin 50 MG [Juvisync]	Prescription	CUI
1312416	sitaGLIPtin 50 MG / simvastatin 20 MG Oral Tablet	Prescription	CUI
1312418	Simvastatin 20 MG / sitagliptin 50 MG [Juvisync]	Prescription	CUI
1312423	sitaGLIPtin 50 MG / simvastatin 40 MG Oral Tablet	Prescription	CUI
1312425	Simvastatin 40 MG / sitagliptin 50 MG [Juvisync]	Prescription	CUI
1368006	alogliptin 25 MG (as alogliptin benzoate 34 MG) Oral Tablet	Prescription	CUI
1368008	alogliptin 25 MG [Nesina]	Prescription	CUI
1368012	Nesina 25 MG (as alogliptin benzoate 34 MG) Oral Tablet	Prescription	CUI
1368018	alogliptin 6.25 MG (as alogliptin benzoate 8.5 MG) Oral Tablet	Prescription	CUI
1368019	alogliptin 6.25 MG [Nesina]	Prescription	CUI
1368020	Nesina 6.25 MG (as alogliptin benzoate 8.5 MG) Oral Tablet	Prescription	CUI
1368034	alogliptin 12.5 MG (as alogliptin benzoate 17 MG) Oral Tablet	Prescription	CUI
1368035	alogliptin 12.5 MG [Nesina]	Prescription	CUI
1368036	Nesina 12.5 MG (as alogliptin benzoate 17 MG) Oral Tablet	Prescription	CUI
1368385	alogliptin 12.5 MG (as alogliptin benzoate 17 MG) / metformin hydrochloride 1000 MG Oral Tablet	Prescription	CUI
1368387	alogliptin 12.5 MG / Metformin hydrochloride 1000 MG [Kazano]	Prescription	CUI
1368391	Kazano 12.5 MG / 1000 MG Oral Tablet	Prescription	CUI
1368392	alogliptin 12.5 MG (as alogliptin benzoate 17 MG / metformin hydrochloride 500 MG) Oral Tablet	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1368394	alogliptin 12.5 MG / Metformin hydrochloride 500 MG [Kazano]	Prescription	CUI
1368398	Kazano 12.5 MG / 500 MG Oral Tablet	Prescription	CUI
1368403	alogliptin 12.5 MG (as alogliptin benzoate 17 MG) / pioglitazone 15 MG (as pioglitazone hydrochloride 16.53 MG) Oral Tablet	Prescription	CUI
1368405	alogliptin 12.5 MG / pioglitazone 15 MG [Oseni]	Prescription	CUI
1368409	Oseni 12.5 MG / 15 MG Oral Tablet	Prescription	CUI
1368410	alogliptin 12.5 MG (as alogliptin benzoate 17 MG) / pioglitazone 30 MG (as pioglitazone hydrochloride 33.06 MG) Oral Tablet	Prescription	CUI
1368412	alogliptin 12.5 MG / pioglitazone 30 MG [Oseni]	Prescription	CUI
1368416	Oseni 12.5 MG / 30 MG Oral Tablet	Prescription	CUI
1368417	alogliptin 12.5 MG (as alogliptin benzoate 17 MG) / pioglitazone 45 MG (as pioglitazone hydrochloride 49.59 MG) Oral Tablet	Prescription	CUI
1368419	alogliptin 12.5 MG / pioglitazone 45 MG [Oseni]	Prescription	CUI
1368423	Oseni 12.5 MG / 45 MG Oral Tablet	Prescription	CUI
1368424	alogliptin 25 MG (as alogliptin benzoate 34 MG) / pioglitazone 15 MG (as pioglitazone hydrochloride 16.53 MG) Oral Tablet	Prescription	CUI
1368426	alogliptin 25 MG / pioglitazone 15 MG [Oseni]	Prescription	CUI
1368430	Oseni 25 MG / 15 MG Oral Tablet	Prescription	CUI
1368431	alogliptin 25 MG (as alogliptin benzoate 34 MG) / pioglitazone 30 MG (as pioglitazone hydrochloride 33.06 MG) Oral Tablet	Prescription	CUI
1368433	alogliptin 25 MG / pioglitazone 30 MG [Oseni]	Prescription	CUI
1368437	Oseni 25 MG / 30 MG Oral Tablet	Prescription	CUI
1368438	alogliptin 25 MG (as alogliptin benzoate 34 MG) / pioglitazone 45 MG (as pioglitazone hydrochloride 49.59 MG) Oral Tablet	Prescription	CUI
1368440	alogliptin 25 MG / pioglitazone 45 MG [Oseni]	Prescription	CUI
1368444	Oseni 25 MG / 45 MG Oral Tablet	Prescription	CUI
1602109	empagliflozin 10 MG / Linagliptin 5 MG Oral Tablet	Prescription	CUI
1602111	empagliflozin 10 MG / Linagliptin 5 MG [Glyxambi]	Prescription	CUI
1602115	Glyxambi (empagliflozin 10 MG / linagliptin 5 MG) Oral Tablet	Prescription	CUI
1602118	empagliflozin 25 MG / linagliptin 5 MG Oral Tablet	Prescription	CUI
1602119	empagliflozin 25 MG / Linagliptin 5 MG [Glyxambi]	Prescription	CUI
1602120	Glyxambi (empagliflozin 25 MG / linagliptin 5 MG) Oral Tablet	Prescription	CUI
1796089	linagliptin 2.5 MG / metFORMIN HCl 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1796091	Jentaduetto XR (linagliptin 2.5 MG / metformin HCl 1000 MG) 24HR Extended Release Oral Tablet	Prescription	CUI
1796092	Linagliptin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1796093	Linagliptin 2.5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Jentaduetto]	Prescription	CUI
1796094	linagliptin 5 MG / metformin HCl 1000 MG 24HR Extended Release Oral Tablet	Prescription	CUI
1796095	Linagliptin 5 MG / Metformin hydrochloride 1000 MG [Jentaduetto]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1796096	Jentaduo XR (linagliptin 5 MG / metformin HCl 1000 MG) 24HR Extended Release Oral Tablet	Prescription	CUI
1796097	Linagliptin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet	Prescription	CUI
1796098	Linagliptin 5 MG / Metformin hydrochloride 1000 MG Extended Release Oral Tablet [Jentaduo]	Prescription	CUI
1925498	dapagliflozin 10 MG (as dapagliflozin propanediol 12.3 MG) / saxagliptin 5 MG (as saxagliptin HCl 5.95 MG) Oral Tablet	Prescription	CUI
1925500	dapagliflozin 10 MG / saxagliptin 5 MG [Qtern]	Prescription	CUI
1925504	Qtern (dapagliflozin 10 MG (as dapagliflozin propanediol 12.3 MG) / saxagliptin 5 MG (as saxagliptin HCl 5.95 MG)) Oral Tablet	Prescription	CUI
1992826	ertugliflozin 15 MG / sitagliptin 100 MG Oral Tablet	Prescription	CUI
1992828	ertugliflozin 15 MG / sitagliptin 100 MG [Steglujan]	Prescription	CUI
1992835	ertugliflozin 5 MG / sitagliptin 100 MG Oral Tablet	Prescription	CUI
1992836	ertugliflozin 5 MG / sitagliptin 100 MG [Steglujan]	Prescription	CUI
665033	sitagliptin 100 MG (as sitagliptin phosphate monohydrate 128.5 MG) Oral Tablet	Prescription	CUI
665034	sitagliptin 100 MG [Januvia]	Prescription	CUI
665036	Januvia 100 MG (as sitagliptin phosphate monohydrate 128.5 MG) Oral Tablet	Prescription	CUI
665038	sitagliptin 25 MG (as sitagliptin phosphate monohydrate 32.13 MG) Oral Tablet	Prescription	CUI
665039	sitagliptin 25 MG [Januvia]	Prescription	CUI
665040	Januvia 25 MG (sitagliptin phosphate monohydrate 32.13 MG) Oral Tablet	Prescription	CUI
665042	sitagliptin 50 MG Oral Tablet	Prescription	CUI
665043	sitagliptin 50 MG [Januvia]	Prescription	CUI
665044	Januvia 50 MG (as sitagliptin phosphate monohydrate 64.25 MG) Oral Tablet	Prescription	CUI
858036	saxagliptin 5 MG (as saxagliptin HCl, anhydrous 5.58 MG) Oral Tablet	Prescription	CUI
858038	saxagliptin 5 MG [Onglyza]	Prescription	CUI
858040	Onglyza (as saxagliptin hydrochloride 5.58 MG) 5 MG Oral Tablet	Prescription	CUI
858042	saxagliptin 2.5 MG Oral Tablet	Prescription	CUI
858043	saxagliptin 2.5 MG [Onglyza]	Prescription	CUI
861769	metformin hydrochloride 1000 MG / sitagliptin 50 MG (as sitagliptin phosphate monohydrate 64.25 MG) Oral Tablet	Prescription	CUI
861770	Metformin hydrochloride 1000 MG / sitagliptin 50 MG [Janumet 50/1000]	Prescription	CUI
861819	metformin hydrochloride 500 MG / sitagliptin 50 MG (sitagliptin phosphate monohydrate 64.25 MG) Oral Tablet	Prescription	CUI
861820	Metformin hydrochloride 500 MG / sitagliptin 50 MG [Janumet]	Prescription	CUI
1159662	sitagliptin Oral Products	Prescription	CUI
1159663	sitagliptin Pills	Prescription	CUI
1189800	Simvastatin / sitagliptin Oral Product	Prescription	CUI
1189801	Simvastatin / sitagliptin Pills	Prescription	CUI
1992829	ertugliflozin / sitagliptin Oral Tablet [Steglujan]	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
621590	sitagliptin phosphate	Prescription	CUI
665032	sitagliptin Oral Tablet	Prescription	CUI
665035	sitagliptin Oral Tablet [Januvia]	Prescription	CUI
1727500	dapagliflozin / saxagliptin	Prescription	CUI
1925495	dapagliflozin / saxagliptin Oral Product	Prescription	CUI
1925497	dapagliflozin / saxagliptin Oral Tablet	Prescription	CUI
1925501	dapagliflozin / saxagliptin Oral Tablet [Qtern]	Prescription	CUI
1925496	dapagliflozin / saxagliptin Pill	Prescription	CUI
1598392	empagliflozin / Linagliptin	Prescription	CUI
1602106	empagliflozin / Linagliptin Oral Product	Prescription	CUI
1602108	empagliflozin / Linagliptin Oral Tablet	Prescription	CUI
1602112	empagliflozin / Linagliptin Oral Tablet [Glyxambi]	Prescription	CUI
1602107	empagliflozin / Linagliptin Pill	Prescription	CUI
1992825	ertugliflozin / sitagliptin	Prescription	CUI
1992822	ertugliflozin / sitagliptin Oral Product	Prescription	CUI
1992824	ertugliflozin / sitagliptin Oral Tablet	Prescription	CUI
1992823	ertugliflozin / sitagliptin Pill	Prescription	CUI
1992832	ertugliflozin 15 MG / sitagliptin 100 MG Oral Tablet [Steglujan]	Prescription	CUI
1992837	ertugliflozin 5 MG / sitagliptin 100 MG Oral Tablet [Steglujan]	Prescription	CUI
1372754	Juvisync	Prescription	CUI
1189805	Juvisync 100/10	Prescription	CUI
1189816	Juvisync 100/10 Oral Product	Prescription	CUI
1189817	Juvisync 100/10 Pills	Prescription	CUI
1189809	Juvisync 100/20	Prescription	CUI
1189812	Juvisync 100/20 Oral Products	Prescription	CUI
1189813	Juvisync 100/20 Pill	Prescription	CUI
1189822	Juvisync 100/40	Prescription	CUI
1189825	Juvisync 100/40 Oral Products	Prescription	CUI
1189826	Juvisync 100/40 Pill	Prescription	CUI
704929	janumet	Prescription	CUI
1372738	Janumet	Prescription	CUI
1243828	Janumet 100/1000	Prescription	CUI
1243831	Janumet 100/1000 Oral Products	Prescription	CUI
1243832	Janumet 100/1000 Pill	Prescription	CUI
757601	Janumet 50/1000	Prescription	CUI
1167810	Janumet 50/1000 Oral Products	Prescription	CUI
1167811	Janumet 50/1000 Pill	Prescription	CUI
757605	Janumet 50/500	Prescription	CUI
1167812	Janumet 50/500 Oral Products	Prescription	CUI
1167813	Janumet 50/500 Pill	Prescription	CUI
1992827	Steglujan	Prescription	CUI
1992830	Steglujan Oral Product	Prescription	CUI
1992831	Steglujan Pill	Prescription	CUI
638596	Januvia	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1167814	Januvia Oral Products	Prescription	CUI
1167815	Januvia Pill	Prescription	CUI
1372730	Kombiglyze	Prescription	CUI
1043564	Kombiglyze 2.5/1000	Prescription	CUI
1172859	Kombiglyze 2.5/1000 Oral Product	Prescription	CUI
1172860	Kombiglyze 2.5/1000 Pill	Prescription	CUI
1043571	Kombiglyze 5/1000	Prescription	CUI
1172861	Kombiglyze 5/1000 Oral Product	Prescription	CUI
1173546	Kombiglyze 5/1000 Pill	Prescription	CUI
1043579	Kombiglyze 5/500	Prescription	CUI
1173547	Kombiglyze 5/500 Oral Product	Prescription	CUI
1173548	Kombiglyze 5/500 Pill	Prescription	CUI
1043566	Metformin / saxagliptin Extended Release Oral Tablet [Kombiglyze]	Prescription	CUI
1043573	Metformin / saxagliptin Extended Release Tablet [Kombiglyze 5/1000]	Prescription	CUI
1043581	Metformin / saxagliptin Extended Release Tablet [Kombiglyze 5/500]	Prescription	CUI
1100705	Linagliptin Oral Tablet [Tradjenta]	Prescription	CUI
1100703	Tradjenta	Prescription	CUI
1179163	Tradjenta Oral Product	Prescription	CUI
1179164	Tradjenta Pill	Prescription	CUI
1372706	Jentaduetto	Prescription	CUI
1243021	Jentaduetto 2.5/1000	Prescription	CUI
1243024	Jentaduetto 2.5/1000 Oral Product	Prescription	CUI
1243025	Jentaduetto 2.5/1000 Pill	Prescription	CUI
1243028	Jentaduetto 2.5/500	Prescription	CUI
1243031	Jentaduetto 2.5/500 Oral Product	Prescription	CUI
1243032	Jentaduetto 2.5/500 Pill	Prescription	CUI
1243035	Jentaduetto 2.5/850	Prescription	CUI
1243038	Jentaduetto 2.5/850 Oral Product	Prescription	CUI
1243039	Jentaduetto 2.5/850 Pill	Prescription	CUI
1796090	Linagliptin / Metformin Extended Release Oral Tablet [Jentaduetto]	Prescription	CUI
1243023	Linagliptin / Metformin Oral Tablet [Jentaduetto 2.5/1000]	Prescription	CUI
1243030	Linagliptin / Metformin Oral Tablet [Jentaduetto 2.5/500]	Prescription	CUI
1243037	Linagliptin / Metformin Oral Tablet [Jentaduetto 2.5/850]	Prescription	CUI
1368009	alogliptin Oral Tablet [Nesina]	Prescription	CUI
1368007	Nesina	Prescription	CUI
1368010	Nesina Oral Product	Prescription	CUI
1368011	Nesina Pill	Prescription	CUI
1368395	alogliptin / Metformin Oral Tablet [Kazano]	Prescription	CUI
1372692	Kazano	Prescription	CUI
1368396	Kazano Oral Product	Prescription	CUI
1368397	Kazano Pill	Prescription	CUI
1368434	alogliptin / pioglitazone Oral Tablet [Oseni]	Prescription	CUI
1372717	Oseni	Prescription	CUI
1368435	Oseni Oral Product	Prescription	CUI

Appendix C. List of Concept Unique Identifier (CUI) Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
1368436	Oseni Pill	Prescription	CUI
1602110	Glyxambi	Prescription	CUI
1602113	Glyxambi Oral Product	Prescription	CUI
1602114	Glyxambi Pill	Prescription	CUI
1925499	Qtern	Prescription	CUI
1925502	Qtern Oral Product	Prescription	CUI
1925503	Qtern Pill	Prescription	CUI
858037	Onglyza	Prescription	CUI
858044	onglyza 2.5 MG Oral Tablet	Prescription	CUI
1181729	Onglyza Oral Product	Prescription	CUI
1181730	Onglyza Pill	Prescription	CUI
858039	saxagliptin Oral Tablet [Onglyza]	Prescription	CUI
1189811	Simvastatin / sitagliptin Oral Tablet [Juvissync 100/20]	Prescription	CUI
1189824	Simvastatin / sitagliptin Oral Tablet [Juvissync 100/40]	Prescription	CUI
1243826	Metformin / sitagliptin Extended Release Tablet	Prescription	CUI
1243839	Metformin / sitagliptin Extended Release Tablet [Janumet 50/1000]	Prescription	CUI
729717	Metformin / sitagliptin	Prescription	CUI
757607	Metformin / sitagliptin Oral Tablet [Janumet 50/500]	Prescription	CUI
700516	Metformin / sitagliptin Oral Tablet	Prescription	CUI
757603	Metformin / sitagliptin Oral Tablet [Janumet]	Prescription	CUI
1368033	alogliptin 12.5 MG	Prescription	CUI
1368002	alogliptin 25 MG	Prescription	CUI
1368017	alogliptin 6.25 MG	Prescription	CUI
1243015	Linagliptin 2.5 MG	Prescription	CUI
1100700	Linagliptin 5 MG	Prescription	CUI
593411	sitagliptin	Prescription	CUI
665031	sitagliptin 100 MG	Prescription	CUI
665037	sitagliptin 25 MG	Prescription	CUI
665041	sitagliptin 50 MG	Prescription	CUI
1368001	alogliptin	Prescription	CUI
1100699	Linagliptin	Prescription	CUI
857974	saxagliptin	Prescription	CUI
858041	saxagliptin 2.5 MG	Prescription	CUI
858034	saxagliptin 5 MG	Prescription	CUI

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

All codes in this list were leveraged from a prior Sentinel request.

Code	Description	Code Type	Code Category
Diabetes Complications			
250.4	Diabetes with renal manifestations	Diagnosis	ICD-9-CM
250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.41	Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.42	Diabetes with renal manifestations, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.43	Diabetes with renal manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
580	Acute glomerulonephritis	Diagnosis	ICD-9-CM
580.0	Acute glomerulonephritis with lesion of proliferative glomerulonephritis	Diagnosis	ICD-9-CM
580.4	Acute glomerulonephritis with lesion of rapidly progressive glomerulonephritis	Diagnosis	ICD-9-CM
580.8	Acute glomerulonephritis with other specified pathological lesion in kidney	Diagnosis	ICD-9-CM
580.81	Acute glomerulonephritis with other specified pathological lesion in kidney in disease classified elsewhere	Diagnosis	ICD-9-CM
580.89	Other acute glomerulonephritis with other specified pathological lesion in kidney	Diagnosis	ICD-9-CM
580.9	Acute glomerulonephritis with unspecified pathological lesion in kidney	Diagnosis	ICD-9-CM
581	Nephrotic syndrome	Diagnosis	ICD-9-CM
581.0	Nephrotic syndrome with lesion of proliferative glomerulonephritis	Diagnosis	ICD-9-CM
581.1	Nephrotic syndrome with lesion of membranous glomerulonephritis	Diagnosis	ICD-9-CM
581.2	Nephrotic syndrome with lesion of membranoproliferative glomerulonephritis	Diagnosis	ICD-9-CM
581.3	Nephrotic syndrome with lesion of minimal change glomerulonephritis	Diagnosis	ICD-9-CM
581.8	Nephrotic syndrome with other specified pathological lesion in kidney	Diagnosis	ICD-9-CM
581.81	Nephrotic syndrome with other specified pathological lesion in kidney in diseases classified elsewhere	Diagnosis	ICD-9-CM
581.89	Other nephrotic syndrome with specified pathological lesion in kidney	Diagnosis	ICD-9-CM
581.9	Nephrotic syndrome with unspecified pathological lesion in kidney	Diagnosis	ICD-9-CM
582	Chronic glomerulonephritis	Diagnosis	ICD-9-CM
582.0	Chronic glomerulonephritis with lesion of proliferative glomerulonephritis	Diagnosis	ICD-9-CM
582.1	Chronic glomerulonephritis with lesion of membranous glomerulonephritis	Diagnosis	ICD-9-CM
582.2	Chronic glomerulonephritis with lesion of membranoproliferative glomerulonephritis	Diagnosis	ICD-9-CM
582.4	Chronic glomerulonephritis with lesion of rapidly progressive glomerulonephritis	Diagnosis	ICD-9-CM
582.8	Chronic glomerulonephritis with other specified pathological lesion in kidney	Diagnosis	ICD-9-CM
582.81	Chronic glomerulonephritis with other specified pathological lesion in kidney in diseases classified elsewhere	Diagnosis	ICD-9-CM
582.89	Other chronic glomerulonephritis with specified pathological lesion in kidney	Diagnosis	ICD-9-CM
582.9	Chronic glomerulonephritis with unspecified pathological lesion in kidney	Diagnosis	ICD-9-CM
583	Nephritis and nephropathy, not specified as acute or chronic	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
583.0	Nephritis and nephropathy, not specified as acute or chronic, with lesion of proliferative glomerulonephritis	Diagnosis	ICD-9-CM
583.1	Nephritis and nephropathy, not specified as acute or chronic, with lesion of membranous glomerulonephritis	Diagnosis	ICD-9-CM
583.2	Nephritis and nephropathy, not specified as acute or chronic, with lesion of membranoproliferative glomerulonephritis	Diagnosis	ICD-9-CM
583.4	Nephritis and nephropathy, not specified as acute or chronic, with lesion of rapidly progressive glomerulonephritis	Diagnosis	ICD-9-CM
583.6	Nephritis and nephropathy, not specified as acute or chronic, with lesion of renal cortical necrosis	Diagnosis	ICD-9-CM
583.7	Nephritis and nephropathy, not specified as acute or chronic, with lesion of renal medullary necrosis	Diagnosis	ICD-9-CM
583.8	Nephritis and nephropathy, not specified as acute or chronic, with other specified pathological lesion in kidney	Diagnosis	ICD-9-CM
583.81	Nephritis and nephropathy, not specified as acute or chronic, with other specified pathological lesion in kidney, in diseases classified elsewhere	Diagnosis	ICD-9-CM
583.89	Other nephritis and nephropathy, not specified as acute or chronic, with specified pathological lesion in kidney	Diagnosis	ICD-9-CM
583.9	Nephritis and nephropathy, not specified as acute or chronic, with unspecified pathological lesion in kidney	Diagnosis	ICD-9-CM
585	Chronic kidney disease (CKD)	Diagnosis	ICD-9-CM
585.1	Chronic kidney disease, Stage I	Diagnosis	ICD-9-CM
585.2	Chronic kidney disease, Stage II (mild)	Diagnosis	ICD-9-CM
585.3	Chronic kidney disease, Stage III (moderate)	Diagnosis	ICD-9-CM
585.4	Chronic kidney disease, Stage IV (severe)	Diagnosis	ICD-9-CM
585.5	Chronic kidney disease, Stage V	Diagnosis	ICD-9-CM
585.6	End stage renal disease	Diagnosis	ICD-9-CM
585.9	Chronic kidney disease, unspecified	Diagnosis	ICD-9-CM
586	Unspecified renal failure	Diagnosis	ICD-9-CM
593.9	Unspecified disorder of kidney and ureter	Diagnosis	ICD-9-CM
B52.0	Plasmodium malariae malaria with nephropathy	Diagnosis	ICD-10-CM
M32.14	Glomerular disease in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M35.04	Sicca syndrome with tubulo-interstitial nephropathy	Diagnosis	ICD-10-CM
N00.0	Acute nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N00.1	Acute nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N00.2	Acute nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N00.3	Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N00.4	Acute nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
N00.5	Acute nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N00.6	Acute nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N00.7	Acute nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N00.8	Acute nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N00.9	Acute nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N01.0	Rapidly progressive nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N01.1	Rapidly progressive nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N01.2	Rapidly progressive nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N01.3	Rapidly progressive nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N01.4	Rapidly progressive nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N01.5	Rapidly progressive nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N01.6	Rapidly progressive nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N01.7	Rapidly progressive nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N01.8	Rapidly progressive nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N01.9	Rapidly progressive nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N04.6	Nephrotic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N04.8	Nephrotic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N04.9	Nephrotic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N05.0	Unspecified nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N05.1	Unspecified nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N05.2	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N05.3	Unspecified nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N05.4	Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N05.5	Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N05.6	Unspecified nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N05.7	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N05.8	Unspecified nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N05.9	Unspecified nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N06.0	Isolated proteinuria with minor glomerular abnormality	Diagnosis	ICD-10-CM
N06.1	Isolated proteinuria with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

