

Disclaimer

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

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

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

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

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: cdrh_mpl1r_wp005, Report 2 of 2

Request ID: cdrh_mpl1r_wp005_nsdv_v01

Request Description: In this report, we estimated the number of intrauterine systems (IUS) insertions, IUS removals, and oral contraceptive dispensings among women enrolled in the Medicare fee-for-service program, which contributes to the Sentinel Distributed Database (SDD). This is Report 2 of 2. Report 1 describes IUS insertions, IUS removals, and oral contraceptive dispensings among qualifying patients with commercial claims in the SDD.

Sentinel Routine Querying Module: Cohort Identification and Descriptive Analysis (CIDA) module, version 7.3.3

Data Source: The study period spanned from January 1, 2010 to December 31, 2018 and included data from the Center for Medicare and Medicaid Services (CMS). This request was distributed to Data Partners (DPs) on September 5, 2019. Please see Appendix A for a list of dates of available data for each of the participating DPs.

Study Design: We used a cross-sectional design to estimate prevalent exposure episodes of IUS insertions, IUS removals, and oral contraceptive dispensings. Results were stratified by race per the Sentinel Common Data Model (SCDM) racial identifiers: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, White, and Unknown.

Exposures of Interest: The exposures of interest were insertions of copper-releasing IUS, hormone-releasing IUS, and any IUS and removals of IUS. We also included oral contraceptive dispensings. Please see Appendix B for a 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) codes used to define IUS insertions and removals. Please see Appendix C for a list of generic and brand names of medical products used to define oral contraceptive dispensings.

Cohort Eligibility Criteria: We restricted our analyses to women. For cohort entry, members were required to be enrolled in plans with medical and drug coverage for at least the 90 days prior to and the 90 days after the index exposure, during which we allowed gaps in coverage of up to 45 days. The following age groups were included in the cohort: 15-19, 20-29, 30-39, and 40-61 years.

Baseline Characteristics: We assessed baseline characteristics in four evaluation windows, including: 1) in the 90 days prior to the day before index exposure; 2) on the date of the index exposure; 3) in the 90 days after the index exposure; 4) throughout all available follow-up after the index exposure. We assessed the following baseline characteristics in each evaluation window: any hypertension, malignant essential hypertension, benign essential hypertension, unspecified essential hypertension, non-essential hypertension, any endometriosis, endometriosis of the uterus, endometriosis of gynecological organs, endometriosis of non-gynecological organs, endometriosis unspecified, all autoimmune conditions, rheumatoid arthritis, lupus, atopic dermatitis or dermatitis/eczema, allergic urticaria or other urticaria, other allergic or inflammatory skin conditions, pelvic inflammatory disease, post-procedural fever, gonococcal genitourinary infections, chlamydia trachomatis infection of peritoneum, uterine perforation or device migration, and mechanical complications due to intrauterine contraceptive device. Additionally, we assessed IUS removals in the various evaluation windows for IUS insertion and oral contraceptive dispensing cohorts. We assessed copper-releasing IUS insertions, hormone-releasing IUS insertions, and any IUS insertions in the various evaluation windows for IUS removal and oral contraceptive dispensing exposure cohorts. Please see Appendix D for a list of ICD-9-CM and ICD-10-CM diagnosis codes used to define baseline characteristics.

Please see Appendix E for the specifications of parameters to define cohort entry. Please see Appendices F.1, F.2, and F.3 for a list of parameters used to define baseline characteristics per exposure cohorts. Please see Appendix G for a design diagram describing the parameters used in this request.

Limitations: Algorithms to define exposures may not have been validated, and thus cohort members may be misclassified. Women may receive contraceptives from sources outside of their health plan. Medicare does not populate the Native Hawaiian or Other Pacific Islander racial identifier per the SCDM definition. Therefore, data should be interpreted with this limitation in mind.

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

Table of Contents

Glossary List of Terms Found in this Report and their Definitions

Table 1a Summary of Women with Intrauterine System (IUS) Insertions, Intrauterine System Removals, or Oral Contraceptive Dispensings in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, Overall

Table 1b Summary of Women with Intrauterine System (IUS) Insertions, Intrauterine System Removals, or Oral Contraceptive Dispensings in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

Figure 1 Summary of Women with Intrauterine System (IUS) Insertions, Intrauterine System Removals, or Oral Contraceptive Dispensings in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

Table 2a Aggregated Baseline Table for Women with Copper-Releasing Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

Figure 2 Copper-Releasing Intrauterine System (IUS) Insertion Exposures with Baseline Characteristics in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018

Table 2b Aggregated Baseline Table for Women with Hormone-Releasing Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

Figure 3 Hormone-Releasing Intrauterine System (IUS) Insertion Exposures with Baseline Characteristics in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018

Table 2c Aggregated Baseline Table for Women with Any Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

Figure 4 Any Intrauterine System (IUS) Insertion Exposures with Baseline Characteristics in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018

Table 2d Aggregated Baseline Table for Women with Intrauterine System (IUS) Removals in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

Figure 5 Intrauterine System (IUS) Removal Exposures with Baseline Characteristics in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018

Table 2e Aggregated Baseline Table for Women with Oral Contraceptive Dispensings in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

Table 2f Aggregated Baseline Table for Women with Intrauterine System (IUS) Insertions, Intrauterine System (IUS) Removals, or Oral Contraceptive Dispensings in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

Figure 6 Baseline Characteristics among Intrauterine System (IUS) Insertion and Removal Exposures in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018

Appendix A Start and End Dates for Each Data Partner (DP) up to the Request Distribution Date (September 5, 2019)

Table of Contents

- Appendix B** List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Exposures in this Request
- Appendix C** List of Generic and Brand Names of Medical Products Used to Define Exposures in this Request
- Appendix D** List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request
- Appendix E** Specifications Defining Parameters for Cohort Entry in this Request
- Appendix F.1** Specifications Defining Baseline Characteristics for Intrauterine Systems (IUS) Insertion Cohorts in this Request
- Appendix F.2** Specifications Defining Baseline Characteristics for Intrauterine Systems (IUS) Removal Cohort in this Request
- Appendix F.3** Specifications Defining Baseline Characteristics for Oral Contraceptive Cohort in this Request
- Appendix G** Diagram Detailing Exposure Episode Cohorts and Baseline Characteristic Assessment Windows in this Request

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*all terms may not be used in this report

Table 1a. Summary of Women with Intrauterine System (IUS) Insertions, Intrauterine System Removals, or Oral Contraceptive Dispensings in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, Overall

Overall	Patients	Exposures	Eligible Members¹	Number of Exposed Patients per 10,000 Eligible Members
Copper-releasing IUS insertion	4,392	4,666	3,699,629	12
Hormone-releasing IUS insertion	27,010	29,623	3,699,629	73
Any IUS insertion	99,571	206,609	3,699,629	269
IUS removal	44,014	50,526	3,699,629	119
Oral contraceptive dispensing	217,702	3,735,300	3,699,629	588
Any IUS insertion, IUS removal, or oral contraceptive dispensing	296,727	3,972,151	3,699,629	802

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

*This report includes data only from the Centers for Medicare and Medicaid Services (CMS) Data Partner, representing patients with Medicare fee-for-service coverage.

Table 1b. Summary of Women with Intrauterine System (IUS) Insertions, Intrauterine System Removals, or Oral Contraceptive Dispensings in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

Race	Patients	Exposures	Eligible Members ¹	Number of Exposed Patients per 10,000 Eligible Members
Copper-releasing IUS insertion				
American Indian or Alaska Native	44	45	39,845	11
Asian	77	81	51,513	15
Black or African American	728	764	869,365	8
Native Hawaiian or Other Pacific Islander ²	0	0	0	-
Unknown	591	631	242,081	24
White	2,952	3,145	2,496,825	12
Hormone-releasing IUS insertion				
American Indian or Alaska Native	304	331	39,845	76
Asian	339	386	51,513	66
Black or African American	5,259	5,721	869,365	60
Native Hawaiian or Other Pacific Islander ²	0	0	0	-
Unknown	2,537	2,780	242,081	105
White	18,571	20,405	2,496,825	74
Any IUS insertion				
American Indian or Alaska Native	1,535	3,061	39,845	385
Asian	1,343	2,770	51,513	261
Black or African American	23,394	47,785	869,365	269
Native Hawaiian or Other Pacific Islander ²	0	0	0	-
Unknown	9,914	21,604	242,081	410
White	63,385	131,389	2,496,825	254
IUS removal				
American Indian or Alaska Native	649	726	39,845	163
Asian	538	622	51,513	104
Black or African American	9,236	10,683	869,365	106
Native Hawaiian or Other Pacific Islander ²	0	0	0	-
Unknown	4,479	5,121	242,081	185
White	29,112	33,374	2,496,825	117

Table 1b. Summary of Women with Intrauterine System (IUS) Insertions, Intrauterine System Removals, or Oral Contraceptive Dispensings in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

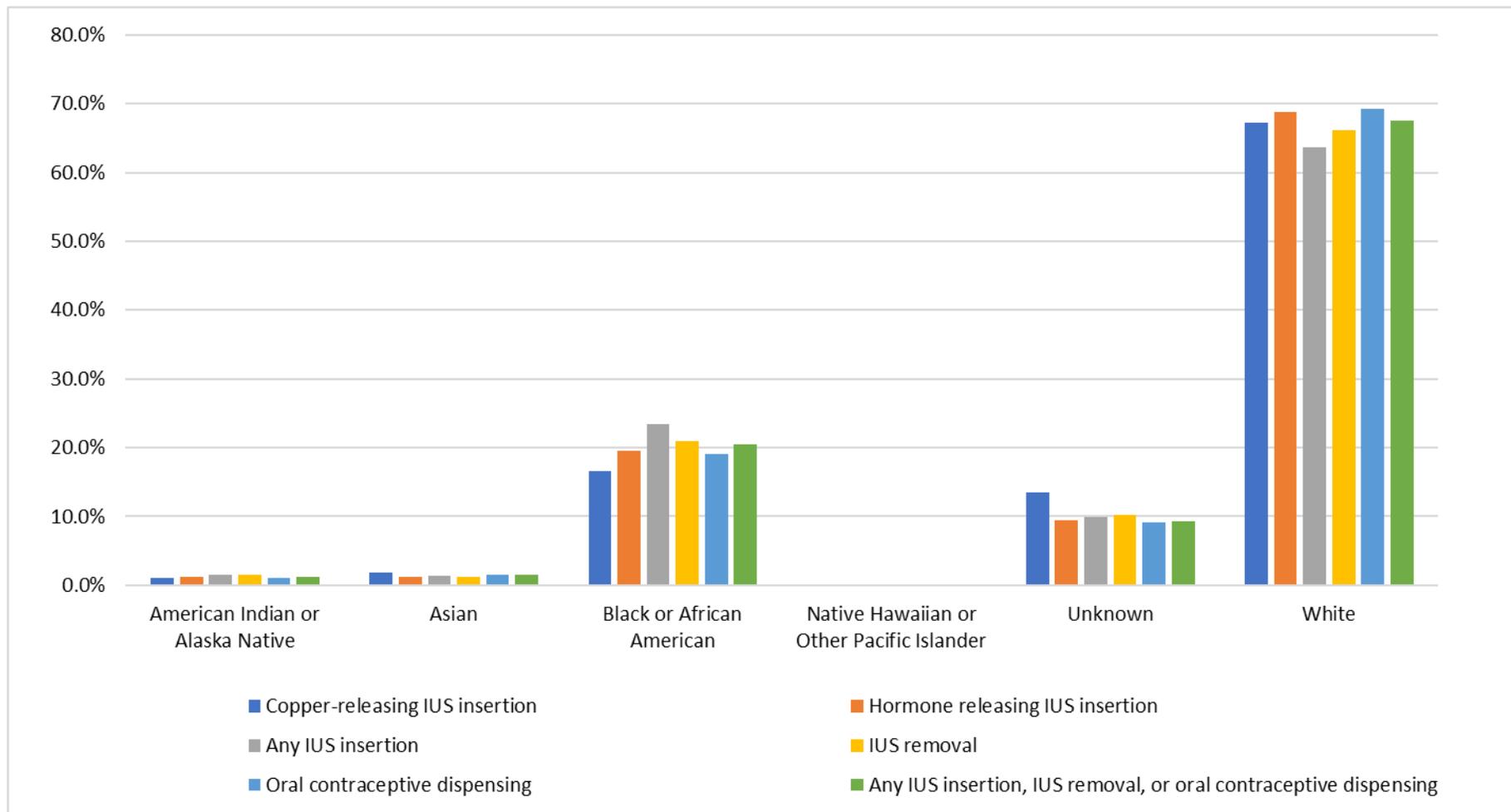
Race	Patients	Exposures	Eligible Members ¹	Number of Exposed Patients per 10,000 Eligible Members
Oral contraceptive dispensing				
American Indian or Alaska Native	2,360	34,472	39,845	592
Asian	3,228	51,435	51,513	627
Black or African American	41,571	494,996	869,365	478
Native Hawaiian or Other Pacific Islander ²	0	0	0	-
Unknown	19,792	242,301	242,081	818
White	150,751	2,912,096	2,496,825	604
Any IUS insertion, IUS removal, or oral contraceptive dispensing				
American Indian or Alaska Native	3,622	38,000	39,845	909
Asian	4,316	54,563	51,513	838
Black or African American	60,823	549,322	869,365	700
Native Hawaiian or Other Pacific Islander ²	0	0	0	-
Unknown	27,520	267,023	242,081	1,137
White	200,446	3,063,243	2,496,825	803

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

²Centers for Medicare and Medicaid Services (CMS) does not populate the Native Hawaiian or Other Pacific Islander racial identifier per the Sentinel Common Data Model (SCDM) definition.

*This report includes data only from the Centers for Medicare and Medicaid Services (CMS) Data Partner, representing patients with Medicare fee-for-service coverage.

Figure 1. Summary of Women¹ with Intrauterine System (IUS) Insertions, Intrauterine System (IUS) Removals, or Oral Contraceptive Dispensings in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race²



¹Patients may have had multiple exposures in the query period and thus may be included in multiple exposure categories.

²Centers for Medicare and Medicaid Services (CMS) does not populate the Native Hawaiian or Other Pacific Islander racial identifier per the Sentinel Common Data Model (SCDM) definition.

*This report includes data only from the Centers for Medicare and Medicaid Services (CMS) Data Partner, representing patients with Medicare fee-for-service coverage.

Table 2a. Aggregated Baseline Table for Women with Copper-Releasing Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
Characteristic¹	Number		Number		Number		Number		Number	
Number of exposures	4,666		631		3,145		764		126	
Number of unique patients	4,392		591		2,952		728		121	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	34	7.1	31	6.2	34	7.2	34	6.8	34	7.0
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
15-19	*****	*****	0	0.0%	*****	*****	0	0.0%	0	0.0%
20-29	1,585	34.0%	308	48.8%	973	30.9%	261	34.2%	43	34.1%
30-39	2,147	46.0%	252	39.9%	1,476	46.9%	366	47.9%	53	42.1%
40-61	*****	*****	71	11.3%	*****	*****	137	17.9%	*****	*****
Sex										
Female	4,392	100.0%	591	100.0%	2,952	100.0%	728	100.0%	121	100.0%
Year										
2010	460	9.9%	36	5.7%	340	10.8%	72	9.4%	12	9.5%
2011	579	12.4%	68	10.8%	397	12.6%	96	12.6%	18	14.3%
2012	621	13.3%	84	13.3%	423	13.4%	102	13.4%	12	9.5%
2013	603	12.9%	76	12.0%	410	13.0%	99	13.0%	18	14.3%
2014	566	12.1%	81	12.8%	360	11.4%	108	14.1%	17	13.5%
2015	498	10.7%	83	13.2%	323	10.3%	78	10.2%	14	11.1%
2016	486	10.4%	59	9.4%	339	10.8%	76	9.9%	12	9.5%
2017	514	11.0%	91	14.4%	323	10.3%	*****	*****	*****	*****
2018	339	7.3%	53	8.4%	230	7.3%	*****	*****	*****	*****
In the prior 90 days to the day before IUS insertion:										
IUS removal	249	5.3%	*****	*****	162	5.2%	40	5.2%	*****	*****
Any hypertension	642	13.8%	81	12.8%	353	11.2%	186	24.3%	22	17.5%

Table 2a. Aggregated Baseline Table for Women with Copper-Releasing Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Malignant essential hypertension	202	4.3%	*****	*****	110	3.5%	60	7.9%	*****	*****
Benign essential hypertension	325	7.0%	*****	*****	174	5.5%	100	13.1%	*****	*****
Unspecified essential hypertension	537	11.5%	67	10.6%	294	9.3%	161	21.1%	15	11.9%
Non-essential hypertension	113	2.4%	*****	*****	51	1.6%	39	5.1%	*****	*****
Any endometriosis	25	0.5%	*****	*****	*****	*****	*****	*****	*****	*****
Endometriosis of the uterus	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Endometriosis of gynecological organs	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Endometriosis of non-gynecological organs	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
Endometriosis unspecified	16	0.3%	*****	*****	*****	*****	*****	*****	*****	*****
All autoimmune conditions	338	7.2%	68	10.8%	184	5.9%	72	9.4%	14	11.1%
Rheumatoid arthritis	98	2.1%	19	3.0%	56	1.8%	*****	*****	*****	*****
Lupus	154	3.3%	*****	*****	64	2.0%	45	5.9%	*****	*****
Atopic dermatitis or dermatitis eczema	142	3.0%	17	2.7%	105	3.3%	*****	*****	*****	*****
Allergic urticaria or other urticaria	27	0.6%	*****	*****	18	0.6%	*****	*****	*****	*****
Other allergic or inflammatory skin conditions	226	4.8%	*****	*****	145	4.6%	37	4.8%	*****	*****
Pelvic inflammatory disease	520	11.1%	68	10.8%	325	10.3%	115	15.1%	12	9.5%
Postprocedural fever	*****	*****	*****	*****	*****	*****	0	0.0%	*****	*****
Gonococcal genitourinary infections	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
Chlamydia trachomatis infection of peritoneum	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
Uterine perforation or device migration	32	0.7%	*****	*****	19	0.6%	*****	*****	*****	*****

Table 2a. Aggregated Baseline Table for Women with Copper-Releasing Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Mechanical complications due to intrauterine contraceptive device	63	1.4%	*****	*****	45	1.4%	*****	*****	*****	*****
On the date of IUS insertion:										
IUS removal	536	11.5%	79	12.5%	355	11.3%	88	11.5%	14	11.1%
Any hypertension	41	0.9%	*****	*****	21	0.7%	*****	*****	*****	*****
Malignant essential hypertension	13	0.3%	*****	*****	*****	*****	*****	*****	*****	*****
Benign essential hypertension	21	0.5%	*****	*****	*****	*****	*****	*****	*****	*****
Unspecified essential hypertension	29	0.6%	*****	*****	15	0.5%	*****	*****	*****	*****
Non-essential hypertension	*****	*****	0	0.0%	*****	*****	*****	*****	-	0.0%
Any endometriosis	*****	*****	*****	*****	*****	*****	*****	*****	-	0.0%
Endometriosis of the uterus	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
Endometriosis of gynecological organs	*****	*****	*****	*****	*****	*****	0	0.0%	-	0.0%
Endometriosis of non-gynecological organs	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
Endometriosis unspecified	*****	*****	*****	*****	*****	*****	*****	*****	-	0.0%
All autoimmune conditions	25	0.5%	*****	*****	11	0.3%	*****	*****	*****	*****
Rheumatoid arthritis	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Lupus	*****	*****	*****	*****	*****	*****	*****	*****	-	0.0%
Atopic dermatitis or dermatitis eczema	*****	*****	*****	*****	0	0.0%	*****	*****	-	0.0%
Allergic urticaria or other urticaria	*****	*****	0	0.0%	*****	*****	0	0.0%	-	0.0%
Other allergic or inflammatory skin conditions	*****	*****	*****	*****	*****	*****	*****	*****	-	0.0%
Pelvic inflammatory disease	86	1.8%	13	2.1%	53	1.7%	20	2.6%	-	0.0%
Postprocedural fever	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
Gonococcal genitourinary infections	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%

Table 2a. Aggregated Baseline Table for Women with Copper-Releasing Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Chlamydia trachomatis infection of peritoneum	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
Uterine perforation or device migration	17	0.4%	*****	*****	*****	*****	*****	*****	-	0.0%
Mechanical complications due to intrauterine contraceptive device	42	0.9%	*****	*****	29	0.9%	*****	*****	*****	*****
In the 90 days after the date of IUS insertion:										
IUS removal	397	8.5%	60	9.5%	280	8.9%	*****	*****	*****	*****
Any hypertension	584	12.5%	75	11.9%	313	10.0%	175	22.9%	21	16.7%
Malignant essential hypertension	190	4.1%	*****	*****	101	3.2%	57	7.5%	*****	*****
Benign essential hypertension	289	6.2%	*****	*****	154	4.9%	90	11.8%	*****	*****
Unspecified essential hypertension	479	10.3%	63	10.0%	258	8.2%	143	18.7%	15	11.9%
Non-essential hypertension	94	2.0%	*****	*****	44	1.4%	30	3.9%	*****	*****
Any endometriosis	11	0.2%	*****	*****	*****	*****	*****	*****	0	0.0%
Endometriosis of the uterus	*****	*****	0	0.0%	*****	*****	0	0.0%	0	0.0%
Endometriosis of gynecological organs	*****	*****	*****	*****	0	0.0%	*****	*****	0	0.0%
Endometriosis of non-gynecological organs	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Endometriosis unspecified	*****	*****	0	0.0%	*****	*****	*****	*****	0	0.0%
All autoimmune conditions	306	6.6%	64	10.1%	164	5.2%	65	8.5%	13	10.3%
Rheumatoid arthritis	100	2.1%	19	3.0%	59	1.9%	*****	*****	*****	*****
Lupus	123	2.6%	*****	*****	45	1.4%	40	5.2%	*****	*****
Atopic dermatitis or dermatitis eczema	144	3.1%	*****	*****	99	3.1%	26	3.4%	*****	*****
Allergic urticaria or other urticaria	19	0.4%	*****	*****	*****	*****	*****	*****	0	0.0%

Table 2a. Aggregated Baseline Table for Women with Copper-Releasing Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Other allergic or inflammatory skin conditions	147	3.2%	25	4.0%	97	3.1%	*****	*****	*****	*****
Pelvic inflammatory disease	418	9.0%	*****	*****	276	8.8%	90	11.8%	*****	*****
Postprocedural fever	*****	*****	0	0.0%	0	0.0%	0	0.0%	*****	*****
	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Gonococcal genitourinary infections										
Chlamydia trachomatis infection of peritoneum	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Uterine perforation or device migration	96	2.1%	11	1.7%	69	2.2%	*****	*****	*****	*****
Mechanical complications due to intrauterine contraceptive device	90	1.9%	15	2.4%	63	2.0%	*****	*****	*****	*****
In available follow-up after the date of IUS insertion:										
IUS removal	1,864	39.9%	244	38.7%	1,282	40.8%	293	38.4%	45	35.7%
Any hypertension	1,699	36.4%	204	32.3%	1,043	33.2%	402	52.6%	50	39.7%
Malignant essential hypertension	1,337	28.7%	165	26.1%	801	25.5%	331	43.3%	40	31.7%
Benign essential hypertension	1,422	30.5%	175	27.7%	857	27.2%	348	45.5%	42	33.3%
Unspecified essential hypertension	1,634	35.0%	194	30.7%	1,006	32.0%	386	50.5%	48	38.1%
Non-essential hypertension	365	7.8%	53	8.4%	177	5.6%	117	15.3%	18	14.3%
Any endometriosis	181	3.9%	21	3.3%	138	4.4%	*****	*****	*****	*****
Endometriosis of the uterus	88	1.9%	*****	*****	68	2.2%	*****	*****	*****	*****
Endometriosis of gynecological organs	56	1.2%	*****	*****	43	1.4%	*****	*****	*****	*****
Endometriosis of non-gynecological organs	*****	*****	0	0.0%	*****	*****	0	0.0%	0	0.0%
Endometriosis unspecified	91	2.0%	*****	*****	71	2.3%	*****	*****	*****	*****
All autoimmune conditions	704	15.1%	117	18.5%	437	13.9%	127	16.6%	23	18.3%

Table 2a. Aggregated Baseline Table for Women with Copper-Releasing Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Rheumatoid arthritis	297	6.4%	*****	*****	186	5.9%	53	6.9%	*****	*****
Lupus	259	5.6%	*****	*****	137	4.4%	66	8.6%	*****	*****
Atopic dermatitis or dermatitis eczema	1,093	23.4%	141	22.3%	781	24.8%	137	17.9%	34	27.0%
Allergic urticaria or other urticaria	285	6.1%	*****	*****	199	6.3%	43	5.6%	*****	*****
Other allergic or inflammatory skin conditions	1,253	26.9%	151	23.9%	875	27.8%	190	24.9%	37	29.4%
Pelvic inflammatory disease	2,024	43.4%	262	41.5%	1,318	41.9%	403	52.7%	41	32.5%
Postprocedural fever	15	0.3%	*****	*****	*****	*****	*****	*****	*****	*****
Gonococcal genitourinary infections	*****	*****	*****	*****	*****	*****	0	0.0%	0	0.0%
Chlamydia trachomatis infection of peritoneum	*****	*****	0	0.0%	*****	*****	*****	*****	0	0.0%
Uterine perforation or device migration	293	6.3%	44	7.0%	196	6.2%	38	5.0%	15	11.9%
Mechanical complications due to intrauterine contraceptive device	314	6.7%	*****	*****	200	6.4%	56	7.3%	*****	*****

¹All metrics are based on total number of episodes per group, except for sex and race which is based on total number of unique members.

*This report includes data only from the Centers for Medicare and Medicaid Services (CMS) Data Partner, representing patients with Medicare fee-for-service coverage.

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

Figure 2. Copper-Releasing Intrauterine System (IUS) Insertion Exposures with Baseline Characteristics in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018

Figure 2a. Proportion of Copper-Releasing Intrauterine System Insertion Exposures with an Intrauterine System Removal, by Race^{1,2}

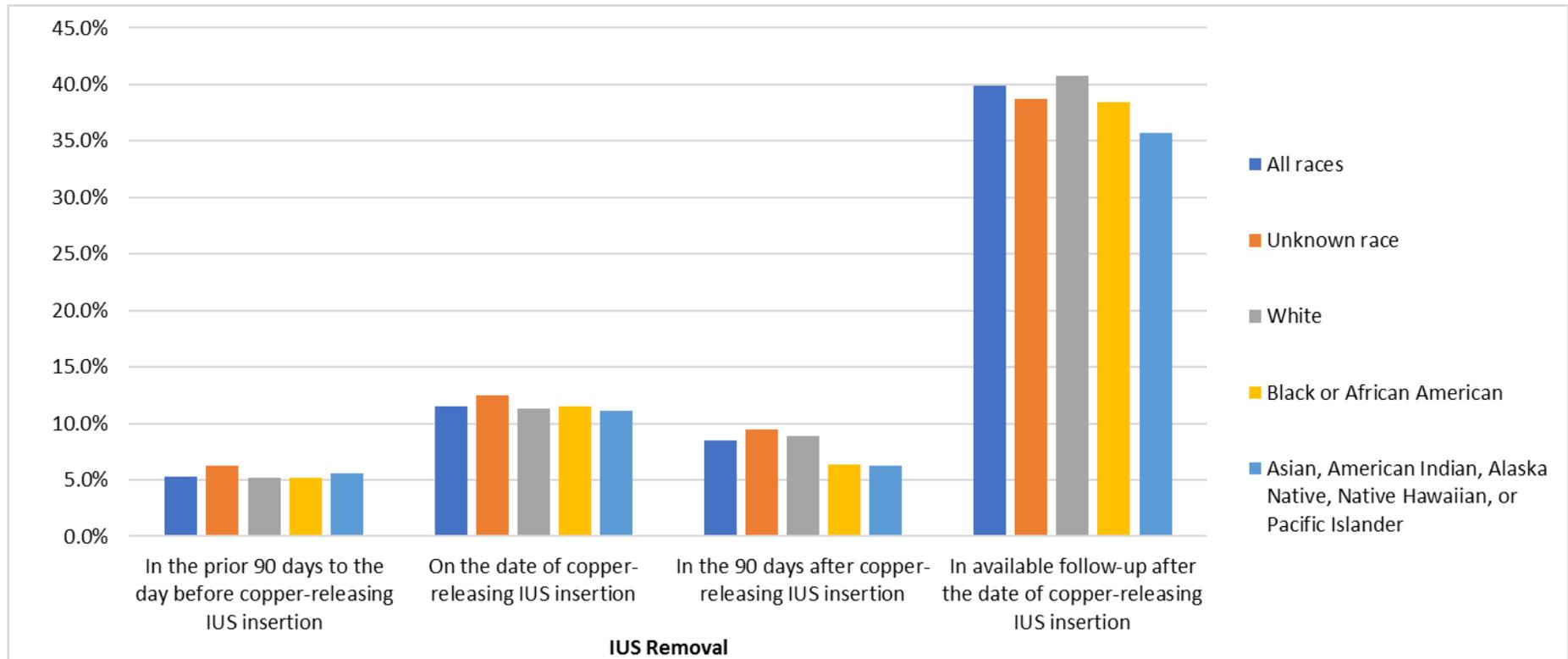
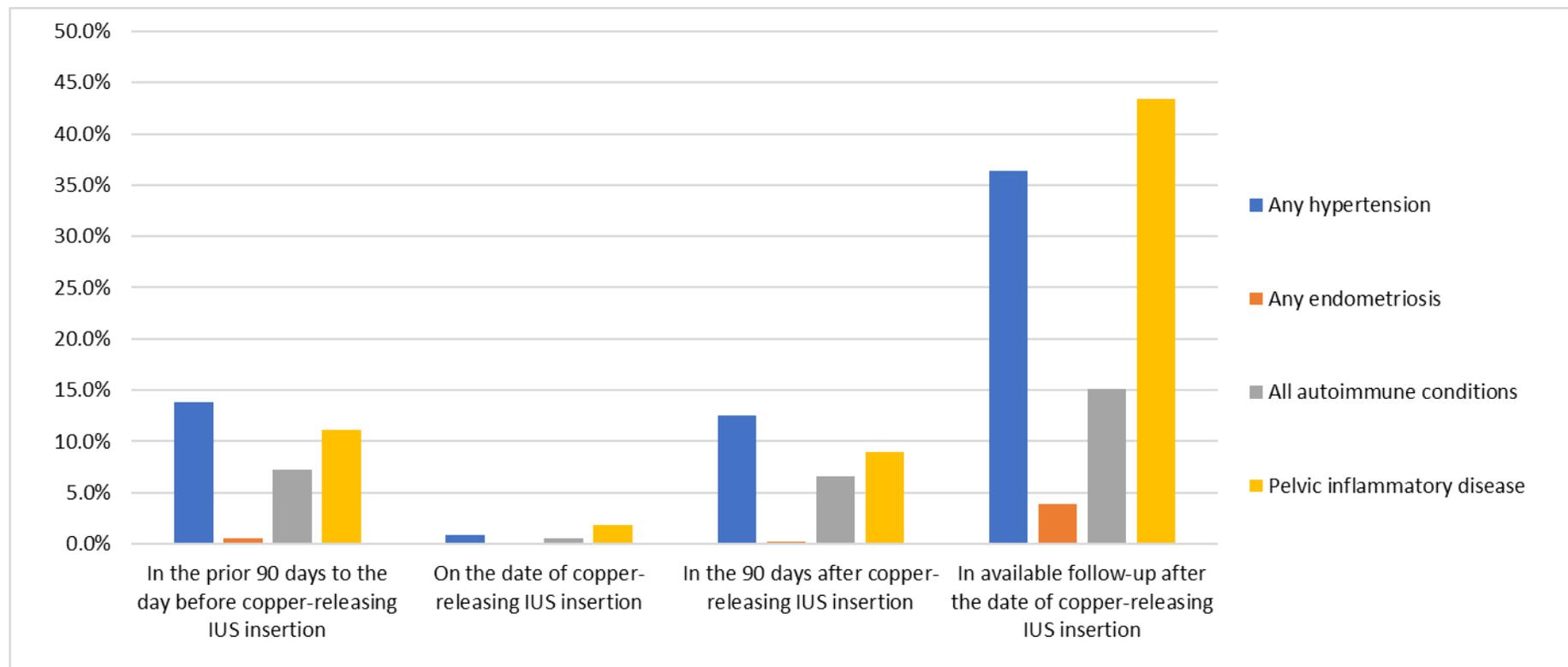


Figure 2. Copper-Releasing Intrauterine System (IUS) Insertion Exposures with Baseline Characteristics in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018

Figure 2b. Proportion of Copper-Releasing Intrauterine System Insertion Exposures with Baseline Characteristics, All Races



¹Medicare does not capture the Native Hawaiian or Other Pacific Islander racial identifier per the Sentinel Common Data Model definition.

²Race is unknown for 13.5% of patients with a copper-releasing IUS insertion. See Figure 1 for more details.

This report includes data only from the Centers for Medicare and Medicaid Services (CMS) Data Partner, representing patients with Medicare fee-for-service coverage.

