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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

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Overview for Request: cder_mpl1p_wp060

Request ID: cder_mpl1p_wp060_nsdp_v01

Request Description: In this report, we identified new and prevalent users of proton pump inhibitors (PPIs), single-agent H₂ receptor antagonists (H₂RAs), and famotidine who had a diagnosis of gastroesophageal reflux disease (GERD) in the Rapid COVID-19 Sentinel Distributed Database (RC-SDD). We also estimated the incidence of COVID-19 and COVID-19-related adverse outcomes among these individuals.

Sentinel Routine Querying Module: Cohort Identification and Descriptive Analysis (CIDA) module, version 11.3.2, with custom programming.

Data Source: We distributed this query to seven Sentinel Data Partners (DPs) populating the RC-SDD on June 3, 2022. The study period included data from April 1, 2020 through December 15, 2020. These seven Data Partners are a subset of the Sentinel Distributed Database (SDD) and do not include patients with Medicare coverage. Please see Appendix A for a list of dates and available data from each Data Partner.

Study Design: We identified individuals with incident and prevalent use of PPIs, single-agent H₂RAs, and famotidine from April 1, 2020 through October 1, 2020 and evaluated the occurrence of various COVID-19 related outcomes until December 15, 2020 among individuals 18 years of age and older with a GERD diagnosis and without COVID-19 in the six months prior to cohort entry. We followed patients from their index dispensing until the earlier of the outcome of interest or 15 days after the end of the treatment episode for the exposure of interest. Patients were censored at switch to another exposure drug of interest, death, DP end date, query end date, or disenrollment. This is a Type 2 analysis in the Query Request Package (QRP) documentation.

Exposures of Interest: We defined the exposures of interest (PPIs, single-agent H₂RAs, and famotidine) using outpatient dispensing data and National Drug Codes (NDCs). We defined new use as no prior use of PPIs or any single-agent H₂RA in the 183 days prior to the first qualifying dispensing of the exposure of interest (index). We defined prevalent use as having at least one prior dispensing of the exposure drug of interest in the prior 183 days, but excluded patients with a dispensing of a drug in another exposure group in the past 183 days. Only the first qualifying (index) dispensing in the query period for each member was included; cohort re-entry was not allowed. For a list of generic and brand drug names of medical products used to define the exposure drugs and the washout criteria, please see Appendix B.

Outcomes of Interest: We defined six outcomes of interest:

- 1) COVID-19 (defined as the presence of a COVID-19 diagnosis code or a positive SARS-CoV-2 nucleic acid amplification [NAAT] laboratory test result),
- 2) a positive SARS-CoV-2 NAAT result,
- 3) any SARS-CoV-2 NAAT result,
- 4) inpatient hospitalization with COVID-19 (defined as a COVID-19 diagnosis in the inpatient care setting in any diagnosis position),
- 5) severe COVID-19 (defined as the presence of a mechanical ventilation procedure or ICU admission in the inpatient care setting), and
- 6) inpatient hospital death during a COVID-19 hospitalization (defined using custom programming as [a or b] and [c] where a) a COVID-19 diagnosis in the inpatient care setting in any diagnosis position, b) a positive SARS-CoV-2 NAAT laboratory result in the inpatient care setting, and c) inpatient encounter with discharge date the same as qualifying [a or b] and with a discharge disposition of "EXPIRED").

Additionally for each exposure group, we calculated percent SARS-CoV-2 positive by dividing the number of patients with outcome (2) by the number of patients with outcome (3).

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We used International Classification of Diseases, Tenth Revision, Clinical Modification diagnosis (ICD-10-CM); International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS); Current Procedural Terminology, Fourth Edition (CPT-4); Healthcare Common Procedure Coding System (HCPCS); Current Procedural Terminology, Second Edition (CPT-2); Current Procedural Terminology, Third Edition (CPT-3); Revenue and SARS-CoV-2 laboratory codes in this request. Please see Appendix C for a list of ICD-10-CM, ICD-10-PCS, CPT-4, HCPCS, CPT-2, CPT-3, Revenue and SARS-CoV-2 laboratory codes used to define the outcomes in this request.

Cohort Eligibility Criteria: We required members to be enrolled in health plans with medical and drug coverage in the 183 days prior to their index date in order to be included in the cohort; a gap in coverage of up to 45 days was allowed and treated as continuous enrollment. The following age groups were included in the cohort: 18-44, 45-64, 65-74 and 75+ years of age.

Inclusion/Exclusion Criteria: We required evidence of a GERD diagnosis in the 90 days prior to the index dispensing using ICD-10-CM and CPT-2 codes. We excluded individuals who had a COVID-19 or SARS diagnosis code or a positive SARS-CoV-2 NAAT result in the 183 days prior to index using ICD-10-CM diagnosis and COVID-19 NAAT laboratory codes. Please see Appendix E for a list of ICD-10-CM and CPT-2 codes used to define a GERD diagnosis. Please see Appendices C and D for a list of the laboratory and ICD-10-CM codes used to define the positive SARS-CoV-2 NAAT labs and the COVID-19/SARS diagnoses respectively.

Follow-up Time: We created exposure episodes based on the number of days of product supplied per dispensing in the outpatient pharmacy dispensing data. We bridged together episodes less than or equal to 15 days apart and added 15 days to the end of each episode. These "modified as treated" episodes are the periods of time during which we assessed for outcomes. For this analysis, we delayed the start of the at-risk period by five days; instead of follow-up time starting on the day of index (Day 0), the beginning of the at-risk period occurred on Day Five. Outcomes that occurred during the period between the day of index and Day Five were ignored but the exposure episode was not excluded from the analysis. Follow-up time continued until the first occurrence of any of the following: 1) disenrollment; 2) death; 3) the end of the data provided by each Data Partner; 4) the end of the query period; or 5) occurrence of the outcome.

Sensitivity Analysis: We also performed a sensitivity analysis in a subset of the outcomes using a treatment episode gap and exposure episode extension of 30 days rather than 15 days. We assessed the following outcomes using the 30-day episode gap and episode extension: a positive COVID-19 diagnosis, inpatient hospitalization with COVID-19 and inpatient death during a COVID-19 hospitalization.

Baseline Characteristics: We assessed the following demographic characteristics on the day of index: age, sex, race, Hispanic ethnicity, and year of index. Additionally, we evaluated the following health characteristics in the 183 days prior to and including the day of index: combined comorbidity score¹, health service and drug utilization, diabetes, obesity, hypertension, hospitalized stroke/transient ischemic attack, coronary revascularization, atrial fibrillation, congestive heart failure, hospitalized acute myocardial infarction, other cerebrovascular disease, chronic obstructive pulmonary disease (COPD), asthma (without COPD), chronic liver disease, chronic kidney disease, any malignant neoplasm, hemiplegia, neurological/neurodegenerative conditions, dementia, depression, schizophrenia, rheumatic disorders, multiple sclerosis and Human Immunodeficiency Virus (HIV) ICD-10-CM, ICD-10-PCS, and CPT-4 codes. Please see Appendix F for a list of ICD-10-CM, ICD-10-PCS and CPT-4 codes used to define these baseline characteristics.

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We also evaluated the following medications in the 183 days prior to and including the day of index: angiotensin-converting enzyme inhibitors (ACEIs) and angiotensin II receptor blockers (ARBs), non-steroidal anti-inflammatory drugs (NSAIDs), aspirin, antidepressants, statins, insulin, antidiabetic oral drugs, antihypertensive drugs, anticoagulants (oral and injectable), glucocorticoids, acetaminophen, and tumor necrosis Factor (TNF) inhibitors using NDC, ICD-10-PCS, CPT-4, HCPCS, and CPT-2 codes (see Appendices G and H).

Limitations: Algorithms to define exposures, outcomes, inclusion and exclusion criteria, and covariates are imperfect and may be misclassified. 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. For more information on Sentinel's routine querying modules, please refer to the documentation (<https://dev.sentinelssystem.org/projects/SENTINEL/repos/sentinel-routine-querying-tool-documentation/browse>).

¹The Combined Comorbidity Score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date. (Gagne JJ, Glynn RJ, Avorn J, Levin R, Schneeweiss S. A Combined Comorbidity Score Predicted Mortality in Elderly Patients Better Than Existing Scores. *J Clin Epidemiol.* 2011;64(7):749-759; Sun JW, Rogers JR, Her Q, Welch EC, Panozzo CA, Toh S, Gagne JJ. Adaptation and Validation of the Combined Comorbidity Score for ICD-10-CM. *Med Care.* 2017;55(12):1046-1051)

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

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

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

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

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. Characteristics of New Users of Proton Pump Inhibitors, Histamine-2 Receptor Antagonists, Histamine-2 Receptor Antagonists (Excluding Famotidine), and Famotidine in the Sentinel Distributed Database (SDD) between April 1, 2020 and October 1, 2020

	Proton Pump Inhibitor New Users		Histamine-2 Receptor Antagonist New Users		Histamine-2 Receptor Antagonist (Excluding Famotidine) New Users		Famotidine New Users	
Patient Characteristics	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Unique patients	184,495	N/A	28,080	N/A	1,108	N/A	26,975	N/A
Demographic Characteristics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Age (Years)	57.1	15.3	58.3	15.9	56.0	15.3	58.4	15.9
Mean Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent
18-44	46,023	24.9%	6,836	24.3%	299	27.0%	6,538	24.2%
45-64	71,052	38.5%	9,610	34.2%	427	38.5%	9,184	34.0%
65-74	40,417	21.9%	6,557	23.4%	229	20.7%	6,329	23.5%
≥ 75	27,003	14.6%	5,077	18.1%	153	13.8%	4,924	18.3%
Sex								
Female	110,247	59.8%	18,067	64.3%	686	61.9%	17,381	64.4%
Male	74,246	40.2%	10,011	35.7%	422	38.1%	9,592	35.6%
Other	2	0.0%	2	0.0%	0	0.0%	2	0.0%
Race ¹								
American Indian or Alaska Native	388	0.2%	65	0.2%	4	0.4%	61	0.2%
Asian	2,821	1.5%	452	1.6%	14	1.3%	438	1.6%
Black or African American	13,218	7.2%	2,244	8.0%	53	4.8%	2,191	8.1%
Native Hawaiian or Other Pacific Islander	754	0.4%	134	0.5%	7	0.6%	127	0.5%
Unknown	109,024	59.1%	16,029	57.1%	683	61.6%	15,348	56.9%
White	58,290	31.6%	9,156	32.6%	347	31.3%	8,810	32.7%
Hispanic Origin								
Yes	5,159	2.8%	663	2.4%	22	2.0%	641	2.4%
No	51,733	28.0%	8,569	30.5%	282	25.5%	8,287	30.7%
Unknown	127,603	69.2%	18,848	67.1%	804	72.6%	18,047	66.9%
Year								
2020	184,495	100.0%	28,080	100.0%	1,108	100.0%	26,975	100.0%
Health Characteristics [-183, 0 days]								
Charlson/Elixhauser combined comorbidity score ²	1.3	2.3	1.3	2.3	1.0	1.9	1.4	2.4

Table 1a. Characteristics of New Users of Proton Pump Inhibitors, Histamine-2 Receptor Antagonists, Histamine-2 Receptor Antagonists (Excluding Famotidine), and Famotidine in the Sentinel Distributed Database (SDD) between April 1, 2020 and October 1, 2020

Health Characteristics [-183, 0 days]	Proton Pump Inhibitor New Users		Histamine-2 Receptor Antagonist New Users		Histamine-2 Receptor Antagonist (Excluding Famotidine) New Users		Famotidine New Users	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Any Malignant Neoplasm	21,584	11.7%	3,498	12.5%	121	10.9%	3,377	12.5%
Asthma ((without Chronic Obstructive Pulmonary Disease (COPD))	18,958	10.3%	3,150	11.2%	132	11.9%	3,018	11.2%
Atrial Fibrillation	10,533	5.7%	1,715	6.1%	32	2.9%	1,683	6.2%
Chronic Kidney Disease	30,646	16.6%	5,199	18.5%	161	14.5%	5,038	18.7%
Chronic Liver Disease	12,058	6.5%	1,542	5.5%	44	4.0%	1,498	5.6%
Disease	18,110	9.8%	2,887	10.3%	97	8.8%	2,790	10.3%
Congestive Heart Failure	10,989	6.0%	1,803	6.4%	41	3.7%	1,762	6.5%
Coronary Revascularization	1,765	1.0%	289	1.0%	7	0.6%	282	1.0%
Dementia	3,733	2.0%	693	2.5%	20	1.8%	673	2.5%
Depression	35,640	19.3%	5,461	19.4%	194	17.5%	5,267	19.5%
Diabetes	37,559	20.4%	5,996	21.4%	211	19.0%	5,786	21.4%
Hemiplegia	1,946	1.1%	391	1.4%	11	1.0%	380	1.4%
Infarction	2,063	1.1%	312	1.1%	6	0.5%	306	1.1%
Hospitalized Stroke/Transient Ischemic Attack	2,038	1.1%	393	1.4%	5	0.5%	388	1.4%
Human Immunodeficiency Virus (HIV)	545	0.3%	111	0.4%	1	0.1%	110	0.4%
Hypertension	93,548	50.7%	14,659	52.2%	502	45.3%	14,158	52.5%
Multiple Sclerosis	820	0.4%	133	0.5%	3	0.3%	130	0.5%
Neurological/Neurodegenerative Conditions	960	0.5%	176	0.6%	3	0.3%	173	0.6%
Obesity	46,114	25.0%	6,712	23.9%	260	23.5%	6,452	23.9%
Other Cerebrovascular Disease	8,017	4.3%	1,462	5.2%	42	3.8%	1,420	5.3%
Rheumatic Disorders	4,319	2.3%	668	2.4%	25	2.3%	643	2.4%
Schizophrenia	1,098	0.6%	224	0.8%	7	0.6%	217	0.8%
Medical Product Use [-183, 0 days]								
Acetaminophen	27,175	14.7%	3,874	13.8%	137	12.4%	3,737	13.9%
Angiotensin-converting enzyme inhibitors (ACEIs) /Angiotensin II receptor blockers (ARBs)	61,702	33.4%	9,568	34.1%	359	32.4%	9,210	34.1%

Table 1a. Characteristics of New Users of Proton Pump Inhibitors, Histamine-2 Receptor Antagonists, Histamine-2 Receptor Antagonists (Excluding Famotidine), and Famotidine in the Sentinel Distributed Database (SDD) between April 1, 2020 and October 1, 2020

Medical Product Use [-183, 0 days]	Proton Pump Inhibitor New Users		Histamine-2 Receptor Antagonist New Users		Histamine-2 Receptor Antagonist (Excluding Famotidine) New Users		Famotidine New Users	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Anticoagulants	10,205	5.5%	1,609	5.7%	35	3.2%	1,574	5.8%
Antidepressants	57,518	31.2%	8,544	30.4%	330	29.8%	8,214	30.5%
Antidiabetic Oral Drugs	26,162	14.2%	4,023	14.3%	147	13.3%	3,877	14.4%
Antihypertensive Drugs	67,328	36.5%	10,466	37.3%	388	35.0%	10,079	37.4%
Aspirin	2,058	1.1%	400	1.4%	13	1.2%	387	1.4%
Glucocorticoids	33,137	18.0%	5,312	18.9%	205	18.5%	5,107	18.9%
Insulin	8,919	4.8%	1,406	5.0%	47	4.2%	1,360	5.0%
Non-steroidal anti-inflammatory drugs (NSAIDs)	35,880	19.4%	5,224	18.6%	208	18.8%	5,016	18.6%
Statins	63,320	34.3%	10,114	36.0%	359	32.4%	9,757	36.2%
Tumor Necrosis Factor (TNF) Inhibitors	1,089	0.6%	159	0.6%	6	0.5%	153	0.6%
Health Service Utilization Intensity Metrics [-183, 0 days]								
encounters	8.8	10.0	9.2	10.1	8.9	10.6	9.2	10.0
Mean number of emergency room encounters	0.5	1.5	0.5	1.5	0.3	1.0	0.5	1.5
Mean number of inpatient hospital encounters	0.2	0.5	0.2	0.5	0.1	0.3	0.2	0.5
Mean number of non-acute institutional encounters	0.0	0.3	0.0	0.3	0.0	0.3	0.0	0.3
Mean number of other ambulatory encounters	2.1	5.4	2.3	6.0	1.6	5.1	2.3	6.0
Mean number of filled prescriptions	14.0	12.6	14.5	12.7	14.0	12.2	14.5	12.7
Mean number of generics dispensed	7.2	4.6	7.5	4.6	7.1	4.4	7.5	4.6
Mean number of unique drug classes dispensed	6.9	4.2	7.0	4.2	6.7	4.0	7.0	4.2

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

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

Table 1b. Characteristics of Prevalent Users of Proton Pump Inhibitors, Histamine-2 Receptor Antagonists, and Famotidine in the Sentinel Distributed Database (SDD) between April 1, 2020 and October 1, 2020

Patient Characteristics	Proton Pump Inhibitor Prevalent Users		Histamine-2 Receptor Antagonist Prevalent Users		Famotidine Prevalent Users	
	Number	Percent	Number	Percent	Number	Percent
Unique patients	241,298	N/A	29,240	N/A	19,887	N/A
Demographic Characteristics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Age (Years)	62.7	13.9	65.3	13.9	65.1	14.2
Mean Age (Years)	Number	Percent	Number	Percent	Number	Percent
18-44	32,489	13.5%	3,127	10.7%	2,286	11.5%
45-64	91,019	37.7%	9,430	32.3%	6,277	31.6%
65-74	65,602	27.2%	8,849	30.3%	5,938	29.9%
≥ 75	52,188	21.6%	7,834	26.8%	5,386	27.1%
Sex						
Female	145,830	60.4%	18,678	63.9%	12,912	64.9%
Male	95,463	39.6%	10,560	36.1%	6,975	35.1%
Other	5	0.0%	2	0.0%	0	0.0%
Race ¹						
American Indian or Alaska Native	662	0.3%	92	0.3%	62	0.3%
Asian	2,516	1.0%	378	1.3%	270	1.4%
Black or African American	22,701	9.4%	3,247	11.1%	2,269	11.4%
Native Hawaiian or Other Pacific Islander	1,032	0.4%	139	0.5%	102	0.5%
Unknown	117,122	48.5%	13,122	44.9%	9,230	46.4%
White	97,265	40.3%	12,262	41.9%	7,954	40.0%
Hispanic Origin						
Yes	5,849	2.4%	696	2.4%	491	2.5%
No	94,486	39.2%	12,375	42.3%	8,013	40.3%
Unknown	140,963	58.4%	16,169	55.3%	11,383	57.2%
Year						
2020	241,298	100.0%	29,240	100.0%	19,887	100.0%
Health Characteristics [-183, 0 days]						
Charlson/Elixhauser combined comorbidity score ²	1.8	2.7	1.8	2.6	1.8	2.7
Any Malignant Neoplasm	35,980	14.9%	4,343	14.9%	3,035	15.3%
Asthma (without Chronic Obstructive Pulmonary Disease (COPD))	29,785	12.3%	3,521	12.0%	2,455	12.3%