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

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
N17.9	Acute kidney failure, unspecified	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
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
T82.41XA	Breakdown (mechanical) of vascular dialysis catheter, initial encounter	Diagnosis	ICD-10-CM
T82.41XS	Breakdown (mechanical) of vascular dialysis catheter, sequela	Diagnosis	ICD-10-CM
T82.41XD	Breakdown (mechanical) of vascular dialysis catheter, subsequent encounter	Diagnosis	ICD-10-CM
T82.41	Breakdown (mechanical) of vascular dialysis catheter	Diagnosis	ICD-10-CM
Z99.2	Dependence on renal dialysis	Diagnosis	ICD-10-CM
T82.42	Displacement of vascular dialysis catheter	Diagnosis	ICD-10-CM
T82.42XD	Displacement of vascular dialysis catheter, subsequent encounter	Diagnosis	ICD-10-CM
T82.42XA	Displacement of vascular dialysis catheter, initial encounter	Diagnosis	ICD-10-CM
T82.42XS	Displacement of vascular dialysis catheter, sequela	Diagnosis	ICD-10-CM
Z49.32	Encounter for adequacy testing for peritoneal dialysis	Diagnosis	ICD-10-CM
Z49.02	Encounter for fitting and adjustment of peritoneal dialysis catheter	Diagnosis	ICD-10-CM
Z49.01	Encounter for fitting and adjustment of extracorporeal 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	Encounter for care involving renal dialysis	Diagnosis	ICD-10-CM
T82.43	Leakage of vascular dialysis catheter	Diagnosis	ICD-10-CM
T82.43XS	Leakage of vascular dialysis catheter, sequela	Diagnosis	ICD-10-CM
T82.43XA	Leakage of vascular dialysis catheter, initial encounter	Diagnosis	ICD-10-CM
T82.43XD	Leakage of vascular dialysis catheter, subsequent encounter	Diagnosis	ICD-10-CM
T82.4	Mechanical complication of vascular dialysis catheter	Diagnosis	ICD-10-CM
T82.49XA	Other complication of vascular dialysis catheter, initial encounter	Diagnosis	ICD-10-CM
T82.49XS	Other complication of vascular dialysis catheter, sequela	Diagnosis	ICD-10-CM
T82.49XD	Other complication of vascular dialysis catheter, subsequent encounter	Diagnosis	ICD-10-CM
T82.49	Other complication of vascular dialysis catheter	Diagnosis	ICD-10-CM
Z49.0	Preparatory care for renal dialysis	Diagnosis	ICD-10-CM
250.6	Diabetes with neurological manifestations	Diagnosis	ICD-9-CM
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
250.61	Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.62	Diabetes with neurological manifestations, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.63	Diabetes with neurological manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
354.0	Carpal tunnel syndrome	Diagnosis	ICD-9-CM
354.1	Other lesion of median nerve	Diagnosis	ICD-9-CM
354.2	Lesion of ulnar nerve	Diagnosis	ICD-9-CM
354.3	Lesion of radial nerve	Diagnosis	ICD-9-CM
354.4	Causalgia of upper limb	Diagnosis	ICD-9-CM
354.5	Mononeuritis multiplex	Diagnosis	ICD-9-CM
354.8	Other mononeuritis of upper limb	Diagnosis	ICD-9-CM
354.9	Unspecified mononeuritis of upper limb	Diagnosis	ICD-9-CM
355.0	Lesion of sciatic nerve	Diagnosis	ICD-9-CM
355.1	Meralgia paresthetica	Diagnosis	ICD-9-CM
355.2	Other lesion of femoral nerve	Diagnosis	ICD-9-CM
355.3	Lesion of lateral popliteal nerve	Diagnosis	ICD-9-CM
355.4	Lesion of medial popliteal nerve	Diagnosis	ICD-9-CM
355.5	Tarsal tunnel syndrome	Diagnosis	ICD-9-CM
355.6	Lesion of plantar nerve	Diagnosis	ICD-9-CM
355.7	Other mononeuritis of lower limb	Diagnosis	ICD-9-CM
355.71	Causalgia of lower limb	Diagnosis	ICD-9-CM
355.79	Other mononeuritis of lower limb	Diagnosis	ICD-9-CM
355.8	Unspecified mononeuritis of lower limb	Diagnosis	ICD-9-CM
355.9	Mononeuritis of unspecified site	Diagnosis	ICD-9-CM
356.9	Unspecified hereditary and idiopathic peripheral neuropathy	Diagnosis	ICD-9-CM
357.2	Polyneuropathy in diabetes	Diagnosis	ICD-9-CM
358.1	Myasthenic syndromes in diseases classified elsewhere	Diagnosis	ICD-9-CM
713.5	Arthropathy associated with neurological disorders	Diagnosis	ICD-9-CM
951.0	Injury to oculomotor nerve	Diagnosis	ICD-9-CM
951.1	Injury to trochlear nerve	Diagnosis	ICD-9-CM
951.3	Injury to abducens nerve	Diagnosis	ICD-9-CM
A52.16	Charcot's arthropathy (tabetic)	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
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy	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
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	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
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	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
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
G56.00	Carpal tunnel syndrome, unspecified upper limb	Diagnosis	ICD-10-CM
G56.01	Carpal tunnel syndrome, right upper limb	Diagnosis	ICD-10-CM
G56.02	Carpal tunnel syndrome, left upper limb	Diagnosis	ICD-10-CM
G56.03	Carpal tunnel syndrome, bilateral upper limbs	Diagnosis	ICD-10-CM
G56.10	Other lesions of median nerve, unspecified upper limb	Diagnosis	ICD-10-CM
G56.11	Other lesions of median nerve, right upper limb	Diagnosis	ICD-10-CM
G56.12	Other lesions of median nerve, left upper limb	Diagnosis	ICD-10-CM
G56.13	Other lesions of median nerve, bilateral upper limbs	Diagnosis	ICD-10-CM
G56.20	Lesion of ulnar nerve, unspecified upper limb	Diagnosis	ICD-10-CM
G56.21	Lesion of ulnar nerve, right upper limb	Diagnosis	ICD-10-CM
G56.22	Lesion of ulnar nerve, left upper limb	Diagnosis	ICD-10-CM
G56.23	Lesion of ulnar nerve, bilateral upper limbs	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
G56.30	Lesion of radial nerve, unspecified upper limb	Diagnosis	ICD-10-CM
G56.31	Lesion of radial nerve, right upper limb	Diagnosis	ICD-10-CM
G56.32	Lesion of radial nerve, left upper limb	Diagnosis	ICD-10-CM
G56.33	Lesion of radial nerve, bilateral upper limbs	Diagnosis	ICD-10-CM
G56.40	Causalgia of unspecified upper limb	Diagnosis	ICD-10-CM
G56.41	Causalgia of right upper limb	Diagnosis	ICD-10-CM
G56.42	Causalgia of left upper limb	Diagnosis	ICD-10-CM
G56.43	Causalgia of bilateral upper limbs	Diagnosis	ICD-10-CM
G56.80	Other specified mononeuropathies of unspecified upper limb	Diagnosis	ICD-10-CM
G56.81	Other specified mononeuropathies of right upper limb	Diagnosis	ICD-10-CM
G56.82	Other specified mononeuropathies of left upper limb	Diagnosis	ICD-10-CM
G56.83	Other specified mononeuropathies of bilateral upper limbs	Diagnosis	ICD-10-CM
G56.90	Unspecified mononeuropathy of unspecified upper limb	Diagnosis	ICD-10-CM
G56.91	Unspecified mononeuropathy of right upper limb	Diagnosis	ICD-10-CM
G56.92	Unspecified mononeuropathy of left upper limb	Diagnosis	ICD-10-CM
G56.93	Unspecified mononeuropathy of bilateral upper limbs	Diagnosis	ICD-10-CM
G57.00	Lesion of sciatic nerve, unspecified lower limb	Diagnosis	ICD-10-CM
G57.01	Lesion of sciatic nerve, right lower limb	Diagnosis	ICD-10-CM
G57.02	Lesion of sciatic nerve, left lower limb	Diagnosis	ICD-10-CM
G57.03	Lesion of sciatic nerve, bilateral lower limbs	Diagnosis	ICD-10-CM
G57.10	Meralgia paresthetica, unspecified lower limb	Diagnosis	ICD-10-CM
G57.11	Meralgia paresthetica, right lower limb	Diagnosis	ICD-10-CM
G57.12	Meralgia paresthetica, left lower limb	Diagnosis	ICD-10-CM
G57.13	Meralgia paresthetica, bilateral lower limbs	Diagnosis	ICD-10-CM
G57.20	Lesion of femoral nerve, unspecified lower limb	Diagnosis	ICD-10-CM
G57.21	Lesion of femoral nerve, right lower limb	Diagnosis	ICD-10-CM
G57.22	Lesion of femoral nerve, left lower limb	Diagnosis	ICD-10-CM
G57.23	Lesion of femoral nerve, bilateral lower limbs	Diagnosis	ICD-10-CM
G57.30	Lesion of lateral popliteal nerve, unspecified lower limb	Diagnosis	ICD-10-CM
G57.31	Lesion of lateral popliteal nerve, right lower limb	Diagnosis	ICD-10-CM
G57.32	Lesion of lateral popliteal nerve, left lower limb	Diagnosis	ICD-10-CM
G57.40	Lesion of medial popliteal nerve, unspecified lower limb	Diagnosis	ICD-10-CM
G57.41	Lesion of medial popliteal nerve, right lower limb	Diagnosis	ICD-10-CM
G57.42	Lesion of medial popliteal nerve, left lower limb	Diagnosis	ICD-10-CM
G57.43	Lesion of medial popliteal nerve, bilateral lower limbs	Diagnosis	ICD-10-CM
G57.50	Tarsal tunnel syndrome, unspecified lower limb	Diagnosis	ICD-10-CM
G57.51	Tarsal tunnel syndrome, right lower limb	Diagnosis	ICD-10-CM
G57.52	Tarsal tunnel syndrome, left lower limb	Diagnosis	ICD-10-CM
G57.53	Tarsal tunnel syndrome, bilateral lower limbs	Diagnosis	ICD-10-CM
G57.60	Lesion of plantar nerve, unspecified lower limb	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
G57.61	Lesion of plantar nerve, right lower limb	Diagnosis	ICD-10-CM
G57.62	Lesion of plantar nerve, left lower limb	Diagnosis	ICD-10-CM
G57.63	Lesion of plantar nerve, bilateral lower limbs	Diagnosis	ICD-10-CM
G57.70	Causalgia of unspecified lower limb	Diagnosis	ICD-10-CM
G57.71	Causalgia of right lower limb	Diagnosis	ICD-10-CM
G57.72	Causalgia of left lower limb	Diagnosis	ICD-10-CM
G57.73	Causalgia of bilateral lower limbs	Diagnosis	ICD-10-CM
G57.80	Other specified mononeuropathies of unspecified lower limb	Diagnosis	ICD-10-CM
G57.81	Other specified mononeuropathies of right lower limb	Diagnosis	ICD-10-CM
G57.82	Other specified mononeuropathies of left lower limb	Diagnosis	ICD-10-CM
G57.83	Other specified mononeuropathies of bilateral lower limbs	Diagnosis	ICD-10-CM
G57.90	Unspecified mononeuropathy of unspecified lower limb	Diagnosis	ICD-10-CM
G57.91	Unspecified mononeuropathy of right lower limb	Diagnosis	ICD-10-CM
G57.92	Unspecified mononeuropathy of left lower limb	Diagnosis	ICD-10-CM
G57.93	Unspecified mononeuropathy of bilateral lower limbs	Diagnosis	ICD-10-CM
G58.0	Intercostal neuropathy	Diagnosis	ICD-10-CM
G58.7	Mononeuritis multiplex	Diagnosis	ICD-10-CM
G58.8	Other specified mononeuropathies	Diagnosis	ICD-10-CM
G58.9	Mononeuropathy, unspecified	Diagnosis	ICD-10-CM
G59	Mononeuropathy in diseases classified elsewhere	Diagnosis	ICD-10-CM
G60.9	Hereditary and idiopathic neuropathy, unspecified	Diagnosis	ICD-10-CM
G73.3	Myasthenic syndromes in other diseases classified elsewhere	Diagnosis	ICD-10-CM
M14.60	Charcot's joint, unspecified site	Diagnosis	ICD-10-CM
M14.611	Charcot's joint, right shoulder	Diagnosis	ICD-10-CM
M14.612	Charcot's joint, left shoulder	Diagnosis	ICD-10-CM
M14.619	Charcot's joint, unspecified shoulder	Diagnosis	ICD-10-CM
M14.621	Charcot's joint, right elbow	Diagnosis	ICD-10-CM
M14.622	Charcot's joint, left elbow	Diagnosis	ICD-10-CM
M14.629	Charcot's joint, unspecified elbow	Diagnosis	ICD-10-CM
M14.631	Charcot's joint, right wrist	Diagnosis	ICD-10-CM
M14.632	Charcot's joint, left wrist	Diagnosis	ICD-10-CM
M14.639	Charcot's joint, unspecified wrist	Diagnosis	ICD-10-CM
M14.641	Charcot's joint, right hand	Diagnosis	ICD-10-CM
M14.642	Charcot's joint, left hand	Diagnosis	ICD-10-CM
M14.649	Charcot's joint, unspecified hand	Diagnosis	ICD-10-CM
M14.651	Charcot's joint, right hip	Diagnosis	ICD-10-CM
M14.652	Charcot's joint, left hip	Diagnosis	ICD-10-CM
M14.659	Charcot's joint, unspecified hip	Diagnosis	ICD-10-CM
M14.661	Charcot's joint, right knee	Diagnosis	ICD-10-CM
M14.662	Charcot's joint, left knee	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
M14.669	Charcot's joint, unspecified knee	Diagnosis	ICD-10-CM
M14.671	Charcot's joint, right ankle and foot	Diagnosis	ICD-10-CM
M14.672	Charcot's joint, left ankle and foot	Diagnosis	ICD-10-CM
M14.679	Charcot's joint, unspecified ankle and foot	Diagnosis	ICD-10-CM
M14.68	Charcot's joint, vertebrae	Diagnosis	ICD-10-CM
M14.69	Charcot's joint, multiple sites	Diagnosis	ICD-10-CM
S04.10XA	Injury of oculomotor nerve, unspecified side, initial encounter	Diagnosis	ICD-10-CM
S04.11XA	Injury of oculomotor nerve, right side, initial encounter	Diagnosis	ICD-10-CM
S04.12XA	Injury of oculomotor nerve, left side, initial encounter	Diagnosis	ICD-10-CM
S04.20XA	Injury of trochlear nerve, unspecified side, initial encounter	Diagnosis	ICD-10-CM
S04.21XA	Injury of trochlear nerve, right side, initial encounter	Diagnosis	ICD-10-CM
S04.22XA	Injury of trochlear nerve, left side, initial encounter	Diagnosis	ICD-10-CM
S04.40XA	Injury of abducent nerve, unspecified side, initial encounter	Diagnosis	ICD-10-CM
S04.41XA	Injury of abducent nerve, right side, initial encounter	Diagnosis	ICD-10-CM
S04.42XA	Injury of abducent nerve, left side, initial encounter	Diagnosis	ICD-10-CM
G99.0	Autonomic neuropathy in diseases classified elsewhere	Diagnosis	ICD-10-CM
H49.1	Fourth [trochlear] nerve palsy	Diagnosis	ICD-10-CM
H49.13	Fourth [trochlear] nerve palsy, bilateral	Diagnosis	ICD-10-CM
H49.12	Fourth [trochlear] nerve palsy, left eye	Diagnosis	ICD-10-CM
H49.11	Fourth [trochlear] nerve palsy, right eye	Diagnosis	ICD-10-CM
H49.10	Fourth [trochlear] nerve palsy, unspecified eye	Diagnosis	ICD-10-CM
G63	Polyneuropathy in diseases classified elsewhere	Diagnosis	ICD-10-CM
H49.2	Sixth [abducent] nerve palsy	Diagnosis	ICD-10-CM
H49.23	Sixth [abducent] nerve palsy, bilateral	Diagnosis	ICD-10-CM
H49.22	Sixth [abducent] nerve palsy, left eye	Diagnosis	ICD-10-CM
H49.21	Sixth [abducent] nerve palsy, right eye	Diagnosis	ICD-10-CM
H49.20	Sixth [abducent] nerve palsy, unspecified eye	Diagnosis	ICD-10-CM
H49.0	Third [oculomotor] nerve palsy	Diagnosis	ICD-10-CM
H49.03	Third [oculomotor] nerve palsy, bilateral	Diagnosis	ICD-10-CM
H49.02	Third [oculomotor] nerve palsy, left eye	Diagnosis	ICD-10-CM
H49.01	Third [oculomotor] nerve palsy, right eye	Diagnosis	ICD-10-CM
H49.00	Third [oculomotor] nerve palsy, unspecified eye	Diagnosis	ICD-10-CM
040.0	Gas gangrene	Diagnosis	ICD-10-CM
250.7	Diabetes with peripheral circulatory disorders	Diagnosis	ICD-9-CM
250.70	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
I70.23	Atherosclerosis of native arteries of right leg with ulceration	Diagnosis	ICD-9-CM
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh	Diagnosis	ICD-10-CM
D	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 right leg	Diagnosis	ICD-10-CM
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.24	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 left leg	Diagnosis	ICD-10-CM
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
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
I70.361	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
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I72.4	Aneurysm of artery of lower extremity	Diagnosis	ICD-10-CM
I73.01	Raynaud's syndrome with gangrene	Diagnosis	ICD-10-CM
I73.9	Peripheral vascular disease, unspecified	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
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
I96	Gangrene, not elsewhere classified	Diagnosis	ICD-10-CM
L97.101	Non-pressure chronic ulcer of unspecified thigh limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.102	Non-pressure chronic ulcer of unspecified thigh with fat layer exposed	Diagnosis	ICD-10-CM
L97.103	Non-pressure chronic ulcer of unspecified thigh with necrosis of muscle	Diagnosis	ICD-10-CM
L97.104	Non-pressure chronic ulcer of unspecified thigh with necrosis of bone	Diagnosis	ICD-10-CM
L97.105	Non-pressure chronic ulcer of unspecified thigh with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.106	Non-pressure chronic ulcer of unspecified thigh with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.108	Non-pressure chronic ulcer of unspecified thigh with other specified severity	Diagnosis	ICD-10-CM
L97.109	Non-pressure chronic ulcer of unspecified thigh with unspecified severity	Diagnosis	ICD-10-CM
L97.111	Non-pressure chronic ulcer of right thigh limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.112	Non-pressure chronic ulcer of right thigh with fat layer exposed	Diagnosis	ICD-10-CM
L97.113	Non-pressure chronic ulcer of right thigh with necrosis of muscle	Diagnosis	ICD-10-CM
L97.114	Non-pressure chronic ulcer of right thigh with necrosis of bone	Diagnosis	ICD-10-CM
L97.115	Non-pressure chronic ulcer of right thigh with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.116	Non-pressure chronic ulcer of right thigh with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.118	Non-pressure chronic ulcer of right thigh with other specified severity	Diagnosis	ICD-10-CM
L97.119	Non-pressure chronic ulcer of right thigh with unspecified severity	Diagnosis	ICD-10-CM
L97.121	Non-pressure chronic ulcer of left thigh limited to breakdown of skin	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
L97.122	Non-pressure chronic ulcer of left thigh with fat layer exposed	Diagnosis	ICD-10-CM
L97.123	Non-pressure chronic ulcer of left thigh with necrosis of muscle	Diagnosis	ICD-10-CM
L97.124	Non-pressure chronic ulcer of left thigh with necrosis of bone	Diagnosis	ICD-10-CM
L97.125	Non-pressure chronic ulcer of left thigh with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.126	Non-pressure chronic ulcer of left thigh with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.128	Non-pressure chronic ulcer of left thigh with other specified severity	Diagnosis	ICD-10-CM
L97.129	Non-pressure chronic ulcer of left thigh with unspecified severity	Diagnosis	ICD-10-CM
L97.201	Non-pressure chronic ulcer of unspecified calf limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.202	Non-pressure chronic ulcer of unspecified calf with fat layer exposed	Diagnosis	ICD-10-CM
L97.203	Non-pressure chronic ulcer of unspecified calf with necrosis of muscle	Diagnosis	ICD-10-CM
L97.204	Non-pressure chronic ulcer of unspecified calf with necrosis of bone	Diagnosis	ICD-10-CM
L97.205	Non-pressure chronic ulcer of unspecified calf with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.206	Non-pressure chronic ulcer of unspecified calf with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.208	Non-pressure chronic ulcer of unspecified calf with other specified severity	Diagnosis	ICD-10-CM
L97.209	Non-pressure chronic ulcer of unspecified calf with unspecified severity	Diagnosis	ICD-10-CM
L97.211	Non-pressure chronic ulcer of right calf limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.212	Non-pressure chronic ulcer of right calf with fat layer exposed	Diagnosis	ICD-10-CM
L97.213	Non-pressure chronic ulcer of right calf with necrosis of muscle	Diagnosis	ICD-10-CM
L97.214	Non-pressure chronic ulcer of right calf with necrosis of bone	Diagnosis	ICD-10-CM
L97.215	Non-pressure chronic ulcer of right calf with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.216	Non-pressure chronic ulcer of right calf with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.218	Non-pressure chronic ulcer of right calf with other specified severity	Diagnosis	ICD-10-CM
L97.219	Non-pressure chronic ulcer of right calf with unspecified severity	Diagnosis	ICD-10-CM
L97.221	Non-pressure chronic ulcer of left calf limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.222	Non-pressure chronic ulcer of left calf with fat layer exposed	Diagnosis	ICD-10-CM
L97.223	Non-pressure chronic ulcer of left calf with necrosis of muscle	Diagnosis	ICD-10-CM
L97.224	Non-pressure chronic ulcer of left calf with necrosis of bone	Diagnosis	ICD-10-CM
L97.225	Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.226	Non-pressure chronic ulcer of left calf with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.228	Non-pressure chronic ulcer of left calf with other specified severity	Diagnosis	ICD-10-CM
L97.229	Non-pressure chronic ulcer of left calf with unspecified severity	Diagnosis	ICD-10-CM
L97.301	Non-pressure chronic ulcer of unspecified ankle limited to breakdown of skin	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
L97.302	Non-pressure chronic ulcer of unspecified ankle with fat layer exposed	Diagnosis	ICD-10-CM
L97.303	Non-pressure chronic ulcer of unspecified ankle with necrosis of muscle	Diagnosis	ICD-10-CM
L97.304	Non-pressure chronic ulcer of unspecified ankle with necrosis of bone	Diagnosis	ICD-10-CM
L97.305	Non-pressure chronic ulcer of unspecified ankle with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.306	Non-pressure chronic ulcer of unspecified ankle with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.308	Non-pressure chronic ulcer of unspecified ankle with other specified severity	Diagnosis	ICD-10-CM
L97.309	Non-pressure chronic ulcer of unspecified ankle with unspecified severity	Diagnosis	ICD-10-CM
L97.311	Non-pressure chronic ulcer of right ankle limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.312	Non-pressure chronic ulcer of right ankle with fat layer exposed	Diagnosis	ICD-10-CM
L97.313	Non-pressure chronic ulcer of right ankle with necrosis of muscle	Diagnosis	ICD-10-CM
L97.314	Non-pressure chronic ulcer of right ankle with necrosis of bone	Diagnosis	ICD-10-CM
L97.315	Non-pressure chronic ulcer of right ankle with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.316	Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.318	Non-pressure chronic ulcer of right ankle with other specified severity	Diagnosis	ICD-10-CM
L97.319	Non-pressure chronic ulcer of right ankle with unspecified severity	Diagnosis	ICD-10-CM
L97.321	Non-pressure chronic ulcer of left ankle limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.322	Non-pressure chronic ulcer of left ankle with fat layer exposed	Diagnosis	ICD-10-CM
L97.323	Non-pressure chronic ulcer of left ankle with necrosis of muscle	Diagnosis	ICD-10-CM
L97.324	Non-pressure chronic ulcer of left ankle with necrosis of bone	Diagnosis	ICD-10-CM
L97.325	Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.326	Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.328	Non-pressure chronic ulcer of left ankle with other specified severity	Diagnosis	ICD-10-CM
L97.329	Non-pressure chronic ulcer of left ankle with unspecified severity	Diagnosis	ICD-10-CM
L97.401	Non-pressure chronic ulcer of unspecified heel and midfoot limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.402	Non-pressure chronic ulcer of unspecified heel and midfoot with fat layer exposed	Diagnosis	ICD-10-CM
L97.403	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.404	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of bone	Diagnosis	ICD-10-CM
L97.405	Non-pressure chronic ulcer of unspecified heel and midfoot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.406	Non-pressure chronic ulcer of unspecified heel and midfoot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
L97.408	Non-pressure chronic ulcer of unspecified heel and midfoot with other specified severity	Diagnosis	ICD-10-CM
L97.409	Non-pressure chronic ulcer of unspecified heel and midfoot with unspecified severity	Diagnosis	ICD-10-CM
L97.411	Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.412	Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed	Diagnosis	ICD-10-CM
L97.413	Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.414	Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone	Diagnosis	ICD-10-CM
L97.415	Non-pressure chronic ulcer of right heel and midfoot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.416	Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.418	Non-pressure chronic ulcer of right heel and midfoot with other specified severity	Diagnosis	ICD-10-CM
L97.419	Non-pressure chronic ulcer of right heel and midfoot with unspecified severity	Diagnosis	ICD-10-CM
L97.421	Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.422	Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed	Diagnosis	ICD-10-CM
L97.423	Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.424	Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone	Diagnosis	ICD-10-CM
L97.425	Non-pressure chronic ulcer of left heel and midfoot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.426	Non-pressure chronic ulcer of left heel and midfoot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.428	Non-pressure chronic ulcer of left heel and midfoot with other specified severity	Diagnosis	ICD-10-CM
L97.429	Non-pressure chronic ulcer of left heel and midfoot with unspecified severity	Diagnosis	ICD-10-CM
L97.501	Non-pressure chronic ulcer of other part of unspecified foot limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.502	Non-pressure chronic ulcer of other part of unspecified foot with fat layer exposed	Diagnosis	ICD-10-CM
L97.503	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.504	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of bone	Diagnosis	ICD-10-CM
L97.505	Non-pressure chronic ulcer of other part of unspecified foot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.506	Non-pressure chronic ulcer of other part of unspecified foot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.508	Non-pressure chronic ulcer of other part of unspecified foot with other specified severity	Diagnosis	ICD-10-CM
L97.509	Non-pressure chronic ulcer of other part of unspecified foot with unspecified severity	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
L97.511	Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.512	Non-pressure chronic ulcer of other part of right foot with fat layer exposed	Diagnosis	ICD-10-CM
L97.513	Non-pressure chronic ulcer of other part of right foot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.514	Non-pressure chronic ulcer of other part of right foot with necrosis of bone	Diagnosis	ICD-10-CM
L97.515	Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.516	Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.518	Non-pressure chronic ulcer of other part of right foot with other specified severity	Diagnosis	ICD-10-CM
L97.519	Non-pressure chronic ulcer of other part of right foot with unspecified severity	Diagnosis	ICD-10-CM
L97.521	Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.522	Non-pressure chronic ulcer of other part of left foot with fat layer exposed	Diagnosis	ICD-10-CM
L97.523	Non-pressure chronic ulcer of other part of left foot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.524	Non-pressure chronic ulcer of other part of left foot with necrosis of bone	Diagnosis	ICD-10-CM
L97.525	Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.526	Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.528	Non-pressure chronic ulcer of other part of left foot with other specified severity	Diagnosis	ICD-10-CM
L97.529	Non-pressure chronic ulcer of other part of left foot with unspecified severity	Diagnosis	ICD-10-CM
L97.801	Non-pressure chronic ulcer of other part of unspecified lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.802	Non-pressure chronic ulcer of other part of unspecified lower leg with fat layer exposed	Diagnosis	ICD-10-CM
L97.803	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.804	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of bone	Diagnosis	ICD-10-CM
L97.805	Non-pressure chronic ulcer of other part of unspecified lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.806	Non-pressure chronic ulcer of other part of unspecified lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.808	Non-pressure chronic ulcer of other part of unspecified lower leg with other specified severity	Diagnosis	ICD-10-CM
L97.809	Non-pressure chronic ulcer of other part of unspecified lower leg with unspecified severity	Diagnosis	ICD-10-CM
L97.811	Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.812	Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
L97.813	Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.814	Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone	Diagnosis	ICD-10-CM
L97.815	Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.816	Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.818	Non-pressure chronic ulcer of other part of right lower leg with other specified severity	Diagnosis	ICD-10-CM
L97.819	Non-pressure chronic ulcer of other part of right lower leg with unspecified severity	Diagnosis	ICD-10-CM
L97.821	Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.822	Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed	Diagnosis	ICD-10-CM
L97.823	Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.824	Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone	Diagnosis	ICD-10-CM
L97.825	Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.826	Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.828	Non-pressure chronic ulcer of other part of left lower leg with other specified severity	Diagnosis	ICD-10-CM
L97.829	Non-pressure chronic ulcer of other part of left lower leg with unspecified severity	Diagnosis	ICD-10-CM
L97.901	Non-pressure chronic ulcer of unspecified part of unspecified lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.902	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with fat layer exposed	Diagnosis	ICD-10-CM
L97.903	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.904	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of bone	Diagnosis	ICD-10-CM
L97.905	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.906	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.908	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with other specified severity	Diagnosis	ICD-10-CM
L97.909	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity	Diagnosis	ICD-10-CM
L97.911	Non-pressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
L97.912	Non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed	Diagnosis	ICD-10-CM
L97.913	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.914	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of bone	Diagnosis	ICD-10-CM
L97.915	Non-pressure chronic ulcer of unspecified part of right lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.916	Non-pressure chronic ulcer of unspecified part of right lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.918	Non-pressure chronic ulcer of unspecified part of right lower leg with other specified severity	Diagnosis	ICD-10-CM
L97.919	Non-pressure chronic ulcer of unspecified part of right lower leg with unspecified severity	Diagnosis	ICD-10-CM
L97.921	Non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.922	Non-pressure chronic ulcer of unspecified part of left lower leg with fat layer exposed	Diagnosis	ICD-10-CM
L97.923	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.924	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of bone	Diagnosis	ICD-10-CM
L97.925	Non-pressure chronic ulcer of unspecified part of left lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.926	Non-pressure chronic ulcer of unspecified part of left lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.928	Non-pressure chronic ulcer of unspecified part of left lower leg with other specified severity	Diagnosis	ICD-10-CM
L97.929	Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity	Diagnosis	ICD-10-CM
S91.321A	Laceration with foreign body, right foot, initial encounter	Diagnosis	ICD-10-CM
S91.322A	Laceration with foreign body, left foot, initial encounter	Diagnosis	ICD-10-CM
S91.329A	Laceration with foreign body, unspecified foot, initial encounter	Diagnosis	ICD-10-CM
S91.341A	Puncture wound with foreign body, right foot, initial encounter	Diagnosis	ICD-10-CM
S91.342A	Puncture wound with foreign body, left foot, initial encounter	Diagnosis	ICD-10-CM
S91.349A	Puncture wound with foreign body, unspecified foot, initial encounter	Diagnosis	ICD-10-CM
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.26	Atherosclerosis of native arteries of extremities with gangrene	Diagnosis	ICD-10-CM
I70.25	Atherosclerosis of native arteries of other extremities with ulceration	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
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
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer	Diagnosis	ICD-10-CM
E08.621	Diabetes mellitus due to underlying condition with foot ulcer	Diagnosis	ICD-10-CM
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
L98.411	Non-pressure chronic ulcer of buttock limited to breakdown of skin	Diagnosis	ICD-10-CM
L98.421	Non-pressure chronic ulcer of back limited to breakdown of skin	Diagnosis	ICD-10-CM
L98.422	Non-pressure chronic ulcer of back with fat layer exposed	Diagnosis	ICD-10-CM
L98.412	Non-pressure chronic ulcer of buttock with fat layer exposed	Diagnosis	ICD-10-CM
L98.414	Non-pressure chronic ulcer of buttock with necrosis of bone	Diagnosis	ICD-10-CM
L98.413	Non-pressure chronic ulcer of buttock with necrosis of muscle	Diagnosis	ICD-10-CM
L98.419	Non-pressure chronic ulcer of buttock with unspecified severity	Diagnosis	ICD-10-CM
L98.498	Non-pressure chronic ulcer of skin of other sites with other specified severity	Diagnosis	ICD-10-CM
L98.428	Non-pressure chronic ulcer of back with other specified severity	Diagnosis	ICD-10-CM
L98.423	Non-pressure chronic ulcer of back with necrosis of muscle	Diagnosis	ICD-10-CM
L98.424	Non-pressure chronic ulcer of back with necrosis of bone	Diagnosis	ICD-10-CM
L98.429	Non-pressure chronic ulcer of back with unspecified severity	Diagnosis	ICD-10-CM
L98.418	Non-pressure chronic ulcer of buttock with other specified severity	Diagnosis	ICD-10-CM
L98.42	Non-pressure chronic ulcer of back	Diagnosis	ICD-10-CM
L98.41	Non-pressure chronic ulcer of buttock	Diagnosis	ICD-10-CM
L98.4	Non-pressure chronic ulcer of skin, not elsewhere classified	Diagnosis	ICD-10-CM
L98.49	Non-pressure chronic ulcer of skin of other sites	Diagnosis	ICD-10-CM
L98.425	Non-pressure chronic ulcer of back with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.416	Non-pressure chronic ulcer of buttock with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.415	Non-pressure chronic ulcer of buttock with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.495	Non-pressure chronic ulcer of skin of other sites with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.496	Non-pressure chronic ulcer of skin of other sites with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.426	Non-pressure chronic ulcer of back with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.499	Non-pressure chronic ulcer of skin of other sites with unspecified severity	Diagnosis	ICD-10-CM
L98.494	Non-pressure chronic ulcer of skin of other sites with necrosis of bone	Diagnosis	ICD-10-CM
L98.492	Non-pressure chronic ulcer of skin of other sites with fat layer exposed	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
L98.491	Non-pressure chronic ulcer of skin of other sites limited to breakdown of skin	Diagnosis	ICD-10-CM
L98.493	Non-pressure chronic ulcer of skin of other sites with necrosis of muscle	Diagnosis	ICD-10-CM
E13.622	Other specified diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E13.621	Other specified diabetes mellitus with foot ulcer	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
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
I70.33	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.34	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.35	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
I70.43	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.44	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration	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
I70.53	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.54	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 ulceration	Diagnosis	ICD-10-CM
I70.56	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.63	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.64	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration	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
I70.73	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.74	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration	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
250.5	Diabetes with ophthalmic manifestations	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.52	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
361	Retinal detachments and defects	Diagnosis	ICD-9-CM
361.0	Retinal detachment with retinal defect	Diagnosis	ICD-9-CM
361.00	Retinal detachment with retinal defect, unspecified	Diagnosis	ICD-9-CM
361.01	Recent retinal detachment, partial, with single defect	Diagnosis	ICD-9-CM
361.02	Recent retinal detachment, partial, with multiple defects	Diagnosis	ICD-9-CM
361.03	Recent retinal detachment, partial, with giant tear	Diagnosis	ICD-9-CM
361.04	Recent retinal detachment, partial, with retinal dialysis	Diagnosis	ICD-9-CM
361.05	Recent retinal detachment, total or subtotal	Diagnosis	ICD-9-CM
361.06	Old retinal detachment, partial	Diagnosis	ICD-9-CM
361.07	Old retinal detachment, total or subtotal	Diagnosis	ICD-9-CM
361.1	Retinoschisis and retinal cysts	Diagnosis	ICD-9-CM
361.10	Unspecified retinoschisis	Diagnosis	ICD-9-CM
361.11	Flat retinoschisis	Diagnosis	ICD-9-CM
361.12	Bullous retinoschisis	Diagnosis	ICD-9-CM
361.13	Primary retinal cysts	Diagnosis	ICD-9-CM
361.14	Secondary retinal cysts	Diagnosis	ICD-9-CM
361.19	Other retinoschisis and retinal cysts	Diagnosis	ICD-9-CM
361.2	Serous retinal detachment	Diagnosis	ICD-9-CM
361.3	Retinal defects without detachment	Diagnosis	ICD-9-CM
361.30	Unspecified retinal defect	Diagnosis	ICD-9-CM
361.31	Round hole of retina without detachment	Diagnosis	ICD-9-CM
361.32	Horseshoe tear of retina without detachment	Diagnosis	ICD-9-CM
361.33	Multiple defects of retina without detachment	Diagnosis	ICD-9-CM
361.8	Other forms of retinal detachment	Diagnosis	ICD-9-CM
361.81	Traction detachment of retina	Diagnosis	ICD-9-CM
361.89	Other forms of retinal detachment	Diagnosis	ICD-9-CM
361.9	Unspecified retinal detachment	Diagnosis	ICD-9-CM
362.01	Background diabetic retinopathy	Diagnosis	ICD-9-CM
362.02	Proliferative diabetic retinopathy	Diagnosis	ICD-9-CM
362.1	Other background retinopathy and retinal vascular changes	Diagnosis	ICD-9-CM
362.10	Unspecified background retinopathy	Diagnosis	ICD-9-CM
362.11	Hypertensive retinopathy	Diagnosis	ICD-9-CM
362.12	Exudative retinopathy	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
362.13	Changes in vascular appearance of retina	Diagnosis	ICD-9-CM
362.14	Retinal microaneurysms NOS	Diagnosis	ICD-9-CM
362.15	Retinal telangiectasia	Diagnosis	ICD-9-CM
362.16	Retinal neovascularization NOS	Diagnosis	ICD-9-CM
362.17	Other intraretinal microvascular abnormalities	Diagnosis	ICD-9-CM
362.18	Retinal vasculitis	Diagnosis	ICD-9-CM
362.53	Cystoid macular degeneration of retina	Diagnosis	ICD-9-CM
362.81	Retinal hemorrhage	Diagnosis	ICD-9-CM
362.82	Retinal exudates and deposits	Diagnosis	ICD-9-CM
362.83	Retinal edema	Diagnosis	ICD-9-CM
369.0	Profound impairment, both eyes	Diagnosis	ICD-9-CM
369.00	Blindness of both eyes, impairment level not further specified	Diagnosis	ICD-9-CM
369.01	Better eye: total vision impairment; lesser eye: total vision impairment	Diagnosis	ICD-9-CM
369.02	Better eye: near-total vision impairment; lesser eye: not further specified	Diagnosis	ICD-9-CM
369.03	Better eye: near-total vision impairment; lesser eye: total vision impairment	Diagnosis	ICD-9-CM
369.04	Better eye: near-total vision impairment; lesser eye: near-total vision impairment	Diagnosis	ICD-9-CM
369.05	Better eye: profound vision impairment; lesser eye: not further specified	Diagnosis	ICD-9-CM
369.06	Better eye: profound vision impairment; lesser eye: total vision impairment	Diagnosis	ICD-9-CM
369.07	Better eye: profound vision impairment; lesser eye: near-total vision impairment	Diagnosis	ICD-9-CM
369.08	Better eye: profound vision impairment; lesser eye: profound vision impairment	Diagnosis	ICD-9-CM
369.1	Moderate or severe impairment, better eye; profound vision impairment of lesser eye	Diagnosis	ICD-9-CM
369.10	Profound, moderate or severe vision impairment, not further specified	Diagnosis	ICD-9-CM
369.11	Better eye: severe vision impairment; lesser eye: blind, not further specified	Diagnosis	ICD-9-CM
369.12	Better eye: severe vision impairment; lesser eye: total vision impairment	Diagnosis	ICD-9-CM
369.13	Better eye: severe vision impairment; lesser eye: near-total vision impairment	Diagnosis	ICD-9-CM
369.14	Better eye: severe vision impairment; lesser eye: profound vision impairment	Diagnosis	ICD-9-CM
369.15	Better eye: moderate vision impairment; lesser eye: blind, not further specified	Diagnosis	ICD-9-CM
369.16	Better eye: moderate vision impairment; lesser eye: total vision impairment	Diagnosis	ICD-9-CM
369.17	Better eye: moderate vision impairment; lesser eye: near-total vision impairment	Diagnosis	ICD-9-CM
369.18	Better eye: moderate vision impairment; lesser eye: profound vision impairment	Diagnosis	ICD-9-CM
369.2	Moderate or severe vision impairment, both eyes	Diagnosis	ICD-9-CM
369.20	Vision impairment, both eyes, impairment level not further specified	Diagnosis	ICD-9-CM
369.21	Better eye: severe vision impairment; lesser eye; impairment not further specified	Diagnosis	ICD-9-CM
369.22	Better eye: severe vision impairment; lesser eye: severe vision impairment	Diagnosis	ICD-9-CM
369.23	Better eye: moderate vision impairment; lesser eye: impairment not further specified	Diagnosis	ICD-9-CM
369.24	Better eye: moderate vision impairment; lesser eye: severe vision impairment	Diagnosis	ICD-9-CM
369.25	Better eye: moderate vision impairment; lesser eye: moderate vision impairment	Diagnosis	ICD-9-CM
369.3	Unqualified visual loss, both eyes	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
369.4	Legal blindness, as defined in USA	Diagnosis	ICD-9-CM
369.6	Profound vision impairment, one eye	Diagnosis	ICD-9-CM
369.60	Impairment level not further specified	Diagnosis	ICD-9-CM
369.61	One eye: total vision impairment; other eye: not specified	Diagnosis	ICD-9-CM
369.62	One eye: total vision impairment; other eye: near-normal vision	Diagnosis	ICD-9-CM
369.63	One eye: total vision impairment; other eye: normal vision	Diagnosis	ICD-9-CM
369.64	One eye: near-total vision impairment; other eye: vision not specified	Diagnosis	ICD-9-CM
369.65	One eye: near-total vision impairment; other eye: near-normal vision	Diagnosis	ICD-9-CM
369.66	One eye: near-total vision impairment; other eye: normal vision	Diagnosis	ICD-9-CM
369.67	One eye: profound vision impairment; other eye: vision not specified	Diagnosis	ICD-9-CM
369.68	One eye: profound vision impairment; other eye: near-normal vision	Diagnosis	ICD-9-CM
369.69	One eye: profound vision impairment; other eye: normal vision	Diagnosis	ICD-9-CM
369.7	Moderate or severe vision impairment, one eye	Diagnosis	ICD-9-CM
369.70	Low vision, one eye, not otherwise specified	Diagnosis	ICD-9-CM
369.71	One eye: severe vision impairment; other eye: vision not specified	Diagnosis	ICD-9-CM
369.72	One eye: severe vision impairment; other eye: near-normal vision	Diagnosis	ICD-9-CM
369.73	One eye: severe vision impairment; other eye: normal vision	Diagnosis	ICD-9-CM
369.74	One eye: moderate vision impairment; other eye: vision not specified	Diagnosis	ICD-9-CM
369.75	One eye: moderate vision impairment; other eye: near-normal vision	Diagnosis	ICD-9-CM
369.76	One eye: moderate vision impairment; other eye: normal vision	Diagnosis	ICD-9-CM
369.8	Unqualified visual loss, one eye	Diagnosis	ICD-9-CM
369.9	Unspecified visual loss	Diagnosis	ICD-9-CM
379.23	Vitreous hemorrhage	Diagnosis	ICD-9-CM
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E08.331	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08.339	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E08.341	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08.349	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E08.351	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E08.359	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.331	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E09.339	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.341	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E09.349	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.351	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E09.359	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E10.359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.36	Type 1 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E11.359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.36	Type 2 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E11.36	Type 2 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E13.359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.36	Other specified diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
H33.001	Unspecified retinal detachment with retinal break, right eye	Diagnosis	ICD-10-CM
H33.002	Unspecified retinal detachment with retinal break, left eye	Diagnosis	ICD-10-CM
H33.003	Unspecified retinal detachment with retinal break, bilateral	Diagnosis	ICD-10-CM
H33.009	Unspecified retinal detachment with retinal break, unspecified eye	Diagnosis	ICD-10-CM
H33.011	Retinal detachment with single break, right eye	Diagnosis	ICD-10-CM
H33.012	Retinal detachment with single break, left eye	Diagnosis	ICD-10-CM
H33.013	Retinal detachment with single break, bilateral	Diagnosis	ICD-10-CM
H33.019	Retinal detachment with single break, unspecified eye	Diagnosis	ICD-10-CM
H33.021	Retinal detachment with multiple breaks, right eye	Diagnosis	ICD-10-CM
H33.022	Retinal detachment with multiple breaks, left eye	Diagnosis	ICD-10-CM
H33.023	Retinal detachment with multiple breaks, bilateral	Diagnosis	ICD-10-CM