Table 2b. Aggregated Baseline Table for Women with Hormone-Releasing Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
Characteristic¹	Number		Number		Number		Number		Number	
Number of exposures	29,623		2,780		20,405		5,721		717	
Number of unique patients	27,010		2,537		18,571		5,259		643	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	36	8.2	33	7.9	37	8.1	37	8.4	36	7.8
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
15-19	25	0.1%	*****	*****	*****	*****	*****	*****	*****	*****
20-29	7,599	25.7%	1,139	41.0%	4,895	24.0%	*****	*****	*****	*****
30-39	12,383	41.8%	1,055	37.9%	8,662	42.5%	2,348	41.0%	318	44.4%
40-61	9,616	32.5%	*****	*****	*****	33.5%	1,988	34.7%	214	29.8%
Sex										
Female	27,010	100.0%	2,537	100.0%	18,571	100.0%	5,259	100.0%	643	100.0%
Year										
2010	1,752	5.9%	110	4.0%	1,248	6.1%	364	6.4%	30	4.2%
2011	2,740	9.2%	237	8.5%	1,892	9.3%	537	9.4%	74	10.3%
2012	3,186	10.8%	257	9.2%	2,226	10.9%	621	10.9%	82	11.4%
2013	3,245	11.0%	270	9.7%	2,296	11.3%	588	10.3%	91	12.7%
2014	3,460	11.7%	327	11.8%	2,394	11.7%	664	11.6%	75	10.5%
2015	3,764	12.7%	353	12.7%	2,600	12.7%	730	12.8%	81	11.3%
2016	4,186	14.1%	438	15.8%	2,854	14.0%	796	13.9%	98	13.7%
2017	4,323	14.6%	479	17.2%	2,841	13.9%	896	15.7%	107	14.9%
2018	2,967	10.0%	309	11.1%	2,054	10.1%	525	9.2%	79	11.0%
In the prior 90 days to the day before IUS insertion:										
IUS removal	1,093	3.7%	121	4.4%	755	3.7%	193	3.4%	24	3.3%
Any hypertension	6,629	22.4%	564	20.3%	3,746	18.4%	2,156	37.7%	163	22.7%

Table 2b. Aggregated Baseline Table for Women with Hormone-Releasing Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Malignant essential hypertension	2,918	9.9%	268	9.6%	1,613	7.9%	965	16.9%	72	10.0%
Benign essential hypertension	3,921	13.2%	347	12.5%	2,179	10.7%	1,305	22.8%	90	12.6%
Unspecified essential hypertension	5,710	19.3%	462	16.6%	3,277	16.1%	1,836	32.1%	135	18.8%
Non-essential hypertension	1,185	4.0%	156	5.6%	474	2.3%	501	8.8%	54	7.5%
Any endometriosis	534	1.8%	*****	*****	388	1.9%	82	1.4%	*****	*****
Endometriosis of the uterus	157	0.5%	*****	*****	94	0.5%	40	0.7%	*****	*****
Endometriosis of gynecological organs	99	0.3%	13	0.5%	74	0.4%	12	0.2%	0	0.0%
Endometriosis of non-gynecological organs	30	0.1%	*****	*****	*****	*****	*****	*****	0	0.0%
Endometriosis unspecified	341	1.2%	*****	*****	268	1.3%	39	0.7%	*****	*****
All autoimmune conditions	2,293	7.7%	293	10.5%	1,345	6.6%	591	10.3%	64	8.9%
Rheumatoid arthritis	668	2.3%	95	3.4%	409	2.0%	148	2.6%	16	2.2%
Lupus	894	3.0%	138	5.0%	385	1.9%	333	5.8%	38	5.3%
Atopic dermatitis or dermatitis eczema	821	2.8%	61	2.2%	576	2.8%	169	3.0%	15	2.1%
Allergic urticaria or other urticaria	162	0.5%	*****	*****	102	0.5%	39	0.7%	*****	*****
Other allergic or inflammatory skin conditions	1,350	4.6%	127	4.6%	917	4.5%	278	4.9%	28	3.9%
Pelvic inflammatory disease	2,689	9.1%	271	9.7%	1,641	8.0%	725	12.7%	52	7.3%
Postprocedural fever	13	0.0%	*****	*****	*****	*****	*****	*****	0	0.0%
Gonococcal genitourinary infections	*****	*****	0	0.0%	*****	*****	*****	*****	0	0.0%
Chlamydia trachomatis infection of peritoneum	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Uterine perforation or device migration	192	0.6%	*****	*****	114	0.6%	45	0.8%	*****	*****

Table 2b. Aggregated Baseline Table for Women with Hormone-Releasing Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Mechanical complications due to intrauterine contraceptive device	329	1.1%	*****	*****	222	1.1%	62	1.1%	*****	*****
On the date of IUS insertion:										
IUS removal	5,840	19.7%	474	17.1%	4,305	21.1%	923	16.1%	138	19.2%
Any hypertension	1,111	3.8%	83	3.0%	635	3.1%	366	6.4%	27	3.8%
Malignant essential hypertension	539	1.8%	*****	*****	305	1.5%	185	3.2%	*****	*****
Benign essential hypertension	580	2.0%	*****	*****	326	1.6%	201	3.5%	*****	*****
Unspecified essential hypertension	920	3.1%	65	2.3%	548	2.7%	288	5.0%	19	2.6%
Non-essential hypertension	176	0.6%	*****	*****	80	0.4%	68	1.2%	*****	*****
Any endometriosis	285	1.0%	*****	*****	206	1.0%	38	0.7%	*****	*****
Endometriosis of the uterus	79	0.3%	*****	*****	42	0.2%	25	0.4%	*****	*****
Endometriosis of gynecological organs	84	0.3%	*****	*****	68	0.3%	*****	*****	*****	*****
Endometriosis of non-gynecological organs	19	0.1%	0	0.0%	*****	*****	*****	*****	*****	*****
Endometriosis unspecified	140	0.5%	*****	*****	111	0.5%	*****	*****	*****	*****
All autoimmune conditions	287	1.0%	*****	*****	164	0.8%	71	1.2%	*****	*****
Rheumatoid arthritis	78	0.3%	*****	*****	53	0.3%	14	0.2%	*****	*****
Lupus	121	0.4%	*****	*****	48	0.2%	42	0.7%	*****	*****
Atopic dermatitis or dermatitis eczema	27	0.1%	*****	*****	*****	*****	*****	*****	0	0.0%
Allergic urticaria or other urticaria	*****	*****	0	0.0%	*****	*****	0	0.0%	0	0.0%
Other allergic or inflammatory skin conditions	107	0.4%	*****	*****	62	0.3%	29	0.5%	*****	*****
Pelvic inflammatory disease	709	2.4%	67	2.4%	439	2.2%	191	3.3%	12	1.7%
Postprocedural fever	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Gonococcal genitourinary infections	*****	*****	0	0.0%	*****	*****	*****	*****	0	0.0%

Table 2b. Aggregated Baseline Table for Women with Hormone-Releasing Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Chlamydia trachomatis infection of peritoneum	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Uterine perforation or device migration	119	0.4%	*****	*****	80	0.4%	27	0.5%	*****	*****
Mechanical complications due to intrauterine contraceptive device	272	0.9%	*****	*****	184	0.9%	53	0.9%	*****	*****
In the 90 days after the date of IUS insertion:										
IUS removal	1,844	6.2%	181	6.5%	1,248	6.1%	376	6.6%	39	5.4%
Any hypertension	6,051	20.4%	525	18.9%	3,396	16.6%	1,990	34.8%	140	19.5%
Malignant essential hypertension	2,823	9.5%	257	9.2%	1,566	7.7%	931	16.3%	69	9.6%
Benign essential hypertension	3,640	12.3%	319	11.5%	2,038	10.0%	1,202	21.0%	81	11.3%
Unspecified essential hypertension	5,197	17.5%	424	15.3%	2,961	14.5%	1,689	29.5%	123	17.2%
Non-essential hypertension	1,101	3.7%	158	5.7%	437	2.1%	464	8.1%	42	5.9%
Any endometriosis	385	1.3%	*****	*****	275	1.3%	69	1.2%	*****	*****
Endometriosis of the uterus	141	0.5%	*****	*****	90	0.4%	38	0.7%	*****	*****
Endometriosis of gynecological organs	69	0.2%	*****	*****	55	0.3%	*****	*****	*****	*****
Endometriosis of non-gynecological organs	20	0.1%	*****	*****	*****	*****	*****	*****	*****	*****
Endometriosis unspecified	206	0.7%	*****	*****	158	0.8%	28	0.5%	*****	*****
All autoimmune conditions	2,198	7.4%	275	9.9%	1,289	6.3%	578	10.1%	56	7.8%
Rheumatoid arthritis	632	2.1%	*****	*****	398	2.0%	133	2.3%	*****	*****
Lupus	841	2.8%	127	4.6%	361	1.8%	320	5.6%	33	4.6%
Atopic dermatitis or dermatitis eczema	761	2.6%	67	2.4%	544	2.7%	136	2.4%	14	2.0%
Allergic urticaria or other urticaria	160	0.5%	*****	*****	100	0.5%	35	0.6%	*****	*****

Table 2b. Aggregated Baseline Table for Women with Hormone-Releasing Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Other allergic or inflammatory skin conditions	1,299	4.4%	139	5.0%	855	4.2%	273	4.8%	32	4.5%
Pelvic inflammatory disease	2,155	7.3%	218	7.8%	1,330	6.5%	562	9.8%	45	6.3%
Postprocedural fever	11	0.0%	*****	*****	*****	*****	*****	*****	0	0.0%
Gonococcal genitourinary infections	*****	*****	*****	*****	*****	*****	0	0.0%	0	0.0%
Chlamydia trachomatis infection of peritoneum	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Uterine perforation or device migration	411	1.4%	35	1.3%	276	1.4%	87	1.5%	13	1.8%
Mechanical complications due to intrauterine contraceptive device	502	1.7%	*****	*****	333	1.6%	106	1.9%	*****	*****
In available follow-up after the date of IUS insertion:										
IUS removal	10,112	34.1%	944	34.0%	7,018	34.4%	1,935	33.8%	215	30.0%
Any hypertension	13,460	45.4%	1,108	39.9%	8,426	41.3%	3,604	63.0%	322	44.9%
Malignant essential hypertension	11,672	39.4%	958	34.5%	7,272	35.6%	3,173	55.5%	269	37.5%
Benign essential hypertension	12,196	41.2%	1,006	36.2%	7,580	37.1%	3,327	58.2%	283	39.5%
Unspecified essential hypertension	13,074	44.1%	1,063	38.2%	8,196	40.2%	3,514	61.4%	301	42.0%
Non-essential hypertension	3,309	11.2%	358	12.9%	1,648	8.1%	1,191	20.8%	112	15.6%
Any endometriosis	1,838	6.2%	147	5.3%	1,324	6.5%	323	5.6%	44	6.1%
Endometriosis of the uterus	948	3.2%	68	2.4%	648	3.2%	208	3.6%	24	3.3%
Endometriosis of gynecological organs	515	1.7%	39	1.4%	399	2.0%	66	1.2%	11	1.5%
Endometriosis of non-gynecological organs	138	0.5%	*****	*****	111	0.5%	*****	*****	*****	*****
Endometriosis unspecified	974	3.3%	81	2.9%	737	3.6%	133	2.3%	23	3.2%
All autoimmune conditions	4,881	16.5%	520	18.7%	3,096	15.2%	1,135	19.8%	130	18.1%
Rheumatoid arthritis	1,935	6.5%	214	7.7%	1,245	6.1%	435	7.6%	41	5.7%

Table 2b. Aggregated Baseline Table for Women with Hormone-Releasing Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Lupus	1,718	5.8%	223	8.0%	914	4.5%	521	9.1%	60	8.4%
Atopic dermatitis or dermatitis eczema	6,319	21.3%	511	18.4%	4,597	22.5%	1,087	19.0%	124	17.3%
Allergic urticaria or other urticaria	1,601	5.4%	152	5.5%	1,087	5.3%	310	5.4%	52	7.3%
Other allergic or inflammatory skin conditions	8,213	27.7%	761	27.4%	5,673	27.8%	1,591	27.8%	188	26.2%
Pelvic inflammatory disease	10,579	35.7%	970	34.9%	6,893	33.8%	2,490	43.5%	226	31.5%
Postprocedural fever	134	0.5%	*****	*****	87	0.4%	33	0.6%	*****	*****
Gonococcal genitourinary infections	22	0.1%	*****	*****	*****	*****	*****	*****	0	0.0%
Chlamydia trachomatis infection of peritoneum	14	0.0%	*****	*****	*****	*****	*****	*****	0	0.0%
Uterine perforation or device migration	1,563	5.3%	131	4.7%	1,060	5.2%	334	5.8%	38	5.3%
Mechanical complications due to intrauterine contraceptive device	1,917	6.5%	188	6.8%	1,218	6.0%	466	8.1%	45	6.3%

¹All metrics are based on total number of episodes per group, except for sex and race which is based on total number of unique members.

*This report includes data only from the Centers for Medicare and Medicaid Services (CMS) Data Partner, representing patients with Medicare fee-for-service coverage.

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

Figure 3. Hormone-Releasing Intrauterine System (IUS) Insertion Exposures with Baseline Characteristics in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018

Figure 3a. Proportion of Hormone-Releasing Intrauterine System Insertion Exposures with an Intrauterine System Removal, by Race^{1,2}

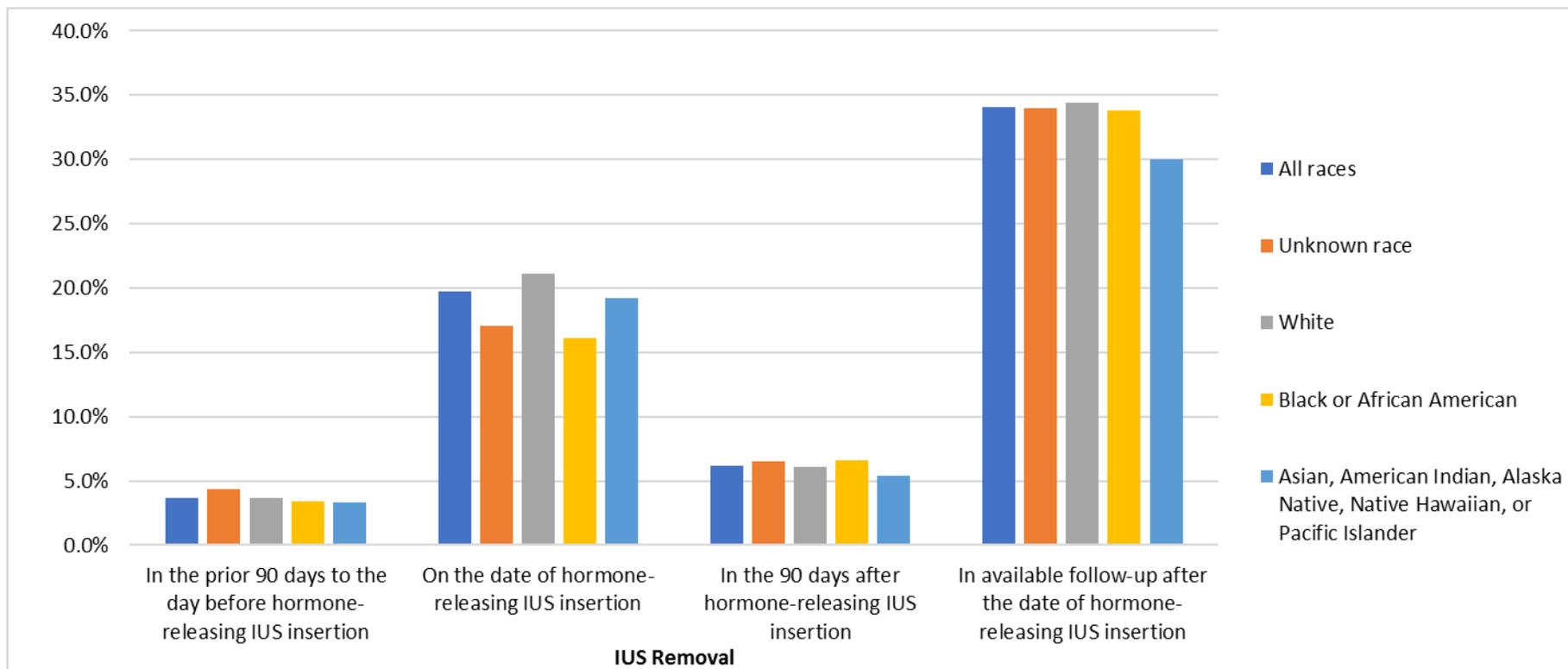
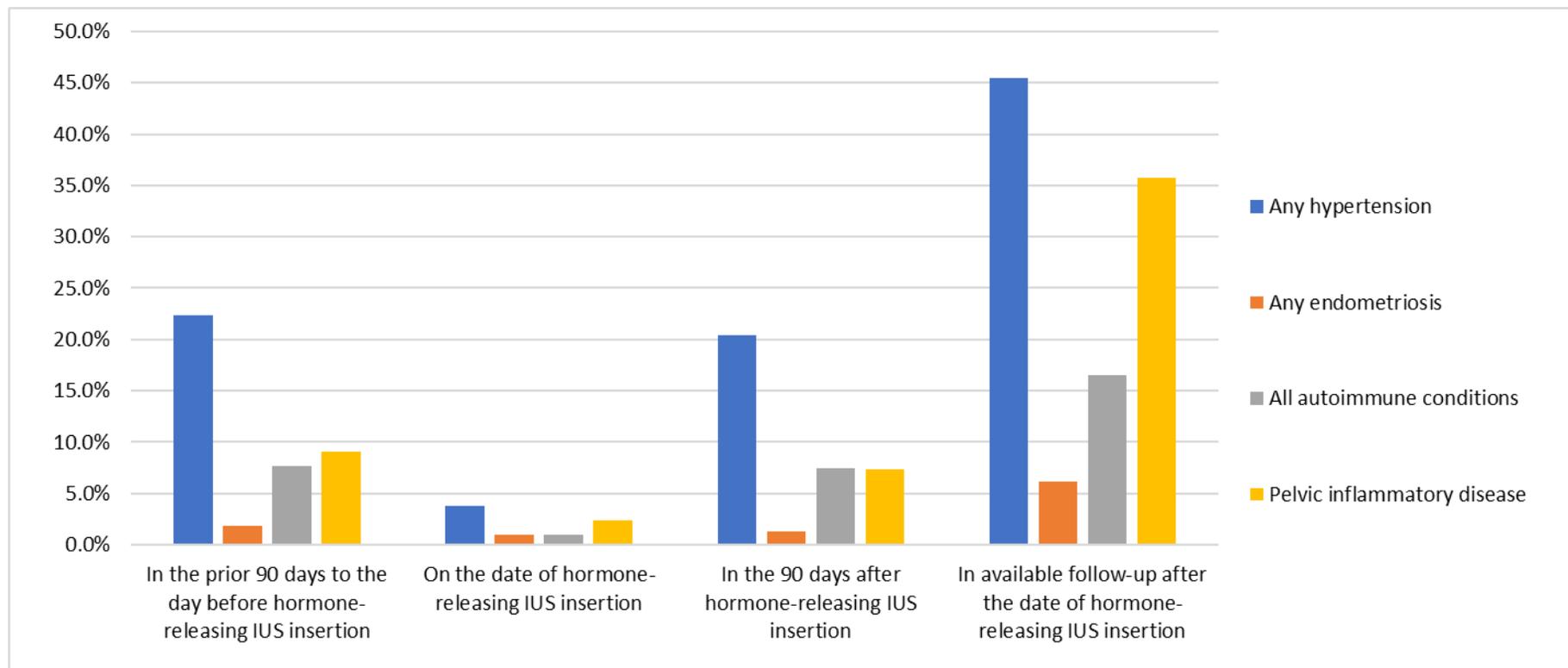


Figure 3. Hormone-Releasing Intrauterine System (IUS) Insertion Exposures with Baseline Characteristics in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018

Figure 3b. Proportion of Hormone-Releasing Intrauterine System Insertion Exposures with Baseline Characteristics, All Races



¹Medicare does not capture the Native Hawaiian or Other Pacific Islander racial identifier per the Sentinel Common Data Model definition.

²Race is unknown for 9.4% of patients with a hormone-releasing IUS insertion. See Figure 1 for more details.

This report includes data only from the Centers for Medicare and Medicaid Services (CMS) Data Partner, representing patients with Medicare fee-for-service coverage.

Table 2c. Aggregated Baseline Table for Women with Any Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
Characteristic¹	Number		Number		Number		Number		Number	
Number of exposures	206,609		21,604		131,389		47,785		5,831	
Number of unique patients	99,571		9,914		63,385		23,394		2,878	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	36	9.1	34	9.3	37	9.1	36	9.0	36	8.7
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
15-19	209	0.1%	66	0.3%	113	0.1%	*****	*****	*****	*****
20-29	58,092	28.1%	8,746	40.5%	33,975	25.9%	*****	*****	*****	*****
30-39	80,147	38.8%	7,674	35.5%	51,599	39.3%	18,469	38.7%	2,405	41.2%
40-61	68,161	33.0%	5,118	23.7%	45,702	34.8%	15,567	32.6%	1,774	30.4%
Sex										
Female	99,571	100.0%	9,914	100.0%	63,385	100.0%	23,394	100.0%	2,878	100.0%
Year										
2010	14,689	7.1%	1,167	5.4%	9,597	7.3%	3,561	7.5%	364	6.2%
2011	21,018	10.2%	1,778	8.2%	13,602	10.4%	5,044	10.6%	594	10.2%
2012	24,314	11.8%	2,205	10.2%	15,580	11.9%	5,874	12.3%	655	11.2%
2013	26,141	12.7%	2,310	10.7%	16,738	12.7%	6,361	13.3%	732	12.6%
2014	26,006	12.6%	2,610	12.1%	16,330	12.4%	6,314	13.2%	752	12.9%
2015	25,728	12.5%	2,916	13.5%	16,082	12.2%	5,954	12.5%	776	13.3%
2016	23,772	11.5%	2,735	12.7%	15,159	11.5%	5,181	10.8%	697	12.0%
2017	25,560	12.4%	3,363	15.6%	16,010	12.2%	5,484	11.5%	703	12.1%
2018	19,381	9.4%	2,520	11.7%	12,291	9.4%	4,012	8.4%	558	9.6%
In the prior 90 days to the day before IUS insertion:										
IUS removal	7,465	3.6%	766	3.5%	5,095	3.9%	1,423	3.0%	181	3.1%
Any hypertension	48,316	23.4%	4,522	20.9%	26,018	19.8%	16,457	34.4%	1,319	22.6%
Malignant essential hypertension	18,625	9.0%	1,739	8.0%	10,252	7.8%	6,139	12.8%	495	8.5%

Table 2c. Aggregated Baseline Table for Women with Any Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Benign essential hypertension	27,227	13.2%	2,325	10.8%	14,991	11.4%	9,270	19.4%	641	11.0%
Unspecified essential hypertension	41,052	19.9%	3,486	16.1%	22,473	17.1%	13,983	29.3%	1,110	19.0%
Non-essential hypertension	9,348	4.5%	1,637	7.6%	3,563	2.7%	3,731	7.8%	417	7.2%
Any endometriosis	2,333	1.1%	252	1.2%	1,646	1.3%	392	0.8%	43	0.7%
Endometriosis of the uterus	637	0.3%	77	0.4%	379	0.3%	166	0.3%	15	0.3%
Endometriosis of gynecological organs	491	0.2%	*****	*****	354	0.3%	70	0.1%	*****	*****
Endometriosis of non-gynecological organs	113	0.1%	13	0.1%	76	0.1%	24	0.1%	0	0.0%
Endometriosis unspecified	1,520	0.7%	148	0.7%	1,156	0.9%	194	0.4%	22	0.4%
All autoimmune conditions	16,471	8.0%	2,863	13.3%	8,565	6.5%	4,576	9.6%	467	8.0%
Rheumatoid arthritis	5,123	2.5%	656	3.0%	3,038	2.3%	1,274	2.7%	155	2.7%
Lupus	6,268	3.0%	1,025	4.7%	2,539	1.9%	2,473	5.2%	231	4.0%
Atopic dermatitis or dermatitis eczema	6,198	3.0%	560	2.6%	4,098	3.1%	1,349	2.8%	191	3.3%
Allergic urticaria or other urticaria	1,244	0.6%	153	0.7%	757	0.6%	304	0.6%	30	0.5%
Other allergic or inflammatory skin conditions	9,803	4.7%	1,076	5.0%	6,165	4.7%	2,258	4.7%	304	5.2%
Pelvic inflammatory disease	17,034	8.2%	1,793	8.3%	9,603	7.3%	5,215	10.9%	423	7.3%
Postprocedural fever	148	0.1%	42	0.2%	70	0.1%	*****	*****	*****	*****
Gonococcal genitourinary infections	46	0.0%	*****	*****	27	0.0%	*****	*****	*****	*****
Chlamydia trachomatis infection of peritoneum	13	0.0%	*****	*****	*****	*****	*****	*****	*****	*****
Uterine perforation or device migration	1,840	0.9%	218	1.0%	1,155	0.9%	403	0.8%	64	1.1%
Mechanical complications due to intrauterine contraceptive device	2,564	1.2%	319	1.5%	1,568	1.2%	601	1.3%	76	1.3%

Table 2c. Aggregated Baseline Table for Women with Any Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
On the date of IUS insertion:										
IUS removal	15,491	7.5%	1,452	6.7%	10,505	8.0%	3,129	6.5%	405	6.9%
Any hypertension	15,081	7.3%	1,545	7.2%	7,882	6.0%	5,274	11.0%	380	6.5%
Malignant essential hypertension	5,685	2.8%	483	2.2%	3,185	2.4%	1,895	4.0%	122	2.1%
Benign essential hypertension	6,902	3.3%	558	2.6%	3,858	2.9%	2,341	4.9%	145	2.5%
Unspecified essential hypertension	11,758	5.7%	857	4.0%	6,558	5.0%	4,085	8.5%	258	4.4%
Non-essential hypertension	2,923	1.4%	706	3.3%	1,031	0.8%	1,055	2.2%	131	2.2%
Any endometriosis	1,440	0.7%	158	0.7%	1,038	0.8%	219	0.5%	25	0.4%
Endometriosis of the uterus	465	0.2%	52	0.2%	293	0.2%	108	0.2%	12	0.2%
Endometriosis of gynecological organs	344	0.2%	42	0.2%	264	0.2%	*****	*****	*****	*****
Endometriosis of non-gynecological organs	59	0.0%	*****	*****	43	0.0%	*****	*****	*****	*****
Endometriosis unspecified	759	0.4%	*****	*****	589	0.4%	85	0.2%	*****	*****
All autoimmune conditions	4,803	2.3%	1,353	6.3%	2,093	1.6%	1,232	2.6%	125	2.1%
Rheumatoid arthritis	1,225	0.6%	151	0.7%	754	0.6%	280	0.6%	40	0.7%
Lupus	1,730	0.8%	313	1.4%	614	0.5%	739	1.5%	64	1.1%
Atopic dermatitis or dermatitis eczema	511	0.2%	41	0.2%	311	0.2%	130	0.3%	29	0.5%
Allergic urticaria or other urticaria conditions	96	0.0%	*****	*****	63	0.0%	16	0.0%	*****	*****
Pelvic inflammatory disease	1,480	0.7%	157	0.7%	911	0.7%	348	0.7%	64	1.1%
Postprocedural fever	9,276	4.5%	1,031	4.8%	4,975	3.8%	3,025	6.3%	245	4.2%
Gonococcal genitourinary infections	71	0.0%	27	0.1%	28	0.0%	*****	*****	*****	*****
Chlamydia trachomatis infection of peritoneum	25	0.0%	*****	*****	13	0.0%	*****	*****	*****	*****
	*****	*****	0	0.0%	*****	*****	*****	*****	*****	*****

Table 2c. Aggregated Baseline Table for Women with Any Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Uterine perforation or device migration	1,162	0.6%	122	0.6%	747	0.6%	262	0.5%	31	0.5%
Mechanical complications due to intrauterine contraceptive device	2,217	1.1%	239	1.1%	1,355	1.0%	568	1.2%	55	0.9%
In the 90 days after the date of IUS insertion:										
IUS removal	14,618	7.1%	1,585	7.3%	9,601	7.3%	3,055	6.4%	377	6.5%
Any hypertension	47,205	22.8%	4,468	20.7%	25,441	19.4%	15,992	33.5%	1,304	22.4%
Malignant essential hypertension	19,588	9.5%	1,959	9.1%	10,703	8.1%	6,402	13.4%	524	9.0%
Benign essential hypertension	27,307	13.2%	2,456	11.4%	15,010	11.4%	9,164	19.2%	677	11.6%
Unspecified essential hypertension	40,417	19.6%	3,485	16.1%	22,162	16.9%	13,663	28.6%	1,107	19.0%
Non-essential hypertension	9,136	4.4%	1,532	7.1%	3,569	2.7%	3,645	7.6%	390	6.7%
Any endometriosis	2,601	1.3%	236	1.1%	1,825	1.4%	472	1.0%	68	1.2%
Endometriosis of the uterus	960	0.5%	77	0.4%	623	0.5%	233	0.5%	27	0.5%
Endometriosis of gynecological organs	628	0.3%	49	0.2%	485	0.4%	76	0.2%	18	0.3%
Endometriosis of non-gynecological organs	144	0.1%	*****	*****	96	0.1%	27	0.1%	*****	*****
Endometriosis unspecified	1,417	0.7%	134	0.6%	1,058	0.8%	199	0.4%	26	0.4%
All autoimmune conditions	16,341	7.9%	2,904	13.4%	8,428	6.4%	4,571	9.6%	438	7.5%
Rheumatoid arthritis	5,096	2.5%	675	3.1%	3,046	2.3%	1,230	2.6%	145	2.5%
Lupus	6,131	3.0%	1,022	4.7%	2,422	1.8%	2,468	5.2%	219	3.8%
Atopic dermatitis or dermatitis eczema	6,199	3.0%	582	2.7%	4,132	3.1%	1,316	2.8%	169	2.9%
Allergic urticaria or other urticaria	1,296	0.6%	168	0.8%	810	0.6%	275	0.6%	43	0.7%
Other allergic or inflammatory skin conditions	9,671	4.7%	1,064	4.9%	6,078	4.6%	2,241	4.7%	288	4.9%
Pelvic inflammatory disease	15,180	7.3%	1,595	7.4%	8,621	6.6%	4,558	9.5%	406	7.0%

Table 2c. Aggregated Baseline Table for Women with Any Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Postprocedural fever	209	0.1%	53	0.2%	92	0.1%	37	0.1%	27	0.5%
Gonococcal genitourinary infections	45	0.0%	*****	*****	27	0.0%	*****	*****	*****	*****
Chlamydia trachomatis infection of peritoneum	*****	*****	0	0.0%	*****	*****	*****	*****	*****	*****
Uterine perforation or device migration	2,722	1.3%	342	1.6%	1,719	1.3%	579	1.2%	82	1.4%
Mechanical complications due to intrauterine contraceptive device	3,468	1.7%	398	1.8%	2,075	1.6%	899	1.9%	96	1.6%
In available follow-up after the date of IUS insertion:										
IUS removal	59,999	29.0%	6,573	30.4%	39,068	29.7%	12,795	26.8%	1,563	26.8%
Any hypertension	100,217	48.5%	9,419	43.6%	58,767	44.7%	29,385	61.5%	2,646	45.4%
Malignant essential hypertension	85,576	41.4%	8,154	37.7%	49,965	38.0%	25,216	52.8%	2,241	38.4%
Benign essential hypertension	90,207	43.7%	8,505	39.4%	52,622	40.1%	26,737	56.0%	2,343	40.2%
Unspecified essential hypertension	97,501	47.2%	9,118	42.2%	57,178	43.5%	28,646	59.9%	2,559	43.9%
Non-essential hypertension	26,509	12.8%	3,108	14.4%	12,782	9.7%	9,702	20.3%	917	15.7%
Any endometriosis	11,160	5.4%	953	4.4%	7,776	5.9%	2,205	4.6%	226	3.9%
Endometriosis of the uterus	5,741	2.8%	461	2.1%	3,766	2.9%	1,401	2.9%	113	1.9%
Endometriosis of gynecological organs	3,243	1.6%	266	1.2%	2,472	1.9%	436	0.9%	69	1.2%
Endometriosis of non-gynecological organs	853	0.4%	75	0.3%	611	0.5%	144	0.3%	23	0.4%
Endometriosis unspecified	6,008	2.9%	525	2.4%	4,412	3.4%	960	2.0%	111	1.9%
All autoimmune conditions	34,619	16.8%	4,675	21.6%	20,003	15.2%	8,961	18.8%	980	16.8%
Rheumatoid arthritis	14,781	7.2%	1,607	7.4%	8,937	6.8%	3,854	8.1%	383	6.6%
Lupus	12,197	5.9%	1,694	7.8%	6,047	4.6%	4,082	8.5%	374	6.4%
Atopic dermatitis or dermatitis eczema	47,359	22.9%	4,148	19.2%	32,258	24.6%	9,637	20.2%	1,316	22.6%

Table 2c. Aggregated Baseline Table for Women with Any Intrauterine System (IUS) Insertions in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Allergic urticaria or other urticaria	11,691	5.7%	1,237	5.7%	7,522	5.7%	2,550	5.3%	382	6.6%
Other allergic or inflammatory skin conditions	58,654	28.4%	5,752	26.6%	38,023	28.9%	13,215	27.7%	1,664	28.5%
Pelvic inflammatory disease	75,226	36.4%	7,601	35.2%	44,155	33.6%	21,537	45.1%	1,933	33.2%
Postprocedural fever	1,299	0.6%	283	1.3%	666	0.5%	289	0.6%	61	1.0%
Gonococcal genitourinary infections	237	0.1%	*****	*****	124	0.1%	92	0.2%	*****	*****
Chlamydia trachomatis infection of peritoneum	172	0.1%	*****	*****	54	0.0%	72	0.2%	*****	*****
Uterine perforation or device migration	10,074	4.9%	1,181	5.5%	6,430	4.9%	2,209	4.6%	254	4.4%
Mechanical complications due to intrauterine contraceptive device	10,742	5.2%	1,246	5.8%	6,362	4.8%	2,839	5.9%	295	5.1%

¹All metrics are based on total number of episodes per group, except for sex and race which is based on total number of unique members.

*This report includes data only from the Centers for Medicare and Medicaid Services (CMS) Data Partner, representing patients with Medicare fee-for-service coverage.