Table 1b. Characteristics of Prevalent Users of Proton Pump Inhibitors, Histamine-2 Receptor Antagonists, and Famotidine in the Sentinel Distributed Database (SDD) between April 1, 2020 and October 1, 2020

Health Characteristics [-183, 0 days]	Proton Pump Inhibitor Prevalent Users		Histamine-2 Receptor Antagonist Prevalent Users		Famotidine Prevalent Users	
	Number	Percent	Number	Percent	Number	Percent
Atrial Fibrillation	20,112	8.3%	2,556	8.7%	1,827	9.2%
Chronic Kidney Disease	56,867	23.6%	7,895	27.0%	5,390	27.1%
Chronic Liver Disease	19,750	8.2%	1,690	5.8%	1,237	6.2%
Chronic Obstructive Pulmonary Disease	38,893	16.1%	4,502	15.4%	3,006	15.1%
Congestive Heart Failure	24,010	10.0%	2,968	10.2%	2,117	10.6%
Coronary Revascularization	2,822	1.2%	273	0.9%	207	1.0%
Dementia	8,002	3.3%	1,322	4.5%	919	4.6%
Depression	63,450	26.3%	6,999	23.9%	4,752	23.9%
Diabetes	67,836	28.1%	8,551	29.2%	5,658	28.5%
Hemiplegia	3,639	1.5%	571	2.0%	435	2.2%
Hospitalized Acute Myocardial Infarction	3,130	1.3%	269	0.9%	202	1.0%
Hospitalized Stroke/Transient Ischemic Attack	3,397	1.4%	386	1.3%	292	1.5%
Human Immunodeficiency Virus (HIV)	671	0.3%	136	0.5%	91	0.5%
Hypertension	157,701	65.4%	19,832	67.8%	13,332	67.0%
Multiple Sclerosis	1,336	0.6%	149	0.5%	102	0.5%
Neurological/Neurodegenerative Conditions	1,909	0.8%	211	0.7%	145	0.7%
Obesity	71,679	29.7%	7,902	27.0%	5,357	26.9%
Other Cerebrovascular Disease	15,433	6.4%	2,109	7.2%	1,504	7.6%
Rheumatic Disorders	8,395	3.5%	881	3.0%	598	3.0%
Schizophrenia	2,150	0.9%	306	1.0%	213	1.1%
Medical Product Use [-183, 0 days]						
Angiotensin-converting enzyme inhibitors (ACEIs) /Angiotensin II receptor blockers (ARBs)	103,920	43.1%	13,361	45.7%	8,775	44.1%
Non-steroidal anti-inflammatory drugs (NSAIDs)	56,025	23.2%	6,070	20.8%	4,073	20.5%
Aspirin	3,056	1.3%	403	1.4%	275	1.4%
Antidepressants	99,715	41.3%	10,971	37.5%	7,239	36.4%
Statins	115,223	47.8%	15,369	52.6%	10,152	51.0%
Insulin	17,979	7.5%	2,224	7.6%	1,490	7.5%
Antidiabetic Oral Drugs	46,461	19.3%	5,928	20.3%	3,796	19.1%
Antihypertensive Drugs	113,842	47.2%	14,644	50.1%	9,658	48.6%

Table 1b. Characteristics of Prevalent Users of Proton Pump Inhibitors, Histamine-2 Receptor Antagonists, and Famotidine in the Sentinel Distributed Database (SDD) between April 1, 2020 and October 1, 2020

Medical Product Use [-183, 0 days]	Proton Pump Inhibitor Prevalent Users		Histamine-2 Receptor Antagonist Prevalent Users		Famotidine Prevalent Users	
	Number	Percent	Number	Percent	Number	Percent
Anticoagulants	19,753	8.2%	2,559	8.8%	1,805	9.1%
Glucocorticoids	49,603	20.6%	5,309	18.2%	3,658	18.4%
Acetaminophen	50,505	20.9%	5,089	17.4%	3,404	17.1%
Tumor Necrosis Factor (TNF) Inhibitors	1,909	0.8%	189	0.6%	116	0.6%
Health Service Utilization Intensity Metrics [-183, 0 days]						
Mean number of ambulatory encounters	10.9	11.6	10.5	11.7	10.8	12.0
Mean number of emergency room encounters	0.7	1.9	0.5	1.7	0.6	1.8
Mean number of inpatient hospital encounters	0.2	0.7	0.2	0.5	0.2	0.6
Mean number of non-acute institutional encounters	0.1	0.3	0.1	0.3	0.1	0.3
Mean number of other ambulatory encounters	3.2	7.4	3.3	7.7	3.3	7.7
Mean number of filled prescriptions	20.6	15.4	21.2	16.1	20.8	15.9
Mean number of generics dispensed	9.2	5.3	9.0	5.0	8.8	4.9
Mean number of unique drug classes dispensed	8.6	4.7	8.4	4.5	8.3	4.5

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

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

Table 2a. Summary of COVID-19 Outcomes in the Sentinel Distributed Database (SDD) between April 1, 2020 and December 15, 2020

	Number of Exposed Patients	Person-Years at Risk
Proton Pump Inhibitor New Users		
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	184,495	44,314.5
Any COVID-19 PCR laboratory result	184,495	42,547.1
COVID-19 positive PCR laboratory result	184,495	44,750.2
Inpatient hospitalization due to COVID-19	184,495	44,779.8
Severe clinical course due to COVID-19 (Mechanical ventilation or ICU admission)	184,495	44,843.4
Inpatient hospital death during a COVID-19 hospitalization	184,495	44,878.7
Histamine-2 Receptor Antagonist New Users		
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	28,080	5,106.1
Any COVID-19 PCR laboratory result	28,080	4,956.1
COVID-19 positive PCR laboratory result	28,080	5,145.7
Inpatient hospitalization due to COVID-19	28,080	5,150.4
Severe clinical course due to COVID-19 (Mechanical ventilation or ICU admission)	28,080	5,156.8
Inpatient hospital death during a COVID-19 hospitalization	28,080	5,158.7
Histamine-2 Receptor Antagonist (excluding Famotidine) New Users		
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	1,108	195.8
Any COVID-19 PCR laboratory result	1,108	191.0
Inpatient Hospitalization due to COVID-19	1,108	197.6
Severe clinical course due to COVID-19 (Mechanical ventilation or ICU admission)	1,108	197.7
Inpatient hospital death during a COVID-19 hospitalization	1,108	197.7
Famotidine New Users		
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	26,975	4,892.1
Any COVID-19 PCR laboratory result	26,975	4,748.1
Inpatient Hospitalization due to COVID-19	26,975	4,934.6
Severe clinical course due to COVID-19 (Mechanical ventilation or ICU admission)	26,975	4,940.8
Inpatient Death during COVID-19 hospitalization	26,975	4,942.7
Proton Pump Inhibitor New Users (30 Day Episode Gap)		
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	184,495	50,510.0
Inpatient hospitalization due to COVID-19	184,495	51,087.4
Inpatient hospital death during a COVID-19 hospitalization	184,495	51,217.9

Table 2a. Summary of COVID-19 Outcomes in the Sentinel Distributed Database (SDD) between April 1, 2020 and December 15, 2020

	Number of Exposed Patients	Person-Years at Risk
Histamine-2 Receptor Antagonist New Users (30 Day Episode Gap)		
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	28,080	5,957.7
Inpatient Hospitalization due to COVID-19	28,080	6,015.0
Inpatient Death during COVID-19 hospitalization	28,080	6,025.9
Famotidine New Users (30 Day Episode Gap)		
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	26,975	5,699.0
Inpatient hospitalization due to COVID-19	26,975	5,754.2
Inpatient hospital death during a COVID-19 hospitalization	26,975	5,764.9
Proton Pump Inhibitor Prevalent Users		
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	241,298	70,583.3
Any COVID-19 PCR laboratory result	241,298	67,874.8
COVID-19 positive PCR laboratory result	241,298	71,307.4
Inpatient Hospitalization due to COVID-19	241,298	71,330.3
Inpatient Death during COVID-19 hospitalization	241,298	71,535.4
Histamine-2 Receptor Antagonist Prevalent Users		
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	29,240	7,687.9
Any COVID-19 PCR laboratory result	29,240	7,452.9
COVID-19 positive PCR laboratory result	29,240	7,755.0
Inpatient Hospitalization due to COVID-19	29,240	7,751.4
Inpatient Death during COVID-19 hospitalization	29,240	7,771.7
Famotidine Prevalent Users		
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	19,887	4,952.9
Any COVID-19 PCR laboratory result	19,887	4,804.7
Inpatient Hospitalization due to COVID-19	19,887	4,995.7
Inpatient Death during COVID-19 hospitalization	19,887	5,010.1

Table 2b. Summary of COVID-19 Outcomes in Sentinel Distributed Database (SDD) between April 1, 2020 and December 15, 2020, Aggregated Over All Exposures

	Number of Exposed Patients	Number of Exposed Patients with an Event	Event Rate per 10,000 Person-Years (95% Confidence Interval) ²	Person-Years at Risk
New Users				
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	212,575	5,057	1,023.26 (995.44, 1,051.85)	49,420.5
Any COVID-19 PCR laboratory result	212,575	16,212	3,412.82 (3,360.69, 3,465.77)	47,503.2
COVID-19 positive PCR laboratory result	212,575	1,214	243.31 (230.00, 257.39)	49,895.9
Inpatient hospitalization due to COVID-19	212,575	995	199.28 (187.27, 212.05)	49,930.2
Severe clinical course due to COVID-19 (Mechanical ventilation or ICU admission)	212,575	404	80.80 (73.29, 89.08)	50,000.2
Inpatient hospital death during a COVID-19 hospitalization	212,575	110	21.98 (18.24, 26.50)	50,037.3
New Users (30 Day Episode Gap)				
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	212,575	5,975	1,058.13 (1,031.63, 1,085.30)	56,467.7
Inpatient hospitalization due to COVID-19	212,575	1,151	201.57 (190.25, 213.56)	57,102.3
Inpatient hospital death during a COVID-19 hospitalization	212,575	134	23.41 (19.76, 27.73)	57,243.8
Prevalent Users				
COVID-19 PCR laboratory result)	270,538	7,923	1,012.25 (990.20, 1,034.79)	78,271.2
Any COVID-19 PCR laboratory result	270,538	22,215	2,949.12 (2,910.59, 2,988.15)	75,327.7
COVID-19 positive PCR laboratory result	270,538	1,943	245.76 (235.07, 256.93)	79,062.4
Inpatient hospitalization due to COVID-19	270,538	1,965	248.48 (237.73, 259.71)	79,081.7
Inpatient hospital death during a COVID-19 hospitalization	270,538	180	22.70 (19.61, 26.27)	79,307.1

Table 3a. Summary of COVID-19 Outcomes in the Sentinel Distributed Database (SDD) between April 1, 2020 and December 15, 2020, by Index Year and Month

	Number of Exposed Patients	Person-Years at Risk
Proton Pump Inhibitor New Users		
COVID-19 Diagnosis (COVID-19 Diagnosis Code or Positive COVID-19 PCR Laboratory Result)		
April 2020	22,567	6,685.6
May 2020	24,446	6,813.4
June 2020	29,454	7,783.1
July 2020	35,862	8,718.1
August 2020	35,029	7,639.3
September 2020	35,565	6,424.8
October 2020	1,572	250.2
Any COVID-19 PCR Laboratory Result		
April 2020	22,567	6,395.7
May 2020	24,446	6,485.0
June 2020	29,454	7,409.2
July 2020	35,862	8,383.4
August 2020	35,029	7,390.7
September 2020	35,565	6,240.6
October 2020	1,572	242.5
COVID-19 Positive PCR Laboratory Result		
April 2020	22,567	6,761.9
May 2020	24,446	6,886.9
June 2020	29,454	7,863.5
July 2020	35,862	8,804.0
August 2020	35,029	7,701.8
September 2020	35,565	6,479.6
October 2020	1,572	252.5
Inpatient Hospitalization Due to COVID-19		
April 2020	22,567	6,762.9
May 2020	24,446	6,896.4
June 2020	29,454	7,867.1
July 2020	35,862	8,807.6
August 2020	35,029	7,708.3
September 2020	35,565	6,484.7
October 2020	1,572	252.9
Severe Clinical Course Due to COVID-19 (Mechanical Ventilation or ICU Admission)		
April 2020	22,567	6,777.4
May 2020	24,446	6,906.0
June 2020	29,454	7,879.6
July 2020	35,862	8,819.0
August 2020	35,029	7,716.2
September 2020	35,565	6,491.7
October 2020	1,572	253.5

Table 3a. Summary of COVID-19 Outcomes in the Sentinel Distributed Database (SDD) between April 1, 2020 and December 15, 2020, by Index Year and Month

	Number of Exposed Patients	Person-Years at Risk
Inpatient Hospital Death During a COVID-19 Hospitalization		
April 2020	22,567	6,783.1
May 2020	24,446	6,912.4
June 2020	29,454	7,888.9
July 2020	35,862	8,825.0
August 2020	35,029	7,720.5
September 2020	35,565	6,495.1
October 2020	1,572	253.5
Histamine-2 Receptor Antagonist New Users		
COVID-19 Diagnosis (COVID-19 Diagnosis Code or Positive COVID-19 PCR Laboratory Result)		
April 2020	3,960	815.5
May 2020	4,193	847.0
June 2020	4,307	849.6
July 2020	4,784	890.1
August 2020	4,975	844.2
September 2020	5,577	820.3
October 2020	284	39.5
Any COVID-19 PCR Laboratory Result		
April 2020	3,960	795.2
May 2020	4,193	820.2
June 2020	4,307	819.6
July 2020	4,784	860.7
August 2020	4,975	821.7
September 2020	5,577	800.0
October 2020	284	38.5
COVID-19 Positive PCR Laboratory Result		
April 2020	3,960	823.4
May 2020	4,193	853.7
June 2020	4,307	853.1
July 2020	4,784	898.2
August 2020	4,975	850.9
September 2020	5,577	826.4
October 2020	284	40.0
Inpatient Hospitalization Due to COVID-19		
April 2020	3,960	824.3
May 2020	4,193	854.2
June 2020	4,307	853.9
July 2020	4,784	899.4
August 2020	4,975	851.7
September 2020	5,577	826.9
October 2020	284	40.1

Table 3a. Summary of COVID-19 Outcomes in the Sentinel Distributed Database (SDD) between April 1, 2020 and December 15, 2020, by Index Year and Month

	Number of Exposed Patients	Person-Years at Risk
Severe Clinical Course Due to COVID-19 (Mechanical Ventilation or ICU Admission)		
April 2020	3,960	825.9
May 2020	4,193	855.6
June 2020	4,307	854.6
July 2020	4,784	900.2
August 2020	4,975	852.4
September 2020	5,577	827.8
October 2020	284	40.2
Inpatient Hospital Death During a COVID-19 Hospitalization		
April 2020	3,960	826.1
May 2020	4,193	856.2
June 2020	4,307	855.0
July 2020	4,784	900.2
August 2020	4,975	852.5
September 2020	5,577	828.4
October 2020	284	40.2
Histamine-2 Receptor Antagonist (Excluding Famotidine) New Users		
COVID-19 Diagnosis (COVID-19 Diagnosis Code or Positive COVID-19 PCR Laboratory Result)		
April 2020	140	29.1
May 2020	144	28.3
June 2020	185	34.0
July 2020	217	39.8
August 2020	236	38.5
September 2020	177	24.6
October 2020	9	1.6
Any COVID-19 PCR Laboratory Result		
April 2020	140	28.9
May 2020	144	27.8
June 2020	185	32.3
July 2020	217	38.6
August 2020	236	37.9
September 2020	177	24.0
October 2020	9	1.6
Inpatient Hospitalization Due to COVID-19		
April 2020	140	30.1
May 2020	144	28.4
June 2020	185	34.2
July 2020	217	39.9
August 2020	236	38.8
September 2020	177	24.7
October 2020	9	1.6

Table 3a. Summary of COVID-19 Outcomes in the Sentinel Distributed Database (SDD) between April 1, 2020 and December 15, 2020, by Index Year and Month

	Number of Exposed Patients	Person-Years at Risk
Severe Clinical Course Due to COVID-19 (Mechanical Ventilation or ICU Admission)		
April 2020	140	30.1
May 2020	144	28.4
June 2020	185	34.2
July 2020	217	39.9
August 2020	236	38.8
September 2020	177	24.7
October 2020	9	1.6
Inpatient Hospital Death During a COVID-19 Hospitalization		
April 2020	140	30.2
May 2020	144	28.4
June 2020	185	34.2
July 2020	217	39.9
August 2020	236	38.8
September 2020	177	24.7
October 2020	9	1.6
Famotidine New Users		
COVID-19 Diagnosis (COVID-19 Diagnosis Code or Positive COVID-19 PCR Laboratory Result)		
April 2020	3,820	782.9
May 2020	4,050	814.2
June 2020	4,123	812.2
July 2020	4,567	846.5
August 2020	4,739	804.1
September 2020	5,401	794.2
October 2020	275	37.9
Any COVID-19 PCR Laboratory Result		
April 2020	3,820	763.3
May 2020	4,050	788.2
June 2020	4,123	784.4
July 2020	4,567	818.6
August 2020	4,739	782.2
September 2020	5,401	774.4
October 2020	275	36.9
Inpatient Hospitalization Due to COVID-19		
April 2020	3,820	790.8
May 2020	4,050	821.3
June 2020	4,123	816.4
July 2020	4,567	855.8
August 2020	4,739	811.2
September 2020	5,401	800.5
October 2020	275	38.6