H33.029	Retinal detachment with multiple breaks, unspecified eye	Diagnosis	ICD-10-CM
H33.031	Retinal detachment with giant retinal tear, right eye	Diagnosis	ICD-10-CM
H33.032	Retinal detachment with giant retinal tear, left eye	Diagnosis	ICD-10-CM
H33.033	Retinal detachment with giant retinal tear, bilateral	Diagnosis	ICD-10-CM
H33.039	Retinal detachment with giant retinal tear, unspecified eye	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
H33.041	Retinal detachment with retinal dialysis, right eye	Diagnosis	ICD-10-CM
H33.042	Retinal detachment with retinal dialysis, left eye	Diagnosis	ICD-10-CM
H33.043	Retinal detachment with retinal dialysis, bilateral	Diagnosis	ICD-10-CM
H33.049	Retinal detachment with retinal dialysis, unspecified eye	Diagnosis	ICD-10-CM
H33.051	Total retinal detachment, right eye	Diagnosis	ICD-10-CM
H33.052	Total retinal detachment, left eye	Diagnosis	ICD-10-CM
H33.053	Total retinal detachment, bilateral	Diagnosis	ICD-10-CM
H33.059	Total retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
H33.101	Unspecified retinoschisis, right eye	Diagnosis	ICD-10-CM
H33.102	Unspecified retinoschisis, left eye	Diagnosis	ICD-10-CM
H33.103	Unspecified retinoschisis, bilateral	Diagnosis	ICD-10-CM
H33.109	Unspecified retinoschisis, unspecified eye	Diagnosis	ICD-10-CM
H33.111	Cyst of ora serrata, right eye	Diagnosis	ICD-10-CM
H33.112	Cyst of ora serrata, left eye	Diagnosis	ICD-10-CM
H33.113	Cyst of ora serrata, bilateral	Diagnosis	ICD-10-CM
H33.119	Cyst of ora serrata, unspecified eye	Diagnosis	ICD-10-CM
H33.191	Other retinoschisis and retinal cysts, right eye	Diagnosis	ICD-10-CM
H33.192	Other retinoschisis and retinal cysts, left eye	Diagnosis	ICD-10-CM
H33.193	Other retinoschisis and retinal cysts, bilateral	Diagnosis	ICD-10-CM
H33.199	Other retinoschisis and retinal cysts, unspecified eye	Diagnosis	ICD-10-CM
H33.20	Serous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
H33.21	Serous retinal detachment, right eye	Diagnosis	ICD-10-CM
H33.22	Serous retinal detachment, left eye	Diagnosis	ICD-10-CM
H33.23	Serous retinal detachment, bilateral	Diagnosis	ICD-10-CM
H33.301	Unspecified retinal break, right eye	Diagnosis	ICD-10-CM
H33.302	Unspecified retinal break, left eye	Diagnosis	ICD-10-CM
H33.303	Unspecified retinal break, bilateral	Diagnosis	ICD-10-CM
H33.309	Unspecified retinal break, unspecified eye	Diagnosis	ICD-10-CM
H33.311	Horseshoe tear of retina without detachment, right eye	Diagnosis	ICD-10-CM
H33.312	Horseshoe tear of retina without detachment, left eye	Diagnosis	ICD-10-CM
H33.313	Horseshoe tear of retina without detachment, bilateral	Diagnosis	ICD-10-CM
H33.319	Horseshoe tear of retina without detachment, unspecified eye	Diagnosis	ICD-10-CM
H33.321	Round hole, right eye	Diagnosis	ICD-10-CM
H33.322	Round hole, left eye	Diagnosis	ICD-10-CM
H33.323	Round hole, bilateral	Diagnosis	ICD-10-CM
H33.329	Round hole, unspecified eye	Diagnosis	ICD-10-CM
H33.331	Multiple defects of retina without detachment, right eye	Diagnosis	ICD-10-CM
H33.332	Multiple defects of retina without detachment, left eye	Diagnosis	ICD-10-CM
H33.333	Multiple defects of retina without detachment, bilateral	Diagnosis	ICD-10-CM
H33.339	Multiple defects of retina without detachment, unspecified eye	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
H33.40	Traction detachment of retina, unspecified eye	Diagnosis	ICD-10-CM
H33.41	Traction detachment of retina, right eye	Diagnosis	ICD-10-CM
H33.42	Traction detachment of retina, left eye	Diagnosis	ICD-10-CM
H33.43	Traction detachment of retina, bilateral	Diagnosis	ICD-10-CM
H33.8	Other retinal detachments	Diagnosis	ICD-10-CM
H35.00	Unspecified background retinopathy	Diagnosis	ICD-10-CM
H35.011	Changes in retinal vascular appearance, right eye	Diagnosis	ICD-10-CM
H35.012	Changes in retinal vascular appearance, left eye	Diagnosis	ICD-10-CM
H35.013	Changes in retinal vascular appearance, bilateral	Diagnosis	ICD-10-CM
H35.019	Changes in retinal vascular appearance, unspecified eye	Diagnosis	ICD-10-CM
H35.021	Exudative retinopathy, right eye	Diagnosis	ICD-10-CM
H35.022	Exudative retinopathy, left eye	Diagnosis	ICD-10-CM
H35.023	Exudative retinopathy, bilateral	Diagnosis	ICD-10-CM
H35.029	Exudative retinopathy, unspecified eye	Diagnosis	ICD-10-CM
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
H35.041	Retinal micro-aneurysms, unspecified, right eye	Diagnosis	ICD-10-CM
H35.042	Retinal micro-aneurysms, unspecified, left eye	Diagnosis	ICD-10-CM
H35.043	Retinal micro-aneurysms, unspecified, bilateral	Diagnosis	ICD-10-CM
H35.049	Retinal micro-aneurysms, unspecified, unspecified eye	Diagnosis	ICD-10-CM
H35.051	Retinal neovascularization, unspecified, right eye	Diagnosis	ICD-10-CM
H35.052	Retinal neovascularization, unspecified, left eye	Diagnosis	ICD-10-CM
H35.053	Retinal neovascularization, unspecified, bilateral	Diagnosis	ICD-10-CM
H35.059	Retinal neovascularization, unspecified, unspecified eye	Diagnosis	ICD-10-CM
H35.061	Retinal vasculitis, right eye	Diagnosis	ICD-10-CM
H35.062	Retinal vasculitis, left eye	Diagnosis	ICD-10-CM
H35.063	Retinal vasculitis, bilateral	Diagnosis	ICD-10-CM
H35.069	Retinal vasculitis, unspecified eye	Diagnosis	ICD-10-CM
H35.071	Retinal telangiectasis, right eye	Diagnosis	ICD-10-CM
H35.072	Retinal telangiectasis, left eye	Diagnosis	ICD-10-CM
H35.073	Retinal telangiectasis, bilateral	Diagnosis	ICD-10-CM
H35.079	Retinal telangiectasis, unspecified eye	Diagnosis	ICD-10-CM
H35.09	Other intraretinal microvascular abnormalities	Diagnosis	ICD-10-CM
H35.351	Cystoid macular degeneration, right eye	Diagnosis	ICD-10-CM
H35.352	Cystoid macular degeneration, left eye	Diagnosis	ICD-10-CM
H35.353	Cystoid macular degeneration, bilateral	Diagnosis	ICD-10-CM
H35.359	Cystoid macular degeneration, unspecified eye	Diagnosis	ICD-10-CM
H35.60	Retinal hemorrhage, unspecified eye	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
H35.61	Retinal hemorrhage, right eye	Diagnosis	ICD-10-CM
H35.62	Retinal hemorrhage, left eye	Diagnosis	ICD-10-CM
H35.63	Retinal hemorrhage, bilateral	Diagnosis	ICD-10-CM
H35.81	Retinal edema	Diagnosis	ICD-10-CM
H35.82	Retinal ischemia	Diagnosis	ICD-10-CM
H35.89	Other specified retinal disorders	Diagnosis	ICD-10-CM
H43.10	Vitreous hemorrhage, unspecified eye	Diagnosis	ICD-10-CM
H43.11	Vitreous hemorrhage, right eye	Diagnosis	ICD-10-CM
H43.12	Vitreous hemorrhage, left eye	Diagnosis	ICD-10-CM
H43.13	Vitreous hemorrhage, bilateral	Diagnosis	ICD-10-CM
H54.OX33	Blindness right eye category 3, blindness left eye category 3	Diagnosis	ICD-10-CM
H54.OX34	Blindness right eye category 3, blindness left eye category 4	Diagnosis	ICD-10-CM
H54.OX35	Blindness right eye category 3, blindness left eye category 5	Diagnosis	ICD-10-CM
H54.OX43	Blindness right eye category 4, blindness left eye category 3	Diagnosis	ICD-10-CM
H54.OX44	Blindness right eye category 4, blindness left eye category 4	Diagnosis	ICD-10-CM
H54.OX45	Blindness right eye category 4, blindness left eye category 5	Diagnosis	ICD-10-CM
H54.OX53	Blindness right eye category 5, blindness left eye category 3	Diagnosis	ICD-10-CM
H54.OX54	Blindness right eye category 5, blindness left eye category 4	Diagnosis	ICD-10-CM
H54.OX55	Blindness right eye category 5, blindness left eye category 5	Diagnosis	ICD-10-CM
H54.10	Blindness, one eye, low vision other eye, unspecified eyes	Diagnosis	ICD-10-CM
H54.1131	Blindness right eye category 3, low vision left eye category 1	Diagnosis	ICD-10-CM
H54.1132	Blindness right eye category 3, low vision left eye category 2	Diagnosis	ICD-10-CM
H54.1141	Blindness right eye category 4, low vision left eye category 1	Diagnosis	ICD-10-CM
H54.1142	Blindness right eye category 4, low vision left eye category 2	Diagnosis	ICD-10-CM
H54.1151	Blindness right eye category 5, low vision left eye category 1	Diagnosis	ICD-10-CM
H54.1152	Blindness right eye category 5, low vision left eye category 2	Diagnosis	ICD-10-CM
H54.1213	Low vision right eye category 1, blindness left eye category 3	Diagnosis	ICD-10-CM
H54.1214	Low vision right eye category 1, blindness left eye category 4	Diagnosis	ICD-10-CM
H54.1215	Low vision right eye category 1, blindness left eye category 5	Diagnosis	ICD-10-CM
H54.1223	Low vision right eye category 2, blindness left eye category 3	Diagnosis	ICD-10-CM
H54.1224	Low vision right eye category 2, blindness left eye category 4	Diagnosis	ICD-10-CM
H54.1225	Low vision right eye category 2, blindness left eye category 5	Diagnosis	ICD-10-CM
H54.2X11	Low vision right eye category 1, low vision left eye category 1	Diagnosis	ICD-10-CM
H54.2X12	Low vision right eye category 1, low vision left eye category 2	Diagnosis	ICD-10-CM
H54.2X21	Low vision right eye category 2, low vision left eye category 1	Diagnosis	ICD-10-CM
H54.2X22	Low vision right eye category 2, low vision left eye category 2	Diagnosis	ICD-10-CM
H54.3	Unqualified visual loss, both eyes	Diagnosis	ICD-10-CM
H54.40	Blindness, one eye, unspecified eye	Diagnosis	ICD-10-CM
H54.413A	Blindness right eye category 3, normal vision left eye	Diagnosis	ICD-10-CM
H54.414A	Blindness right eye category 4, normal vision left eye	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
H54.415A	Blindness right eye category 5, normal vision left eye	Diagnosis	ICD-10-CM
H54.42A3	Blindness left eye category 3, normal vision right eye	Diagnosis	ICD-10-CM
H54.42A4	Blindness left eye category 4, normal vision right eye	Diagnosis	ICD-10-CM
H54.42A5	Blindness left eye category 5, normal vision right eye	Diagnosis	ICD-10-CM
H54.50	Low vision, one eye, unspecified eye	Diagnosis	ICD-10-CM
H54.511A	Low vision right eye category 1, normal vision left eye	Diagnosis	ICD-10-CM
H54.512A	Low vision right eye category 2, normal vision left eye	Diagnosis	ICD-10-CM
H54.52A1	Low vision left eye category 1, normal vision right eye	Diagnosis	ICD-10-CM
H54.52A2	Low vision left eye category 2, normal vision right eye	Diagnosis	ICD-10-CM
H54.60	Unqualified visual loss, one eye, unspecified	Diagnosis	ICD-10-CM
H54.61	Unqualified visual loss, right eye, normal vision left eye	Diagnosis	ICD-10-CM
H54.62	Unqualified visual loss, left eye, normal vision right eye	Diagnosis	ICD-10-CM
H54.7	Unspecified visual loss	Diagnosis	ICD-10-CM
H54.8	Legal blindness, as defined in USA	Diagnosis	ICD-10-CM
H35.23	Other non-diabetic proliferative retinopathy, bilateral	Diagnosis	ICD-10-CM
H35.22	Other non-diabetic proliferative retinopathy, left eye	Diagnosis	ICD-10-CM
H35.21	Other non-diabetic proliferative retinopathy, right eye	Diagnosis	ICD-10-CM
H35.20	Other non-diabetic proliferative retinopathy, unspecified eye	Diagnosis	ICD-10-CM
H35.2	Other non-diabetic proliferative retinopathy	Diagnosis	ICD-10-CM
H54.0	Blindness, both eyes	Diagnosis	ICD-10-CM
H54.12	Blindness, left eye, low vision right eye	Diagnosis	ICD-10-CM
H54.42	Blindness, left eye, normal vision right eye	Diagnosis	ICD-10-CM
H54.11	Blindness, right eye, low vision left eye	Diagnosis	ICD-10-CM
H54.41	Blindness, right eye, normal vision left eye	Diagnosis	ICD-10-CM
H54.2	Low vision, both eyes	Diagnosis	ICD-10-CM
H54.52	Low vision, left eye, normal vision right eye	Diagnosis	ICD-10-CM
H54.51	Low vision, right eye, normal vision left eye	Diagnosis	ICD-10-CM
Stroke			
430	Subarachnoid hemorrhage	Diagnosis	ICD-9-CM
431	Intracerebral hemorrhage	Diagnosis	ICD-9-CM
433.01	Occlusion and stenosis of basilar artery with cerebral infarction	Diagnosis	ICD-9-CM
433.11	Occlusion and stenosis of carotid artery with cerebral infarction	Diagnosis	ICD-9-CM
433.21	Occlusion and stenosis of vertebral artery with cerebral infarction	Diagnosis	ICD-9-CM
433.31	Occlusion and stenosis of multiple and bilateral precerebral arteries with cerebral infarction	Diagnosis	ICD-9-CM
433.81	Occlusion and stenosis of other specified precerebral artery with cerebral infarction	Diagnosis	ICD-9-CM
433.91	Occlusion and stenosis of unspecified precerebral artery with cerebral infarction	Diagnosis	ICD-9-CM
434.01	Cerebral thrombosis with cerebral infarction	Diagnosis	ICD-9-CM
434.11	Cerebral embolism with cerebral infarction	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
434.91	Unspecified cerebral artery occlusion with cerebral infarction	Diagnosis	ICD-9-CM
436	Acute, but ill-defined, cerebrovascular disease	Diagnosis	ICD-9-CM
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	Diagnosis	ICD-10-CM
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	Diagnosis	ICD-10-CM
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery	Diagnosis	ICD-10-CM
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery	Diagnosis	ICD-10-CM
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	Diagnosis	ICD-10-CM
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	Diagnosis	ICD-10-CM
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery	Diagnosis	ICD-10-CM
I60.50	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery	Diagnosis	ICD-10-CM
I60.51	Nontraumatic subarachnoid hemorrhage from right vertebral artery	Diagnosis	ICD-10-CM
I60.52	Nontraumatic subarachnoid hemorrhage from left vertebral artery	Diagnosis	ICD-10-CM
I60.6	Nontraumatic subarachnoid hemorrhage from other intracranial arteries	Diagnosis	ICD-10-CM
I60.7	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery	Diagnosis	ICD-10-CM
I60.8	Other nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified	Diagnosis	ICD-10-CM
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	Diagnosis	ICD-10-CM
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	Diagnosis	ICD-10-CM
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	Diagnosis	ICD-10-CM
I61.3	Nontraumatic intracerebral hemorrhage in brain stem	Diagnosis	ICD-10-CM
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum	Diagnosis	ICD-10-CM
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular	Diagnosis	ICD-10-CM
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized	Diagnosis	ICD-10-CM
I61.8	Other nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I61.9	Nontraumatic intracerebral hemorrhage, unspecified	Diagnosis	ICD-10-CM
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.011	Cerebral infarction due to thrombosis of right vertebral artery	Diagnosis	ICD-10-CM
I63.012	Cerebral infarction due to thrombosis of left vertebral artery	Diagnosis	ICD-10-CM
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.02	Cerebral infarction due to thrombosis of basilar artery	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I63.031	Cerebral infarction due to thrombosis of right carotid artery	Diagnosis	ICD-10-CM
I63.032	Cerebral infarction due to thrombosis of left carotid artery	Diagnosis	ICD-10-CM
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.09	Cerebral infarction due to thrombosis of other precerebral artery	Diagnosis	ICD-10-CM
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.111	Cerebral infarction due to embolism of right vertebral artery	Diagnosis	ICD-10-CM
I63.112	Cerebral infarction due to embolism of left vertebral artery	Diagnosis	ICD-10-CM
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.12	Cerebral infarction due to embolism of basilar artery	Diagnosis	ICD-10-CM
I63.131	Cerebral infarction due to embolism of right carotid artery	Diagnosis	ICD-10-CM
I63.132	Cerebral infarction due to embolism of left carotid artery	Diagnosis	ICD-10-CM
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.139	Cerebral infarction due to embolism of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.19	Cerebral infarction due to embolism of other precerebral artery	Diagnosis	ICD-10-CM
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries	Diagnosis	ICD-10-CM
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery	Diagnosis	ICD-10-CM
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery	Diagnosis	ICD-10-CM
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery	Diagnosis	ICD-10-CM
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries	Diagnosis	ICD-10-CM
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries	Diagnosis	ICD-10-CM
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery	Diagnosis	ICD-10-CM
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery	Diagnosis	ICD-10-CM
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.39	Cerebral infarction due to thrombosis of other cerebral artery	Diagnosis	ICD-10-CM
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.411	Cerebral infarction due to embolism of right middle cerebral artery	Diagnosis	ICD-10-CM
I63.412	Cerebral infarction due to embolism of left middle cerebral artery	Diagnosis	ICD-10-CM
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.441	Cerebral infarction due to embolism of right cerebellar artery	Diagnosis	ICD-10-CM
I63.442	Cerebral infarction due to embolism of left cerebellar artery	Diagnosis	ICD-10-CM
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.49	Cerebral infarction due to embolism of other cerebral artery	Diagnosis	ICD-10-CM
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	Diagnosis	ICD-10-CM
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	Diagnosis	ICD-10-CM
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	Diagnosis	ICD-10-CM
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	Diagnosis	ICD-10-CM
I63.8	Other cerebral infarction	Diagnosis	ICD-10-CM
I63.9	Cerebral infarction, unspecified	Diagnosis	ICD-10-CM
I67.89	Other cerebrovascular disease	Diagnosis	ICD-10-CM
Malignancy			
140	Malignant neoplasm of lip	Diagnosis	ICD-9-CM
140.0	Malignant neoplasm of upper lip, vermilion border	Diagnosis	ICD-9-CM
140.1	Malignant neoplasm of lower lip, vermilion border	Diagnosis	ICD-9-CM
140.3	Malignant neoplasm of upper lip, inner aspect	Diagnosis	ICD-9-CM
140.4	Malignant neoplasm of lower lip, inner aspect	Diagnosis	ICD-9-CM
140.5	Malignant neoplasm of lip, inner aspect, unspecified as to upper or lower	Diagnosis	ICD-9-CM
140.6	Malignant neoplasm of commissure of lip	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
140.8	Malignant neoplasm of other sites of lip	Diagnosis	ICD-9-CM
140.9	Malignant neoplasm of lip, vermilion border, unspecified as to upper or lower	Diagnosis	ICD-9-CM
141	Malignant neoplasm of tongue	Diagnosis	ICD-9-CM
141.0	Malignant neoplasm of base of tongue	Diagnosis	ICD-9-CM
141.1	Malignant neoplasm of dorsal surface of tongue	Diagnosis	ICD-9-CM
141.2	Malignant neoplasm of tip and lateral border of tongue	Diagnosis	ICD-9-CM
141.3	Malignant neoplasm of ventral surface of tongue	Diagnosis	ICD-9-CM
141.4	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	Diagnosis	ICD-9-CM
141.5	Malignant neoplasm of junctional zone of tongue	Diagnosis	ICD-9-CM
141.6	Malignant neoplasm of lingual tonsil	Diagnosis	ICD-9-CM
141.8	Malignant neoplasm of other sites of tongue	Diagnosis	ICD-9-CM
141.9	Malignant neoplasm of tongue, unspecified site	Diagnosis	ICD-9-CM
142	Malignant neoplasm of major salivary glands	Diagnosis	ICD-9-CM
142.0	Malignant neoplasm of parotid gland	Diagnosis	ICD-9-CM
142.1	Malignant neoplasm of submandibular gland	Diagnosis	ICD-9-CM
142.2	Malignant neoplasm of sublingual gland	Diagnosis	ICD-9-CM
142.8	Malignant neoplasm of other major salivary glands	Diagnosis	ICD-9-CM
142.9	Malignant neoplasm of salivary gland, unspecified	Diagnosis	ICD-9-CM
143	Malignant neoplasm of gum	Diagnosis	ICD-9-CM
143.0	Malignant neoplasm of upper gum	Diagnosis	ICD-9-CM
143.1	Malignant neoplasm of lower gum	Diagnosis	ICD-9-CM
143.8	Malignant neoplasm of other sites of gum	Diagnosis	ICD-9-CM
143.9	Malignant neoplasm of gum, unspecified site	Diagnosis	ICD-9-CM
144	Malignant neoplasm of floor of mouth	Diagnosis	ICD-9-CM
144.0	Malignant neoplasm of anterior portion of floor of mouth	Diagnosis	ICD-9-CM
144.1	Malignant neoplasm of lateral portion of floor of mouth	Diagnosis	ICD-9-CM
144.8	Malignant neoplasm of other sites of floor of mouth	Diagnosis	ICD-9-CM
144.9	Malignant neoplasm of floor of mouth, part unspecified	Diagnosis	ICD-9-CM
145	Malignant neoplasm of other and unspecified parts of mouth	Diagnosis	ICD-9-CM
145.0	Malignant neoplasm of cheek mucosa	Diagnosis	ICD-9-CM
145.1	Malignant neoplasm of vestibule of mouth	Diagnosis	ICD-9-CM
145.2	Malignant neoplasm of hard palate	Diagnosis	ICD-9-CM
145.3	Malignant neoplasm of soft palate	Diagnosis	ICD-9-CM
145.4	Malignant neoplasm of uvula	Diagnosis	ICD-9-CM
145.5	Malignant neoplasm of palate, unspecified	Diagnosis	ICD-9-CM
145.6	Malignant neoplasm of retromolar area	Diagnosis	ICD-9-CM
145.8	Malignant neoplasm of other specified parts of mouth	Diagnosis	ICD-9-CM
145.9	Malignant neoplasm of mouth, unspecified site	Diagnosis	ICD-9-CM
146	Malignant neoplasm of oropharynx	Diagnosis	ICD-9-CM
146.0	Malignant neoplasm of tonsil	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
146.1	Malignant neoplasm of tonsillar fossa	Diagnosis	ICD-9-CM
146.2	Malignant neoplasm of tonsillar pillars (anterior) (posterior)	Diagnosis	ICD-9-CM
146.3	Malignant neoplasm of vallecula	Diagnosis	ICD-9-CM
146.4	Malignant neoplasm of anterior aspect of epiglottis	Diagnosis	ICD-9-CM
146.5	Malignant neoplasm of junctional region of oropharynx	Diagnosis	ICD-9-CM
146.6	Malignant neoplasm of lateral wall of oropharynx	Diagnosis	ICD-9-CM
146.7	Malignant neoplasm of posterior wall of oropharynx	Diagnosis	ICD-9-CM
146.8	Malignant neoplasm of other specified sites of oropharynx	Diagnosis	ICD-9-CM
146.9	Malignant neoplasm of oropharynx, unspecified site	Diagnosis	ICD-9-CM
147	Malignant neoplasm of nasopharynx	Diagnosis	ICD-9-CM
147.0	Malignant neoplasm of superior wall of nasopharynx	Diagnosis	ICD-9-CM
147.1	Malignant neoplasm of posterior wall of nasopharynx	Diagnosis	ICD-9-CM
147.2	Malignant neoplasm of lateral wall of nasopharynx	Diagnosis	ICD-9-CM
147.3	Malignant neoplasm of anterior wall of nasopharynx	Diagnosis	ICD-9-CM
147.8	Malignant neoplasm of other specified sites of nasopharynx	Diagnosis	ICD-9-CM
147.9	Malignant neoplasm of nasopharynx, unspecified site	Diagnosis	ICD-9-CM
148	Malignant neoplasm of hypopharynx	Diagnosis	ICD-9-CM
148.0	Malignant neoplasm of postcricoid region of hypopharynx	Diagnosis	ICD-9-CM
148.1	Malignant neoplasm of pyriform sinus	Diagnosis	ICD-9-CM
148.2	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	Diagnosis	ICD-9-CM
148.3	Malignant neoplasm of posterior hypopharyngeal wall	Diagnosis	ICD-9-CM
148.8	Malignant neoplasm of other specified sites of hypopharynx	Diagnosis	ICD-9-CM
148.9	Malignant neoplasm of hypopharynx, unspecified site	Diagnosis	ICD-9-CM
149	Malignant neoplasm of other and ill-defined sites within the lip, oral cavity, and pharynx	Diagnosis	ICD-9-CM
149.0	Malignant neoplasm of pharynx, unspecified	Diagnosis	ICD-9-CM
149.1	Malignant neoplasm of Waldeyer's ring	Diagnosis	ICD-9-CM
149.8	Malignant neoplasm of other sites within the lip and oral cavity	Diagnosis	ICD-9-CM
149.9	Malignant neoplasm of ill-defined sites of lip and oral cavity	Diagnosis	ICD-9-CM
150	Malignant neoplasm of esophagus	Diagnosis	ICD-9-CM
150.0	Malignant neoplasm of cervical esophagus	Diagnosis	ICD-9-CM
150.1	Malignant neoplasm of thoracic esophagus	Diagnosis	ICD-9-CM
150.2	Malignant neoplasm of abdominal esophagus	Diagnosis	ICD-9-CM
150.3	Malignant neoplasm of upper third of esophagus	Diagnosis	ICD-9-CM
150.4	Malignant neoplasm of middle third of esophagus	Diagnosis	ICD-9-CM
150.5	Malignant neoplasm of lower third of esophagus	Diagnosis	ICD-9-CM
150.8	Malignant neoplasm of other specified part of esophagus	Diagnosis	ICD-9-CM
150.9	Malignant neoplasm of esophagus, unspecified site	Diagnosis	ICD-9-CM
151	Malignant neoplasm of stomach	Diagnosis	ICD-9-CM
151.0	Malignant neoplasm of cardia	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
151.1	Malignant neoplasm of pylorus	Diagnosis	ICD-9-CM
151.2	Malignant neoplasm of pyloric antrum	Diagnosis	ICD-9-CM
151.3	Malignant neoplasm of fundus of stomach	Diagnosis	ICD-9-CM
151.4	Malignant neoplasm of body of stomach	Diagnosis	ICD-9-CM
151.5	Malignant neoplasm of lesser curvature of stomach, unspecified	Diagnosis	ICD-9-CM
151.6	Malignant neoplasm of greater curvature of stomach, unspecified	Diagnosis	ICD-9-CM
151.8	Malignant neoplasm of other specified sites of stomach	Diagnosis	ICD-9-CM
151.9	Malignant neoplasm of stomach, unspecified site	Diagnosis	ICD-9-CM
152	Malignant neoplasm of small intestine, including duodenum	Diagnosis	ICD-9-CM
152.0	Malignant neoplasm of duodenum	Diagnosis	ICD-9-CM
152.1	Malignant neoplasm of jejunum	Diagnosis	ICD-9-CM
152.2	Malignant neoplasm of ileum	Diagnosis	ICD-9-CM
152.3	Malignant neoplasm of Meckel's diverticulum	Diagnosis	ICD-9-CM
152.8	Malignant neoplasm of other specified sites of small intestine	Diagnosis	ICD-9-CM
152.9	Malignant neoplasm of small intestine, unspecified site	Diagnosis	ICD-9-CM
153	Malignant neoplasm of colon	Diagnosis	ICD-9-CM
153.0	Malignant neoplasm of hepatic flexure	Diagnosis	ICD-9-CM
153.1	Malignant neoplasm of transverse colon	Diagnosis	ICD-9-CM
153.2	Malignant neoplasm of descending colon	Diagnosis	ICD-9-CM
153.3	Malignant neoplasm of sigmoid colon	Diagnosis	ICD-9-CM
153.4	Malignant neoplasm of cecum	Diagnosis	ICD-9-CM
153.5	Malignant neoplasm of appendix	Diagnosis	ICD-9-CM
153.6	Malignant neoplasm of ascending colon	Diagnosis	ICD-9-CM
153.7	Malignant neoplasm of splenic flexure	Diagnosis	ICD-9-CM
153.8	Malignant neoplasm of other specified sites of large intestine	Diagnosis	ICD-9-CM
153.9	Malignant neoplasm of colon, unspecified site	Diagnosis	ICD-9-CM
154	Malignant neoplasm of rectum, rectosigmoid junction, and anus	Diagnosis	ICD-9-CM
154.0	Malignant neoplasm of rectosigmoid junction	Diagnosis	ICD-9-CM
154.1	Malignant neoplasm of rectum	Diagnosis	ICD-9-CM
154.2	Malignant neoplasm of anal canal	Diagnosis	ICD-9-CM
154.3	Malignant neoplasm of anus, unspecified site	Diagnosis	ICD-9-CM
154.8	Malignant neoplasm of other sites of rectum, rectosigmoid junction, and anus	Diagnosis	ICD-9-CM
155	Malignant neoplasm of liver and intrahepatic bile ducts	Diagnosis	ICD-9-CM
155.0	Malignant neoplasm of liver, primary	Diagnosis	ICD-9-CM
155.1	Malignant neoplasm of intrahepatic bile ducts	Diagnosis	ICD-9-CM
155.2	Malignant neoplasm of liver, not specified as primary or secondary	Diagnosis	ICD-9-CM
156	Malignant neoplasm of gallbladder and extrahepatic bile ducts	Diagnosis	ICD-9-CM
156.0	Malignant neoplasm of gallbladder	Diagnosis	ICD-9-CM
156.1	Malignant neoplasm of extrahepatic bile ducts	Diagnosis	ICD-9-CM
156.2	Malignant neoplasm of ampulla of Vater	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
156.8	Malignant neoplasm of other specified sites of gallbladder and extrahepatic bile ducts	Diagnosis	ICD-9-CM
156.9	Malignant neoplasm of biliary tract, part unspecified site	Diagnosis	ICD-9-CM
157	Malignant neoplasm of pancreas	Diagnosis	ICD-9-CM
157.0	Malignant neoplasm of head of pancreas	Diagnosis	ICD-9-CM
157.1	Malignant neoplasm of body of pancreas	Diagnosis	ICD-9-CM
157.2	Malignant neoplasm of tail of pancreas	Diagnosis	ICD-9-CM
157.3	Malignant neoplasm of pancreatic duct	Diagnosis	ICD-9-CM
157.4	Malignant neoplasm of islets of Langerhans	Diagnosis	ICD-9-CM
157.8	Malignant neoplasm of other specified sites of pancreas	Diagnosis	ICD-9-CM
157.9	Malignant neoplasm of pancreas, part unspecified	Diagnosis	ICD-9-CM
158	Malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-9-CM
158.0	Malignant neoplasm of retroperitoneum	Diagnosis	ICD-9-CM
158.8	Malignant neoplasm of specified parts of peritoneum	Diagnosis	ICD-9-CM
158.9	Malignant neoplasm of peritoneum, unspecified	Diagnosis	ICD-9-CM
159	Malignant neoplasm of other and ill-defined sites within the digestive organs and peritoneum	Diagnosis	ICD-9-CM
159.0	Malignant neoplasm of intestinal tract, part unspecified	Diagnosis	ICD-9-CM
159.1	Malignant neoplasm of spleen, not elsewhere classified	Diagnosis	ICD-9-CM
159.8	Malignant neoplasm of other sites of digestive system and intra-abdominal organs	Diagnosis	ICD-9-CM
159.9	Malignant neoplasm of ill-defined sites of digestive organs and peritoneum	Diagnosis	ICD-9-CM
160	Malignant neoplasm of nasal cavities, middle ear, and accessory sinuses	Diagnosis	ICD-9-CM
160.0	Malignant neoplasm of nasal cavities	Diagnosis	ICD-9-CM
160.1	Malignant neoplasm of auditory tube, middle ear, and mastoid air cells	Diagnosis	ICD-9-CM
160.2	Malignant neoplasm of maxillary sinus	Diagnosis	ICD-9-CM
160.3	Malignant neoplasm of ethmoidal sinus	Diagnosis	ICD-9-CM
160.4	Malignant neoplasm of frontal sinus	Diagnosis	ICD-9-CM
160.5	Malignant neoplasm of sphenoidal sinus	Diagnosis	ICD-9-CM
160.8	Malignant neoplasm of other sites of nasal cavities, middle ear, and accessory sinuses	Diagnosis	ICD-9-CM
160.9	Malignant neoplasm of site of nasal cavities, middle ear, and accessory sinus, unspecified site	Diagnosis	ICD-9-CM
161	Malignant neoplasm of larynx	Diagnosis	ICD-9-CM
161.0	Malignant neoplasm of glottis	Diagnosis	ICD-9-CM
161.1	Malignant neoplasm of supraglottis	Diagnosis	ICD-9-CM
161.2	Malignant neoplasm of subglottis	Diagnosis	ICD-9-CM
161.3	Malignant neoplasm of laryngeal cartilages	Diagnosis	ICD-9-CM
161.8	Malignant neoplasm of other specified sites of larynx	Diagnosis	ICD-9-CM
161.9	Malignant neoplasm of larynx, unspecified site	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
162	Malignant neoplasm of trachea, bronchus, and lung	Diagnosis	ICD-9-CM
162.0	Malignant neoplasm of trachea	Diagnosis	ICD-9-CM
162.2	Malignant neoplasm of main bronchus	Diagnosis	ICD-9-CM
162.3	Malignant neoplasm of upper lobe, bronchus, or lung	Diagnosis	ICD-9-CM
162.4	Malignant neoplasm of middle lobe, bronchus, or lung	Diagnosis	ICD-9-CM
162.5	Malignant neoplasm of lower lobe, bronchus, or lung	Diagnosis	ICD-9-CM
162.8	Malignant neoplasm of other parts of bronchus or lung	Diagnosis	ICD-9-CM
162.9	Malignant neoplasm of bronchus and lung, unspecified site	Diagnosis	ICD-9-CM
163	Malignant neoplasm of pleura	Diagnosis	ICD-9-CM
163.0	Malignant neoplasm of parietal pleura	Diagnosis	ICD-9-CM
163.1	Malignant neoplasm of visceral pleura	Diagnosis	ICD-9-CM
163.8	Malignant neoplasm of other specified sites of pleura	Diagnosis	ICD-9-CM
163.9	Malignant neoplasm of pleura, unspecified site	Diagnosis	ICD-9-CM
164	Malignant neoplasm of thymus, heart, and mediastinum	Diagnosis	ICD-9-CM
164.0	Malignant neoplasm of thymus	Diagnosis	ICD-9-CM
164.1	Malignant neoplasm of heart	Diagnosis	ICD-9-CM
164.2	Malignant neoplasm of anterior mediastinum	Diagnosis	ICD-9-CM
164.3	Malignant neoplasm of posterior mediastinum	Diagnosis	ICD-9-CM
164.8	Malignant neoplasm of other parts of mediastinum	Diagnosis	ICD-9-CM
164.9	Malignant neoplasm of mediastinum, part unspecified	Diagnosis	ICD-9-CM
165	Malignant neoplasm of other and ill-defined sites within the respiratory system and intrathoracic organs	Diagnosis	ICD-9-CM
165.0	Malignant neoplasm of upper respiratory tract, part unspecified	Diagnosis	ICD-9-CM
165.8	Malignant neoplasm of other sites within the respiratory system and intrathoracic organs	Diagnosis	ICD-9-CM
165.9	Malignant neoplasm of ill-defined sites within the respiratory system	Diagnosis	ICD-9-CM
170	Malignant neoplasm of bone and articular cartilage	Diagnosis	ICD-9-CM
170.0	Malignant neoplasm of bones of skull and face, except mandible	Diagnosis	ICD-9-CM
170.1	Malignant neoplasm of mandible	Diagnosis	ICD-9-CM
170.2	Malignant neoplasm of vertebral column, excluding sacrum and coccyx	Diagnosis	ICD-9-CM
170.3	Malignant neoplasm of ribs, sternum, and clavicle	Diagnosis	ICD-9-CM
170.4	Malignant neoplasm of scapula and long bones of upper limb	Diagnosis	ICD-9-CM
170.5	Malignant neoplasm of short bones of upper limb	Diagnosis	ICD-9-CM
170.6	Malignant neoplasm of pelvic bones, sacrum, and coccyx	Diagnosis	ICD-9-CM
170.7	Malignant neoplasm of long bones of lower limb	Diagnosis	ICD-9-CM
170.8	Malignant neoplasm of short bones of lower limb	Diagnosis	ICD-9-CM
170.9	Malignant neoplasm of bone and articular cartilage, site unspecified	Diagnosis	ICD-9-CM
171	Malignant neoplasm of connective and other soft tissue	Diagnosis	ICD-9-CM
171.0	Malignant neoplasm of connective and other soft tissue of head, face, and neck	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
171.2	Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder	Diagnosis	ICD-9-CM
171.3	Malignant neoplasm of connective and other soft tissue of lower limb, including hip	Diagnosis	ICD-9-CM
171.4	Malignant neoplasm of connective and other soft tissue of thorax	Diagnosis	ICD-9-CM
171.5	Malignant neoplasm of connective and other soft tissue of abdomen	Diagnosis	ICD-9-CM
171.6	Malignant neoplasm of connective and other soft tissue of pelvis	Diagnosis	ICD-9-CM
171.7	Malignant neoplasm of connective and other soft tissue of trunk, unspecified site	Diagnosis	ICD-9-CM
171.8	Malignant neoplasm of other specified sites of connective and other soft tissue	Diagnosis	ICD-9-CM
171.9	Malignant neoplasm of connective and other soft tissue, site unspecified	Diagnosis	ICD-9-CM
172	Malignant melanoma of skin	Diagnosis	ICD-9-CM
172.0	Malignant melanoma of skin of lip	Diagnosis	ICD-9-CM
172.1	Malignant melanoma of skin of eyelid, including canthus	Diagnosis	ICD-9-CM
172.2	Malignant melanoma of skin of ear and external auditory canal	Diagnosis	ICD-9-CM
172.3	Malignant melanoma of skin of other and unspecified parts of face	Diagnosis	ICD-9-CM
172.4	Malignant melanoma of skin of scalp and neck	Diagnosis	ICD-9-CM
172.5	Malignant melanoma of skin of trunk, except scrotum	Diagnosis	ICD-9-CM
172.6	Malignant melanoma of skin of upper limb, including shoulder	Diagnosis	ICD-9-CM
172.7	Malignant melanoma of skin of lower limb, including hip	Diagnosis	ICD-9-CM
172.8	Malignant melanoma of other specified sites of skin	Diagnosis	ICD-9-CM
172.9	Melanoma of skin, site unspecified	Diagnosis	ICD-9-CM
174	Malignant neoplasm of female breast	Diagnosis	ICD-9-CM
174.0	Malignant neoplasm of nipple and areola of female breast	Diagnosis	ICD-9-CM
174.1	Malignant neoplasm of central portion of female breast	Diagnosis	ICD-9-CM
174.2	Malignant neoplasm of upper-inner quadrant of female breast	Diagnosis	ICD-9-CM
174.3	Malignant neoplasm of lower-inner quadrant of female breast	Diagnosis	ICD-9-CM
174.4	Malignant neoplasm of upper-outer quadrant of female breast	Diagnosis	ICD-9-CM
174.5	Malignant neoplasm of lower-outer quadrant of female breast	Diagnosis	ICD-9-CM
174.6	Malignant neoplasm of axillary tail of female breast	Diagnosis	ICD-9-CM
174.8	Malignant neoplasm of other specified sites of female breast	Diagnosis	ICD-9-CM
174.9	Malignant neoplasm of breast (female), unspecified site	Diagnosis	ICD-9-CM
175	Malignant neoplasm of male breast	Diagnosis	ICD-9-CM
175.0	Malignant neoplasm of nipple and areola of male breast	Diagnosis	ICD-9-CM
175.9	Malignant neoplasm of other and unspecified sites of male breast	Diagnosis	ICD-9-CM
176	Kaposi's sarcoma	Diagnosis	ICD-9-CM
176.0	Kaposi's sarcoma of skin	Diagnosis	ICD-9-CM
176.1	Kaposi's sarcoma of soft tissue	Diagnosis	ICD-9-CM
176.2	Kaposi's sarcoma of palate	Diagnosis	ICD-9-CM
176.3	Kaposi's sarcoma of gastrointestinal sites	Diagnosis	ICD-9-CM
176.4	Kaposi's sarcoma of lung	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
176.5	Kaposi's sarcoma of lymph nodes	Diagnosis	ICD-9-CM
176.8	Kaposi's sarcoma of other specified sites	Diagnosis	ICD-9-CM
176.9	Kaposi's sarcoma of unspecified site	Diagnosis	ICD-9-CM
179	Malignant neoplasm of uterus, part unspecified	Diagnosis	ICD-9-CM
180	Malignant neoplasm of cervix uteri	Diagnosis	ICD-9-CM
180.0	Malignant neoplasm of endocervix	Diagnosis	ICD-9-CM
180.1	Malignant neoplasm of exocervix	Diagnosis	ICD-9-CM
180.8	Malignant neoplasm of other specified sites of cervix	Diagnosis	ICD-9-CM
180.9	Malignant neoplasm of cervix uteri, unspecified site	Diagnosis	ICD-9-CM
181	Malignant neoplasm of placenta	Diagnosis	ICD-9-CM
182	Malignant neoplasm of body of uterus	Diagnosis	ICD-9-CM
182.0	Malignant neoplasm of corpus uteri, except isthmus	Diagnosis	ICD-9-CM
182.1	Malignant neoplasm of isthmus	Diagnosis	ICD-9-CM
182.8	Malignant neoplasm of other specified sites of body of uterus	Diagnosis	ICD-9-CM
183	Malignant neoplasm of ovary and other uterine adnexa	Diagnosis	ICD-9-CM
183.0	Malignant neoplasm of ovary	Diagnosis	ICD-9-CM
183.2	Malignant neoplasm of fallopian tube	Diagnosis	ICD-9-CM
183.3	Malignant neoplasm of broad ligament of uterus	Diagnosis	ICD-9-CM
183.4	Malignant neoplasm of parametrium of uterus	Diagnosis	ICD-9-CM
183.5	Malignant neoplasm of round ligament of uterus	Diagnosis	ICD-9-CM
183.8	Malignant neoplasm of other specified sites of uterine adnexa	Diagnosis	ICD-9-CM
183.9	Malignant neoplasm of uterine adnexa, unspecified site	Diagnosis	ICD-9-CM
184	Malignant neoplasm of other and unspecified female genital organs	Diagnosis	ICD-9-CM
184.0	Malignant neoplasm of vagina	Diagnosis	ICD-9-CM
184.1	Malignant neoplasm of labia majora	Diagnosis	ICD-9-CM
184.2	Malignant neoplasm of labia minora	Diagnosis	ICD-9-CM
184.3	Malignant neoplasm of clitoris	Diagnosis	ICD-9-CM
184.4	Malignant neoplasm of vulva, unspecified site	Diagnosis	ICD-9-CM
184.8	Malignant neoplasm of other specified sites of female genital organs	Diagnosis	ICD-9-CM
184.9	Malignant neoplasm of female genital organ, site unspecified	Diagnosis	ICD-9-CM
185	Malignant neoplasm of prostate	Diagnosis	ICD-9-CM
186	Malignant neoplasm of testis	Diagnosis	ICD-9-CM
186.0	Malignant neoplasm of undescended testis	Diagnosis	ICD-9-CM
186.9	Malignant neoplasm of other and unspecified testis	Diagnosis	ICD-9-CM
187	Malignant neoplasm of penis and other male genital organs	Diagnosis	ICD-9-CM
187.1	Malignant neoplasm of prepuce	Diagnosis	ICD-9-CM
187.2	Malignant neoplasm of glans penis	Diagnosis	ICD-9-CM
187.3	Malignant neoplasm of body of penis	Diagnosis	ICD-9-CM
187.4	Malignant neoplasm of penis, part unspecified	Diagnosis	ICD-9-CM
187.5	Malignant neoplasm of epididymis	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
187.6	Malignant neoplasm of spermatic cord	Diagnosis	ICD-9-CM
187.7	Malignant neoplasm of scrotum	Diagnosis	ICD-9-CM
187.8	Malignant neoplasm of other specified sites of male genital organs	Diagnosis	ICD-9-CM
187.9	Malignant neoplasm of male genital organ, site unspecified	Diagnosis	ICD-9-CM
188	Malignant neoplasm of bladder	Diagnosis	ICD-9-CM
188.0	Malignant neoplasm of trigone of urinary bladder	Diagnosis	ICD-9-CM
188.1	Malignant neoplasm of dome of urinary bladder	Diagnosis	ICD-9-CM
188.2	Malignant neoplasm of lateral wall of urinary bladder	Diagnosis	ICD-9-CM
188.3	Malignant neoplasm of anterior wall of urinary bladder	Diagnosis	ICD-9-CM
188.4	Malignant neoplasm of posterior wall of urinary bladder	Diagnosis	ICD-9-CM
188.5	Malignant neoplasm of bladder neck	Diagnosis	ICD-9-CM
188.6	Malignant neoplasm of ureteric orifice	Diagnosis	ICD-9-CM
188.7	Malignant neoplasm of urachus	Diagnosis	ICD-9-CM
188.8	Malignant neoplasm of other specified sites of bladder	Diagnosis	ICD-9-CM
188.9	Malignant neoplasm of bladder, part unspecified	Diagnosis	ICD-9-CM
189	Malignant neoplasm of kidney and other and unspecified urinary organs	Diagnosis	ICD-9-CM
189.0	Malignant neoplasm of kidney, except pelvis	Diagnosis	ICD-9-CM
189.1	Malignant neoplasm of renal pelvis	Diagnosis	ICD-9-CM
189.2	Malignant neoplasm of ureter	Diagnosis	ICD-9-CM
189.3	Malignant neoplasm of urethra	Diagnosis	ICD-9-CM
189.4	Malignant neoplasm of paraurethral glands	Diagnosis	ICD-9-CM
189.8	Malignant neoplasm of other specified sites of urinary organs	Diagnosis	ICD-9-CM
189.9	Malignant neoplasm of urinary organ, site unspecified	Diagnosis	ICD-9-CM
190	Malignant neoplasm of eye	Diagnosis	ICD-9-CM
190.0	Malignant neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid	Diagnosis	ICD-9-CM
190.1	Malignant neoplasm of orbit	Diagnosis	ICD-9-CM
190.2	Malignant neoplasm of lacrimal gland	Diagnosis	ICD-9-CM
190.3	Malignant neoplasm of conjunctiva	Diagnosis	ICD-9-CM
190.4	Malignant neoplasm of cornea	Diagnosis	ICD-9-CM
190.5	Malignant neoplasm of retina	Diagnosis	ICD-9-CM
190.6	Malignant neoplasm of choroid	Diagnosis	ICD-9-CM
190.7	Malignant neoplasm of lacrimal duct	Diagnosis	ICD-9-CM
190.8	Malignant neoplasm of other specified sites of eye	Diagnosis	ICD-9-CM
190.9	Malignant neoplasm of eye, part unspecified	Diagnosis	ICD-9-CM
191	Malignant neoplasm of brain	Diagnosis	ICD-9-CM
191.0	Malignant neoplasm of cerebrum, except lobes and ventricles	Diagnosis	ICD-9-CM
191.1	Malignant neoplasm of frontal lobe of brain	Diagnosis	ICD-9-CM
191.2	Malignant neoplasm of temporal lobe of brain	Diagnosis	ICD-9-CM
191.3	Malignant neoplasm of parietal lobe of brain	Diagnosis	ICD-9-CM
191.4	Malignant neoplasm of occipital lobe of brain	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
191.5	Malignant neoplasm of ventricles of brain	Diagnosis	ICD-9-CM
191.6	Malignant neoplasm of cerebellum NOS	Diagnosis	ICD-9-CM
191.7	Malignant neoplasm of brain stem	Diagnosis	ICD-9-CM
191.8	Malignant neoplasm of other parts of brain	Diagnosis	ICD-9-CM
191.9	Malignant neoplasm of brain, unspecified site	Diagnosis	ICD-9-CM
192	Malignant neoplasm of other and unspecified parts of nervous system	Diagnosis	ICD-9-CM
192.0	Malignant neoplasm of cranial nerves	Diagnosis	ICD-9-CM
192.1	Malignant neoplasm of cerebral meninges	Diagnosis	ICD-9-CM
192.2	Malignant neoplasm of spinal cord	Diagnosis	ICD-9-CM
192.3	Malignant neoplasm of spinal meninges	Diagnosis	ICD-9-CM
192.8	Malignant neoplasm of other specified sites of nervous system	Diagnosis	ICD-9-CM
192.9	Malignant neoplasm of nervous system, part unspecified	Diagnosis	ICD-9-CM
193	Malignant neoplasm of thyroid gland	Diagnosis	ICD-9-CM
194	Malignant neoplasm of other endocrine glands and related structures	Diagnosis	ICD-9-CM
194.0	Malignant neoplasm of adrenal gland	Diagnosis	ICD-9-CM
194.1	Malignant neoplasm of parathyroid gland	Diagnosis	ICD-9-CM
194.3	Malignant neoplasm of pituitary gland and craniopharyngeal duct	Diagnosis	ICD-9-CM
194.4	Malignant neoplasm of pineal gland	Diagnosis	ICD-9-CM
194.5	Malignant neoplasm of carotid body	Diagnosis	ICD-9-CM
194.6	Malignant neoplasm of aortic body and other paraganglia	Diagnosis	ICD-9-CM
194.8	Malignant neoplasm of other endocrine glands and related structures	Diagnosis	ICD-9-CM
194.9	Malignant neoplasm of endocrine gland, site unspecified	Diagnosis	ICD-9-CM
195	Malignant neoplasm of other and ill-defined sites	Diagnosis	ICD-9-CM
195.0	Malignant neoplasm of head, face, and neck	Diagnosis	ICD-9-CM
195.1	Malignant neoplasm of thorax	Diagnosis	ICD-9-CM
195.2	Malignant neoplasm of abdomen	Diagnosis	ICD-9-CM
195.3	Malignant neoplasm of pelvis	Diagnosis	ICD-9-CM
195.4	Malignant neoplasm of upper limb	Diagnosis	ICD-9-CM
195.5	Malignant neoplasm of lower limb	Diagnosis	ICD-9-CM
195.8	Malignant neoplasm of other specified sites	Diagnosis	ICD-9-CM
196	Secondary and unspecified malignant neoplasm of lymph nodes	Diagnosis	ICD-9-CM
196.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
196.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
196.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
196.3	Secondary and unspecified malignant neoplasm of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
196.5	Secondary and unspecified malignant neoplasm of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
196.6	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
196.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
196.9	Secondary and unspecified malignant neoplasm of lymph nodes, site unspecified	Diagnosis	ICD-9-CM
197	Secondary malignant neoplasm of respiratory and digestive systems	Diagnosis	ICD-9-CM
197.0	Secondary malignant neoplasm of lung	Diagnosis	ICD-9-CM
197.1	Secondary malignant neoplasm of mediastinum	Diagnosis	ICD-9-CM
197.2	Secondary malignant neoplasm of pleura	Diagnosis	ICD-9-CM
197.3	Secondary malignant neoplasm of other respiratory organs	Diagnosis	ICD-9-CM
197.4	Secondary malignant neoplasm of small intestine including duodenum	Diagnosis	ICD-9-CM
197.5	Secondary malignant neoplasm of large intestine and rectum	Diagnosis	ICD-9-CM
197.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-9-CM
197.7	Secondary malignant neoplasm of liver	Diagnosis	ICD-9-CM
197.8	Secondary malignant neoplasm of other digestive organs and spleen	Diagnosis	ICD-9-CM
198	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-9-CM
198.0	Secondary malignant neoplasm of kidney	Diagnosis	ICD-9-CM
198.1	Secondary malignant neoplasm of other urinary organs	Diagnosis	ICD-9-CM
198.2	Secondary malignant neoplasm of skin	Diagnosis	ICD-9-CM
198.3	Secondary malignant neoplasm of brain and spinal cord	Diagnosis	ICD-9-CM
198.4	Secondary malignant neoplasm of other parts of nervous system	Diagnosis	ICD-9-CM
198.5	Secondary malignant neoplasm of bone and bone marrow	Diagnosis	ICD-9-CM
198.6	Secondary malignant neoplasm of ovary	Diagnosis	ICD-9-CM
198.7	Secondary malignant neoplasm of adrenal gland	Diagnosis	ICD-9-CM
198.8	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-9-CM
198.81	Secondary malignant neoplasm of breast	Diagnosis	ICD-9-CM
198.82	Secondary malignant neoplasm of genital organs	Diagnosis	ICD-9-CM
198.89	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-9-CM
199	Malignant neoplasm without specification of site	Diagnosis	ICD-9-CM
199.0	Disseminated malignant neoplasm	Diagnosis	ICD-9-CM
199.1	Other malignant neoplasm of unspecified site	Diagnosis	ICD-9-CM