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

Figure 4. Any Intrauterine System (IUS) Insertion Exposures with Baseline Characteristics in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018

Figure 4a. Proportion of Any Intrauterine System Insertion Exposures with an Intrauterine System Removal, by Race^{1,2}

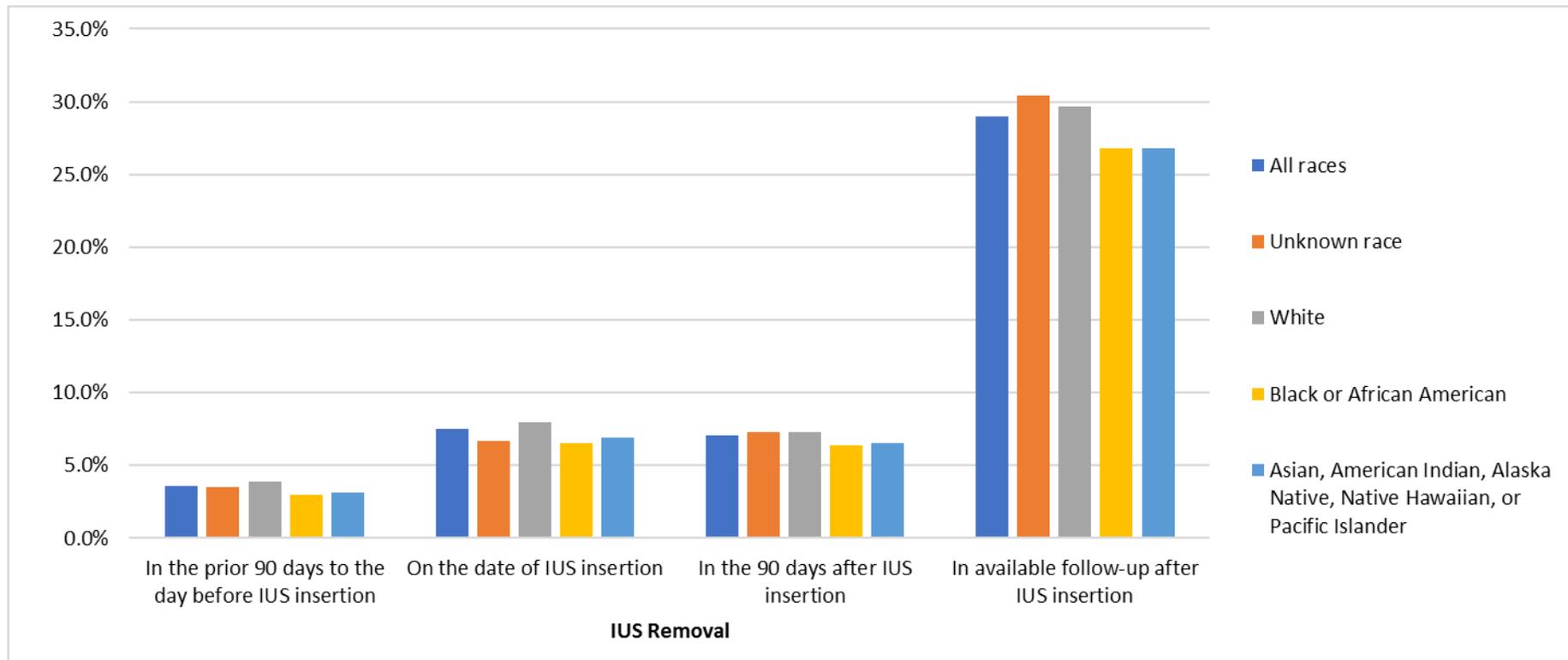
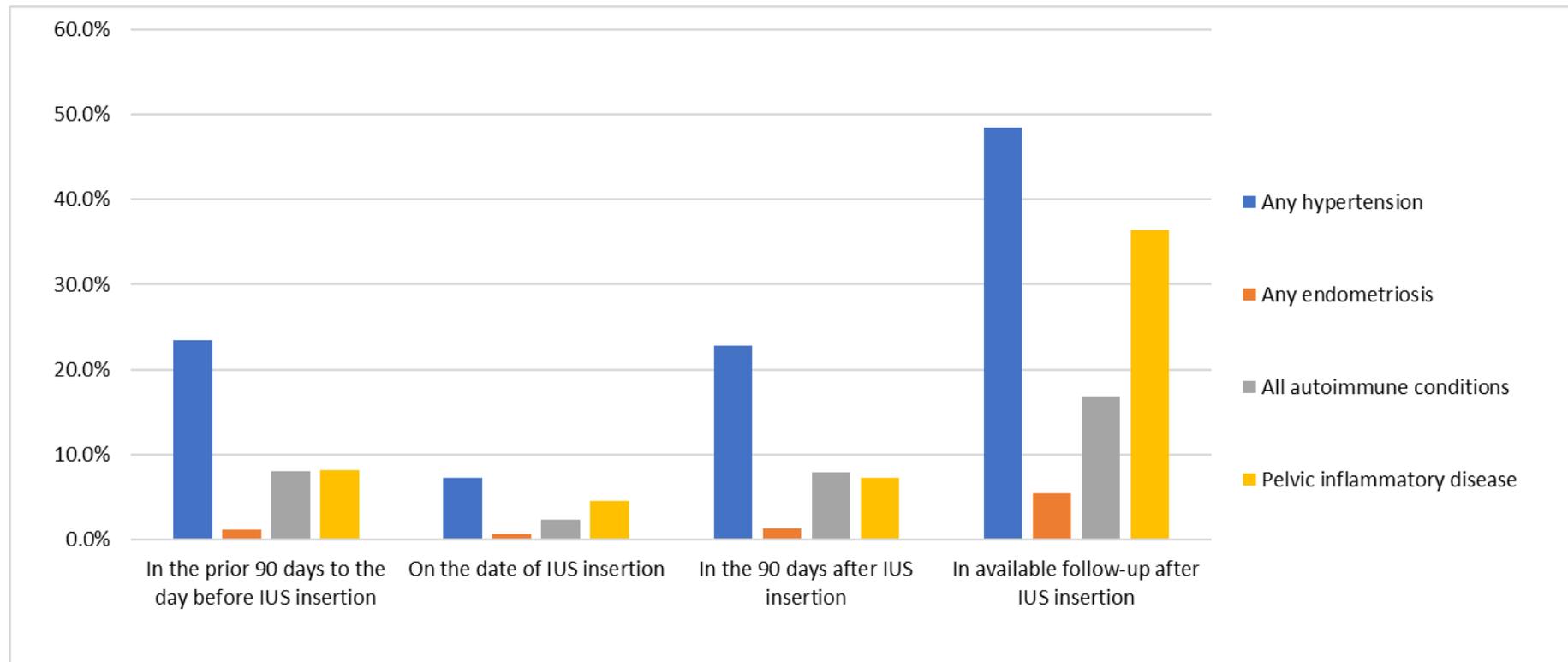


Figure 4. Any Intrauterine System (IUS) Insertion Exposures with Baseline Characteristics in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018

Figure 4b. Proportion of Any Intrauterine System Insertion Exposures with Baseline Characteristics, All Races



¹Medicare does not capture the Native Hawaiian or Other Pacific Islander racial identifier per the Sentinel Common Data Model definition.

²Race is unknown for 10.0% of patients with any IUS insertion. See Figure 1 for more details.

This report includes data only from the Centers for Medicare and Medicaid Services (CMS) Data Partner, representing patients with Medicare fee-for-service coverage.

Table 2d. Aggregated Baseline Table for Women with Intrauterine System (IUS) Removals in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
Characteristic¹	Number		Number		Number		Number		Number	
Number of exposures	50,526		5,121		33,374		10,683		1,348	
Number of unique patients	44,014		4,479		29,112		9,236		1,187	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	37	9.5	34	8.7	38	9.5	37	9.4	37	9.3
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age (Years)										
15-19	11	0.0%	*****	*****	*****	*****	*****	*****	0	0.0%
20-29	13,499	26.7%	*****	*****	*****	*****	*****	*****	342	25.4%
30-39	19,242	38.1%	1,886	36.8%	12,735	38.2%	4,082	38.2%	539	40.0%
40-61	17,774	35.2%	1,125	22.0%	12,564	37.6%	3,618	33.9%	467	34.6%
Sex										
Female	44,014	100.0%	4,479	100.0%	29,112	100.0%	9,236	100.0%	1,187	100.0%
Year										
2010	2,213	4.4%	170	3.3%	1,522	4.6%	477	4.5%	44	3.3%
2011	3,930	7.8%	314	6.1%	2,692	8.1%	806	7.5%	118	8.8%
2012	5,039	10.0%	463	9.0%	3,378	10.1%	1,084	10.1%	114	8.5%
2013	6,387	12.6%	631	12.3%	4,241	12.7%	1,375	12.9%	140	10.4%
2014	5,987	11.8%	586	11.4%	4,009	12.0%	1,221	11.4%	171	12.7%
2015	6,636	13.1%	659	12.9%	4,423	13.3%	1,384	13.0%	170	12.6%
2016	7,110	14.1%	740	14.5%	4,656	14.0%	1,523	14.3%	191	14.2%
2017	7,611	15.1%	886	17.3%	4,842	14.5%	1,640	15.4%	243	18.0%
2018	5,613	11.1%	672	13.1%	3,611	10.8%	1,173	11.0%	157	11.6%
In the prior 90 days to the day before IUS removal:										
Copper-releasing IUS insertion	407	0.8%	62	1.2%	288	0.9%	*****	*****	*****	*****
Hormone-releasing IUS insertion	1,888	3.7%	185	3.6%	1,276	3.8%	387	3.6%	40	3.0%
Any IUS insertion	11,839	23.4%	1,252	24.4%	7,787	23.3%	2,500	23.4%	300	22.3%

Table 2d. Aggregated Baseline Table for Women with Intrauterine System (IUS) Removals in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Any hypertension	11,012	21.8%	914	17.8%	6,275	18.8%	3,551	33.2%	272	20.2%
Malignant essential hypertension	4,751	9.4%	404	7.9%	2,716	8.1%	1,512	14.2%	119	8.8%
Benign essential hypertension	6,493	12.9%	521	10.2%	3,712	11.1%	2,112	19.8%	148	11.0%
Unspecified essential hypertension	9,620	19.0%	773	15.1%	5,541	16.6%	3,071	28.7%	235	17.4%
Non-essential hypertension	1,802	3.6%	221	4.3%	793	2.4%	733	6.9%	55	4.1%
Any endometriosis	601	1.2%	*****	*****	445	1.3%	92	0.9%	*****	*****
Endometriosis of the uterus	176	0.3%	19	0.4%	118	0.4%	39	0.4%	0	0.0%
Endometriosis of gynecological organs	169	0.3%	*****	*****	128	0.4%	23	0.2%	*****	*****
Endometriosis of non-gynecological organs	29	0.1%	*****	*****	*****	*****	*****	*****	0	0.0%
Endometriosis unspecified	371	0.7%	*****	*****	290	0.9%	44	0.4%	*****	*****
All autoimmune conditions	4,057	8.0%	469	9.2%	2,408	7.2%	1,065	10.0%	115	8.5%
Rheumatoid arthritis	1,427	2.8%	153	3.0%	905	2.7%	323	3.0%	46	3.4%
Lupus	1,524	3.0%	218	4.3%	692	2.1%	561	5.3%	53	3.9%
Atopic dermatitis or dermatitis eczema	1,449	2.9%	143	2.8%	984	2.9%	282	2.6%	40	3.0%
Allergic urticaria or other urticaria	345	0.7%	*****	*****	217	0.7%	78	0.7%	*****	*****
Other allergic or inflammatory skin conditions	2,357	4.7%	232	4.5%	1,535	4.6%	528	4.9%	62	4.6%
Pelvic inflammatory disease	4,769	9.4%	483	9.4%	2,776	8.3%	1,414	13.2%	96	7.1%
Postprocedural fever	30	0.1%	*****	*****	*****	*****	*****	*****	0	0.0%
Gonococcal genitourinary infections	13	0.0%	*****	*****	*****	*****	*****	*****	0	0.0%
Chlamydia trachomatis infection of peritoneum	*****	*****	0	0.0%	*****	*****	*****	*****	0	0.0%
Uterine perforation or device migration	1,009	2.0%	88	1.7%	655	2.0%	244	2.3%	22	1.6%

Table 2d. Aggregated Baseline Table for Women with Intrauterine System (IUS) Removals in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Mechanical complications due to intrauterine contraceptive device	1,512	3.0%	173	3.4%	921	2.8%	379	3.5%	39	2.9%
On the date of IUS removal:										
Copper-releasing IUS insertion	536	1.1%	79	1.5%	355	1.1%	88	0.8%	14	1.0%
Hormone-releasing IUS insertion	5,840	11.6%	474	9.3%	4,305	12.9%	923	8.6%	138	10.2%
Any IUS insertion	15,491	30.7%	1,452	28.4%	10,505	31.5%	3,129	29.3%	405	30.0%
Any hypertension	3,234	6.4%	227	4.4%	1,833	5.5%	1,095	10.2%	79	5.9%
Malignant essential hypertension	1,257	2.5%	92	1.8%	719	2.2%	413	3.9%	33	2.4%
Benign essential hypertension	1,452	2.9%	108	2.1%	823	2.5%	486	4.5%	35	2.6%
Unspecified essential hypertension	2,706	5.4%	179	3.5%	1,570	4.7%	892	8.3%	65	4.8%
Non-essential hypertension	463	0.9%	47	0.9%	215	0.6%	187	1.8%	14	1.0%
Any endometriosis	588	1.2%	*****	*****	448	1.3%	93	0.9%	*****	*****
Endometriosis of the uterus	240	0.5%	*****	*****	169	0.5%	56	0.5%	*****	*****
Endometriosis of gynecological organs	207	0.4%	*****	*****	166	0.5%	25	0.2%	*****	*****
Endometriosis of non-gynecological organs	27	0.1%	*****	*****	*****	*****	*****	*****	0	0.0%
Endometriosis unspecified	248	0.5%	*****	*****	195	0.6%	28	0.3%	*****	*****
All autoimmune conditions	952	1.9%	99	1.9%	554	1.7%	273	2.6%	26	1.9%
Rheumatoid arthritis	339	0.7%	28	0.5%	213	0.6%	86	0.8%	12	0.9%
Lupus	382	0.8%	*****	*****	165	0.5%	153	1.4%	*****	*****
Atopic dermatitis or dermatitis eczema	84	0.2%	*****	*****	61	0.2%	*****	*****	*****	*****
Allergic urticaria or other urticaria	14	0.0%	*****	*****	*****	*****	*****	*****	0	0.0%
Other allergic or inflammatory skin conditions	312	0.6%	*****	*****	202	0.6%	78	0.7%	*****	*****
Pelvic inflammatory disease	3,333	6.6%	348	6.8%	1,999	6.0%	899	8.4%	87	6.5%

Table 2d. Aggregated Baseline Table for Women with Intrauterine System (IUS) Removals in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Postprocedural fever	15	0.0%	*****	*****	*****	*****	*****	*****	0	0.0%
Gonococcal genitourinary infections	*****	*****	*****	*****	*****	*****	*****	*****	0	0.0%
Chlamydia trachomatis infection of peritoneum	*****	*****	*****	*****	*****	*****	0	0.0%	0	0.0%
Uterine perforation or device migration	1,256	2.5%	130	2.5%	810	2.4%	290	2.7%	26	1.9%
Mechanical complications due to intrauterine contraceptive device	2,224	4.4%	234	4.6%	1,350	4.0%	577	5.4%	63	4.7%
In the 90 days after the date of IUS removal:										
Copper-releasing IUS insertion	253	0.5%	41	0.8%	165	0.5%	*****	*****	*****	*****
Hormone-releasing IUS insertion	1,139	2.3%	125	2.4%	785	2.4%	205	1.9%	24	1.8%
Any IUS insertion	6,361	12.6%	644	12.6%	4,353	13.0%	1,208	11.3%	156	11.6%
Any hypertension	10,894	21.6%	927	18.1%	6,195	18.6%	3,513	32.9%	259	19.2%
Malignant essential hypertension	4,997	9.9%	451	8.8%	2,848	8.5%	1,578	14.8%	120	8.9%
Benign essential hypertension	6,657	13.2%	568	11.1%	3,798	11.4%	2,153	20.2%	138	10.2%
Unspecified essential hypertension	9,608	19.0%	784	15.3%	5,523	16.5%	3,072	28.8%	229	17.0%
Non-essential hypertension	1,773	3.5%	221	4.3%	779	2.3%	716	6.7%	57	4.2%
Any endometriosis	828	1.6%	66	1.3%	614	1.8%	129	1.2%	19	1.4%
Endometriosis of the uterus	360	0.7%	*****	*****	261	0.8%	69	0.6%	*****	*****
Endometriosis of gynecological organs	210	0.4%	*****	*****	156	0.5%	29	0.3%	*****	*****
Endometriosis of non-gynecological organs	38	0.1%	*****	*****	27	0.1%	*****	*****	0	0.0%
Endometriosis unspecified	394	0.8%	*****	*****	302	0.9%	49	0.5%	*****	*****
All autoimmune conditions	4,008	7.9%	459	9.0%	2,353	7.1%	1,090	10.2%	106	7.9%
Rheumatoid arthritis	1,367	2.7%	156	3.0%	847	2.5%	327	3.1%	37	2.7%
Lupus	1,523	3.0%	221	4.3%	668	2.0%	580	5.4%	54	4.0%

Table 2d. Aggregated Baseline Table for Women with Intrauterine System (IUS) Removals in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Atopic dermatitis or dermatitis eczema	1,438	2.8%	128	2.5%	997	3.0%	272	2.5%	41	3.0%
Allergic urticaria or other urticaria	312	0.6%	43	0.8%	190	0.6%	68	0.6%	11	0.8%
Other allergic or inflammatory skin conditions	2,322	4.6%	231	4.5%	1,512	4.5%	527	4.9%	52	3.9%
Pelvic inflammatory disease	3,968	7.9%	431	8.4%	2,278	6.8%	1,176	11.0%	83	6.2%
Postprocedural fever	51	0.1%	*****	*****	32	0.1%	*****	*****	*****	*****
Gonococcal genitourinary infections	11	0.0%	*****	*****	*****	*****	*****	*****	0	0.0%
Chlamydia trachomatis infection of peritoneum	*****	*****	*****	*****	0	0.0%	0	0.0%	0	0.0%
Uterine perforation or device migration	555	1.1%	47	0.9%	375	1.1%	121	1.1%	12	0.9%
Mechanical complications due to intrauterine contraceptive device	830	1.6%	82	1.6%	498	1.5%	230	2.2%	20	1.5%
In available follow-up after the date of IUS removal:										
Copper-releasing IUS insertion	824	1.6%	124	2.4%	547	1.6%	132	1.2%	21	1.6%
Hormone-releasing IUS insertion	4,168	8.2%	436	8.5%	2,891	8.7%	746	7.0%	95	7.0%
Any IUS insertion	14,735	29.2%	1,571	30.7%	9,778	29.3%	3,003	28.1%	383	28.4%
Any hypertension	22,926	45.4%	1,934	37.8%	14,157	42.4%	6,276	58.7%	559	41.5%
Malignant essential hypertension	19,800	39.2%	1,650	32.2%	12,192	36.5%	5,481	51.3%	477	35.4%
Benign essential hypertension	20,749	41.1%	1,720	33.6%	12,766	38.3%	5,767	54.0%	496	36.8%
Unspecified essential hypertension	22,284	44.1%	1,867	36.5%	13,777	41.3%	6,111	57.2%	529	39.2%
Non-essential hypertension	5,585	11.1%	544	10.6%	2,940	8.8%	1,952	18.3%	149	11.1%
Any endometriosis	2,946	5.8%	227	4.4%	2,136	6.4%	529	5.0%	54	4.0%
Endometriosis of the uterus	1,580	3.1%	112	2.2%	1,104	3.3%	335	3.1%	29	2.2%
Endometriosis of gynecological organs	867	1.7%	51	1.0%	676	2.0%	122	1.1%	18	1.3%

Table 2d. Aggregated Baseline Table for Women with Intrauterine System (IUS) Removals in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Endometriosis of non-gynecological organs	203	0.4%	*****	*****	149	0.4%	34	0.3%	*****	*****
Endometriosis unspecified	1,496	3.0%	124	2.4%	1,119	3.4%	225	2.1%	28	2.1%
All autoimmune conditions	8,370	16.6%	871	17.0%	5,204	15.6%	2,056	19.2%	239	17.7%
Rheumatoid arthritis	3,761	7.4%	395	7.7%	2,353	7.1%	908	8.5%	105	7.8%
Lupus	3,033	6.0%	379	7.4%	1,603	4.8%	957	9.0%	94	7.0%
Atopic dermatitis or dermatitis eczema	10,459	20.7%	874	17.1%	7,401	22.2%	1,913	17.9%	271	20.1%
Allergic urticaria or other urticaria	2,639	5.2%	254	5.0%	1,762	5.3%	540	5.1%	83	6.2%
Other allergic or inflammatory skin conditions	13,294	26.3%	1,220	23.8%	8,912	26.7%	2,823	26.4%	339	25.1%
Pelvic inflammatory disease	17,392	34.4%	1,786	34.9%	10,589	31.7%	4,633	43.4%	384	28.5%
Postprocedural fever	273	0.5%	*****	*****	163	0.5%	71	0.7%	*****	*****
Gonococcal genitourinary infections	40	0.1%	*****	*****	26	0.1%	*****	*****	*****	*****
Chlamydia trachomatis infection of peritoneum	32	0.1%	*****	*****	12	0.0%	*****	*****	0	0.0%
Uterine perforation or device migration	1,800	3.6%	142	2.8%	1,231	3.7%	395	3.7%	32	2.4%
Mechanical complications due to intrauterine contraceptive device	1,609	3.2%	163	3.2%	997	3.0%	406	3.8%	43	3.2%

¹All metrics are based on total number of episodes per group, except for sex and race which is based on total number of unique members.

*This report includes data only from the Centers for Medicare and Medicaid Services (CMS) Data Partner, representing patients with Medicare fee-for-service coverage.

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

Figure 5. Intrauterine System (IUS) Removal Exposures with Baseline Characteristics in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018

Figure 5a. Proportion of Intrauterine System Removal Exposures with Any Intrauterine System Insertion, by Race^{1,2}

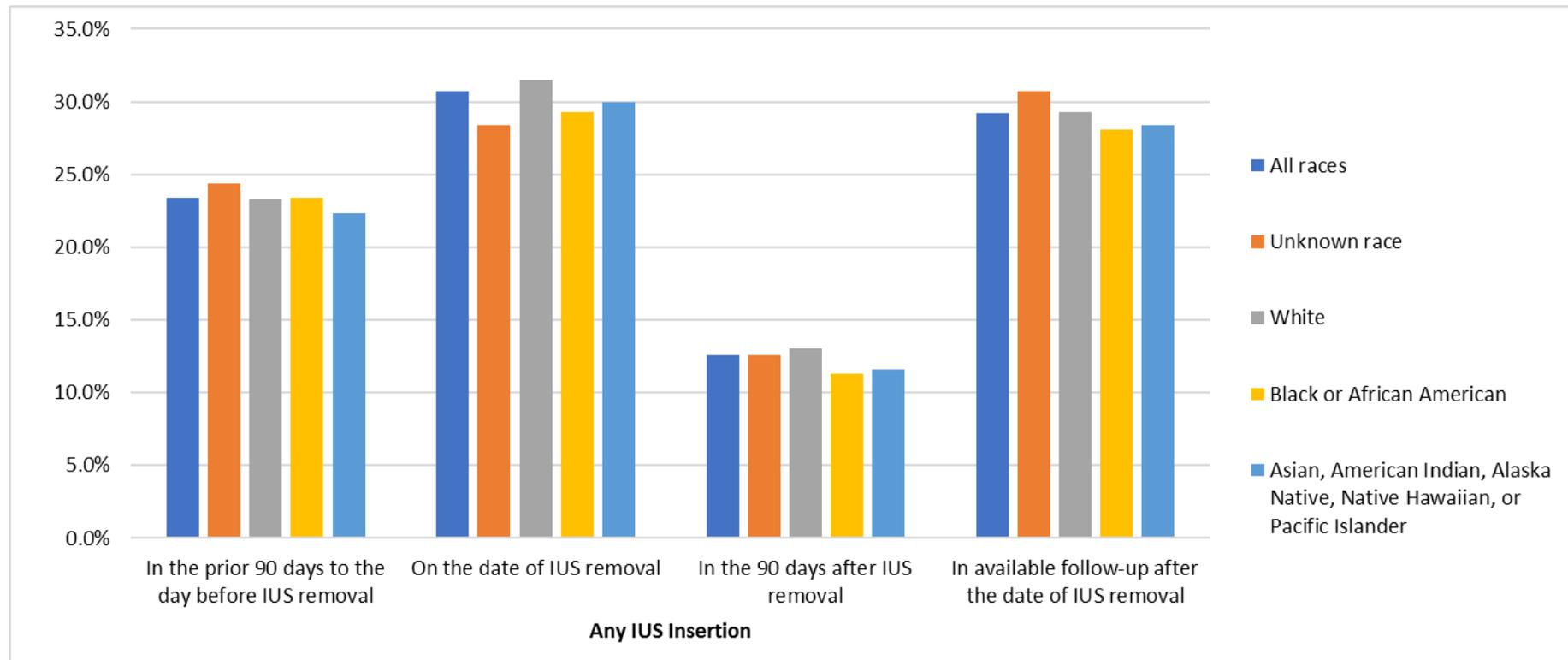
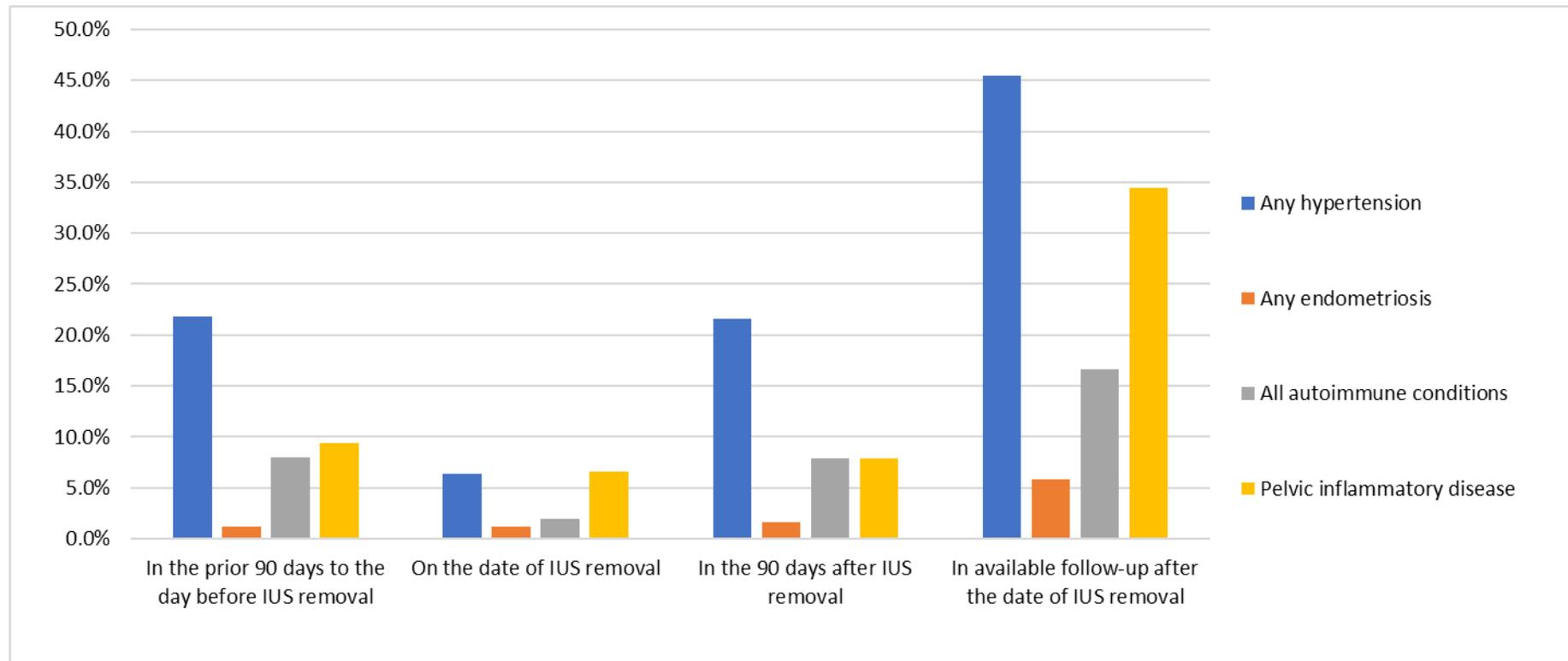


Figure 5. Intrauterine System (IUS) Removal Exposures with Baseline Characteristics in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018

Figure 5b. Proportion of Intrauterine System Removal Exposures with Baseline Characteristics, All Races



¹Medicare does not capture the Native Hawaiian or Other Pacific Islander racial identifier per the Sentinel Common Data Model definition.

²Race is unknown for 10.2% of patients with an IUS removal. See Figure 1 for more details.

This report includes data only from the Centers for Medicare and Medicaid Services (CMS) Data Partner, representing patients with Medicare fee-for-service coverage.

Table 2e. Aggregated Baseline Table for Women with Oral Contraceptive Dispensings in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
Characteristic¹	Number		Number		Number		Number		Number	
Number of exposures	3,735,300		242,301		2,912,096		494,996		85,907	
Number of unique patients	217,702		19,792		150,751		41,571		5,588	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	37	8.3	33	7.8	37	8.3	36	8.3	36	7.8
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
15-19	1,929	0.1%	649	0.3%	955	0.0%	267	0.1%	58	0.1%
20-29	925,386	24.8%	95,690	39.5%	677,099	23.3%	130,157	26.3%	22,440	26.1%
30-39	1,488,677	39.9%	93,995	38.8%	1,160,699	39.9%	197,262	39.9%	36,721	42.7%
40-61	1,319,308	35.3%	51,967	21.4%	1,073,343	36.9%	167,310	33.8%	26,688	31.1%
Sex										
Female	217,702	100.0%	19,792	100.0%	150,751	100.0%	41,571	100.0%	5,588	100.0%
Year										
2010	341,548	9.1%	18,007	7.4%	270,532	9.3%	45,707	9.2%	7,302	8.5%
2011	463,804	12.4%	25,729	10.6%	365,625	12.6%	62,174	12.6%	10,276	12.0%
2012	462,731	12.4%	26,577	11.0%	365,030	12.5%	60,818	12.3%	10,306	12.0%
2013	464,829	12.4%	28,488	11.8%	364,334	12.5%	61,928	12.5%	10,079	11.7%
2014	452,890	12.1%	28,414	11.7%	353,681	12.1%	60,740	12.3%	10,055	11.7%
2015	434,438	11.6%	28,921	11.9%	337,781	11.6%	57,588	11.6%	10,148	11.8%
2016	425,004	11.4%	30,683	12.7%	327,925	11.3%	56,199	11.4%	10,197	11.9%
2017	402,937	10.8%	31,509	13.0%	308,689	10.6%	52,753	10.7%	9,986	11.6%
2018	287,119	7.7%	23,973	9.9%	218,499	7.5%	37,089	7.5%	7,558	8.8%
In the prior 90 days to the day before oral contraceptive dispensing:										
Copper-releasing IUS insertion	219	0.0%	*****	*****	164	0.0%	33	0.0%	*****	*****
Hormone-releasing IUS insertion	1,782	0.0%	178	0.1%	1,220	0.0%	345	0.1%	39	0.0%
Any IUS insertion	15,086	0.4%	1,506	0.6%	10,410	0.4%	2,848	0.6%	322	0.4%

Table 2e. Aggregated Baseline Table for Women with Oral Contraceptive Dispensings in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
IUS removal	8,280	0.2%	939	0.4%	5,771	0.2%	1,408	0.3%	162	0.2%
Any hypertension	586,263	15.7%	33,505	13.8%	408,264	14.0%	131,748	26.6%	12,746	14.8%
Malignant essential hypertension	194,704	5.2%	12,173	5.0%	133,847	4.6%	44,136	8.9%	4,548	5.3%
Benign essential hypertension	331,848	8.9%	18,934	7.8%	229,925	7.9%	75,794	15.3%	7,195	8.4%
Unspecified essential hypertension	466,290	12.5%	26,385	10.9%	325,066	11.2%	105,067	21.2%	9,772	11.4%
Non-essential hypertension	45,979	1.2%	5,270	2.2%	25,841	0.9%	13,030	2.6%	1,838	2.1%
Any endometriosis	23,504	0.6%	1,981	0.8%	18,248	0.6%	2,755	0.6%	520	0.6%
Endometriosis of the uterus	4,369	0.1%	403	0.2%	3,126	0.1%	751	0.2%	89	0.1%
Endometriosis of gynecological organs	5,631	0.2%	485	0.2%	4,384	0.2%	645	0.1%	117	0.1%
Endometriosis of non-gynecological organs	1,504	0.0%	118	0.0%	1,135	0.0%	223	0.0%	28	0.0%
Endometriosis unspecified	16,494	0.4%	1,373	0.6%	13,111	0.5%	1,632	0.3%	378	0.4%
All autoimmune conditions	188,470	5.0%	15,771	6.5%	135,768	4.7%	32,523	6.6%	4,408	5.1%
Rheumatoid arthritis	66,799	1.8%	6,379	2.6%	49,309	1.7%	9,326	1.9%	1,785	2.1%
Lupus	46,636	1.2%	4,450	1.8%	28,267	1.0%	12,272	2.5%	1,647	1.9%
Atopic dermatitis or dermatitis eczema	119,663	3.2%	7,620	3.1%	92,847	3.2%	16,078	3.2%	3,118	3.6%
Allergic urticaria or other urticaria	18,256	0.5%	1,249	0.5%	14,104	0.5%	2,401	0.5%	502	0.6%
Other allergic or inflammatory skin conditions	136,649	3.7%	8,891	3.7%	108,486	3.7%	16,301	3.3%	2,971	3.5%
Pelvic inflammatory disease	146,117	3.9%	11,959	4.9%	98,091	3.4%	33,423	6.8%	2,644	3.1%
Postprocedural fever	548	0.0%	40	0.0%	399	0.0%	95	0.0%	14	0.0%
Gonococcal genitourinary infections	142	0.0%	*****	*****	79	0.0%	*****	*****	*****	*****
Chlamydia trachomatis infection of peritoneum	101	0.0%	*****	*****	66	0.0%	22	0.0%	*****	*****
Uterine perforation or device migration	3,216	0.1%	266	0.1%	2,467	0.1%	411	0.1%	72	0.1%

Table 2e. Aggregated Baseline Table for Women with Oral Contraceptive Dispensings in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Mechanical complications due to intrauterine contraceptive device	831	0.0%	107	0.0%	527	0.0%	170	0.0%	27	0.0%
On the date of oral contraceptive dispensing:										
Copper-releasing IUS insertion	11	0.0%	*****	*****	*****	*****	*****	*****	*****	*****
Hormone-releasing IUS insertion	66	0.0%	11	0.0%	42	0.0%	*****	*****	*****	*****
Any IUS insertion	2,387	0.1%	253	0.1%	1,552	0.1%	522	0.1%	60	0.1%
IUS removal	2,830	0.1%	348	0.1%	1,848	0.1%	568	0.1%	66	0.1%
Any hypertension	25,880	0.7%	1,766	0.7%	16,096	0.6%	7,371	1.5%	647	0.8%
Malignant essential hypertension	8,788	0.2%	604	0.2%	5,477	0.2%	2,485	0.5%	222	0.3%
Benign essential hypertension	13,765	0.4%	885	0.4%	8,588	0.3%	3,969	0.8%	323	0.4%
Unspecified essential hypertension	18,958	0.5%	1,230	0.5%	12,022	0.4%	5,258	1.1%	448	0.5%
Non-essential hypertension	1,970	0.1%	282	0.1%	960	0.0%	636	0.1%	92	0.1%
Any endometriosis	2,271	0.1%	195	0.1%	1,693	0.1%	324	0.1%	59	0.1%
Endometriosis of the uterus	357	0.0%	*****	*****	233	0.0%	73	0.0%	*****	*****
Endometriosis of gynecological organs	410	0.0%	35	0.0%	311	0.0%	51	0.0%	13	0.0%
Endometriosis of non-gynecological organs	85	0.0%	*****	*****	57	0.0%	*****	*****	*****	*****
Endometriosis unspecified	1,499	0.0%	119	0.0%	1,148	0.0%	194	0.0%	38	0.0%
All autoimmune conditions	9,471	0.3%	868	0.4%	6,617	0.2%	1,716	0.3%	270	0.3%
Rheumatoid arthritis	2,840	0.1%	321	0.1%	2,027	0.1%	382	0.1%	110	0.1%
Lupus	2,005	0.1%	199	0.1%	1,086	0.0%	634	0.1%	86	0.1%
Atopic dermatitis or dermatitis eczema	3,154	0.1%	243	0.1%	2,268	0.1%	548	0.1%	95	0.1%
Allergic urticaria or other urticaria	406	0.0%	*****	*****	300	0.0%	60	0.0%	*****	*****
Other allergic or inflammatory skin conditions	4,081	0.1%	337	0.1%	3,024	0.1%	583	0.1%	137	0.2%

Table 2e. Aggregated Baseline Table for Women with Oral Contraceptive Dispensings in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Pelvic inflammatory disease	9,831	0.3%	970	0.4%	5,732	0.2%	2,937	0.6%	192	0.2%
Postprocedural fever	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Gonococcal genitourinary infections	*****	*****	0	0.0%	*****	*****	*****	*****	0	0.0%
Chlamydia trachomatis infection of peritoneum	*****	*****	0	0.0%	*****	*****	*****	*****	0	0.0%
Uterine perforation or device migration	162	0.0%	20	0.0%	100	0.0%	31	0.0%	11	0.0%
Mechanical complications due to intrauterine contraceptive device	135	0.0%	*****	*****	78	0.0%	29	0.0%	*****	*****
In the 90 days after the date of oral contraceptive dispensing:										
Copper-releasing IUS insertion	746	0.0%	*****	*****	557	0.0%	99	0.0%	*****	*****
Hormone-releasing IUS insertion	5,404	0.1%	468	0.2%	4,083	0.1%	740	0.1%	113	0.1%
Any IUS insertion	19,544	0.5%	1,776	0.7%	14,267	0.5%	3,054	0.6%	447	0.5%
IUS removal	1,925	0.1%	209	0.1%	1,346	0.0%	327	0.1%	43	0.1%
Any hypertension	600,013	16.1%	34,145	14.1%	419,446	14.4%	133,336	26.9%	13,086	15.2%
Malignant essential hypertension	215,982	5.8%	13,375	5.5%	149,283	5.1%	48,267	9.8%	5,057	5.9%
Benign essential hypertension	349,159	9.3%	19,997	8.3%	242,671	8.3%	78,812	15.9%	7,679	8.9%
Unspecified essential hypertension	484,018	13.0%	27,201	11.2%	338,895	11.6%	107,740	21.8%	10,182	11.9%
Non-essential hypertension	47,755	1.3%	5,403	2.2%	27,138	0.9%	13,372	2.7%	1,842	2.1%
Any endometriosis	26,483	0.7%	2,050	0.8%	20,768	0.7%	3,107	0.6%	558	0.6%
Endometriosis of the uterus	7,196	0.2%	518	0.2%	5,339	0.2%	1,190	0.2%	149	0.2%
Endometriosis of gynecological organs	6,436	0.2%	514	0.2%	5,146	0.2%	637	0.1%	139	0.2%
Endometriosis of non-gynecological organs	1,571	0.0%	124	0.1%	1,216	0.0%	207	0.0%	24	0.0%
Endometriosis unspecified	17,002	0.5%	1,372	0.6%	13,631	0.5%	1,616	0.3%	383	0.4%
All autoimmune conditions	189,762	5.1%	15,773	6.5%	136,854	4.7%	32,719	6.6%	4,416	5.1%