Table 3a. Summary of COVID-19 Outcomes in the Sentinel Distributed Database (SDD) between April 1, 2020 and December 15, 2020, by Index Year and Month

	Number of Exposed Patients	Person-Years at Risk
Severe Clinical Course Due to COVID-19 (Mechanical Ventilation or ICU Admission)		
April 2020	3,820	792.3
May 2020	4,050	822.8
June 2020	4,123	817.1
July 2020	4,567	856.6
August 2020	4,739	812.0
September 2020	5,401	801.5
October 2020	275	38.6
Inpatient Hospital Death During a COVID-19 Hospitalization		
April 2020	3,820	792.5
May 2020	4,050	823.3
June 2020	4,123	817.4
July 2020	4,567	856.6
August 2020	4,739	812.1
September 2020	5,401	802.1
October 2020	275	38.7
Proton Pump Inhibitor New Users (30 Day Episode Gap)		
COVID-19 Diagnosis (COVID-19 Diagnosis Code or Positive COVID-19 PCR Laboratory Result)		
April 2020	22,567	7,781.0
May 2020	24,446	7,899.1
June 2020	29,454	8,935.4
July 2020	35,862	9,959.7
August 2020	35,029	8,621.6
September 2020	35,565	7,042.3
October 2020	1,572	271.0
Inpatient Hospitalization Due to COVID-19		
April 2020	22,567	7,878.3
May 2020	24,446	8,005.4
June 2020	29,454	9,039.7
July 2020	35,862	10,069.6
August 2020	35,029	8,707.5
September 2020	35,565	7,112.7
October 2020	1,572	274.1
Inpatient Hospital Death During a COVID-19 Hospitalization		
April 2020	22,567	7,905.3
May 2020	24,446	8,027.7
June 2020	29,454	9,069.1
July 2020	35,862	10,093.2
August 2020	35,029	8,722.7
September 2020	35,565	7,125.1
October 2020	1,572	274.8

Table 3a. Summary of COVID-19 Outcomes in the Sentinel Distributed Database (SDD) between April 1, 2020 and December 15, 2020, by Index Year and Month

	Number of Exposed Patients	Person-Years at Risk
Histamine-2 Receptor Antagonist New Users (30 Day Episode Gap)		
COVID-19 Diagnosis (COVID-19 Diagnosis Code or Positive COVID-19 PCR Laboratory Result)		
April 2020	3,960	976.7
May 2020	4,193	1,006.8
June 2020	4,307	999.6
July 2020	4,784	1,041.8
August 2020	4,975	975.3
September 2020	5,577	914.4
October 2020	284	43.1
Inpatient Hospitalization Due to COVID-19		
April 2020	3,960	988.5
May 2020	4,193	1,016.3
June 2020	4,307	1,007.1
July 2020	4,784	1,053.1
August 2020	4,975	984.0
September 2020	5,577	922.1
October 2020	284	43.8
Inpatient Hospital Death During a COVID-19 Hospitalization		
April 2020	3,960	990.9
May 2020	4,193	1,018.9
June 2020	4,307	1,008.5
July 2020	4,784	1,054.3
August 2020	4,975	985.1
September 2020	5,577	924.2
October 2020	284	44.0
Famotidine New Users (30 Day Episode Gap)		
COVID-19 Diagnosis (COVID-19 Diagnosis Code or Positive COVID-19 PCR Laboratory Result)		
April 2020	3,820	936.0
May 2020	4,050	967.1
June 2020	4,123	953.5
July 2020	4,567	988.3
August 2020	4,739	927.9
September 2020	5,401	884.8
October 2020	275	41.4
Inpatient Hospitalization Due to COVID-19		
April 2020	3,820	946.8
May 2020	4,050	976.4
June 2020	4,123	960.8
July 2020	4,567	999.5
August 2020	4,739	936.3
September 2020	5,401	892.4
October 2020	275	42.1

Table 3a. Summary of COVID-19 Outcomes in the Sentinel Distributed Database (SDD) between April 1, 2020 and December 15, 2020, by Index Year and Month

	Number of Exposed Patients	Person-Years at Risk
Inpatient Hospital Death During a COVID-19 Hospitalization		
April 2020	3,820	949.0
May 2020	4,050	979.1
June 2020	4,123	962.1
July 2020	4,567	1,000.6
August 2020	4,739	937.3
September 2020	5,401	894.4
October 2020	275	42.3
Proton Pump Inhibitor Prevalent Users		
COVID-19 Diagnosis (COVID-19 Diagnosis Code or Positive COVID-19 PCR Laboratory Result)		
April 2020	40,286	14,730.9
May 2020	37,618	12,688.9
June 2020	37,629	11,915.6
July 2020	44,513	12,826.6
August 2020	40,583	10,205.4
September 2020	39,121	7,948.3
October 2020	1,548	267.5
Any COVID-19 PCR Laboratory Result		
April 2020	40,286	14,060.6
May 2020	37,618	12,106.5
June 2020	37,629	11,403.5
July 2020	44,513	12,373.4
August 2020	40,583	9,924.5
September 2020	39,121	7,745.0
October 2020	1,548	261.4
COVID-19 Positive PCR Laboratory Result		
April 2020	40,286	14,884.5
May 2020	37,618	12,827.8
June 2020	37,629	12,057.4
July 2020	44,513	12,948.5
August 2020	40,583	10,304.1
September 2020	39,121	8,015.9
October 2020	1,548	269.3
Inpatient Hospitalization Due to COVID-19		
April 2020	40,286	14,882.2
May 2020	37,618	12,833.7
June 2020	37,629	12,065.1
July 2020	44,513	12,954.3
August 2020	40,583	10,303.7
September 2020	39,121	8,021.7
October 2020	1,548	269.7

Table 3a. Summary of COVID-19 Outcomes in the Sentinel Distributed Database (SDD) between April 1, 2020 and December 15, 2020, by Index Year and Month

	Number of Exposed Patients	Person-Years at Risk
Inpatient Hospital Death During a COVID-19 Hospitalization		
April 2020	40,286	14,929.8
May 2020	37,618	12,869.1
June 2020	37,629	12,105.7
July 2020	44,513	12,989.5
August 2020	40,583	10,330.3
September 2020	39,121	8,040.8
October 2020	1,548	270.3
Histamine-2 Receptor Antagonist Prevalent Users		
COVID-19 Diagnosis (COVID-19 Diagnosis Code or Positive COVID-19 PCR Laboratory Result)		
April 2020	5,701	1,719.8
May 2020	5,099	1,494.5
June 2020	4,369	1,244.3
July 2020	4,544	1,178.0
August 2020	4,711	1,116.1
September 2020	4,631	903.1
October 2020	185	32.1
Any COVID-19 PCR Laboratory Result		
April 2020	5,701	1,671.3
May 2020	5,099	1,437.4
June 2020	4,369	1,198.7
July 2020	4,544	1,141.6
August 2020	4,711	1,087.3
September 2020	4,631	884.5
October 2020	185	31.9
COVID-19 Positive PCR Laboratory Result		
April 2020	5,701	1,740.8
May 2020	5,099	1,507.3
June 2020	4,369	1,253.4
July 2020	4,544	1,187.5
August 2020	4,711	1,123.9
September 2020	4,631	909.8
October 2020	185	32.4
Inpatient Hospitalization Due to COVID-19		
April 2020	5,701	1,736.6
May 2020	5,099	1,506.7
June 2020	4,369	1,254.0
July 2020	4,544	1,188.3
August 2020	4,711	1,123.5
September 2020	4,631	910.0
October 2020	185	32.2

Table 3a. Summary of COVID-19 Outcomes in the Sentinel Distributed Database (SDD) between April 1, 2020 and December 15, 2020, by Index Year and Month

	Number of Exposed Patients	Person-Years at Risk
Inpatient Hospital Death During a COVID-19 Hospitalization		
April 2020	5,701	1,744.5
May 2020	5,099	1,511.0
June 2020	4,369	1,255.7
July 2020	4,544	1,190.7
August 2020	4,711	1,125.8
September 2020	4,631	911.6
October 2020	185	32.4
Famotidine Prevalent Users		
COVID-19 Diagnosis (COVID-19 Diagnosis Code or Positive COVID-19 PCR Laboratory Result)		
April 2020	3,335	955.5
May 2020	3,070	852.0
June 2020	2,839	761.9
July 2020	3,196	806.8
August 2020	3,538	824.4
September 2020	3,756	725.9
October 2020	153	26.4
Any COVID-19 PCR Laboratory Result		
April 2020	3,335	927.8
May 2020	3,070	815.8
June 2020	2,839	737.0
July 2020	3,196	783.0
August 2020	3,538	803.6
September 2020	3,756	711.1
October 2020	153	26.4
Inpatient Hospitalization Due to COVID-19		
April 2020	3,335	966.7
May 2020	3,070	859.6
June 2020	2,839	767.9
July 2020	3,196	814.2
August 2020	3,538	830.0
September 2020	3,756	730.9
October 2020	153	26.5
Inpatient Hospital Death During a COVID-19 Hospitalization		
April 2020	3,335	972.3
May 2020	3,070	862.3
June 2020	2,839	769.1
July 2020	3,196	816.1
August 2020	3,538	831.6
September 2020	3,756	731.9
October 2020	153	26.7

Table 3b. Summary of COVID-19 Outcomes in Sentinel Distributed Database (SDD) between April 1, 2020 - December 15, 2020, by Index Year and Month, Aggregated Over All Exposures

	Number of Exposed Patients	Number of Exposed Patients with an Event	Event Rate per 10,000 Person-Years (95% Confidence Interval) ²	Person-Years at Risk
New Users				
COVID-19 Diagnosis (COVID-19 Diagnosis Code or Positive COVID-19 PCR Laboratory Result)				
April 2020	26,527	635	846.54 (783.19, 915.02)	7,501.1
May 2020	28,639	687	896.83 (832.21, 966.46)	7,660.4
June 2020	33,761	779	902.39 (841.20, 968.04)	8,632.6
July 2020	40,646	957	996.02 (934.88, 1,061.17)	9,608.2
August 2020	40,004	944	1,112.75 (1,043.98, 1,186.05)	8,483.5
September 2020	41,142	996	1,374.72 (1,291.94, 1,462.81)	7,245.1
October 2020	1,856	59	2,036.82 (1,578.10, 2,628.88)	289.7
Any COVID-19 PCR Laboratory Result				
April 2020	26,527	2,024	2,814.64 (2,694.65, 2,939.97)	7,191.0
May 2020	28,639	2,346	3,211.41 (3,084.05, 3,344.03)	7,305.2
June 2020	33,761	2,795	3,396.61 (3,272.99, 3,524.90)	8,228.8
July 2020	40,646	3,102	3,355.63 (3,239.59, 3,475.82)	9,244.2
August 2020	40,004	2,920	3,555.57 (3,428.91, 3,686.90)	8,212.5
September 2020	41,142	2,884	4,096.24 (3,949.44, 4,248.50)	7,040.6
October 2020	1,856	141	5,018.20 (4,254.63, 5,918.79)	281.0
COVID-19 Positive PCR Laboratory Result				
April 2020	26,527	144	189.84 (161.23, 223.52)	7,585.3
May 2020	28,639	167	215.75 (185.38, 251.08)	7,740.6
June 2020	33,761	202	231.74 (201.89, 266.01)	8,716.6
July 2020	40,646	202	208.20 (181.38, 238.99)	9,702.2
August 2020	40,004	230	268.92 (236.32, 306.02)	8,552.7
September 2020	41,142	250	342.18 (302.29, 387.34)	7,306.1
October 2020	1,856	19	649.70 (414.41, 1,018.59)	292.4

Table 3b. Summary of COVID-19 Outcomes in Sentinel Distributed Database (SDD) between April 1, 2020 - December 15, 2020, by Index Year and Month, Aggregated Over All Exposures

	Number of Exposed Patients	Number of Exposed Patients with an Event	Event Rate per 10,000 Person-Years (95% Confidence Interval) ²	Person-Years at Risk
Inpatient Hospitalization Due to COVID-19				
April 2020	26,527	140	184.52 (156.35, 217.76)	7,587.2
May 2020	28,639	138	178.05 (150.69, 210.38)	7,750.6
June 2020	33,761	176	201.81 (174.09, 233.94)	8,721.1
July 2020	40,646	193	198.83 (172.66, 228.95)	9,706.9
August 2020	40,004	155	181.08 (154.70, 211.95)	8,559.9
September 2020	41,142	184	251.66 (217.80, 290.78)	7,311.5
October 2020	1,856	9	307.14 (159.81, 590.30)	293.0
Severe Clinical Course Due to COVID-19 (Mechanical Ventilation or ICU Admission)				
April 2020	26,527	43	56.55 (41.94, 76.26)	7,603.3
May 2020	28,639	63	81.17 (63.41, 103.90)	7,761.6
June 2020	33,761	87	99.61 (80.73, 122.90)	8,734.2
July 2020	40,646	77	79.22 (63.37, 99.05)	9,719.2
August 2020	40,004	64	74.69 (58.46, 95.43)	8,568.6
September 2020	41,142	67	91.54 (72.04, 116.30)	7,319.6
October 2020	1,856	3	102.16 (32.95, 316.77)	293.6
Inpatient Hospital Death During a COVID-19 Hospitalization				
April 2020	26,527	11	14.46 (8.01, 26.10)	7,609.2
May 2020	28,639	13	16.73 (9.72, 28.82)	7,768.6
June 2020	33,761	18	20.59 (12.97, 32.67)	8,743.9
July 2020	40,646	28	28.79 (19.88, 41.70)	9,725.3
August 2020	40,004	17	19.83 (12.33, 31.90)	8,573.0
September 2020	41,142	22	30.04 (19.78, 45.62)	7,323.5
October 2020	1,856	1	34.04 (4.79, 241.65)	293.8

Table 3b. Summary of COVID-19 Outcomes in Sentinel Distributed Database (SDD) between April 1, 2020 - December 15, 2020, by Index Year and Month, Aggregated Over All Exposures

	Number of Exposed Patients	Number of Exposed Patients with an Event	Event Rate per 10,000 Person-Years (95% Confidence Interval) ²	Person-Years at Risk
New Users (30-Day Gap Allowed)				
COVID-19 Diagnosis (COVID-19 Diagnosis Code or Positive COVID-19 PCR Laboratory Result)				
April 2020	26,527	749	855.25 (796.15, 918.75)	8,757.6
May 2020	28,639	834	936.45 (875.01, 1,002.22)	8,905.9
June 2020	33,761	913	918.97 (861.25, 980.56)	9,935.0
July 2020	40,646	1,155	1,049.85 (991.02, 1,112.18)	11,001.5
August 2020	40,004	1,112	1,158.70 (1,092.56, 1,228.85)	9,596.9
September 2020	41,142	1,145	1,439.05 (1,358.06, 1,524.87)	7,956.6
October 2020	1,856	67	2,133.56 (1,679.24, 2,710.80)	314.0
Inpatient Hospitalization Due to COVID-19				
April 2020	26,527	163	183.83 (157.67, 214.34)	8,866.8
May 2020	28,639	160	177.35 (151.89, 207.07)	9,021.7
June 2020	33,761	207	206.04 (179.80, 236.11)	10,046.8
July 2020	40,646	225	202.29 (177.51, 230.52)	11,122.8
August 2020	40,004	171	176.44 (151.88, 204.97)	9,691.6
September 2020	41,142	213	265.09 (231.78, 303.20)	8,034.9
October 2020	1,856	12	377.54 (214.41, 664.79)	317.8
Inpatient Hospital Death During a COVID-19 Hospitalization				
April 2020	26,527	16	17.99 (11.02, 29.36)	8,896.2
May 2020	28,639	15	16.58 (10.00, 27.50)	9,046.6
June 2020	33,761	22	21.83 (14.37, 33.15)	10,077.6
July 2020	40,646	33	29.60 (21.05, 41.64)	11,147.5
August 2020	40,004	22	22.66 (14.92, 34.42)	9,707.8
September 2020	41,142	24	29.82 (19.98, 44.48)	8,049.3
October 2020	1,856	2	62.75 (15.69, 250.90)	318.7

Table 3b. Summary of COVID-19 Outcomes in Sentinel Distributed Database (SDD) between April 1, 2020 - December 15, 2020, by Index Year and Month, Aggregated Over All Exposures

	Number of Exposed Patients	Number of Exposed Patients with an Event	Event Rate per 10,000 Person-Years (95% Confidence Interval) ²	Person-Years at Risk
Prevalent Users				
COVID-19 Diagnosis (COVID-19 Diagnosis Code or Positive COVID-19 PCR Laboratory Result)				
April 2020	45,987	1,275	775.04 (733.65, 818.78)	16,450.7
May 2020	42,717	1,161	818.56 (772.81, 867.03)	14,183.4
June 2020	41,998	1,303	990.13 (937.80, 1,045.37)	13,160.0
July 2020	49,057	1,426	1,018.23 (966.73, 1,072.48)	14,004.7
August 2020	45,294	1,401	1,237.47 (1,174.34, 1,303.99)	11,321.5
September 2020	43,752	1,311	1,481.12 (1,403.08, 1,563.51)	8,851.4
October 2020	1,733	46	1,535.34 (1,150.00, 2,049.79)	299.6
Any COVID-19 PCR Laboratory Result				
April 2020	45,987	4,052	2,575.65 (2,497.55, 2,656.19)	15,732.0
May 2020	42,717	3,866	2,854.42 (2,765.84, 2,945.83)	13,543.9
June 2020	41,998	3,826	3,035.97 (2,941.28, 3,133.72)	12,602.2
July 2020	49,057	4,016	2,971.51 (2,881.02, 3,064.85)	13,515.0
August 2020	45,294	3,298	2,994.97 (2,894.48, 3,098.95)	11,011.8
September 2020	43,752	3,056	3,541.35 (3,417.99, 3,669.16)	8,629.5
October 2020	1,733	101	3,443.37 (2,833.25, 4,184.89)	293.3
COVID-19 Positive PCR Laboratory Result				
April 2020	45,987	295	177.44 (158.30, 198.89)	16,625.3
May 2020	42,717	278	193.93 (172.42, 218.12)	14,335.0
June 2020	41,998	322	241.91 (216.88, 269.83)	13,310.7
July 2020	49,057	348	246.18 (221.63, 273.45)	14,136.0
August 2020	45,294	331	289.64 (260.06, 322.59)	11,428.0
September 2020	43,752	355	397.73 (358.43, 441.33)	8,925.7
October 2020	1,733	14	463.98 (274.79, 783.42)	301.7