199.2	Malignant neoplasm associated with transplanted organ	Diagnosis	ICD-9-CM
200	Lymphosarcoma and reticulosarcoma and other specified malignant tumors of lymphatic tissue	Diagnosis	ICD-9-CM
200.0	Reticulosarcoma	Diagnosis	ICD-9-CM
200.00	Reticulosarcoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.01	Reticulosarcoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.02	Reticulosarcoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.03	Reticulosarcoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.04	Reticulosarcoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.05	Reticulosarcoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.06	Reticulosarcoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.07	Reticulosarcoma of spleen	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
200.08	Reticulosarcoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
200.1	Lymphosarcoma	Diagnosis	ICD-9-CM
200.10	Lymphosarcoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.11	Lymphosarcoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.12	Lymphosarcoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.13	Lymphosarcoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.14	Lymphosarcoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.15	Lymphosarcoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.16	Lymphosarcoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.17	Lymphosarcoma of spleen	Diagnosis	ICD-9-CM
200.18	Lymphosarcoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
200.2	Burkitt's tumor or lymphoma	Diagnosis	ICD-9-CM
200.20	Burkitt's tumor or lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.21	Burkitt's tumor or lymphoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.22	Burkitt's tumor or lymphoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.23	Burkitt's tumor or lymphoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.24	Burkitt's tumor or lymphoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.25	Burkitt's tumor or lymphoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.26	Burkitt's tumor or lymphoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.27	Burkitt's tumor or lymphoma of spleen	Diagnosis	ICD-9-CM
200.28	Burkitt's tumor or lymphoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
200.3	Marginal zone lymphoma	Diagnosis	ICD-9-CM
200.30	Marginal zone lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.31	Marginal zone lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.32	Marginal zone lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.33	Marginal zone lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.34	Marginal zone lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.35	Marginal zone lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.36	Marginal zone lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.37	Marginal zone lymphoma, spleen	Diagnosis	ICD-9-CM
200.38	Marginal zone lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-9-CM
200.4	Mantle cell lymphoma	Diagnosis	ICD-9-CM
200.40	Mantle cell lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.41	Mantle cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.42	Mantle cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.43	Mantle cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.44	Mantle cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.45	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.46	Mantle cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.47	Mantle cell lymphoma, spleen	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
200.48	Mantle cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-9-CM
200.5	Primary central nervous system lymphoma	Diagnosis	ICD-9-CM
200.50	Primary central nervous system lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.51	Primary central nervous system lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.52	Primary central nervous system lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.53	Primary central nervous system lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.54	Primary central nervous system lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.55	Primary central nervous system lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.56	Primary central nervous system lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.57	Primary central nervous system lymphoma, spleen	Diagnosis	ICD-9-CM
200.58	Primary central nervous system lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-9-CM
200.6	Anaplastic large cell lymphoma	Diagnosis	ICD-9-CM
200.60	Anaplastic large cell lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.61	Anaplastic large cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.62	Anaplastic large cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.63	Anaplastic large cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.64	Anaplastic large cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.65	Anaplastic large cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.66	Anaplastic large cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.67	Anaplastic large cell lymphoma, spleen	Diagnosis	ICD-9-CM
200.68	Anaplastic large cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-9-CM
200.7	Large cell lymphoma	Diagnosis	ICD-9-CM
200.70	Large cell lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.71	Large cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.72	Large cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.73	Large cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.74	Large cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.75	Large cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.76	Large cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.77	Large cell lymphoma, spleen	Diagnosis	ICD-9-CM
200.78	Large cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-9-CM
200.8	Other named variants of lymphosarcoma and reticulosarcoma	Diagnosis	ICD-9-CM
200.80	Other named variants, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.81	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.82	Other named variants of lymphosarcoma and reticulosarcoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
200.83	Other named variants of lymphosarcoma and reticulosarcoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.84	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.85	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.86	Other named variants of lymphosarcoma and reticulosarcoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.87	Other named variants of lymphosarcoma and reticulosarcoma of spleen	Diagnosis	ICD-9-CM
200.88	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201	Hodgkin's disease	Diagnosis	ICD-9-CM
201.0	Hodgkin's paragranuloma	Diagnosis	ICD-9-CM
201.00	Hodgkin's paragranuloma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.01	Hodgkin's paragranuloma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.02	Hodgkin's paragranuloma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.03	Hodgkin's paragranuloma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.04	Hodgkin's paragranuloma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.05	Hodgkin's paragranuloma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.06	Hodgkin's paragranuloma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.07	Hodgkin's paragranuloma of spleen	Diagnosis	ICD-9-CM
201.08	Hodgkin's paragranuloma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201.1	Hodgkin's granuloma	Diagnosis	ICD-9-CM
201.10	Hodgkin's granuloma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.11	Hodgkin's granuloma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.12	Hodgkin's granuloma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.13	Hodgkin's granuloma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.14	Hodgkin's granuloma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.15	Hodgkin's granuloma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.16	Hodgkin's granuloma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.17	Hodgkin's granuloma of spleen	Diagnosis	ICD-9-CM
201.18	Hodgkin's granuloma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201.2	Hodgkin's sarcoma	Diagnosis	ICD-9-CM
201.20	Hodgkin's sarcoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.21	Hodgkin's sarcoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.22	Hodgkin's sarcoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.23	Hodgkin's sarcoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.24	Hodgkin's sarcoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.25	Hodgkin's sarcoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.26	Hodgkin's sarcoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
201.27	Hodgkin's sarcoma of spleen	Diagnosis	ICD-9-CM
201.28	Hodgkin's sarcoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201.4	Hodgkin's disease, lymphocytic-histiocytic predominance	Diagnosis	ICD-9-CM
201.40	Hodgkin's disease, lymphocytic-histiocytic predominance, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.41	Hodgkin's disease, lymphocytic-histiocytic predominance of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.42	Hodgkin's disease, lymphocytic-histiocytic predominance of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.43	Hodgkin's disease, lymphocytic-histiocytic predominance of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.44	Hodgkin's disease, lymphocytic-histiocytic predominance of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.45	Hodgkin's disease, lymphocytic-histiocytic predominance of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.46	Hodgkin's disease, lymphocytic-histiocytic predominance of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.47	Hodgkin's disease, lymphocytic-histiocytic predominance of spleen	Diagnosis	ICD-9-CM
201.48	Hodgkin's disease, lymphocytic-histiocytic predominance of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201.5	Hodgkin's disease, nodular sclerosis	Diagnosis	ICD-9-CM
201.50	Hodgkin's disease, nodular sclerosis, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.51	Hodgkin's disease, nodular sclerosis, of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.52	Hodgkin's disease, nodular sclerosis, of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.53	Hodgkin's disease, nodular sclerosis, of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.54	Hodgkin's disease, nodular sclerosis, of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.55	Hodgkin's disease, nodular sclerosis, of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.56	Hodgkin's disease, nodular sclerosis, of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.57	Hodgkin's disease, nodular sclerosis, of spleen	Diagnosis	ICD-9-CM
201.58	Hodgkin's disease, nodular sclerosis, of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201.6	Hodgkin's disease, mixed cellularity	Diagnosis	ICD-9-CM
201.60	Hodgkin's disease, mixed cellularity, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.61	Hodgkin's disease, mixed cellularity, involving lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.62	Hodgkin's disease, mixed cellularity, of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.63	Hodgkin's disease, mixed cellularity, of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.64	Hodgkin's disease, mixed cellularity, of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
201.65	Hodgkin's disease, mixed cellularity, of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.66	Hodgkin's disease, mixed cellularity, of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.67	Hodgkin's disease, mixed cellularity, of spleen	Diagnosis	ICD-9-CM
201.68	Hodgkin's disease, mixed cellularity, of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201.7	Hodgkin's disease, lymphocytic depletion	Diagnosis	ICD-9-CM
201.70	Hodgkin's disease, lymphocytic depletion, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.71	Hodgkin's disease, lymphocytic depletion, of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.72	Hodgkin's disease, lymphocytic depletion, of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.73	Hodgkin's disease, lymphocytic depletion, of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.74	Hodgkin's disease, lymphocytic depletion, of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.75	Hodgkin's disease, lymphocytic depletion, of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.76	Hodgkin's disease, lymphocytic depletion, of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.77	Hodgkin's disease, lymphocytic depletion, of spleen	Diagnosis	ICD-9-CM
201.78	Hodgkin's disease, lymphocytic depletion, of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201.9	Hodgkin's disease, unspecified type	Diagnosis	ICD-9-CM
201.90	Hodgkin's disease, unspecified type, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.91	Hodgkin's disease, unspecified type, of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.92	Hodgkin's disease, unspecified type, of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.93	Hodgkin's disease, unspecified type, of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.94	Hodgkin's disease, unspecified type, of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.95	Hodgkin's disease, unspecified type, of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.96	Hodgkin's disease, unspecified type, of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.97	Hodgkin's disease, unspecified type, of spleen	Diagnosis	ICD-9-CM
201.98	Hodgkin's disease, unspecified type, of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202	Other malignant neoplasms of lymphoid and histiocytic tissue	Diagnosis	ICD-9-CM
202.0	Nodular lymphoma	Diagnosis	ICD-9-CM
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.01	Nodular lymphoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.02	Nodular lymphoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.03	Nodular lymphoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.04	Nodular lymphoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.05	Nodular lymphoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.06	Nodular lymphoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.07	Nodular lymphoma of spleen	Diagnosis	ICD-9-CM
202.08	Nodular lymphoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
202.1	Mycosis fungoides	Diagnosis	ICD-9-CM
202.10	Mycosis fungoides, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.11	Mycosis fungoides of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.12	Mycosis fungoides of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.13	Mycosis fungoides of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.14	Mycosis fungoides of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.15	Mycosis fungoides of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.16	Mycosis fungoides of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.17	Mycosis fungoides of spleen	Diagnosis	ICD-9-CM
202.18	Mycosis fungoides of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.2	Sezary's disease	Diagnosis	ICD-9-CM
202.20	Sezary's disease, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.21	Sezary's disease of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.22	Sezary's disease of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.23	Sezary's disease of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.24	Sezary's disease of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.25	Sezary's disease of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.26	Sezary's disease of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.27	Sezary's disease of spleen	Diagnosis	ICD-9-CM
202.28	Sezary's disease of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.3	Malignant histiocytosis	Diagnosis	ICD-9-CM
202.30	Malignant histiocytosis, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.31	Malignant histiocytosis of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.32	Malignant histiocytosis of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.33	Malignant histiocytosis of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.34	Malignant histiocytosis of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.35	Malignant histiocytosis of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.36	Malignant histiocytosis of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.37	Malignant histiocytosis of spleen	Diagnosis	ICD-9-CM
202.38	Malignant histiocytosis of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.4	Leukemic reticuloendotheliosis	Diagnosis	ICD-9-CM
202.40	Leukemic reticuloendotheliosis, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.41	Leukemic reticuloendotheliosis of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.42	Leukemic reticuloendotheliosis of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.43	Leukemic reticuloendotheliosis of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.44	Leukemic reticuloendotheliosis of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.45	Leukemic reticuloendotheliosis of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.46	Leukemic reticuloendotheliosis of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.47	Leukemic reticuloendotheliosis of spleen	Diagnosis	ICD-9-CM
202.48	Leukemic reticuloendotheliosis of lymph nodes of multiple sites	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
202.5	Letterer-Siwe disease	Diagnosis	ICD-9-CM
202.50	Letterer-Siwe disease, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.51	Letterer-Siwe disease of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.52	Letterer-Siwe disease of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.53	Letterer-Siwe disease of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.54	Letterer-Siwe disease of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.55	Letterer-Siwe disease of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.56	Letterer-Siwe disease of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.57	Letterer-Siwe disease of spleen	Diagnosis	ICD-9-CM
202.58	Letterer-Siwe disease of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.6	Malignant mast cell tumors	Diagnosis	ICD-9-CM
202.60	Malignant mast cell tumors, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.61	Malignant mast cell tumors of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.62	Malignant mast cell tumors of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.63	Malignant mast cell tumors of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.64	Malignant mast cell tumors of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.65	Malignant mast cell tumors of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.66	Malignant mast cell tumors of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.67	Malignant mast cell tumors of spleen	Diagnosis	ICD-9-CM
202.68	Malignant mast cell tumors of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.7	Peripheral T-cell lymphoma	Diagnosis	ICD-9-CM
202.70	Peripheral T-cell lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.71	Peripheral T-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.72	Peripheral T-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.73	Peripheral T-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.74	Peripheral T-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.75	Peripheral T-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.76	Peripheral T-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.77	Peripheral T-cell lymphoma, spleen	Diagnosis	ICD-9-CM
202.78	Peripheral T-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.8	Other malignant lymphomas	Diagnosis	ICD-9-CM
202.80	Other malignant lymphomas, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.81	Other malignant lymphomas of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.82	Other malignant lymphomas of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.83	Other malignant lymphomas of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.84	Other malignant lymphomas of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.85	Other malignant lymphomas of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.86	Other malignant lymphomas of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.87	Other malignant lymphomas of spleen	Diagnosis	ICD-9-CM
202.88	Other malignant lymphomas of lymph nodes of multiple sites	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
202.9	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue	Diagnosis	ICD-9-CM
202.90	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.91	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.92	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.93	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.94	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.95	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.96	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.97	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of spleen	Diagnosis	ICD-9-CM
202.98	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
203	Multiple myeloma and immunoproliferative neoplasms	Diagnosis	ICD-9-CM
203.0	Multiple myeloma	Diagnosis	ICD-9-CM
203.00	Multiple myeloma, without mention of having achieved remission	Diagnosis	ICD-9-CM
203.01	Multiple myeloma in remission	Diagnosis	ICD-9-CM
203.02	Multiple myeloma, in relapse	Diagnosis	ICD-9-CM
203.1	Plasma cell leukemia	Diagnosis	ICD-9-CM
203.10	Plasma cell leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
203.11	Plasma cell leukemia in remission	Diagnosis	ICD-9-CM
203.12	Plasma cell leukemia, in relapse	Diagnosis	ICD-9-CM
203.8	Other immunoproliferative neoplasms	Diagnosis	ICD-9-CM
203.80	Other immunoproliferative neoplasms, without mention of having achieved remission	Diagnosis	ICD-9-CM
203.81	Other immunoproliferative neoplasms in remission	Diagnosis	ICD-9-CM
203.82	Other immunoproliferative neoplasms, in relapse	Diagnosis	ICD-9-CM
204	Lymphoid leukemia	Diagnosis	ICD-9-CM
204.0	Acute lymphoid leukemia	Diagnosis	ICD-9-CM
204.00	Acute lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
204.01	Acute lymphoid leukemia in remission	Diagnosis	ICD-9-CM
204.02	Acute lymphoid leukemia, in relapse	Diagnosis	ICD-9-CM
204.1	Chronic lymphoid leukemia	Diagnosis	ICD-9-CM
204.10	Chronic lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
204.11	Chronic lymphoid leukemia in remission	Diagnosis	ICD-9-CM
204.12	Chronic lymphoid leukemia, in relapse	Diagnosis	ICD-9-CM
204.2	Subacute lymphoid leukemia	Diagnosis	ICD-9-CM
204.20	Subacute lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
204.21	Subacute lymphoid leukemia in remission	Diagnosis	ICD-9-CM
204.22	Subacute lymphoid leukemia, in relapse	Diagnosis	ICD-9-CM
204.8	Other lymphoid leukemia	Diagnosis	ICD-9-CM
204.80	Other lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
204.81	Other lymphoid leukemia in remission	Diagnosis	ICD-9-CM
204.82	Other lymphoid leukemia, in relapse	Diagnosis	ICD-9-CM
204.9	Unspecified lymphoid leukemia	Diagnosis	ICD-9-CM
204.90	Unspecified lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
204.91	Unspecified lymphoid leukemia in remission	Diagnosis	ICD-9-CM
204.92	Unspecified lymphoid leukemia, in relapse	Diagnosis	ICD-9-CM
205	Myeloid leukemia	Diagnosis	ICD-9-CM
205.0	Acute myeloid leukemia	Diagnosis	ICD-9-CM
205.00	Acute myeloid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
205.01	Acute myeloid leukemia in remission	Diagnosis	ICD-9-CM
205.02	Acute myeloid leukemia, in relapse	Diagnosis	ICD-9-CM
205.1	Chronic myeloid leukemia	Diagnosis	ICD-9-CM
205.10	Chronic myeloid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
205.11	Chronic myeloid leukemia in remission	Diagnosis	ICD-9-CM
205.12	Chronic myeloid leukemia, in relapse	Diagnosis	ICD-9-CM
205.2	Subacute myeloid leukemia	Diagnosis	ICD-9-CM
205.20	Subacute myeloid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
205.21	Subacute myeloid leukemia in remission	Diagnosis	ICD-9-CM
205.22	Subacute myeloid leukemia, in relapse	Diagnosis	ICD-9-CM
205.3	Myeloid sarcoma	Diagnosis	ICD-9-CM
205.30	Myeloid sarcoma, without mention of having achieved remission	Diagnosis	ICD-9-CM
205.31	Myeloid sarcoma in remission	Diagnosis	ICD-9-CM
205.32	Myeloid sarcoma, in relapse	Diagnosis	ICD-9-CM
205.8	Other myeloid leukemia	Diagnosis	ICD-9-CM
205.80	Other myeloid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
205.81	Other myeloid leukemia in remission	Diagnosis	ICD-9-CM
205.82	Other myeloid leukemia, in relapse	Diagnosis	ICD-9-CM
205.9	Unspecified myeloid leukemia	Diagnosis	ICD-9-CM
205.90	Unspecified myeloid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
205.91	Unspecified myeloid leukemia in remission	Diagnosis	ICD-9-CM
205.92	Unspecified myeloid leukemia, in relapse	Diagnosis	ICD-9-CM
206	Monocytic leukemia	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
206.0	Acute monocytic leukemia	Diagnosis	ICD-9-CM
206.00	Acute monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.01	Acute monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.02	Acute monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
206.1	Chronic monocytic leukemia	Diagnosis	ICD-9-CM
206.10	Chronic monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.11	Chronic monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.12	Chronic monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
206.2	Subacute monocytic leukemia	Diagnosis	ICD-9-CM
206.20	Subacute monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.21	Subacute monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.22	Subacute monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
206.8	Other monocytic leukemia	Diagnosis	ICD-9-CM
206.80	Other monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.81	Other monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.82	Other monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
206.9	Unspecified monocytic leukemia	Diagnosis	ICD-9-CM
206.90	Unspecified monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.91	Unspecified monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.92	Unspecified monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
207	Other specified leukemia	Diagnosis	ICD-9-CM
207.0	Acute erythremia and erythroleukemia	Diagnosis	ICD-9-CM
207.00	Acute erythremia and erythroleukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
207.01	Acute erythremia and erythroleukemia in remission	Diagnosis	ICD-9-CM
207.02	Acute erythremia and erythroleukemia, in relapse	Diagnosis	ICD-9-CM
207.1	Chronic erythremia	Diagnosis	ICD-9-CM
207.10	Chronic erythremia, without mention of having achieved remission	Diagnosis	ICD-9-CM
207.11	Chronic erythremia in remission	Diagnosis	ICD-9-CM
207.12	Chronic erythremia, in relapse	Diagnosis	ICD-9-CM
207.2	Megakaryocytic leukemia	Diagnosis	ICD-9-CM
207.20	Megakaryocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
207.21	Megakaryocytic leukemia in remission	Diagnosis	ICD-9-CM
207.22	Megakaryocytic leukemia, in relapse	Diagnosis	ICD-9-CM
207.8	Other specified leukemia	Diagnosis	ICD-9-CM
207.80	Other specified leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
207.81	Other specified leukemia in remission	Diagnosis	ICD-9-CM
207.82	Other specified leukemia, in relapse	Diagnosis	ICD-9-CM
208	Leukemia of unspecified cell type	Diagnosis	ICD-9-CM
208.0	Acute leukemia of unspecified cell type	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
208.00	Acute leukemia of unspecified cell type, without mention of having achieved remission	Diagnosis	ICD-9-CM
208.01	Acute leukemia of unspecified cell type in remission	Diagnosis	ICD-9-CM
208.02	Acute leukemia of unspecified cell type, in relapse	Diagnosis	ICD-9-CM
208.1	Chronic leukemia of unspecified cell type	Diagnosis	ICD-9-CM
208.10	Chronic leukemia of unspecified cell type, without mention of having achieved remission	Diagnosis	ICD-9-CM
208.11	Chronic leukemia of unspecified cell type in remission	Diagnosis	ICD-9-CM
208.12	Chronic leukemia of unspecified cell type, in relapse	Diagnosis	ICD-9-CM
208.2	Subacute leukemia of unspecified cell type	Diagnosis	ICD-9-CM
208.20	Subacute leukemia of unspecified cell type, without mention of having achieved remission	Diagnosis	ICD-9-CM
208.21	Subacute leukemia of unspecified cell type in remission	Diagnosis	ICD-9-CM
208.22	Subacute leukemia of unspecified cell type, in relapse	Diagnosis	ICD-9-CM
208.8	Other leukemia of unspecified cell type	Diagnosis	ICD-9-CM
208.80	Other leukemia of unspecified cell type, without mention of having achieved remission	Diagnosis	ICD-9-CM
208.81	Other leukemia of unspecified cell type in remission	Diagnosis	ICD-9-CM
208.82	Other leukemia of unspecified cell type, in relapse	Diagnosis	ICD-9-CM
208.9	Unspecified leukemia	Diagnosis	ICD-9-CM
208.90	Unspecified leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
208.91	Unspecified leukemia in remission	Diagnosis	ICD-9-CM
208.92	Unspecified leukemia, in relapse	Diagnosis	ICD-9-CM
209	Neuroendocrine tumors	Diagnosis	ICD-9-CM
209.0	Malignant carcinoid tumors of the small intestine	Diagnosis	ICD-9-CM
209.00	Malignant carcinoid tumor of the small intestine, unspecified portion	Diagnosis	ICD-9-CM
209.01	Malignant carcinoid tumor of the duodenum	Diagnosis	ICD-9-CM
209.02	Malignant carcinoid tumor of the jejunum	Diagnosis	ICD-9-CM
209.03	Malignant carcinoid tumor of the ileum	Diagnosis	ICD-9-CM
209.1	Malignant carcinoid tumors of the appendix, large intestine, and rectum	Diagnosis	ICD-9-CM
209.10	Malignant carcinoid tumor of the large intestine, unspecified portion	Diagnosis	ICD-9-CM
209.11	Malignant carcinoid tumor of the appendix	Diagnosis	ICD-9-CM
209.12	Malignant carcinoid tumor of the cecum	Diagnosis	ICD-9-CM
209.13	Malignant carcinoid tumor of the ascending colon	Diagnosis	ICD-9-CM
209.14	Malignant carcinoid tumor of the transverse colon	Diagnosis	ICD-9-CM
209.15	Malignant carcinoid tumor of the descending colon	Diagnosis	ICD-9-CM
209.16	Malignant carcinoid tumor of the sigmoid colon	Diagnosis	ICD-9-CM
209.17	Malignant carcinoid tumor of the rectum	Diagnosis	ICD-9-CM
209.2	Malignant carcinoid tumors of other and unspecified sites	Diagnosis	ICD-9-CM
209.20	Malignant carcinoid tumor of unknown primary site	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
209.21	Malignant carcinoid tumor of the bronchus and lung	Diagnosis	ICD-9-CM
209.22	Malignant carcinoid tumor of the thymus	Diagnosis	ICD-9-CM
209.23	Malignant carcinoid tumor of the stomach	Diagnosis	ICD-9-CM
209.24	Malignant carcinoid tumor of the kidney	Diagnosis	ICD-9-CM
209.25	Malignant carcinoid tumor of foregut, not otherwise specified	Diagnosis	ICD-9-CM
209.26	Malignant carcinoid tumor of midgut, not otherwise specified	Diagnosis	ICD-9-CM
209.27	Malignant carcinoid tumor of hindgut, not otherwise specified	Diagnosis	ICD-9-CM
209.29	Malignant carcinoid tumor of other sites	Diagnosis	ICD-9-CM
209.3	Malignant poorly differentiated neuroendocrine tumors	Diagnosis	ICD-9-CM
209.30	Malignant poorly differentiated neuroendocrine carcinoma, any site	Diagnosis	ICD-9-CM
209.31	Merkel cell carcinoma of the face	Diagnosis	ICD-9-CM
209.32	Merkel cell carcinoma of the scalp and neck	Diagnosis	ICD-9-CM
209.33	Merkel cell carcinoma of the upper limb	Diagnosis	ICD-9-CM
209.34	Merkel cell carcinoma of the lower limb	Diagnosis	ICD-9-CM
209.35	Merkel cell carcinoma of the trunk	Diagnosis	ICD-9-CM
209.36	Merkel cell carcinoma of other sites	Diagnosis	ICD-9-CM
209.4	Benign carcinoid tumors of the small intestine	Diagnosis	ICD-9-CM
209.40	Benign carcinoid tumor of the small intestine, unspecified portion	Diagnosis	ICD-9-CM
209.41	Benign carcinoid tumor of the duodenum	Diagnosis	ICD-9-CM
209.42	Benign carcinoid tumor of the jejunum	Diagnosis	ICD-9-CM
209.43	Benign carcinoid tumor of the ileum	Diagnosis	ICD-9-CM
209.5	Benign carcinoid tumors of the appendix, large intestine, and rectum	Diagnosis	ICD-9-CM
209.50	Benign carcinoid tumor of the large intestine, unspecified portion	Diagnosis	ICD-9-CM
209.51	Benign carcinoid tumor of the appendix	Diagnosis	ICD-9-CM
209.52	Benign carcinoid tumor of the cecum	Diagnosis	ICD-9-CM
209.53	Benign carcinoid tumor of the ascending colon	Diagnosis	ICD-9-CM
209.54	Benign carcinoid tumor of the transverse colon	Diagnosis	ICD-9-CM
209.55	Benign carcinoid tumor of the descending colon	Diagnosis	ICD-9-CM
209.56	Benign carcinoid tumor of the sigmoid colon	Diagnosis	ICD-9-CM
209.57	Benign carcinoid tumor of the rectum	Diagnosis	ICD-9-CM
209.6	Benign carcinoid tumors of other and unspecified sites	Diagnosis	ICD-9-CM
209.60	Benign carcinoid tumor of unknown primary site	Diagnosis	ICD-9-CM
209.61	Benign carcinoid tumor of the bronchus and lung	Diagnosis	ICD-9-CM
209.62	Benign carcinoid tumor of the thymus	Diagnosis	ICD-9-CM
209.63	Benign carcinoid tumor of the stomach	Diagnosis	ICD-9-CM
209.64	Benign carcinoid tumor of the kidney	Diagnosis	ICD-9-CM
209.65	Benign carcinoid tumor of foregut, not otherwise specified	Diagnosis	ICD-9-CM
209.66	Benign carcinoid tumor of midgut, not otherwise specified	Diagnosis	ICD-9-CM
209.67	Benign carcinoid tumor of hindgut, not otherwise specified	Diagnosis	ICD-9-CM
209.69	Benign carcinoid tumor of other sites	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
209.7	Secondary neuroendocrine tumors	Diagnosis	ICD-9-CM
209.70	Secondary neuroendocrine tumor, unspecified site	Diagnosis	ICD-9-CM
209.71	Secondary neuroendocrine tumor of distant lymph nodes	Diagnosis	ICD-9-CM
209.72	Secondary neuroendocrine tumor of liver	Diagnosis	ICD-9-CM
209.73	Secondary neuroendocrine tumor of bone	Diagnosis	ICD-9-CM
209.74	Secondary neuroendocrine tumor of peritoneum	Diagnosis	ICD-9-CM
209.75	Secondary Merkel cell carcinoma	Diagnosis	ICD-9-CM
209.79	Secondary neuroendocrine tumor of other sites	Diagnosis	ICD-9-CM
230	Carcinoma in situ of digestive organs	Diagnosis	ICD-9-CM
230.0	Carcinoma in situ of lip, oral cavity, and pharynx	Diagnosis	ICD-9-CM
230.1	Carcinoma in situ of esophagus	Diagnosis	ICD-9-CM
230.2	Carcinoma in situ of stomach	Diagnosis	ICD-9-CM
230.3	Carcinoma in situ of colon	Diagnosis	ICD-9-CM
230.4	Carcinoma in situ of rectum	Diagnosis	ICD-9-CM
230.5	Carcinoma in situ of anal canal	Diagnosis	ICD-9-CM
230.6	Carcinoma in situ of anus, unspecified	Diagnosis	ICD-9-CM
230.7	Carcinoma in situ of other and unspecified parts of intestine	Diagnosis	ICD-9-CM
230.8	Carcinoma in situ of liver and biliary system	Diagnosis	ICD-9-CM
230.9	Carcinoma in situ of other and unspecified digestive organs	Diagnosis	ICD-9-CM
231	Carcinoma in situ of respiratory system	Diagnosis	ICD-9-CM
231.0	Carcinoma in situ of larynx	Diagnosis	ICD-9-CM
231.1	Carcinoma in situ of trachea	Diagnosis	ICD-9-CM
231.2	Carcinoma in situ of bronchus and lung	Diagnosis	ICD-9-CM
231.8	Carcinoma in situ of other specified parts of respiratory system	Diagnosis	ICD-9-CM
231.9	Carcinoma in situ of respiratory system, part unspecified	Diagnosis	ICD-9-CM
233	Carcinoma in situ of breast and genitourinary system	Diagnosis	ICD-9-CM
233.0	Carcinoma in situ of breast	Diagnosis	ICD-9-CM
233.1	Carcinoma in situ of cervix uteri	Diagnosis	ICD-9-CM
233.2	Carcinoma in situ of other and unspecified parts of uterus	Diagnosis	ICD-9-CM
233.3	Carcinoma in situ, other and unspecified female genital organs	Diagnosis	ICD-9-CM
233.30	Carcinoma in situ, unspecified female genital organ	Diagnosis	ICD-9-CM
233.31	Carcinoma in situ, vagina	Diagnosis	ICD-9-CM
233.32	Carcinoma in situ, vulva	Diagnosis	ICD-9-CM
233.39	Carcinoma in situ, other female genital organ	Diagnosis	ICD-9-CM
233.4	Carcinoma in situ of prostate	Diagnosis	ICD-9-CM
233.5	Carcinoma in situ of penis	Diagnosis	ICD-9-CM
233.6	Carcinoma in situ of other and unspecified male genital organs	Diagnosis	ICD-9-CM
233.7	Carcinoma in situ of bladder	Diagnosis	ICD-9-CM
233.9	Carcinoma in situ of other and unspecified urinary organs	Diagnosis	ICD-9-CM
234	Carcinoma in situ of other and unspecified sites	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
234.0	Carcinoma in situ of eye	Diagnosis	ICD-9-CM
234.8	Carcinoma in situ of other specified sites	Diagnosis	ICD-9-CM
234.9	Carcinoma in situ, site unspecified	Diagnosis	ICD-9-CM
235	Neoplasm of uncertain behavior of digestive and respiratory systems	Diagnosis	ICD-9-CM
235.0	Neoplasm of uncertain behavior of major salivary glands	Diagnosis	ICD-9-CM
235.1	Neoplasm of uncertain behavior of lip, oral cavity, and pharynx	Diagnosis	ICD-9-CM
235.2	Neoplasm of uncertain behavior of stomach, intestines, and rectum	Diagnosis	ICD-9-CM
235.3	Neoplasm of uncertain behavior of liver and biliary passages	Diagnosis	ICD-9-CM
235.4	Neoplasm of uncertain behavior of retroperitoneum and peritoneum	Diagnosis	ICD-9-CM
235.5	Neoplasm of uncertain behavior of other and unspecified digestive organs	Diagnosis	ICD-9-CM
235.6	Neoplasm of uncertain behavior of larynx	Diagnosis	ICD-9-CM
235.7	Neoplasm of uncertain behavior of trachea, bronchus, and lung	Diagnosis	ICD-9-CM
235.8	Neoplasm of uncertain behavior of pleura, thymus, and mediastinum	Diagnosis	ICD-9-CM
235.9	Neoplasm of uncertain behavior of other and unspecified respiratory organs	Diagnosis	ICD-9-CM
236	Neoplasm of uncertain behavior of genitourinary organs	Diagnosis	ICD-9-CM
236.0	Neoplasm of uncertain behavior of uterus	Diagnosis	ICD-9-CM
236.1	Neoplasm of uncertain behavior of placenta	Diagnosis	ICD-9-CM
236.2	Neoplasm of uncertain behavior of ovary	Diagnosis	ICD-9-CM
236.3	Neoplasm of uncertain behavior of other and unspecified female genital organs	Diagnosis	ICD-9-CM
236.4	Neoplasm of uncertain behavior of testis	Diagnosis	ICD-9-CM
236.5	Neoplasm of uncertain behavior of prostate	Diagnosis	ICD-9-CM
236.6	Neoplasm of uncertain behavior of other and unspecified male genital organs	Diagnosis	ICD-9-CM
236.7	Neoplasm of uncertain behavior of bladder	Diagnosis	ICD-9-CM
236.9	Neoplasm of uncertain behavior of other and unspecified urinary organs	Diagnosis	ICD-9-CM
236.90	Neoplasm of uncertain behavior of urinary organ, unspecified	Diagnosis	ICD-9-CM
236.91	Neoplasm of uncertain behavior of kidney and ureter	Diagnosis	ICD-9-CM
236.99	Neoplasm of uncertain behavior of other and unspecified urinary organs	Diagnosis	ICD-9-CM
237	Neoplasm of uncertain behavior of endocrine glands and nervous system	Diagnosis	ICD-9-CM
237.0	Neoplasm of uncertain behavior of pituitary gland and craniopharyngeal duct	Diagnosis	ICD-9-CM
237.1	Neoplasm of uncertain behavior of pineal gland	Diagnosis	ICD-9-CM
237.2	Neoplasm of uncertain behavior of adrenal gland	Diagnosis	ICD-9-CM
237.3	Neoplasm of uncertain behavior of paraganglia	Diagnosis	ICD-9-CM
237.4	Neoplasm of uncertain behavior of other and unspecified endocrine glands	Diagnosis	ICD-9-CM
237.5	Neoplasm of uncertain behavior of brain and spinal cord	Diagnosis	ICD-9-CM
237.6	Neoplasm of uncertain behavior of meninges	Diagnosis	ICD-9-CM
237.7	Neurofibromatosis	Diagnosis	ICD-9-CM
237.70	Neurofibromatosis, unspecified	Diagnosis	ICD-9-CM
237.71	Neurofibromatosis, Type 1 (von Recklinghausen's disease)	Diagnosis	ICD-9-CM
237.72	Neurofibromatosis, Type 2 (acoustic neurofibromatosis)	Diagnosis	ICD-9-CM
237.73	Schwannomatosis	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
237.79	Other neurofibromatosis	Diagnosis	ICD-9-CM
237.9	Neoplasm of uncertain behavior of other and unspecified parts of nervous system	Diagnosis	ICD-9-CM
238	Neoplasm of uncertain behavior of other and unspecified sites and tissues	Diagnosis	ICD-9-CM
238.0	Neoplasm of uncertain behavior of bone and articular cartilage	Diagnosis	ICD-9-CM
238.1	Neoplasm of uncertain behavior of connective and other soft tissue	Diagnosis	ICD-9-CM
238.2	Neoplasm of uncertain behavior of skin	Diagnosis	ICD-9-CM
238.3	Neoplasm of uncertain behavior of breast	Diagnosis	ICD-9-CM
238.4	Neoplasm of uncertain behavior of polycythemia vera	Diagnosis	ICD-9-CM
238.5	Neoplasm of uncertain behavior of histiocytic and mast cells	Diagnosis	ICD-9-CM
238.6	Neoplasm of uncertain behavior of plasma cells	Diagnosis	ICD-9-CM
238.7	Other lymphatic and hematopoietic tissues	Diagnosis	ICD-9-CM
238.71	Essential thrombocythemia	Diagnosis	ICD-9-CM
238.72	Low grade myelodysplastic syndrome lesions	Diagnosis	ICD-9-CM
238.73	High grade myelodysplastic syndrome lesions	Diagnosis	ICD-9-CM
238.74	Myelodysplastic syndrome with 5q deletion	Diagnosis	ICD-9-CM
238.75	Myelodysplastic syndrome, unspecified	Diagnosis	ICD-9-CM
238.76	Myelofibrosis with myeloid metaplasia	Diagnosis	ICD-9-CM
238.77	Post-transplant lymphoproliferative disorder [PTLD]	Diagnosis	ICD-9-CM
238.79	Other lymphatic and hematopoietic tissues	Diagnosis	ICD-9-CM
238.8	Neoplasm of uncertain behavior of other specified sites	Diagnosis	ICD-9-CM
238.9	Neoplasm of uncertain behavior, site unspecified	Diagnosis	ICD-9-CM
239	Neoplasms of unspecified nature	Diagnosis	ICD-9-CM
239.0	Neoplasm of unspecified nature of digestive system	Diagnosis	ICD-9-CM
239.1	Neoplasm of unspecified nature of respiratory system	Diagnosis	ICD-9-CM
239.2	Neoplasms of unspecified nature of bone, soft tissue, and skin	Diagnosis	ICD-9-CM
239.3	Neoplasm of unspecified nature of breast	Diagnosis	ICD-9-CM
239.4	Neoplasm of unspecified nature of bladder	Diagnosis	ICD-9-CM
239.5	Neoplasm of unspecified nature of other genitourinary organs	Diagnosis	ICD-9-CM
239.6	Neoplasm of unspecified nature of brain	Diagnosis	ICD-9-CM
239.7	Neoplasm of unspecified nature of endocrine glands and other parts of nervous system	Diagnosis	ICD-9-CM
239.8	Neoplasm of unspecified nature of other specified sites	Diagnosis	ICD-9-CM
239.81	Neoplasms of unspecified nature, retina and choroid	Diagnosis	ICD-9-CM
239.89	Neoplasms of unspecified nature, other specified sites	Diagnosis	ICD-9-CM
239.9	Neoplasm of unspecified nature, site unspecified	Diagnosis	ICD-9-CM
338.3	Neoplasm related pain (acute) (chronic)	Diagnosis	ICD-9-CM
789.51	Malignant ascites	Diagnosis	ICD-9-CM
C00.0	Malignant neoplasm of external upper lip	Diagnosis	ICD-10-CM
C00.1	Malignant neoplasm of external lower lip	Diagnosis	ICD-10-CM
C00.2	Malignant neoplasm of external lip, unspecified	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C00.3	Malignant neoplasm of upper lip, inner aspect	Diagnosis	ICD-10-CM
C00.4	Malignant neoplasm of lower lip, inner aspect	Diagnosis	ICD-10-CM
C00.5	Malignant neoplasm of lip, unspecified, inner aspect	Diagnosis	ICD-10-CM
C00.6	Malignant neoplasm of commissure of lip, unspecified	Diagnosis	ICD-10-CM
C00.8	Malignant neoplasm of overlapping sites of lip	Diagnosis	ICD-10-CM
C00.9	Malignant neoplasm of lip, unspecified	Diagnosis	ICD-10-CM
C01	Malignant neoplasm of base of tongue	Diagnosis	ICD-10-CM
C02.0	Malignant neoplasm of dorsal surface of tongue	Diagnosis	ICD-10-CM
C02.1	Malignant neoplasm of border of tongue	Diagnosis	ICD-10-CM
C02.2	Malignant neoplasm of ventral surface of tongue	Diagnosis	ICD-10-CM
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	Diagnosis	ICD-10-CM
C02.4	Malignant neoplasm of lingual tonsil	Diagnosis	ICD-10-CM
C02.8	Malignant neoplasm of overlapping sites of tongue	Diagnosis	ICD-10-CM
C02.9	Malignant neoplasm of tongue, unspecified	Diagnosis	ICD-10-CM
C03.0	Malignant neoplasm of upper gum	Diagnosis	ICD-10-CM
C03.1	Malignant neoplasm of lower gum	Diagnosis	ICD-10-CM
C03.9	Malignant neoplasm of gum, unspecified	Diagnosis	ICD-10-CM
C04.0	Malignant neoplasm of anterior floor of mouth	Diagnosis	ICD-10-CM
C04.1	Malignant neoplasm of lateral floor of mouth	Diagnosis	ICD-10-CM
C04.8	Malignant neoplasm of overlapping sites of floor of mouth	Diagnosis	ICD-10-CM
C04.9	Malignant neoplasm of floor of mouth, unspecified	Diagnosis	ICD-10-CM
C05.0	Malignant neoplasm of hard palate	Diagnosis	ICD-10-CM
C05.1	Malignant neoplasm of soft palate	Diagnosis	ICD-10-CM
C05.2	Malignant neoplasm of uvula	Diagnosis	ICD-10-CM
C05.8	Malignant neoplasm of overlapping sites of palate	Diagnosis	ICD-10-CM
C05.9	Malignant neoplasm of palate, unspecified	Diagnosis	ICD-10-CM
C06.0	Malignant neoplasm of cheek mucosa	Diagnosis	ICD-10-CM
C06.1	Malignant neoplasm of vestibule of mouth	Diagnosis	ICD-10-CM
C06.2	Malignant neoplasm of retromolar area	Diagnosis	ICD-10-CM
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth	Diagnosis	ICD-10-CM
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth	Diagnosis	ICD-10-CM
C06.9	Malignant neoplasm of mouth, unspecified	Diagnosis	ICD-10-CM
C07	Malignant neoplasm of parotid gland	Diagnosis	ICD-10-CM
C08.0	Malignant neoplasm of submandibular gland	Diagnosis	ICD-10-CM
C08.1	Malignant neoplasm of sublingual gland	Diagnosis	ICD-10-CM
C08.9	Malignant neoplasm of major salivary gland, unspecified	Diagnosis	ICD-10-CM
C09.0	Malignant neoplasm of tonsillar fossa	Diagnosis	ICD-10-CM
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	Diagnosis	ICD-10-CM
C09.8	Malignant neoplasm of overlapping sites of tonsil	Diagnosis	ICD-10-CM
C09.9	Malignant neoplasm of tonsil, unspecified	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