Table 2e. Aggregated Baseline Table for Women with Oral Contraceptive Dispensings in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Rheumatoid arthritis	67,298	1.8%	6,353	2.6%	49,702	1.7%	9,420	1.9%	1,823	2.1%
Lupus	46,832	1.3%	4,434	1.8%	28,488	1.0%	12,268	2.5%	1,642	1.9%
Atopic dermatitis or dermatitis eczema	119,617	3.2%	7,587	3.1%	92,902	3.2%	16,010	3.2%	3,118	3.6%
Allergic urticaria or other urticaria	18,594	0.5%	1,282	0.5%	14,238	0.5%	2,571	0.5%	503	0.6%
Other allergic or inflammatory skin conditions	138,323	3.7%	8,847	3.7%	109,972	3.8%	16,497	3.3%	3,007	3.5%
Pelvic inflammatory disease	139,017	3.7%	10,905	4.5%	94,416	3.2%	31,264	6.3%	2,432	2.8%
Postprocedural fever	662	0.0%	*****	*****	479	0.0%	122	0.0%	*****	*****
Gonococcal genitourinary infections	152	0.0%	*****	*****	81	0.0%	*****	*****	0	0.0%
Chlamydia trachomatis infection of peritoneum	85	0.0%	15	0.0%	56	0.0%	14	0.0%	0	0.0%
Uterine perforation or device migration	3,128	0.1%	228	0.1%	2,479	0.1%	345	0.1%	76	0.1%
Mechanical complications due to intrauterine contraceptive device	355	0.0%	*****	*****	239	0.0%	65	0.0%	*****	*****
In available follow-up after the date of oral contraceptive dispensing:										
Copper-releasing IUS insertion	10,349	0.3%	978	0.4%	8,090	0.3%	1,145	0.2%	136	0.2%
Hormone-releasing IUS insertion	73,460	2.0%	5,562	2.3%	57,409	2.0%	9,156	1.8%	1,333	1.6%
Any IUS insertion	223,326	6.0%	17,809	7.3%	169,215	5.8%	31,936	6.5%	4,366	5.1%
IUS removal	58,429	1.6%	5,104	2.1%	44,394	1.5%	7,921	1.6%	1,010	1.2%
Any hypertension	1,679,209	45.0%	94,788	39.1%	1,252,732	43.0%	295,658	59.7%	36,031	41.9%
Malignant essential hypertension	1,435,689	38.4%	79,338	32.7%	1,069,612	36.7%	256,407	51.8%	30,332	35.3%
Benign essential hypertension	1,514,648	40.5%	84,580	34.9%	1,126,986	38.7%	270,946	54.7%	32,136	37.4%
Unspecified essential hypertension	1,622,428	43.4%	90,829	37.5%	1,209,624	41.5%	287,350	58.1%	34,625	40.3%
Non-essential hypertension	264,426	7.1%	19,302	8.0%	179,059	6.1%	59,289	12.0%	6,776	7.9%

Table 2e. Aggregated Baseline Table for Women with Oral Contraceptive Dispensings in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Any endometriosis	157,895	4.2%	10,488	4.3%	125,633	4.3%	18,933	3.8%	2,841	3.3%
Endometriosis of the uterus	69,200	1.9%	4,443	1.8%	53,050	1.8%	10,545	2.1%	1,162	1.4%
Endometriosis of gynecological organs	50,143	1.3%	3,344	1.4%	41,402	1.4%	4,471	0.9%	926	1.1%
Endometriosis of non-gynecological organs	13,428	0.4%	884	0.4%	10,927	0.4%	1,450	0.3%	167	0.2%
Endometriosis unspecified	95,974	2.6%	6,463	2.7%	78,639	2.7%	9,104	1.8%	1,768	2.1%
All autoimmune conditions	462,598	12.4%	35,498	14.7%	347,155	11.9%	70,085	14.2%	9,860	11.5%
Rheumatoid arthritis	207,828	5.6%	16,730	6.9%	156,339	5.4%	30,117	6.1%	4,642	5.4%
Lupus	135,203	3.6%	10,599	4.4%	95,074	3.3%	26,100	5.3%	3,430	4.0%
Atopic dermatitis or dermatitis eczema	977,537	26.2%	54,070	22.3%	784,638	26.9%	116,528	23.5%	22,301	26.0%
Allergic urticaria or other urticaria	187,641	5.0%	12,119	5.0%	147,261	5.1%	23,731	4.8%	4,530	5.3%
Other allergic or inflammatory skin conditions	997,181	26.7%	58,391	24.1%	802,067	27.5%	115,554	23.3%	21,169	24.6%
Pelvic inflammatory disease	974,589	26.1%	68,262	28.2%	709,347	24.4%	179,195	36.2%	17,785	20.7%
Postprocedural fever	10,663	0.3%	761	0.3%	7,623	0.3%	2,056	0.4%	223	0.3%
Gonococcal genitourinary infections	1,423	0.0%	84	0.0%	806	0.0%	521	0.1%	12	0.0%
Chlamydia trachomatis infection of peritoneum	1,980	0.1%	242	0.1%	1,170	0.0%	548	0.1%	20	0.0%
Uterine perforation or device migration	47,517	1.3%	3,198	1.3%	37,895	1.3%	5,337	1.1%	1,087	1.3%
Mechanical complications due to intrauterine contraceptive device	8,993	0.2%	769	0.3%	6,517	0.2%	1,591	0.3%	116	0.1%

¹All metrics are based on total number of episodes per group, except for sex and race which is based on total number of unique members.

*This report includes data only from the Centers for Medicare and Medicaid Services (CMS) Data Partner, representing patients with Medicare fee-for-service coverage.

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

Table 2f. Aggregated Baseline Table for Women with Intrauterine System (IUS) Insertions, Intrauterine System Removals, or Oral Contraceptive Dispensings in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
Characteristic¹	Number		Number		Number		Number		Number	
Number of exposures	3,972,151		267,023		3,063,243		549,322		92,563	
Number of unique patients	296,727		27,520		200,446		60,823		7,938	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	37	8.4	34	8.0	37	8.3	36	8.4	36	7.9
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
15-19	2,142	0.1%	714	0.3%	1,074	0.0%	294	0.1%	60	0.1%
20-29	991,294	25.0%	105,709	39.6%	715,608	23.4%	145,695	26.5%	24,282	26.2%
30-39	1,579,537	39.8%	102,780	38.5%	1,219,182	39.8%	218,129	39.7%	39,446	42.6%
40-61	1,399,178	35.2%	57,820	21.7%	1,127,379	36.8%	185,204	33.7%	28,775	31.1%
Sex										
Female	296,727	100.0%	27,520	100.0%	200,446	100.0%	60,823	100.0%	7,938	100.0%
Year										
2010	356,851	9.0%	19,202	7.2%	280,572	9.2%	49,399	9.0%	7,678	8.3%
2011	487,022	12.3%	27,665	10.4%	380,750	12.4%	67,668	12.3%	10,939	11.8%
2012	489,949	12.3%	29,045	10.9%	382,574	12.5%	67,316	12.3%	11,014	11.9%
2013	494,685	12.5%	31,166	11.7%	383,551	12.5%	69,077	12.6%	10,891	11.8%
2014	482,451	12.1%	31,376	11.8%	372,399	12.2%	67,766	12.3%	10,910	11.8%
2015	464,228	11.7%	32,239	12.1%	356,527	11.6%	64,426	11.7%	11,036	11.9%
2016	453,419	11.4%	33,909	12.7%	346,072	11.3%	62,420	11.4%	11,018	11.9%
2017	433,437	10.9%	35,480	13.3%	327,758	10.7%	59,339	10.8%	10,860	11.7%
2018	310,109	7.8%	26,941	10.1%	233,040	7.6%	41,911	7.6%	8,217	8.9%
Distribution of codes observed among the total number of unique patients²:										
Copper-releasing IUS insertion	4,669	0.1%	631	0.2%	3,148	0.1%	764	0.1%	126	0.1%
Hormone-releasing IUS insertion	29,686	0.7%	2,781	1.0%	20,458	0.7%	5,730	1.0%	717	0.8%
Non-specific IUS insertion ³	260,648	6.6%	27,457	10.3%	166,763	5.4%	59,140	10.8%	7,288	7.9%

Table 2f. Aggregated Baseline Table for Women with Intrauterine System (IUS) Insertions, Intrauterine System Removals, or Oral Contraceptive Dispensings in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018, by Race

	All Races		Unknown Race		White		Black or African American		Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
IUS removal	75,482	1.9%	7,790	2.9%	49,987	1.6%	15,690	2.9%	2,015	2.2%
Oral contraceptive dispensing	3,736,199	94.1%	242,363	90.8%	2,912,803	95.1%	495,111	90.1%	85,922	92.8%

¹All metrics are based on total number of episodes per group, except for sex and race which are based on total number of unique members.

²The distribution outputs the total occurrences of codes per exposure group. Patients may have had multiple exposures on the same day, and thus would be counted multiple times in this distribution. E.g if a patient had an insertion code and a removal code on the same day, this patient would have one exposure episode but would have contributed 2 codes to the code distribution analysis.

³Non-specific IUS insertions refer to codes that are not specifically labeled as copper-releasing or hormone-releasing.

*This report includes data only from the Centers for Medicare and Medicaid Services (CMS) Data Partner, representing patients with Medicare fee-for-service coverage.

Figure 6. Baseline Characteristics among Intrauterine System (IUS) Insertion and Removal Exposures in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018

Figure 6a. Proportion of Intrauterine System Insertion and Removal Exposures with Any Hypertension, All Races

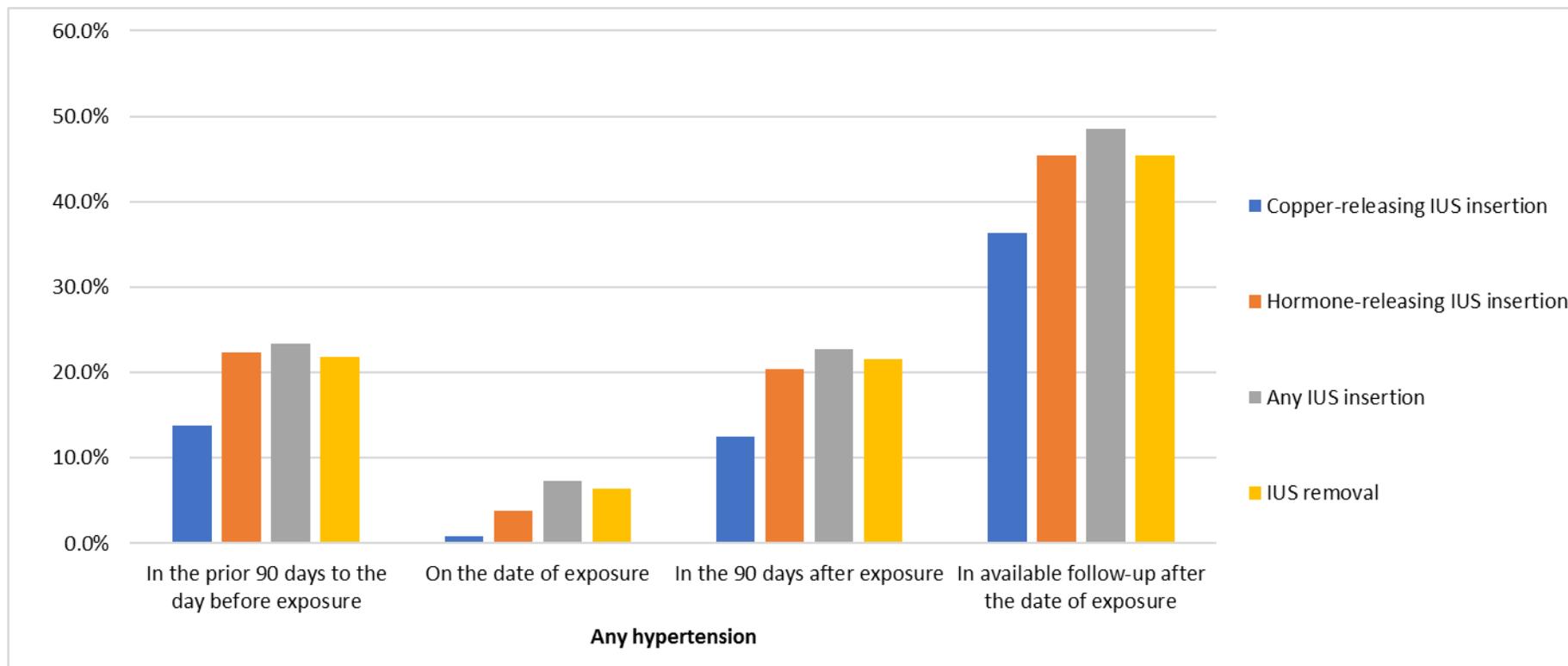


Figure 6. Baseline Characteristics among Intrauterine System (IUS) Insertion and Removal Exposures in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018

Figure 6b. Proportion of Intrauterine System Insertion and Removal Exposures with Any Endometriosis, All Races

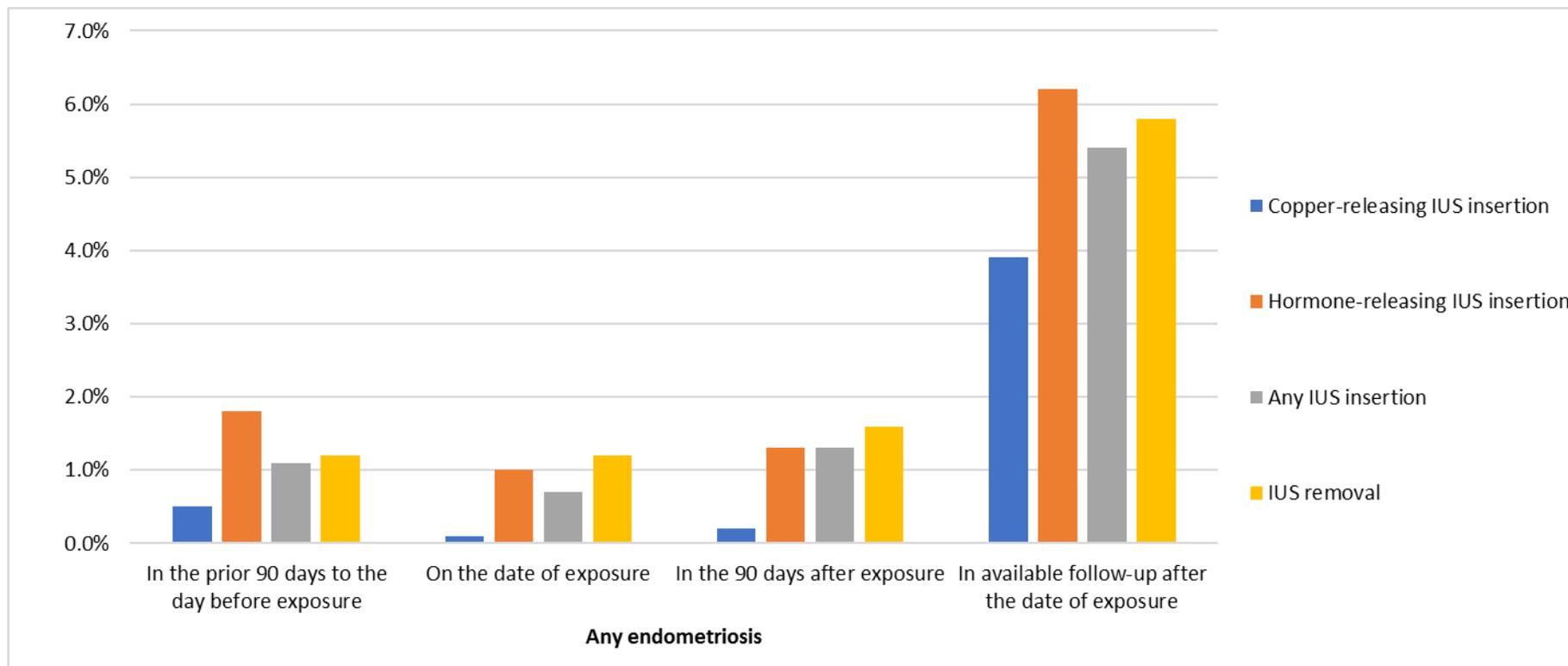


Figure 6. Baseline Characteristics among Intrauterine System (IUS) Insertion and Removal Exposures in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018

Figure 6c. Proportion of Intrauterine System Insertion and Removal Exposures with All Autoimmune Conditions, All Races

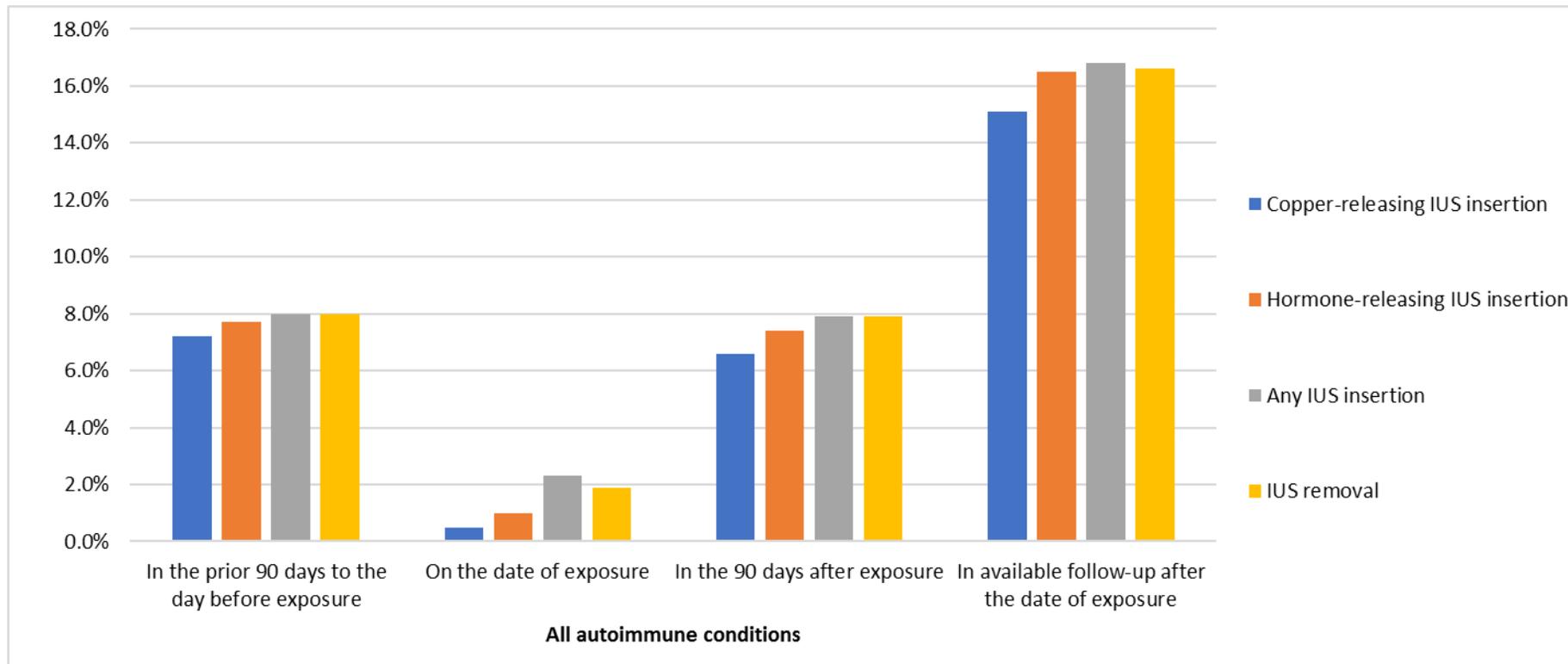
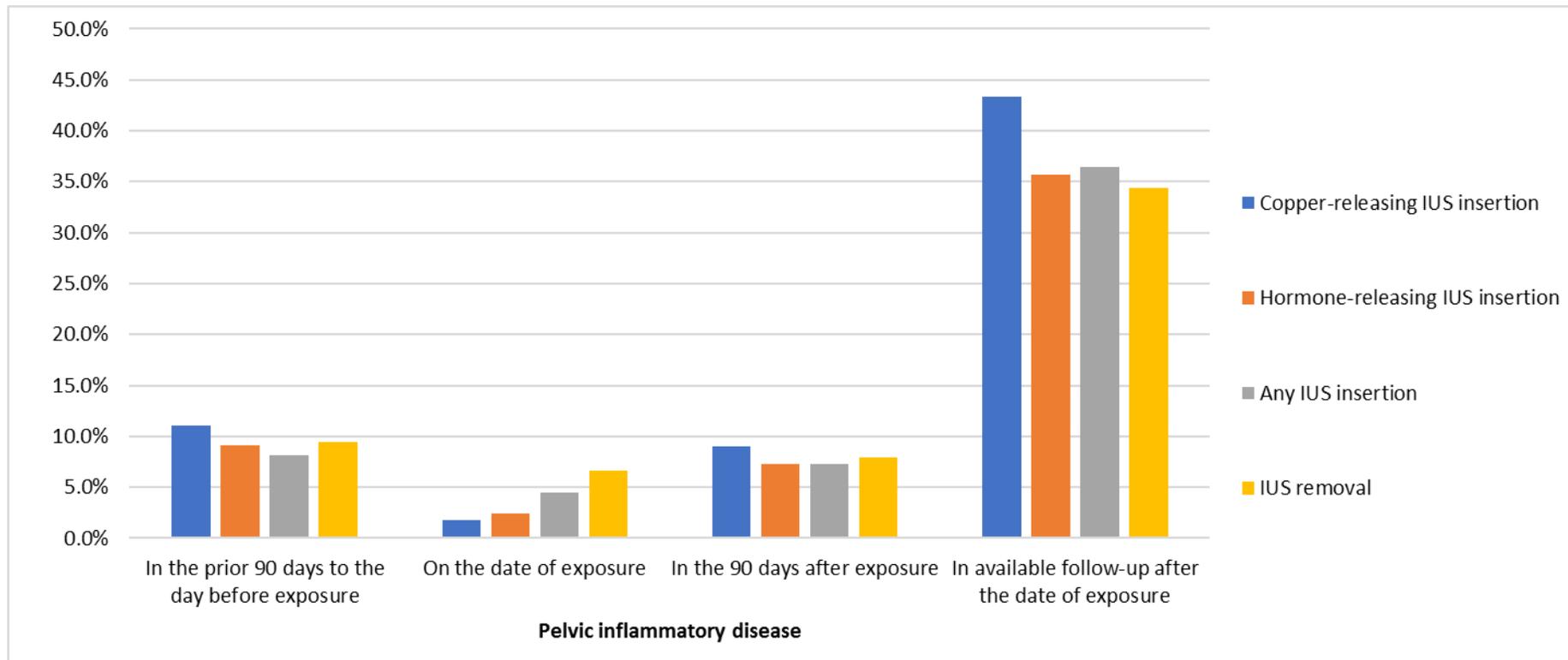


Figure 6. Baseline Characteristics among Intrauterine System (IUS) Insertion and Removal Exposures in the Medicare Fee-for-Service Program in the Sentinel Distributed Database (SDD) between January 1, 2010 and December 31, 2018

Figure 6d. Proportion of Intrauterine System Insertion and Removal Exposures with Pelvic Inflammatory Disease, All Races



This report includes data only from the Centers for Medicare and Medicaid Services (CMS) Data Partner, representing patients with Medicare fee-for-service coverage.

Appendix A. Start and End Dates for Each Data Partner (DP) up to the Request Distribution Date (September 5, 2019)

DP ID	Start Date¹	End Date¹
DP01	01/01/2010	12/31/2018

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

Appendix B. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and Procedure Coding System (ICD-10-PCS), HealthCare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Exposure Episodes in this Request

Code	Description	Code Category	Code Type
Copper-Releasing Intrauterine System (IUS) Insertion			
J7300	Intrauterine copper contraceptive	Procedure	HCPCS
Hormone-Releasing Intrauterine System (IUS) Insertion			
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	Procedure	HCPCS
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	Procedure	HCPCS
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	Procedure	HCPCS
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	Procedure	HCPCS
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	Procedure	HCPCS
Q0090	Levonorgestrel-releasing intrauterine contraceptive system, (Skyla), 13.5 mg	Procedure	HCPCS
Q9984	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg	Procedure	HCPCS
S4980	Levonorgestrel - releasing intrauterine system, each	Procedure	HCPCS
S4981	Insertion of levonorgestrel-releasing intrauterine system	Procedure	HCPCS
Any Intrauterine System (IUS) Insertion			
V25.02	General counseling for initiation of other contraceptive measures	Diagnosis	ICD-9-CM
V25.11	Encounter for insertion of intrauterine contraceptive device	Diagnosis	ICD-9-CM
V25.13	Encounter for removal and reinsertion of intrauterine contraceptive device	Diagnosis	ICD-9-CM
V25.42	Surveillance of previously prescribed intrauterine contraceptive device	Diagnosis	ICD-9-CM
V45.51	Presence of intrauterine contraceptive device	Diagnosis	ICD-9-CM
V45.59	Presence of other contraceptive device	Diagnosis	ICD-9-CM
Z30.014	Encounter for initial prescription of intrauterine contraceptive device	Diagnosis	ICD-10-CM
Z30.019	Encounter for initial prescription of contraceptives, unspecified	Diagnosis	ICD-10-CM
Z30.430	Encounter for insertion of intrauterine contraceptive device	Diagnosis	ICD-10-CM
Z30.431	Encounter for routine checking of intrauterine contraceptive device	Diagnosis	ICD-10-CM
Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device	Diagnosis	ICD-10-CM
Z97.5	Presence of (intrauterine) contraceptive device	Diagnosis	ICD-10-CM
69.7	Insertion of intrauterine contraceptive device	Procedure	ICD-9-CM
0UH90HZ	Insertion of Contraceptive Device into Uterus, Open Approach	Procedure	ICD-10-PCS
0UH97HZ	Insertion of Contraceptive Device into Uterus, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0UH98HZ	Insertion of Contraceptive Device into Uterus, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0UHCPCS7HZ	Insertion of Contraceptive Device into Cervix, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0UHCPCS8HZ	Insertion of Contraceptive Device into Cervix, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
58300	Insertion of intrauterine device (IUD)	Procedure	CPT-4
11981	Insertion, non-biodegradable drug delivery implant	Procedure	CPT-4
J7300	Intrauterine copper contraceptive	Procedure	HCPCS
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	Procedure	HCPCS
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	Procedure	HCPCS
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	Procedure	HCPCS
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	Procedure	HCPCS

Appendix B. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and Procedure Coding System (ICD-10-PCS), HealthCare Common Procedure Coding System (HCPCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Exposure Episodes in this Request

Code	Description	Code Category	Code Type
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	Procedure	HCPCS
Q0090	Levonorgestrel-releasing intrauterine contraceptive system, (Skyla), 13.5 mg	Procedure	HCPCS
Q9984	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg	Procedure	HCPCS
S4980	Levonorgestrel - releasing intrauterine system, each	Procedure	HCPCS
S4981	Insertion of levonorgestrel-releasing intrauterine system	Procedure	HCPCS
Intrauterine System (IUS) Removal			
V25.12	Encounter for removal of intrauterine contraceptive device	Diagnosis	ICD-9-CM
Z30.432	Encounter for removal of intrauterine contraceptive device	Diagnosis	ICD-10-CM
97.71	Removal of intrauterine contraceptive device	Procedure	ICD-9-CM
97.79	Removal of other device from genital tract	Procedure	ICD-9-CM
0UPD7HZ	Removal of Contraceptive Device from Uterus and Cervix, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0UPD8HZ	Removal of Contraceptive Device from Uterus and Cervix, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0UPD0HZ	Removal of Contraceptive Device from Uterus and Cervix, Open Approach	Procedure	ICD-10-PCS
0UPD3HZ	Removal of Contraceptive Device from Uterus and Cervix, Percutaneous Approach	Procedure	ICD-10-PCS
0UPD4HZ	Removal of Contraceptive Device from Uterus and Cervix, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0UPDXHZ	Removal of Contraceptive Device from Uterus and Cervix, External Approach	Procedure	ICD-10-PCS
11982	Removal, non-biodegradable drug delivery implant	Procedure	CPT-4
58301	Removal of intrauterine device (IUD)	Procedure	CPT-4

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

Generic Name	Brand Name
Oral Contraceptive	
desogestrel-ethinyl estradiol	Apri
desogestrel-ethinyl estradiol	Caziant (28)
desogestrel-ethinyl estradiol	Cesia (28)
desogestrel-ethinyl estradiol	Cyclessa (28)
desogestrel-ethinyl estradiol	Cyred
desogestrel-ethinyl estradiol	Cyred EQ
desogestrel-ethinyl estradiol	Desogen
desogestrel-ethinyl estradiol	desogestrel-ethinyl estradiol
desogestrel-ethinyl estradiol	Emoquette
desogestrel-ethinyl estradiol	Enskyce
desogestrel-ethinyl estradiol	Isibloom
desogestrel-ethinyl estradiol	Juleber
desogestrel-ethinyl estradiol	Ortho-Cept (28)
desogestrel-ethinyl estradiol	Reclipsen (28)
desogestrel-ethinyl estradiol	Solia
desogestrel-ethinyl estradiol	Velivet Triphasic Regimen (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Azurette (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Bekyree (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	desog-e.estradiol/e.estradiol
desogestrel-ethinyl estradiol/ethinyl estradiol	Kariva (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Kimidess (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Mircette (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Pimtrea (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Simliya (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Viorele (28)
drospirenone/ethinyl estradiol/levomefolate calcium	Beyaz
drospirenone/ethinyl estradiol/levomefolate calcium	drospirenone-e.estradiol-lm.FA
drospirenone/ethinyl estradiol/levomefolate calcium	Rajani
drospirenone/ethinyl estradiol/levomefolate calcium	Safyral
drospirenone/ethinyl estradiol/levomefolate calcium	Tydemy
estradiol valerate/dienogest	Natazia
ethinyl estradiol/drospirenone	drospirenone-ethinyl estradiol
ethinyl estradiol/drospirenone	Gianvi (28)
ethinyl estradiol/drospirenone	Jasmiel (28)
ethinyl estradiol/drospirenone	Loryna (28)
ethinyl estradiol/drospirenone	Nikki (28)
ethinyl estradiol/drospirenone	Ocella
ethinyl estradiol/drospirenone	Syeda
ethinyl estradiol/drospirenone	Vestura (28)
ethinyl estradiol/drospirenone	Yasmin (28)
ethinyl estradiol/drospirenone	YAZ (28)
ethinyl estradiol/drospirenone	Zarah
ethynodiol diacetate-ethinyl estradiol	Demulen 1/35 (28)
ethynodiol diacetate-ethinyl estradiol	Demulen 1/50 (28)

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

Generic Name	Brand Name
ethynodiol diacetate-ethinyl estradiol	ethynodiol diac-eth estradiol
ethynodiol diacetate-ethinyl estradiol	Kelnor 1/35 (28)
ethynodiol diacetate-ethinyl estradiol	Kelnor 1-50
ethynodiol diacetate-ethinyl estradiol	Zovia 1/35E (28)
ethynodiol diacetate-ethinyl estradiol	Zovia 1/50E (28)
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Amethia
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Amethia Lo
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Ashlyna
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Camrese
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Camrese Lo
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Daysee
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Fayosim
levonorgestrel/ethinyl estradiol and ethinyl estradiol	L norgest/e.estradiol-e.estradiol
levonorgestrel/ethinyl estradiol and ethinyl estradiol	LoSeasonique
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Quartette
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Rivelsa
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Seasonique
levonorgestrel/ethinyl estradiol/ferrous bisglycinate	Balcoltra
levonorgestrel-ethinyl estradiol	Alesse (28)
levonorgestrel-ethinyl estradiol	Altavera (28)
levonorgestrel-ethinyl estradiol	Amethyst (28)
levonorgestrel-ethinyl estradiol	Aubra
levonorgestrel-ethinyl estradiol	Aubra EQ
levonorgestrel-ethinyl estradiol	Aviane
levonorgestrel-ethinyl estradiol	Chateal (28)
levonorgestrel-ethinyl estradiol	Chateal EQ (28)
levonorgestrel-ethinyl estradiol	Delyla (28)
levonorgestrel-ethinyl estradiol	Enpresse
levonorgestrel-ethinyl estradiol	Falmina (28)
levonorgestrel-ethinyl estradiol	Introvale
levonorgestrel-ethinyl estradiol	Jolessa
levonorgestrel-ethinyl estradiol	Kurvelo (28)
levonorgestrel-ethinyl estradiol	Larissia
levonorgestrel-ethinyl estradiol	Lessina
levonorgestrel-ethinyl estradiol	Levlen (28)
levonorgestrel-ethinyl estradiol	Levlite (28)
levonorgestrel-ethinyl estradiol	Levonest (28)
levonorgestrel-ethinyl estradiol	levonorgestrel-ethinyl estradiol
levonorgestrel-ethinyl estradiol	levonorg-eth estradiol triphasic
levonorgestrel-ethinyl estradiol	Levora 0.15/30 (28)
levonorgestrel-ethinyl estradiol	Levora-28
levonorgestrel-ethinyl estradiol	Lillow (28)
levonorgestrel-ethinyl estradiol	Lutera (28)
levonorgestrel-ethinyl estradiol	Lybrel (28)
levonorgestrel-ethinyl estradiol	Marlissa (28)