Table 3b. Summary of COVID-19 Outcomes in Sentinel Distributed Database (SDD) between April 1, 2020 - December 15, 2020, by Index Year and Month, Aggregated Over All Exposures

	Number of Exposed Patients	Number of Exposed Patients with an Event	Event Rate per 10,000 Person-Years (95% Confidence Interval) ²	Person-Years at Risk
Inpatient Hospitalization Due to COVID-19				
April 2020	45,987	362	217.82 (196.50, 241.46)	16,618.9
May 2020	42,717	291	202.92 (180.90, 227.63)	14,340.4
June 2020	41,998	328	246.26 (221.00, 274.41)	13,319.1
July 2020	49,057	354	250.31 (225.55, 277.79)	14,142.5
August 2020	45,294	316	276.53 (247.66, 308.77)	11,427.2
September 2020	43,752	301	337.00 (301.00, 377.31)	8,931.7
October 2020	1,733	13	430.56 (250.00, 741.51)	301.9
Inpatient Hospital Death During a COVID-19 Hospitalization				
April 2020	45,987	35	20.99 (15.07, 29.23)	16,674.3
May 2020	42,717	25	17.39 (11.75, 25.73)	14,380.0
June 2020	41,998	30	22.45 (15.70, 32.11)	13,361.4
July 2020	49,057	35	24.68 (17.72, 34.38)	14,180.2
August 2020	45,294	24	20.95 (14.04, 31.26)	11,456.1
September 2020	43,752	29	32.39 (22.51, 46.61)	8,952.4
October 2020	1,733	2	66.07 (16.52, 264.18)	302.7

Table 4. Percent SARS-CoV-2 Positivity Among COVID-19 Outcomes in the Sentinel Distributed Database (SDD) between April 1, 2020 and December 15, 2020

	Number of Exposed Patients	Number of Events	Percent SARS-CoV-2 Positivity
New Users			
Positive SARS-CoV-2 laboratory test result	212,575	1,214	N/A
Any SARS-CoV-2 laboratory test performed	212,575	16,212	N/A
Percent Positivity	N/A	N/A	7.49%
Prevalent Users			
Positive SARS-CoV-2 laboratory test result	270,538	1,943	N/A
Any SARS-CoV-2 laboratory test performed	270,538	22,215	N/A
Percent Positivity	N/A	N/A	8.75%

Table 5. Total Code Counts of Exposures of Interest in Sentinel Distributed Database (SDD) between April 1, 2020 and October 1, 2020

Code	Code Description	Code Category	Code Type	Overall Counts ¹
Proton Pump Inhibitor New Users				
Omeprazole	Omeprazole	Dispensing	N/A	99,230
Pantoprazole	Pantoprazole	Dispensing	N/A	71,036
Esomeprazole	Esomeprazole	Dispensing	N/A	8,729
Lansoprazole	Lansoprazole	Dispensing	N/A	3,053
Dexlansoprazole	Dexlansoprazole	Dispensing	N/A	1,844
Rabeprazole	Rabeprazole	Dispensing	N/A	635
Omeprazole sodium bicarbonate	Omeprazole sodium bicarbonate	Dispensing	N/A	56
Naproxenes omeprazole magnesium	Naproxenes omeprazole magnesium	Dispensing	N/A	18
Histamine-2 Receptor Antagonist New Users				
Famotidine	Famotidine	Dispensing	N/A	26,901
Cimetidine	Cimetidine	Dispensing	N/A	1,045
Ibuprofen famotidine	Ibuprofen famotidine	Dispensing	N/A	74
Ranitidine	Ranitidine	Dispensing	N/A	41
Nizatidine	Nizatidine	Dispensing	N/A	22
Histamine-2 Receptor Antagonist (Excluding Famotidine) New Users				
Cimetidine	Cimetidine	Dispensing	N/A	1,045
Ranitidine	Ranitidine	Dispensing	N/A	41
Nizatidine	Nizatidine	Dispensing	N/A	22
Famotidine New Users				
Famotidine	Famotidine	Dispensing	N/A	26,901
Ibuprofen famotidine	Ibuprofen famotidine	Dispensing	N/A	74
Proton Pump Inhibitor Prevalent Users				
Omeprazole	Omeprazole	Dispensing	N/A	127,297
Pantoprazole	Pantoprazole	Dispensing	N/A	88,206
Esomeprazole	Esomeprazole	Dispensing	N/A	13,656
Lansoprazole	Lansoprazole	Dispensing	N/A	5,509
Dexlansoprazole	Dexlansoprazole	Dispensing	N/A	5,274
Rabeprazole	Rabeprazole	Dispensing	N/A	1,364
Omeprazole sodium bicarbonate	Omeprazole sodium bicarbonate	Dispensing	N/A	99
Naproxenes omeprazole magnesium	Naproxenes omeprazole magnesium	Dispensing	N/A	56
Histamine-2 Receptor Antagonist Prevalent Users				
Famotidine	Famotidine	Dispensing	N/A	27,928

Table 5. Total Code Counts of Exposures of Interest in Sentinel Distributed Database (SDD) between April 1, 2020 and October 1, 2020

Code	Code Description	Code Category	Code Type	Overall Counts¹
Cimetidine	Cimetidine	Dispensing	N/A	1,038
Ranitidine	Ranitidine	Dispensing	N/A	119
Ibuprofen famotidine	Ibuprofen famotidine	Dispensing	N/A	111
Nizatidine	Nizatidine	Dispensing	N/A	48
Famotidine Prevalent Users				
Famotidine	Famotidine	Dispensing	N/A	19,782
Ibuprofen famotidine	Ibuprofen famotidine	Dispensing	N/A	105

¹Codes occurring for the same patient on the same day are individually counted in the overall code count for each code.

Table 6. Summary of Reasons for End of At-Risk Period for COVID-19 Outcomes in the Sentinel Distributed Database (SDD) between April 1, 2020 and December 15, 2020, Aggregated Over All Exposures

	Censoring Reason ¹						
	Total Number of Episodes	End of Exposure Episode ²		Occurrence of Event ³		Occurrence of Request-Defined Censoring Criteria ⁴	
		Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes	Number of Episodes	Percent of Total Episodes
New Users							
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	212,575	124,858	58.7%	5,057	2.4%	12,205	5.7%
Any COVID-19 PCR laboratory result	212,575	118,922	55.9%	16,212	7.6%	11,899	5.6%
COVID-19 positive PCR laboratory result	212,575	126,440	59.5%	1,214	0.6%	12,283	5.8%
Inpatient hospitalization due to COVID-19	212,575	126,520	59.5%	995	0.5%	12,277	5.8%
Severe clinical course due to COVID-19 (Mechanical ventilation or ICU admission)	212,575	126,774	59.6%	404	0.2%	12,294	5.8%
Inpatient hospital death during a COVID-19 hospitalization	212,575	126,913	59.7%	110	0.1%	12,300	5.8%
New Users (30 day episode gap)							
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	212,575	105,581	49.7%	5,975	2.8%	12,963	6.1%
Inpatient hospitalization due to COVID-19	212,575	107,326	50.5%	1,151	0.5%	13,048	6.1%
Inpatient hospital death during a COVID-19 hospitalization	212,575	107,687	50.7%	134	0.1%	13,078	6.2%
Prevalent Users							
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	270,538	135,755	50.2%	7,923	2.9%	5,708	2.1%
Any COVID-19 PCR laboratory result	270,538	129,514	47.9%	22,215	8.2%	5,403	2.0%
COVID-19 positive PCR laboratory result	270,538	137,668	50.9%	1,943	0.7%	5,817	2.2%
Inpatient hospitalization due to COVID-19	270,538	137,648	50.9%	1,965	0.7%	5,794	2.1%
Inpatient hospital death during a COVID-19 hospitalization	270,538	138,267	51.1%	180	0.1%	5,839	2.2%

Table 6. Summary of Reasons for End of At-Risk Period for COVID-19 Outcomes in the Sentinel Distributed Database (SDD) between April 1, 2020 and December 15, 2020, Aggregated Over All Exposures

	Censoring Reason ¹							
	Evidence of Death ⁵		Disenrollment ⁶		End of Data Partner Data ⁷		End of Query Period ⁸	
	Number of	Percent of	Number of	Percent of	Number of	Percent of	Number of	Percent of
	Episodes	Total Episodes	Episodes	Total Episodes	Episodes	Total Episodes	Episodes	Total Episodes
New Users								
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	510	0.2%	7,904	3.7%	0	0.0%	62,882	29.6%
Any COVID-19 PCR laboratory result	525	0.2%	7,640	3.6%	0	0.0%	58,248	27.4%
COVID-19 positive PCR laboratory result	611	0.3%	8,023	3.8%	0	0.0%	64,785	30.5%
Inpatient hospitalization due to COVID-19	521	0.2%	8,004	3.8%	0	0.0%	65,029	30.6%
Severe clinical course due to COVID-19 (Mechanical ventilation or ICU admission)	538	0.3%	8,032	3.8%	0	0.0%	65,301	30.7%
Inpatient hospital death during a COVID-19 hospitalization	630	0.3%	8,050	3.8%	0	0.0%	65,442	30.8%
New Users (30 day episode gap)								
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	607	0.3%	9,326	4.4%	0	0.0%	78,977	37.2%
Inpatient hospitalization due to COVID-19	619	0.3%	9,462	4.5%	0	0.0%	81,746	38.5%
Inpatient hospital death during a COVID-19 hospitalization	756	0.4%	9,519	4.5%	0	0.0%	82,307	38.7%
Prevalent Users								
COVID-19 diagnosis (COVID-19 diagnosis code or positive COVID-19 PCR laboratory result)	835	0.3%	10,022	3.7%	0	0.0%	111,286	41.1%
Any COVID-19 PCR laboratory result	829	0.3%	9,691	3.6%	0	0.0%	103,897	38.4%
COVID-19 positive PCR laboratory result	996	0.4%	10,220	3.8%	0	0.0%	114,804	42.4%
Inpatient hospitalization due to COVID-19	844	0.3%	10,172	3.8%	0	0.0%	115,001	42.5%
Inpatient hospital death during a COVID-19 hospitalization	1,034	0.4%	10,267	3.8%	0	0.0%	116,007	42.9%

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

²Represents episodes censored due to end of the exposure episode. In as-treated analyses, exposure episodes are defined using days supplied as recorded in outpatient pharmacy dispensing records, and episodes end after days supplied are exhausted or a pre-determined maximum episode duration is met. In point exposure analyses, exposure episodes end when a pre-determined maximum episode duration is met.

³Represents episodes censored due to occurrence of request-defined event.

⁴Represents episodes censored due to occurrence of additional user-defined criteria using drug, procedure, diagnosis, and/or laboratory codes.

⁵Represents episodes censored due to evidence of death. Death data source and completeness varies by Data Partner.

⁶Represents episodes censored due to disenrollment from health plan. Data Partners often artificially assign a "disenrollment" date equal to data end date for members still enrolled on that date. Therefore, a patient

⁷Represents episodes censored due to Data Partner data end date. This end date represents the last day of the most recent year-month in which all of a Data Partner's data tables in the Sentinel Common Data Model have at least 80% of the record count relative to the prior month.

⁸Represents episodes censored due to user-specified study end date.

Table 7. Summary of Patient Level Cohort Attrition in the Sentinel Distributed Database (SDD) between April 1, 2020 and October 1, 2020

	New Users							
	Proton Pump Inhibitor New Users		Histamine-2 Receptor Antagonist New Users		Histamine-2 Receptor Antagonist (excluding Famotidine) New Users		Famotidine New Users	
	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded
Members Meeting Enrollment and Demographic Requirements								
Enrolled at any point during the query period	57,384,248	N/A	57,384,248	N/A	57,384,248	N/A	57,384,248	N/A
Had required coverage type (medical and/or drug coverage)	33,302,982	24,081,266	33,302,982	24,081,266	33,302,982	24,081,266	33,302,982	24,081,266
Enrolled during specified age range	27,978,498	5,324,484	27,978,498	5,324,484	27,978,498	5,324,484	27,978,498	5,324,484
Had requestable medical charts	27,978,498	0	27,978,498	0	27,978,498	0	27,978,498	0
Met demographic requirements (sex, race, and Hispanic origin)	27,978,498	0	27,978,498	0	27,978,498	0	27,978,498	0
Members with a Valid Index Event								
Had any cohort-defining claim during the query period	2,663,023	25,315,475	419,911	27,558,587	39,546	27,938,952	394,972	27,583,526
Claim recorded during specified age range	2,662,320	703	419,697	214	39,517	29	394,783	189
Episode defining index claim recorded during the query period	764,943	1,897,377	172,380	247,317	10,191	29,326	212,026	182,757
Met exposure incidence criteria	708,169	56,774	121,169	51,211	4,805	5,386	116,379	95,647
Members with Required Pre-Index History								
Had sufficient pre-index continuous enrollment	471,250	236,919	87,680	33,489	3,452	1,353	84,237	32,142
Met inclusion and exclusion criteria ¹	184,495	286,755	28,080	59,600	1,108	2,344	26,975	57,262
<i>Evidence of a COVID-19 diagnosis code</i>	N/A	10,122	N/A	2,637	N/A	50	N/A	2,587
<i>Evidence of a positive SARS-CoV-2 laboratory result</i>	N/A	2,745	N/A	727	N/A	9	N/A	718
<i>Evidence of an H2RA except famotidine</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>Evidence of H2RAs</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>Evidence of PPIs</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>No evidence of GERD</i>	N/A	282,509	N/A	58,849	N/A	2,333	N/A	56,522
<i>No evidence of GERD plus prior famotidine</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>No evidence of GERD plus prior H2RA</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>No evidence of GERD plus prior PPI</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Final Cohort								
Number of members	184,495	N/A	28,080	N/A	1,108	N/A	26,975	N/A

Table 7. Summary of Patient Level Cohort Attrition in the Sentinel Distributed Database (SDD) between April 1, 2020 and October 1, 2020

	New Users (30 Day Episode Gap)					
	Proton Pump Inhibitor New Users (30 Day Episode Gap)		Histamine-2 Receptor Antagonist New Users (30 Day Episode Gap)		Famotidine New Users (30 Day Episode Gap)	
	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded
Members Meeting Enrollment and Demographic Requirements						
Enrolled at any point during the query period	57,384,248	N/A	57,384,248	N/A	57,384,248	N/A
Had required coverage type (medical and/or drug coverage)	33,302,982	24,081,266	33,302,982	24,081,266	33,302,982	24,081,266
Enrolled during specified age range	27,978,498	5,324,484	27,978,498	5,324,484	27,978,498	5,324,484
Had requestable medical charts	27,978,498	0	27,978,498	0	27,978,498	0
Met demographic requirements (sex, race, and Hispanic origin)	27,978,498	0	27,978,498	0	27,978,498	0
Members with a Valid Index Event						
Had any cohort-defining claim during the query period	2,663,023	25,315,475	419,911	27,558,587	394,972	27,583,526
Claim recorded during specified age range	2,662,320	703	419,697	214	394,783	189
Episode defining index claim recorded during the query period	764,943	1,897,377	172,380	247,317	212,026	182,757
Met exposure incidence criteria	708,169	56,774	121,169	51,211	116,379	95,647
Members with Required Pre-Index History						
Had sufficient pre-index continuous enrollment	471,250	236,919	87,680	33,489	84,237	32,142
Met inclusion and exclusion criteria ¹	184,495	286,755	28,080	59,600	26,975	57,262
<i>Evidence of a COVID-19 diagnosis code</i>	N/A	10,122	N/A	2,637	N/A	2,587
<i>Evidence of a positive SARS-CoV-2 laboratory result</i>	N/A	2,745	N/A	727	N/A	718
<i>Evidence of an H2RA except famotidine</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Evidence of H2RAs</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>Evidence of PPIs</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>No evidence of GERD</i>	N/A	282,509	N/A	58,849	N/A	56,522
<i>No evidence of GERD plus prior famotidine</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>No evidence of GERD plus prior H2RA</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>No evidence of GERD plus prior PPI</i>	N/A	N/A	N/A	N/A	N/A	N/A
Final Cohort						
Number of members	184,495	N/A	28,080	N/A	26,975	N/A

Table 7. Summary of Patient Level Cohort Attrition in the Sentinel Distributed Database (SDD) between April 1, 2020 and October 1, 2020

	Prevalent Users					
	Proton Pump Inhibitor Prevalent Users		Histamine-2 Receptor Antagonist Prevalent Users		Famotidine Prevalent Users	
	Remaining	Excluded	Remaining	Excluded	Remaining	Excluded
Members Meeting Enrollment and Demographic Requirements						
Enrolled at any point during the query period	57,384,248	N/A	57,384,248	N/A	57,384,248	N/A
Had required coverage type (medical and/or drug coverage)	33,302,982	24,081,266	33,302,982	24,081,266	33,302,982	24,081,266
Enrolled during specified age range	27,978,498	5,324,484	27,978,498	5,324,484	27,978,498	5,324,484
Had requestable medical charts	27,978,498	0	27,978,498	0	27,978,498	0
Met demographic requirements (sex, race, and Hispanic origin)	27,978,498	0	27,978,498	0	27,978,498	0
Members with a Valid Index Event						
Had any cohort-defining claim during the query period	2,663,023	25,315,475	419,911	27,558,587	394,972	27,583,526
Claim recorded during specified age range	2,662,320	703	419,697	214	394,783	189
Episode defining index claim recorded during the query period	1,291,675	1,370,645	267,588	152,109	284,294	110,489
Met exposure incidence criteria	1,253,902	37,773	213,921	53,667	211,089	73,205
Members with Required Pre-Index History						
Had sufficient pre-index continuous enrollment	982,091	271,811	174,313	39,608	171,858	39,231
Met inclusion and exclusion criteria ¹	241,298	740,793	29,240	145,073	19,887	151,971
<i>Evidence of a COVID-19 diagnosis code</i>	N/A	18,727	N/A	4,340	N/A	4,298
<i>Evidence of a positive SARS-CoV-2 laboratory result</i>	N/A	5,023	N/A	1,142	N/A	1,135
<i>Evidence of an H2RA except famotidine</i>	N/A	N/A	N/A	N/A	N/A	24,535
<i>Evidence of H2RAs</i>	N/A	56,675	N/A	N/A	N/A	N/A
<i>Evidence of PPIs</i>	N/A	N/A	N/A	31,362	N/A	30,654
<i>No evidence of GERD</i>	N/A	N/A	N/A	N/A	N/A	N/A
<i>No evidence of GERD plus prior famotidine</i>	N/A	N/A	N/A	N/A	N/A	141,240
<i>No evidence of GERD plus prior H2RA</i>	N/A	N/A	N/A	136,161	N/A	N/A
<i>No evidence of GERD plus prior PPI</i>	N/A	719,635	N/A	N/A	N/A	N/A
Final Cohort						
Number of members	241,298	N/A	29,240	N/A	19,887	N/A

¹Patients can meet multiple inclusion and/or exclusion criteria; therefore, the total number of patients excluded overall may not equal the sum of all patients in each criterion.