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

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C17.8	Malignant neoplasm of overlapping sites of small intestine	Diagnosis	ICD-10-CM
C17.9	Malignant neoplasm of small intestine, unspecified	Diagnosis	ICD-10-CM
C18.0	Malignant neoplasm of cecum	Diagnosis	ICD-10-CM
C18.1	Malignant neoplasm of appendix	Diagnosis	ICD-10-CM
C18.2	Malignant neoplasm of ascending colon	Diagnosis	ICD-10-CM
C18.3	Malignant neoplasm of hepatic flexure	Diagnosis	ICD-10-CM
C18.4	Malignant neoplasm of transverse colon	Diagnosis	ICD-10-CM
C18.5	Malignant neoplasm of splenic flexure	Diagnosis	ICD-10-CM
C18.6	Malignant neoplasm of descending colon	Diagnosis	ICD-10-CM
C18.7	Malignant neoplasm of sigmoid colon	Diagnosis	ICD-10-CM
C18.8	Malignant neoplasm of overlapping sites of colon	Diagnosis	ICD-10-CM
C18.9	Malignant neoplasm of colon, unspecified	Diagnosis	ICD-10-CM
C19	Malignant neoplasm of rectosigmoid junction	Diagnosis	ICD-10-CM
C20	Malignant neoplasm of rectum	Diagnosis	ICD-10-CM
C21.0	Malignant neoplasm of anus, unspecified	Diagnosis	ICD-10-CM
C21.1	Malignant neoplasm of anal canal	Diagnosis	ICD-10-CM
C21.2	Malignant neoplasm of cloacogenic zone	Diagnosis	ICD-10-CM
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal	Diagnosis	ICD-10-CM
C22.0	Liver cell carcinoma	Diagnosis	ICD-10-CM
C22.1	Intrahepatic bile duct carcinoma	Diagnosis	ICD-10-CM
C22.2	Hepatoblastoma	Diagnosis	ICD-10-CM
C22.3	Angiosarcoma of liver	Diagnosis	ICD-10-CM
C22.4	Other sarcomas of liver	Diagnosis	ICD-10-CM
C22.7	Other specified carcinomas of liver	Diagnosis	ICD-10-CM
C22.8	Malignant neoplasm of liver, primary, unspecified as to type	Diagnosis	ICD-10-CM
C22.9	Malignant neoplasm of liver, not specified as primary or secondary	Diagnosis	ICD-10-CM
C23	Malignant neoplasm of gallbladder	Diagnosis	ICD-10-CM
C24.0	Malignant neoplasm of extrahepatic bile duct	Diagnosis	ICD-10-CM
C24.1	Malignant neoplasm of ampulla of Vater	Diagnosis	ICD-10-CM
C24.8	Malignant neoplasm of overlapping sites of biliary tract	Diagnosis	ICD-10-CM
C24.9	Malignant neoplasm of biliary tract, unspecified	Diagnosis	ICD-10-CM
C25.0	Malignant neoplasm of head of pancreas	Diagnosis	ICD-10-CM
C25.1	Malignant neoplasm of body of pancreas	Diagnosis	ICD-10-CM
C25.2	Malignant neoplasm of tail of pancreas	Diagnosis	ICD-10-CM
C25.3	Malignant neoplasm of pancreatic duct	Diagnosis	ICD-10-CM
C25.4	Malignant neoplasm of endocrine pancreas	Diagnosis	ICD-10-CM
C25.7	Malignant neoplasm of other parts of pancreas	Diagnosis	ICD-10-CM
C25.8	Malignant neoplasm of overlapping sites of pancreas	Diagnosis	ICD-10-CM
C25.9	Malignant neoplasm of pancreas, unspecified	Diagnosis	ICD-10-CM
C26.0	Malignant neoplasm of intestinal tract, part unspecified	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C26.1	Malignant neoplasm of spleen	Diagnosis	ICD-10-CM
C26.9	Malignant neoplasm of ill-defined sites within the digestive system	Diagnosis	ICD-10-CM
C30.0	Malignant neoplasm of nasal cavity	Diagnosis	ICD-10-CM
C30.1	Malignant neoplasm of middle ear	Diagnosis	ICD-10-CM
C31.0	Malignant neoplasm of maxillary sinus	Diagnosis	ICD-10-CM
C31.1	Malignant neoplasm of ethmoidal sinus	Diagnosis	ICD-10-CM
C31.2	Malignant neoplasm of frontal sinus	Diagnosis	ICD-10-CM
C31.3	Malignant neoplasm of sphenoid sinus	Diagnosis	ICD-10-CM
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses	Diagnosis	ICD-10-CM
C31.9	Malignant neoplasm of accessory sinus, unspecified	Diagnosis	ICD-10-CM
C32.0	Malignant neoplasm of glottis	Diagnosis	ICD-10-CM
C32.1	Malignant neoplasm of supraglottis	Diagnosis	ICD-10-CM
C32.2	Malignant neoplasm of subglottis	Diagnosis	ICD-10-CM
C32.3	Malignant neoplasm of laryngeal cartilage	Diagnosis	ICD-10-CM
C32.8	Malignant neoplasm of overlapping sites of larynx	Diagnosis	ICD-10-CM
C32.9	Malignant neoplasm of larynx, unspecified	Diagnosis	ICD-10-CM
C33	Malignant neoplasm of trachea	Diagnosis	ICD-10-CM
C34.00	Malignant neoplasm of unspecified main bronchus	Diagnosis	ICD-10-CM
C34.01	Malignant neoplasm of right main bronchus	Diagnosis	ICD-10-CM
C34.02	Malignant neoplasm of left main bronchus	Diagnosis	ICD-10-CM
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung	Diagnosis	ICD-10-CM
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung	Diagnosis	ICD-10-CM
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung	Diagnosis	ICD-10-CM
C34.2	Malignant neoplasm of middle lobe, bronchus or lung	Diagnosis	ICD-10-CM
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung	Diagnosis	ICD-10-CM
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	Diagnosis	ICD-10-CM
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung	Diagnosis	ICD-10-CM
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	Diagnosis	ICD-10-CM
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung	Diagnosis	ICD-10-CM
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung	Diagnosis	ICD-10-CM
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung	Diagnosis	ICD-10-CM
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung	Diagnosis	ICD-10-CM
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung	Diagnosis	ICD-10-CM
C37	Malignant neoplasm of thymus	Diagnosis	ICD-10-CM
C38.0	Malignant neoplasm of heart	Diagnosis	ICD-10-CM
C38.1	Malignant neoplasm of anterior mediastinum	Diagnosis	ICD-10-CM
C38.2	Malignant neoplasm of posterior mediastinum	Diagnosis	ICD-10-CM
C38.3	Malignant neoplasm of mediastinum, part unspecified	Diagnosis	ICD-10-CM
C38.4	Malignant neoplasm of pleura	Diagnosis	ICD-10-CM
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified	Diagnosis	ICD-10-CM
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified	Diagnosis	ICD-10-CM
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb	Diagnosis	ICD-10-CM
C40.01	Malignant neoplasm of scapula and long bones of right upper limb	Diagnosis	ICD-10-CM
C40.02	Malignant neoplasm of scapula and long bones of left upper limb	Diagnosis	ICD-10-CM
C40.10	Malignant neoplasm of short bones of unspecified upper limb	Diagnosis	ICD-10-CM
C40.11	Malignant neoplasm of short bones of right upper limb	Diagnosis	ICD-10-CM
C40.12	Malignant neoplasm of short bones of left upper limb	Diagnosis	ICD-10-CM
C40.20	Malignant neoplasm of long bones of unspecified lower limb	Diagnosis	ICD-10-CM
C40.21	Malignant neoplasm of long bones of right lower limb	Diagnosis	ICD-10-CM
C40.22	Malignant neoplasm of long bones of left lower limb	Diagnosis	ICD-10-CM
C40.30	Malignant neoplasm of short bones of unspecified lower limb	Diagnosis	ICD-10-CM
C40.31	Malignant neoplasm of short bones of right lower limb	Diagnosis	ICD-10-CM
C40.32	Malignant neoplasm of short bones of left lower limb	Diagnosis	ICD-10-CM
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb	Diagnosis	ICD-10-CM
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb	Diagnosis	ICD-10-CM
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb	Diagnosis	ICD-10-CM
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb	Diagnosis	ICD-10-CM
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb	Diagnosis	ICD-10-CM
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb	Diagnosis	ICD-10-CM
C41.0	Malignant neoplasm of bones of skull and face	Diagnosis	ICD-10-CM
C41.1	Malignant neoplasm of mandible	Diagnosis	ICD-10-CM
C41.2	Malignant neoplasm of vertebral column	Diagnosis	ICD-10-CM
C41.3	Malignant neoplasm of ribs, sternum and clavicle	Diagnosis	ICD-10-CM
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx	Diagnosis	ICD-10-CM
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified	Diagnosis	ICD-10-CM
C43.0	Malignant melanoma of lip	Diagnosis	ICD-10-CM
C43.10	Malignant melanoma of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C43.11	Malignant melanoma of right eyelid, including canthus	Diagnosis	ICD-10-CM
C43.12	Malignant melanoma of left eyelid, including canthus	Diagnosis	ICD-10-CM
C43.20	Malignant melanoma of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C43.21	Malignant melanoma of right ear and external auricular canal	Diagnosis	ICD-10-CM
C43.22	Malignant melanoma of left ear and external auricular canal	Diagnosis	ICD-10-CM
C43.30	Malignant melanoma of unspecified part of face	Diagnosis	ICD-10-CM
C43.31	Malignant melanoma of nose	Diagnosis	ICD-10-CM
C43.39	Malignant melanoma of other parts of face	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C43.4	Malignant melanoma of scalp and neck	Diagnosis	ICD-10-CM
C43.51	Malignant melanoma of anal skin	Diagnosis	ICD-10-CM
C43.52	Malignant melanoma of skin of breast	Diagnosis	ICD-10-CM
C43.59	Malignant melanoma of other part of trunk	Diagnosis	ICD-10-CM
C43.60	Malignant melanoma of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.61	Malignant melanoma of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.62	Malignant melanoma of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.70	Malignant melanoma of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C43.71	Malignant melanoma of right lower limb, including hip	Diagnosis	ICD-10-CM
C43.72	Malignant melanoma of left lower limb, including hip	Diagnosis	ICD-10-CM
C43.8	Malignant melanoma of overlapping sites of skin	Diagnosis	ICD-10-CM
C43.9	Malignant melanoma of skin, unspecified	Diagnosis	ICD-10-CM
C45.0	Mesothelioma of pleura	Diagnosis	ICD-10-CM
C45.1	Mesothelioma of peritoneum	Diagnosis	ICD-10-CM
C45.2	Mesothelioma of pericardium	Diagnosis	ICD-10-CM
C45.7	Mesothelioma of other sites	Diagnosis	ICD-10-CM
C45.9	Mesothelioma, unspecified	Diagnosis	ICD-10-CM
C46.0	Kaposi's sarcoma of skin	Diagnosis	ICD-10-CM
C46.1	Kaposi's sarcoma of soft tissue	Diagnosis	ICD-10-CM
C46.2	Kaposi's sarcoma of palate	Diagnosis	ICD-10-CM
C46.3	Kaposi's sarcoma of lymph nodes	Diagnosis	ICD-10-CM
C46.4	Kaposi's sarcoma of gastrointestinal sites	Diagnosis	ICD-10-CM
C46.50	Kaposi's sarcoma of unspecified lung	Diagnosis	ICD-10-CM
C46.51	Kaposi's sarcoma of right lung	Diagnosis	ICD-10-CM
C46.52	Kaposi's sarcoma of left lung	Diagnosis	ICD-10-CM
C46.7	Kaposi's sarcoma of other sites	Diagnosis	ICD-10-CM
C46.9	Kaposi's sarcoma, unspecified	Diagnosis	ICD-10-CM
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck	Diagnosis	ICD-10-CM
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip	Diagnosis	ICD-10-CM
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip	Diagnosis	ICD-10-CM
C47.3	Malignant neoplasm of peripheral nerves of thorax	Diagnosis	ICD-10-CM
C47.4	Malignant neoplasm of peripheral nerves of abdomen	Diagnosis	ICD-10-CM
C47.5	Malignant neoplasm of peripheral nerves of pelvis	Diagnosis	ICD-10-CM
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified	Diagnosis	ICD-10-CM
C48.0	Malignant neoplasm of retroperitoneum	Diagnosis	ICD-10-CM
C48.1	Malignant neoplasm of specified parts of peritoneum	Diagnosis	ICD-10-CM
C48.2	Malignant neoplasm of peritoneum, unspecified	Diagnosis	ICD-10-CM
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum	Diagnosis	ICD-10-CM
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck	Diagnosis	ICD-10-CM
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip	Diagnosis	ICD-10-CM
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	Diagnosis	ICD-10-CM
C49.3	Malignant neoplasm of connective and soft tissue of thorax	Diagnosis	ICD-10-CM
C49.4	Malignant neoplasm of connective and soft tissue of abdomen	Diagnosis	ICD-10-CM
C49.5	Malignant neoplasm of connective and soft tissue of pelvis	Diagnosis	ICD-10-CM
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified	Diagnosis	ICD-10-CM
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue	Diagnosis	ICD-10-CM
C49.9	Malignant neoplasm of connective and soft tissue, unspecified	Diagnosis	ICD-10-CM
C49.A0	Gastrointestinal stromal tumor, unspecified site	Diagnosis	ICD-10-CM
C49.A1	Gastrointestinal stromal tumor of esophagus	Diagnosis	ICD-10-CM
C49.A2	Gastrointestinal stromal tumor of stomach	Diagnosis	ICD-10-CM
C49.A3	Gastrointestinal stromal tumor of small intestine	Diagnosis	ICD-10-CM
C49.A4	Gastrointestinal stromal tumor of large intestine	Diagnosis	ICD-10-CM
C49.A5	Gastrointestinal stromal tumor of rectum	Diagnosis	ICD-10-CM
C49.A9	Gastrointestinal stromal tumor of other sites	Diagnosis	ICD-10-CM
C4A.0	Merkel cell carcinoma of lip	Diagnosis	ICD-10-CM
C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.11	Merkel cell carcinoma of right eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.12	Merkel cell carcinoma of left eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C4A.21	Merkel cell carcinoma of right ear and external auricular canal	Diagnosis	ICD-10-CM
C4A.22	Merkel cell carcinoma of left ear and external auricular canal	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C4A.30	Merkel cell carcinoma of unspecified part of face	Diagnosis	ICD-10-CM
C4A.31	Merkel cell carcinoma of nose	Diagnosis	ICD-10-CM
C4A.39	Merkel cell carcinoma of other parts of face	Diagnosis	ICD-10-CM
C4A.4	Merkel cell carcinoma of scalp and neck	Diagnosis	ICD-10-CM
C4A.51	Merkel cell carcinoma of anal skin	Diagnosis	ICD-10-CM
C4A.52	Merkel cell carcinoma of skin of breast	Diagnosis	ICD-10-CM
C4A.59	Merkel cell carcinoma of other part of trunk	Diagnosis	ICD-10-CM
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C4A.71	Merkel cell carcinoma of right lower limb, including hip	Diagnosis	ICD-10-CM
C4A.72	Merkel cell carcinoma of left lower limb, including hip	Diagnosis	ICD-10-CM
C4A.8	Merkel cell carcinoma of overlapping sites	Diagnosis	ICD-10-CM
C4A.9	Merkel cell carcinoma, unspecified	Diagnosis	ICD-10-CM
C50.011	Malignant neoplasm of nipple and areola, right female breast	Diagnosis	ICD-10-CM
C50.012	Malignant neoplasm of nipple and areola, left female breast	Diagnosis	ICD-10-CM
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast	Diagnosis	ICD-10-CM
C50.021	Malignant neoplasm of nipple and areola, right male breast	Diagnosis	ICD-10-CM
C50.022	Malignant neoplasm of nipple and areola, left male breast	Diagnosis	ICD-10-CM
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast	Diagnosis	ICD-10-CM
C50.111	Malignant neoplasm of central portion of right female breast	Diagnosis	ICD-10-CM
C50.112	Malignant neoplasm of central portion of left female breast	Diagnosis	ICD-10-CM
C50.119	Malignant neoplasm of central portion of unspecified female breast	Diagnosis	ICD-10-CM
C50.121	Malignant neoplasm of central portion of right male breast	Diagnosis	ICD-10-CM
C50.122	Malignant neoplasm of central portion of left male breast	Diagnosis	ICD-10-CM
C50.129	Malignant neoplasm of central portion of unspecified male breast	Diagnosis	ICD-10-CM
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast	Diagnosis	ICD-10-CM
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	Diagnosis	ICD-10-CM
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast	Diagnosis	ICD-10-CM
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast	Diagnosis	ICD-10-CM
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast	Diagnosis	ICD-10-CM
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast	Diagnosis	ICD-10-CM
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast	Diagnosis	ICD-10-CM
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast	Diagnosis	ICD-10-CM
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast	Diagnosis	ICD-10-CM
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast	Diagnosis	ICD-10-CM
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast	Diagnosis	ICD-10-CM
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast	Diagnosis	ICD-10-CM
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast	Diagnosis	ICD-10-CM
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast	Diagnosis	ICD-10-CM
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast	Diagnosis	ICD-10-CM
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.611	Malignant neoplasm of axillary tail of right female breast	Diagnosis	ICD-10-CM
C50.612	Malignant neoplasm of axillary tail of left female breast	Diagnosis	ICD-10-CM
C50.619	Malignant neoplasm of axillary tail of unspecified female breast	Diagnosis	ICD-10-CM
C50.621	Malignant neoplasm of axillary tail of right male breast	Diagnosis	ICD-10-CM
C50.622	Malignant neoplasm of axillary tail of left male breast	Diagnosis	ICD-10-CM
C50.629	Malignant neoplasm of axillary tail of unspecified male breast	Diagnosis	ICD-10-CM
C50.811	Malignant neoplasm of overlapping sites of right female breast	Diagnosis	ICD-10-CM
C50.812	Malignant neoplasm of overlapping sites of left female breast	Diagnosis	ICD-10-CM
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast	Diagnosis	ICD-10-CM
C50.821	Malignant neoplasm of overlapping sites of right male breast	Diagnosis	ICD-10-CM
C50.822	Malignant neoplasm of overlapping sites of left male breast	Diagnosis	ICD-10-CM
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast	Diagnosis	ICD-10-CM
C50.911	Malignant neoplasm of unspecified site of right female breast	Diagnosis	ICD-10-CM
C50.912	Malignant neoplasm of unspecified site of left female breast	Diagnosis	ICD-10-CM
C50.919	Malignant neoplasm of unspecified site of unspecified female breast	Diagnosis	ICD-10-CM
C50.921	Malignant neoplasm of unspecified site of right male breast	Diagnosis	ICD-10-CM
C50.922	Malignant neoplasm of unspecified site of left male breast	Diagnosis	ICD-10-CM
C50.929	Malignant neoplasm of unspecified site of unspecified male breast	Diagnosis	ICD-10-CM
C51.0	Malignant neoplasm of labium majus	Diagnosis	ICD-10-CM
C51.1	Malignant neoplasm of labium minus	Diagnosis	ICD-10-CM
C51.2	Malignant neoplasm of clitoris	Diagnosis	ICD-10-CM
C51.8	Malignant neoplasm of overlapping sites of vulva	Diagnosis	ICD-10-CM
C51.9	Malignant neoplasm of vulva, unspecified	Diagnosis	ICD-10-CM
C52	Malignant neoplasm of vagina	Diagnosis	ICD-10-CM
C53.0	Malignant neoplasm of endocervix	Diagnosis	ICD-10-CM
C53.1	Malignant neoplasm of exocervix	Diagnosis	ICD-10-CM
C53.8	Malignant neoplasm of overlapping sites of cervix uteri	Diagnosis	ICD-10-CM
C53.9	Malignant neoplasm of cervix uteri, unspecified	Diagnosis	ICD-10-CM
C54.0	Malignant neoplasm of isthmus uteri	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C54.1	Malignant neoplasm of endometrium	Diagnosis	ICD-10-CM
C54.2	Malignant neoplasm of myometrium	Diagnosis	ICD-10-CM
C54.3	Malignant neoplasm of fundus uteri	Diagnosis	ICD-10-CM
C54.8	Malignant neoplasm of overlapping sites of corpus uteri	Diagnosis	ICD-10-CM
C54.9	Malignant neoplasm of corpus uteri, unspecified	Diagnosis	ICD-10-CM
C55	Malignant neoplasm of uterus, part unspecified	Diagnosis	ICD-10-CM
C56.1	Malignant neoplasm of right ovary	Diagnosis	ICD-10-CM
C56.2	Malignant neoplasm of left ovary	Diagnosis	ICD-10-CM
C56.9	Malignant neoplasm of unspecified ovary	Diagnosis	ICD-10-CM
C57.00	Malignant neoplasm of unspecified fallopian tube	Diagnosis	ICD-10-CM
C57.01	Malignant neoplasm of right fallopian tube	Diagnosis	ICD-10-CM
C57.02	Malignant neoplasm of left fallopian tube	Diagnosis	ICD-10-CM
C57.10	Malignant neoplasm of unspecified broad ligament	Diagnosis	ICD-10-CM
C57.11	Malignant neoplasm of right broad ligament	Diagnosis	ICD-10-CM
C57.12	Malignant neoplasm of left broad ligament	Diagnosis	ICD-10-CM
C57.20	Malignant neoplasm of unspecified round ligament	Diagnosis	ICD-10-CM
C57.21	Malignant neoplasm of right round ligament	Diagnosis	ICD-10-CM
C57.22	Malignant neoplasm of left round ligament	Diagnosis	ICD-10-CM
C57.3	Malignant neoplasm of parametrium	Diagnosis	ICD-10-CM
C57.4	Malignant neoplasm of uterine adnexa, unspecified	Diagnosis	ICD-10-CM
C57.7	Malignant neoplasm of other specified female genital organs	Diagnosis	ICD-10-CM
C57.8	Malignant neoplasm of overlapping sites of female genital organs	Diagnosis	ICD-10-CM
C57.9	Malignant neoplasm of female genital organ, unspecified	Diagnosis	ICD-10-CM
C58	Malignant neoplasm of placenta	Diagnosis	ICD-10-CM
C60.0	Malignant neoplasm of prepuce	Diagnosis	ICD-10-CM
C60.1	Malignant neoplasm of glans penis	Diagnosis	ICD-10-CM
C60.2	Malignant neoplasm of body of penis	Diagnosis	ICD-10-CM
C60.8	Malignant neoplasm of overlapping sites of penis	Diagnosis	ICD-10-CM
C60.9	Malignant neoplasm of penis, unspecified	Diagnosis	ICD-10-CM
C61	Malignant neoplasm of prostate	Diagnosis	ICD-10-CM
C62.00	Malignant neoplasm of unspecified undescended testis	Diagnosis	ICD-10-CM
C62.01	Malignant neoplasm of undescended right testis	Diagnosis	ICD-10-CM
C62.02	Malignant neoplasm of undescended left testis	Diagnosis	ICD-10-CM
C62.10	Malignant neoplasm of unspecified descended testis	Diagnosis	ICD-10-CM
C62.11	Malignant neoplasm of descended right testis	Diagnosis	ICD-10-CM
C62.12	Malignant neoplasm of descended left testis	Diagnosis	ICD-10-CM
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C63.00	Malignant neoplasm of unspecified epididymis	Diagnosis	ICD-10-CM
C63.01	Malignant neoplasm of right epididymis	Diagnosis	ICD-10-CM
C63.02	Malignant neoplasm of left epididymis	Diagnosis	ICD-10-CM
C63.10	Malignant neoplasm of unspecified spermatic cord	Diagnosis	ICD-10-CM
C63.11	Malignant neoplasm of right spermatic cord	Diagnosis	ICD-10-CM
C63.12	Malignant neoplasm of left spermatic cord	Diagnosis	ICD-10-CM
C63.2	Malignant neoplasm of scrotum	Diagnosis	ICD-10-CM
C63.7	Malignant neoplasm of other specified male genital organs	Diagnosis	ICD-10-CM
C63.8	Malignant neoplasm of overlapping sites of male genital organs	Diagnosis	ICD-10-CM
C63.9	Malignant neoplasm of male genital organ, unspecified	Diagnosis	ICD-10-CM
C64.1	Malignant neoplasm of right kidney, except renal pelvis	Diagnosis	ICD-10-CM
C64.2	Malignant neoplasm of left kidney, except renal pelvis	Diagnosis	ICD-10-CM
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	Diagnosis	ICD-10-CM
C65.1	Malignant neoplasm of right renal pelvis	Diagnosis	ICD-10-CM
C65.2	Malignant neoplasm of left renal pelvis	Diagnosis	ICD-10-CM
C65.9	Malignant neoplasm of unspecified renal pelvis	Diagnosis	ICD-10-CM
C66.1	Malignant neoplasm of right ureter	Diagnosis	ICD-10-CM
C66.2	Malignant neoplasm of left ureter	Diagnosis	ICD-10-CM
C66.9	Malignant neoplasm of unspecified ureter	Diagnosis	ICD-10-CM
C67.0	Malignant neoplasm of trigone of bladder	Diagnosis	ICD-10-CM
C67.1	Malignant neoplasm of dome of bladder	Diagnosis	ICD-10-CM
C67.2	Malignant neoplasm of lateral wall of bladder	Diagnosis	ICD-10-CM
C67.3	Malignant neoplasm of anterior wall of bladder	Diagnosis	ICD-10-CM
C67.4	Malignant neoplasm of posterior wall of bladder	Diagnosis	ICD-10-CM
C67.5	Malignant neoplasm of bladder neck	Diagnosis	ICD-10-CM
C67.6	Malignant neoplasm of ureteric orifice	Diagnosis	ICD-10-CM
C67.7	Malignant neoplasm of urachus	Diagnosis	ICD-10-CM
C67.8	Malignant neoplasm of overlapping sites of bladder	Diagnosis	ICD-10-CM
C67.9	Malignant neoplasm of bladder, unspecified	Diagnosis	ICD-10-CM
C68.0	Malignant neoplasm of urethra	Diagnosis	ICD-10-CM
C68.1	Malignant neoplasm of paraurethral glands	Diagnosis	ICD-10-CM
C68.8	Malignant neoplasm of overlapping sites of urinary organs	Diagnosis	ICD-10-CM
C68.9	Malignant neoplasm of urinary organ, unspecified	Diagnosis	ICD-10-CM
C69.00	Malignant neoplasm of unspecified conjunctiva	Diagnosis	ICD-10-CM
C69.01	Malignant neoplasm of right conjunctiva	Diagnosis	ICD-10-CM
C69.02	Malignant neoplasm of left conjunctiva	Diagnosis	ICD-10-CM
C69.10	Malignant neoplasm of unspecified cornea	Diagnosis	ICD-10-CM
C69.11	Malignant neoplasm of right cornea	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C69.12	Malignant neoplasm of left cornea	Diagnosis	ICD-10-CM
C69.20	Malignant neoplasm of unspecified retina	Diagnosis	ICD-10-CM
C69.21	Malignant neoplasm of right retina	Diagnosis	ICD-10-CM
C69.22	Malignant neoplasm of left retina	Diagnosis	ICD-10-CM
C69.30	Malignant neoplasm of unspecified choroid	Diagnosis	ICD-10-CM
C69.31	Malignant neoplasm of right choroid	Diagnosis	ICD-10-CM
C69.32	Malignant neoplasm of left choroid	Diagnosis	ICD-10-CM
C69.40	Malignant neoplasm of unspecified ciliary body	Diagnosis	ICD-10-CM
C69.41	Malignant neoplasm of right ciliary body	Diagnosis	ICD-10-CM
C69.42	Malignant neoplasm of left ciliary body	Diagnosis	ICD-10-CM
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.51	Malignant neoplasm of right lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.52	Malignant neoplasm of left lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.60	Malignant neoplasm of unspecified orbit	Diagnosis	ICD-10-CM
C69.61	Malignant neoplasm of right orbit	Diagnosis	ICD-10-CM
C69.62	Malignant neoplasm of left orbit	Diagnosis	ICD-10-CM
C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa	Diagnosis	ICD-10-CM
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa	Diagnosis	ICD-10-CM
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa	Diagnosis	ICD-10-CM
C69.90	Malignant neoplasm of unspecified site of unspecified eye	Diagnosis	ICD-10-CM
C69.91	Malignant neoplasm of unspecified site of right eye	Diagnosis	ICD-10-CM
C69.92	Malignant neoplasm of unspecified site of left eye	Diagnosis	ICD-10-CM
C70.0	Malignant neoplasm of cerebral meninges	Diagnosis	ICD-10-CM
C70.1	Malignant neoplasm of spinal meninges	Diagnosis	ICD-10-CM
C70.9	Malignant neoplasm of meninges, unspecified	Diagnosis	ICD-10-CM
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles	Diagnosis	ICD-10-CM
C71.1	Malignant neoplasm of frontal lobe	Diagnosis	ICD-10-CM
C71.2	Malignant neoplasm of temporal lobe	Diagnosis	ICD-10-CM
C71.3	Malignant neoplasm of parietal lobe	Diagnosis	ICD-10-CM
C71.4	Malignant neoplasm of occipital lobe	Diagnosis	ICD-10-CM
C71.5	Malignant neoplasm of cerebral ventricle	Diagnosis	ICD-10-CM
C71.6	Malignant neoplasm of cerebellum	Diagnosis	ICD-10-CM
C71.7	Malignant neoplasm of brain stem	Diagnosis	ICD-10-CM
C71.8	Malignant neoplasm of overlapping sites of brain	Diagnosis	ICD-10-CM
C71.9	Malignant neoplasm of brain, unspecified	Diagnosis	ICD-10-CM
C72.0	Malignant neoplasm of spinal cord	Diagnosis	ICD-10-CM
C72.1	Malignant neoplasm of cauda equina	Diagnosis	ICD-10-CM
C72.20	Malignant neoplasm of unspecified olfactory nerve	Diagnosis	ICD-10-CM
C72.21	Malignant neoplasm of right olfactory nerve	Diagnosis	ICD-10-CM
C72.22	Malignant neoplasm of left olfactory nerve	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C72.30	Malignant neoplasm of unspecified optic nerve	Diagnosis	ICD-10-CM
C72.31	Malignant neoplasm of right optic nerve	Diagnosis	ICD-10-CM
C72.32	Malignant neoplasm of left optic nerve	Diagnosis	ICD-10-CM
C72.40	Malignant neoplasm of unspecified acoustic nerve	Diagnosis	ICD-10-CM
C72.41	Malignant neoplasm of right acoustic nerve	Diagnosis	ICD-10-CM
C72.42	Malignant neoplasm of left acoustic nerve	Diagnosis	ICD-10-CM
C72.50	Malignant neoplasm of unspecified cranial nerve	Diagnosis	ICD-10-CM
C72.59	Malignant neoplasm of other cranial nerves	Diagnosis	ICD-10-CM
C72.9	Malignant neoplasm of central nervous system, unspecified	Diagnosis	ICD-10-CM
C73	Malignant neoplasm of thyroid gland	Diagnosis	ICD-10-CM
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.01	Malignant neoplasm of cortex of right adrenal gland	Diagnosis	ICD-10-CM
C74.02	Malignant neoplasm of cortex of left adrenal gland	Diagnosis	ICD-10-CM
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.11	Malignant neoplasm of medulla of right adrenal gland	Diagnosis	ICD-10-CM
C74.12	Malignant neoplasm of medulla of left adrenal gland	Diagnosis	ICD-10-CM
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.91	Malignant neoplasm of unspecified part of right adrenal gland	Diagnosis	ICD-10-CM
C74.92	Malignant neoplasm of unspecified part of left adrenal gland	Diagnosis	ICD-10-CM
C75.0	Malignant neoplasm of parathyroid gland	Diagnosis	ICD-10-CM
C75.1	Malignant neoplasm of pituitary gland	Diagnosis	ICD-10-CM
C75.2	Malignant neoplasm of craniopharyngeal duct	Diagnosis	ICD-10-CM
C75.3	Malignant neoplasm of pineal gland	Diagnosis	ICD-10-CM
C75.4	Malignant neoplasm of carotid body	Diagnosis	ICD-10-CM
C75.5	Malignant neoplasm of aortic body and other paraganglia	Diagnosis	ICD-10-CM
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified	Diagnosis	ICD-10-CM
C75.9	Malignant neoplasm of endocrine gland, unspecified	Diagnosis	ICD-10-CM
C76.0	Malignant neoplasm of head, face and neck	Diagnosis	ICD-10-CM
C76.1	Malignant neoplasm of thorax	Diagnosis	ICD-10-CM
C76.2	Malignant neoplasm of abdomen	Diagnosis	ICD-10-CM
C76.3	Malignant neoplasm of pelvis	Diagnosis	ICD-10-CM
C76.40	Malignant neoplasm of unspecified upper limb	Diagnosis	ICD-10-CM
C76.41	Malignant neoplasm of right upper limb	Diagnosis	ICD-10-CM
C76.42	Malignant neoplasm of left upper limb	Diagnosis	ICD-10-CM
C76.50	Malignant neoplasm of unspecified lower limb	Diagnosis	ICD-10-CM
C76.51	Malignant neoplasm of right lower limb	Diagnosis	ICD-10-CM
C76.52	Malignant neoplasm of left lower limb	Diagnosis	ICD-10-CM
C76.8	Malignant neoplasm of other specified ill-defined sites	Diagnosis	ICD-10-CM
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes	Diagnosis	ICD-10-CM
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes	Diagnosis	ICD-10-CM
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	Diagnosis	ICD-10-CM
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified	Diagnosis	ICD-10-CM
C78.00	Secondary malignant neoplasm of unspecified lung	Diagnosis	ICD-10-CM
C78.01	Secondary malignant neoplasm of right lung	Diagnosis	ICD-10-CM
C78.02	Secondary malignant neoplasm of left lung	Diagnosis	ICD-10-CM
C78.1	Secondary malignant neoplasm of mediastinum	Diagnosis	ICD-10-CM
C78.2	Secondary malignant neoplasm of pleura	Diagnosis	ICD-10-CM
C78.30	Secondary malignant neoplasm of unspecified respiratory organ	Diagnosis	ICD-10-CM
C78.39	Secondary malignant neoplasm of other respiratory organs	Diagnosis	ICD-10-CM
C78.4	Secondary malignant neoplasm of small intestine	Diagnosis	ICD-10-CM
C78.5	Secondary malignant neoplasm of large intestine and rectum	Diagnosis	ICD-10-CM
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-10-CM
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct	Diagnosis	ICD-10-CM
C78.80	Secondary malignant neoplasm of unspecified digestive organ	Diagnosis	ICD-10-CM
C78.89	Secondary malignant neoplasm of other digestive organs	Diagnosis	ICD-10-CM
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.10	Secondary malignant neoplasm of unspecified urinary organs	Diagnosis	ICD-10-CM
C79.11	Secondary malignant neoplasm of bladder	Diagnosis	ICD-10-CM
C79.19	Secondary malignant neoplasm of other urinary organs	Diagnosis	ICD-10-CM
C79.2	Secondary malignant neoplasm of skin	Diagnosis	ICD-10-CM
C79.31	Secondary malignant neoplasm of brain	Diagnosis	ICD-10-CM
C79.32	Secondary malignant neoplasm of cerebral meninges	Diagnosis	ICD-10-CM
C79.40	Secondary malignant neoplasm of unspecified part of nervous system	Diagnosis	ICD-10-CM
C79.49	Secondary malignant neoplasm of other parts of nervous system	Diagnosis	ICD-10-CM
C79.51	Secondary malignant neoplasm of bone	Diagnosis	ICD-10-CM
C79.52	Secondary malignant neoplasm of bone marrow	Diagnosis	ICD-10-CM
C79.60	Secondary malignant neoplasm of unspecified ovary	Diagnosis	ICD-10-CM
C79.61	Secondary malignant neoplasm of right ovary	Diagnosis	ICD-10-CM
C79.62	Secondary malignant neoplasm of left ovary	Diagnosis	ICD-10-CM
C79.70	Secondary malignant neoplasm of unspecified adrenal gland	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C79.71	Secondary malignant neoplasm of right adrenal gland	Diagnosis	ICD-10-CM
C79.72	Secondary malignant neoplasm of left adrenal gland	Diagnosis	ICD-10-CM
C79.81	Secondary malignant neoplasm of breast	Diagnosis	ICD-10-CM
C79.82	Secondary malignant neoplasm of genital organs	Diagnosis	ICD-10-CM
C79.89	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-10-CM
C79.9	Secondary malignant neoplasm of unspecified site	Diagnosis	ICD-10-CM
C7A.00	Malignant carcinoid tumor of unspecified site	Diagnosis	ICD-10-CM
C7A.010	Malignant carcinoid tumor of the duodenum	Diagnosis	ICD-10-CM
C7A.011	Malignant carcinoid tumor of the jejunum	Diagnosis	ICD-10-CM
C7A.012	Malignant carcinoid tumor of the ileum	Diagnosis	ICD-10-CM
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion	Diagnosis	ICD-10-CM
C7A.020	Malignant carcinoid tumor of the appendix	Diagnosis	ICD-10-CM
C7A.021	Malignant carcinoid tumor of the cecum	Diagnosis	ICD-10-CM
C7A.022	Malignant carcinoid tumor of the ascending colon	Diagnosis	ICD-10-CM
C7A.023	Malignant carcinoid tumor of the transverse colon	Diagnosis	ICD-10-CM
C7A.024	Malignant carcinoid tumor of the descending colon	Diagnosis	ICD-10-CM
C7A.025	Malignant carcinoid tumor of the sigmoid colon	Diagnosis	ICD-10-CM
C7A.026	Malignant carcinoid tumor of the rectum	Diagnosis	ICD-10-CM
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion	Diagnosis	ICD-10-CM
C7A.090	Malignant carcinoid tumor of the bronchus and lung	Diagnosis	ICD-10-CM
C7A.091	Malignant carcinoid tumor of the thymus	Diagnosis	ICD-10-CM
C7A.092	Malignant carcinoid tumor of the stomach	Diagnosis	ICD-10-CM
C7A.093	Malignant carcinoid tumor of the kidney	Diagnosis	ICD-10-CM
C7A.094	Malignant carcinoid tumor of the foregut, unspecified	Diagnosis	ICD-10-CM
C7A.095	Malignant carcinoid tumor of the midgut, unspecified	Diagnosis	ICD-10-CM
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified	Diagnosis	ICD-10-CM
C7A.098	Malignant carcinoid tumors of other sites	Diagnosis	ICD-10-CM
C7A.1	Malignant poorly differentiated neuroendocrine tumors	Diagnosis	ICD-10-CM
C7A.8	Other malignant neuroendocrine tumors	Diagnosis	ICD-10-CM
C7B.00	Secondary carcinoid tumors, unspecified site	Diagnosis	ICD-10-CM
C7B.01	Secondary carcinoid tumors of distant lymph nodes	Diagnosis	ICD-10-CM
C7B.02	Secondary carcinoid tumors of liver	Diagnosis	ICD-10-CM
C7B.03	Secondary carcinoid tumors of bone	Diagnosis	ICD-10-CM
C7B.04	Secondary carcinoid tumors of peritoneum	Diagnosis	ICD-10-CM
C7B.09	Secondary carcinoid tumors of other sites	Diagnosis	ICD-10-CM
C7B.1	Secondary Merkel cell carcinoma	Diagnosis	ICD-10-CM
C7B.8	Other secondary neuroendocrine tumors	Diagnosis	ICD-10-CM
C80.0	Disseminated malignant neoplasm, unspecified	Diagnosis	ICD-10-CM
C80.1	Malignant (primary) neoplasm, unspecified	Diagnosis	ICD-10-CM
C80.2	Malignant neoplasm associated with transplanted organ	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.27	Mixed cellularity Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.70	Other Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.77	Other Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.90	Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.97	Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C82.00	Follicular lymphoma grade I, unspecified site	Diagnosis	ICD-10-CM
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.07	Follicular lymphoma grade I, spleen	Diagnosis	ICD-10-CM
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.10	Follicular lymphoma grade II, unspecified site	Diagnosis	ICD-10-CM
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.17	Follicular lymphoma grade II, spleen	Diagnosis	ICD-10-CM
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.20	Follicular lymphoma grade III, unspecified, unspecified site	Diagnosis	ICD-10-CM
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.27	Follicular lymphoma grade III, unspecified, spleen	Diagnosis	ICD-10-CM
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.30	Follicular lymphoma grade IIIa, unspecified site	Diagnosis	ICD-10-CM
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.37	Follicular lymphoma grade IIIa, spleen	Diagnosis	ICD-10-CM
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.40	Follicular lymphoma grade IIIb, unspecified site	Diagnosis	ICD-10-CM
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.47	Follicular lymphoma grade IIIb, spleen	Diagnosis	ICD-10-CM
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.50	Diffuse follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.57	Diffuse follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.60	Cutaneous follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.67	Cutaneous follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.80	Other types of follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C82.87	Other types of follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.90	Follicular lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.97	Follicular lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.00	Small cell B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.07	Small cell B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.10	Mantle cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.17	Mantle cell lymphoma, spleen	Diagnosis	ICD-10-CM
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.19	Mantle cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.30	Diffuse large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C83.37	Diffuse large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.57	Lymphoblastic (diffuse) lymphoma, spleen	Diagnosis	ICD-10-CM
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.70	Burkitt lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.72	Burkitt lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.76	Burkitt lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.77	Burkitt lymphoma, spleen	Diagnosis	ICD-10-CM
C83.78	Burkitt lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.79	Burkitt lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.80	Other non-follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.87	Other non-follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.00	Mycosis fungoides, unspecified site	Diagnosis	ICD-10-CM
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.02	Mycosis fungoides, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.03	Mycosis fungoides, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.06	Mycosis fungoides, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.07	Mycosis fungoides, spleen	Diagnosis	ICD-10-CM
C84.08	Mycosis fungoides, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.09	Mycosis fungoides, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.10	Sezary disease, unspecified site	Diagnosis	ICD-10-CM
C84.11	Sezary disease, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.12	Sezary disease, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.13	Sezary disease, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.14	Sezary disease, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.16	Sezary disease, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.17	Sezary disease, spleen	Diagnosis	ICD-10-CM
C84.18	Sezary disease, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.19	Sezary disease, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site	Diagnosis	ICD-10-CM
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.47	Peripheral T-cell lymphoma, not classified, spleen	Diagnosis	ICD-10-CM
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