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

Generic Name	Brand Name
levonorgestrel-ethinyl estradiol	Myzilra
levonorgestrel-ethinyl estradiol	Nordette (28)
levonorgestrel-ethinyl estradiol	Nordette-8
levonorgestrel-ethinyl estradiol	Orsythia
levonorgestrel-ethinyl estradiol	Portia 28
levonorgestrel-ethinyl estradiol	Quasense
levonorgestrel-ethinyl estradiol	Seasonale (91)
levonorgestrel-ethinyl estradiol	Setlakin
levonorgestrel-ethinyl estradiol	Sronyx
levonorgestrel-ethinyl estradiol	Tri-Levlen (28)
levonorgestrel-ethinyl estradiol	Triphasil (28)
levonorgestrel-ethinyl estradiol	Trivora (28)
levonorgestrel-ethinyl estradiol	Vienna
norethindrone	Camila
norethindrone	Deblitane
norethindrone	Errin
norethindrone	Heather
norethindrone	Incassia
norethindrone	Jencycla
norethindrone	Jolivette
norethindrone	Lyza
norethindrone	Micronor (28)
norethindrone	Nora-BE
norethindrone	norethindrone (contraceptive)
norethindrone	Norlyda
norethindrone	Norlyroc
norethindrone	Nor-Q-D
norethindrone	Ortho Micronor
norethindrone	Sharobel
norethindrone	Tulana
norethindrone acetate-ethinyl estradiol	Aurovela 1.5/30 (21)
norethindrone acetate-ethinyl estradiol	Aurovela 1/20 (21)
norethindrone acetate-ethinyl estradiol	Gildess 1.5/30 (21)
norethindrone acetate-ethinyl estradiol	Gildess 1/20 (21)
norethindrone acetate-ethinyl estradiol	Junel 1.5/30 (21)
norethindrone acetate-ethinyl estradiol	Junel 1/20 (21)
norethindrone acetate-ethinyl estradiol	Larin 1.5/30 (21)
norethindrone acetate-ethinyl estradiol	Larin 1/20 (21)
norethindrone acetate-ethinyl estradiol	Loestrin 1.5/30 (21)
norethindrone acetate-ethinyl estradiol	Loestrin 1/20 (21)
norethindrone acetate-ethinyl estradiol	Microgestin 1.5/30 (21)
norethindrone acetate-ethinyl estradiol	Microgestin 1/20 (21)
norethindrone acetate-ethinyl estradiol	norethindrone ac-eth estradiol
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Aurovela 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Aurovela Fe 1-20 (28)

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

Generic Name	Brand Name
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Blisovi 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Blisovi Fe 1.5/30 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Blisovi Fe 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Estrostep Fe-28
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Gildess 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Gildess FE 1.5/30 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Gildess FE 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Hailey 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Junel FE 1.5/30 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Junel FE 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Junel Fe 24
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Larin 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Larin Fe 1.5/30 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Larin Fe 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Lo Loestrin Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Lo Minastrin Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Loestrin 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Loestrin Fe 1.5/30 (28-Day)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Loestrin Fe 1/20 (28-Day)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Lomedia 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Melodetta 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Mibelas 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Microgestin 24 FE
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Microgestin Fe 1.5/30 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Microgestin FE 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Minastrin 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	norethindrone-e.estradiol-iron
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Tarina 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Tarina Fe 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Tarina Fe 1-20 EQ (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Taytulla
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Tilia Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Tri-Legest Fe
norethindrone-ethinyl estradiol	Alyacen 1/35 (28)
norethindrone-ethinyl estradiol	Alyacen 7/7/7 (28)
norethindrone-ethinyl estradiol	Aranelle (28)
norethindrone-ethinyl estradiol	Balziva (28)
norethindrone-ethinyl estradiol	Brevicon (28)
norethindrone-ethinyl estradiol	Briellyn
norethindrone-ethinyl estradiol	Cyclafem 1/35 (28)
norethindrone-ethinyl estradiol	Cyclafem 7/7/7 (28)
norethindrone-ethinyl estradiol	Dasetta 1/35 (28)
norethindrone-ethinyl estradiol	Dasetta 7/7/7 (28)
norethindrone-ethinyl estradiol	Gildagia
norethindrone-ethinyl estradiol	Leena 28

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

Generic Name	Brand Name
norethindrone-ethinyl estradiol	Modicon (28)
norethindrone-ethinyl estradiol	Necon 0.5/35 (28)
norethindrone-ethinyl estradiol	Necon 1/35 (28)
norethindrone-ethinyl estradiol	Necon 10/11 (28)
norethindrone-ethinyl estradiol	Necon 7/7/7 (28)
norethindrone-ethinyl estradiol	Norinyl 1/35 (28)
norethindrone-ethinyl estradiol	Nortrel 0.5/35 (28)
norethindrone-ethinyl estradiol	Nortrel 1/35 (21)
norethindrone-ethinyl estradiol	Nortrel 1/35 (28)
norethindrone-ethinyl estradiol	Nortrel 7/7/7 (28)
norethindrone-ethinyl estradiol	Ortho-Novum 1/35 (28)
norethindrone-ethinyl estradiol	Ortho-Novum 7/7/7 (21)
norethindrone-ethinyl estradiol	Ortho-Novum 7/7/7 (28)
norethindrone-ethinyl estradiol	Ovcon-35 (21)
norethindrone-ethinyl estradiol	Ovcon-35 (28)
norethindrone-ethinyl estradiol	Ovcon-50 (28)
norethindrone-ethinyl estradiol	Philith
norethindrone-ethinyl estradiol	Pirmella
norethindrone-ethinyl estradiol	Tri-Norinyl (28)
norethindrone-ethinyl estradiol	Vyfemla (28)
norethindrone-ethinyl estradiol	Wera (28)
norethindrone-ethinyl estradiol	Zenchent (28)
norethindrone-ethinyl estradiol/ferrous fumarate	Femcon Fe
norethindrone-ethinyl estradiol/ferrous fumarate	Generess Fe
norethindrone-ethinyl estradiol/ferrous fumarate	Kaitlib Fe
norethindrone-ethinyl estradiol/ferrous fumarate	Layolis Fe
norethindrone-ethinyl estradiol/ferrous fumarate	noreth-ethinyl estradiol-iron
norethindrone-ethinyl estradiol/ferrous fumarate	Wymzya Fe
norethindrone-ethinyl estradiol/ferrous fumarate	Zenchent Fe
norethindrone-ethinyl estradiol/ferrous fumarate	Zeosa
norethindrone-mestranol	Necon 1/50 (28)
norethindrone-mestranol	Norinyl 1+50 (28)
norethindrone-mestranol	Ortho-Novum 1/50 (28)
norgestimate-ethinyl estradiol	Estarylla
norgestimate-ethinyl estradiol	Femynor
norgestimate-ethinyl estradiol	Mili
norgestimate-ethinyl estradiol	Mono-Linyah
norgestimate-ethinyl estradiol	Mononessa (28)
norgestimate-ethinyl estradiol	norgestimate-ethinyl estradiol
norgestimate-ethinyl estradiol	Ortho Tri-Cyclen (28)
norgestimate-ethinyl estradiol	Ortho Tri-Cyclen LO (28)
norgestimate-ethinyl estradiol	Ortho-Cyclen (28)
norgestimate-ethinyl estradiol	Previfem
norgestimate-ethinyl estradiol	Sprintec (28)
norgestimate-ethinyl estradiol	Tri Femynor

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

Generic Name	Brand Name
norgestimate-ethinyl estradiol	Tri-Estarylla
norgestimate-ethinyl estradiol	Tri-Linyah
norgestimate-ethinyl estradiol	Tri-Lo-Estarylla
norgestimate-ethinyl estradiol	Tri-Lo-Marzia
norgestimate-ethinyl estradiol	Tri-Lo-Sprintec
norgestimate-ethinyl estradiol	Tri-Mili
norgestimate-ethinyl estradiol	TriNessa (28)
norgestimate-ethinyl estradiol	TriNessa Lo
norgestimate-ethinyl estradiol	Tri-Previfem (28)
norgestimate-ethinyl estradiol	Tri-Sprintec (28)
norgestimate-ethinyl estradiol	Tri-VyLibra
norgestimate-ethinyl estradiol	Tri-VyLibra Lo
norgestimate-ethinyl estradiol	VyLibra
norgestrel-ethinyl estradiol	Cryselle (28)
norgestrel-ethinyl estradiol	Elinest
norgestrel-ethinyl estradiol	Lo-Ovral (21)
norgestrel-ethinyl estradiol	Lo-Ovral (28)
norgestrel-ethinyl estradiol	Lo-Ovral (8)
norgestrel-ethinyl estradiol	Low-Ogestrel (28)
norgestrel-ethinyl estradiol	norgestrel-ethinyl estradiol
norgestrel-ethinyl estradiol	Ogestrel (28)
norgestrel-ethinyl estradiol	Ovral (21)
norgestrel-ethinyl estradiol	Ovral (28)

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	279.0	Deficiency of humoral immunity	Diagnosis	ICD-9-CM
All autoimmune conditions	279.00	Unspecified hypogammaglobulinemia	Diagnosis	ICD-9-CM
All autoimmune conditions	279.01	Selective IgA immunodeficiency	Diagnosis	ICD-9-CM
All autoimmune conditions	279.02	Selective IgM immunodeficiency	Diagnosis	ICD-9-CM
All autoimmune conditions	279.03	Other selective immunoglobulin deficiencies	Diagnosis	ICD-9-CM
All autoimmune conditions	279.04	Congenital hypogammaglobulinemia	Diagnosis	ICD-9-CM
All autoimmune conditions	279.05	Immunodeficiency with increased IgM	Diagnosis	ICD-9-CM
All autoimmune conditions	279.06	Common variable immunodeficiency	Diagnosis	ICD-9-CM
All autoimmune conditions	279.09	Other deficiency of humoral immunity	Diagnosis	ICD-9-CM
All autoimmune conditions	279.11	DiGeorge's syndrome	Diagnosis	ICD-9-CM
All autoimmune conditions	279.12	Wiskott-Aldrich syndrome	Diagnosis	ICD-9-CM
All autoimmune conditions	279.13	Nezelof's syndrome	Diagnosis	ICD-9-CM
All autoimmune conditions	279.2	Combined immunity deficiency	Diagnosis	ICD-9-CM
All autoimmune conditions	279.3	Unspecified immunity deficiency	Diagnosis	ICD-9-CM
All autoimmune conditions	279.4	Autoimmune disease, not elsewhere classified	Diagnosis	ICD-9-CM
All autoimmune conditions	279.41	Autoimmune lymphoproliferative syndrome	Diagnosis	ICD-9-CM
All autoimmune conditions	279.49	Autoimmune disease, not elsewhere classified	Diagnosis	ICD-9-CM
All autoimmune conditions	279.8	Other specified disorders involving the immune mechanism	Diagnosis	ICD-9-CM
All autoimmune conditions	279.9	Unspecified disorder of immune mechanism	Diagnosis	ICD-9-CM
All autoimmune conditions	340	Multiple sclerosis	Diagnosis	ICD-9-CM
All autoimmune conditions	D80.0	Hereditary hypogammaglobulinemia	Diagnosis	ICD-10-CM
All autoimmune conditions	D80.1	Nonfamilial hypogammaglobulinemia	Diagnosis	ICD-10-CM
All autoimmune conditions	D80.2	Selective deficiency of immunoglobulin A [IgA]	Diagnosis	ICD-10-CM
All autoimmune conditions	D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses	Diagnosis	ICD-10-CM
All autoimmune conditions	D80.4	Selective deficiency of immunoglobulin M [IgM]	Diagnosis	ICD-10-CM
All autoimmune conditions	D80.5	Immunodeficiency with increased immunoglobulin M [IgM]	Diagnosis	ICD-10-CM
All autoimmune conditions	D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia	Diagnosis	ICD-10-CM
All autoimmune conditions	D80.7	Transient hypogammaglobulinemia of infancy	Diagnosis	ICD-10-CM
All autoimmune conditions	D80.8	Other immunodeficiencies with predominantly antibody defects	Diagnosis	ICD-10-CM
All autoimmune conditions	D80.9	Immunodeficiency with predominantly antibody defects, unspecified	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis	Diagnosis	ICD-10-CM
All autoimmune conditions	D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers	Diagnosis	ICD-10-CM
All autoimmune conditions	D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers	Diagnosis	ICD-10-CM
All autoimmune conditions	D81.4	Nezelof's syndrome	Diagnosis	ICD-10-CM
All autoimmune conditions	D81.6	Major histocompatibility complex class I deficiency	Diagnosis	ICD-10-CM
All autoimmune conditions	D81.7	Major histocompatibility complex class II deficiency	Diagnosis	ICD-10-CM
All autoimmune conditions	D81.89	Other combined immunodeficiencies	Diagnosis	ICD-10-CM
All autoimmune conditions	D81.9	Combined immunodeficiency, unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	D82.0	Wiskott-Aldrich syndrome	Diagnosis	ICD-10-CM
All autoimmune conditions	D82.1	Di George's syndrome	Diagnosis	ICD-10-CM
All autoimmune conditions	D82.2	Immunodeficiency with short-limbed stature	Diagnosis	ICD-10-CM
All autoimmune conditions	D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus	Diagnosis	ICD-10-CM
All autoimmune conditions	D82.4	Hyperimmunoglobulin E [IgE] syndrome	Diagnosis	ICD-10-CM
All autoimmune conditions	D82.8	Immunodeficiency associated with other specified major defects	Diagnosis	ICD-10-CM
All autoimmune conditions	D82.9	Immunodeficiency associated with major defect, unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function	Diagnosis	ICD-10-CM
All autoimmune conditions	D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders	Diagnosis	ICD-10-CM
All autoimmune conditions	D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells	Diagnosis	ICD-10-CM
All autoimmune conditions	D83.8	Other common variable immunodeficiencies	Diagnosis	ICD-10-CM
All autoimmune conditions	D83.9	Common variable immunodeficiency, unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	D84.0	Lymphocyte function antigen-1 [LFA-1] defect	Diagnosis	ICD-10-CM
All autoimmune conditions	D84.1	Defects in the complement system	Diagnosis	ICD-10-CM
All autoimmune conditions	D84.8	Other specified immunodeficiencies	Diagnosis	ICD-10-CM
All autoimmune conditions	D84.9	Immunodeficiency, unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	D89.3	Immune reconstitution syndrome	Diagnosis	ICD-10-CM
All autoimmune conditions	D89.40	Mast cell activation, unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	D89.41	Monoclonal mast cell activation syndrome	Diagnosis	ICD-10-CM
All autoimmune conditions	D89.42	Idiopathic mast cell activation syndrome	Diagnosis	ICD-10-CM
All autoimmune conditions	D89.43	Secondary mast cell activation	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	D89.49	Other mast cell activation disorder	Diagnosis	ICD-10-CM
All autoimmune conditions	D89.82	Autoimmune lymphoproliferative syndrome [ALPS]	Diagnosis	ICD-10-CM
All autoimmune conditions	D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified	Diagnosis	ICD-10-CM
All autoimmune conditions	D89.9	Disorder involving the immune mechanism, unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	G35	Multiple sclerosis	Diagnosis	ICD-10-CM
All autoimmune conditions	M35.9	Systemic involvement of connective tissue, unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	714.0	Rheumatoid arthritis	Diagnosis	ICD-9-CM
All autoimmune conditions	714.1	Felty's syndrome	Diagnosis	ICD-9-CM
All autoimmune conditions	714.2	Other rheumatoid arthritis with visceral or systemic involvement	Diagnosis	ICD-9-CM
All autoimmune conditions	714.3	Juvenile chronic polyarthritis	Diagnosis	ICD-9-CM
All autoimmune conditions	714.30	Polyarticular juvenile rheumatoid arthritis, chronic or unspecified	Diagnosis	ICD-9-CM
All autoimmune conditions	714.31	Polyarticular juvenile rheumatoid arthritis, acute	Diagnosis	ICD-9-CM
All autoimmune conditions	714.32	Pauciarticular juvenile rheumatoid arthritis	Diagnosis	ICD-9-CM
All autoimmune conditions	714.33	Monoarticular juvenile rheumatoid arthritis	Diagnosis	ICD-9-CM
All autoimmune conditions	714.4	Chronic post-rheumatic arthropathy	Diagnosis	ICD-9-CM
All autoimmune conditions	714.8	Other specified inflammatory polyarthropathies	Diagnosis	ICD-9-CM
All autoimmune conditions	714.81	Rheumatoid lung	Diagnosis	ICD-9-CM
All autoimmune conditions	714.89	Other specified inflammatory polyarthropathies	Diagnosis	ICD-9-CM
All autoimmune conditions	714.9	Unspecified inflammatory polyarthropathy	Diagnosis	ICD-9-CM
All autoimmune conditions	720.0	Ankylosing spondylitis	Diagnosis	ICD-9-CM
All autoimmune conditions	M05.00	Felty's syndrome, unspecified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.011	Felty's syndrome, right shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.012	Felty's syndrome, left shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.019	Felty's syndrome, unspecified shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.021	Felty's syndrome, right elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.022	Felty's syndrome, left elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.029	Felty's syndrome, unspecified elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.031	Felty's syndrome, right wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.032	Felty's syndrome, left wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.039	Felty's syndrome, unspecified wrist	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M05.041	Felty's syndrome, right hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.042	Felty's syndrome, left hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.049	Felty's syndrome, unspecified hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.051	Felty's syndrome, right hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.052	Felty's syndrome, left hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.059	Felty's syndrome, unspecified hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.061	Felty's syndrome, right knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.062	Felty's syndrome, left knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.069	Felty's syndrome, unspecified knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.071	Felty's syndrome, right ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.072	Felty's syndrome, left ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.079	Felty's syndrome, unspecified ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.09	Felty's syndrome, multiple sites	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.10	Rheumatoid lung disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.111	Rheumatoid lung disease with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.112	Rheumatoid lung disease with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.119	Rheumatoid lung disease with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.121	Rheumatoid lung disease with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.122	Rheumatoid lung disease with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.129	Rheumatoid lung disease with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.131	Rheumatoid lung disease with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.132	Rheumatoid lung disease with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.139	Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.141	Rheumatoid lung disease with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.142	Rheumatoid lung disease with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.149	Rheumatoid lung disease with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.151	Rheumatoid lung disease with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.152	Rheumatoid lung disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.159	Rheumatoid lung disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.161	Rheumatoid lung disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.162	Rheumatoid lung disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M05.169	Rheumatoid lung disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.171	Rheumatoid lung disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.172	Rheumatoid lung disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.179	Rheumatoid lung disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.19	Rheumatoid lung disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.212	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.221	Rheumatoid vasculitis with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.222	Rheumatoid vasculitis with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.229	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.231	Rheumatoid vasculitis with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.232	Rheumatoid vasculitis with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.239	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.241	Rheumatoid vasculitis with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.242	Rheumatoid vasculitis with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.249	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.251	Rheumatoid vasculitis with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.252	Rheumatoid vasculitis with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.259	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.30	Rheumatoid heart disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.311	Rheumatoid heart disease with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M05.312	Rheumatoid heart disease with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.319	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.321	Rheumatoid heart disease with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.322	Rheumatoid heart disease with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.329	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.331	Rheumatoid heart disease with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.332	Rheumatoid heart disease with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.339	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.341	Rheumatoid heart disease with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.342	Rheumatoid heart disease with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.349	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.351	Rheumatoid heart disease with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.352	Rheumatoid heart disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.359	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.39	Rheumatoid heart disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.421	Rheumatoid myopathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.422	Rheumatoid myopathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.431	Rheumatoid myopathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.432	Rheumatoid myopathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M05.439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.441	Rheumatoid myopathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.442	Rheumatoid myopathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.60	Rheumatoid arthritis of unspecified site with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.611	Rheumatoid arthritis of right shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.612	Rheumatoid arthritis of left shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.619	Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.621	Rheumatoid arthritis of right elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.622	Rheumatoid arthritis of left elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.629	Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.631	Rheumatoid arthritis of right wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.632	Rheumatoid arthritis of left wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.639	Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.641	Rheumatoid arthritis of right hand with involvement of other organs and systems	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M05.642	Rheumatoid arthritis of left hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.649	Rheumatoid arthritis of unspecified hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.651	Rheumatoid arthritis of right hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.652	Rheumatoid arthritis of left hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.659	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.669	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.69	Rheumatoid arthritis of multiple sites with involvement of other organs and systems	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.70	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.711	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.712	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.719	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M05.721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.729	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.731	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.732	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.739	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.741	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.742	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.749	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.759	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.769	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M05.771	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.772	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.779	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.80	Other rheumatoid arthritis with rheumatoid factor of unspecified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.811	Other rheumatoid arthritis with rheumatoid factor of right shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.812	Other rheumatoid arthritis with rheumatoid factor of left shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.819	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.821	Other rheumatoid arthritis with rheumatoid factor of right elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.822	Other rheumatoid arthritis with rheumatoid factor of left elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.829	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.831	Other rheumatoid arthritis with rheumatoid factor of right wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.832	Other rheumatoid arthritis with rheumatoid factor of left wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.839	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.841	Other rheumatoid arthritis with rheumatoid factor of right hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.842	Other rheumatoid arthritis with rheumatoid factor of left hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.849	Other rheumatoid arthritis with rheumatoid factor of unspecified hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites	Diagnosis	ICD-10-CM
All autoimmune conditions	M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.011	Rheumatoid arthritis without rheumatoid factor, right shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.012	Rheumatoid arthritis without rheumatoid factor, left shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.019	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.021	Rheumatoid arthritis without rheumatoid factor, right elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.022	Rheumatoid arthritis without rheumatoid factor, left elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.029	Rheumatoid arthritis without rheumatoid factor, unspecified elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.031	Rheumatoid arthritis without rheumatoid factor, right wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.032	Rheumatoid arthritis without rheumatoid factor, left wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.039	Rheumatoid arthritis without rheumatoid factor, unspecified wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.041	Rheumatoid arthritis without rheumatoid factor, right hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.042	Rheumatoid arthritis without rheumatoid factor, left hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.049	Rheumatoid arthritis without rheumatoid factor, unspecified hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.051	Rheumatoid arthritis without rheumatoid factor, right hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.052	Rheumatoid arthritis without rheumatoid factor, left hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.059	Rheumatoid arthritis without rheumatoid factor, unspecified hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.061	Rheumatoid arthritis without rheumatoid factor, right knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.062	Rheumatoid arthritis without rheumatoid factor, left knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.069	Rheumatoid arthritis without rheumatoid factor, unspecified knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.1	Adult-onset Still's disease	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.20	Rheumatoid bursitis, unspecified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.211	Rheumatoid bursitis, right shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.212	Rheumatoid bursitis, left shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.219	Rheumatoid bursitis, unspecified shoulder	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M06.221	Rheumatoid bursitis, right elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.222	Rheumatoid bursitis, left elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.229	Rheumatoid bursitis, unspecified elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.231	Rheumatoid bursitis, right wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.232	Rheumatoid bursitis, left wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.239	Rheumatoid bursitis, unspecified wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.241	Rheumatoid bursitis, right hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.242	Rheumatoid bursitis, left hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.249	Rheumatoid bursitis, unspecified hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.251	Rheumatoid bursitis, right hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.252	Rheumatoid bursitis, left hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.259	Rheumatoid bursitis, unspecified hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.261	Rheumatoid bursitis, right knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.262	Rheumatoid bursitis, left knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.269	Rheumatoid bursitis, unspecified knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.271	Rheumatoid bursitis, right ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.272	Rheumatoid bursitis, left ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.279	Rheumatoid bursitis, unspecified ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.28	Rheumatoid bursitis, vertebrae	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.29	Rheumatoid bursitis, multiple sites	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.30	Rheumatoid nodule, unspecified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.311	Rheumatoid nodule, right shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.312	Rheumatoid nodule, left shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.319	Rheumatoid nodule, unspecified shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.321	Rheumatoid nodule, right elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.322	Rheumatoid nodule, left elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.329	Rheumatoid nodule, unspecified elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.331	Rheumatoid nodule, right wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.332	Rheumatoid nodule, left wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.339	Rheumatoid nodule, unspecified wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.341	Rheumatoid nodule, right hand	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M06.342	Rheumatoid nodule, left hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.349	Rheumatoid nodule, unspecified hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.351	Rheumatoid nodule, right hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.352	Rheumatoid nodule, left hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.359	Rheumatoid nodule, unspecified hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.361	Rheumatoid nodule, right knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.362	Rheumatoid nodule, left knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.369	Rheumatoid nodule, unspecified knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.371	Rheumatoid nodule, right ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.372	Rheumatoid nodule, left ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.379	Rheumatoid nodule, unspecified ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.38	Rheumatoid nodule, vertebrae	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.39	Rheumatoid nodule, multiple sites	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.4	Inflammatory polyarthropathy	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.80	Other specified rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.811	Other specified rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.812	Other specified rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.819	Other specified rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.821	Other specified rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.822	Other specified rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.829	Other specified rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.831	Other specified rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.832	Other specified rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.839	Other specified rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.841	Other specified rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.842	Other specified rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.849	Other specified rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.851	Other specified rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.852	Other specified rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.859	Other specified rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.861	Other specified rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M06.862	Other specified rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.869	Other specified rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.871	Other specified rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.872	Other specified rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.879	Other specified rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.88	Other specified rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.89	Other specified rheumatoid arthritis, multiple sites	Diagnosis	ICD-10-CM
All autoimmune conditions	M06.9	Rheumatoid arthritis, unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.00	Unspecified juvenile rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.011	Unspecified juvenile rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.012	Unspecified juvenile rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.019	Unspecified juvenile rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.021	Unspecified juvenile rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.022	Unspecified juvenile rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.029	Unspecified juvenile rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.031	Unspecified juvenile rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.032	Unspecified juvenile rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.039	Unspecified juvenile rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.041	Unspecified juvenile rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.042	Unspecified juvenile rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.049	Unspecified juvenile rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.051	Unspecified juvenile rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.052	Unspecified juvenile rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.059	Unspecified juvenile rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.061	Unspecified juvenile rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.062	Unspecified juvenile rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.069	Unspecified juvenile rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.071	Unspecified juvenile rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.072	Unspecified juvenile rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.079	Unspecified juvenile rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.08	Unspecified juvenile rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M08.09	Unspecified juvenile rheumatoid arthritis, multiple sites	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.1	Juvenile ankylosing spondylitis	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.20	Juvenile rheumatoid arthritis with systemic onset, unspecified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.211	Juvenile rheumatoid arthritis with systemic onset, right shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.212	Juvenile rheumatoid arthritis with systemic onset, left shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.219	Juvenile rheumatoid arthritis with systemic onset, unspecified shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.221	Juvenile rheumatoid arthritis with systemic onset, right elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.222	Juvenile rheumatoid arthritis with systemic onset, left elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.229	Juvenile rheumatoid arthritis with systemic onset, unspecified elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.231	Juvenile rheumatoid arthritis with systemic onset, right wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.232	Juvenile rheumatoid arthritis with systemic onset, left wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.239	Juvenile rheumatoid arthritis with systemic onset, unspecified wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.241	Juvenile rheumatoid arthritis with systemic onset, right hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.242	Juvenile rheumatoid arthritis with systemic onset, left hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.249	Juvenile rheumatoid arthritis with systemic onset, unspecified hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.251	Juvenile rheumatoid arthritis with systemic onset, right hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.252	Juvenile rheumatoid arthritis with systemic onset, left hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.259	Juvenile rheumatoid arthritis with systemic onset, unspecified hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.261	Juvenile rheumatoid arthritis with systemic onset, right knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.262	Juvenile rheumatoid arthritis with systemic onset, left knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.269	Juvenile rheumatoid arthritis with systemic onset, unspecified knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.271	Juvenile rheumatoid arthritis with systemic onset, right ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.272	Juvenile rheumatoid arthritis with systemic onset, left ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.279	Juvenile rheumatoid arthritis with systemic onset, unspecified ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.28	Juvenile rheumatoid arthritis with systemic onset, vertebrae	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.29	Juvenile rheumatoid arthritis with systemic onset, multiple sites	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.3	Juvenile rheumatoid polyarthritis (seronegative)	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.40	Pauciarticular juvenile rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.411	Pauciarticular juvenile rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.412	Pauciarticular juvenile rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.419	Pauciarticular juvenile rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M08.421	Pauciarticular juvenile rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.422	Pauciarticular juvenile rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.429	Pauciarticular juvenile rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.431	Pauciarticular juvenile rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.432	Pauciarticular juvenile rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.439	Pauciarticular juvenile rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.441	Pauciarticular juvenile rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.442	Pauciarticular juvenile rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.449	Pauciarticular juvenile rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.451	Pauciarticular juvenile rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.452	Pauciarticular juvenile rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.459	Pauciarticular juvenile rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.461	Pauciarticular juvenile rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.462	Pauciarticular juvenile rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.469	Pauciarticular juvenile rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.471	Pauciarticular juvenile rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.472	Pauciarticular juvenile rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.479	Pauciarticular juvenile rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.48	Pauciarticular juvenile rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.80	Other juvenile arthritis, unspecified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.811	Other juvenile arthritis, right shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.812	Other juvenile arthritis, left shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.819	Other juvenile arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.821	Other juvenile arthritis, right elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.822	Other juvenile arthritis, left elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.829	Other juvenile arthritis, unspecified elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.831	Other juvenile arthritis, right wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.832	Other juvenile arthritis, left wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.839	Other juvenile arthritis, unspecified wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.841	Other juvenile arthritis, right hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.842	Other juvenile arthritis, left hand	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M08.849	Other juvenile arthritis, unspecified hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.851	Other juvenile arthritis, right hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.852	Other juvenile arthritis, left hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.859	Other juvenile arthritis, unspecified hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.861	Other juvenile arthritis, right knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.862	Other juvenile arthritis, left knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.869	Other juvenile arthritis, unspecified knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.871	Other juvenile arthritis, right ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.872	Other juvenile arthritis, left ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.879	Other juvenile arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.88	Other juvenile arthritis, other specified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.89	Other juvenile arthritis, multiple sites	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.90	Juvenile arthritis, unspecified, unspecified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.911	Juvenile arthritis, unspecified, right shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.912	Juvenile arthritis, unspecified, left shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.919	Juvenile arthritis, unspecified, unspecified shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.921	Juvenile arthritis, unspecified, right elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.922	Juvenile arthritis, unspecified, left elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.929	Juvenile arthritis, unspecified, unspecified elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.931	Juvenile arthritis, unspecified, right wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.932	Juvenile arthritis, unspecified, left wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.939	Juvenile arthritis, unspecified, unspecified wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.941	Juvenile arthritis, unspecified, right hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.942	Juvenile arthritis, unspecified, left hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.949	Juvenile arthritis, unspecified, unspecified hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.951	Juvenile arthritis, unspecified, right hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.952	Juvenile arthritis, unspecified, left hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.959	Juvenile arthritis, unspecified, unspecified hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.961	Juvenile arthritis, unspecified, right knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.962	Juvenile arthritis, unspecified, left knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.969	Juvenile arthritis, unspecified, unspecified knee	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M08.971	Juvenile arthritis, unspecified, right ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.972	Juvenile arthritis, unspecified, left ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.979	Juvenile arthritis, unspecified, unspecified ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.98	Juvenile arthritis, unspecified, vertebrae	Diagnosis	ICD-10-CM
All autoimmune conditions	M08.99	Juvenile arthritis, unspecified, multiple sites	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.00	Chronic post rheumatic arthropathy [Jaccoud], unspecified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.011	Chronic post rheumatic arthropathy [Jaccoud], right shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.012	Chronic post rheumatic arthropathy [Jaccoud], left shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.019	Chronic post rheumatic arthropathy [Jaccoud], unspecified shoulder	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.021	Chronic post rheumatic arthropathy [Jaccoud], right elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.022	Chronic post rheumatic arthropathy [Jaccoud], left elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.029	Chronic post rheumatic arthropathy [Jaccoud], unspecified elbow	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.031	Chronic post rheumatic arthropathy [Jaccoud], right wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.032	Chronic post rheumatic arthropathy [Jaccoud], left wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.039	Chronic post rheumatic arthropathy [Jaccoud], unspecified wrist	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.041	Chronic post rheumatic arthropathy [Jaccoud], right hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.042	Chronic post rheumatic arthropathy [Jaccoud], left hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.049	Chronic post rheumatic arthropathy [Jaccoud], unspecified hand	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.051	Chronic post rheumatic arthropathy [Jaccoud], right hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.052	Chronic post rheumatic arthropathy [Jaccoud], left hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.059	Chronic post rheumatic arthropathy [Jaccoud], unspecified hip	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.061	Chronic post rheumatic arthropathy [Jaccoud], right knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.062	Chronic post rheumatic arthropathy [Jaccoud], left knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.069	Chronic post rheumatic arthropathy [Jaccoud], unspecified knee	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.071	Chronic post rheumatic arthropathy [Jaccoud], right ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.072	Chronic post rheumatic arthropathy [Jaccoud], left ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.079	Chronic post rheumatic arthropathy [Jaccoud], unspecified ankle and foot	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.08	Chronic post rheumatic arthropathy [Jaccoud], other specified site	Diagnosis	ICD-10-CM
All autoimmune conditions	M12.09	Chronic post rheumatic arthropathy [Jaccoud], multiple sites	Diagnosis	ICD-10-CM
All autoimmune conditions	M45.0	Ankylosing spondylitis of multiple sites in spine	Diagnosis	ICD-10-CM
All autoimmune conditions	M45.1	Ankylosing spondylitis of occipito-atlanto-axial region	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M45.2	Ankylosing spondylitis of cervical region	Diagnosis	ICD-10-CM
All autoimmune conditions	M45.3	Ankylosing spondylitis of cervicothoracic region	Diagnosis	ICD-10-CM
All autoimmune conditions	M45.4	Ankylosing spondylitis of thoracic region	Diagnosis	ICD-10-CM
All autoimmune conditions	M45.5	Ankylosing spondylitis of thoracolumbar region	Diagnosis	ICD-10-CM
All autoimmune conditions	M45.6	Ankylosing spondylitis lumbar region	Diagnosis	ICD-10-CM
All autoimmune conditions	M45.7	Ankylosing spondylitis of lumbosacral region	Diagnosis	ICD-10-CM
All autoimmune conditions	M45.8	Ankylosing spondylitis sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
All autoimmune conditions	M45.9	Ankylosing spondylitis of unspecified sites in spine	Diagnosis	ICD-10-CM
All autoimmune conditions	M48.8X1	Other specified spondylopathies, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
All autoimmune conditions	M48.8X2	Other specified spondylopathies, cervical region	Diagnosis	ICD-10-CM
All autoimmune conditions	M48.8X3	Other specified spondylopathies, cervicothoracic region	Diagnosis	ICD-10-CM
All autoimmune conditions	M48.8X4	Other specified spondylopathies, thoracic region	Diagnosis	ICD-10-CM
All autoimmune conditions	M48.8X5	Other specified spondylopathies, thoracolumbar region	Diagnosis	ICD-10-CM
All autoimmune conditions	M48.8X6	Other specified spondylopathies, lumbar region	Diagnosis	ICD-10-CM
All autoimmune conditions	M48.8X7	Other specified spondylopathies, lumbosacral region	Diagnosis	ICD-10-CM
All autoimmune conditions	M48.8X8	Other specified spondylopathies, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
All autoimmune conditions	M48.8X9	Other specified spondylopathies, site unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	710.0	Systemic lupus erythematosus	Diagnosis	ICD-9-CM
All autoimmune conditions	710.1	Systemic sclerosis	Diagnosis	ICD-9-CM
All autoimmune conditions	710.2	Sicca syndrome	Diagnosis	ICD-9-CM
All autoimmune conditions	710.3	Dermatomyositis	Diagnosis	ICD-9-CM
All autoimmune conditions	710.4	Polymyositis	Diagnosis	ICD-9-CM
All autoimmune conditions	710.8	Other specified diffuse disease of connective tissue	Diagnosis	ICD-9-CM
All autoimmune conditions	710.9	Unspecified diffuse connective tissue disease	Diagnosis	ICD-9-CM
All autoimmune conditions	M04.2	Cryopyrin-associated periodic syndromes	Diagnosis	ICD-10-CM
All autoimmune conditions	M04.8	Other autoinflammatory syndromes	Diagnosis	ICD-10-CM
All autoimmune conditions	M04.9	Autoinflammatory syndrome, unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	M32.0	Drug-induced systemic lupus erythematosus	Diagnosis	ICD-10-CM
All autoimmune conditions	M32.10	Systemic lupus erythematosus, organ or system involvement unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	M32.11	Endocarditis in systemic lupus erythematosus	Diagnosis	ICD-10-CM
All autoimmune conditions	M32.12	Pericarditis in systemic lupus erythematosus	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M32.13	Lung involvement in systemic lupus erythematosus	Diagnosis	ICD-10-CM
All autoimmune conditions	M32.14	Glomerular disease in systemic lupus erythematosus	Diagnosis	ICD-10-CM
All autoimmune conditions	M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus	Diagnosis	ICD-10-CM
All autoimmune conditions	M32.19	Other organ or system involvement in systemic lupus erythematosus	Diagnosis	ICD-10-CM
All autoimmune conditions	M32.8	Other forms of systemic lupus erythematosus	Diagnosis	ICD-10-CM
All autoimmune conditions	M32.9	Systemic lupus erythematosus, unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.00	Juvenile dermatomyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.01	Juvenile dermatomyositis with respiratory involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.02	Juvenile dermatomyositis with myopathy	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.03	Juvenile dermatomyositis without myopathy	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.09	Juvenile dermatomyositis with other organ involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.10	Other dermatomyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.11	Other dermatomyositis with respiratory involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.12	Other dermatomyositis with myopathy	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.13	Other dermatomyositis without myopathy	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.19	Other dermatomyositis with other organ involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.20	Polymyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.21	Polymyositis with respiratory involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.22	Polymyositis with myopathy	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.29	Polymyositis with other organ involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.90	Dermatopolymyositis, unspecified, organ involvement unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.91	Dermatopolymyositis, unspecified with respiratory involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.92	Dermatopolymyositis, unspecified with myopathy	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.93	Dermatopolymyositis, unspecified without myopathy	Diagnosis	ICD-10-CM
All autoimmune conditions	M33.99	Dermatopolymyositis, unspecified with other organ involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M34.0	Progressive systemic sclerosis	Diagnosis	ICD-10-CM
All autoimmune conditions	M34.1	CR(E)ST syndrome	Diagnosis	ICD-10-CM
All autoimmune conditions	M34.2	Systemic sclerosis induced by drug and chemical	Diagnosis	ICD-10-CM
All autoimmune conditions	M34.81	Systemic sclerosis with lung involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M34.82	Systemic sclerosis with myopathy	Diagnosis	ICD-10-CM
All autoimmune conditions	M34.83	Systemic sclerosis with polyneuropathy	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All autoimmune conditions	M34.89	Other systemic sclerosis	Diagnosis	ICD-10-CM
All autoimmune conditions	M34.9	Systemic sclerosis, unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	M35.00	Sicca syndrome, unspecified	Diagnosis	ICD-10-CM
All autoimmune conditions	M35.01	Sicca syndrome with keratoconjunctivitis	Diagnosis	ICD-10-CM
All autoimmune conditions	M35.02	Sicca syndrome with lung involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M35.03	Sicca syndrome with myopathy	Diagnosis	ICD-10-CM
All autoimmune conditions	M35.04	Sicca syndrome with tubulo-interstitial nephropathy	Diagnosis	ICD-10-CM
All autoimmune conditions	M35.09	Sicca syndrome with other organ involvement	Diagnosis	ICD-10-CM
All autoimmune conditions	M35.1	Other overlap syndromes	Diagnosis	ICD-10-CM
All autoimmune conditions	M35.5	Multifocal fibrosclerosis	Diagnosis	ICD-10-CM
All autoimmune conditions	M35.8	Other specified systemic involvement of connective tissue	Diagnosis	ICD-10-CM
All autoimmune conditions	M36.0	Dermato(poly)myositis in neoplastic disease	Diagnosis	ICD-10-CM
All autoimmune conditions	M36.8	Systemic disorders of connective tissue in other diseases classified elsewhere	Diagnosis	ICD-10-CM
All endometriosis	617.0	Endometriosis of uterus	Diagnosis	ICD-9-CM
All endometriosis	617.1	Endometriosis of ovary	Diagnosis	ICD-9-CM
All endometriosis	617.2	Endometriosis of fallopian tube	Diagnosis	ICD-9-CM
All endometriosis	617.3	Endometriosis of pelvic peritoneum	Diagnosis	ICD-9-CM
All endometriosis	617.4	Endometriosis of rectovaginal septum and vagina	Diagnosis	ICD-9-CM
All endometriosis	617.5	Endometriosis of intestine	Diagnosis	ICD-9-CM
All endometriosis	617.6	Endometriosis in scar of skin	Diagnosis	ICD-9-CM
All endometriosis	617.8	Endometriosis of other specified sites	Diagnosis	ICD-9-CM
All endometriosis	617.9	Endometriosis, site unspecified	Diagnosis	ICD-9-CM
All endometriosis	N80.0	Endometriosis of uterus	Diagnosis	ICD-10-CM
All endometriosis	N80.1	Endometriosis of ovary	Diagnosis	ICD-10-CM
All endometriosis	N80.2	Endometriosis of fallopian tube	Diagnosis	ICD-10-CM
All endometriosis	N80.3	Endometriosis of pelvic peritoneum	Diagnosis	ICD-10-CM
All endometriosis	N80.4	Endometriosis of rectovaginal septum and vagina	Diagnosis	ICD-10-CM
All endometriosis	N80.5	Endometriosis of intestine	Diagnosis	ICD-10-CM
All endometriosis	N80.6	Endometriosis in cutaneous scar	Diagnosis	ICD-10-CM
All endometriosis	N80.8	Other endometriosis	Diagnosis	ICD-10-CM
All endometriosis	N80.9	Endometriosis, unspecified	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All hypertension	401.0	Essential hypertension, malignant	Diagnosis	ICD-9-CM
All hypertension	401.1	Essential hypertension, benign	Diagnosis	ICD-9-CM
All hypertension	401.9	Unspecified essential hypertension	Diagnosis	ICD-9-CM
All hypertension	402.0	Malignant hypertensive heart disease	Diagnosis	ICD-9-CM
All hypertension	402.00	Malignant hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
All hypertension	402.01	Malignant hypertensive heart disease with heart failure	Diagnosis	ICD-9-CM
All hypertension	402.1	Benign hypertensive heart disease	Diagnosis	ICD-9-CM
All hypertension	402.10	Benign hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
All hypertension	402.11	Benign hypertensive heart disease with heart failure	Diagnosis	ICD-9-CM
All hypertension	402.9	Unspecified hypertensive heart disease	Diagnosis	ICD-9-CM
All hypertension	402.90	Unspecified hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
All hypertension	402.91	Hypertensive heart disease, unspecified, with heart failure	Diagnosis	ICD-9-CM
All hypertension	403.0	Hypertensive chronic kidney disease, malignant	Diagnosis	ICD-9-CM
All hypertension	403.00	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
All hypertension	403.01	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
All hypertension	403.1	Hypertensive chronic kidney disease, benign	Diagnosis	ICD-9-CM
All hypertension	403.10	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
All hypertension	403.11	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
All hypertension	403.9	Hypertensive chronic kidney disease, unspecified	Diagnosis	ICD-9-CM
All hypertension	403.90	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
All hypertension	403.91	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
All hypertension	404.0	Hypertensive heart and chronic kidney disease, malignant	Diagnosis	ICD-9-CM
All hypertension	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