Appendix A. Start and End Dates for Each Data Partner (DP) up to Request Distribution Date (June 3, 2022)

DP ID	Start Date	End Date ¹
DP01	07/01/2017	12/15/2020
DP02	07/01/2017	12/15/2020
DP03	01/01/2014	12/15/2020
DP04	07/01/2017	12/15/2020
DP05	01/01/2017	12/15/2020
DP06	01/01/2017	12/15/2020
DP07	07/01/2017	12/15/2020

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

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

Generic Name	Brand Name
Proton Pump Inhibitors	
dexlansoprazole	Dexilant
esomeprazole	Nexium
esomeprazole	Nexium 24HR
esomeprazole	Nexium Packet
esomeprazole	esomeprazole magnesium
esomeprazole	esomeprazole strontium
esomeprazole magnesium/glycerin	Esomep-EZS
lansoprazole	FIRST-Lansoprazole
lansoprazole	Heartburn Treatment 24 Hour
lansoprazole	Prevacid
lansoprazole	Prevacid 24Hr
lansoprazole	Prevacid SoluTab
lansoprazole	lansoprazole
naproxen/esomeprazole magnesium	Vimovo
naproxen/esomeprazole magnesium	naproxen-esomeprazole
omeprazole	Acid Reducer (omeprazole)
omeprazole	FIRST-Omeprazole
omeprazole	Omeprazole+SyrSpend SF Alka
omeprazole	Prilosec
omeprazole	Prilosec OTC
omeprazole	omeprazole
omeprazole	omeprazole magnesium
omeprazole/sodium bicarbonate	OmePPI
omeprazole/sodium bicarbonate	Zegerid
omeprazole/sodium bicarbonate	Zegerid OTC
omeprazole/sodium bicarbonate	omeprazole-sodium bicarbonate
pantoprazole	Protonix
pantoprazole	pantoprazole
rabeprazole	AcipHex
rabeprazole	AcipHex Sprinkle
rabeprazole	rabeprazole
H2 Receptor Antagonists	
cimetidine	Acid Reducer (cimetidine)
cimetidine	Heartburn Relief (cimetidine)
cimetidine	Tagamet HB
cimetidine	cimetidine
cimetidine	cimetidine HCl
famotidine	Acid Controller
famotidine	Acid Reducer (famotidine)
famotidine	Acid-Pep
famotidine	Heartburn Prevention
famotidine	Heartburn Relief (famotidine)
famotidine	Pepcid
famotidine	Pepcid AC
famotidine	Pepcid AC Maximum Strength

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

Generic Name	Brand Name
famotidine	Zantac-360 (famotidine)
famotidine	famotidine
famotidine/calcium carbonate/magnesium hydroxide	Acid Controller Complete
famotidine/calcium carbonate/magnesium hydroxide	Acid Reducer Complete (famot)
famotidine/calcium carbonate/magnesium hydroxide	Complete
famotidine/calcium carbonate/magnesium hydroxide	Dual Action Complete
famotidine/calcium carbonate/magnesium hydroxide	Pepcid Complete
famotidine/calcium carbonate/magnesium hydroxide	Tums Dual Action (famotidine)
ibuprofen/famotidine	Duexis
ibuprofen/famotidine	ibuprofen-famotidine
nizatidine	nizatidine
ranitidine	Acid Control (ranitidine)
ranitidine	Acid Reducer (ranitidine)
ranitidine	Deprizine
ranitidine	Heartburn Relief (ranitidine)
ranitidine	Wal-Zan 150
ranitidine	Wal-Zan 75
ranitidine	Zantac
ranitidine	Zantac 75
ranitidine	Zantac Maximum Strength
ranitidine	ranitidine HCl
H2 Receptor Antagonists (Excluding Famotidine)	
cimetidine	Acid Reducer (cimetidine)
cimetidine	Heartburn Relief (cimetidine)
cimetidine	Tagamet HB
cimetidine	cimetidine
cimetidine	cimetidine HCl
nizatidine	nizatidine
ranitidine	Acid Control (ranitidine)
ranitidine	Acid Reducer (ranitidine)
ranitidine	Deprizine
ranitidine	Heartburn Relief (ranitidine)
ranitidine	Wal-Zan 150
ranitidine	Wal-Zan 75
ranitidine	Zantac
ranitidine	Zantac 75
ranitidine	Zantac Maximum Strength
ranitidine	ranitidine HCl
Famotidine	
famotidine	Acid Controller
famotidine	Acid Reducer (famotidine)
famotidine	Acid-Pep
famotidine	Heartburn Prevention
famotidine	Heartburn Relief (famotidine)
famotidine	Pepcid
famotidine	Pepcid AC

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

Generic Name	Brand Name
famotidine	Pepcid AC Maximum Strength
famotidine	Zantac-360 (famotidine)
famotidine	famotidine
famotidine/calcium carbonate/magnesium hydroxide	Acid Controller Complete
famotidine/calcium carbonate/magnesium hydroxide	Acid Reducer Complete (famot)
famotidine/calcium carbonate/magnesium hydroxide	Complete
famotidine/calcium carbonate/magnesium hydroxide	Dual Action Complete
famotidine/calcium carbonate/magnesium hydroxide	Pepcid Complete
famotidine/calcium carbonate/magnesium hydroxide	Tums Dual Action (famotidine)
ibuprofen/famotidine	Duexis
ibuprofen/famotidine	ibuprofen-famotidine

Appendix C. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Revenue (RE), and SARS-CoV-2 Laboratory Codes Used to Define Outcomes in this Request

Code	Description	Code Category	Code Type
COVID-19 Diagnosis			
U07.1	COVID-19	Diagnosis	ICD-10-CM
L0241031010101	SARS_COV_2 PCR BAL E	Laboratory	01C
L0241031010201	SARS_COV_2 PCR BAL H	Laboratory	01C
L0241031010301	SARS_COV_2 PCR BAL I	Laboratory	01C
L0241031010401	SARS_COV_2 PCR BAL O	Laboratory	01C
L0241031010501	SARS_COV_2 PCR BAL U	Laboratory	01C
L0241031020101	SARS_COV_2 PCR NSWAB E	Laboratory	01C
L0241031020201	SARS_COV_2 PCR NSWAB H	Laboratory	01C
L0241031020301	SARS_COV_2 PCR NSWAB I	Laboratory	01C
L0241031020401	SARS_COV_2 PCR NSWAB O	Laboratory	01C
L0241031020501	SARS_COV_2 PCR NSWAB U	Laboratory	01C
L0241031030101	SARS_COV_2 PCR NWASH E	Laboratory	01C
L0241031030201	SARS_COV_2 PCR NWASH H	Laboratory	01C
L0241031030301	SARS_COV_2 PCR NWASH I	Laboratory	01C
L0241031030401	SARS_COV_2 PCR NWASH O	Laboratory	01C
L0241031030501	SARS_COV_2 PCR NWASH U	Laboratory	01C
L0241031040101	SARS_COV_2 PCR NPH E	Laboratory	01C
L0241031040201	SARS_COV_2 PCR NPH H	Laboratory	01C
L0241031040301	SARS_COV_2 PCR NPH I	Laboratory	01C
L0241031040401	SARS_COV_2 PCR NPH O	Laboratory	01C
L0241031040501	SARS_COV_2 PCR NPH U	Laboratory	01C
L0241031050101	SARS_COV_2 PCR NPWASH E	Laboratory	01C
L0241031050201	SARS_COV_2 PCR NPWASH H	Laboratory	01C
L0241031050301	SARS_COV_2 PCR NPWASH I	Laboratory	01C
L0241031050401	SARS_COV_2 PCR NPWASH O	Laboratory	01C
L0241031050501	SARS_COV_2 PCR NPWASH U	Laboratory	01C
L0241031060101	SARS_COV_2 PCR SPUTUM E	Laboratory	01C
L0241031060201	SARS_COV_2 PCR SPUTUM H	Laboratory	01C
L0241031060301	SARS_COV_2 PCR SPUTUM I	Laboratory	01C
L0241031060401	SARS_COV_2 PCR SPUTUM O	Laboratory	01C
L0241031060501	SARS_COV_2 PCR SPUTUM U	Laboratory	01C
L0241031070101	SARS_COV_2 PCR THRT E	Laboratory	01C
L0241031070201	SARS_COV_2 PCR THRT H	Laboratory	01C
L0241031070301	SARS_COV_2 PCR THRT I	Laboratory	01C
L0241031070401	SARS_COV_2 PCR THRT O	Laboratory	01C
L0241031070501	SARS_COV_2 PCR THRT U	Laboratory	01C
L0241031080101	SARS_COV_2 PCR UNK E	Laboratory	01C
L0241031080201	SARS_COV_2 PCR UNK H	Laboratory	01C
L0241031080301	SARS_COV_2 PCR UNK I	Laboratory	01C
L0241031080401	SARS_COV_2 PCR UNK O	Laboratory	01C
L0241031080501	SARS_COV_2 PCR UNK U	Laboratory	01C
L0241031090101	SARS_COV_2 PCR BLOOD E	Laboratory	01C
L0241031090201	SARS_COV_2 PCR BLOOD H	Laboratory	01C

Appendix C. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Revenue (RE), and SARS-CoV-2 Laboratory Codes Used to Define Outcomes in this Request

Code	Description	Code Category	Code Type
L0241031090301	SARS_COV_2 PCR BLOOD I	Laboratory	01C
L0241031090401	SARS_COV_2 PCR BLOOD O	Laboratory	01C
L0241031090501	SARS_COV_2 PCR BLOOD U	Laboratory	01C
L0241031100101	SARS_COV_2 PCR PLASMA E	Laboratory	01C
L0241031100201	SARS_COV_2 PCR PLASMA H	Laboratory	01C
L0241031100301	SARS_COV_2 PCR PLASMA I	Laboratory	01C
L0241031100401	SARS_COV_2 PCR PLASMA O	Laboratory	01C
L0241031100501	SARS_COV_2 PCR PLASMA U	Laboratory	01C
L0241031110101	SARS_COV_2 PCR SERUM E	Laboratory	01C
L0241031110201	SARS_COV_2 PCR SERUM H	Laboratory	01C
L0241031110301	SARS_COV_2 PCR SERUM I	Laboratory	01C
L0241031110401	SARS_COV_2 PCR SERUM O	Laboratory	01C
L0241031110501	SARS_COV_2 PCR SERUM U	Laboratory	01C
L0241031120101	SARS_COV_2 PCR SR_PLS E	Laboratory	01C
L0241031120201	SARS_COV_2 PCR SR_PLS H	Laboratory	01C
L0241031120301	SARS_COV_2 PCR SR_PLS I	Laboratory	01C
L0241031120401	SARS_COV_2 PCR SR_PLS O	Laboratory	01C
L0241031120501	SARS_COV_2 PCR SR_PLS U	Laboratory	01C
L0241031130101	SARS_COV_2 PCR SALIVA E	Laboratory	01C
L0241031130201	SARS_COV_2 PCR SALIVA H	Laboratory	01C
L0241031130301	SARS_COV_2 PCR SALIVA I	Laboratory	01C
L0241031130401	SARS_COV_2 PCR SALIVA O	Laboratory	01C
L0241031130501	SARS_COV_2 PCR SALIVA U	Laboratory	01C
Evidence of Intensive Care Unit Stay			
0188T	Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	Procedure	CPT-3
0189T	Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	Procedure	CPT-3
0200	General classification for intensive care unit (ICU)	Procedure	Revenue
0201	Surgical ICU	Procedure	Revenue
0202	Medical ICU	Procedure	Revenue
0203	Pediatric ICU	Procedure	Revenue
0204	Psychiatric ICU	Procedure	Revenue
0206	Intermediate ICU	Procedure	Revenue
0207	Burn care	Procedure	Revenue
0208	Trauma care	Procedure	Revenue
0209	Other intensive care	Procedure	Revenue
0210	General classification cardiac care unit (CCU)	Procedure	Revenue
0211	Myocardial infarction care	Procedure	Revenue
0212	Pulmonary care	Procedure	Revenue
0213	Heart transplant	Procedure	Revenue
0214	Intermediate CCU	Procedure	Revenue

Appendix C. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Revenue (RE), and SARS-CoV-2 Laboratory Codes Used to Define Outcomes in this Request

Code	Description	Code Category	Code Type
0219	Other coronary care	Procedure	Revenue
0581F	Patient transferred directly from anesthetizing location to critical care unit (Peri2	Procedure	CPT-2
0582F	Patient not transferred directly from anesthetizing location to critical care unit (F	Procedure	CPT-2
09HN7BZ	Insertion of Airway into Nasopharynx, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
09HN8BZ	Insertion of Airway into Nasopharynx, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0BH13EZ	Insertion of Endotracheal Airway into Trachea, Percutaneous Approach	Procedure	ICD-10-PCS
0BH17EZ	Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0BH18EZ	Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0CHY7BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0CHY8BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DH57BZ	Insertion of Airway into Esophagus, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DH58BZ	Insertion of Airway into Esophagus, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0WHQ73Z	Insertion of Infusion Device into Respiratory Tract, Via Natural or Artificial	Procedure	ICD-10-PCS
0WHQ7YZ	Insertion of Other Device into Respiratory Tract, Via Natural or Artificial	Procedure	ICD-10-PCS
31500	Intubation, endotracheal, emergency procedure	Procedure	CPT-4
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Procedure	CPT-4
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Procedure	CPT-4
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Procedure	CPT-4
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Procedure	CPT-4
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance,	Procedure	CPT-4
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Procedure	CPT-4
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Procedure	CPT-4
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance,	Procedure	CPT-4
33960	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial	Procedure	CPT-4
33961	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day	Procedure	CPT-4
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when	Procedure	CPT-4

Appendix C. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Revenue (RE), and SARS-CoV-2 Laboratory Codes Used to Define Outcomes in this Request

Code	Description	Code Category	Code Type
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when	Procedure	CPT-4
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Procedure	CPT-4
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Procedure	CPT-4
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Procedure	CPT-4
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for	Procedure	CPT-4
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	CPT-4
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	CPT-4
36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)	Procedure	CPT-4
3E030XZ	Introduction of Vasopressor into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E033XZ	Introduction of Vasopressor into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E040XZ	Introduction of Vasopressor into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E043XZ	Introduction of Vasopressor into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E050XZ	Introduction of Vasopressor into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
3E053XZ	Introduction of Vasopressor into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E060XZ	Introduction of Vasopressor into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E063XZ	Introduction of Vasopressor into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation,	Procedure	CPT-4
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	Procedure	CPT-4
99160	Critical Care, Initial, Including The Diagnostic And Therapeutic Services And Direction Of Care Of The Critically Ill Or Multiply Injured Or Comatose Patient, Requiring The Prolonged Presence Of The Physician; First Hour	Procedure	CPT-4
99162	Critical Care, Initial, Including The Diagnostic And Therapeutic Services And Direction Of Care Of The Critically Ill Or Multiply Injured Or Comatose Patient, Requiring The Prolonged Presence Of The Physician; Each Additional 30 Minutes	Procedure	CPT-4
99171	Critical Care, Subsequent Follow-up Visit; Brief Examination, Evaluation And/or Treatment For Same Illness	Procedure	CPT-4

Appendix C. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Revenue (RE), and SARS-CoV-2 Laboratory Codes Used to Define Outcomes in this Request

Code	Description	Code Category	Code Type
99289	Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; first 30-74 minutes of hands on care during transport	Procedure	CPT-4
99290	Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; each additional 30 minutes (List separately in addition to	Procedure	CPT-4
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	Procedure	CPT-4
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for	Procedure	CPT-4
99293	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months	Procedure	CPT-4
99294	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months	Procedure	CPT-4
99295	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less	Procedure	CPT-4
99296	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less	Procedure	CPT-4
99466	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport	Procedure	CPT-4
99467	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service)	Procedure	CPT-4
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	Procedure	CPT-4
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	Procedure	CPT-4
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months	Procedure	CPT-4
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months	Procedure	CPT-4
99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	Procedure	CPT-4
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	Procedure	CPT-4
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services	Procedure	CPT-4
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500	Procedure	CPT-4
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	Procedure	CPT-4

Appendix C. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Revenue (RE), and SARS-CoV-2 Laboratory Codes Used to Define Outcomes in this Request

Code	Description	Code Category	Code Type
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	Procedure	CPT-4
99485	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first	Procedure	CPT-4
99486	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary	Procedure	CPT-4
A0396	ALS specialized service disposable supplies; esophageal intubation	Procedure	HCPCS
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Procedure	HCPCS
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Procedure	HCPCS
E0481	Intrapulmonary percussive ventilation system and related accessories	Procedure	HCPCS
G0240	Critical care service delivered by a physician, face to face; during interfacility transport of a critically ill or critically injured patient; first 30-74 minutes of	Procedure	HCPCS
G0390	Trauma response team associated with hospital critical care service	Procedure	HCPCS
G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	Procedure	HCPCS
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	Procedure	HCPCS
G8569	Prolonged postoperative intubation (> 24 hrs) required	Procedure	HCPCS
J0171	Injection, adrenalin, epinephrine, 0.1 mg	Procedure	HCPCS
J1250	Injection, dobutamine HCl, per 250 mg	Procedure	HCPCS
J1265	Injection, dopamine HCl, 40 mg	Procedure	HCPCS
Mechanical Ventilation			
Z99.1	Dependence on respirator	Diagnosis	ICD-10-CM
Z99.11	Dependence on respirator [ventilator] status	Diagnosis	ICD-10-CM
Z99.12	Encounter for respirator [ventilator] dependence during power failure	Diagnosis	ICD-10-CM
0BH13EZ	Insertion of Endotracheal Airway into Trachea, Percutaneous Approach	Procedure	ICD-10-PCS
0BH17EZ	Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0BH18EZ	Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0CHY7BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0CHY8BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DH57BZ	Insertion of Airway into Esophagus, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DH58BZ	Insertion of Airway into Esophagus, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0DL57DZ	Occlusion of Esophagus with Intraluminal Device, Via Natural or Artificial	Procedure	ICD-10-PCS
0DL58DZ	Occlusion of Esophagus with Intraluminal Device, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS