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

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site	Diagnosis	ICD-10-CM
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.Z7	Other mature T/NK-cell lymphomas, spleen	Diagnosis	ICD-10-CM
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.10	Unspecified B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.17	Unspecified B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.87	Other specified types of non-Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.97	Non-Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C86.0	Extranodal NK/T-cell lymphoma, nasal type	Diagnosis	ICD-10-CM
C86.1	Hepatosplenic T-cell lymphoma	Diagnosis	ICD-10-CM
C86.2	Enteropathy-type (intestinal) T-cell lymphoma	Diagnosis	ICD-10-CM
C86.3	Subcutaneous panniculitis-like T-cell lymphoma	Diagnosis	ICD-10-CM
C86.4	Blastic NK-cell lymphoma	Diagnosis	ICD-10-CM
C86.5	Angioimmunoblastic T-cell lymphoma	Diagnosis	ICD-10-CM
C86.6	Primary cutaneous CD30-positive T-cell proliferations	Diagnosis	ICD-10-CM
C88.2	Heavy chain disease	Diagnosis	ICD-10-CM
C88.3	Immunoproliferative small intestinal disease	Diagnosis	ICD-10-CM
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]	Diagnosis	ICD-10-CM
C88.8	Other malignant immunoproliferative diseases	Diagnosis	ICD-10-CM
C88.9	Malignant immunoproliferative disease, unspecified	Diagnosis	ICD-10-CM
C90.00	Multiple myeloma not having achieved remission	Diagnosis	ICD-10-CM
C90.01	Multiple myeloma in remission	Diagnosis	ICD-10-CM
C90.02	Multiple myeloma in relapse	Diagnosis	ICD-10-CM
C90.10	Plasma cell leukemia not having achieved remission	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C90.11	Plasma cell leukemia in remission	Diagnosis	ICD-10-CM
C90.12	Plasma cell leukemia in relapse	Diagnosis	ICD-10-CM
C90.20	Extramedullary plasmacytoma not having achieved remission	Diagnosis	ICD-10-CM
C90.21	Extramedullary plasmacytoma in remission	Diagnosis	ICD-10-CM
C90.22	Extramedullary plasmacytoma in relapse	Diagnosis	ICD-10-CM
C90.30	Solitary plasmacytoma not having achieved remission	Diagnosis	ICD-10-CM
C90.31	Solitary plasmacytoma in remission	Diagnosis	ICD-10-CM
C90.32	Solitary plasmacytoma in relapse	Diagnosis	ICD-10-CM
C91.00	Acute lymphoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C91.01	Acute lymphoblastic leukemia, in remission	Diagnosis	ICD-10-CM
C91.02	Acute lymphoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission	Diagnosis	ICD-10-CM
C91.11	Chronic lymphocytic leukemia of B-cell type in remission	Diagnosis	ICD-10-CM
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse	Diagnosis	ICD-10-CM
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission	Diagnosis	ICD-10-CM
C91.31	Prolymphocytic leukemia of B-cell type, in remission	Diagnosis	ICD-10-CM
C91.32	Prolymphocytic leukemia of B-cell type, in relapse	Diagnosis	ICD-10-CM
C91.40	Hairy cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C91.41	Hairy cell leukemia, in remission	Diagnosis	ICD-10-CM
C91.42	Hairy cell leukemia, in relapse	Diagnosis	ICD-10-CM
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission	Diagnosis	ICD-10-CM
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission	Diagnosis	ICD-10-CM
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse	Diagnosis	ICD-10-CM
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission	Diagnosis	ICD-10-CM
C91.61	Prolymphocytic leukemia of T-cell type, in remission	Diagnosis	ICD-10-CM
C91.62	Prolymphocytic leukemia of T-cell type, in relapse	Diagnosis	ICD-10-CM
C91.90	Lymphoid leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
C91.91	Lymphoid leukemia, unspecified, in remission	Diagnosis	ICD-10-CM
C91.92	Lymphoid leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission	Diagnosis	ICD-10-CM
C91.A1	Mature B-cell leukemia Burkitt-type, in remission	Diagnosis	ICD-10-CM
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse	Diagnosis	ICD-10-CM
C91.Z0	Other lymphoid leukemia not having achieved remission	Diagnosis	ICD-10-CM
C91.Z1	Other lymphoid leukemia, in remission	Diagnosis	ICD-10-CM
C91.Z2	Other lymphoid leukemia, in relapse	Diagnosis	ICD-10-CM
C92.00	Acute myeloblastic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.01	Acute myeloblastic leukemia, in remission	Diagnosis	ICD-10-CM
C92.02	Acute myeloblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

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

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C93.Z0	Other monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.Z1	Other monocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.Z2	Other monocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C94.00	Acute erythroid leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C94.01	Acute erythroid leukemia, in remission	Diagnosis	ICD-10-CM
C94.02	Acute erythroid leukemia, in relapse	Diagnosis	ICD-10-CM
C94.20	Acute megakaryoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C94.21	Acute megakaryoblastic leukemia, in remission	Diagnosis	ICD-10-CM
C94.22	Acute megakaryoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C94.30	Mast cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C94.31	Mast cell leukemia, in remission	Diagnosis	ICD-10-CM
C94.32	Mast cell leukemia, in relapse	Diagnosis	ICD-10-CM
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission	Diagnosis	ICD-10-CM
C94.41	Acute panmyelosis with myelofibrosis, in remission	Diagnosis	ICD-10-CM
C94.42	Acute panmyelosis with myelofibrosis, in relapse	Diagnosis	ICD-10-CM
C94.6	Myelodysplastic disease, not classified	Diagnosis	ICD-10-CM
C94.80	Other specified leukemias not having achieved remission	Diagnosis	ICD-10-CM
C94.81	Other specified leukemias, in remission	Diagnosis	ICD-10-CM
C94.82	Other specified leukemias, in relapse	Diagnosis	ICD-10-CM
C95.00	Acute leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
C95.01	Acute leukemia of unspecified cell type, in remission	Diagnosis	ICD-10-CM
C95.02	Acute leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C95.10	Chronic leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
C95.11	Chronic leukemia of unspecified cell type, in remission	Diagnosis	ICD-10-CM
C95.12	Chronic leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C95.90	Leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
C95.91	Leukemia, unspecified, in remission	Diagnosis	ICD-10-CM
C95.92	Leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96.2	Malignant mast cell neoplasm	Diagnosis	ICD-10-CM
C96.20	Malignant mast cell neoplasm, unspecified	Diagnosis	ICD-10-CM
C96.21	Aggressive systemic mastocytosis	Diagnosis	ICD-10-CM
C96.22	Mast cell sarcoma	Diagnosis	ICD-10-CM
C96.29	Other malignant mast cell neoplasm	Diagnosis	ICD-10-CM
C96.4	Sarcoma of dendritic cells (accessory cells)	Diagnosis	ICD-10-CM
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
C96.A	Histiocytic sarcoma	Diagnosis	ICD-10-CM
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D00.00	Carcinoma in situ of oral cavity, unspecified site	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
D00.01	Carcinoma in situ of labial mucosa and vermilion border	Diagnosis	ICD-10-CM
D00.02	Carcinoma in situ of buccal mucosa	Diagnosis	ICD-10-CM
D00.03	Carcinoma in situ of gingiva and edentulous alveolar ridge	Diagnosis	ICD-10-CM
D00.04	Carcinoma in situ of soft palate	Diagnosis	ICD-10-CM
D00.05	Carcinoma in situ of hard palate	Diagnosis	ICD-10-CM
D00.06	Carcinoma in situ of floor of mouth	Diagnosis	ICD-10-CM
D00.07	Carcinoma in situ of tongue	Diagnosis	ICD-10-CM
D00.08	Carcinoma in situ of pharynx	Diagnosis	ICD-10-CM
D00.1	Carcinoma in situ of esophagus	Diagnosis	ICD-10-CM
D00.2	Carcinoma in situ of stomach	Diagnosis	ICD-10-CM
D01.0	Carcinoma in situ of colon	Diagnosis	ICD-10-CM
D01.1	Carcinoma in situ of rectosigmoid junction	Diagnosis	ICD-10-CM
D01.2	Carcinoma in situ of rectum	Diagnosis	ICD-10-CM
D01.3	Carcinoma in situ of anus and anal canal	Diagnosis	ICD-10-CM
D01.40	Carcinoma in situ of unspecified part of intestine	Diagnosis	ICD-10-CM
D01.49	Carcinoma in situ of other parts of intestine	Diagnosis	ICD-10-CM
D01.5	Carcinoma in situ of liver, gallbladder and bile ducts	Diagnosis	ICD-10-CM
D01.7	Carcinoma in situ of other specified digestive organs	Diagnosis	ICD-10-CM
D01.9	Carcinoma in situ of digestive organ, unspecified	Diagnosis	ICD-10-CM
D02.0	Carcinoma in situ of larynx	Diagnosis	ICD-10-CM
D02.1	Carcinoma in situ of trachea	Diagnosis	ICD-10-CM
D02.20	Carcinoma in situ of unspecified bronchus and lung	Diagnosis	ICD-10-CM
D02.21	Carcinoma in situ of right bronchus and lung	Diagnosis	ICD-10-CM
D02.22	Carcinoma in situ of left bronchus and lung	Diagnosis	ICD-10-CM
D02.3	Carcinoma in situ of other parts of respiratory system	Diagnosis	ICD-10-CM
D02.4	Carcinoma in situ of respiratory system, unspecified	Diagnosis	ICD-10-CM
D03.0	Melanoma in situ of lip	Diagnosis	ICD-10-CM
D03.10	Melanoma in situ of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
D03.11	Melanoma in situ of right eyelid, including canthus	Diagnosis	ICD-10-CM
D03.12	Melanoma in situ of left eyelid, including canthus	Diagnosis	ICD-10-CM
D03.20	Melanoma in situ of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
D03.21	Melanoma in situ of right ear and external auricular canal	Diagnosis	ICD-10-CM
D03.22	Melanoma in situ of left ear and external auricular canal	Diagnosis	ICD-10-CM
D03.30	Melanoma in situ of unspecified part of face	Diagnosis	ICD-10-CM
D03.39	Melanoma in situ of other parts of face	Diagnosis	ICD-10-CM
D03.4	Melanoma in situ of scalp and neck	Diagnosis	ICD-10-CM
D03.51	Melanoma in situ of anal skin	Diagnosis	ICD-10-CM
D03.52	Melanoma in situ of breast (skin) (soft tissue)	Diagnosis	ICD-10-CM
D03.59	Melanoma in situ of other part of trunk	Diagnosis	ICD-10-CM
D03.60	Melanoma in situ of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
D03.61	Melanoma in situ of right upper limb, including shoulder	Diagnosis	ICD-10-CM
D03.62	Melanoma in situ of left upper limb, including shoulder	Diagnosis	ICD-10-CM
D03.70	Melanoma in situ of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
D03.71	Melanoma in situ of right lower limb, including hip	Diagnosis	ICD-10-CM
D03.72	Melanoma in situ of left lower limb, including hip	Diagnosis	ICD-10-CM
D03.8	Melanoma in situ of other sites	Diagnosis	ICD-10-CM
D03.9	Melanoma in situ, unspecified	Diagnosis	ICD-10-CM
D05.00	Lobular carcinoma in situ of unspecified breast	Diagnosis	ICD-10-CM
D05.01	Lobular carcinoma in situ of right breast	Diagnosis	ICD-10-CM
D05.02	Lobular carcinoma in situ of left breast	Diagnosis	ICD-10-CM
D05.10	Intraductal carcinoma in situ of unspecified breast	Diagnosis	ICD-10-CM
D05.11	Intraductal carcinoma in situ of right breast	Diagnosis	ICD-10-CM
D05.12	Intraductal carcinoma in situ of left breast	Diagnosis	ICD-10-CM
D05.80	Other specified type of carcinoma in situ of unspecified breast	Diagnosis	ICD-10-CM
D05.81	Other specified type of carcinoma in situ of right breast	Diagnosis	ICD-10-CM
D05.82	Other specified type of carcinoma in situ of left breast	Diagnosis	ICD-10-CM
D05.90	Unspecified type of carcinoma in situ of unspecified breast	Diagnosis	ICD-10-CM
D05.91	Unspecified type of carcinoma in situ of right breast	Diagnosis	ICD-10-CM
D05.92	Unspecified type of carcinoma in situ of left breast	Diagnosis	ICD-10-CM
D06.0	Carcinoma in situ of endocervix	Diagnosis	ICD-10-CM
D06.1	Carcinoma in situ of exocervix	Diagnosis	ICD-10-CM
D06.7	Carcinoma in situ of other parts of cervix	Diagnosis	ICD-10-CM
D06.9	Carcinoma in situ of cervix, unspecified	Diagnosis	ICD-10-CM
D07.0	Carcinoma in situ of endometrium	Diagnosis	ICD-10-CM
D07.1	Carcinoma in situ of vulva	Diagnosis	ICD-10-CM
D07.2	Carcinoma in situ of vagina	Diagnosis	ICD-10-CM
D07.30	Carcinoma in situ of unspecified female genital organs	Diagnosis	ICD-10-CM
D07.39	Carcinoma in situ of other female genital organs	Diagnosis	ICD-10-CM
D07.4	Carcinoma in situ of penis	Diagnosis	ICD-10-CM
D07.5	Carcinoma in situ of prostate	Diagnosis	ICD-10-CM
D07.60	Carcinoma in situ of unspecified male genital organs	Diagnosis	ICD-10-CM
D07.61	Carcinoma in situ of scrotum	Diagnosis	ICD-10-CM
D07.69	Carcinoma in situ of other male genital organs	Diagnosis	ICD-10-CM
D09.0	Carcinoma in situ of bladder	Diagnosis	ICD-10-CM
D09.10	Carcinoma in situ of unspecified urinary organ	Diagnosis	ICD-10-CM
D09.19	Carcinoma in situ of other urinary organs	Diagnosis	ICD-10-CM
D09.20	Carcinoma in situ of unspecified eye	Diagnosis	ICD-10-CM
D09.21	Carcinoma in situ of right eye	Diagnosis	ICD-10-CM
D09.22	Carcinoma in situ of left eye	Diagnosis	ICD-10-CM
D09.3	Carcinoma in situ of thyroid and other endocrine glands	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
D09.8	Carcinoma in situ of other specified sites	Diagnosis	ICD-10-CM
D09.9	Carcinoma in situ, unspecified	Diagnosis	ICD-10-CM
D37.01	Neoplasm of uncertain behavior of lip	Diagnosis	ICD-10-CM
D37.02	Neoplasm of uncertain behavior of tongue	Diagnosis	ICD-10-CM
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands	Diagnosis	ICD-10-CM
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands	Diagnosis	ICD-10-CM
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands	Diagnosis	ICD-10-CM
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified	Diagnosis	ICD-10-CM
D37.04	Neoplasm of uncertain behavior of the minor salivary glands	Diagnosis	ICD-10-CM
D37.05	Neoplasm of uncertain behavior of pharynx	Diagnosis	ICD-10-CM
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity	Diagnosis	ICD-10-CM
D37.1	Neoplasm of uncertain behavior of stomach	Diagnosis	ICD-10-CM
D37.2	Neoplasm of uncertain behavior of small intestine	Diagnosis	ICD-10-CM
D37.3	Neoplasm of uncertain behavior of appendix	Diagnosis	ICD-10-CM
D37.4	Neoplasm of uncertain behavior of colon	Diagnosis	ICD-10-CM
D37.5	Neoplasm of uncertain behavior of rectum	Diagnosis	ICD-10-CM
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts	Diagnosis	ICD-10-CM
D37.8	Neoplasm of uncertain behavior of other specified digestive organs	Diagnosis	ICD-10-CM
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified	Diagnosis	ICD-10-CM
D38.0	Neoplasm of uncertain behavior of larynx	Diagnosis	ICD-10-CM
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung	Diagnosis	ICD-10-CM
D38.2	Neoplasm of uncertain behavior of pleura	Diagnosis	ICD-10-CM
D38.3	Neoplasm of uncertain behavior of mediastinum	Diagnosis	ICD-10-CM
D38.4	Neoplasm of uncertain behavior of thymus	Diagnosis	ICD-10-CM
D38.5	Neoplasm of uncertain behavior of other respiratory organs	Diagnosis	ICD-10-CM
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified	Diagnosis	ICD-10-CM
D39.0	Neoplasm of uncertain behavior of uterus	Diagnosis	ICD-10-CM
D39.10	Neoplasm of uncertain behavior of unspecified ovary	Diagnosis	ICD-10-CM
D39.11	Neoplasm of uncertain behavior of right ovary	Diagnosis	ICD-10-CM
D39.12	Neoplasm of uncertain behavior of left ovary	Diagnosis	ICD-10-CM
D39.2	Neoplasm of uncertain behavior of placenta	Diagnosis	ICD-10-CM
D39.8	Neoplasm of uncertain behavior of other specified female genital organs	Diagnosis	ICD-10-CM
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified	Diagnosis	ICD-10-CM
D3A.00	Benign carcinoid tumor of unspecified site	Diagnosis	ICD-10-CM
D3A.010	Benign carcinoid tumor of the duodenum	Diagnosis	ICD-10-CM
D3A.011	Benign carcinoid tumor of the jejunum	Diagnosis	ICD-10-CM
D3A.012	Benign carcinoid tumor of the ileum	Diagnosis	ICD-10-CM
D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion	Diagnosis	ICD-10-CM
D3A.020	Benign carcinoid tumor of the appendix	Diagnosis	ICD-10-CM
D3A.021	Benign carcinoid tumor of the cecum	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
D3A.022	Benign carcinoid tumor of the ascending colon	Diagnosis	ICD-10-CM
D3A.023	Benign carcinoid tumor of the transverse colon	Diagnosis	ICD-10-CM
D3A.024	Benign carcinoid tumor of the descending colon	Diagnosis	ICD-10-CM
D3A.025	Benign carcinoid tumor of the sigmoid colon	Diagnosis	ICD-10-CM
D3A.026	Benign carcinoid tumor of the rectum	Diagnosis	ICD-10-CM
D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion	Diagnosis	ICD-10-CM
D3A.090	Benign carcinoid tumor of the bronchus and lung	Diagnosis	ICD-10-CM
D3A.091	Benign carcinoid tumor of the thymus	Diagnosis	ICD-10-CM
D3A.092	Benign carcinoid tumor of the stomach	Diagnosis	ICD-10-CM
D3A.093	Benign carcinoid tumor of the kidney	Diagnosis	ICD-10-CM
D3A.094	Benign carcinoid tumor of the foregut, unspecified	Diagnosis	ICD-10-CM
D3A.095	Benign carcinoid tumor of the midgut, unspecified	Diagnosis	ICD-10-CM
D3A.096	Benign carcinoid tumor of the hindgut, unspecified	Diagnosis	ICD-10-CM
D3A.098	Benign carcinoid tumors of other sites	Diagnosis	ICD-10-CM
D3A.8	Other benign neuroendocrine tumors	Diagnosis	ICD-10-CM
D40.0	Neoplasm of uncertain behavior of prostate	Diagnosis	ICD-10-CM
D40.10	Neoplasm of uncertain behavior of unspecified testis	Diagnosis	ICD-10-CM
D40.11	Neoplasm of uncertain behavior of right testis	Diagnosis	ICD-10-CM
D40.12	Neoplasm of uncertain behavior of left testis	Diagnosis	ICD-10-CM
D40.8	Neoplasm of uncertain behavior of other specified male genital organs	Diagnosis	ICD-10-CM
D40.9	Neoplasm of uncertain behavior of male genital organ, unspecified	Diagnosis	ICD-10-CM
D41.00	Neoplasm of uncertain behavior of unspecified kidney	Diagnosis	ICD-10-CM
D41.01	Neoplasm of uncertain behavior of right kidney	Diagnosis	ICD-10-CM
D41.02	Neoplasm of uncertain behavior of left kidney	Diagnosis	ICD-10-CM
D41.10	Neoplasm of uncertain behavior of unspecified renal pelvis	Diagnosis	ICD-10-CM
D41.11	Neoplasm of uncertain behavior of right renal pelvis	Diagnosis	ICD-10-CM
D41.12	Neoplasm of uncertain behavior of left renal pelvis	Diagnosis	ICD-10-CM
D41.20	Neoplasm of uncertain behavior of unspecified ureter	Diagnosis	ICD-10-CM
D41.21	Neoplasm of uncertain behavior of right ureter	Diagnosis	ICD-10-CM
D41.22	Neoplasm of uncertain behavior of left ureter	Diagnosis	ICD-10-CM
D41.3	Neoplasm of uncertain behavior of urethra	Diagnosis	ICD-10-CM
D41.4	Neoplasm of uncertain behavior of bladder	Diagnosis	ICD-10-CM
D41.8	Neoplasm of uncertain behavior of other specified urinary organs	Diagnosis	ICD-10-CM
D41.9	Neoplasm of uncertain behavior of unspecified urinary organ	Diagnosis	ICD-10-CM
D42.0	Neoplasm of uncertain behavior of cerebral meninges	Diagnosis	ICD-10-CM
D42.1	Neoplasm of uncertain behavior of spinal meninges	Diagnosis	ICD-10-CM
D42.9	Neoplasm of uncertain behavior of meninges, unspecified	Diagnosis	ICD-10-CM
D43.0	Neoplasm of uncertain behavior of brain, supratentorial	Diagnosis	ICD-10-CM
D43.1	Neoplasm of uncertain behavior of brain, infratentorial	Diagnosis	ICD-10-CM
D43.2	Neoplasm of uncertain behavior of brain, unspecified	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
D43.3	Neoplasm of uncertain behavior of cranial nerves	Diagnosis	ICD-10-CM
D43.4	Neoplasm of uncertain behavior of spinal cord	Diagnosis	ICD-10-CM
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system	Diagnosis	ICD-10-CM
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified	Diagnosis	ICD-10-CM
D44.0	Neoplasm of uncertain behavior of thyroid gland	Diagnosis	ICD-10-CM
D44.10	Neoplasm of uncertain behavior of unspecified adrenal gland	Diagnosis	ICD-10-CM
D44.11	Neoplasm of uncertain behavior of right adrenal gland	Diagnosis	ICD-10-CM
D44.12	Neoplasm of uncertain behavior of left adrenal gland	Diagnosis	ICD-10-CM
D44.2	Neoplasm of uncertain behavior of parathyroid gland	Diagnosis	ICD-10-CM
D44.3	Neoplasm of uncertain behavior of pituitary gland	Diagnosis	ICD-10-CM
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct	Diagnosis	ICD-10-CM
D44.5	Neoplasm of uncertain behavior of pineal gland	Diagnosis	ICD-10-CM
D44.6	Neoplasm of uncertain behavior of carotid body	Diagnosis	ICD-10-CM
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia	Diagnosis	ICD-10-CM
D44.9	Neoplasm of uncertain behavior of unspecified endocrine gland	Diagnosis	ICD-10-CM
D45	Polycythemia vera	Diagnosis	ICD-10-CM
D46.0	Refractory anemia without ring sideroblasts, so stated	Diagnosis	ICD-10-CM
D46.1	Refractory anemia with ring sideroblasts	Diagnosis	ICD-10-CM
D46.20	Refractory anemia with excess of blasts, unspecified	Diagnosis	ICD-10-CM
D46.21	Refractory anemia with excess of blasts 1	Diagnosis	ICD-10-CM
D46.22	Refractory anemia with excess of blasts 2	Diagnosis	ICD-10-CM
D46.4	Refractory anemia, unspecified	Diagnosis	ICD-10-CM
D46.9	Myelodysplastic syndrome, unspecified	Diagnosis	ICD-10-CM
D46.A	Refractory cytopenia with multilineage dysplasia	Diagnosis	ICD-10-CM
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts	Diagnosis	ICD-10-CM
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality	Diagnosis	ICD-10-CM
D46.Z	Other myelodysplastic syndromes	Diagnosis	ICD-10-CM
D47.0	Mast cell neoplasms of uncertain behavior	Diagnosis	ICD-10-CM
D47.01	Cutaneous mastocytosis	Diagnosis	ICD-10-CM
D47.02	Systemic mastocytosis	Diagnosis	ICD-10-CM
D47.09	Other mast cell neoplasms of uncertain behavior	Diagnosis	ICD-10-CM
D47.1	Chronic myeloproliferative disease	Diagnosis	ICD-10-CM
D47.3	Essential (hemorrhagic) thrombocythemia	Diagnosis	ICD-10-CM
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)	Diagnosis	ICD-10-CM
D47.Z2	Castleman disease	Diagnosis	ICD-10-CM
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage	Diagnosis	ICD-10-CM
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue	Diagnosis	ICD-10-CM
D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
D48.3	Neoplasm of uncertain behavior of retroperitoneum	Diagnosis	ICD-10-CM
D48.4	Neoplasm of uncertain behavior of peritoneum	Diagnosis	ICD-10-CM
D48.5	Neoplasm of uncertain behavior of skin	Diagnosis	ICD-10-CM
D48.60	Neoplasm of uncertain behavior of unspecified breast	Diagnosis	ICD-10-CM
D48.61	Neoplasm of uncertain behavior of right breast	Diagnosis	ICD-10-CM
D48.62	Neoplasm of uncertain behavior of left breast	Diagnosis	ICD-10-CM
D48.7	Neoplasm of uncertain behavior of other specified sites	Diagnosis	ICD-10-CM
D48.9	Neoplasm of uncertain behavior, unspecified	Diagnosis	ICD-10-CM
D49.0	Neoplasm of unspecified behavior of digestive system	Diagnosis	ICD-10-CM
D49.1	Neoplasm of unspecified behavior of respiratory system	Diagnosis	ICD-10-CM
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin	Diagnosis	ICD-10-CM
D49.3	Neoplasm of unspecified behavior of breast	Diagnosis	ICD-10-CM
D49.4	Neoplasm of unspecified behavior of bladder	Diagnosis	ICD-10-CM
D49.5	Neoplasm of unspecified behavior of other genitourinary organs	Diagnosis	ICD-10-CM
D49.511	Neoplasm of unspecified behavior of right kidney	Diagnosis	ICD-10-CM
D49.512	Neoplasm of unspecified behavior of left kidney	Diagnosis	ICD-10-CM
D49.519	Neoplasm of unspecified behavior of unspecified kidney	Diagnosis	ICD-10-CM
D49.59	Neoplasm of unspecified behavior of other genitourinary organ	Diagnosis	ICD-10-CM
D49.6	Neoplasm of unspecified behavior of brain	Diagnosis	ICD-10-CM
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system	Diagnosis	ICD-10-CM
D49.81	Neoplasm of unspecified behavior of retina and choroid	Diagnosis	ICD-10-CM
D49.89	Neoplasm of unspecified behavior of other specified sites	Diagnosis	ICD-10-CM
D49.9	Neoplasm of unspecified behavior of unspecified site	Diagnosis	ICD-10-CM
G89.3	Neoplasm related pain (acute) (chronic)	Diagnosis	ICD-10-CM
Q85.00	Neurofibromatosis, unspecified	Diagnosis	ICD-10-CM
Q85.01	Neurofibromatosis, type 1	Diagnosis	ICD-10-CM
Q85.02	Neurofibromatosis, type 2	Diagnosis	ICD-10-CM
Q85.03	Schwannomatosis	Diagnosis	ICD-10-CM
Q85.09	Other neurofibromatosis	Diagnosis	ICD-10-CM
R18.0	Malignant ascites	Diagnosis	ICD-10-CM
00.10	Implantation of chemotherapeutic agent	Procedure	ICD-9-CM
41.09	Autologous bone marrow transplant with purging	Procedure	ICD-9-CM
99.25	Injection or infusion of cancer chemotherapeutic substance	Procedure	ICD-9-CM
99.85	Hyperthermia for treatment of cancer	Procedure	ICD-9-CM
30230G0	Transfusion of Autologous Bone Marrow into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
30233G0	Transfusion of Autologous Bone Marrow into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30240G0	Transfusion of Autologous Bone Marrow into Central Vein, Open Approach	Procedure	ICD-10-PCS
30243G0	Transfusion of Autologous Bone Marrow into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30250G0	Transfusion of Autologous Bone Marrow into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30253G0	Transfusion of Autologous Bone Marrow into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30260G0	Transfusion of Autologous Bone Marrow into Central Artery, Open Approach	Procedure	ICD-10-PCS
30263G0	Transfusion of Autologous Bone Marrow into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E00X05	Introduction of Other Antineoplastic into Skin and Mucous Membranes, External Approach	Procedure	ICD-10-PCS
3E01305	Introduction of Other Antineoplastic into Subcutaneous Tissue, Percutaneous Approach	Procedure	ICD-10-PCS
3E02305	Introduction of Other Antineoplastic into Muscle, Percutaneous Approach	Procedure	ICD-10-PCS
3E03005	Introduction of Other Antineoplastic into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E03305	Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E04005	Introduction of Other Antineoplastic into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E04305	Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E05005	Introduction of Other Antineoplastic into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
3E05305	Introduction of Other Antineoplastic into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E06005	Introduction of Other Antineoplastic into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E06305	Introduction of Other Antineoplastic into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E09305	Introduction of Other Antineoplastic into Nose, Percutaneous Approach	Procedure	ICD-10-PCS
3E09705	Introduction of Other Antineoplastic into Nose, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E09X05	Introduction of Other Antineoplastic into Nose, External Approach	Procedure	ICD-10-PCS
3E0A305	Introduction of Other Antineoplastic into Bone Marrow, Percutaneous Approach	Procedure	ICD-10-PCS
3E0B305	Introduction of Other Antineoplastic into Ear, Percutaneous Approach	Procedure	ICD-10-PCS
3E0B705	Introduction of Other Antineoplastic into Ear, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0BX05	Introduction of Other Antineoplastic into Ear, External Approach	Procedure	ICD-10-PCS
3E0C305	Introduction of Other Antineoplastic into Eye, Percutaneous Approach	Procedure	ICD-10-PCS
3E0C705	Introduction of Other Antineoplastic into Eye, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0CX05	Introduction of Other Antineoplastic into Eye, External Approach	Procedure	ICD-10-PCS
3E0D305	Introduction of Other Antineoplastic into Mouth and Pharynx, Percutaneous Approach	Procedure	ICD-10-PCS
3E0D705	Introduction of Other Antineoplastic into Mouth and Pharynx, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0DX05	Introduction of Other Antineoplastic into Mouth and Pharynx, External Approach	Procedure	ICD-10-PCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
3E0F305	Introduction of Other Antineoplastic into Respiratory Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0F705	Introduction of Other Antineoplastic into Respiratory Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0F805	Introduction of Other Antineoplastic into Respiratory Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0G305	Introduction of Other Antineoplastic into Upper GI, Percutaneous Approach	Procedure	ICD-10-PCS
3E0G705	Introduction of Other Antineoplastic into Upper GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0G805	Introduction of Other Antineoplastic into Upper GI, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0H305	Introduction of Other Antineoplastic into Lower GI, Percutaneous Approach	Procedure	ICD-10-PCS
3E0H705	Introduction of Other Antineoplastic into Lower GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0H805	Introduction of Other Antineoplastic into Lower GI, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0J305	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0J705	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0J805	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0K305	Introduction of Other Antineoplastic into Genitourinary Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0K705	Introduction of Other Antineoplastic into Genitourinary Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0K805	Introduction of Other Antineoplastic into Genitourinary Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0L305	Introduction of Other Antineoplastic into Pleural Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0L705	Introduction of Other Antineoplastic into Pleural Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0M305	Introduction of Other Antineoplastic into Peritoneal Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0M705	Introduction of Other Antineoplastic into Peritoneal Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0N305	Introduction of Other Antineoplastic into Male Reproductive, Percutaneous Approach	Procedure	ICD-10-PCS
3E0N705	Introduction of Other Antineoplastic into Male Reproductive, Via Natural or Artificial Opening	Procedure	ICD-10-PCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
3E0N805	Introduction of Other Antineoplastic into Male Reproductive, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0P305	Introduction of Other Antineoplastic into Female Reproductive, Percutaneous Approach	Procedure	ICD-10-PCS
3E0P705	Introduction of Other Antineoplastic into Female Reproductive, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0P805	Introduction of Other Antineoplastic into Female Reproductive, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0Q005	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Open Approach	Procedure	ICD-10-PCS
3E0Q305	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Q705	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0R305	Introduction of Other Antineoplastic into Spinal Canal, Percutaneous Approach	Procedure	ICD-10-PCS
3E0S305	Introduction of Other Antineoplastic into Epidural Space, Percutaneous Approach	Procedure	ICD-10-PCS
3E0U305	Introduction of Other Antineoplastic into Joints, Percutaneous Approach	Procedure	ICD-10-PCS
3E0V305	Introduction of Other Antineoplastic into Bones, Percutaneous Approach	Procedure	ICD-10-PCS
3E0W305	Introduction of Other Antineoplastic into Lymphatics, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Y305	Introduction of Other Antineoplastic into Pericardial Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Y705	Introduction of Other Antineoplastic into Pericardial Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
D0Y08ZZ	Hyperthermia of Brain	Procedure	ICD-10-PCS
D0Y18ZZ	Hyperthermia of Brain Stem	Procedure	ICD-10-PCS
D0Y68ZZ	Hyperthermia of Spinal Cord	Procedure	ICD-10-PCS
D0Y78ZZ	Hyperthermia of Peripheral Nerve	Procedure	ICD-10-PCS
D7Y08ZZ	Hyperthermia of Bone Marrow	Procedure	ICD-10-PCS
D7Y18ZZ	Hyperthermia of Thymus	Procedure	ICD-10-PCS
D7Y28ZZ	Hyperthermia of Spleen	Procedure	ICD-10-PCS
D7Y38ZZ	Hyperthermia of Neck Lymphatics	Procedure	ICD-10-PCS
D7Y48ZZ	Hyperthermia of Axillary Lymphatics	Procedure	ICD-10-PCS
D7Y58ZZ	Hyperthermia of Thorax Lymphatics	Procedure	ICD-10-PCS
D7Y68ZZ	Hyperthermia of Abdomen Lymphatics	Procedure	ICD-10-PCS
D7Y78ZZ	Hyperthermia of Pelvis Lymphatics	Procedure	ICD-10-PCS
D7Y88ZZ	Hyperthermia of Inguinal Lymphatics	Procedure	ICD-10-PCS
D8Y08ZZ	Hyperthermia of Eye	Procedure	ICD-10-PCS
D9Y08ZZ	Hyperthermia of Ear	Procedure	ICD-10-PCS
D9Y18ZZ	Hyperthermia of Nose	Procedure	ICD-10-PCS
D9Y38ZZ	Hyperthermia of Hypopharynx	Procedure	ICD-10-PCS
D9Y48ZZ	Hyperthermia of Mouth	Procedure	ICD-10-PCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
D9Y58ZZ	Hyperthermia of Tongue	Procedure	ICD-10-PCS
D9Y68ZZ	Hyperthermia of Salivary Glands	Procedure	ICD-10-PCS
D9Y78ZZ	Hyperthermia of Sinuses	Procedure	ICD-10-PCS
D9Y88ZZ	Hyperthermia of Hard Palate	Procedure	ICD-10-PCS
D9Y98ZZ	Hyperthermia of Soft Palate	Procedure	ICD-10-PCS
D9YB8ZZ	Hyperthermia of Larynx	Procedure	ICD-10-PCS
D9YD8ZZ	Hyperthermia of Nasopharynx	Procedure	ICD-10-PCS
D9YF8ZZ	Hyperthermia of Oropharynx	Procedure	ICD-10-PCS
DBY08ZZ	Hyperthermia of Trachea	Procedure	ICD-10-PCS
DBY18ZZ	Hyperthermia of Bronchus	Procedure	ICD-10-PCS
DBY28ZZ	Hyperthermia of Lung	Procedure	ICD-10-PCS
DBY58ZZ	Hyperthermia of Pleura	Procedure	ICD-10-PCS
DBY68ZZ	Hyperthermia of Mediastinum	Procedure	ICD-10-PCS
DBY78ZZ	Hyperthermia of Chest Wall	Procedure	ICD-10-PCS
DBY88ZZ	Hyperthermia of Diaphragm	Procedure	ICD-10-PCS
DDY08ZZ	Hyperthermia of Esophagus	Procedure	ICD-10-PCS
DDY18ZZ	Hyperthermia of Stomach	Procedure	ICD-10-PCS
DDY28ZZ	Hyperthermia of Duodenum	Procedure	ICD-10-PCS
DDY38ZZ	Hyperthermia of Jejunum	Procedure	ICD-10-PCS
DDY48ZZ	Hyperthermia of Ileum	Procedure	ICD-10-PCS
DDY58ZZ	Hyperthermia of Colon	Procedure	ICD-10-PCS
DDY78ZZ	Hyperthermia of Rectum	Procedure	ICD-10-PCS
DFY08ZZ	Hyperthermia of Liver	Procedure	ICD-10-PCS
DFY18ZZ	Hyperthermia of Gallbladder	Procedure	ICD-10-PCS
DFY28ZZ	Hyperthermia of Bile Ducts	Procedure	ICD-10-PCS
DFY38ZZ	Hyperthermia of Pancreas	Procedure	ICD-10-PCS
DGY08ZZ	Hyperthermia of Pituitary Gland	Procedure	ICD-10-PCS
DGY18ZZ	Hyperthermia of Pineal Body	Procedure	ICD-10-PCS
DGY28ZZ	Hyperthermia of Adrenal Glands	Procedure	ICD-10-PCS
DGY48ZZ	Hyperthermia of Parathyroid Glands	Procedure	ICD-10-PCS
DGY58ZZ	Hyperthermia of Thyroid	Procedure	ICD-10-PCS
DHY28ZZ	Hyperthermia of Face Skin	Procedure	ICD-10-PCS
DHY38ZZ	Hyperthermia of Neck Skin	Procedure	ICD-10-PCS
DHY48ZZ	Hyperthermia of Arm Skin	Procedure	ICD-10-PCS
DHY68ZZ	Hyperthermia of Chest Skin	Procedure	ICD-10-PCS
DHY78ZZ	Hyperthermia of Back Skin	Procedure	ICD-10-PCS
DHY88ZZ	Hyperthermia of Abdomen Skin	Procedure	ICD-10-PCS
DHY98ZZ	Hyperthermia of Buttock Skin	Procedure	ICD-10-PCS
DHYB8ZZ	Hyperthermia of Leg Skin	Procedure	ICD-10-PCS
DMY08ZZ	Hyperthermia of Left Breast	Procedure	ICD-10-PCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
DMY18ZZ	Hyperthermia of Right Breast	Procedure	ICD-10-PCS
DPY08ZZ	Hyperthermia of Skull	Procedure	ICD-10-PCS
DPY28ZZ	Hyperthermia of Maxilla	Procedure	ICD-10-PCS
DPY38ZZ	Hyperthermia of Mandible	Procedure	ICD-10-PCS
DPY48ZZ	Hyperthermia of Sternum	Procedure	ICD-10-PCS
DPY58ZZ	Hyperthermia of Rib(s)	Procedure	ICD-10-PCS
DPY68ZZ	Hyperthermia of Humerus	Procedure	ICD-10-PCS
DPY78ZZ	Hyperthermia of Radius/Ulna	Procedure	ICD-10-PCS
DPY88ZZ	Hyperthermia of Pelvic Bones	Procedure	ICD-10-PCS
DPY98ZZ	Hyperthermia of Femur	Procedure	ICD-10-PCS
DPYB8ZZ	Hyperthermia of Tibia/Fibula	Procedure	ICD-10-PCS
DPYC8ZZ	Hyperthermia of Other Bone	Procedure	ICD-10-PCS
DTY08ZZ	Hyperthermia of Kidney	Procedure	ICD-10-PCS
DTY18ZZ	Hyperthermia of Ureter	Procedure	ICD-10-PCS
DTY28ZZ	Hyperthermia of Bladder	Procedure	ICD-10-PCS
DTY38ZZ	Hyperthermia of Urethra	Procedure	ICD-10-PCS
DUY08ZZ	Hyperthermia of Ovary	Procedure	ICD-10-PCS
DUY18ZZ	Hyperthermia of Cervix	Procedure	ICD-10-PCS
DUY28ZZ	Hyperthermia of Uterus	Procedure	ICD-10-PCS
DVY08ZZ	Hyperthermia of Prostate	Procedure	ICD-10-PCS
DVY18ZZ	Hyperthermia of Testis	Procedure	ICD-10-PCS
DWY18ZZ	Hyperthermia of Head and Neck	Procedure	ICD-10-PCS
DWY28ZZ	Hyperthermia of Chest	Procedure	ICD-10-PCS
DWY38ZZ	Hyperthermia of Abdomen	Procedure	ICD-10-PCS
DWY48ZZ	Hyperthermia of Hemibody	Procedure	ICD-10-PCS
DWY58ZZ	Hyperthermia of Whole Body	Procedure	ICD-10-PCS
DWY68ZZ	Hyperthermia of Pelvic Region	Procedure	ICD-10-PCS
XW03351	Introduction of Blinatumomab Antineoplastic Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS
XW033B3	Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW033C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW04351	Introduction of Blinatumomab Antineoplastic Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS
XW043B3	Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
XW043C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
0073T	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session	Procedure	CPT-4
0182T	High dose rate electronic brachytherapy, per fraction	Procedure	CPT-4
0190T	Placement of intraocular radiation source applicator (List separately in addition to primary procedure)	Procedure	CPT-4
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	Procedure	CPT-4
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	Procedure	CPT-4
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Procedure	CPT-4
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	Procedure	CPT-4
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	Procedure	CPT-4
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Procedure	CPT-4
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Procedure	CPT-4
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Procedure	CPT-4
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Procedure	CPT-4
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Procedure	CPT-4