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All hypertension	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
All hypertension	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
All hypertension	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
All hypertension	404.1	Hypertensive heart and chronic kidney disease, benign	Diagnosis	ICD-9-CM
All hypertension	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
All hypertension	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
All hypertension	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
All hypertension	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
All hypertension	404.9	Hypertensive heart and chronic kidney disease, unspecified	Diagnosis	ICD-9-CM
All hypertension	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
All hypertension	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
All hypertension	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
All hypertension	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
All hypertension	405.0	Secondary hypertension, malignant	Diagnosis	ICD-9-CM
All hypertension	405.01	Secondary renovascular hypertension, malignant	Diagnosis	ICD-9-CM
All hypertension	405.09	Other secondary hypertension, malignant	Diagnosis	ICD-9-CM
All hypertension	405.1	Secondary hypertension, benign	Diagnosis	ICD-9-CM
All hypertension	405.11	Secondary renovascular hypertension, benign	Diagnosis	ICD-9-CM
All hypertension	405.19	Other secondary hypertension, benign	Diagnosis	ICD-9-CM
All hypertension	405.9	Unspecified secondary hypertension, unspecified	Diagnosis	ICD-9-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
All hypertension	405.91	Secondary renovascular hypertension, unspecified	Diagnosis	ICD-9-CM
All hypertension	405.99	Other secondary hypertension, unspecified	Diagnosis	ICD-9-CM
All hypertension	437.2	Hypertensive encephalopathy	Diagnosis	ICD-9-CM
All hypertension	I10	Essential (primary) hypertension	Diagnosis	ICD-10-CM
All hypertension	I11.0	Hypertensive heart disease with heart failure	Diagnosis	ICD-10-CM
All hypertension	I11.9	Hypertensive heart disease without heart failure	Diagnosis	ICD-10-CM
All hypertension	I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Diagnosis	ICD-10-CM
All hypertension	I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
All hypertension	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
All hypertension	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
All hypertension	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
All hypertension	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
All hypertension	I15.0	Renovascular hypertension	Diagnosis	ICD-10-CM
All hypertension	I15.1	Hypertension secondary to other renal disorders	Diagnosis	ICD-10-CM
All hypertension	I15.2	Hypertension secondary to endocrine disorders	Diagnosis	ICD-10-CM
All hypertension	I15.8	Other secondary hypertension	Diagnosis	ICD-10-CM
All hypertension	I15.9	Secondary hypertension, unspecified	Diagnosis	ICD-10-CM
All hypertension	I16.0	Hypertensive urgency	Diagnosis	ICD-10-CM
All hypertension	I16.1	Hypertensive emergency	Diagnosis	ICD-10-CM
All hypertension	I16.9	Hypertensive crisis, unspecified	Diagnosis	ICD-10-CM
All hypertension	I67.4	Hypertensive encephalopathy	Diagnosis	ICD-10-CM
All hypertension	N26.2	Page kidney	Diagnosis	ICD-10-CM
Allergic Urticaria and Other Urticaria	708.0	Allergic urticaria	Diagnosis	ICD-9-CM
Allergic Urticaria and Other Urticaria	708.1	Idiopathic urticaria	Diagnosis	ICD-9-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Allergic Urticaria and Other Urticaria	708.2	Urticaria due to cold and heat	Diagnosis	ICD-9-CM
Allergic Urticaria and Other Urticaria	708.3	Dermatographic urticaria	Diagnosis	ICD-9-CM
Allergic Urticaria and Other Urticaria	708.4	Vibratory urticaria	Diagnosis	ICD-9-CM
Allergic Urticaria and Other Urticaria	708.5	Cholinergic urticaria	Diagnosis	ICD-9-CM
Allergic Urticaria and Other Urticaria	708.8	Other specified urticaria	Diagnosis	ICD-9-CM
Allergic Urticaria and Other Urticaria	708.9	Unspecified urticaria	Diagnosis	ICD-9-CM
Allergic Urticaria and Other Urticaria	L50.0	Allergic urticaria	Diagnosis	ICD-10-CM
Allergic Urticaria and Other Urticaria	L50.1	Idiopathic urticaria	Diagnosis	ICD-10-CM
Allergic Urticaria and Other Urticaria	L50.2	Urticaria due to cold and heat	Diagnosis	ICD-10-CM
Allergic Urticaria and Other Urticaria	L50.3	Dermatographic urticaria	Diagnosis	ICD-10-CM
Allergic Urticaria and Other Urticaria	L50.4	Vibratory urticaria	Diagnosis	ICD-10-CM
Allergic Urticaria and Other Urticaria	L50.5	Cholinergic urticaria	Diagnosis	ICD-10-CM
Allergic Urticaria and Other Urticaria	L50.6	Contact urticaria	Diagnosis	ICD-10-CM
Allergic Urticaria and Other Urticaria	L50.8	Other urticaria	Diagnosis	ICD-10-CM
Allergic Urticaria and Other Urticaria	L50.9	Urticaria, unspecified	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	691.8	Other atopic dermatitis and related conditions	Diagnosis	ICD-9-CM
Atopic Dermatitis and Dermatitis/Eczema	692.0	Contact dermatitis and other eczema due to detergents	Diagnosis	ICD-9-CM
Atopic Dermatitis and Dermatitis/Eczema	692.1	Contact dermatitis and other eczema due to oils and greases	Diagnosis	ICD-9-CM
Atopic Dermatitis and Dermatitis/Eczema	692.2	Contact dermatitis and other eczema due to solvents	Diagnosis	ICD-9-CM
Atopic Dermatitis and Dermatitis/Eczema	692.3	Contact dermatitis and other eczema due to drugs and medicines in contact with skin	Diagnosis	ICD-9-CM
Atopic Dermatitis and Dermatitis/Eczema	692.6	Contact dermatitis and other eczema due to plants (except food)	Diagnosis	ICD-9-CM
Atopic Dermatitis and Dermatitis/Eczema	692.70	Unspecified dermatitis due to sun	Diagnosis	ICD-9-CM
Atopic Dermatitis and Dermatitis/Eczema	692.74	Other chronic dermatitis due to solar radiation	Diagnosis	ICD-9-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Atopic Dermatitis and Dermatitis/Eczema	692.79	Other dermatitis due to solar radiation	Diagnosis	ICD-9-CM
Atopic Dermatitis and Dermatitis/Eczema	692.81	Dermatitis due to cosmetics	Diagnosis	ICD-9-CM
Atopic Dermatitis and Dermatitis/Eczema	692.82	Dermatitis due to other radiation	Diagnosis	ICD-9-CM
Atopic Dermatitis and Dermatitis/Eczema	692.83	Dermatitis due to metals	Diagnosis	ICD-9-CM
Atopic Dermatitis and Dermatitis/Eczema	692.84	Contact dermatitis and other eczema due to animal (cat) (dog) dander	Diagnosis	ICD-9-CM
Atopic Dermatitis and Dermatitis/Eczema	692.89	Contact dermatitis and other eczema due to other specified agent	Diagnosis	ICD-9-CM
Atopic Dermatitis and Dermatitis/Eczema	692.9	Contact dermatitis and other eczema, due to unspecified cause	Diagnosis	ICD-9-CM
Atopic Dermatitis and Dermatitis/Eczema	693.9	Dermatitis due to unspecified substance taken internally	Diagnosis	ICD-9-CM
Atopic Dermatitis and Dermatitis/Eczema	L20.0	Besnier's prurigo	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L20.81	Atopic neurodermatitis	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L20.82	Flexural eczema	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L20.84	Intrinsic (allergic) eczema	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L20.89	Other atopic dermatitis	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L20.9	Atopic dermatitis, unspecified	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L23.0	Allergic contact dermatitis due to metals	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Atopic Dermatitis and Dermatitis/Eczema	L23.2	Allergic contact dermatitis due to cosmetics	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L23.3	Allergic contact dermatitis due to drugs in contact with skin	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L23.4	Allergic contact dermatitis due to dyes	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L23.7	Allergic contact dermatitis due to plants, except food	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L23.81	Allergic contact dermatitis due to animal (cat) (dog) dander	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L23.89	Allergic contact dermatitis due to other agents	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L23.9	Allergic contact dermatitis, unspecified cause	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L24.0	Irritant contact dermatitis due to detergents	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L24.1	Irritant contact dermatitis due to oils and greases	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L24.2	Irritant contact dermatitis due to solvents	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L24.3	Irritant contact dermatitis due to cosmetics	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L24.4	Irritant contact dermatitis due to drugs in contact with skin	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L24.7	Irritant contact dermatitis due to plants, except food	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L24.81	Irritant contact dermatitis due to metals	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L24.89	Irritant contact dermatitis due to other agents	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Atopic Dermatitis and Dermatitis/Eczema	L24.9	Irritant contact dermatitis, unspecified cause	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L25.0	Unspecified contact dermatitis due to cosmetics	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L25.1	Unspecified contact dermatitis due to drugs in contact with skin	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L25.2	Unspecified contact dermatitis due to dyes	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L25.5	Unspecified contact dermatitis due to plants, except food	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L25.8	Unspecified contact dermatitis due to other agents	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L25.9	Unspecified contact dermatitis, unspecified cause	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L27.9	Dermatitis due to unspecified substance taken internally	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L30.0	Nummular dermatitis	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L30.2	Cutaneous autosensitization	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L30.8	Other specified dermatitis	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L30.9	Dermatitis, unspecified	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L56.4	Polymorphous light eruption	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L56.8	Other specified acute skin changes due to ultraviolet radiation	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L56.9	Acute skin change due to ultraviolet radiation, unspecified	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Atopic Dermatitis and Dermatitis/Eczema	L57.8	Other skin changes due to chronic exposure to nonionizing radiation	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L57.9	Skin changes due to chronic exposure to nonionizing radiation, unspecified	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L58.0	Acute radiodermatitis	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L58.1	Chronic radiodermatitis	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L58.9	Radiodermatitis, unspecified	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L59.0	Erythema ab igne [dermatitis ab igne]	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L59.8	Other specified disorders of the skin and subcutaneous tissue related to radiation	Diagnosis	ICD-10-CM
Atopic Dermatitis and Dermatitis/Eczema	L59.9	Disorder of the skin and subcutaneous tissue related to radiation, unspecified	Diagnosis	ICD-10-CM
Benign essential hypertension	401.1	Essential hypertension, benign	Diagnosis	ICD-9-CM
Benign essential hypertension	I10	Essential (primary) hypertension	Diagnosis	ICD-10-CM
Chlamydia Trachomatis Infection of Peritoneum	099.56	Chlamydia trachomatis infection of peritoneum	Diagnosis	ICD-9-CM
Chlamydia Trachomatis Infection of Peritoneum	A56.8	Sexually transmitted chlamydial infection of other sites	Diagnosis	ICD-10-CM
Endometriosis (unspecified)	617.9	Endometriosis, site unspecified	Diagnosis	ICD-9-CM
Endometriosis (unspecified)	N80.9	Endometriosis, unspecified	Diagnosis	ICD-10-CM
Endometriosis of gynecological organs	617.1	Endometriosis of ovary	Diagnosis	ICD-9-CM
Endometriosis of gynecological organs	617.2	Endometriosis of fallopian tube	Diagnosis	ICD-9-CM
Endometriosis of gynecological organs	617.3	Endometriosis of pelvic peritoneum	Diagnosis	ICD-9-CM
Endometriosis of gynecological organs	617.4	Endometriosis of rectovaginal septum and vagina	Diagnosis	ICD-9-CM
Endometriosis of gynecological organs	N80.1	Endometriosis of ovary	Diagnosis	ICD-10-CM
Endometriosis of gynecological organs	N80.2	Endometriosis of fallopian tube	Diagnosis	ICD-10-CM
Endometriosis of gynecological organs	N80.3	Endometriosis of pelvic peritoneum	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Endometriosis of gynecological organs	N80.4	Endometriosis of rectovaginal septum and vagina	Diagnosis	ICD-10-CM
Endometriosis of non-gynecological organs	617.5	Endometriosis of intestine	Diagnosis	ICD-9-CM
Endometriosis of non-gynecological organs	617.6	Endometriosis in scar of skin	Diagnosis	ICD-9-CM
Endometriosis of non-gynecological organs	617.8	Endometriosis of other specified sites	Diagnosis	ICD-9-CM
Endometriosis of non-gynecological organs	N80.5	Endometriosis of intestine	Diagnosis	ICD-10-CM
Endometriosis of non-gynecological organs	N80.6	Endometriosis in cutaneous scar	Diagnosis	ICD-10-CM
Endometriosis of non-gynecological organs	N80.8	Other endometriosis	Diagnosis	ICD-10-CM
Endometriosis of the uterus	617.0	Endometriosis of uterus	Diagnosis	ICD-9-CM
Endometriosis of the uterus	N80.0	Endometriosis of uterus	Diagnosis	ICD-10-CM
Gonococcal Genitourinary Infections	098.10	Gonococcal infection (acute) of upper genitourinary tract, site unspecified	Diagnosis	ICD-9-CM
Gonococcal Genitourinary Infections	098.16	Gonococcal endometritis (acute)	Diagnosis	ICD-9-CM
Gonococcal Genitourinary Infections	098.17	Gonococcal salpingitis, specified as acute	Diagnosis	ICD-9-CM
Gonococcal Genitourinary Infections	098.19	Other gonococcal infections (acute) of upper genitourinary tract	Diagnosis	ICD-9-CM
Gonococcal Genitourinary Infections	098.30	Chronic gonococcal infection of upper genitourinary tract, site unspecified	Diagnosis	ICD-9-CM
Gonococcal Genitourinary Infections	098.36	Gonococcal endometritis, chronic	Diagnosis	ICD-9-CM
Gonococcal Genitourinary Infections	098.37	Gonococcal salpingitis (chronic)	Diagnosis	ICD-9-CM
Gonococcal Genitourinary Infections	098.39	Other chronic gonococcal infections of upper genitourinary tract	Diagnosis	ICD-9-CM
Gonococcal Genitourinary Infections	098.86	Gonococcal peritonitis	Diagnosis	ICD-9-CM
Gonococcal Genitourinary Infections	A54.21	Gonococcal infection of kidney and ureter	Diagnosis	ICD-10-CM
Gonococcal Genitourinary Infections	A54.24	Gonococcal female pelvic inflammatory disease	Diagnosis	ICD-10-CM
Gonococcal Genitourinary Infections	A54.29	Other gonococcal genitourinary infections	Diagnosis	ICD-10-CM
Gonococcal Genitourinary Infections	A54.85	Gonococcal peritonitis	Diagnosis	ICD-10-CM
Lupus	710.0	Systemic lupus erythematosus	Diagnosis	ICD-9-CM
Lupus	710.1	Systemic sclerosis	Diagnosis	ICD-9-CM
Lupus	710.2	Sicca syndrome	Diagnosis	ICD-9-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Lupus	710.3	Dermatomyositis	Diagnosis	ICD-9-CM
Lupus	710.4	Polymyositis	Diagnosis	ICD-9-CM
Lupus	710.8	Other specified diffuse disease of connective tissue	Diagnosis	ICD-9-CM
Lupus	710.9	Unspecified diffuse connective tissue disease	Diagnosis	ICD-9-CM
Lupus	M04.2	Cryopyrin-associated periodic syndromes	Diagnosis	ICD-10-CM
Lupus	M04.8	Other autoinflammatory syndromes	Diagnosis	ICD-10-CM
Lupus	M04.9	Autoinflammatory syndrome, unspecified	Diagnosis	ICD-10-CM
Lupus	M32.0	Drug-induced systemic lupus erythematosus	Diagnosis	ICD-10-CM
Lupus	M32.10	Systemic lupus erythematosus, organ or system involvement unspecified	Diagnosis	ICD-10-CM
Lupus	M32.11	Endocarditis in systemic lupus erythematosus	Diagnosis	ICD-10-CM
Lupus	M32.12	Pericarditis in systemic lupus erythematosus	Diagnosis	ICD-10-CM
Lupus	M32.13	Lung involvement in systemic lupus erythematosus	Diagnosis	ICD-10-CM
Lupus	M32.14	Glomerular disease in systemic lupus erythematosus	Diagnosis	ICD-10-CM
Lupus	M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus	Diagnosis	ICD-10-CM
Lupus	M32.19	Other organ or system involvement in systemic lupus erythematosus	Diagnosis	ICD-10-CM
Lupus	M32.8	Other forms of systemic lupus erythematosus	Diagnosis	ICD-10-CM
Lupus	M32.9	Systemic lupus erythematosus, unspecified	Diagnosis	ICD-10-CM
Lupus	M33.00	Juvenile dermatomyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
Lupus	M33.01	Juvenile dermatomyositis with respiratory involvement	Diagnosis	ICD-10-CM
Lupus	M33.02	Juvenile dermatomyositis with myopathy	Diagnosis	ICD-10-CM
Lupus	M33.03	Juvenile dermatomyositis without myopathy	Diagnosis	ICD-10-CM
Lupus	M33.09	Juvenile dermatomyositis with other organ involvement	Diagnosis	ICD-10-CM
Lupus	M33.10	Other dermatomyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
Lupus	M33.11	Other dermatomyositis with respiratory involvement	Diagnosis	ICD-10-CM
Lupus	M33.12	Other dermatomyositis with myopathy	Diagnosis	ICD-10-CM
Lupus	M33.13	Other dermatomyositis without myopathy	Diagnosis	ICD-10-CM
Lupus	M33.19	Other dermatomyositis with other organ involvement	Diagnosis	ICD-10-CM
Lupus	M33.20	Polymyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
Lupus	M33.21	Polymyositis with respiratory involvement	Diagnosis	ICD-10-CM
Lupus	M33.22	Polymyositis with myopathy	Diagnosis	ICD-10-CM
Lupus	M33.29	Polymyositis with other organ involvement	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Lupus	M33.90	Dermatopolymyositis, unspecified, organ involvement unspecified	Diagnosis	ICD-10-CM
Lupus	M33.91	Dermatopolymyositis, unspecified with respiratory involvement	Diagnosis	ICD-10-CM
Lupus	M33.92	Dermatopolymyositis, unspecified with myopathy	Diagnosis	ICD-10-CM
Lupus	M33.93	Dermatopolymyositis, unspecified without myopathy	Diagnosis	ICD-10-CM
Lupus	M33.99	Dermatopolymyositis, unspecified with other organ involvement	Diagnosis	ICD-10-CM
Lupus	M34.0	Progressive systemic sclerosis	Diagnosis	ICD-10-CM
Lupus	M34.1	CR(E)ST syndrome	Diagnosis	ICD-10-CM
Lupus	M34.2	Systemic sclerosis induced by drug and chemical	Diagnosis	ICD-10-CM
Lupus	M34.81	Systemic sclerosis with lung involvement	Diagnosis	ICD-10-CM
Lupus	M34.82	Systemic sclerosis with myopathy	Diagnosis	ICD-10-CM
Lupus	M34.83	Systemic sclerosis with polyneuropathy	Diagnosis	ICD-10-CM
Lupus	M34.89	Other systemic sclerosis	Diagnosis	ICD-10-CM
Lupus	M34.9	Systemic sclerosis, unspecified	Diagnosis	ICD-10-CM
Lupus	M35.00	Sicca syndrome, unspecified	Diagnosis	ICD-10-CM
Lupus	M35.01	Sicca syndrome with keratoconjunctivitis	Diagnosis	ICD-10-CM
Lupus	M35.02	Sicca syndrome with lung involvement	Diagnosis	ICD-10-CM
Lupus	M35.03	Sicca syndrome with myopathy	Diagnosis	ICD-10-CM
Lupus	M35.04	Sicca syndrome with tubulo-interstitial nephropathy	Diagnosis	ICD-10-CM
Lupus	M35.09	Sicca syndrome with other organ involvement	Diagnosis	ICD-10-CM
Lupus	M35.1	Other overlap syndromes	Diagnosis	ICD-10-CM
Lupus	M35.5	Multifocal fibrosclerosis	Diagnosis	ICD-10-CM
Lupus	M35.8	Other specified systemic involvement of connective tissue	Diagnosis	ICD-10-CM
Lupus	M35.9	Systemic involvement of connective tissue, unspecified	Diagnosis	ICD-10-CM
Lupus	M36.0	Dermato(poly)myositis in neoplastic disease	Diagnosis	ICD-10-CM
Lupus	M36.8	Systemic disorders of connective tissue in other diseases classified elsewhere	Diagnosis	ICD-10-CM
Malignant essential hypertension	401.0	Essential hypertension, malignant	Diagnosis	ICD-9-CM
Malignant essential hypertension	I10	Essential (primary) hypertension	Diagnosis	ICD-10-CM
Mechanical Complication due to Intrauterine Contraceptive Device	996.32	Mechanical complication due to intrauterine contraceptive device	Diagnosis	ICD-9-CM
Mechanical Complication due to Intrauterine Contraceptive Device	T83.31XA	Breakdown (mechanical) of intrauterine contraceptive device, initial encounter	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Mechanical Complication due to Intrauterine Contraceptive Device	T83.32XA	Displacement of intrauterine contraceptive device, initial encounter	Diagnosis	ICD-10-CM
Mechanical Complication due to Intrauterine Contraceptive Device	T83.39XA	Other mechanical complication of intrauterine contraceptive device, initial encounter	Diagnosis	ICD-10-CM
Non-essential hypertension	402.0	Malignant hypertensive heart disease	Diagnosis	ICD-9-CM
Non-essential hypertension	402.00	Malignant hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
Non-essential hypertension	402.01	Malignant hypertensive heart disease with heart failure	Diagnosis	ICD-9-CM
Non-essential hypertension	402.1	Benign hypertensive heart disease	Diagnosis	ICD-9-CM
Non-essential hypertension	402.10	Benign hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
Non-essential hypertension	402.11	Benign hypertensive heart disease with heart failure	Diagnosis	ICD-9-CM
Non-essential hypertension	402.9	Unspecified hypertensive heart disease	Diagnosis	ICD-9-CM
Non-essential hypertension	402.90	Unspecified hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
Non-essential hypertension	402.91	Hypertensive heart disease, unspecified, with heart failure	Diagnosis	ICD-9-CM
Non-essential hypertension	403.0	Hypertensive chronic kidney disease, malignant	Diagnosis	ICD-9-CM
Non-essential hypertension	403.00	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
Non-essential hypertension	403.01	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
Non-essential hypertension	403.1	Hypertensive chronic kidney disease, benign	Diagnosis	ICD-9-CM
Non-essential hypertension	403.10	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
Non-essential hypertension	403.11	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
Non-essential hypertension	403.9	Hypertensive chronic kidney disease, unspecified	Diagnosis	ICD-9-CM
Non-essential hypertension	403.90	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
Non-essential hypertension	403.91	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
Non-essential hypertension	404.0	Hypertensive heart and chronic kidney disease, malignant	Diagnosis	ICD-9-CM
Non-essential hypertension	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