Appendix C. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Revenue (RE), and SARS-CoV-2 Laboratory Codes Used to Define Outcomes in this Request

Code	Description	Code Category	Code Type
0WHQ73Z	Insertion of Infusion Device into Respiratory Tract, Via Natural or Artificial	Procedure	ICD-10-PCS
0WHQ7YZ	Insertion of Other Device into Respiratory Tract, Via Natural or Artificial	Procedure	ICD-10-PCS
31500	Intubation, endotracheal, emergency procedure	Procedure	CPT-4
31719	Transtacheal (percutaneous) Introduction Of Indwelling Tube For Therapy (eg, Tickle Tube, Catheter For Oxygen Administration)	Procedure	CPT-4
31730	Transtacheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	Procedure	CPT-4
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Procedure	CPT-4
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Procedure	CPT-4
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Procedure	CPT-4
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Procedure	CPT-4
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance,	Procedure	CPT-4
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Procedure	CPT-4
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Procedure	CPT-4
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance,	Procedure	CPT-4
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when	Procedure	CPT-4
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when	Procedure	CPT-4
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Procedure	CPT-4
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Procedure	CPT-4
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Procedure	CPT-4

Appendix C. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Revenue (RE), and SARS-CoV-2 Laboratory Codes Used to Define Outcomes in this Request

Code	Description	Code Category	Code Type
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for	Procedure	CPT-4
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	CPT-4
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	CPT-4
4168F	Patient receiving care in the intensive care unit (ICU) and receiving mechanical ventilation, 24 hours or less (CRIT)	Procedure	CPT-2
5A09	Assistance / Respiratory	Procedure	ICD-10-PCS
5A0920Z	Assistance with Respiratory Filtration, Continuous	Procedure	ICD-10-PCS
5A09357	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours, Continuous Positive Airway Pressure	Procedure	ICD-10-PCS
5A09358	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours, Intermittent Positive Airway Pressure	Procedure	ICD-10-PCS
5A09359	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours, Continuous Negative Airway Pressure	Procedure	ICD-10-PCS
5A0935A	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours, High Nasal Flow/Velocity	Procedure	ICD-10-PCS
5A0935B	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours, Intermittent Negative Airway Pressure	Procedure	ICD-10-PCS
5A0935Z	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours	Procedure	ICD-10-PCS
5A09457	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours, Continuous Positive Airway Pressure	Procedure	ICD-10-PCS
5A09458	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours, Intermittent Positive Airway Pressure	Procedure	ICD-10-PCS
5A09459	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours, Continuous Negative Airway Pressure	Procedure	ICD-10-PCS
5A0945A	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours, High Nasal Flow/Velocity	Procedure	ICD-10-PCS
5A0945B	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours, Intermittent Negative Airway Pressure	Procedure	ICD-10-PCS
5A0945Z	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours	Procedure	ICD-10-PCS
5A09557	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours, Continuous Positive Airway Pressure	Procedure	ICD-10-PCS
5A09558	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours, Intermittent Positive Airway Pressure	Procedure	ICD-10-PCS
5A09559	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours, Continuous Negative Airway Pressure	Procedure	ICD-10-PCS
5A0955A	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours, High Nasal Flow/Velocity	Procedure	ICD-10-PCS
5A0955B	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours, Intermittent Negative Airway Pressure	Procedure	ICD-10-PCS
5A0955Z	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours	Procedure	ICD-10-PCS
5A1935Z	Respiratory Ventilation, Less than 24 Consecutive Hours	Procedure	ICD-10-PCS

Appendix C. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Revenue (RE), and SARS-CoV-2 Laboratory Codes Used to Define Outcomes in this Request

Code	Description	Code Category	Code Type
5A1945Z	Respiratory Ventilation, 24-96 Consecutive Hours	Procedure	ICD-10-PCS
5A1955Z	Respiratory Ventilation, Greater than 96 Consecutive Hours	Procedure	ICD-10-PCS
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation,	Procedure	CPT-4
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	Procedure	CPT-4
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	Procedure	CPT-4
94656	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day	Procedure	CPT-4
94657	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; subsequent days	Procedure	CPT-4
A0396	ALS specialized service disposable supplies; esophageal intubation	Procedure	HCPCS
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Procedure	HCPCS
A4608	Transtracheal oxygen catheter, each	Procedure	HCPCS
A4623	Tracheostomy, inner cannula	Procedure	HCPCS
A4624	Tracheal suction catheter, any type other than closed system, each	Procedure	HCPCS

Appendix D. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Codes Used to Define Outcome Incidence Criteria in this Request

Code	Description	Code Category	Code Type
COVID-19/SARS Diagnosis			
B97.29	Other coronavirus as the cause of diseases classified elsewhere	Diagnosis	ICD-10-CM
U07.1	COVID-19	Diagnosis	ICD-10-CM

Appendix E. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Codes Used to Define Inclusion Criteria in this Request