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
51720	Bladder instillation of anticarcinogenic agent (including retention time)	Procedure	CPT-4
53220	Excision or fulguration of carcinoma of urethra	Procedure	CPT-4
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	Procedure	CPT-4
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	Procedure	CPT-4
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	Procedure	CPT-4
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Procedure	CPT-4
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	Procedure	CPT-4
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	Procedure	CPT-4
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	Procedure	CPT-4
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	Procedure	CPT-4
58346	Insertion of Heyman capsules for clinical brachytherapy	Procedure	CPT-4
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy	Procedure	CPT-4
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;	Procedure	CPT-4
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	Procedure	CPT-4
58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)	Procedure	CPT-4
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	Procedure	CPT-4
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;	Procedure	CPT-4

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	Procedure	CPT-4
58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy	Procedure	CPT-4
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	Procedure	CPT-4
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	Procedure	CPT-4
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	Procedure	CPT-4
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	Procedure	CPT-4
61793	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions	Procedure	CPT-4
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	Procedure	CPT-4
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	Procedure	CPT-4
76950	Ultrasonic guidance for placement of radiation therapy fields	Procedure	CPT-4
76960	Ultrasonic guidance for placement of radiation therapy fields, except for B-scan echography	Procedure	CPT-4
76965	Ultrasonic guidance for interstitial radioelement application	Procedure	CPT-4
77014	Computed tomography guidance for placement of radiation therapy fields	Procedure	CPT-4
77261	Therapeutic radiology treatment planning; simple	Procedure	CPT-4
77262	Therapeutic radiology treatment planning; intermediate	Procedure	CPT-4
77263	Therapeutic radiology treatment planning; complex	Procedure	CPT-4
77280	Therapeutic radiology simulation-aided field setting; simple	Procedure	CPT-4
77285	Therapeutic radiology simulation-aided field setting; intermediate	Procedure	CPT-4
77290	Therapeutic radiology simulation-aided field setting; complex	Procedure	CPT-4
77295	3-dimensional radiotherapy plan, including dose-volume histograms	Procedure	CPT-4
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	Procedure	CPT-4
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	Procedure	CPT-4
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	Procedure	CPT-4

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)	Procedure	CPT-4
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	Procedure	CPT-4
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	Procedure	CPT-4
77310	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)	Procedure	CPT-4
77315	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)	Procedure	CPT-4
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	Procedure	CPT-4
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	Procedure	CPT-4
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	Procedure	CPT-4
77321	Special teletherapy port plan, particles, hemibody, total body	Procedure	CPT-4
77326	Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)	Procedure	CPT-4
77327	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)	Procedure	CPT-4
77328	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)	Procedure	CPT-4
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	Procedure	CPT-4
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	Procedure	CPT-4
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	Procedure	CPT-4
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	Procedure	CPT-4

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	Procedure	CPT-4
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	Procedure	CPT-4
77370	Special medical radiation physics consultation	Procedure	CPT-4
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Procedure	CPT-4
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Procedure	CPT-4
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Procedure	CPT-4
77380	Proton beam delivery to a single treatment area, single port, custom block, with or without compensation, with treatment set-up and verification images	Procedure	CPT-4
77381	Proton beam treatment to one or two treatment areas, two or more ports, two or more custom blocks, and two or more compensators, with treatment set-up and verification images	Procedure	CPT-4
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Procedure	CPT-4
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Procedure	CPT-4
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Procedure	CPT-4
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	Procedure	CPT-4
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Procedure	CPT-4
77402	Radiation treatment delivery, => 1 MeV; simple	Procedure	CPT-4
77403	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV	Procedure	CPT-4
77404	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV	Procedure	CPT-4
77406	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater	Procedure	CPT-4
77407	Radiation treatment delivery, => 1 MeV; intermediate	Procedure	CPT-4
77408	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV	Procedure	CPT-4
77409	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV	Procedure	CPT-4

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
77411	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater	Procedure	CPT-4
77412	Radiation treatment delivery, => 1 MeV; complex	Procedure	CPT-4
77413	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV	Procedure	CPT-4
77414	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV	Procedure	CPT-4
77416	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater	Procedure	CPT-4
77417	Therapeutic radiology port image(s)	Procedure	CPT-4
77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	Procedure	CPT-4
77419	Weekly radiation therapy management; conformal	Procedure	CPT-4
77420	WK RAD THERAP MGMT; SIMPL	Procedure	CPT-4
77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy	Procedure	CPT-4
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	Procedure	CPT-4
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	Procedure	CPT-4
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Procedure	CPT-4
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Procedure	CPT-4
77427	Radiation treatment management, 5 treatments	Procedure	CPT-4
77430	WK RAD THERAP MGMT; COMPLX	Procedure	CPT-4
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	Procedure	CPT-4
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Procedure	CPT-4
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Procedure	CPT-4
77469	Intraoperative radiation treatment management	Procedure	CPT-4
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	Procedure	CPT-4
77499	Unlisted procedure, therapeutic radiology treatment management	Procedure	CPT-4

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
77520	Proton treatment delivery; simple, without compensation	Procedure	CPT-4
77522	Proton treatment delivery; simple, with compensation	Procedure	CPT-4
77523	Proton treatment delivery; intermediate	Procedure	CPT-4
77525	Proton treatment delivery; complex	Procedure	CPT-4
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	Procedure	CPT-4
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	Procedure	CPT-4
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	Procedure	CPT-4
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	Procedure	CPT-4
77620	Hyperthermia generated by intracavitary probe(s)	Procedure	CPT-4
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	Procedure	CPT-4
77761	Intracavitary radiation source application; simple	Procedure	CPT-4
77762	Intracavitary radiation source application; intermediate	Procedure	CPT-4
77763	Intracavitary radiation source application; complex	Procedure	CPT-4
77776	Interstitial radiation source application; simple	Procedure	CPT-4
77777	Interstitial radiation source application; intermediate	Procedure	CPT-4
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	Procedure	CPT-4
77781	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters	Procedure	CPT-4
77782	Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters	Procedure	CPT-4
77783	Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters	Procedure	CPT-4
77784	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters	Procedure	CPT-4
77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel	Procedure	CPT-4
77786	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels	Procedure	CPT-4
77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels	Procedure	CPT-4
77789	Surface application of low dose rate radionuclide source	Procedure	CPT-4
77790	Supervision, handling, loading of radiation source	Procedure	CPT-4
77799	Unlisted procedure, clinical brachytherapy	Procedure	CPT-4
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	Procedure	CPT-4
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	Procedure	CPT-4
78018	Thyroid carcinoma metastases imaging; whole body	Procedure	CPT-4
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	Procedure	CPT-4

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
79200	Radiopharmaceutical therapy, by intracavitary administration	Procedure	CPT-4
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	Procedure	CPT-4
79440	Radiopharmaceutical therapy, by intra-articular administration	Procedure	CPT-4
79999	Radiopharmaceutical therapy, unlisted procedure	Procedure	CPT-4
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	Procedure	CPT-4
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	Procedure	CPT-4
96400	Chemotherapy administration, subcutaneous or intramuscular, with or without local anesthesia	Procedure	CPT-4
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	Procedure	CPT-4
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	Procedure	CPT-4
96405	Chemotherapy administration; intralesional, up to and including 7 lesions	Procedure	CPT-4
96406	Chemotherapy administration; intralesional, more than 7 lesions	Procedure	CPT-4
96408	Chemotherapy administration, intravenous; push technique	Procedure	CPT-4
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	Procedure	CPT-4
96410	Chemotherapy administration, intravenous; infusion technique, up to one hour	Procedure	CPT-4
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	Procedure	CPT-4
96412	Chemotherapy administration, intravenous; infusion technique, one to 8 hours, each additional hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	Procedure	CPT-4
96414	Chemotherapy administration, intravenous; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	Procedure	CPT-4
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	Procedure	CPT-4
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96420	Chemotherapy administration, intra-arterial; push technique	Procedure	CPT-4
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	Procedure	CPT-4

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	Procedure	CPT-4
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	Procedure	CPT-4
96445	Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis	Procedure	CPT-4
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	Procedure	CPT-4
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	Procedure	CPT-4
96520	Refilling and maintenance of portable pump	Procedure	CPT-4
96521	Refilling and maintenance of portable pump	Procedure	CPT-4
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	Procedure	CPT-4
96523	Irrigation of implanted venous access device for drug delivery systems	Procedure	CPT-4
96530	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	Procedure	CPT-4
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	Procedure	CPT-4
96545	Provision of chemotherapy agent	Procedure	CPT-4
96549	Unlisted chemotherapy procedure	Procedure	CPT-4
99555	Home infusion for chemotherapy, per visit	Procedure	CPT-4
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	Procedure	HCPCS
A4650	Implantable radiation dosimeter, each	Procedure	HCPCS
C8953	Chemotherapy administration, intravenous; push technique	Procedure	HCPCS
C8954	Chemotherapy administration, intravenous; infusion technique, up to one hour	Procedure	HCPCS
C8955	Chemotherapy administration, intravenous; infusion technique, each additional hour (List separately in addition to C8954)	Procedure	HCPCS
C9021	Injection, obinutuzumab, 10 mg	Procedure	HCPCS
C9025	Injection, ramucirumab, 5 mg	Procedure	HCPCS
C9131	Injection, ado-trastuzumab emtansine, 1 mg	Procedure	HCPCS
C9259	Injection, pralatrexate, 1 mg	Procedure	HCPCS
C9260	Injection, ofatumumab, 10 mg	Procedure	HCPCS
C9262	Fludarabine phosphate, oral, 1 mg	Procedure	HCPCS
C9265	Injection, romidepsin, 1 mg	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C9273	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Procedure	HCPCS
C9276	Injection, cabazitaxel, 1 mg	Procedure	HCPCS
C9280	Injection, eribulin mesylate, 1 mg	Procedure	HCPCS
C9284	Injection, ipilimumab, 1 mg	Procedure	HCPCS
C9287	Injection, brentuximab vedotin, 1 mg	Procedure	HCPCS
C9289	Injection, asparaginase Erwinia chrysanthemi, 1,000 IU	Procedure	HCPCS
C9292	Injection, pertuzumab, 10 mg	Procedure	HCPCS
C9295	Injection, carfilzomib, 1 mg	Procedure	HCPCS
C9296	Injection, ziv-aflibercept, 1 mg	Procedure	HCPCS
C9297	Injection, omacetaxine mepesuccinate, 0.01 mg	Procedure	HCPCS
C9414	Etoposide; oral, 50 mg, brand name	Procedure	HCPCS
C9415	Doxorubicin HCl, 10 mg, brand name	Procedure	HCPCS
C9416	BCG (intravesical) per instillation, brand name	Procedure	HCPCS
C9417	Bleomycin sulfate, 15 units, brand name	Procedure	HCPCS
C9418	Cisplatin, powder or solution, per 10 mg, brand name	Procedure	HCPCS
C9419	Injection, cladribine, per 1 mg, brand name	Procedure	HCPCS
C9420	Cyclophosphamide, 100 mg, brand name	Procedure	HCPCS
C9421	Cyclophosphamide, lyophilized, 100 mg, brand name	Procedure	HCPCS
C9422	Cytarabine, 100 mg, brand name	Procedure	HCPCS
C9423	Dacarbazine, 100 mg, brand name	Procedure	HCPCS
C9424	Daunorubicin, 10 mg	Procedure	HCPCS
C9425	Etoposide, 10 mg, brand name	Procedure	HCPCS
C9426	Floxuridine, 500 mg, brand name	Procedure	HCPCS
C9427	Ifosfamide, 1 gm, brand name	Procedure	HCPCS
C9428	Mesna, 200 mg, brand name	Procedure	HCPCS
C9429	Idarubicin HCl, 5 mg, brand name	Procedure	HCPCS
C9430	Leuprolide acetate, per 1 mg, brand name	Procedure	HCPCS
C9431	Paclitaxel, 30 mg, brand name	Procedure	HCPCS
C9432	Mitomycin, 5 mg, brand name	Procedure	HCPCS
C9433	Thiotepa, 15 mg, brand name	Procedure	HCPCS
C9434	Supply of radiopharmaceutical diagnostic imaging agent, Gallium Ga 67, per mci, brand name	Procedure	HCPCS
C9435	Injection, gonadorelin HCl, brand name, per 100 mcg	Procedure	HCPCS
C9436	Azathioprine, parenteral, brand name, per 100 mg	Procedure	HCPCS
C9437	Carmustine, brand name, 100 mg	Procedure	HCPCS
C9442	Injection, belinostat, 10 mg	Procedure	HCPCS
C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure	Procedure	HCPCS
C9728	Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple	Procedure	HCPCS
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Procedure	HCPCS
D5983	radiation carrier	Procedure	HCPCS
D5984	radiation shield	Procedure	HCPCS
D5985	radiation cone locator	Procedure	HCPCS
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Procedure	HCPCS
G0210	PET imaging whole body; diagnosis; lung cancer, nonsmall cell	Procedure	HCPCS
G0211	PET imaging whole body; initial staging; lung cancer; nonsmall cell	Procedure	HCPCS
G0212	PET imaging whole body; restaging; lung cancer; nonsmall	Procedure	HCPCS
G0215	PET imaging whole body; restaging; colorectal cancer	Procedure	HCPCS
G0223	PET imaging whole body or regional; diagnosis; head and neck cancer; excluding thyroid and CNS cancers	Procedure	HCPCS
G0224	PET imaging whole body or regional; initial staging; head and neck cancer; excluding thyroid and CNS cancers	Procedure	HCPCS
G0225	PET imaging whole body or regional; restaging; head and neck cancer, excluding thyroid and CNS cancers	Procedure	HCPCS
G0226	PET imaging whole body; diagnosis; esophageal cancer	Procedure	HCPCS
G0227	PET imaging whole body; initial staging; esophageal cancer	Procedure	HCPCS
G0228	PET imaging whole body; restaging; esophageal cancer	Procedure	HCPCS
G0231	PET, whole body, for recurrence of colorectal or colorectal metastatic cancer; gamma cameras only	Procedure	HCPCS
G0233	PET, whole body, for recurrence of melanoma; gamma cameras only	Procedure	HCPCS
G0234	PET, regional or whole body, for solitary pulmonary nodule following CT or for initial staging of pathologically diagnosed nonsmall cell lung cancer; gamma cameras only	Procedure	HCPCS
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	Procedure	HCPCS
G0253	PET imaging for breast cancer, full and partial-ring PET scanners only, staging/restaging of local regional recurrence or distant metastases (i.e., staging/restaging after or prior to course of treatment)	Procedure	HCPCS
G0254	PET imaging for breast cancer, full and partial ring PET scanners only, evaluation of response to treatment, performed during course of treatment	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
G0292	Administration(s) of experimental drug(s) only in a medicare qualifying clinical trial (includes administration for chemotherapy and other types of therapy via infusion and/or other than infusion), per day	Procedure	HCPCS
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)	Procedure	HCPCS
G0355	Chemotherapy administration, subcutaneous or intramuscular nonhormonal antineoplastic	Procedure	HCPCS
G0359	Chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug	Procedure	HCPCS
G0361	Initiation of prolonged chemotherapy infusion (more than eight hours), requiring use of a portable or implantable pump	Procedure	HCPCS
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	Procedure	HCPCS
G0464	Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., KRAS, NDRG4 and BMP3)	Procedure	HCPCS
G6001	Ultrasonic guidance for placement of radiation therapy fields	Procedure	HCPCS
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Procedure	HCPCS
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	Procedure	HCPCS
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	Procedure	HCPCS
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	Procedure	HCPCS
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	Procedure	HCPCS
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev	Procedure	HCPCS
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev	Procedure	HCPCS
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev	Procedure	HCPCS
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	Procedure	HCPCS
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	Procedure	HCPCS
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	Procedure	HCPCS
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	Procedure	HCPCS
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	Procedure	HCPCS
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	Procedure	HCPCS
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	Procedure	HCPCS
G8371	Chemotherapy documented as not received or prescribed for Stage III colon cancer patients	Procedure	HCPCS
G8372	Chemotherapy documented as received or prescribed for Stage III colon cancer patients	Procedure	HCPCS
G8373	Chemotherapy plan documented prior to chemotherapy administration	Procedure	HCPCS
G8374	Chemotherapy plan not documented prior to chemotherapy administration	Procedure	HCPCS
G8376	Clinician documentation that breast cancer patient was not eligible for tamoxifen or aromatase inhibitor therapy measure	Procedure	HCPCS
G8377	Clinician documentation that colon cancer patient is not eligible for chemotherapy measure	Procedure	HCPCS
G8379	Documentation of radiation therapy recommended within 12 months of first office visit	Procedure	HCPCS
G8380	For patients with ER or PR positive, Stage IC-III breast cancer, clinician did not document that the patient received or was prescribed tamoxifen or aromatase inhibitor	Procedure	HCPCS
G8381	For patients with ER or PR positive, Stage IC-III breast cancer, clinician documented or prescribed that the patient is receiving tamoxifen or aromatase inhibitor	Procedure	HCPCS
G8389	Myelodysplastic syndrome (MDS) patients with no documentation of iron stores prior to receiving erythropoietin therapy	Procedure	HCPCS
G8464	Clinician documented that prostate cancer patient is not an eligible candidate for adjuvant hormonal therapy; low or intermediate risk of recurrence or risk of recurrence not determined	Procedure	HCPCS
G8465	High or very high risk of recurrence of prostate cancer	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
G8518	Clinical stage prior to surgery for lung cancer and esophageal cancer resection was recorded	Procedure	HCPCS
G8519	Clinician documented that patient was not eligible for clinical stage prior to surgery for lung cancer and esophageal cancer resection measure	Procedure	HCPCS
G8520	Clinician stage prior to surgery for lung cancer and esophageal cancer resection was not recorded, reason not specified	Procedure	HCPCS
G8875	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method	Procedure	HCPCS
G8881	Stage of breast cancer is greater than T1N0M0 or T2N0M0	Procedure	HCPCS
G8927	Adjuvant chemotherapy referred, prescribed or previously received for AJCC stage III, colon cancer	Procedure	HCPCS
G8944	AJCC melanoma cancer stage 0 through IIC melanoma	Procedure	HCPCS
G9021	Chemotherapy assessment for nausea and/or vomiting, patient reported, performed at the time of chemotherapy administration; assessment Level 1: not at all (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9022	Chemotherapy assessment for nausea and/or vomiting, patient reported, performed at the time of chemotherapy administration; assessment Level 2: a little (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9023	Chemotherapy assessment for nausea and/or vomiting, patient reported, performed at the time of chemotherapy administration; assessment Level 3: quite a bit (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9024	Chemotherapy assessment for nausea and/or vomiting, patient reported, performed at the time of chemotherapy administration; assessment Level 4: very much (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9025	Chemotherapy assessment for pain, patient reported, performed at the time of chemotherapy administration; assessment Level 1: not at all (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9026	Chemotherapy assessment for pain, patient reported, performed at the time of chemotherapy administration; assessment Level 2: a little (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9027	Chemotherapy assessment for pain, patient reported, performed at the time of chemotherapy administration; assessment Level 3: quite a bit (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9028	Chemotherapy assessment for pain, patient reported, performed at the time of chemotherapy administration; assessment Level 4: very much (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9029	Chemotherapy assessment for lack of energy (fatigue), patient reported, performed at the time of chemotherapy administration; assessment Level 1: not at all (for use in a Medicare-approved demonstration project)	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
G9030	Chemotherapy assessment for lack of energy (fatigue), patient reported, performed at the time of chemotherapy administration; assessment Level 2: a little (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9031	Chemotherapy assessment for lack of energy (fatigue), patient reported, performed at the time of chemotherapy administration, assessment Level 3: quite a bit (for use in a Medicare approved demonstration project)	Procedure	HCPCS
G9032	Chemotherapy assessment for lack of energy (fatigue), patient reported, performed at the time of chemotherapy administration, assessment Level 4: very much (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9050	Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9051	Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer-directed therapy or managing consequences of cancer-directed therapy (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer-directed therapy is being administered or arranged at present; cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board-approved clinical trial (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a Medicare-approved demonstration project)	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9060	Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9063	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage I (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9064	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage II (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9065	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage III a (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9066	Oncology; disease status; limited to nonsmall cell lung cancer; Stage III B-IV at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9067	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/nonsmall cell; extensive Stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/nonsmall; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
G9071	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I or stage IIA-IIB; or T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9072	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I, or stage IIA-IIB; or T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9073	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-III B; and not T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-III B; and not T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9075	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9076	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, under evaluation, presurgical or not listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T1-T2C and Gleason 2-7 and PSA < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T2 or T3a Gleason 8-10 or PSA > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T3B-T4, any N; any T, N1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising PSA or failure of PSA decline (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9081	Oncology; disease status; prostate cancer, limited to adenocarcinoma, non-castrate, incompletely castrate; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9082	Oncology; disease status; prostate cancer, limited to adenocarcinoma; castrate; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9083	Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N0, M0 with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, N0, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-4, N1-2, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress or not listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-2, N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T3, N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9092	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N1-2, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress or not listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T1-T3, N0-N1 or NX (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R1 or R2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M0, unresectable with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9105	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post R0 resection without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post R1 or R2 resection with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9109	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T1-T2 and N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T3-4 and/or N1-3, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9113	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage 1A-B (Grade 1) without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage IA-B (grade 2-3); or stage IC (all grades); or stage II; without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage III-IV; without evidence of progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9123	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9124	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and /or BCR-ABL positive; accelerated phase not in hematologic cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
G9125	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, stage I (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9129	Oncology; disease status; limited to multiple myeloma, systemic disease; stage II or higher (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9130	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9131	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., rising PSA on antiandrogen therapy or postorchiectomy); clinical metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9134	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; Stage I, II at diagnosis, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9135	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; Stage III, IV, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9136	Oncology; disease status; non-Hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular classification (for use in a medicare-approved demonstration project)	Procedure	HCPCS
G9137	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a medicare-approved demonstration project)	Procedure	HCPCS
G9138	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determined, evaluation of possible relapse or nonresponse to therapy, or not listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
G9139	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; extent of disease unknown, staging in progress, not listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
J0207	Injection, amifostine, 500 mg	Procedure	HCPCS
J1260	Injection, dolasetron mesylate, 10 mg	Procedure	HCPCS
J8498	Antiemetic drug, rectal/suppository, not otherwise specified	Procedure	HCPCS
J8510	Busulfan, oral, 2 mg	Procedure	HCPCS
J8520	Capecitabine, oral, 150 mg	Procedure	HCPCS
J8521	Capecitabine, oral, 500 mg	Procedure	HCPCS
J8530	Cyclophosphamide, oral, 25 mg	Procedure	HCPCS
J8560	Etoposide, oral, 50 mg	Procedure	HCPCS
J8562	Fludarabine phosphate, oral, 10 mg	Procedure	HCPCS
J8597	Antiemetic drug, oral, not otherwise specified	Procedure	HCPCS
J8600	Melphalan, oral, 2 mg	Procedure	HCPCS
J8610	Methotrexate, oral, 2.5 mg	Procedure	HCPCS
J8700	Temozolomide, oral, 5 mg	Procedure	HCPCS
J8705	Topotecan, oral, 0.25 mg	Procedure	HCPCS
J8999	Prescription drug, oral, chemotherapeutic, NOS	Procedure	HCPCS
J9000	Injection, doxorubicin HCl, 10 mg	Procedure	HCPCS
J9002	Injection, doxorubicin hydrochloride, liposomal, Doxil, 10 mg	Procedure	HCPCS
J9015	Injection, aldesleukin, per single use vial	Procedure	HCPCS
J9017	Injection, arsenic trioxide, 1 mg	Procedure	HCPCS
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	Procedure	HCPCS
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	Procedure	HCPCS
J9025	Injection, azacitidine, 1 mg	Procedure	HCPCS
J9031	BCG (intravesical) per instillation	Procedure	HCPCS
J9033	Injection, bendamustine HCl (Treanda), 1 mg	Procedure	HCPCS
J9040	Injection, bleomycin sulfate, 15 units	Procedure	HCPCS
J9042	Injection, brentuximab vedotin, 1 mg	Procedure	HCPCS
J9043	Injection, cabazitaxel, 1 mg	Procedure	HCPCS
J9045	Injection, carboplatin, 50 mg	Procedure	HCPCS
J9047	Injection, carfilzomib, 1 mg	Procedure	HCPCS
J9050	Injection, carmustine, 100 mg	Procedure	HCPCS
J9060	Injection, cisplatin, powder or solution, 10 mg	Procedure	HCPCS
J9062	Cisplatin, 50 mg	Procedure	HCPCS
J9065	Injection, cladribine, per 1 mg	Procedure	HCPCS
J9070	Cyclophosphamide, 100 mg	Procedure	HCPCS
J9080	Cyclophosphamide, 200 mg	Procedure	HCPCS
J9090	Cyclophosphamide, 500 mg	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
J9091	Cyclophosphamide, 1 g	Procedure	HCPCS
J9092	Cyclophosphamide, 2 g	Procedure	HCPCS
J9093	Cyclophosphamide, lyophilized, 100 mg	Procedure	HCPCS
J9094	Cyclophosphamide, lyophilized, 200 mg	Procedure	HCPCS
J9095	Cyclophosphamide, lyophilized, 500 mg	Procedure	HCPCS
J9096	Cyclophosphamide, lyophilized, 1 g	Procedure	HCPCS
J9097	Cyclophosphamide, lyophilized, 2 g	Procedure	HCPCS
J9100	Injection, cytarabine, 100 mg	Procedure	HCPCS
J9110	Injection, cytarabine, 500 mg	Procedure	HCPCS
J9120	Injection, dactinomycin, 0.5 mg	Procedure	HCPCS
J9130	Dacarbazine, 100 mg	Procedure	HCPCS
J9140	Dacarbazine, 200 mg	Procedure	HCPCS
J9150	Injection, daunorubicin, 10 mg	Procedure	HCPCS
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	Procedure	HCPCS
J9165	Injection, diethylstilbestrol diphosphate, 250 mg	Procedure	HCPCS
J9179	Injection, eribulin mesylate, 0.1 mg	Procedure	HCPCS
J9181	Injection, etoposide, 10 mg	Procedure	HCPCS
J9185	Injection, fludarabine phosphate, 50 mg	Procedure	HCPCS
J9190	Injection, fluorouracil, 500 mg	Procedure	HCPCS
J9200	Injection, floxuridine, 500 mg	Procedure	HCPCS
J9201	Injection, gemcitabine HCl, 200 mg	Procedure	HCPCS
J9202	Goserelin acetate implant, per 3.6 mg	Procedure	HCPCS
J9206	Injection, irinotecan, 20 mg	Procedure	HCPCS
J9207	Injection, ixabepilone, 1 mg	Procedure	HCPCS
J9208	Injection, ifosfamide, 1 g	Procedure	HCPCS
J9209	Injection, mesna, 200 mg	Procedure	HCPCS
J9211	Injection, idarubicin HCl, 5 mg	Procedure	HCPCS
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	Procedure	HCPCS
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	Procedure	HCPCS
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU	Procedure	HCPCS
J9216	Injection, interferon, gamma 1-b, 3 million units	Procedure	HCPCS
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Procedure	HCPCS
J9218	Leuprolide acetate, per 1 mg	Procedure	HCPCS
J9219	Leuprolide acetate implant, 65 mg	Procedure	HCPCS
J9225	Histrelin implant (Vantas), 50 mg	Procedure	HCPCS
J9226	Histrelin implant (Supprelin LA), 50 mg	Procedure	HCPCS
J9228	Injection, ipilimumab, 1 mg	Procedure	HCPCS
J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	Procedure	HCPCS
J9245	Injection, melphalan HCl, 50 mg	Procedure	HCPCS
J9250	Methotrexate sodium, 5 mg	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
J9260	Methotrexate sodium, 50 mg	Procedure	HCPCS
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Procedure	HCPCS
J9263	Injection, oxaliplatin, 0.5 mg	Procedure	HCPCS
J9265	Injection, paclitaxel, 30 mg	Procedure	HCPCS
J9266	Injection, pegaspargase, per single dose vial	Procedure	HCPCS
J9267	Injection, paclitaxel, 1 mg	Procedure	HCPCS
J9268	Injection, pentostatin, 10 mg	Procedure	HCPCS
J9270	Injection, plicamycin, 2.5 mg	Procedure	HCPCS
J9280	Injection, mitomycin, 5 mg	Procedure	HCPCS
J9290	Mitomycin, 20 mg	Procedure	HCPCS
J9291	Mitomycin, 40 mg	Procedure	HCPCS
J9293	Injection, mitoxantrone HCl, per 5 mg	Procedure	HCPCS
J9300	Injection, gemtuzumab ozogamicin, 5 mg	Procedure	HCPCS
J9301	Injection, obinutuzumab, 10 mg	Procedure	HCPCS
J9302	Injection, ofatumumab, 10 mg	Procedure	HCPCS
J9303	Injection, panitumumab, 10 mg	Procedure	HCPCS
J9306	Injection, pertuzumab, 1 mg	Procedure	HCPCS
J9310	Injection, rituximab, 100 mg	Procedure	HCPCS
J9315	Injection, romidepsin, 1 mg	Procedure	HCPCS
J9320	Injection, streptozocin, 1 g	Procedure	HCPCS
J9328	Injection, temozolomide, 1 mg	Procedure	HCPCS
J9330	Injection, temsirolimus, 1 mg	Procedure	HCPCS
J9340	Injection, thiotepa, 15 mg	Procedure	HCPCS
J9350	Injection, topotecan, 4 mg	Procedure	HCPCS
J9351	Injection, topotecan, 0.1 mg	Procedure	HCPCS
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Procedure	HCPCS
J9360	Injection, vinblastine sulfate, 1 mg	Procedure	HCPCS
J9370	Vincristine sulfate, 1 mg	Procedure	HCPCS
J9371	Injection, vincristine sulfate liposome, 1 mg	Procedure	HCPCS
J9375	Vincristine sulfate, 2 mg	Procedure	HCPCS
J9380	Vincristine sulfate, 5 mg	Procedure	HCPCS
J9390	Injection, vinorelbine tartrate, 10 mg	Procedure	HCPCS
J9600	Injection, porfimer sodium, 75 mg	Procedure	HCPCS
J9999	Not otherwise classified, antineoplastic drugs	Procedure	HCPCS
Q0083	Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit	Procedure	HCPCS
Q0084	Chemotherapy administration by infusion technique only, per visit	Procedure	HCPCS
Q0085	Chemotherapy administration by both infusion technique and other technique(s) (e.g. subcutaneous, intramuscular, push), per visit	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
Q0161	Chlorpromazine hydrochloride, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Procedure	HCPCS
Q0162	Ondansetron 1 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Procedure	HCPCS
Q0163	Diphenhydramine HCl, 50 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at time of chemotherapy treatment not to exceed a 48-hour dosage regimen	Procedure	HCPCS
Q0164	Prochlorperazine maleate, 5 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Procedure	HCPCS
Q0165	Prochlorperazine maleate, 10 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Procedure	HCPCS
Q0166	Granisetron HCl, 1 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen	Procedure	HCPCS
Q0167	Dronabinol, 2.5 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Procedure	HCPCS
Q0168	Dronabinol, 5 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Procedure	HCPCS
Q0169	Promethazine HCl, 12.5 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Procedure	HCPCS
Q0170	Promethazine HCl, 25 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Procedure	HCPCS
Q0171	Chlorpromazine HCl, 10 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Procedure	HCPCS
Q0172	Chlorpromazine HCl, 25 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Procedure	HCPCS
Q0173	Trimethobenzamide HCl, 250 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
Q0174	Thiethylperazine maleate, 10 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Procedure	HCPCS
Q0175	Perphenazine, 4 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Procedure	HCPCS
Q0176	Perphenazine, 8 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Procedure	HCPCS
Q0177	Hydroxyzine pamoate, 25 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Procedure	HCPCS
Q0178	Hydroxyzine pamoate, 50 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Procedure	HCPCS
Q0179	Ondansetron HCl 8 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Procedure	HCPCS
Q0180	Dolasetron mesylate, 100 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen	Procedure	HCPCS
Q0181	Unspecified oral dosage form, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Procedure	HCPCS
Q0511	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for the first prescription in a 30-day period	Procedure	HCPCS
Q0512	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	Procedure	HCPCS
Q2017	Injection, teniposide, 50 mg	Procedure	HCPCS
Q2025	Fludarabine phosphate, oral, 1 mg	Procedure	HCPCS
Q2048	Injection, doxorubicin hydrochloride, liposomal, DOXIL, 10 mg	Procedure	HCPCS
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	Procedure	HCPCS
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Procedure	HCPCS
Q3001	Radioelements for brachytherapy, any type, each	Procedure	HCPCS
Acute Myocardial Infarction			
410	Acute myocardial infarction	Diagnosis	ICD-9-CM
410.0	Acute myocardial infarction of anterolateral wall	Diagnosis	ICD-9-CM
410.00	Acute myocardial infarction of anterolateral wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.01	Acute myocardial infarction of anterolateral wall, initial episode of care	Diagnosis	ICD-9-CM
410.02	Acute myocardial infarction of anterolateral wall, subsequent episode of care	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
410.1	Acute myocardial infarction of other anterior wall	Diagnosis	ICD-9-CM
410.10	Acute myocardial infarction of other anterior wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.11	Acute myocardial infarction of other anterior wall, initial episode of care	Diagnosis	ICD-9-CM
410.12	Acute myocardial infarction of other anterior wall, subsequent episode of care	Diagnosis	ICD-9-CM
410.2	Acute myocardial infarction of inferolateral wall	Diagnosis	ICD-9-CM
410.20	Acute myocardial infarction of inferolateral wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.21	Acute myocardial infarction of inferolateral wall, initial episode of care	Diagnosis	ICD-9-CM
410.22	Acute myocardial infarction of inferolateral wall, subsequent episode of care	Diagnosis	ICD-9-CM
410.3	Acute myocardial infarction of inferoposterior wall	Diagnosis	ICD-9-CM
410.30	Acute myocardial infarction of inferoposterior wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.31	Acute myocardial infarction of inferoposterior wall, initial episode of care	Diagnosis	ICD-9-CM
410.32	Acute myocardial infarction of inferoposterior wall, subsequent episode of care	Diagnosis	ICD-9-CM
410.4	Acute myocardial infarction of other inferior wall	Diagnosis	ICD-9-CM
410.40	Acute myocardial infarction of other inferior wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.41	Acute myocardial infarction of other inferior wall, initial episode of care	Diagnosis	ICD-9-CM
410.42	Acute myocardial infarction of other inferior wall, subsequent episode of care	Diagnosis	ICD-9-CM
410.5	Acute myocardial infarction of other lateral wall	Diagnosis	ICD-9-CM
410.50	Acute myocardial infarction of other lateral wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.51	Acute myocardial infarction of other lateral wall, initial episode of care	Diagnosis	ICD-9-CM
410.52	Acute myocardial infarction of other lateral wall, subsequent episode of care	Diagnosis	ICD-9-CM
410.6	Acute myocardial infarction, true posterior wall infarction	Diagnosis	ICD-9-CM
410.60	Acute myocardial infarction, true posterior wall infarction, episode of care unspecified	Diagnosis	ICD-9-CM
410.61	Acute myocardial infarction, true posterior wall infarction, initial episode of care	Diagnosis	ICD-9-CM
410.62	Acute myocardial infarction, true posterior wall infarction, subsequent episode of care	Diagnosis	ICD-9-CM
410.7	Acute myocardial infarction, subendocardial infarction	Diagnosis	ICD-9-CM
410.70	Acute myocardial infarction, subendocardial infarction, episode of care unspecified	Diagnosis	ICD-9-CM
410.71	Acute myocardial infarction, subendocardial infarction, initial episode of care	Diagnosis	ICD-9-CM
410.72	Acute myocardial infarction, subendocardial infarction, subsequent episode of care	Diagnosis	ICD-9-CM
410.8	Acute myocardial infarction of other specified sites	Diagnosis	ICD-9-CM
410.80	Acute myocardial infarction of other specified sites, episode of care unspecified	Diagnosis	ICD-9-CM
410.81	Acute myocardial infarction of other specified sites, initial episode of care	Diagnosis	ICD-9-CM
410.82	Acute myocardial infarction of other specified sites, subsequent episode of care	Diagnosis	ICD-9-CM
410.9	Acute myocardial infarction, unspecified site	Diagnosis	ICD-9-CM
410.90	Acute myocardial infarction, unspecified site, episode of care unspecified	Diagnosis	ICD-9-CM
410.91	Acute myocardial infarction, unspecified site, initial episode of care	Diagnosis	ICD-9-CM
410.92	Acute myocardial infarction, unspecified site, subsequent episode of care	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery	Diagnosis	ICD-10-CM
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery	Diagnosis	ICD-10-CM
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall	Diagnosis	ICD-10-CM
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery	Diagnosis	ICD-10-CM
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall	Diagnosis	ICD-10-CM
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery	Diagnosis	ICD-10-CM
I21.29	ST elevation (STEMI) myocardial infarction involving other sites	Diagnosis	ICD-10-CM
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I21.9	Acute myocardial infarction, unspecified	Diagnosis	ICD-10-CM
I21.A1	Myocardial infarction type 2	Diagnosis	ICD-10-CM
I21.A9	Other myocardial infarction type	Diagnosis	ICD-10-CM
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall	Diagnosis	ICD-10-CM
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall	Diagnosis	ICD-10-CM
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites	Diagnosis	ICD-10-CM
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
Hypertension and Hypertensive Disorders			
401	Essential hypertension	Diagnosis	ICD-9-CM
401.0	Essential hypertension, malignant	Diagnosis	ICD-9-CM
401.1	Essential hypertension, benign	Diagnosis	ICD-9-CM
401.9	Unspecified essential hypertension	Diagnosis	ICD-9-CM
402	Hypertensive heart disease	Diagnosis	ICD-9-CM
402.0	Malignant hypertensive heart disease	Diagnosis	ICD-9-CM
402.00	Malignant hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
402.01	Malignant hypertensive heart disease with heart failure	Diagnosis	ICD-9-CM
402.1	Benign hypertensive heart disease	Diagnosis	ICD-9-CM
402.10	Benign hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
402.11	Benign hypertensive heart disease with heart failure	Diagnosis	ICD-9-CM
402.9	Unspecified hypertensive heart disease	Diagnosis	ICD-9-CM
402.90	Unspecified hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
402.91	Hypertensive heart disease, unspecified, with heart failure	Diagnosis	ICD-9-CM
403	Hypertensive chronic kidney disease	Diagnosis	ICD-9-CM
403.0	Hypertensive chronic kidney disease, malignant	Diagnosis	ICD-9-CM
403.00	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
403.01	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
403.1	Hypertensive chronic kidney disease, benign	Diagnosis	ICD-9-CM
403.10	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
403.11	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
403.9	Hypertensive chronic kidney disease, unspecified	Diagnosis	ICD-9-CM
403.90	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
403.91	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404	Hypertensive heart and chronic kidney disease	Diagnosis	ICD-9-CM
404.0	Hypertensive heart and chronic kidney disease, malignant	Diagnosis	ICD-9-CM
404.00	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.01	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.02	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.03	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.1	Hypertensive heart and chronic kidney disease, benign	Diagnosis	ICD-9-CM
404.10	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.11	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.12	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.9	Hypertensive heart and chronic kidney disease, unspecified	Diagnosis	ICD-9-CM
404.90	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.91	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.92	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
405	Secondary hypertension	Diagnosis	ICD-9-CM
405.0	Secondary hypertension, malignant	Diagnosis	ICD-9-CM
405.01	Secondary renovascular hypertension, malignant	Diagnosis	ICD-9-CM
405.09	Other secondary hypertension, malignant	Diagnosis	ICD-9-CM
405.1	Secondary hypertension, benign	Diagnosis	ICD-9-CM
405.11	Secondary renovascular hypertension, benign	Diagnosis	ICD-9-CM
405.19	Other secondary hypertension, benign	Diagnosis	ICD-9-CM
405.9	Unspecified secondary hypertension, unspecified	Diagnosis	ICD-9-CM
405.91	Secondary renovascular hypertension, unspecified	Diagnosis	ICD-9-CM
405.99	Other secondary hypertension, unspecified	Diagnosis	ICD-9-CM
997.91	Hypertension	Diagnosis	ICD-9-CM
I10	Essential (primary) hypertension	Diagnosis	ICD-10-CM
I11.0	Hypertensive heart disease with heart failure	Diagnosis	ICD-10-CM
I11.9	Hypertensive heart disease without heart failure	Diagnosis	ICD-10-CM
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Diagnosis	ICD-10-CM
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I15.0	Renovascular hypertension	Diagnosis	ICD-10-CM
I15.1	Hypertension secondary to other renal disorders	Diagnosis	ICD-10-CM
I15.2	Hypertension secondary to endocrine disorders	Diagnosis	ICD-10-CM
I15.8	Other secondary hypertension	Diagnosis	ICD-10-CM
I15.9	Secondary hypertension, unspecified	Diagnosis	ICD-10-CM
I16.0	Hypertensive urgency	Diagnosis	ICD-10-CM
I16.1	Hypertensive emergency	Diagnosis	ICD-10-CM
I16.9	Hypertensive crisis, unspecified	Diagnosis	ICD-10-CM
I97.3	Postprocedural hypertension	Diagnosis	ICD-10-CM
N26.2	Page kidney	Diagnosis	ICD-10-CM
Hypercholesterolemia and Hyperlipidemia			
272.0	Pure hypercholesterolemia	Diagnosis	ICD-9-CM
272.1	Pure hyperglyceridemia	Diagnosis	ICD-9-CM
272.2	Mixed hyperlipidemia	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
272.3	Hyperchylomicronemia	Diagnosis	ICD-9-CM
272.4	Other and unspecified hyperlipidemia	Diagnosis	ICD-9-CM
E78.0	Pure hypercholesterolemia	Diagnosis	ICD-10-CM
E78.00	Pure hypercholesterolemia, unspecified	Diagnosis	ICD-10-CM
E78.01	Familial hypercholesterolemia	Diagnosis	ICD-10-CM
E78.1	Pure hyperglyceridemia	Diagnosis	ICD-10-CM
E78.2	Mixed hyperlipidemia	Diagnosis	ICD-10-CM
E78.3	Hyperchylomicronemia	Diagnosis	ICD-10-CM
E78.4	Other hyperlipidemia	Diagnosis	ICD-10-CM
E78.41	Elevated Lipoprotein(a)	Diagnosis	ICD-10-CM
E78.49	Other hyperlipidemia	Diagnosis	ICD-10-CM
E78.5	Hyperlipidemia, unspecified	Diagnosis	ICD-10-CM
Alcohol Consumption			
291	Alcohol-induced mental disorders	Diagnosis	ICD-9-CM
291.0	Alcohol withdrawal delirium	Diagnosis	ICD-9-CM
291.1	Alcohol-induced persisting amnestic disorder	Diagnosis	ICD-9-CM
291.2	Alcohol-induced persisting dementia	Diagnosis	ICD-9-CM
291.3	Alcohol-induced psychotic disorder with hallucinations	Diagnosis	ICD-9-CM
291.4	Idiosyncratic alcohol intoxication	Diagnosis	ICD-9-CM
291.5	Alcohol-induced psychotic disorder with delusions	Diagnosis	ICD-9-CM
291.8	Other specified alcohol-induced mental disorders	Diagnosis	ICD-9-CM
291.81	Alcohol withdrawal	Diagnosis	ICD-9-CM
291.82	Alcohol induced sleep disorders	Diagnosis	ICD-9-CM
291.89	Other specified alcohol-induced mental disorders	Diagnosis	ICD-9-CM
291.9	Unspecified alcohol-induced mental disorders	Diagnosis	ICD-9-CM
303	Alcohol dependence syndrome	Diagnosis	ICD-9-CM
303.0	Acute alcoholic intoxication	Diagnosis	ICD-9-CM
303.00	Acute alcoholic intoxication, unspecified	Diagnosis	ICD-9-CM
303.01	Acute alcoholic intoxication, continuous	Diagnosis	ICD-9-CM
303.02	Acute alcoholic intoxication, episodic	Diagnosis	ICD-9-CM
303.9	Other and unspecified alcohol dependence	Diagnosis	ICD-9-CM
303.90	Other and unspecified alcohol dependence, unspecified	Diagnosis	ICD-9-CM
303.91	Other and unspecified alcohol dependence, continuous	Diagnosis	ICD-9-CM
303.92	Other and unspecified alcohol dependence, episodic	Diagnosis	ICD-9-CM
303.93	Other and unspecified alcohol dependence, in remission	Diagnosis	ICD-9-CM
305.0	Nondependent alcohol abuse	Diagnosis	ICD-9-CM
305.00	Nondependent alcohol abuse, unspecified	Diagnosis	ICD-9-CM
305.01	Nondependent alcohol abuse, continuous	Diagnosis	ICD-9-CM
305.02	Nondependent alcohol abuse, episodic	Diagnosis	ICD-9-CM
305.03	Nondependent alcohol abuse, in remission	Diagnosis	ICD-9-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
357.5	Alcoholic polyneuropathy	Diagnosis	ICD-9-CM
425.5	Alcoholic cardiomyopathy	Diagnosis	ICD-9-CM
535.30	Alcoholic gastritis without mention of hemorrhage	Diagnosis	ICD-9-CM
535.31	Alcoholic gastritis with hemorrhage	Diagnosis	ICD-9-CM
571.0	Alcoholic fatty liver	Diagnosis	ICD-9-CM
571.1	Acute alcoholic hepatitis	Diagnosis	ICD-9-CM
571.2	Alcoholic cirrhosis of liver	Diagnosis	ICD-9-CM
571.3	Unspecified alcoholic liver damage	Diagnosis	ICD-9-CM
790.3	Excessive blood level of alcohol	Diagnosis	ICD-9-CM
94.6	Alcohol and drug rehabilitation and detoxification	Procedure	ICD-9-CM
94.61	Alcohol rehabilitation	Procedure	ICD-9-CM
94.62	Alcohol detoxification	Procedure	ICD-9-CM
94.63	Alcohol rehabilitation and detoxification	Procedure	ICD-9-CM
94.67	Combined alcohol and drug rehabilitation	Procedure	ICD-9-CM
94.68	Combined alcohol and drug detoxification	Procedure	ICD-9-CM
94.69	Combined alcohol and drug rehabilitation and detoxification	Procedure	ICD-9-CM
980.0	Toxic effect of ethyl alcohol	Diagnosis	ICD-9-CM
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	Procedure	CPT-4
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	Procedure	CPT-4
E86.00	Accidental poisoning by alcoholic beverages	Diagnosis	ICD-9-CM
F10.10	Alcohol abuse, uncomplicated	Diagnosis	ICD-10-CM
F10.120	Alcohol abuse with intoxication, uncomplicated	Diagnosis	ICD-10-CM
F10.121	Alcohol abuse with intoxication delirium	Diagnosis	ICD-10-CM
F10.129	Alcohol abuse with intoxication, unspecified	Diagnosis	ICD-10-CM
F10.14	Alcohol abuse with alcohol-induced mood disorder	Diagnosis	ICD-10-CM
F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F10.159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F10.180	Alcohol abuse with alcohol-induced anxiety disorder	Diagnosis	ICD-10-CM
F10.181	Alcohol abuse with alcohol-induced sexual dysfunction	Diagnosis	ICD-10-CM
F10.182	Alcohol abuse with alcohol-induced sleep disorder	Diagnosis	ICD-10-CM
F10.188	Alcohol abuse with other alcohol-induced disorder	Diagnosis	ICD-10-CM
F10.19	Alcohol abuse with unspecified alcohol-induced disorder	Diagnosis	ICD-10-CM
F10.20	Alcohol dependence, uncomplicated	Diagnosis	ICD-10-CM
F10.21	Alcohol dependence, in remission	Diagnosis	ICD-10-CM
F10.220	Alcohol dependence with intoxication, uncomplicated	Diagnosis	ICD-10-CM
F10.221	Alcohol dependence with intoxication delirium	Diagnosis	ICD-10-CM
F10.229	Alcohol dependence with intoxication, unspecified	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
F10.230	Alcohol dependence with withdrawal, uncomplicated	Diagnosis	ICD-10-CM
F10.231	Alcohol dependence with withdrawal delirium	Diagnosis	ICD-10-CM
F10.232	Alcohol dependence with withdrawal with perceptual disturbance	Diagnosis	ICD-10-CM
F10.239	Alcohol dependence with withdrawal, unspecified	Diagnosis	ICD-10-CM
F10.24	Alcohol dependence with alcohol-induced mood disorder	Diagnosis	ICD-10-CM
F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F10.259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F10.26	Alcohol dependence with alcohol-induced persisting amnestic disorder	Diagnosis	ICD-10-CM
F10.27	Alcohol dependence with alcohol-induced persisting dementia	Diagnosis	ICD-10-CM
F10.280	Alcohol dependence with alcohol-induced anxiety disorder	Diagnosis	ICD-10-CM
F10.281	Alcohol dependence with alcohol-induced sexual dysfunction	Diagnosis	ICD-10-CM
F10.282	Alcohol dependence with alcohol-induced sleep disorder	Diagnosis	ICD-10-CM
F10.288	Alcohol dependence with other alcohol-induced disorder	Diagnosis	ICD-10-CM
F10.29	Alcohol dependence with unspecified alcohol-induced disorder	Diagnosis	ICD-10-CM
F10.920	Alcohol use, unspecified with intoxication, uncomplicated	Diagnosis	ICD-10-CM
F10.921	Alcohol use, unspecified with intoxication delirium	Diagnosis	ICD-10-CM
F10.929	Alcohol use, unspecified with intoxication, unspecified	Diagnosis	ICD-10-CM
F10.94	Alcohol use, unspecified with alcohol-induced mood disorder	Diagnosis	ICD-10-CM
F10.950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F10.951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F10.959	Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder	Diagnosis	ICD-10-CM
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia	Diagnosis	ICD-10-CM
F10.980	Alcohol use, unspecified with alcohol-induced anxiety disorder	Diagnosis	ICD-10-CM
F10.981	Alcohol use, unspecified with alcohol-induced sexual dysfunction	Diagnosis	ICD-10-CM
F10.982	Alcohol use, unspecified with alcohol-induced sleep disorder	Diagnosis	ICD-10-CM
F10.988	Alcohol use, unspecified with other alcohol-induced disorder	Diagnosis	ICD-10-CM
F10.99	Alcohol use, unspecified with unspecified alcohol-induced disorder	Diagnosis	ICD-10-CM
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes	Procedure	HCPCS
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes	Procedure	HCPCS
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	Procedure	HCPCS
G31.2	Degeneration of nervous system due to alcohol	Diagnosis	ICD-10-CM
G62.1	Alcoholic polyneuropathy	Diagnosis	ICD-10-CM
H0001	Alcohol and/or drug assessment	Procedure	HCPCS
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
H0005	Alcohol and/or drug services; group counseling by a clinician	Procedure	HCPCS
H0006	Alcohol and/or drug services; case management	Procedure	HCPCS
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	Procedure	HCPCS
H0008	Alcohol and/or drug services; subacute detoxification (hospital inpatient)	Procedure	HCPCS
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)	Procedure	HCPCS
H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)	Procedure	HCPCS
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	Procedure	HCPCS
H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	Procedure	HCPCS
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	Procedure	HCPCS
H0014	Alcohol and/or drug services; ambulatory detoxification	Procedure	HCPCS
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	Procedure	HCPCS
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	Procedure	HCPCS
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	Procedure	HCPCS
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)	Procedure	HCPCS
H0022	Alcohol and/or drug intervention service (planned facilitation)	Procedure	HCPCS
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)	Procedure	HCPCS
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)	Procedure	HCPCS
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment	Procedure	HCPCS
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events)	Procedure	HCPCS
H0047	Alcohol and/or other drug abuse services, not otherwise specified	Procedure	HCPCS
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	Procedure	HCPCS
H0049	Alcohol and/or drug screening	Procedure	HCPCS
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	Procedure	HCPCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
H2034	Alcohol and/or drug abuse halfway house services, per diem	Procedure	HCPCS
H2035	Alcohol and/or other drug treatment program, per hour	Procedure	HCPCS
H2036	Alcohol and/or other drug treatment program, per diem	Procedure	HCPCS
HZ2ZZZZ	Detoxification Services for Substance Abuse Treatment	Procedure	ICD-10-PCS
HZ30ZZZ	Individual Counseling for Substance Abuse Treatment, Cognitive	Procedure	ICD-10-PCS
HZ31ZZZ	Individual Counseling for Substance Abuse Treatment, Behavioral	Procedure	ICD-10-PCS
HZ32ZZZ	Individual Counseling for Substance Abuse Treatment, Cognitive-Behavioral	Procedure	ICD-10-PCS
HZ33ZZZ	Individual Counseling for Substance Abuse Treatment, 12-Step	Procedure	ICD-10-PCS
HZ34ZZZ	Individual Counseling for Substance Abuse Treatment, Interpersonal	Procedure	ICD-10-PCS
HZ35ZZZ	Individual Counseling for Substance Abuse Treatment, Vocational	Procedure	ICD-10-PCS
HZ36ZZZ	Individual Counseling for Substance Abuse Treatment, Psychoeducation	Procedure	ICD-10-PCS
HZ37ZZZ	Individual Counseling for Substance Abuse Treatment, Motivational Enhancement	Procedure	ICD-10-PCS
HZ38ZZZ	Individual Counseling for Substance Abuse Treatment, Confrontational	Procedure	ICD-10-PCS
HZ39ZZZ	Individual Counseling for Substance Abuse Treatment, Continuing Care	Procedure	ICD-10-PCS
HZ3BZZZ	Individual Counseling for Substance Abuse Treatment, Spiritual	Procedure	ICD-10-PCS
HZ40ZZZ	Group Counseling for Substance Abuse Treatment, Cognitive	Procedure	ICD-10-PCS
HZ41ZZZ	Group Counseling for Substance Abuse Treatment, Behavioral	Procedure	ICD-10-PCS
HZ42ZZZ	Group Counseling for Substance Abuse Treatment, Cognitive-Behavioral	Procedure	ICD-10-PCS
HZ43ZZZ	Group Counseling for Substance Abuse Treatment, 12-Step	Procedure	ICD-10-PCS
HZ44ZZZ	Group Counseling for Substance Abuse Treatment, Interpersonal	Procedure	ICD-10-PCS
HZ45ZZZ	Group Counseling for Substance Abuse Treatment, Vocational	Procedure	ICD-10-PCS
HZ46ZZZ	Group Counseling for Substance Abuse Treatment, Psychoeducation	Procedure	ICD-10-PCS
HZ47ZZZ	Group Counseling for Substance Abuse Treatment, Motivational Enhancement	Procedure	ICD-10-PCS
HZ48ZZZ	Group Counseling for Substance Abuse Treatment, Confrontational	Procedure	ICD-10-PCS
HZ49ZZZ	Group Counseling for Substance Abuse Treatment, Continuing Care	Procedure	ICD-10-PCS
HZ4BZZZ	Group Counseling for Substance Abuse Treatment, Spiritual	Procedure	ICD-10-PCS
HZ50ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Cognitive	Procedure	ICD-10-PCS
HZ51ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Behavioral	Procedure	ICD-10-PCS
HZ52ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Cognitive-Behavioral	Procedure	ICD-10-PCS
HZ53ZZZ	Individual Psychotherapy for Substance Abuse Treatment, 12-Step	Procedure	ICD-10-PCS
HZ54ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Interpersonal	Procedure	ICD-10-PCS
HZ55ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Interactive	Procedure	ICD-10-PCS
HZ56ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Psychoeducation	Procedure	ICD-10-PCS
HZ57ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Motivational Enhancement	Procedure	ICD-10-PCS
HZ58ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Confrontational	Procedure	ICD-10-PCS
HZ59ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Supportive	Procedure	ICD-10-PCS
HZ5BZZZ	Individual Psychotherapy for Substance Abuse Treatment, Psychoanalysis	Procedure	ICD-10-PCS
HZ5CZZZ	Individual Psychotherapy for Substance Abuse Treatment, Psychodynamic	Procedure	ICD-10-PCS
HZ5DZZZ	Individual Psychotherapy for Substance Abuse Treatment, Psychophysiological	Procedure	ICD-10-PCS