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Non-essential hypertension	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
Non-essential hypertension	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
Non-essential hypertension	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
Non-essential hypertension	404.1	Hypertensive heart and chronic kidney disease, benign	Diagnosis	ICD-9-CM
Non-essential hypertension	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
Non-essential hypertension	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
Non-essential hypertension	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
Non-essential hypertension	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
Non-essential hypertension	404.9	Hypertensive heart and chronic kidney disease, unspecified	Diagnosis	ICD-9-CM
Non-essential hypertension	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
Non-essential hypertension	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
Non-essential hypertension	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
Non-essential hypertension	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
Non-essential hypertension	405.0	Secondary hypertension, malignant	Diagnosis	ICD-9-CM
Non-essential hypertension	405.01	Secondary renovascular hypertension, malignant	Diagnosis	ICD-9-CM
Non-essential hypertension	405.09	Other secondary hypertension, malignant	Diagnosis	ICD-9-CM
Non-essential hypertension	405.1	Secondary hypertension, benign	Diagnosis	ICD-9-CM
Non-essential hypertension	405.11	Secondary renovascular hypertension, benign	Diagnosis	ICD-9-CM
Non-essential hypertension	405.19	Other secondary hypertension, benign	Diagnosis	ICD-9-CM
Non-essential hypertension	405.9	Unspecified secondary hypertension, unspecified	Diagnosis	ICD-9-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Non-essential hypertension	405.91	Secondary renovascular hypertension, unspecified	Diagnosis	ICD-9-CM
Non-essential hypertension	405.99	Other secondary hypertension, unspecified	Diagnosis	ICD-9-CM
Non-essential hypertension	437.2	Hypertensive encephalopathy	Diagnosis	ICD-9-CM
Non-essential hypertension	I11.0	Hypertensive heart disease with heart failure	Diagnosis	ICD-10-CM
Non-essential hypertension	I11.9	Hypertensive heart disease without heart failure	Diagnosis	ICD-10-CM
Non-essential hypertension	I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Diagnosis	ICD-10-CM
Non-essential hypertension	I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
Non-essential hypertension	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
Non-essential hypertension	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
Non-essential hypertension	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
Non-essential hypertension	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
Non-essential hypertension	I15.0	Renovascular hypertension	Diagnosis	ICD-10-CM
Non-essential hypertension	I15.1	Hypertension secondary to other renal disorders	Diagnosis	ICD-10-CM
Non-essential hypertension	I15.2	Hypertension secondary to endocrine disorders	Diagnosis	ICD-10-CM
Non-essential hypertension	I15.8	Other secondary hypertension	Diagnosis	ICD-10-CM
Non-essential hypertension	I15.9	Secondary hypertension, unspecified	Diagnosis	ICD-10-CM
Non-essential hypertension	I67.4	Hypertensive encephalopathy	Diagnosis	ICD-10-CM
Non-essential hypertension	N26.2	Page kidney	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	690	Erythematous squamous dermatosis	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	690.1	Seborrheic dermatitis	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	690.10	Unspecified seborrheic dermatitis	Diagnosis	ICD-9-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Other Allergic/Inflammatory Skin Conditions	690.11	Seborrhea capitis	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	690.12	Seborrheic infantile dermatitis	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	690.18	Other seborrheic dermatitis	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	690.8	Other erythematous squamous dermatosis	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	691.0	Diaper or napkin rash	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	692.4	Contact dermatitis and other eczema due to other chemical products	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	692.5	Contact dermatitis and other eczema due to food in contact with skin	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	692.71	Contact dermatitis and other eczema due to sunburn	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	692.72	Acute dermatitis due to solar radiation	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	692.73	Actinic reticuloid and actinic granuloma	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	692.76	Sunburn of second degree	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	692.77	Sunburn of third degree	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	693.0	Dermatitis due to drugs and medicines taken internally	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	693.1	Dermatitis due to food taken internally	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	693.8	Dermatitis due to other specified substances taken internally	Diagnosis	ICD-9-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Other Allergic/Inflammatory Skin Conditions	694.0	Dermatitis herpetiformis	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	694.1	Subcorneal pustular dermatosis	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	694.2	Juvenile dermatitis herpetiformis	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	694.3	Impetigo herpetiformis	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	694.4	Pemphigus	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	694.5	Pemphigoid	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	694.60	Benign mucous membrane pemphigoid without mention of ocular involvement	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	694.61	Benign mucous membrane pemphigoid with ocular involvement	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	694.8	Other specified bullous dermatosis	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	694.9	Unspecified bullous dermatosis	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.0	Toxic erythema	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.1	Erythema multiforme	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.10	Erythema multiforme, unspecified	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.11	Erythema multiforme minor	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.12	Erythema multiforme major	Diagnosis	ICD-9-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Other Allergic/Inflammatory Skin Conditions	695.13	Stevens-Johnson syndrome	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.14	Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.15	Toxic epidermal necrolysis	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.19	Other erythema multiforme	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.2	Erythema nodosum	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.3	Rosacea	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.4	Lupus erythematosus	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.50	Exfoliation due to erythematous condition involving less than ICD-10-CM percent of body surface	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.51	Exfoliation due to erythematous condition involving ICD-10-CM-19 percent of body surface	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.52	Exfoliation due to erythematous condition involving 20-29 percent of body surface	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.53	Exfoliation due to erythematous condition involving 30-39 percent of body surface	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.54	Exfoliation due to erythematous condition involving 40-49 percent of body surface	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.55	Exfoliation due to erythematous condition involving 50-59 percent of body surface	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.56	Exfoliation due to erythematous condition involving 60-69 percent of body surface	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.57	Exfoliation due to erythematous condition involving 70-79 percent of body surface	Diagnosis	ICD-9-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Other Allergic/Inflammatory Skin Conditions	695.58	Exfoliation due to erythematous condition involving 80-89 percent of body surface	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.59	Exfoliation due to erythematous condition involving 90 percent or more of body surface	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.81	Ritter's disease	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.89	Other specified erythematous condition	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	695.9	Unspecified erythematous condition	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	696.0	Psoriatic arthropathy	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	696.1	Other psoriasis	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	696.2	Parapsoriasis	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	696.3	Pityriasis rosea	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	696.4	Pityriasis rubra pilaris	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	696.5	Other and unspecified pityriasis	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	696.8	Psoriasis related disease NEC	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	697.0	Lichen planus	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	697.1	Lichen nitidus	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	697.8	Other lichen, not elsewhere classified	Diagnosis	ICD-9-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Other Allergic/Inflammatory Skin Conditions	697.9	Unspecified lichen	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	698.0	Pruritus ani	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	698.1	Pruritus of genital organs	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	698.2	Prurigo	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	698.3	Lichenification and lichen simplex chronicus	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	698.4	Dermatitis factitia (artefacta)	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	698.8	Other specified pruritic conditions	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	698.9	Unspecified pruritic disorder	Diagnosis	ICD-9-CM
Other Allergic/Inflammatory Skin Conditions	L00	Staphylococcal scalded skin syndrome	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L10.0	Pemphigus vulgaris	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L10.1	Pemphigus vegetans	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L10.2	Pemphigus foliaceus	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L10.3	Brazilian pemphigus [fogo selvagem]	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L10.4	Pemphigus erythematosus	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L10.5	Drug-induced pemphigus	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Other Allergic/Inflammatory Skin Conditions	L10.81	Paraneoplastic pemphigus	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L10.89	Other pemphigus	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L10.9	Pemphigus, unspecified	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L12.0	Bullous pemphigoid	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L12.1	Cicatricial pemphigoid	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L12.2	Chronic bullous disease of childhood	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L12.30	Acquired epidermolysis bullosa, unspecified	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L12.31	Epidermolysis bullosa due to drug	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L12.35	Other acquired epidermolysis bullosa	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L12.8	Other pemphigoid	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L12.9	Pemphigoid, unspecified	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L13.0	Dermatitis herpetiformis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L13.1	Subcorneal pustular dermatitis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L13.8	Other specified bullous disorders	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L13.9	Bullous disorder, unspecified	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Other Allergic/Inflammatory Skin Conditions	L14	Bullous disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L20.83	Infantile (acute) (chronic) eczema	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L21.0	Seborrhea capitis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L21.1	Seborrheic infantile dermatitis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L21.8	Other seborrheic dermatitis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L21.9	Seborrheic dermatitis, unspecified	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L22	Diaper dermatitis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L23.1	Allergic contact dermatitis due to adhesives	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L23.5	Allergic contact dermatitis due to other chemical products	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L23.6	Allergic contact dermatitis due to food in contact with the skin	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L24.5	Irritant contact dermatitis due to other chemical products	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L24.6	Irritant contact dermatitis due to food in contact with skin	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L25.3	Unspecified contact dermatitis due to other chemical products	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L25.4	Unspecified contact dermatitis due to food in contact with skin	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L26	Exfoliative dermatitis	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Other Allergic/Inflammatory Skin Conditions	L27.0	Generalized skin eruption due to drugs and medicaments taken internally	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L27.1	Localized skin eruption due to drugs and medicaments taken internally	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L27.2	Dermatitis due to ingested food	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L27.8	Dermatitis due to other substances taken internally	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L28.0	Lichen simplex chronicus	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L28.1	Prurigo nodularis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L28.2	Other prurigo	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L29.0	Pruritus ani	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L29.1	Pruritus scroti	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L29.2	Pruritus vulvae	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L29.3	Anogenital pruritus, unspecified	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L29.8	Other pruritus	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L29.9	Pruritus, unspecified	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L30.3	Infective dermatitis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L30.4	Erythema intertrigo	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Other Allergic/Inflammatory Skin Conditions	L30.5	Pityriasis alba	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L40.0	Psoriasis vulgaris	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L40.1	Generalized pustular psoriasis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L40.2	Acrodermatitis continua	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L40.3	Pustulosis palmaris et plantaris	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L40.4	Guttate psoriasis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L40.50	Arthropathic psoriasis, unspecified	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L40.51	Distal interphalangeal psoriatic arthropathy	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L40.52	Psoriatic arthritis mutilans	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L40.53	Psoriatic spondylitis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L40.54	Psoriatic juvenile arthropathy	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L40.59	Other psoriatic arthropathy	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L40.8	Other psoriasis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L40.9	Psoriasis, unspecified	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L41.0	Pityriasis lichenoides et varioliformis acuta	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Other Allergic/Inflammatory Skin Conditions	L41.1	Pityriasis lichenoides chronica	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L41.3	Small plaque parapsoriasis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L41.4	Large plaque parapsoriasis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L41.5	Retiform parapsoriasis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L41.8	Other parapsoriasis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L41.9	Parapsoriasis, unspecified	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L42	Pityriasis rosea	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L43.0	Hypertrophic lichen planus	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L43.1	Bullous lichen planus	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L43.2	Lichenoid drug reaction	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L43.3	Subacute (active) lichen planus	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L43.8	Other lichen planus	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L43.9	Lichen planus, unspecified	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L44.0	Pityriasis rubra pilaris	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L44.1	Lichen nitidus	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Other Allergic/Inflammatory Skin Conditions	L44.2	Lichen striatus	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L44.3	Lichen ruber moniliformis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L44.8	Other specified papulosquamous disorders	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L44.9	Papulosquamous disorder, unspecified	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L45	Papulosquamous disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L49.0	Exfoliation due to erythematous condition involving less than ICD-10-CM percent of body surface	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L49.1	Exfoliation due to erythematous condition involving ICD-10-CM-19 percent of body surface	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L49.2	Exfoliation due to erythematous condition involving 20-29 percent of body surface	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L49.3	Exfoliation due to erythematous condition involving 30-39 percent of body surface	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L49.4	Exfoliation due to erythematous condition involving 40-49 percent of body surface	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L49.5	Exfoliation due to erythematous condition involving 50-59 percent of body surface	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L49.6	Exfoliation due to erythematous condition involving 60-69 percent of body surface	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L49.7	Exfoliation due to erythematous condition involving 70-79 percent of body surface	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L49.8	Exfoliation due to erythematous condition involving 80-89 percent of body surface	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L49.9	Exfoliation due to erythematous condition involving 90 or more percent of body surface	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Other Allergic/Inflammatory Skin Conditions	L51.0	Nonbullous erythema multiforme	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L51.1	Stevens-Johnson syndrome	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L51.2	Toxic epidermal necrolysis [Lyell]	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L51.3	Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L51.8	Other erythema multiforme	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L51.9	Erythema multiforme, unspecified	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L52	Erythema nodosum	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L53.0	Toxic erythema	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L53.1	Erythema annulare centrifugum	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L53.2	Erythema marginatum	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L53.3	Other chronic figurate erythema	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L53.8	Other specified erythematous conditions	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L53.9	Erythematous condition, unspecified	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L54	Erythema in diseases classified elsewhere	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L55.0	Sunburn of first degree	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Other Allergic/Inflammatory Skin Conditions	L55.1	Sunburn of second degree	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L55.2	Sunburn of third degree	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L55.9	Sunburn, unspecified	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L56.0	Drug phototoxic response	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L56.1	Drug photoallergic response	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L56.2	Photocontact dermatitis [berloque dermatitis]	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L56.3	Solar urticaria	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L57.1	Actinic reticuloid	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L57.5	Actinic granuloma	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L66.1	Lichen planopilaris	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L71.0	Perioral dermatitis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L71.1	Rhinophyma	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L71.8	Other rosacea	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L71.9	Rosacea, unspecified	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L92.0	Granuloma annulare	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Other Allergic/Inflammatory Skin Conditions	L93.0	Discoid lupus erythematosus	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L93.1	Subacute cutaneous lupus erythematosus	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L93.2	Other local lupus erythematosus	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L94.5	Poikiloderma vasculare atrophicans	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L95.1	Erythema elevatum diutinum	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L98.1	Factitial dermatitis	Diagnosis	ICD-10-CM
Other Allergic/Inflammatory Skin Conditions	L98.2	Febrile neutrophilic dermatosis [Sweet]	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	614.0	Acute salpingitis and oophoritis	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	614.1	Chronic salpingitis and oophoritis	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	614.2	Salpingitis and oophoritis not specified as acute, subacute, or chronic	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	614.3	Acute parametritis and pelvic cellulitis	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	614.4	Chronic or unspecified parametritis and pelvic cellulitis	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	614.5	Acute or unspecified pelvic peritonitis, female	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	614.6	Pelvic peritoneal adhesions, female (postoperative) (postinfection)	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	614.7	Other chronic pelvic peritonitis, female	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	614.8	Other specified inflammatory disease of female pelvic organs and tissues	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	614.9	Unspecified inflammatory disease of female pelvic organs and tissues	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	615.0	Acute inflammatory disease of uterus, except cervix	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	615.1	Chronic inflammatory disease of uterus, except cervix	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	615.9	Unspecified inflammatory disease of uterus	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	616.0	Cervicitis and endocervicitis	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	616.10	Unspecified vaginitis and vulvovaginitis	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	616.11	Vaginitis and vulvovaginitis in diseases classified elsewhere	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	616.2	Cyst of Bartholin's gland	Diagnosis	ICD-9-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Pelvic Inflammatory Disease	616.3	Abscess of Bartholin's gland	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	616.4	Other abscess of vulva	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	616.50	Unspecified ulceration of vulva	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	616.51	Ulceration of vulva in disease classified elsewhere	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	616.8	Other specified inflammatory diseases of cervix, vagina, and vulva	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	616.81	Mucositis (ulcerative) of cervix, vagina, and vulva	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	616.89	Other inflammatory disease of cervix, vagina and vulva	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	616.9	Unspecified inflammatory disease of cervix, vagina, and vulva	Diagnosis	ICD-9-CM
Pelvic Inflammatory Disease	A56.02	Chlamydial vulvovaginitis	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	A56.11	Chlamydial female pelvic inflammatory disease	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N70.01	Acute salpingitis	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N70.02	Acute oophoritis	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N70.03	Acute salpingitis and oophoritis	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N70.11	Chronic salpingitis	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N70.12	Chronic oophoritis	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N70.13	Chronic salpingitis and oophoritis	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N70.91	Salpingitis, unspecified	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N70.92	Oophoritis, unspecified	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N70.93	Salpingitis and oophoritis, unspecified	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N71.0	Acute inflammatory disease of uterus	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N71.1	Chronic inflammatory disease of uterus	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N71.9	Inflammatory disease of uterus, unspecified	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N72	Inflammatory disease of cervix uteri	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N73.0	Acute parametritis and pelvic cellulitis	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N73.1	Chronic parametritis and pelvic cellulitis	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N73.2	Unspecified parametritis and pelvic cellulitis	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N73.3	Female acute pelvic peritonitis	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N73.4	Female chronic pelvic peritonitis	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N73.5	Female pelvic peritonitis, unspecified	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N73.6	Female pelvic peritoneal adhesions (postinfective)	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N73.8	Other specified female pelvic inflammatory diseases	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Pelvic Inflammatory Disease	N73.9	Female pelvic inflammatory disease, unspecified	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N74	Female pelvic inflammatory disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N75.0	Cyst of Bartholin's gland	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N75.1	Abscess of Bartholin's gland	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N75.8	Other diseases of Bartholin's gland	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N75.9	Disease of Bartholin's gland, unspecified	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N76.0	Acute vaginitis	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N76.1	Subacute and chronic vaginitis	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N76.2	Acute vulvitis	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N76.3	Subacute and chronic vulvitis	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N76.4	Abscess of vulva	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N76.5	Ulceration of vagina	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N76.6	Ulceration of vulva	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N76.81	Mucositis (ulcerative) of vagina and vulva	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N76.89	Other specified inflammation of vagina and vulva	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N77.0	Ulceration of vulva in diseases classified elsewhere	Diagnosis	ICD-10-CM
Pelvic Inflammatory Disease	N77.1	Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere	Diagnosis	ICD-10-CM
Postprocedural Fever	780.62	Postprocedural fever	Diagnosis	ICD-9-CM
Postprocedural Fever	R50.82	Postprocedural fever	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	714.0	Rheumatoid arthritis	Diagnosis	ICD-9-CM
Rheumatoid Arthritis	714.1	Felty's syndrome	Diagnosis	ICD-9-CM
Rheumatoid Arthritis	714.2	Other rheumatoid arthritis with visceral or systemic involvement	Diagnosis	ICD-9-CM
Rheumatoid Arthritis	714.3	Juvenile chronic polyarthritis	Diagnosis	ICD-9-CM
Rheumatoid Arthritis	714.30	Polyarticular juvenile rheumatoid arthritis, chronic or unspecified	Diagnosis	ICD-9-CM
Rheumatoid Arthritis	714.31	Polyarticular juvenile rheumatoid arthritis, acute	Diagnosis	ICD-9-CM
Rheumatoid Arthritis	714.32	Pauciarticular juvenile rheumatoid arthritis	Diagnosis	ICD-9-CM
Rheumatoid Arthritis	714.33	Monoarticular juvenile rheumatoid arthritis	Diagnosis	ICD-9-CM
Rheumatoid Arthritis	714.4	Chronic post-rheumatic arthropathy	Diagnosis	ICD-9-CM
Rheumatoid Arthritis	714.8	Other specified inflammatory polyarthropathies	Diagnosis	ICD-9-CM
Rheumatoid Arthritis	714.81	Rheumatoid lung	Diagnosis	ICD-9-CM
Rheumatoid Arthritis	714.89	Other specified inflammatory polyarthropathies	Diagnosis	ICD-9-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Rheumatoid Arthritis	714.9	Unspecified inflammatory polyarthropathy	Diagnosis	ICD-9-CM
Rheumatoid Arthritis	720.0	Ankylosing spondylitis	Diagnosis	ICD-9-CM
Rheumatoid Arthritis	M05.00	Felty's syndrome, unspecified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.011	Felty's syndrome, right shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.012	Felty's syndrome, left shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.019	Felty's syndrome, unspecified shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.021	Felty's syndrome, right elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.022	Felty's syndrome, left elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.029	Felty's syndrome, unspecified elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.031	Felty's syndrome, right wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.032	Felty's syndrome, left wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.039	Felty's syndrome, unspecified wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.041	Felty's syndrome, right hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.042	Felty's syndrome, left hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.049	Felty's syndrome, unspecified hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.051	Felty's syndrome, right hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.052	Felty's syndrome, left hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.059	Felty's syndrome, unspecified hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.061	Felty's syndrome, right knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.062	Felty's syndrome, left knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.069	Felty's syndrome, unspecified knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.071	Felty's syndrome, right ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.072	Felty's syndrome, left ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.079	Felty's syndrome, unspecified ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.09	Felty's syndrome, multiple sites	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.10	Rheumatoid lung disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.111	Rheumatoid lung disease with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.112	Rheumatoid lung disease with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.119	Rheumatoid lung disease with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.121	Rheumatoid lung disease with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.122	Rheumatoid lung disease with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Rheumatoid Arthritis	M05.129	Rheumatoid lung disease with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.131	Rheumatoid lung disease with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.132	Rheumatoid lung disease with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.139	Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.141	Rheumatoid lung disease with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.142	Rheumatoid lung disease with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.149	Rheumatoid lung disease with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.151	Rheumatoid lung disease with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.152	Rheumatoid lung disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.159	Rheumatoid lung disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.161	Rheumatoid lung disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.162	Rheumatoid lung disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.169	Rheumatoid lung disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.171	Rheumatoid lung disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.172	Rheumatoid lung disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.179	Rheumatoid lung disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.19	Rheumatoid lung disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.212	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.221	Rheumatoid vasculitis with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.222	Rheumatoid vasculitis with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.229	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.231	Rheumatoid vasculitis with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.232	Rheumatoid vasculitis with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.239	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.241	Rheumatoid vasculitis with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.242	Rheumatoid vasculitis with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.249	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Rheumatoid Arthritis	M05.251	Rheumatoid vasculitis with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.252	Rheumatoid vasculitis with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.259	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.30	Rheumatoid heart disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.311	Rheumatoid heart disease with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.312	Rheumatoid heart disease with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.319	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.321	Rheumatoid heart disease with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.322	Rheumatoid heart disease with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.329	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.331	Rheumatoid heart disease with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.332	Rheumatoid heart disease with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.339	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.341	Rheumatoid heart disease with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.342	Rheumatoid heart disease with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.349	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.351	Rheumatoid heart disease with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.352	Rheumatoid heart disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.359	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Rheumatoid Arthritis	M05.379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.39	Rheumatoid heart disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.421	Rheumatoid myopathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.422	Rheumatoid myopathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.431	Rheumatoid myopathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.432	Rheumatoid myopathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.441	Rheumatoid myopathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.442	Rheumatoid myopathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Rheumatoid Arthritis	M05.519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.60	Rheumatoid arthritis of unspecified site with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.611	Rheumatoid arthritis of right shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.612	Rheumatoid arthritis of left shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.619	Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Rheumatoid Arthritis	M05.621	Rheumatoid arthritis of right elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.622	Rheumatoid arthritis of left elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.629	Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.631	Rheumatoid arthritis of right wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.632	Rheumatoid arthritis of left wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.639	Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.641	Rheumatoid arthritis of right hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.642	Rheumatoid arthritis of left hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.649	Rheumatoid arthritis of unspecified hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.651	Rheumatoid arthritis of right hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.652	Rheumatoid arthritis of left hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.659	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.669	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Rheumatoid Arthritis	M05.672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.69	Rheumatoid arthritis of multiple sites with involvement of other organs and systems	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.70	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.711	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.712	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.719	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.729	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.731	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.732	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.739	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.741	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.742	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Rheumatoid Arthritis	M05.749	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.759	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.769	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.771	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.772	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.779	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.80	Other rheumatoid arthritis with rheumatoid factor of unspecified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.811	Other rheumatoid arthritis with rheumatoid factor of right shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.812	Other rheumatoid arthritis with rheumatoid factor of left shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.819	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.821	Other rheumatoid arthritis with rheumatoid factor of right elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.822	Other rheumatoid arthritis with rheumatoid factor of left elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.829	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.831	Other rheumatoid arthritis with rheumatoid factor of right wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.832	Other rheumatoid arthritis with rheumatoid factor of left wrist	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Rheumatoid Arthritis	M05.839	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.841	Other rheumatoid arthritis with rheumatoid factor of right hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.842	Other rheumatoid arthritis with rheumatoid factor of left hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.849	Other rheumatoid arthritis with rheumatoid factor of unspecified hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.011	Rheumatoid arthritis without rheumatoid factor, right shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.012	Rheumatoid arthritis without rheumatoid factor, left shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.019	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.021	Rheumatoid arthritis without rheumatoid factor, right elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.022	Rheumatoid arthritis without rheumatoid factor, left elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.029	Rheumatoid arthritis without rheumatoid factor, unspecified elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.031	Rheumatoid arthritis without rheumatoid factor, right wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.032	Rheumatoid arthritis without rheumatoid factor, left wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.039	Rheumatoid arthritis without rheumatoid factor, unspecified wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.041	Rheumatoid arthritis without rheumatoid factor, right hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.042	Rheumatoid arthritis without rheumatoid factor, left hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.049	Rheumatoid arthritis without rheumatoid factor, unspecified hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.051	Rheumatoid arthritis without rheumatoid factor, right hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.052	Rheumatoid arthritis without rheumatoid factor, left hip	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Rheumatoid Arthritis	M06.059	Rheumatoid arthritis without rheumatoid factor, unspecified hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.061	Rheumatoid arthritis without rheumatoid factor, right knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.062	Rheumatoid arthritis without rheumatoid factor, left knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.069	Rheumatoid arthritis without rheumatoid factor, unspecified knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.1	Adult-onset Still's disease	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.20	Rheumatoid bursitis, unspecified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.211	Rheumatoid bursitis, right shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.212	Rheumatoid bursitis, left shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.219	Rheumatoid bursitis, unspecified shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.221	Rheumatoid bursitis, right elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.222	Rheumatoid bursitis, left elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.229	Rheumatoid bursitis, unspecified elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.231	Rheumatoid bursitis, right wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.232	Rheumatoid bursitis, left wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.239	Rheumatoid bursitis, unspecified wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.241	Rheumatoid bursitis, right hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.242	Rheumatoid bursitis, left hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.249	Rheumatoid bursitis, unspecified hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.251	Rheumatoid bursitis, right hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.252	Rheumatoid bursitis, left hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.259	Rheumatoid bursitis, unspecified hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.261	Rheumatoid bursitis, right knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.262	Rheumatoid bursitis, left knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.269	Rheumatoid bursitis, unspecified knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.271	Rheumatoid bursitis, right ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.272	Rheumatoid bursitis, left ankle and foot	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Rheumatoid Arthritis	M06.279	Rheumatoid bursitis, unspecified ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.28	Rheumatoid bursitis, vertebrae	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.29	Rheumatoid bursitis, multiple sites	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.30	Rheumatoid nodule, unspecified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.311	Rheumatoid nodule, right shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.312	Rheumatoid nodule, left shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.319	Rheumatoid nodule, unspecified shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.321	Rheumatoid nodule, right elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.322	Rheumatoid nodule, left elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.329	Rheumatoid nodule, unspecified elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.331	Rheumatoid nodule, right wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.332	Rheumatoid nodule, left wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.339	Rheumatoid nodule, unspecified wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.341	Rheumatoid nodule, right hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.342	Rheumatoid nodule, left hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.349	Rheumatoid nodule, unspecified hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.351	Rheumatoid nodule, right hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.352	Rheumatoid nodule, left hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.359	Rheumatoid nodule, unspecified hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.361	Rheumatoid nodule, right knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.362	Rheumatoid nodule, left knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.369	Rheumatoid nodule, unspecified knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.371	Rheumatoid nodule, right ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.372	Rheumatoid nodule, left ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.379	Rheumatoid nodule, unspecified ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.38	Rheumatoid nodule, vertebrae	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.39	Rheumatoid nodule, multiple sites	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.4	Inflammatory polyarthropathy	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.80	Other specified rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.811	Other specified rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.812	Other specified rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Rheumatoid Arthritis	M06.819	Other specified rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.821	Other specified rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.822	Other specified rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.829	Other specified rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.831	Other specified rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.832	Other specified rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.839	Other specified rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.841	Other specified rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.842	Other specified rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.849	Other specified rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.851	Other specified rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.852	Other specified rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.859	Other specified rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.861	Other specified rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.862	Other specified rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.869	Other specified rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.871	Other specified rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.872	Other specified rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.879	Other specified rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.88	Other specified rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.89	Other specified rheumatoid arthritis, multiple sites	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M06.9	Rheumatoid arthritis, unspecified	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.00	Unspecified juvenile rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.011	Unspecified juvenile rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.012	Unspecified juvenile rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.019	Unspecified juvenile rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.021	Unspecified juvenile rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.022	Unspecified juvenile rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.029	Unspecified juvenile rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.031	Unspecified juvenile rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.032	Unspecified juvenile rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Rheumatoid Arthritis	M08.039	Unspecified juvenile rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.041	Unspecified juvenile rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.042	Unspecified juvenile rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.049	Unspecified juvenile rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.051	Unspecified juvenile rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.052	Unspecified juvenile rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.059	Unspecified juvenile rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.061	Unspecified juvenile rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.062	Unspecified juvenile rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.069	Unspecified juvenile rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.071	Unspecified juvenile rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.072	Unspecified juvenile rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.079	Unspecified juvenile rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.08	Unspecified juvenile rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.09	Unspecified juvenile rheumatoid arthritis, multiple sites	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.1	Juvenile ankylosing spondylitis	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.20	Juvenile rheumatoid arthritis with systemic onset, unspecified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.211	Juvenile rheumatoid arthritis with systemic onset, right shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.212	Juvenile rheumatoid arthritis with systemic onset, left shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.219	Juvenile rheumatoid arthritis with systemic onset, unspecified shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.221	Juvenile rheumatoid arthritis with systemic onset, right elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.222	Juvenile rheumatoid arthritis with systemic onset, left elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.229	Juvenile rheumatoid arthritis with systemic onset, unspecified elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.231	Juvenile rheumatoid arthritis with systemic onset, right wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.232	Juvenile rheumatoid arthritis with systemic onset, left wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.239	Juvenile rheumatoid arthritis with systemic onset, unspecified wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.241	Juvenile rheumatoid arthritis with systemic onset, right hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.242	Juvenile rheumatoid arthritis with systemic onset, left hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.249	Juvenile rheumatoid arthritis with systemic onset, unspecified hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.251	Juvenile rheumatoid arthritis with systemic onset, right hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.252	Juvenile rheumatoid arthritis with systemic onset, left hip	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Rheumatoid Arthritis	M08.259	Juvenile rheumatoid arthritis with systemic onset, unspecified hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.261	Juvenile rheumatoid arthritis with systemic onset, right knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.262	Juvenile rheumatoid arthritis with systemic onset, left knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.269	Juvenile rheumatoid arthritis with systemic onset, unspecified knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.271	Juvenile rheumatoid arthritis with systemic onset, right ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.272	Juvenile rheumatoid arthritis with systemic onset, left ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.279	Juvenile rheumatoid arthritis with systemic onset, unspecified ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.28	Juvenile rheumatoid arthritis with systemic onset, vertebrae	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.29	Juvenile rheumatoid arthritis with systemic onset, multiple sites	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.3	Juvenile rheumatoid polyarthritis (seronegative)	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.40	Pauciarticular juvenile rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.411	Pauciarticular juvenile rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.412	Pauciarticular juvenile rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.419	Pauciarticular juvenile rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.421	Pauciarticular juvenile rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.422	Pauciarticular juvenile rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.429	Pauciarticular juvenile rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.431	Pauciarticular juvenile rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.432	Pauciarticular juvenile rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.439	Pauciarticular juvenile rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.441	Pauciarticular juvenile rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.442	Pauciarticular juvenile rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.449	Pauciarticular juvenile rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.451	Pauciarticular juvenile rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.452	Pauciarticular juvenile rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.459	Pauciarticular juvenile rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.461	Pauciarticular juvenile rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.462	Pauciarticular juvenile rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.469	Pauciarticular juvenile rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.471	Pauciarticular juvenile rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.472	Pauciarticular juvenile rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Rheumatoid Arthritis	M08.479	Pauciarticular juvenile rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.48	Pauciarticular juvenile rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.80	Other juvenile arthritis, unspecified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.811	Other juvenile arthritis, right shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.812	Other juvenile arthritis, left shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.819	Other juvenile arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.821	Other juvenile arthritis, right elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.822	Other juvenile arthritis, left elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.829	Other juvenile arthritis, unspecified elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.831	Other juvenile arthritis, right wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.832	Other juvenile arthritis, left wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.839	Other juvenile arthritis, unspecified wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.841	Other juvenile arthritis, right hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.842	Other juvenile arthritis, left hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.849	Other juvenile arthritis, unspecified hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.851	Other juvenile arthritis, right hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.852	Other juvenile arthritis, left hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.859	Other juvenile arthritis, unspecified hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.861	Other juvenile arthritis, right knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.862	Other juvenile arthritis, left knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.869	Other juvenile arthritis, unspecified knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.871	Other juvenile arthritis, right ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.872	Other juvenile arthritis, left ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.879	Other juvenile arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.88	Other juvenile arthritis, other specified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.89	Other juvenile arthritis, multiple sites	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.90	Juvenile arthritis, unspecified, unspecified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.911	Juvenile arthritis, unspecified, right shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.912	Juvenile arthritis, unspecified, left shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.919	Juvenile arthritis, unspecified, unspecified shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.921	Juvenile arthritis, unspecified, right elbow	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Rheumatoid Arthritis	M08.922	Juvenile arthritis, unspecified, left elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.929	Juvenile arthritis, unspecified, unspecified elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.931	Juvenile arthritis, unspecified, right wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.932	Juvenile arthritis, unspecified, left wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.939	Juvenile arthritis, unspecified, unspecified wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.941	Juvenile arthritis, unspecified, right hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.942	Juvenile arthritis, unspecified, left hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.949	Juvenile arthritis, unspecified, unspecified hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.951	Juvenile arthritis, unspecified, right hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.952	Juvenile arthritis, unspecified, left hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.959	Juvenile arthritis, unspecified, unspecified hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.961	Juvenile arthritis, unspecified, right knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.962	Juvenile arthritis, unspecified, left knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.969	Juvenile arthritis, unspecified, unspecified knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.971	Juvenile arthritis, unspecified, right ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.972	Juvenile arthritis, unspecified, left ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.979	Juvenile arthritis, unspecified, unspecified ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.98	Juvenile arthritis, unspecified, vertebrae	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M08.99	Juvenile arthritis, unspecified, multiple sites	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.00	Chronic postrheumatic arthropathy [Jaccoud], unspecified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.011	Chronic postrheumatic arthropathy [Jaccoud], right shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.012	Chronic postrheumatic arthropathy [Jaccoud], left shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.019	Chronic postrheumatic arthropathy [Jaccoud], unspecified shoulder	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.021	Chronic postrheumatic arthropathy [Jaccoud], right elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.022	Chronic postrheumatic arthropathy [Jaccoud], left elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.029	Chronic postrheumatic arthropathy [Jaccoud], unspecified elbow	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.031	Chronic postrheumatic arthropathy [Jaccoud], right wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.032	Chronic postrheumatic arthropathy [Jaccoud], left wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.039	Chronic postrheumatic arthropathy [Jaccoud], unspecified wrist	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.041	Chronic postrheumatic arthropathy [Jaccoud], right hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.042	Chronic postrheumatic arthropathy [Jaccoud], left hand	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Rheumatoid Arthritis	M12.049	Chronic postrheumatic arthropathy [Jaccoud], unspecified hand	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.051	Chronic postrheumatic arthropathy [Jaccoud], right hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.052	Chronic postrheumatic arthropathy [Jaccoud], left hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.059	Chronic postrheumatic arthropathy [Jaccoud], unspecified hip	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.061	Chronic postrheumatic arthropathy [Jaccoud], right knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.062	Chronic postrheumatic arthropathy [Jaccoud], left knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.069	Chronic postrheumatic arthropathy [Jaccoud], unspecified knee	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.071	Chronic postrheumatic arthropathy [Jaccoud], right ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.072	Chronic postrheumatic arthropathy [Jaccoud], left ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.079	Chronic postrheumatic arthropathy [Jaccoud], unspecified ankle and foot	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.08	Chronic postrheumatic arthropathy [Jaccoud], other specified site	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M12.09	Chronic postrheumatic arthropathy [Jaccoud], multiple sites	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M45.0	Ankylosing spondylitis of multiple sites in spine	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M45.1	Ankylosing spondylitis of occipito-atlanto-axial region	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M45.2	Ankylosing spondylitis of cervical region	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M45.3	Ankylosing spondylitis of cervicothoracic region	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M45.4	Ankylosing spondylitis of thoracic region	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M45.5	Ankylosing spondylitis of thoracolumbar region	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M45.6	Ankylosing spondylitis lumbar region	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M45.7	Ankylosing spondylitis of lumbosacral region	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M45.8	Ankylosing spondylitis sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M45.9	Ankylosing spondylitis of unspecified sites in spine	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M48.8X1	Other specified spondylopathies, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M48.8X2	Other specified spondylopathies, cervical region	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M48.8X3	Other specified spondylopathies, cervicothoracic region	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M48.8X4	Other specified spondylopathies, thoracic region	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M48.8X5	Other specified spondylopathies, thoracolumbar region	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M48.8X6	Other specified spondylopathies, lumbar region	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M48.8X7	Other specified spondylopathies, lumbosacral region	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M48.8X8	Other specified spondylopathies, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
Rheumatoid Arthritis	M48.8X9	Other specified spondylopathies, site unspecified	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Unspecified essential hypertension	401.9	Unspecified essential hypertension	Diagnosis	ICD-9-CM
Unspecified essential hypertension	I10	Essential (primary) hypertension	Diagnosis	ICD-10-CM
Unspecified essential hypertension	I16.0	Hypertensive urgency	Diagnosis	ICD-10-CM
Unspecified essential hypertension	I16.1	Hypertensive emergency	Diagnosis	ICD-10-CM
Unspecified essential hypertension	I16.9	Hypertensive crisis, unspecified	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	867.4	Uterus injury without mention of open wound into cavity	Diagnosis	ICD-9-CM
Uterine Perforation or Device Migration	996.3	Mechanical complication of genitourinary device, implant, and graft	Diagnosis	ICD-9-CM
Uterine Perforation or Device Migration	996.30	Mechanical complication of unspecified genitourinary device, implant, and graft	Diagnosis	ICD-9-CM
Uterine Perforation or Device Migration	996.39	Mechanical complication of genitourinary device, implant, and graft, other	Diagnosis	ICD-9-CM
Uterine Perforation or Device Migration	996.60	Infection and inflammatory reaction due to unspecified device, implant, and graft	Diagnosis	ICD-9-CM
Uterine Perforation or Device Migration	996.65	Infection and inflammatory reaction due to other genitourinary device, implant, and graft	Diagnosis	ICD-9-CM
Uterine Perforation or Device Migration	996.70	Other complications due to unspecified device, implant, and graft	Diagnosis	ICD-9-CM
Uterine Perforation or Device Migration	996.76	Other complications due to genitourinary device, implant, and graft	Diagnosis	ICD-9-CM
Uterine Perforation or Device Migration	S37.60XA	Unspecified injury of uterus, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	S37.62XA	Contusion of uterus, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	S37.63XA	Laceration of uterus, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	S37.69XA	Other injury of uterus, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.010A	Breakdown (mechanical) of cystostomy catheter, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.012A	Breakdown (mechanical) of nephrostomy catheter, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.018A	Breakdown (mechanical) of other urinary catheter, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.020A	Displacement of cystostomy catheter, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.022A	Displacement of nephrostomy catheter, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.028A	Displacement of other urinary catheter, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.030A	Leakage of cystostomy catheter, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.032A	Leakage of nephrostomy catheter, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.038A	Leakage of other urinary catheter, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.090A	Other mechanical complication of cystostomy catheter, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.092A	Other mechanical complication of nephrostomy catheter, initial encounter	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Uterine Perforation or Device Migration	T83.098A	Other mechanical complication of other urinary catheter, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.110A	Breakdown (mechanical) of urinary electronic stimulator device, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.111A	Breakdown (mechanical) of implanted urinary sphincter, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.112A	Breakdown (mechanical) of indwelling ureteral stent, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.113A	Breakdown (mechanical) of other urinary stents, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.118A	Breakdown (mechanical) of other urinary devices and implants, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.120A	Displacement of urinary electronic stimulator device, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.121A	Displacement of implanted urinary sphincter, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.122A	Displacement of indwelling ureteral stent, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.123A	Displacement of other urinary stents, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.128A	Displacement of other urinary devices and implants, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.190A	Other mechanical complication of urinary electronic stimulator device, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.191A	Other mechanical complication of implanted urinary sphincter, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.192A	Other mechanical complication of indwelling ureteral stent, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.193A	Other mechanical complication of other urinary stent, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.198A	Other mechanical complication of other urinary devices and implants, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.21XA	Breakdown (mechanical) of graft of urinary organ, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.22XA	Displacement of graft of urinary organ, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.23XA	Leakage of graft of urinary organ, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.24XA	Erosion of graft of urinary organ, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.25XA	Exposure of graft of urinary organ, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.29XA	Other mechanical complication of graft of urinary organ, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.410A	Breakdown (mechanical) of implanted penile prosthesis, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.411A	Breakdown (mechanical) of implanted testicular prosthesis, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.418A	Breakdown (mechanical) of other prosthetic devices, implants and grafts of genital tract, initial encounter	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Uterine Perforation or Device Migration	T83.420A	Displacement of implanted penile prosthesis, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.421A	Displacement of implanted testicular prosthesis, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.428A	Displacement of other prosthetic devices, implants and grafts of genital tract, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.490A	Other mechanical complication of implanted penile prosthesis, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.491A	Other mechanical complication of implanted testicular prosthesis, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.498A	Other mechanical complication of other prosthetic devices, implants and grafts of genital tract, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.590A	Infection and inflammatory reaction due to implanted urinary neurostimulation device, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.591A	Infection and inflammatory reaction due to implanted urinary sphincter, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.592A	Infection and inflammatory reaction due to indwelling ureteral stent, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.593A	Infection and inflammatory reaction due to other urinary stents, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.598A	Infection and inflammatory reaction due to other prosthetic device, implant and graft in urinary system, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.61XA	Infection and inflammatory reaction due to implanted penile prosthesis, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.62XA	Infection and inflammatory reaction due to implanted testicular prosthesis, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.69XA	Infection and inflammatory reaction due to other prosthetic device, implant and graft in genital tract, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.712A	Erosion of implanted urethral mesh to surrounding organ or tissue, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.713A	Erosion of implanted urethral bulking agent to surrounding organ or tissue, initial encounter	Diagnosis	ICD-10-CM

Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Baseline Characteristics in this Request

Baseline Characteristic Category	Code	Description	Code Category	Code Type
Uterine Perforation or Device Migration	T83.714A	Erosion of implanted ureteral bulking agent to surrounding organ or tissue, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.718A	Erosion of other implanted mesh to organ or tissue, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.719A	Erosion of other prosthetic materials to surrounding organ or tissue, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.722A	Exposure of implanted urethral mesh into urethra, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.723A	Exposure of implanted urethral bulking agent into urethra, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.724A	Exposure of implanted ureteral bulking agent into ureter, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.728A	Exposure of other implanted mesh into organ or tissue, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.729A	Exposure of other prosthetic materials into organ or tissue, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.79XA	Other specified complications due to other genitourinary prosthetic materials, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.81XA	Embolism due to genitourinary prosthetic devices, implants and grafts, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.82XA	Fibrosis due to genitourinary prosthetic devices, implants and grafts, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.83XA	Hemorrhage due to genitourinary prosthetic devices, implants and grafts, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.84XA	Pain due to genitourinary prosthetic devices, implants and grafts, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.85XA	Stenosis due to genitourinary prosthetic devices, implants and grafts, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.86XA	Thrombosis due to genitourinary prosthetic devices, implants and grafts, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.89XA	Other specified complication of genitourinary prosthetic devices, implants and grafts, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T83.9XXA	Unspecified complication of genitourinary prosthetic device, implant and graft, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T85.79XA	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, initial encounter	Diagnosis	ICD-10-CM
Uterine Perforation or Device Migration	T85.9XXA	Unspecified complication of internal prosthetic device, implant and graft, initial encounter	Diagnosis	ICD-10-CM

Appendix E. Specifications Defining Parameters for Cohort Entry in this Request

This request executed the Cohort Identification and Descriptive Analysis (CIDA) tool, version 7.3.3, to estimate insertions and removals of intrauterine systems (IUS) and potential adverse health outcomes that may initiate different manifestations of device-related foreign body response in the Sentinel Distributed Database (SDD).