Code	Description	Code Category	Code Type
Gastroesophageal Reflux Disease (GERD)			
K21	Gastro-esophageal reflux disease	Diagnosis	ICD-10-CM
K21.0	Gastro-esophageal reflux disease with esophagitis	Diagnosis	ICD-10-CM
K21.00	Gastro-esophageal reflux disease with esophagitis, without bleeding	Diagnosis	ICD-10-CM
K21.01	Gastro-esophageal reflux disease with esophagitis, with bleeding	Diagnosis	ICD-10-CM
K21.9	Gastro-esophageal reflux disease without esophagitis	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
Any Malignant Neoplasm			
B08.72	Yaba pox virus disease	Diagnosis	ICD-10-CM
C00.0	Malignant neoplasm of external upper lip	Diagnosis	ICD-10-CM
C00.1	Malignant neoplasm of external lower lip	Diagnosis	ICD-10-CM
C00.2	Malignant neoplasm of external lip, unspecified	Diagnosis	ICD-10-CM
C00.3	Malignant neoplasm of upper lip, inner aspect	Diagnosis	ICD-10-CM
C00.4	Malignant neoplasm of lower lip, inner aspect	Diagnosis	ICD-10-CM
C00.5	Malignant neoplasm of lip, unspecified, inner aspect	Diagnosis	ICD-10-CM
C00.6	Malignant neoplasm of commissure of lip, unspecified	Diagnosis	ICD-10-CM
C00.8	Malignant neoplasm of overlapping sites of lip	Diagnosis	ICD-10-CM
C00.9	Malignant neoplasm of lip, unspecified	Diagnosis	ICD-10-CM
C01	Malignant neoplasm of base of tongue	Diagnosis	ICD-10-CM
C02.0	Malignant neoplasm of dorsal surface of tongue	Diagnosis	ICD-10-CM
C02.1	Malignant neoplasm of border of tongue	Diagnosis	ICD-10-CM
C02.2	Malignant neoplasm of ventral surface of tongue	Diagnosis	ICD-10-CM
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	Diagnosis	ICD-10-CM
C02.4	Malignant neoplasm of lingual tonsil	Diagnosis	ICD-10-CM
C02.8	Malignant neoplasm of overlapping sites of tongue	Diagnosis	ICD-10-CM
C02.9	Malignant neoplasm of tongue, unspecified	Diagnosis	ICD-10-CM
C03.0	Malignant neoplasm of upper gum	Diagnosis	ICD-10-CM
C03.1	Malignant neoplasm of lower gum	Diagnosis	ICD-10-CM
C03.9	Malignant neoplasm of gum, unspecified	Diagnosis	ICD-10-CM
C04.0	Malignant neoplasm of anterior floor of mouth	Diagnosis	ICD-10-CM
C04.1	Malignant neoplasm of lateral floor of mouth	Diagnosis	ICD-10-CM
C04.8	Malignant neoplasm of overlapping sites of floor of mouth	Diagnosis	ICD-10-CM
C04.9	Malignant neoplasm of floor of mouth, unspecified	Diagnosis	ICD-10-CM
C05.0	Malignant neoplasm of hard palate	Diagnosis	ICD-10-CM
C05.1	Malignant neoplasm of soft palate	Diagnosis	ICD-10-CM
C05.2	Malignant neoplasm of uvula	Diagnosis	ICD-10-CM
C05.8	Malignant neoplasm of overlapping sites of palate	Diagnosis	ICD-10-CM
C05.9	Malignant neoplasm of palate, unspecified	Diagnosis	ICD-10-CM
C06.0	Malignant neoplasm of cheek mucosa	Diagnosis	ICD-10-CM
C06.1	Malignant neoplasm of vestibule of mouth	Diagnosis	ICD-10-CM
C06.2	Malignant neoplasm of retromolar area	Diagnosis	ICD-10-CM
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth	Diagnosis	ICD-10-CM
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth	Diagnosis	ICD-10-CM
C06.9	Malignant neoplasm of mouth, unspecified	Diagnosis	ICD-10-CM
C07	Malignant neoplasm of parotid gland	Diagnosis	ICD-10-CM
C08.0	Malignant neoplasm of submandibular gland	Diagnosis	ICD-10-CM
C08.1	Malignant neoplasm of sublingual gland	Diagnosis	ICD-10-CM
C08.9	Malignant neoplasm of major salivary gland, unspecified	Diagnosis	ICD-10-CM
C09.0	Malignant neoplasm of tonsillar fossa	Diagnosis	ICD-10-CM
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	Diagnosis	ICD-10-CM
C09.8	Malignant neoplasm of overlapping sites of tonsil	Diagnosis	ICD-10-CM
C09.9	Malignant neoplasm of tonsil, unspecified	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C10.0	Malignant neoplasm of vallecula	Diagnosis	ICD-10-CM
C10.1	Malignant neoplasm of anterior surface of epiglottis	Diagnosis	ICD-10-CM
C10.2	Malignant neoplasm of lateral wall of oropharynx	Diagnosis	ICD-10-CM
C10.3	Malignant neoplasm of posterior wall of oropharynx	Diagnosis	ICD-10-CM
C10.4	Malignant neoplasm of branchial cleft	Diagnosis	ICD-10-CM
C10.8	Malignant neoplasm of overlapping sites of oropharynx	Diagnosis	ICD-10-CM
C10.9	Malignant neoplasm of oropharynx, unspecified	Diagnosis	ICD-10-CM
C11.0	Malignant neoplasm of superior wall of nasopharynx	Diagnosis	ICD-10-CM
C11.1	Malignant neoplasm of posterior wall of nasopharynx	Diagnosis	ICD-10-CM
C11.2	Malignant neoplasm of lateral wall of nasopharynx	Diagnosis	ICD-10-CM
C11.3	Malignant neoplasm of anterior wall of nasopharynx	Diagnosis	ICD-10-CM
C11.8	Malignant neoplasm of overlapping sites of nasopharynx	Diagnosis	ICD-10-CM
C11.9	Malignant neoplasm of nasopharynx, unspecified	Diagnosis	ICD-10-CM
C12	Malignant neoplasm of pyriform sinus	Diagnosis	ICD-10-CM
C13.0	Malignant neoplasm of postcricoid region	Diagnosis	ICD-10-CM
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	Diagnosis	ICD-10-CM
C13.2	Malignant neoplasm of posterior wall of hypopharynx	Diagnosis	ICD-10-CM
C13.8	Malignant neoplasm of overlapping sites of hypopharynx	Diagnosis	ICD-10-CM
C13.9	Malignant neoplasm of hypopharynx, unspecified	Diagnosis	ICD-10-CM
C14.0	Malignant neoplasm of pharynx, unspecified	Diagnosis	ICD-10-CM
C14.2	Malignant neoplasm of Waldeyer's ring	Diagnosis	ICD-10-CM
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx	Diagnosis	ICD-10-CM
C15.3	Malignant neoplasm of upper third of esophagus	Diagnosis	ICD-10-CM
C15.4	Malignant neoplasm of middle third of esophagus	Diagnosis	ICD-10-CM
C15.5	Malignant neoplasm of lower third of esophagus	Diagnosis	ICD-10-CM
C15.8	Malignant neoplasm of overlapping sites of esophagus	Diagnosis	ICD-10-CM
C15.9	Malignant neoplasm of esophagus, unspecified	Diagnosis	ICD-10-CM
C16.0	Malignant neoplasm of cardia	Diagnosis	ICD-10-CM
C16.1	Malignant neoplasm of fundus of stomach	Diagnosis	ICD-10-CM
C16.2	Malignant neoplasm of body of stomach	Diagnosis	ICD-10-CM
C16.3	Malignant neoplasm of pyloric antrum	Diagnosis	ICD-10-CM
C16.4	Malignant neoplasm of pylorus	Diagnosis	ICD-10-CM
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified	Diagnosis	ICD-10-CM
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified	Diagnosis	ICD-10-CM
C16.8	Malignant neoplasm of overlapping sites of stomach	Diagnosis	ICD-10-CM
C16.9	Malignant neoplasm of stomach, unspecified	Diagnosis	ICD-10-CM
C17.0	Malignant neoplasm of duodenum	Diagnosis	ICD-10-CM
C17.1	Malignant neoplasm of jejunum	Diagnosis	ICD-10-CM
C17.2	Malignant neoplasm of ileum	Diagnosis	ICD-10-CM
C17.3	Meckel's diverticulum, malignant	Diagnosis	ICD-10-CM
C17.8	Malignant neoplasm of overlapping sites of small intestine	Diagnosis	ICD-10-CM
C17.9	Malignant neoplasm of small intestine, unspecified	Diagnosis	ICD-10-CM
C18.0	Malignant neoplasm of cecum	Diagnosis	ICD-10-CM
C18.1	Malignant neoplasm of appendix	Diagnosis	ICD-10-CM
C18.2	Malignant neoplasm of ascending colon	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C18.3	Malignant neoplasm of hepatic flexure	Diagnosis	ICD-10-CM
C18.4	Malignant neoplasm of transverse colon	Diagnosis	ICD-10-CM
C18.5	Malignant neoplasm of splenic flexure	Diagnosis	ICD-10-CM
C18.6	Malignant neoplasm of descending colon	Diagnosis	ICD-10-CM
C18.7	Malignant neoplasm of sigmoid colon	Diagnosis	ICD-10-CM
C18.8	Malignant neoplasm of overlapping sites of colon	Diagnosis	ICD-10-CM
C18.9	Malignant neoplasm of colon, unspecified	Diagnosis	ICD-10-CM
C19	Malignant neoplasm of rectosigmoid junction	Diagnosis	ICD-10-CM
C20	Malignant neoplasm of rectum	Diagnosis	ICD-10-CM
C21.0	Malignant neoplasm of anus, unspecified	Diagnosis	ICD-10-CM
C21.1	Malignant neoplasm of anal canal	Diagnosis	ICD-10-CM
C21.2	Malignant neoplasm of cloacogenic zone	Diagnosis	ICD-10-CM
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal	Diagnosis	ICD-10-CM
C22.0	Liver cell carcinoma	Diagnosis	ICD-10-CM
C22.1	Intrahepatic bile duct carcinoma	Diagnosis	ICD-10-CM
C22.2	Hepatoblastoma	Diagnosis	ICD-10-CM
C22.3	Angiosarcoma of liver	Diagnosis	ICD-10-CM
C22.4	Other sarcomas of liver	Diagnosis	ICD-10-CM
C22.7	Other specified carcinomas of liver	Diagnosis	ICD-10-CM
C22.8	Malignant neoplasm of liver, primary, unspecified as to type	Diagnosis	ICD-10-CM
C22.9	Malignant neoplasm of liver, not specified as primary or secondary	Diagnosis	ICD-10-CM
C23	Malignant neoplasm of gallbladder	Diagnosis	ICD-10-CM
C24.0	Malignant neoplasm of extrahepatic bile duct	Diagnosis	ICD-10-CM
C24.1	Malignant neoplasm of ampulla of Vater	Diagnosis	ICD-10-CM
C24.8	Malignant neoplasm of overlapping sites of biliary tract	Diagnosis	ICD-10-CM
C24.9	Malignant neoplasm of biliary tract, unspecified	Diagnosis	ICD-10-CM
C25.0	Malignant neoplasm of head of pancreas	Diagnosis	ICD-10-CM
C25.1	Malignant neoplasm of body of pancreas	Diagnosis	ICD-10-CM
C25.2	Malignant neoplasm of tail of pancreas	Diagnosis	ICD-10-CM
C25.3	Malignant neoplasm of pancreatic duct	Diagnosis	ICD-10-CM
C25.4	Malignant neoplasm of endocrine pancreas	Diagnosis	ICD-10-CM
C25.7	Malignant neoplasm of other parts of pancreas	Diagnosis	ICD-10-CM
C25.8	Malignant neoplasm of overlapping sites of pancreas	Diagnosis	ICD-10-CM
C25.9	Malignant neoplasm of pancreas, unspecified	Diagnosis	ICD-10-CM
C26.0	Malignant neoplasm of intestinal tract, part unspecified	Diagnosis	ICD-10-CM
C26.1	Malignant neoplasm of spleen	Diagnosis	ICD-10-CM
C26.9	Malignant neoplasm of ill-defined sites within the digestive system	Diagnosis	ICD-10-CM
C30.0	Malignant neoplasm of nasal cavity	Diagnosis	ICD-10-CM
C30.1	Malignant neoplasm of middle ear	Diagnosis	ICD-10-CM
C31.0	Malignant neoplasm of maxillary sinus	Diagnosis	ICD-10-CM
C31.1	Malignant neoplasm of ethmoidal sinus	Diagnosis	ICD-10-CM
C31.2	Malignant neoplasm of frontal sinus	Diagnosis	ICD-10-CM
C31.3	Malignant neoplasm of sphenoid sinus	Diagnosis	ICD-10-CM
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses	Diagnosis	ICD-10-CM
C31.9	Malignant neoplasm of accessory sinus, unspecified	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C32.0	Malignant neoplasm of glottis	Diagnosis	ICD-10-CM
C32.1	Malignant neoplasm of supraglottis	Diagnosis	ICD-10-CM
C32.2	Malignant neoplasm of subglottis	Diagnosis	ICD-10-CM
C32.3	Malignant neoplasm of laryngeal cartilage	Diagnosis	ICD-10-CM
C32.8	Malignant neoplasm of overlapping sites of larynx	Diagnosis	ICD-10-CM
C32.9	Malignant neoplasm of larynx, unspecified	Diagnosis	ICD-10-CM
C33	Malignant neoplasm of trachea	Diagnosis	ICD-10-CM
C34.00	Malignant neoplasm of unspecified main bronchus	Diagnosis	ICD-10-CM
C34.01	Malignant neoplasm of right main bronchus	Diagnosis	ICD-10-CM
C34.02	Malignant neoplasm of left main bronchus	Diagnosis	ICD-10-CM
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung	Diagnosis	ICD-10-CM
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung	Diagnosis	ICD-10-CM
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung	Diagnosis	ICD-10-CM
C34.2	Malignant neoplasm of middle lobe, bronchus or lung	Diagnosis	ICD-10-CM
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung	Diagnosis	ICD-10-CM
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	Diagnosis	ICD-10-CM
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung	Diagnosis	ICD-10-CM
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	Diagnosis	ICD-10-CM
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung	Diagnosis	ICD-10-CM
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung	Diagnosis	ICD-10-CM
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung	Diagnosis	ICD-10-CM
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung	Diagnosis	ICD-10-CM
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung	Diagnosis	ICD-10-CM
C37	Malignant neoplasm of thymus	Diagnosis	ICD-10-CM
C38.0	Malignant neoplasm of heart	Diagnosis	ICD-10-CM
C38.1	Malignant neoplasm of anterior mediastinum	Diagnosis	ICD-10-CM
C38.2	Malignant neoplasm of posterior mediastinum	Diagnosis	ICD-10-CM
C38.3	Malignant neoplasm of mediastinum, part unspecified	Diagnosis	ICD-10-CM
C38.4	Malignant neoplasm of pleura	Diagnosis	ICD-10-CM
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura	Diagnosis	ICD-10-CM
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified	Diagnosis	ICD-10-CM
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified	Diagnosis	ICD-10-CM
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb	Diagnosis	ICD-10-CM
C40.01	Malignant neoplasm of scapula and long bones of right upper limb	Diagnosis	ICD-10-CM
C40.02	Malignant neoplasm of scapula and long bones of left upper limb	Diagnosis	ICD-10-CM
C40.10	Malignant neoplasm of short bones of unspecified upper limb	Diagnosis	ICD-10-CM
C40.11	Malignant neoplasm of short bones of right upper limb	Diagnosis	ICD-10-CM
C40.12	Malignant neoplasm of short bones of left upper limb	Diagnosis	ICD-10-CM
C40.20	Malignant neoplasm of long bones of unspecified lower limb	Diagnosis	ICD-10-CM
C40.21	Malignant neoplasm of long bones of right lower limb	Diagnosis	ICD-10-CM
C40.22	Malignant neoplasm of long bones of left lower limb	Diagnosis	ICD-10-CM
C40.30	Malignant neoplasm of short bones of unspecified lower limb	Diagnosis	ICD-10-CM
C40.31	Malignant neoplasm of short bones of right lower limb	Diagnosis	ICD-10-CM
C40.32	Malignant neoplasm of short bones of left lower limb	Diagnosis	ICD-10-CM
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb	Diagnosis	ICD-10-CM
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb	Diagnosis	ICD-10-CM
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb	Diagnosis	ICD-10-CM
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb	Diagnosis	ICD-10-CM
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb	Diagnosis	ICD-10-CM
C41.0	Malignant neoplasm of bones of skull and face	Diagnosis	ICD-10-CM
C41.1	Malignant neoplasm of mandible	Diagnosis	ICD-10-CM
C41.2	Malignant neoplasm of vertebral column	Diagnosis	ICD-10-CM
C41.3	Malignant neoplasm of ribs, sternum and clavicle	Diagnosis	ICD-10-CM
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx	Diagnosis	ICD-10-CM
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified	Diagnosis	ICD-10-CM
C43.0	Malignant melanoma of lip	Diagnosis	ICD-10-CM
C43.10	Malignant melanoma of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C43.11	Malignant melanoma of right eyelid, including canthus	Diagnosis	ICD-10-CM
C43.12	Malignant melanoma of left eyelid, including canthus	Diagnosis	ICD-10-CM
C43.20	Malignant melanoma of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C43.21	Malignant melanoma of right ear and external auricular canal	Diagnosis	ICD-10-CM
C43.22	Malignant melanoma of left ear and external auricular canal	Diagnosis	ICD-10-CM
C43.30	Malignant melanoma of unspecified part of face	Diagnosis	ICD-10-CM
C43.31	Malignant melanoma of nose	Diagnosis	ICD-10-CM
C43.39	Malignant melanoma of other parts of face	Diagnosis	ICD-10-CM
C43.4	Malignant melanoma of scalp and neck	Diagnosis	ICD-10-CM
C43.51	Malignant melanoma of anal skin	Diagnosis	ICD-10-CM
C43.52	Malignant melanoma of skin of breast	Diagnosis	ICD-10-CM
C43.59	Malignant melanoma of other part of trunk	Diagnosis	ICD-10-CM
C43.60	Malignant melanoma of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.61	Malignant melanoma of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.62	Malignant melanoma of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C43.70	Malignant melanoma of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C43.71	Malignant melanoma of right lower limb, including hip	Diagnosis	ICD-10-CM
C43.72	Malignant melanoma of left lower limb, including hip	Diagnosis	ICD-10-CM
C43.8	Malignant melanoma of overlapping sites of skin	Diagnosis	ICD-10-CM
C43.9	Malignant melanoma of skin, unspecified	Diagnosis	ICD-10-CM
C44.00	Unspecified malignant neoplasm of skin of lip	Diagnosis	ICD-10-CM
C44.01	Basal cell carcinoma of skin of lip	Diagnosis	ICD-10-CM
C44.02	Squamous cell carcinoma of skin of lip	Diagnosis	ICD-10-CM
C44.09	Other specified malignant neoplasm of skin of lip	Diagnosis	ICD-10-CM
C44.101	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C44.102	Unspecified malignant neoplasm of skin of right eyelid, including canthus	Diagnosis	ICD-10-CM
C44.109	Unspecified malignant neoplasm of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.111	Basal cell carcinoma of skin of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C44.112	Basal cell carcinoma of skin of right eyelid, including canthus	Diagnosis	ICD-10-CM
C44.119	Basal cell carcinoma of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C44.122	Squamous cell carcinoma of skin of right eyelid, including canthus	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C44.129	Squamous cell carcinoma of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.191	Other specified malignant neoplasm of skin of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C44.192	Other specified malignant neoplasm of skin of right eyelid, including canthus	Diagnosis	ICD-10-CM
C44.199	Other specified malignant neoplasm of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular	Diagnosis	ICD-10-CM
C44.202	Unspecified malignant neoplasm of skin of right ear and external auricular canal	Diagnosis	ICD-10-CM
C44.209	Unspecified malignant neoplasm of skin of left ear and external auricular canal	Diagnosis	ICD-10-CM
C44.211	Basal cell carcinoma of skin of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal	Diagnosis	ICD-10-CM
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal	Diagnosis	ICD-10-CM
C44.221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal	Diagnosis	ICD-10-CM
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal	Diagnosis	ICD-10-CM
C44.291	Other specified malignant neoplasm of skin of unspecified ear and external auricular	Diagnosis	ICD-10-CM
C44.292	Other specified malignant neoplasm of skin of right ear and external auricular canal	Diagnosis	ICD-10-CM
C44.299	Other specified malignant neoplasm of skin of left ear and external auricular canal	Diagnosis	ICD-10-CM
C44.300	Unspecified malignant neoplasm of skin of unspecified part of face	Diagnosis	ICD-10-CM
C44.301	Unspecified malignant neoplasm of skin of nose	Diagnosis	ICD-10-CM
C44.309	Unspecified malignant neoplasm of skin of other parts of face	Diagnosis	ICD-10-CM
C44.310	Basal cell carcinoma of skin of unspecified parts of face	Diagnosis	ICD-10-CM
C44.311	Basal cell carcinoma of skin of nose	Diagnosis	ICD-10-CM
C44.319	Basal cell carcinoma of skin of other parts of face	Diagnosis	ICD-10-CM
C44.320	Squamous cell carcinoma of skin of unspecified parts of face	Diagnosis	ICD-10-CM
C44.321	Squamous cell carcinoma of skin of nose	Diagnosis	ICD-10-CM
C44.329	Squamous cell carcinoma of skin of other parts of face	Diagnosis	ICD-10-CM
C44.390	Other specified malignant neoplasm of skin of unspecified parts of face	Diagnosis	ICD-10-CM
C44.391	Other specified malignant neoplasm of skin of nose	Diagnosis	ICD-10-CM
C44.399	Other specified malignant neoplasm of skin of other parts of face	Diagnosis	ICD-10-CM
C44.40	Unspecified malignant neoplasm of skin of scalp and neck	Diagnosis	ICD-10-CM
C44.41	Basal cell carcinoma of skin of scalp and neck	Diagnosis	ICD-10-CM
C44.42	Squamous cell carcinoma of skin of scalp and neck	Diagnosis	ICD-10-CM
C44.49	Other specified malignant neoplasm of skin of scalp and neck	Diagnosis	ICD-10-CM
C44.500	Unspecified malignant neoplasm of anal skin	Diagnosis	ICD-10-CM
C44.501	Unspecified malignant neoplasm of skin of breast	Diagnosis	ICD-10-CM
C44.509	Unspecified malignant neoplasm of skin of other part of trunk	Diagnosis	ICD-10-CM
C44.510	Basal cell carcinoma of anal skin	Diagnosis	ICD-10-CM
C44.511	Basal cell carcinoma of skin of breast	Diagnosis	ICD-10-CM
C44.519	Basal cell carcinoma of skin of other part of trunk	Diagnosis	ICD-10-CM
C44.520	Squamous cell carcinoma of anal skin	Diagnosis	ICD-10-CM
C44.521	Squamous cell carcinoma of skin of breast	Diagnosis	ICD-10-CM
C44.529	Squamous cell carcinoma of skin of other part of trunk	Diagnosis	ICD-10-CM
C44.590	Other specified malignant neoplasm of anal skin	Diagnosis	ICD-10-CM
C44.591	Other specified malignant neoplasm of skin of breast	Diagnosis	ICD-10-CM
C44.599	Other specified malignant neoplasm of skin of other part of trunk	Diagnosis	ICD-10-CM
C44.601	Unspecified malignant neoplasm of skin of unspecified upper limb, including	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C44.602	Unspecified malignant neoplasm of skin of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.609	Unspecified malignant neoplasm of skin of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.691	Other specified malignant neoplasm of skin of unspecified upper limb, including	Diagnosis	ICD-10-CM
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.701	Unspecified malignant neoplasm of skin of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C44.702	Unspecified malignant neoplasm of skin of right lower limb, including hip	Diagnosis	ICD-10-CM
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip	Diagnosis	ICD-10-CM
C44.711	Basal cell carcinoma of skin of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C44.712	Basal cell carcinoma of skin of right lower limb, including hip	Diagnosis	ICD-10-CM
C44.719	Basal cell carcinoma of skin of left lower limb, including hip	Diagnosis	ICD-10-CM
C44.721	Squamous cell carcinoma of skin of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip	Diagnosis	ICD-10-CM
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip	Diagnosis	ICD-10-CM