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
HZ63ZZZ	Family Counseling for Substance Abuse Treatment	Procedure	ICD-10-PCS
HZ83ZZZ	Medication Management for Substance Abuse Treatment, Antabuse	Procedure	ICD-10-PCS
HZ86ZZZ	Medication Management for Substance Abuse Treatment, Clonidine	Procedure	ICD-10-PCS
HZ88ZZZ	Medication Management for Substance Abuse Treatment, Psychiatric Medication	Procedure	ICD-10-PCS
HZ89ZZZ	Medication Management for Substance Abuse Treatment, Other Replacement Medication	Procedure	ICD-10-PCS
HZ93ZZZ	Pharmacotherapy for Substance Abuse Treatment, Antabuse	Procedure	ICD-10-PCS
HZ96ZZZ	Pharmacotherapy for Substance Abuse Treatment, Clonidine	Procedure	ICD-10-PCS
HZ98ZZZ	Pharmacotherapy for Substance Abuse Treatment, Psychiatric Medication	Procedure	ICD-10-PCS
HZ99ZZZ	Pharmacotherapy for Substance Abuse Treatment, Other Replacement Medication	Procedure	ICD-10-PCS
I42.6	Alcoholic cardiomyopathy	Diagnosis	ICD-10-CM
K29.20	Alcoholic gastritis without bleeding	Diagnosis	ICD-10-CM
K29.21	Alcoholic gastritis with bleeding	Diagnosis	ICD-10-CM
K70.0	Alcoholic fatty liver	Diagnosis	ICD-10-CM
K70.10	Alcoholic hepatitis without ascites	Diagnosis	ICD-10-CM
K70.11	Alcoholic hepatitis with ascites	Diagnosis	ICD-10-CM
K70.2	Alcoholic fibrosis and sclerosis of liver	Diagnosis	ICD-10-CM
K70.30	Alcoholic cirrhosis of liver without ascites	Diagnosis	ICD-10-CM
K70.31	Alcoholic cirrhosis of liver with ascites	Diagnosis	ICD-10-CM
K70.40	Alcoholic hepatic failure without coma	Diagnosis	ICD-10-CM
K70.41	Alcoholic hepatic failure with coma	Diagnosis	ICD-10-CM
K70.9	Alcoholic liver disease, unspecified	Diagnosis	ICD-10-CM
R78.0	Finding of alcohol in blood	Diagnosis	ICD-10-CM
T1006	Alcohol and/or substance abuse services, family/couple counseling	Procedure	HCPCS
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	Procedure	HCPCS
T1008	Day treatment for individual alcohol and/or substance abuse services	Procedure	HCPCS
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	Procedure	HCPCS
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	Procedure	HCPCS
T1011	Alcohol and/or substance abuse services, not otherwise classified	Procedure	HCPCS
T1012	Alcohol and/or substance abuse services, skills development	Procedure	HCPCS
T51.0X1A	Toxic effect of ethanol, accidental (unintentional), initial encounter	Diagnosis	ICD-10-CM
T51.0X1D	Toxic effect of ethanol, accidental (unintentional), subsequent encounter	Diagnosis	ICD-10-CM
T51.0X2A	Toxic effect of ethanol, intentional self-harm, initial encounter	Diagnosis	ICD-10-CM
T51.0X2D	Toxic effect of ethanol, intentional self-harm, subsequent encounter	Diagnosis	ICD-10-CM
T51.0X2S	Toxic effect of ethanol, intentional self-harm, sequela	Diagnosis	ICD-10-CM
T51.0X3A	Toxic effect of ethanol, assault, initial encounter	Diagnosis	ICD-10-CM

Appendix C.1. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes used to Define Baseline Characteristics in this Request

Code	Description	Code Type	Code Category
T51.0X3D	Toxic effect of ethanol, assault, subsequent encounter	Diagnosis	ICD-10-CM
T51.0X3S	Toxic effect of ethanol, assault, sequela	Diagnosis	ICD-10-CM
T51.0X4A	Toxic effect of ethanol, undetermined, initial encounter	Diagnosis	ICD-10-CM
T51.0X4D	Toxic effect of ethanol, undetermined, subsequent encounter	Diagnosis	ICD-10-CM
T51.0X4S	Toxic effect of ethanol, undetermined, sequela	Diagnosis	ICD-10-CM
Z71.41	Alcohol abuse counseling and surveillance of alcoholic	Diagnosis	ICD-10-CM
Z71.42	Counseling for family member of alcoholic	Diagnosis	ICD-10-CM
Chronic Kidney Disease			
585	Chronic kidney disease (CKD)	Diagnosis	ICD-9-CM
585.1	Chronic kidney disease, Stage I	Diagnosis	ICD-9-CM
585.2	Chronic kidney disease, Stage II (mild)	Diagnosis	ICD-9-CM
585.3	Chronic kidney disease, Stage III (moderate)	Diagnosis	ICD-9-CM
585.4	Chronic kidney disease, Stage IV (severe)	Diagnosis	ICD-9-CM
585.5	Chronic kidney disease, Stage V	Diagnosis	ICD-9-CM
585.6	End stage renal disease	Diagnosis	ICD-9-CM
585.9	Chronic kidney disease, unspecified	Diagnosis	ICD-9-CM
586	Unspecified renal failure	Diagnosis	ICD-9-CM
587	Unspecified renal sclerosis	Diagnosis	ICD-9-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
N26.1	Atrophy of kidney (terminal)	Diagnosis	ICD-10-CM
N26.9	Renal sclerosis, unspecified	Diagnosis	ICD-10-CM

Appendix D.1. Specifications Defining Parameters for this Request

PROGRAM: PMP, Baseline Table, CQA, Vitals

This query request will identify the following counts of patients age X with the following:

Cohort A:

- Cana_A: A Canagliflozin prescribing record within the query period (3/1/2013-6/30/2018).
- Dapa_A: A Dapagliflozin prescribing record within the query period (3/1/2013-6/30/2018).
- Empa_A: A Empagliflozin prescribing record within the query period (3/1/2013-6/30/2018).
- Sita_A: A Sitagliptin prescribing record within the query period (3/1/2013-6/30/2018).
- Ertug_A: A Ertugliflozin prescribing record within the query period (3/1/2013-6/30/2018).
- SGLT2_A: An SGLT2 prescribing record within the query period (3/1/2013-6/30/2018).

Cohort B:

- Cana_B: A Canagliflozin prescribing record within the query period (3/1/2013-6/30/2018) AND an HbA1c lab 6 months prior to the index event.
- Dapa_B: A Dapagliflozin prescribing record within the query period (3/1/2013-6/30/2018) AND an HbA1c lab 6 months prior to the index event.
- Empa_B: A Empagliflozin prescribing record within the query period (3/1/2013-6/30/2018) AND an HbA1c lab 6 months prior to the index event.
- Sita_B: A Sitagliptin prescribing record within the query period (3/1/2013-6/30/2018) AND an HbA1c lab 6 months prior to the index event.
- Ertug_B: A Ertugliflozin prescribing record within the query period (3/1/2013-6/30/2018) AND an HbA1c lab 6 months prior to the index event.
- SGLT2_B: An SGLT2 prescribing record within the query period (3/1/2013-6/30/2018) AND an HbA1c lab 6 months prior to the index event.

Cohort C:

- Cana_C: A Canagliflozin prescribing record within the query period (3/1/2013-6/30/2018) AND a Creatinine or eGFR lab 6 months prior to the index event.
- Dapa_C: A Dapagliflozin prescribing record within the query period (3/1/2013-6/30/2018) AND a Creatinine or eGFR lab 6 months prior to the index event.
- Empa_C: A Empagliflozin prescribing record within the query period (3/1/2013-6/30/2018) AND a Creatinine or eGFR lab 6 months prior to the index event.
- Sita_C: A Sitagliptin prescribing record within the query period (3/1/2013-6/30/2018) AND a Creatinine or eGFR lab 6 months prior to the index event.
- Ertug_C: A Ertugliflozin prescribing record within the query period (3/1/2013-6/30/2018) AND a Creatinine or eGFR lab 6 months prior to the index event.
- SGLT2_C: An SGLT2 prescribing record within the query period (3/1/2013-6/30/2018) AND a Creatinine or eGFR lab 6 months prior to the index event.

A same-day exclusion criteria for DPP-4i prescribing record was applied to all SGLT-2i (Canagliflozin, Dapagliflozin, Empagliflozin, Ertugliflozin, SGLT2) cohorts.

A same-day exclusion criteria for SGLT-2i prescribing record was applied to all DPP-4i (Sitagliptin) cohorts.

Appendix D.1. Specifications Defining Parameters for this Request

Query Period March 1, 2013 - June 30, 2018

Enrollment Requirement EB1: Patients must have at least one encounter within the specified query period.

Age Groups 0-<2, 2-<20, 20-44, 45-64, 65+ years

Age Calculation At time of index

Sex Female, Male, Ambiguous, Other/Missing

Race American Indian or Alaska Native (01), Asian (02), Black (03), Native Hawaiian or Other Pacific Islander (04), White (05), Multiple Race (06), Refuse to Answer (07), Other/Missing

Hispanic Yes, No, Refuse to Answer, Other/Missing

Cohort Quality Assessment Num Yes

RunTableCount Yes

Table1 Yes

Vitals Yes

Stratifications Age Group, Sex, Race, Hispanic, Year, Age Group by Sex, Age Group by Year

Scenario	Group Name	Health Event of Interest Prevalent Event	Inclusion/Exclusion Criteria				Optional Program Modules		
			Pre-Existing Condition or Medication or Lab	Include or Exclude	Condition Period Start	Condition Period End	Cohort Quality Assessment (CQA)?	Baseline Table (Covariate Assessment)?	Vitals Module?
1	Cana_A	Canagliflozin Rx	DPP-4is	Exclude	0	0	Y	Y	Y
2	Dapa_A	Dapagliflozin Rx (excluding SGLT-2i/DPP-4i combination meds)	DPP-4is	Exclude	0	0	Y	Y	Y
3	Empa_A	Empagliflozin Rx (excluding SGLT-2i/DPP-4i combination meds)	DPP-4is	Exclude	0	0	Y	Y	Y
4	Sita_A	Sitagliptin Rx (excluding SGLT-2i/DPP-4i combination meds)	SGLT-2is	Exclude	0	0	Y	Y	Y
5	Ertug_A	Ertugliflozin Rx (excluding SGLT-2i/DPP-4i combination meds)	DPP-4is	Exclude	0	0	Y	Y	Y
6	SGLT2_A	Any SGLT-2 Rx (excluding SGLT-2i/DPP-4i combination meds)	DPP-4is	Exclude	0	0	Y	Y	Y
7	Cana_B	Canagliflozin Rx (excluding SGLT-2i/DPP-4i combination meds)	HbA1c lab	Include	-183	0	N	Y	Y
			DPP-4is	Exclude	0	0			
8	Dapa_B	Dapagliflozin Rx (excluding SGLT-2i/DPP-4i combination meds)	HbA1c lab	Include	-183	0	N	Y	Y
			DPP-4is	Exclude	0	0			

Appendix D.1. Specifications Defining Parameters for this Request

Scenario	Group Name	Health Event of Interest Prevalent Event	Inclusion/Exclusion Criteria				Optional Program Modules		
			Pre-Existing Condition or Medication or Lab	Include or Exclude	Condition Period Start	Condition Period End	Cohort Quality Assessment (CQA)?	Baseline Table (Covariate Assessment)?	Vitals Module?
9	Empa_B	Empagliflozin Rx (excluding SGLT-2i/DPP-4i combination meds)	HbA1c lab DPP-4is	Include Exclude	-183 0	0 0	N	Y	Y
10	Sita_B	Sitagliptin Rx (excluding SGLT-2i/DPP-4i combination meds)	HbA1c lab SGLT-2is	Include Exclude	-183 0	0 0	N	Y	Y
11	Ertug_B	Ertugliflozin Rx (excluding SGLT-2i/DPP-4i combination meds)	HbA1c lab DPP-4is	Include Exclude	-183 0	0 0	N	Y	Y
12	SGLT2_B	Any SGLT-2 Rx (excluding SGLT-2i/DPP-4i combination meds)	HbA1c lab DPP-4is	Include Exclude	-183 0	0 0	N	Y	Y
13	Cana_C	Canagliflozin Rx	Creatinine OR eGFR lab DPP-4is	Include Exclude	-183 0	0 0	N	Y	Y
14	Dapa_C	Dapagliflozin Rx (excluding SGLT-2i/DPP-4i combination meds)	Creatinine OR eGFR lab DPP-4is	Include Exclude	-183 0	0 0	N	Y	Y
15	Empa_C	Empagliflozin Rx (excluding SGLT-2i/DPP-4i combination meds)	Creatinine OR eGFR lab DPP-4is	Include Exclude	-183 0	0 0	N	Y	Y
16	Sita_C	Sitagliptin Rx (excluding SGLT-2i/DPP-4i combination meds)	Creatinine OR eGFR lab SGLT-2is	Include Exclude	-183 0	0 0	N	Y	Y
17	Ertug_C	Ertugliflozin Rx (excluding SGLT-2i/DPP-4i combination meds)	Creatinine OR eGFR lab DPP-4is	Include Exclude	-183 0	0 0	N	Y	Y
18	SGLT2_C	Any SGLT-2 Rx (excluding SGLT-2i/DPP-4i combination meds)	Creatinine OR eGFR lab DPP-4is	Include Exclude	-183 0	0 0	N	Y	Y

Appendix D.2. Specifications Defining Baseline Characteristic Parameters for this Request

Baseline Characteristics

Group	Baseline Characteristic	Care setting	Principal Diagnosis position	Evaluation Period Start	Evaluation Period End	Number of instances the characteristic should be found in evaluation period
All groups	Prior Glucagon-Like Peptide-1 (GLP-1) Analog Prescription	Any		-365	0	1
All groups	Prior Sodium-glucose Cotransporter-2 (SGLT-2) Inhibitor Prescription	Any		-365	-1	1
All groups	Prior Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Prescription	Any		-365	-1	1
All groups	Prior Thiazolidinediones Prescription	Any		-365	0	1
All groups	Prior Sulfonylurea Prescription	Any		-365	0	1
All groups	Prior Biguanide Prescription	Any		-365	0	1
All groups	Prior Short/Rapid-Acting Insulin Prescription	Any		-365	0	1
All groups	Prior Long/Intermediate-Acting Insulin Prescription	Any		-365	0	1
All groups	Diabetes Complication (defined as either renal, neurological, ocular, or peripheral vascular)	Any		-365	0	1
All groups	Prior Stroke	Any		-365	0	1
All groups	Malignancy	Any		-365	0	1
All groups	Prior Acute Myocardial Infarction	Any		-365	0	1
All groups	Hypertension/Hypertensive Disorders	Any		-365	0	1
All groups	Hypercholesterolemia/Hyperlipidemia	Any		-365	0	1
All groups	Alcohol Consumption	Any		-365	0	1
All groups	Chronic Kidney Disease	Any		-365	0	1

Appendix D.3. Specifications Defining Vital Assessment Parameters for this Request

Group	VitVar	Variable2	VitalFrom	VitalTo	StratSmoking	StratTobacco	StratTobacco_Type	StratHT	StratWT	StratAgeVar
All groups	BMI	AgeGroup	-183	0						0-1 2-19 20-44 45-64 65+
All groups	Smoking		-183	0	01, 02, 03, 04, 05, 06, 07, 08, YY, XX					
All groups	Smoking	Race	-183	0	01, 02, 03, 04, 05, 06, 07, 08, YY, XX					
All groups	Smoking	Sex	-183	0	01, 02, 03, 04, 05, 06, 07, 08, YY, XX					

Appendix D.4. Specifications Defining Cohort Quality Assessment Parameters for this Request

Table	Variable1	Variable2	Variable3	Variable4	AnalysisType	CodeLookUp	QueryGroup	RefDatVar	CQA From	CQA To	seq
Lab_Result_CM	Lab_Order_Date				Freq	HbA1c	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	1
Lab_Result_CM	Specimen_Date				Freq	HbA1c	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	2
Lab_Result_CM	Result_Date				Freq	HbA1c	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	3
Lab_Result_CM	Result_Num				Dist	HbA1c	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	4
Lab_Result_CM	Result_Unit	Result_Num			Dist	HbA1c	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	5
Lab_Result_CM	Result_Modifier	Result_Num			Dist	HbA1c	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	6
Lab_Result_CM	PatID				Count	HbA1c	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	7
Lab_Result_CM	Lab_Order_Date				Freq	Creatinine	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	8
Lab_Result_CM	Specimen_Date				Freq	Creatinine	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	9
Lab_Result_CM	Result_Date				Freq	Creatinine	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	10
Lab_Result_CM	Result_Num				Dist	Creatinine	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	11

Appendix D.4. Specifications Defining Cohort Quality Assessment Parameters for this Request

Table	Variable1	Variable2	Variable3	Variable4	AnalysisType	CodeLookUp	QueryGroup	RefDatVar	CQA From	CQA To	seq
Lab_Result_CM	Result_Unit	Result_Num			Dist	Creatinine	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	12
Lab_Result_CM	Result_Modifier	Result_Num			Dist	Creatinine	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	13
Lab_Result_CM	PatID				Count	Creatinine	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	14
Lab_Result_CM	Lab_Order_Date				Freq	eGFR	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	15
Lab_Result_CM	Specimen_Date				Freq	eGFR	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	16
Lab_Result_CM	Result_Date				Freq	eGFR	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	17
Lab_Result_CM	Result_Num				Dist	eGFR	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	18
Lab_Result_CM	Result_Unit	Result_Num			Dist	eGFR	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	19
Lab_Result_CM	Result_Modifier	Result_Num			Dist	eGFR	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	20
Lab_Result_CM	PatID				Count	eGFR	Cohorts A	Result_Date, Specimen_Date, Lab_Order_Date	01MAR2013	30JUN2018	21
Vital	HT				Dist	N/A	Cohorts A	Measure_Date	01MAR2013	30JUN2018	22
Vital	WT				Dist	N/A	Cohorts A	Measure_Date	01MAR2013	30JUN2018	23
Vital	Diastolic				Dist	N/A	Cohorts A	Measure_Date	01MAR2013	30JUN2018	24
Vital	Systolic				Dist	N/A	Cohorts A	Measure_Date	01MAR2013	30JUN2018	25
Vital	Smoking				Freq	N/A	Cohorts A	Measure_Date	01MAR2013	30JUN2018	26

Appendix D.4. Specifications Defining Cohort Quality Assessment Parameters for this Request

Table	Variable1	Variable2	Variable3	Variable4	AnalysisType	CodeLookUp	QueryGroup	RefDatVar	CQA From	CQA To	seq
Vital	Tobacco				Freq	N/A	Cohorts A	Measure_Date	01MAR2013	30JUN2018	27
Vital	Tobacco_Type				Freq	N/A	Cohorts A	Measure_Date	01MAR2013	30JUN2018	28
Vital	BMI				Dist	N/A	Cohorts A	Measure_Date	01MAR2013	30JUN2018	29
Vital	PatID				Count	N/A	Cohorts A	Measure_Date	01MAR2013	30JUN2018	30
Prescribing	Rx_Days_Supply				Dist	Canagliflozin	Cana_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	31
Prescribing	Rx_Dose_Ordered				Dist	Canagliflozin	Cana_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	32
Prescribing	Rx_Dose_Ordered_Unit	Rx_Dose_Ordered			Dist	Canagliflozin	Cana_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	33
Prescribing	Rx_Quantity				Dist	Canagliflozin	Cana_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	34
Prescribing	Rx_Refills				Dist	Canagliflozin	Cana_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	35
Prescribing	Rx_Frequency				Freq	Canagliflozin	Cana_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	36
Prescribing	Rx_Days_Supply				Dist	Dapagliflozin	Dapa_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	31
Prescribing	Rx_Dose_Ordered				Dist	Dapagliflozin	Dapa_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	32
Prescribing	Rx_Dose_Ordered_Unit	Rx_Dose_Ordered			Dist	Dapagliflozin	Dapa_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	33
Prescribing	Rx_Quantity				Dist	Dapagliflozin	Dapa_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	34

Appendix D.4. Specifications Defining Cohort Quality Assessment Parameters for this Request

Table	Variable1	Variable2	Variable3	Variable4	AnalysisType	CodeLookUp	QueryGroup	RefDatVar	CQA From	CQA To	seq
Prescribing	Rx_Refills				Dist	Dapagliflozin	Dapa_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	35
Prescribing	Rx_Frequency				Freq	Dapagliflozin	Dapa_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	36
Prescribing	Rx_Days_Supply				Dist	Empagliflozin	Empa_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	31
Prescribing	Rx_Dose_Ordered				Dist	Empagliflozin	Empa_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	32
Prescribing	Rx_Dose_Ordered_Unit	Rx_Dose_Ordered			Dist	Empagliflozin	Empa_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	33
Prescribing	Rx_Quantity				Dist	Empagliflozin	Empa_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	34
Prescribing	Rx_Refills				Dist	Empagliflozin	Empa_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	35
Prescribing	Rx_Frequency				Freq	Empagliflozin	Empa_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	36
Prescribing	Rx_Days_Supply				Dist	Sitagliptin	Sita_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	31
Prescribing	Rx_Dose_Ordered				Dist	Sitagliptin	Sita_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	32
Prescribing	Rx_Dose_Ordered_Unit	Rx_Dose_Ordered			Dist	Sitagliptin	Sita_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	33

Appendix D.4. Specifications Defining Cohort Quality Assessment Parameters for this Request

Table	Variable1	Variable2	Variable3	Variable4	AnalysisType	CodeLookUp	QueryGroup	RefDatVar	CQA From	CQA To	seq
Prescribing	Rx_Quantity				Dist	Sitagliptin	Sita_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	34
Prescribing	Rx_Refills				Dist	Sitagliptin	Sita_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	35
Prescribing	Rx_Frequency				Freq	Sitagliptin	Sita_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	36
Prescribing	Rx_Days_Supply				Dist	Ertugliflozin	Ertug_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	31
Prescribing	Rx_Dose_Ordered				Dist	Ertugliflozin	Ertug_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	32
Prescribing	Rx_Dose_Ordered_Unit	Rx_Dose_Ordered			Dist	Ertugliflozin	Ertug_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	33
Prescribing	Rx_Quantity				Dist	Ertugliflozin	Ertug_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	34
Prescribing	Rx_Refills				Dist	Ertugliflozin	Ertug_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	35
Prescribing	Rx_Frequency				Freq	Ertugliflozin	Ertug_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	36
Prescribing	Rx_Days_Supply				Dist	SGLT2	SGLT2_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	31
Prescribing	Rx_Dose_Ordered				Dist	SGLT2	SGLT2_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	32

Appendix D.4. Specifications Defining Cohort Quality Assessment Parameters for this Request

Table	Variable1	Variable2	Variable3	Variable4	AnalysisType	CodeLookUp	QueryGroup	RefDatVar	CQA From	CQA To	seq
Prescribing	Rx_Dose_Ordered_Unit	Rx_Dose_Ordered			Dist	SGLT2	SGLT2_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	33
Prescribing	Rx_Quantity				Dist	SGLT2	SGLT2_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	34
Prescribing	Rx_Refills				Dist	SGLT2	SGLT2_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	35
Prescribing	Rx_Frequency				Freq	SGLT2	SGLT2_A	RX_Order_Date, RX_Start_Date, RX_End_Date	01MAR2013	30JUN2018	36