Query Period: January 1, 2010 - December 31, 2018
Coverage Requirement: Medical and Drug Coverage
Pre-Index Enrollment Requirement: 90 days
Post-Index Enrollment Requirement: 90 days
Enrollment Gap: 45 days
Sex: Female Only
Age Groups: 15-19, 20-29, 30-39, 40-61 years
Stratification: Race
Distribution of Index-Defining Codes: Yes

Scenario Group Name	Index Exposure/Event	Cohort Definition	Index Event				Baseline Characteristics	Corresponding Table Shell
			Washout	Race Restriction	Censor Criteria			
1 copper_insert	Copper-releasing IUS insertion	Include all valid episodes during query period	None	All races, overall population	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2a	
2 copper_insert_0	Copper-releasing IUS insertion	Include all valid episodes during query period	None	Unknown	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2a	
3 copper_insert_1	Copper-releasing IUS insertion	Include all valid episodes during query period	None	American Indian or Alaska Native	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2a	
4 copper_insert_2	Copper-releasing IUS insertion	Include all valid episodes during query period	None	Asian	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2a	

Appendix E. Specifications Defining Parameters for Cohort Entry in this Request

Scenario Group Name	Index Event						
	Index Exposure/Event	Cohort Definition	Washout	Race Restriction	Censor Criteria	Baseline Characteristics	Corresponding Table Shell
5 copper_insert_3	Copper-releasing IUS insertion	Include all valid episodes during query period	None	Black or African American	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2a
6 copper_insert_4	Copper-releasing IUS insertion	Include all valid episodes during query period	None	Native Hawaiian or Other Pacific Islander	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2a
7 copper_insert_5	Copper-releasing IUS insertion	Include all valid episodes during query period	None	White	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2a
8 hormone_insert	Hormone-releasing IUS insertion	Include all valid episodes during query period	None	All races, overall population	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2b
9 hormone_insert_0	Hormone-releasing IUS insertion	Include all valid episodes during query period	None	Unknown	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2b
10 hormone_insert_1	Hormone-releasing IUS insertion	Include all valid episodes during query period	None	American Indian or Alaska Native	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2b
11 hormone_insert_2	Hormone-releasing IUS insertion	Include all valid episodes during query period	None	Asian	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2b
12 hormone_insert_3	Hormone-releasing IUS insertion	Include all valid episodes during query period	None	Black or African American	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2b

Appendix E. Specifications Defining Parameters for Cohort Entry in this Request

Scenario Group Name	Index Event						Baseline Characteristics	Corresponding Table Shell
	Index Exposure/Event	Cohort Definition	Washout	Race Restriction	Censor Criteria			
13 hormone_insert_4	Hormone-releasing IUS insertion	Include all valid episodes during query period	None	Native Hawaiian or Other Pacific Islander	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2b	
14 hormone_insert_5	Hormone-releasing IUS insertion	Include all valid episodes during query period	None	White	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2b	
15 ius_insert	Any IUS insertion	Include all valid episodes during query period	None	All races, overall population	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2c	
16 ius_insert_0	Any IUS insertion	Include all valid episodes during query period	None	Unknown	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2c	
17 ius_insert_1	Any IUS insertion	Include all valid episodes during query period	None	American Indian or Alaska Native	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2c	
18 ius_insert_2	Any IUS insertion	Include all valid episodes during query period	None	Asian	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2c	
19 ius_insert_3	Any IUS insertion	Include all valid episodes during query period	None	Black or African American	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2c	
20 ius_insert_4	Any IUS insertion	Include all valid episodes during query period	None	Native Hawaiian or Other Pacific Islander	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2c	

Appendix E. Specifications Defining Parameters for Cohort Entry in this Request

Scenario Group Name	Index Event						Baseline Characteristics	Corresponding Table Shell
	Index Exposure/Event	Cohort Definition	Washout	Race Restriction	Censor Criteria			
21	ius_insert_5	Any IUS insertion	Include all valid episodes during query period	None	White	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.1	Table 2c
22	ius_remove	Any IUS removal	Include all valid episodes during query period	None	All races, overall population	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.2	Table 2d
23	ius_remove_0	Any IUS removal	Include all valid episodes during query period	None	Unknown	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.2	Table 2d
24	ius_remove_1	Any IUS removal	Include all valid episodes during query period	None	American Indian or Alaska Native	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.2	Table 2d
25	ius_remove_2	Any IUS removal	Include all valid episodes during query period	None	Asian	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.2	Table 2d
26	ius_remove_3	Any IUS removal	Include all valid episodes during query period	None	Black or African American	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.2	Table 2d
27	ius_remove_4	Any IUS removal	Include all valid episodes during query period	None	Native Hawaiian or Other Pacific Islander	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.2	Table 2d
28	ius_remove_5	Any IUS removal	Include all valid episodes during query period	None	White	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.2	Table 2d

Appendix E. Specifications Defining Parameters for Cohort Entry in this Request

Scenario Group Name	Index Event						Baseline Characteristics	Corresponding Table Shell
	Index Exposure/Event	Cohort Definition	Washout	Race Restriction	Censor Criteria			
29 oral_contra	Any oral contraceptive (OC) dispensing	Include all valid episodes during query period	None	All races, overall population	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.3	Table 2e	
30 oral_contra_0	Any oral contraceptive dispensing	Include all valid episodes during query period	None	Unknown	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.3	Table 2e	
31 oral_contra_1	Any oral contraceptive dispensing	Include all valid episodes during query period	None	American Indian or Alaska Native	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.3	Table 2e	
32 oral_contra_2	Any oral contraceptive dispensing	Include all valid episodes during query period	None	Asian	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.3	Table 2e	
33 oral_contra_3	Any oral contraceptive dispensing	Include all valid episodes during query period	None	Black or African American	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.3	Table 2e	
34 oral_contra_4	Any oral contraceptive dispensing	Include all valid episodes during query period	None	Native Hawaiian or Other Pacific Islander	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.3	Table 2e	
35 oral_contra_5	Any oral contraceptive dispensing	Include all valid episodes during query period	None	White	Death; Data Partner End Date; Query End Date; Disenrollment	see Appendix F.3	Table 2e	

Appendix E. Specifications Defining Parameters for Cohort Entry in this Request

Scenario Group Name	Index Event					Baseline Characteristics	Corresponding Table Shell	
	Index Exposure/Event	Cohort Definition	Washout	Race Restriction	Censor Criteria			
36	all_ius_oc	Any IUS insertion, IUS removal, or OC dispensing	Include all valid episodes during query period	None	All races, overall population	Death; Data Partner End Date; Query End Date; Disenrollment	N/A	Table 2f
37	all_ius_oc_0	Any IUS insertion, IUS removal, or OC dispensing	Include all valid episodes during query period	None	American Indian or Alaska Native	Death; Data Partner End Date; Query End Date; Disenrollment	N/A	Table 2f
38	all_ius_oc_1	Any IUS insertion, IUS removal, or OC dispensing	Include all valid episodes during query period	None	American Indian or Alaska Native	Death; Data Partner End Date; Query End Date; Disenrollment	N/A	Table 2f
39	all_ius_oc_2	Any IUS insertion, IUS removal, or OC dispensing	Include all valid episodes during query period	None	Asian	Death; Data Partner End Date; Query End Date; Disenrollment	N/A	Table 2f
40	all_ius_oc_3	Any IUS insertion, IUS removal, or OC dispensing	Include all valid episodes during query period	None	Black or African American	Death; Data Partner End Date; Query End Date; Disenrollment	N/A	Table 2f
41	all_ius_oc_4	Any IUS insertion, IUS removal, or OC dispensing	Include all valid episodes during query period	None	Native Hawaiian or Other Pacific Islander	Death; Data Partner End Date; Query End Date; Disenrollment	N/A	Table 2f
42	all_ius_oc_5	Any IUS insertion, IUS removal, or OC dispensing	Include all valid episodes during query period	None	White	Death; Data Partner End Date; Query End Date; Disenrollment	N/A	Table 2f

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

Appendix F.1. Specifications Defining Baseline Characteristics for Intrauterine Systems (IUS) Insertion Cohorts in this Request

IUS Insertion Scenarios (see Table 2a, Table 2b, and Table 2c)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
IUS Removal	Any care setting	-90	-1	1
Malignant Essential Hypertension	Any care setting	-90	-1	1
Benign Essential Hypertension	Any care setting	-90	-1	1
Unspecified Essential Hypertension	Any care setting	-90	-1	1
Non-Essential Hypertension	Any care setting	-90	-1	1
All Hypertension	Any care setting	-90	-1	1
Endometriosis of the Uterus	Any care setting	-90	-1	1
Endometriosis of Gynecological Organs	Any care setting	-90	-1	1
Endometriosis of Non-Gynecological Organs	Any care setting	-90	-1	1
Endometriosis (Unspecified)	Any care setting	-90	-1	1
All Endometriosis	Any care setting	-90	-1	1
All Autoimmune Conditions	Any care setting	-90	-1	1
Rheumatoid Arthritis	Any care setting	-90	-1	1
Lupus	Any care setting	-90	-1	1
Atopic Dermatitis and Dermatitis/Eczema	Any care setting	-90	-1	1
Allergic Urticaria and Other Urticaria	Any care setting	-90	-1	1
Other Allergic/Inflammatory Skin Conditions	Any care setting	-90	-1	1

Appendix F.1. Specifications Defining Baseline Characteristics for Intrauterine Systems (IUS) Insertion Cohorts in this Request

IUS Insertion Scenarios (see Table 2a, Table 2b, and Table 2c)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
Pelvic Inflammatory Disease (PID)	Any care setting	-90	-1	1
Postprocedural Fever	Any care setting	-90	-1	1
Gonococcal Genitourinary Infections	Any care setting	-90	-1	1
Chlamydia Trachomatis Infection of Peritoneum	Any care setting	-90	-1	1
Uterine Perforation or Device Migration	Any care setting	-90	-1	1
Mechanical Complication due to Intrauterine Contraceptive Device	Any care setting	-90	-1	1
IUS Removal	Any care setting	0	0	1
Malignant Essential Hypertension	Any care setting	0	0	1
Benign Essential Hypertension	Any care setting	0	0	1
Unspecified Essential Hypertension	Any care setting	0	0	1
Non-Essential Hypertension	Any care setting	0	0	1
All Hypertension	Any care setting	0	0	1
Endometriosis of the Uterus	Any care setting	0	0	1
Endometriosis of Gynecological Organs	Any care setting	0	0	1
Endometriosis of Non-Gynecological Organs	Any care setting	0	0	1
Endometriosis (Unspecified)	Any care setting	0	0	1
All Endometriosis	Any care setting	0	0	1

Appendix F.1. Specifications Defining Baseline Characteristics for Intrauterine Systems (IUS) Insertion Cohorts in this Request

IUS Insertion Scenarios (see Table 2a, Table 2b, and Table 2c)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
All Autoimmune Conditions	Any care setting	0	0	1
Rheumatoid Arthritis	Any care setting	0	0	1
Lupus	Any care setting	0	0	1
Atopic Dermatitis and Dermatitis/Eczema	Any care setting	0	0	1
Allergic Urticaria and Other Urticaria	Any care setting	0	0	1
Other Allergic/Inflammatory Skin Conditions	Any care setting	0	0	1
Pelvic Inflammatory Disease (PID)	Any care setting	0	0	1
Postprocedural Fever	Any care setting	0	0	1
Gonococcal Genitourinary Infections	Any care setting	0	0	1
Chlamydia Trachomatis Infection of Peritoneum	Any care setting	0	0	1
Uterine Perforation or Device Migration	Any care setting	0	0	1
Mechanical Complication due to Intrauterine Contraceptive Device	Any care setting	0	0	1
IUS Removal	Any care setting	1	90	1
Malignant Essential Hypertension	Any care setting	1	90	1
Benign Essential Hypertension	Any care setting	1	90	1
Unspecified Essential Hypertension	Any care setting	1	90	1
Non-Essential Hypertension	Any care setting	1	90	1

Appendix F.1. Specifications Defining Baseline Characteristics for Intrauterine Systems (IUS) Insertion Cohorts in this Request

IUS Insertion Scenarios (see Table 2a, Table 2b, and Table 2c)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
All Hypertension	Any care setting	1	90	1
Endometriosis of the Uterus	Any care setting	1	90	1
Endometriosis of Gynecological Organs	Any care setting	1	90	1
Endometriosis of Non-Gynecological Organs	Any care setting	1	90	1
Endometriosis (Unspecified)	Any care setting	1	90	1
All Endometriosis	Any care setting	1	90	1
All Autoimmune Conditions	Any care setting	1	90	1
Rheumatoid Arthritis	Any care setting	1	90	1
Lupus	Any care setting	1	90	1
Atopic Dermatitis and Dermatitis/Eczema	Any care setting	1	90	1
Allergic Urticaria and Other Urticaria	Any care setting	1	90	1
Other Allergic/Inflammatory Skin Conditions	Any care setting	1	90	1
Pelvic Inflammatory Disease (PID)	Any care setting	1	90	1
Postprocedural Fever	Any care setting	1	90	1
Gonococcal Genitourinary Infections	Any care setting	1	90	1
Chlamydia Trachomatis Infection of Peritoneum	Any care setting	1	90	1
Uterine Perforation or Device Migration	Any care setting	1	90	1

Appendix F.1. Specifications Defining Baseline Characteristics for Intrauterine Systems (IUS) Insertion Cohorts in this Request

IUS Insertion Scenarios (see Table 2a, Table 2b, and Table 2c)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
Mechanical Complication due to Intrauterine Contraceptive Device	Any care setting	1	90	1
IUS Removal	Any care setting	1	End of enrollment	1
Malignant Essential Hypertension	Any care setting	1	End of enrollment	1
Benign Essential Hypertension	Any care setting	1	End of enrollment	1
Unspecified Essential Hypertension	Any care setting	1	End of enrollment	1
Non-Essential Hypertension	Any care setting	1	End of enrollment	1
All Hypertension	Any care setting	1	End of enrollment	1
Endometriosis of the Uterus	Any care setting	1	End of enrollment	1
Endometriosis of Gynecological Organs	Any care setting	1	End of enrollment	1
Endometriosis of Non-Gynecological Organs	Any care setting	1	End of enrollment	1
Endometriosis (Unspecified)	Any care setting	1	End of enrollment	1
All Endometriosis	Any care setting	1	End of enrollment	1
All Autoimmune Conditions	Any care setting	1	End of enrollment	1
Rheumatoid Arthritis	Any care setting	1	End of enrollment	1
Lupus	Any care setting	1	End of enrollment	1
Atopic Dermatitis and Dermatitis/Eczema	Any care setting	1	End of enrollment	1
Allergic Urticaria and Other Urticaria	Any care setting	1	End of enrollment	1

Appendix F.1. Specifications Defining Baseline Characteristics for Intrauterine Systems (IUS) Insertion Cohorts in this Request

IUS Insertion Scenarios (see Table 2a, Table 2b, and Table 2c)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
Other Allergic/Inflammatory Skin Conditions	Any care setting	1	End of enrollment	1
Pelvic Inflammatory Disease (PID)	Any care setting	1	End of enrollment	1
Postprocedural Fever	Any care setting	1	End of enrollment	1
Gonococcal Genitourinary Infections	Any care setting	1	End of enrollment	1
Chlamydia Trachomatis Infection of Peritoneum	Any care setting	1	End of enrollment	1
Uterine Perforation or Device Migration	Any care setting	1	End of enrollment	1
Mechanical Complication due to Intrauterine Contraceptive Device	Any care setting	1	End of enrollment	1

Appendix F.2. Specifications Defining Baseline Characteristics for Intrauterine Systems (IUS) Removal Cohort in this Request

IUS Removal Scenario (see Table 2d)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
Copper-Releasing IUS Insertion	Any care setting	-90	-1	1
Hormonal-Releasing IUS Insertion	Any care setting	-90	-1	1
Any IUS Insertion	Any care setting	-90	-1	1
Malignant Essential Hypertension	Any care setting	-90	-1	1
Benign Essential Hypertension	Any care setting	-90	-1	1
Unspecified Essential Hypertension	Any care setting	-90	-1	1
Non-Essential Hypertension	Any care setting	-90	-1	1
All Hypertension	Any care setting	-90	-1	1
Endometriosis of the Uterus	Any care setting	-90	-1	1
Endometriosis of Gynecological Organs	Any care setting	-90	-1	1
Endometriosis of Non-Gynecological Organs	Any care setting	-90	-1	1
Endometriosis (Unspecified)	Any care setting	-90	-1	1
All Endometriosis	Any care setting	-90	-1	1
All Autoimmune Conditions	Any care setting	-90	-1	1
Rheumatoid Arthritis	Any care setting	-90	-1	1
Lupus	Any care setting	-90	-1	1
Atopic Dermatitis and Dermatitis/Eczema	Any care setting	-90	-1	1

Appendix F.2. Specifications Defining Baseline Characteristics for Intrauterine Systems (IUS) Removal Cohort in this Request

IUS Removal Scenario (see Table 2d)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
Allergic Urticaria and Other Urticaria	Any care setting	-90	-1	1
Other Allergic/Inflammatory Skin Conditions	Any care setting	-90	-1	1
Pelvic Inflammatory Disease (PID)	Any care setting	-90	-1	1
Postprocedural Fever	Any care setting	-90	-1	1
Gonococcal Genitourinary Infections	Any care setting	-90	-1	1
Chlamydia Trachomatis Infection of Peritoneum	Any care setting	-90	-1	1
Uterine Perforation or Device Migration	Any care setting	-90	-1	1
Mechanical Complication due to Intrauterine Contraceptive Device	Any care setting	-90	-1	1
Copper-Releasing IUS Insertion	Any care setting	0	0	1
Hormonal-Releasing IUS Insertion	Any care setting	0	0	1
Any IUS Insertion	Any care setting	0	0	1
Malignant Essential Hypertension	Any care setting	0	0	1
Benign Essential Hypertension	Any care setting	0	0	1
Unspecified Essential Hypertension	Any care setting	0	0	1
Non-Essential Hypertension	Any care setting	0	0	1
All Hypertension	Any care setting	0	0	1
Endometriosis of the Uterus	Any care setting	0	0	1

Appendix F.2. Specifications Defining Baseline Characteristics for Intrauterine Systems (IUS) Removal Cohort in this Request

IUS Removal Scenario (see Table 2d)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
Endometriosis of Gynecological Organs	Any care setting	0	0	1
Endometriosis of Non-Gynecological Organs	Any care setting	0	0	1
Endometriosis (Unspecified)	Any care setting	0	0	1
All Endometriosis	Any care setting	0	0	1
All Autoimmune Conditions	Any care setting	0	0	1
Rheumatoid Arthritis	Any care setting	0	0	1
Lupus	Any care setting	0	0	1
Atopic Dermatitis and Dermatitis/Eczema	Any care setting	0	0	1
Allergic Urticaria and Other Urticaria	Any care setting	0	0	1
Other Allergic/Inflammatory Skin Conditions	Any care setting	0	0	1
Pelvic Inflammatory Disease (PID)	Any care setting	0	0	1
Postprocedural Fever	Any care setting	0	0	1
Gonococcal Genitourinary Infections	Any care setting	0	0	1
Chlamydia Trachomatis Infection of Peritoneum	Any care setting	0	0	1
Uterine Perforation or Device Migration	Any care setting	0	0	1
Mechanical Complication due to Intrauterine Contraceptive Device	Any care setting	0	0	1
Copper-Releasing IUS Insertion	Any care setting	1	90	1

Appendix F.2. Specifications Defining Baseline Characteristics for Intrauterine Systems (IUS) Removal Cohort in this Request

IUS Removal Scenario (see Table 2d)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
Hormonal-Releasing IUS Insertion	Any care setting	1	90	1
Any IUS Insertion	Any care setting	1	90	1
Malignant Essential Hypertension	Any care setting	1	90	1
Benign Essential Hypertension	Any care setting	1	90	1
Unspecified Essential Hypertension	Any care setting	1	90	1
Non-Essential Hypertension	Any care setting	1	90	1
All Hypertension	Any care setting	1	90	1
Endometriosis of the Uterus	Any care setting	1	90	1
Endometriosis of Gynecological Organs	Any care setting	1	90	1
Endometriosis of Non-Gynecological Organs	Any care setting	1	90	1
Endometriosis (Unspecified)	Any care setting	1	90	1
All Endometriosis	Any care setting	1	90	1
All Autoimmune Conditions	Any care setting	1	90	1
Rheumatoid Arthritis	Any care setting	1	90	1
Lupus	Any care setting	1	90	1
Atopic Dermatitis and Dermatitis/Eczema	Any care setting	1	90	1
Allergic Urticaria and Other Urticaria	Any care setting	1	90	1

Appendix F.2. Specifications Defining Baseline Characteristics for Intrauterine Systems (IUS) Removal Cohort in this Request

IUS Removal Scenario (see Table 2d)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
Other Allergic/Inflammatory Skin Conditions	Any care setting	1	90	1
Pelvic Inflammatory Disease (PID)	Any care setting	1	90	1
Postprocedural Fever	Any care setting	1	90	1
Gonococcal Genitourinary Infections	Any care setting	1	90	1
Chlamydia Trachomatis Infection of Peritoneum	Any care setting	1	90	1
Uterine Perforation or Device Migration	Any care setting	1	90	1
Mechanical Complication due to Intrauterine Contraceptive Device	Any care setting	1	90	1
Copper-Releasing IUS Insertion	Any care setting	1	End of enrollment	1
Hormonal-Releasing IUS Insertion	Any care setting	1	End of enrollment	1
Any IUS Insertion	Any care setting	1	End of enrollment	1
Malignant Essential Hypertension	Any care setting	1	End of enrollment	1
Benign Essential Hypertension	Any care setting	1	End of enrollment	1
Unspecified Essential Hypertension	Any care setting	1	End of enrollment	1
Non-Essential Hypertension	Any care setting	1	End of enrollment	1
All Hypertension	Any care setting	1	End of enrollment	1
Endometriosis of the Uterus	Any care setting	1	End of enrollment	1
Endometriosis of Gynecological Organs	Any care setting	1	End of enrollment	1

Appendix F.2. Specifications Defining Baseline Characteristics for Intrauterine Systems (IUS) Removal Cohort in this Request

IUS Removal Scenario (see Table 2d)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
Endometriosis of Non-Gynecological Organs	Any care setting	1	End of enrollment	1
Endometriosis (Unspecified)	Any care setting	1	End of enrollment	1
All Endometriosis	Any care setting	1	End of enrollment	1
All Autoimmune Conditions	Any care setting	1	End of enrollment	1
Rheumatoid Arthritis	Any care setting	1	End of enrollment	1
Lupus	Any care setting	1	End of enrollment	1
Atopic Dermatitis and Dermatitis/Eczema	Any care setting	1	End of enrollment	1
Allergic Urticaria and Other Urticaria	Any care setting	1	End of enrollment	1
Other Allergic/Inflammatory Skin Conditions	Any care setting	1	End of enrollment	1
Pelvic Inflammatory Disease (PID)	Any care setting	1	End of enrollment	1
Postprocedural Fever	Any care setting	1	End of enrollment	1
Gonococcal Genitourinary Infections	Any care setting	1	End of enrollment	1
Chlamydia Trachomatis Infection of Peritoneum	Any care setting	1	End of enrollment	1
Uterine Perforation or Device Migration	Any care setting	1	End of enrollment	1
Mechanical Complication due to Intrauterine Contraceptive Device	Any care setting	1	End of enrollment	1

Appendix F.3. Specifications Defining Baseline Characteristics for Oral Contraceptive Cohort in this Request

Oral Contraceptive Scenario (see Table 2e)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
Copper-Releasing IUS Insertion	Any care setting	-90	-1	1
Hormonal-Releasing IUS Insertion	Any care setting	-90	-1	1
Any IUS Insertion	Any care setting	-90	-1	1
IUS Removal	Any care setting	-90	-1	1
Malignant Essential Hypertension	Any care setting	-90	-1	1
Benign Essential Hypertension	Any care setting	-90	-1	1
Unspecified Essential Hypertension	Any care setting	-90	-1	1
Non-Essential Hypertension	Any care setting	-90	-1	1
All Hypertension	Any care setting	-90	-1	1
Endometriosis of the Uterus	Any care setting	-90	-1	1
Endometriosis of Gynecological Organs	Any care setting	-90	-1	1
Endometriosis of Non-Gynecological Organs	Any care setting	-90	-1	1
Endometriosis (Unspecified)	Any care setting	-90	-1	1
All Endometriosis	Any care setting	-90	-1	1
All Autoimmune Conditions	Any care setting	-90	-1	1
Rheumatoid Arthritis	Any care setting	-90	-1	1
Lupus	Any care setting	-90	-1	1

Appendix F.3. Specifications Defining Baseline Characteristics for Oral Contraceptive Cohort in this Request

Oral Contraceptive Scenario (see Table 2e)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
Atopic Dermatitis and Dermatitis/Eczema	Any care setting	-90	-1	1
Allergic Urticaria and Other Urticaria	Any care setting	-90	-1	1
Other Allergic/Inflammatory Skin Conditions	Any care setting	-90	-1	1
Pelvic Inflammatory Disease (PID)	Any care setting	-90	-1	1
Postprocedural Fever	Any care setting	-90	-1	1
Gonococcal Genitourinary Infections	Any care setting	-90	-1	1
Chlamydia Trachomatis Infection of Peritoneum	Any care setting	-90	-1	1
Uterine Perforation or Device Migration	Any care setting	-90	-1	1
Mechanical Complication due to Intrauterine Contraceptive Device	Any care setting	-90	-1	1
Copper-Releasing IUS Insertion	Any care setting	0	0	1
Hormonal-Releasing IUS Insertion	Any care setting	0	0	1
Any IUS Insertion	Any care setting	0	0	1
IUS Removal	Any care setting	0	0	1
Malignant Essential Hypertension	Any care setting	0	0	1
Benign Essential Hypertension	Any care setting	0	0	1
Unspecified Essential Hypertension	Any care setting	0	0	1
Non-Essential Hypertension	Any care setting	0	0	1

Appendix F.3. Specifications Defining Baseline Characteristics for Oral Contraceptive Cohort in this Request

Oral Contraceptive Scenario (see Table 2e)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
All Hypertension	Any care setting	0	0	1
Endometriosis of the Uterus	Any care setting	0	0	1
Endometriosis of Gynecological Organs	Any care setting	0	0	1
Endometriosis of Non-Gynecological Organs	Any care setting	0	0	1
Endometriosis (Unspecified)	Any care setting	0	0	1
All Endometriosis	Any care setting	0	0	1
All Autoimmune Conditions	Any care setting	0	0	1
Rheumatoid Arthritis	Any care setting	0	0	1
Lupus	Any care setting	0	0	1
Atopic Dermatitis and Dermatitis/Eczema	Any care setting	0	0	1
Allergic Urticaria and Other Urticaria	Any care setting	0	0	1
Other Allergic/Inflammatory Skin Conditions	Any care setting	0	0	1
Pelvic Inflammatory Disease (PID)	Any care setting	0	0	1
Postprocedural Fever	Any care setting	0	0	1
Gonococcal Genitourinary Infections	Any care setting	0	0	1
Chlamydia Trachomatis Infection of Peritoneum	Any care setting	0	0	1
Uterine Perforation or Device Migration	Any care setting	0	0	1

Appendix F.3. Specifications Defining Baseline Characteristics for Oral Contraceptive Cohort in this Request

Oral Contraceptive Scenario (see Table 2e)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
Mechanical Complication due to Intrauterine Contraceptive Device	Any care setting	0	0	1
Copper-Releasing IUS Insertion	Any care setting	1	90	1
Hormonal-Releasing IUS Insertion	Any care setting	1	90	1
Any IUS Insertion	Any care setting	1	90	1
IUS Removal	Any care setting	1	90	1
Malignant Essential Hypertension	Any care setting	1	90	1
Benign Essential Hypertension	Any care setting	1	90	1
Unspecified Essential Hypertension	Any care setting	1	90	1
Non-Essential Hypertension	Any care setting	1	90	1
All Hypertension	Any care setting	1	90	1
Endometriosis of the Uterus	Any care setting	1	90	1
Endometriosis of Gynecological Organs	Any care setting	1	90	1
Endometriosis of Non-Gynecological Organs	Any care setting	1	90	1
Endometriosis (Unspecified)	Any care setting	1	90	1
All Endometriosis	Any care setting	1	90	1
All Autoimmune Conditions	Any care setting	1	90	1
Rheumatoid Arthritis	Any care setting	1	90	1

Appendix F.3. Specifications Defining Baseline Characteristics for Oral Contraceptive Cohort in this Request

Oral Contraceptive Scenario (see Table 2e)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
Lupus	Any care setting	1	90	1
Atopic Dermatitis and Dermatitis/Eczema	Any care setting	1	90	1
Allergic Urticaria and Other Urticaria	Any care setting	1	90	1
Other Allergic/Inflammatory Skin Conditions	Any care setting	1	90	1
Pelvic Inflammatory Disease (PID)	Any care setting	1	90	1
Postprocedural Fever	Any care setting	1	90	1
Gonococcal Genitourinary Infections	Any care setting	1	90	1
Chlamydia Trachomatis Infection of Peritoneum	Any care setting	1	90	1
Uterine Perforation or Device Migration	Any care setting	1	90	1
Mechanical Complication due to Intrauterine Contraceptive Device	Any care setting	1	90	1
Copper-Releasing IUS Insertion	Any care setting	1	End of enrollment	1
Hormonal-Releasing IUS Insertion	Any care setting	1	End of enrollment	1
Any IUS Insertion	Any care setting	1	End of enrollment	1
IUS Removal	Any care setting	1	End of enrollment	1
Malignant Essential Hypertension	Any care setting	1	End of enrollment	1
Benign Essential Hypertension	Any care setting	1	End of enrollment	1
Unspecified Essential Hypertension	Any care setting	1	End of enrollment	1

Appendix F.3. Specifications Defining Baseline Characteristics for Oral Contraceptive Cohort in this Request

Oral Contraceptive Scenario (see Table 2e)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
Non-Essential Hypertension	Any care setting	1	End of enrollment	1
All Hypertension	Any care setting	1	End of enrollment	1
Endometriosis of the Uterus	Any care setting	1	End of enrollment	1
Endometriosis of Gynecological Organs	Any care setting	1	End of enrollment	1
Endometriosis of Non-Gynecological Organs	Any care setting	1	End of enrollment	1
Endometriosis (Unspecified)	Any care setting	1	End of enrollment	1
All Endometriosis	Any care setting	1	End of enrollment	1
All Autoimmune Conditions	Any care setting	1	End of enrollment	1
Rheumatoid Arthritis	Any care setting	1	End of enrollment	1
Lupus	Any care setting	1	End of enrollment	1
Atopic Dermatitis and Dermatitis/Eczema	Any care setting	1	End of enrollment	1
Allergic Urticaria and Other Urticaria	Any care setting	1	End of enrollment	1
Other Allergic/Inflammatory Skin Conditions	Any care setting	1	End of enrollment	1
Pelvic Inflammatory Disease (PID)	Any care setting	1	End of enrollment	1
Postprocedural Fever	Any care setting	1	End of enrollment	1
Gonococcal Genitourinary Infections	Any care setting	1	End of enrollment	1
Chlamydia Trachomatis Infection of Peritoneum	Any care setting	1	End of enrollment	1

Appendix F.3. Specifications Defining Baseline Characteristics for Oral Contraceptive Cohort in this Request

Oral Contraceptive Scenario (see Table 2e)				
Baseline Characteristics	Care Setting	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of Instances the Characteristic Should be Found in Evaluation Period
Uterine Perforation or Device Migration	Any care setting	1	End of enrollment	1
Mechanical Complication due to Intrauterine Contraceptive Device	Any care setting	1	End of enrollment	1

Appendix G. Diagram Detailing Exposure Episodes and Baseline Characteristic Assessment Windows in this Request