C44.791	Other specified malignant neoplasm of skin of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip	Diagnosis	ICD-10-CM
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip	Diagnosis	ICD-10-CM
C44.80	Unspecified malignant neoplasm of overlapping sites of skin	Diagnosis	ICD-10-CM
C44.81	Basal cell carcinoma of overlapping sites of skin	Diagnosis	ICD-10-CM
C44.82	Squamous cell carcinoma of overlapping sites of skin	Diagnosis	ICD-10-CM
C44.89	Other specified malignant neoplasm of overlapping sites of skin	Diagnosis	ICD-10-CM
C44.90	Unspecified malignant neoplasm of skin, unspecified	Diagnosis	ICD-10-CM
C44.91	Basal cell carcinoma of skin, unspecified	Diagnosis	ICD-10-CM
C44.92	Squamous cell carcinoma of skin, unspecified	Diagnosis	ICD-10-CM
C44.99	Other specified malignant neoplasm of skin, unspecified	Diagnosis	ICD-10-CM
C45.0	Mesothelioma of pleura	Diagnosis	ICD-10-CM
C45.1	Mesothelioma of peritoneum	Diagnosis	ICD-10-CM
C45.2	Mesothelioma of pericardium	Diagnosis	ICD-10-CM
C45.7	Mesothelioma of other sites	Diagnosis	ICD-10-CM
C45.9	Mesothelioma, unspecified	Diagnosis	ICD-10-CM
C46.0	Kaposi's sarcoma of skin	Diagnosis	ICD-10-CM
C46.1	Kaposi's sarcoma of soft tissue	Diagnosis	ICD-10-CM
C46.2	Kaposi's sarcoma of palate	Diagnosis	ICD-10-CM
C46.3	Kaposi's sarcoma of lymph nodes	Diagnosis	ICD-10-CM
C46.4	Kaposi's sarcoma of gastrointestinal sites	Diagnosis	ICD-10-CM
C46.50	Kaposi's sarcoma of unspecified lung	Diagnosis	ICD-10-CM
C46.51	Kaposi's sarcoma of right lung	Diagnosis	ICD-10-CM
C46.52	Kaposi's sarcoma of left lung	Diagnosis	ICD-10-CM
C46.7	Kaposi's sarcoma of other sites	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C46.9	Kaposi's sarcoma, unspecified	Diagnosis	ICD-10-CM
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck	Diagnosis	ICD-10-CM
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including	Diagnosis	ICD-10-CM
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip	Diagnosis	ICD-10-CM
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip	Diagnosis	ICD-10-CM
C47.3	Malignant neoplasm of peripheral nerves of thorax	Diagnosis	ICD-10-CM
C47.4	Malignant neoplasm of peripheral nerves of abdomen	Diagnosis	ICD-10-CM
C47.5	Malignant neoplasm of peripheral nerves of pelvis	Diagnosis	ICD-10-CM
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified	Diagnosis	ICD-10-CM
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous	Diagnosis	ICD-10-CM
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system,	Diagnosis	ICD-10-CM
C48.0	Malignant neoplasm of retroperitoneum	Diagnosis	ICD-10-CM
C48.1	Malignant neoplasm of specified parts of peritoneum	Diagnosis	ICD-10-CM
C48.2	Malignant neoplasm of peritoneum, unspecified	Diagnosis	ICD-10-CM
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum	Diagnosis	ICD-10-CM
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck	Diagnosis	ICD-10-CM
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including	Diagnosis	ICD-10-CM
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including	Diagnosis	ICD-10-CM
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb,	Diagnosis	ICD-10-CM
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip	Diagnosis	ICD-10-CM
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	Diagnosis	ICD-10-CM
C49.3	Malignant neoplasm of connective and soft tissue of thorax	Diagnosis	ICD-10-CM
C49.4	Malignant neoplasm of connective and soft tissue of abdomen	Diagnosis	ICD-10-CM
C49.5	Malignant neoplasm of connective and soft tissue of pelvis	Diagnosis	ICD-10-CM
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified	Diagnosis	ICD-10-CM
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue	Diagnosis	ICD-10-CM
C49.9	Malignant neoplasm of connective and soft tissue, unspecified	Diagnosis	ICD-10-CM
C49.A0	Gastrointestinal stromal tumor, unspecified site	Diagnosis	ICD-10-CM
C49.A1	Gastrointestinal stromal tumor of esophagus	Diagnosis	ICD-10-CM
C49.A2	Gastrointestinal stromal tumor of stomach	Diagnosis	ICD-10-CM
C49.A3	Gastrointestinal stromal tumor of small intestine	Diagnosis	ICD-10-CM
C49.A4	Gastrointestinal stromal tumor of large intestine	Diagnosis	ICD-10-CM
C49.A5	Gastrointestinal stromal tumor of rectum	Diagnosis	ICD-10-CM
C49.A9	Gastrointestinal stromal tumor of other sites	Diagnosis	ICD-10-CM
C50.011	Malignant neoplasm of nipple and areola, right female breast	Diagnosis	ICD-10-CM
C50.012	Malignant neoplasm of nipple and areola, left female breast	Diagnosis	ICD-10-CM
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast	Diagnosis	ICD-10-CM
C50.021	Malignant neoplasm of nipple and areola, right male breast	Diagnosis	ICD-10-CM
C50.022	Malignant neoplasm of nipple and areola, left male breast	Diagnosis	ICD-10-CM
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C50.111	Malignant neoplasm of central portion of right female breast	Diagnosis	ICD-10-CM
C50.112	Malignant neoplasm of central portion of left female breast	Diagnosis	ICD-10-CM
C50.119	Malignant neoplasm of central portion of unspecified female breast	Diagnosis	ICD-10-CM
C50.121	Malignant neoplasm of central portion of right male breast	Diagnosis	ICD-10-CM
C50.122	Malignant neoplasm of central portion of left male breast	Diagnosis	ICD-10-CM
C50.129	Malignant neoplasm of central portion of unspecified male breast	Diagnosis	ICD-10-CM
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast	Diagnosis	ICD-10-CM
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	Diagnosis	ICD-10-CM
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast	Diagnosis	ICD-10-CM
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast	Diagnosis	ICD-10-CM
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast	Diagnosis	ICD-10-CM
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast	Diagnosis	ICD-10-CM
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast	Diagnosis	ICD-10-CM
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast	Diagnosis	ICD-10-CM
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast	Diagnosis	ICD-10-CM
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast	Diagnosis	ICD-10-CM
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast	Diagnosis	ICD-10-CM
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast	Diagnosis	ICD-10-CM
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast	Diagnosis	ICD-10-CM
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast	Diagnosis	ICD-10-CM
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast	Diagnosis	ICD-10-CM
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast	Diagnosis	ICD-10-CM
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C50.611	Malignant neoplasm of axillary tail of right female breast	Diagnosis	ICD-10-CM
C50.612	Malignant neoplasm of axillary tail of left female breast	Diagnosis	ICD-10-CM
C50.619	Malignant neoplasm of axillary tail of unspecified female breast	Diagnosis	ICD-10-CM
C50.621	Malignant neoplasm of axillary tail of right male breast	Diagnosis	ICD-10-CM
C50.622	Malignant neoplasm of axillary tail of left male breast	Diagnosis	ICD-10-CM
C50.629	Malignant neoplasm of axillary tail of unspecified male breast	Diagnosis	ICD-10-CM
C50.811	Malignant neoplasm of overlapping sites of right female breast	Diagnosis	ICD-10-CM
C50.812	Malignant neoplasm of overlapping sites of left female breast	Diagnosis	ICD-10-CM
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast	Diagnosis	ICD-10-CM
C50.821	Malignant neoplasm of overlapping sites of right male breast	Diagnosis	ICD-10-CM
C50.822	Malignant neoplasm of overlapping sites of left male breast	Diagnosis	ICD-10-CM
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast	Diagnosis	ICD-10-CM
C50.911	Malignant neoplasm of unspecified site of right female breast	Diagnosis	ICD-10-CM
C50.912	Malignant neoplasm of unspecified site of left female breast	Diagnosis	ICD-10-CM
C50.919	Malignant neoplasm of unspecified site of unspecified female breast	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C50.921	Malignant neoplasm of unspecified site of right male breast	Diagnosis	ICD-10-CM
C50.922	Malignant neoplasm of unspecified site of left male breast	Diagnosis	ICD-10-CM
C50.929	Malignant neoplasm of unspecified site of unspecified male breast	Diagnosis	ICD-10-CM
C51.0	Malignant neoplasm of labium majus	Diagnosis	ICD-10-CM
C51.1	Malignant neoplasm of labium minus	Diagnosis	ICD-10-CM
C51.2	Malignant neoplasm of clitoris	Diagnosis	ICD-10-CM
C51.8	Malignant neoplasm of overlapping sites of vulva	Diagnosis	ICD-10-CM
C51.9	Malignant neoplasm of vulva, unspecified	Diagnosis	ICD-10-CM
C52	Malignant neoplasm of vagina	Diagnosis	ICD-10-CM
C53.0	Malignant neoplasm of endocervix	Diagnosis	ICD-10-CM
C53.1	Malignant neoplasm of exocervix	Diagnosis	ICD-10-CM
C53.8	Malignant neoplasm of overlapping sites of cervix uteri	Diagnosis	ICD-10-CM
C53.9	Malignant neoplasm of cervix uteri, unspecified	Diagnosis	ICD-10-CM
C54.0	Malignant neoplasm of isthmus uteri	Diagnosis	ICD-10-CM
C54.1	Malignant neoplasm of endometrium	Diagnosis	ICD-10-CM
C54.2	Malignant neoplasm of myometrium	Diagnosis	ICD-10-CM
C54.3	Malignant neoplasm of fundus uteri	Diagnosis	ICD-10-CM
C54.8	Malignant neoplasm of overlapping sites of corpus uteri	Diagnosis	ICD-10-CM
C54.9	Malignant neoplasm of corpus uteri, unspecified	Diagnosis	ICD-10-CM
C55	Malignant neoplasm of uterus, part unspecified	Diagnosis	ICD-10-CM
C56.1	Malignant neoplasm of right ovary	Diagnosis	ICD-10-CM
C56.2	Malignant neoplasm of left ovary	Diagnosis	ICD-10-CM
C56.9	Malignant neoplasm of unspecified ovary	Diagnosis	ICD-10-CM
C57.00	Malignant neoplasm of unspecified fallopian tube	Diagnosis	ICD-10-CM
C57.01	Malignant neoplasm of right fallopian tube	Diagnosis	ICD-10-CM
C57.02	Malignant neoplasm of left fallopian tube	Diagnosis	ICD-10-CM
C57.10	Malignant neoplasm of unspecified broad ligament	Diagnosis	ICD-10-CM
C57.11	Malignant neoplasm of right broad ligament	Diagnosis	ICD-10-CM
C57.12	Malignant neoplasm of left broad ligament	Diagnosis	ICD-10-CM
C57.20	Malignant neoplasm of unspecified round ligament	Diagnosis	ICD-10-CM
C57.21	Malignant neoplasm of right round ligament	Diagnosis	ICD-10-CM
C57.22	Malignant neoplasm of left round ligament	Diagnosis	ICD-10-CM
C57.3	Malignant neoplasm of parametrium	Diagnosis	ICD-10-CM
C57.4	Malignant neoplasm of uterine adnexa, unspecified	Diagnosis	ICD-10-CM
C57.7	Malignant neoplasm of other specified female genital organs	Diagnosis	ICD-10-CM
C57.8	Malignant neoplasm of overlapping sites of female genital organs	Diagnosis	ICD-10-CM
C57.9	Malignant neoplasm of female genital organ, unspecified	Diagnosis	ICD-10-CM
C58	Malignant neoplasm of placenta	Diagnosis	ICD-10-CM
C60.0	Malignant neoplasm of prepuce	Diagnosis	ICD-10-CM
C60.1	Malignant neoplasm of glans penis	Diagnosis	ICD-10-CM
C60.2	Malignant neoplasm of body of penis	Diagnosis	ICD-10-CM
C60.8	Malignant neoplasm of overlapping sites of penis	Diagnosis	ICD-10-CM
C60.9	Malignant neoplasm of penis, unspecified	Diagnosis	ICD-10-CM
C61	Malignant neoplasm of prostate	Diagnosis	ICD-10-CM
C62.00	Malignant neoplasm of unspecified undescended testis	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C62.01	Malignant neoplasm of undescended right testis	Diagnosis	ICD-10-CM
C62.02	Malignant neoplasm of undescended left testis	Diagnosis	ICD-10-CM
C62.10	Malignant neoplasm of unspecified descended testis	Diagnosis	ICD-10-CM
C62.11	Malignant neoplasm of descended right testis	Diagnosis	ICD-10-CM
C62.12	Malignant neoplasm of descended left testis	Diagnosis	ICD-10-CM
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or	Diagnosis	ICD-10-CM
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C63.00	Malignant neoplasm of unspecified epididymis	Diagnosis	ICD-10-CM
C63.01	Malignant neoplasm of right epididymis	Diagnosis	ICD-10-CM
C63.02	Malignant neoplasm of left epididymis	Diagnosis	ICD-10-CM
C63.10	Malignant neoplasm of unspecified spermatic cord	Diagnosis	ICD-10-CM
C63.11	Malignant neoplasm of right spermatic cord	Diagnosis	ICD-10-CM
C63.12	Malignant neoplasm of left spermatic cord	Diagnosis	ICD-10-CM
C63.2	Malignant neoplasm of scrotum	Diagnosis	ICD-10-CM
C63.7	Malignant neoplasm of other specified male genital organs	Diagnosis	ICD-10-CM
C63.8	Malignant neoplasm of overlapping sites of male genital organs	Diagnosis	ICD-10-CM
C63.9	Malignant neoplasm of male genital organ, unspecified	Diagnosis	ICD-10-CM
C64.1	Malignant neoplasm of right kidney, except renal pelvis	Diagnosis	ICD-10-CM
C64.2	Malignant neoplasm of left kidney, except renal pelvis	Diagnosis	ICD-10-CM
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	Diagnosis	ICD-10-CM
C65.1	Malignant neoplasm of right renal pelvis	Diagnosis	ICD-10-CM
C65.2	Malignant neoplasm of left renal pelvis	Diagnosis	ICD-10-CM
C65.9	Malignant neoplasm of unspecified renal pelvis	Diagnosis	ICD-10-CM
C66.1	Malignant neoplasm of right ureter	Diagnosis	ICD-10-CM
C66.2	Malignant neoplasm of left ureter	Diagnosis	ICD-10-CM
C66.9	Malignant neoplasm of unspecified ureter	Diagnosis	ICD-10-CM
C67.0	Malignant neoplasm of trigone of bladder	Diagnosis	ICD-10-CM
C67.1	Malignant neoplasm of dome of bladder	Diagnosis	ICD-10-CM
C67.2	Malignant neoplasm of lateral wall of bladder	Diagnosis	ICD-10-CM
C67.3	Malignant neoplasm of anterior wall of bladder	Diagnosis	ICD-10-CM
C67.4	Malignant neoplasm of posterior wall of bladder	Diagnosis	ICD-10-CM
C67.5	Malignant neoplasm of bladder neck	Diagnosis	ICD-10-CM
C67.6	Malignant neoplasm of ureteric orifice	Diagnosis	ICD-10-CM
C67.7	Malignant neoplasm of urachus	Diagnosis	ICD-10-CM
C67.8	Malignant neoplasm of overlapping sites of bladder	Diagnosis	ICD-10-CM
C67.9	Malignant neoplasm of bladder, unspecified	Diagnosis	ICD-10-CM
C68.0	Malignant neoplasm of urethra	Diagnosis	ICD-10-CM
C68.1	Malignant neoplasm of paraurethral glands	Diagnosis	ICD-10-CM
C68.8	Malignant neoplasm of overlapping sites of urinary organs	Diagnosis	ICD-10-CM
C68.9	Malignant neoplasm of urinary organ, unspecified	Diagnosis	ICD-10-CM
C69.00	Malignant neoplasm of unspecified conjunctiva	Diagnosis	ICD-10-CM
C69.01	Malignant neoplasm of right conjunctiva	Diagnosis	ICD-10-CM
C69.02	Malignant neoplasm of left conjunctiva	Diagnosis	ICD-10-CM
C69.10	Malignant neoplasm of unspecified cornea	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C69.11	Malignant neoplasm of right cornea	Diagnosis	ICD-10-CM
C69.12	Malignant neoplasm of left cornea	Diagnosis	ICD-10-CM
C69.20	Malignant neoplasm of unspecified retina	Diagnosis	ICD-10-CM
C69.21	Malignant neoplasm of right retina	Diagnosis	ICD-10-CM
C69.22	Malignant neoplasm of left retina	Diagnosis	ICD-10-CM
C69.30	Malignant neoplasm of unspecified choroid	Diagnosis	ICD-10-CM
C69.31	Malignant neoplasm of right choroid	Diagnosis	ICD-10-CM
C69.32	Malignant neoplasm of left choroid	Diagnosis	ICD-10-CM
C69.40	Malignant neoplasm of unspecified ciliary body	Diagnosis	ICD-10-CM
C69.41	Malignant neoplasm of right ciliary body	Diagnosis	ICD-10-CM
C69.42	Malignant neoplasm of left ciliary body	Diagnosis	ICD-10-CM
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.51	Malignant neoplasm of right lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.52	Malignant neoplasm of left lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.60	Malignant neoplasm of unspecified orbit	Diagnosis	ICD-10-CM
C69.61	Malignant neoplasm of right orbit	Diagnosis	ICD-10-CM
C69.62	Malignant neoplasm of left orbit	Diagnosis	ICD-10-CM
C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa	Diagnosis	ICD-10-CM
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa	Diagnosis	ICD-10-CM
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa	Diagnosis	ICD-10-CM
C69.90	Malignant neoplasm of unspecified site of unspecified eye	Diagnosis	ICD-10-CM
C69.91	Malignant neoplasm of unspecified site of right eye	Diagnosis	ICD-10-CM
C69.92	Malignant neoplasm of unspecified site of left eye	Diagnosis	ICD-10-CM
C70.0	Malignant neoplasm of cerebral meninges	Diagnosis	ICD-10-CM
C70.1	Malignant neoplasm of spinal meninges	Diagnosis	ICD-10-CM
C70.9	Malignant neoplasm of meninges, unspecified	Diagnosis	ICD-10-CM
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles	Diagnosis	ICD-10-CM
C71.1	Malignant neoplasm of frontal lobe	Diagnosis	ICD-10-CM
C71.2	Malignant neoplasm of temporal lobe	Diagnosis	ICD-10-CM
C71.3	Malignant neoplasm of parietal lobe	Diagnosis	ICD-10-CM
C71.4	Malignant neoplasm of occipital lobe	Diagnosis	ICD-10-CM
C71.5	Malignant neoplasm of cerebral ventricle	Diagnosis	ICD-10-CM
C71.6	Malignant neoplasm of cerebellum	Diagnosis	ICD-10-CM
C71.7	Malignant neoplasm of brain stem	Diagnosis	ICD-10-CM
C71.8	Malignant neoplasm of overlapping sites of brain	Diagnosis	ICD-10-CM
C71.9	Malignant neoplasm of brain, unspecified	Diagnosis	ICD-10-CM
C72.0	Malignant neoplasm of spinal cord	Diagnosis	ICD-10-CM
C72.1	Malignant neoplasm of cauda equina	Diagnosis	ICD-10-CM
C72.20	Malignant neoplasm of unspecified olfactory nerve	Diagnosis	ICD-10-CM
C72.21	Malignant neoplasm of right olfactory nerve	Diagnosis	ICD-10-CM
C72.22	Malignant neoplasm of left olfactory nerve	Diagnosis	ICD-10-CM
C72.30	Malignant neoplasm of unspecified optic nerve	Diagnosis	ICD-10-CM
C72.31	Malignant neoplasm of right optic nerve	Diagnosis	ICD-10-CM
C72.32	Malignant neoplasm of left optic nerve	Diagnosis	ICD-10-CM
C72.40	Malignant neoplasm of unspecified acoustic nerve	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C72.41	Malignant neoplasm of right acoustic nerve	Diagnosis	ICD-10-CM
C72.42	Malignant neoplasm of left acoustic nerve	Diagnosis	ICD-10-CM
C72.50	Malignant neoplasm of unspecified cranial nerve	Diagnosis	ICD-10-CM
C72.59	Malignant neoplasm of other cranial nerves	Diagnosis	ICD-10-CM
C72.9	Malignant neoplasm of central nervous system, unspecified	Diagnosis	ICD-10-CM
C73	Malignant neoplasm of thyroid gland	Diagnosis	ICD-10-CM
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.01	Malignant neoplasm of cortex of right adrenal gland	Diagnosis	ICD-10-CM
C74.02	Malignant neoplasm of cortex of left adrenal gland	Diagnosis	ICD-10-CM
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.11	Malignant neoplasm of medulla of right adrenal gland	Diagnosis	ICD-10-CM
C74.12	Malignant neoplasm of medulla of left adrenal gland	Diagnosis	ICD-10-CM
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.91	Malignant neoplasm of unspecified part of right adrenal gland	Diagnosis	ICD-10-CM
C74.92	Malignant neoplasm of unspecified part of left adrenal gland	Diagnosis	ICD-10-CM
C75.0	Malignant neoplasm of parathyroid gland	Diagnosis	ICD-10-CM
C75.1	Malignant neoplasm of pituitary gland	Diagnosis	ICD-10-CM
C75.2	Malignant neoplasm of craniopharyngeal duct	Diagnosis	ICD-10-CM
C75.3	Malignant neoplasm of pineal gland	Diagnosis	ICD-10-CM
C75.4	Malignant neoplasm of carotid body	Diagnosis	ICD-10-CM
C75.5	Malignant neoplasm of aortic body and other paraganglia	Diagnosis	ICD-10-CM
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified	Diagnosis	ICD-10-CM
C75.9	Malignant neoplasm of endocrine gland, unspecified	Diagnosis	ICD-10-CM
C76.0	Malignant neoplasm of head, face and neck	Diagnosis	ICD-10-CM
C76.1	Malignant neoplasm of thorax	Diagnosis	ICD-10-CM
C76.2	Malignant neoplasm of abdomen	Diagnosis	ICD-10-CM
C76.3	Malignant neoplasm of pelvis	Diagnosis	ICD-10-CM
C76.40	Malignant neoplasm of unspecified upper limb	Diagnosis	ICD-10-CM
C76.41	Malignant neoplasm of right upper limb	Diagnosis	ICD-10-CM
C76.42	Malignant neoplasm of left upper limb	Diagnosis	ICD-10-CM
C76.50	Malignant neoplasm of unspecified lower limb	Diagnosis	ICD-10-CM
C76.51	Malignant neoplasm of right lower limb	Diagnosis	ICD-10-CM
C76.52	Malignant neoplasm of left lower limb	Diagnosis	ICD-10-CM
C76.8	Malignant neoplasm of other specified ill-defined sites	Diagnosis	ICD-10-CM
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and	Diagnosis	ICD-10-CM
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph	Diagnosis	ICD-10-CM
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph	Diagnosis	ICD-10-CM
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	Diagnosis	ICD-10-CM
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified	Diagnosis	ICD-10-CM
C78.00	Secondary malignant neoplasm of unspecified lung	Diagnosis	ICD-10-CM
C78.01	Secondary malignant neoplasm of right lung	Diagnosis	ICD-10-CM
C78.02	Secondary malignant neoplasm of left lung	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C78.1	Secondary malignant neoplasm of mediastinum	Diagnosis	ICD-10-CM
C78.2	Secondary malignant neoplasm of pleura	Diagnosis	ICD-10-CM
C78.30	Secondary malignant neoplasm of unspecified respiratory organ	Diagnosis	ICD-10-CM
C78.39	Secondary malignant neoplasm of other respiratory organs	Diagnosis	ICD-10-CM
C78.4	Secondary malignant neoplasm of small intestine	Diagnosis	ICD-10-CM
C78.5	Secondary malignant neoplasm of large intestine and rectum	Diagnosis	ICD-10-CM
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-10-CM
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct	Diagnosis	ICD-10-CM
C78.80	Secondary malignant neoplasm of unspecified digestive organ	Diagnosis	ICD-10-CM
C78.89	Secondary malignant neoplasm of other digestive organs	Diagnosis	ICD-10-CM
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis	Diagnosis	ICD-10-CM
C79.10	Secondary malignant neoplasm of unspecified urinary organs	Diagnosis	ICD-10-CM
C79.11	Secondary malignant neoplasm of bladder	Diagnosis	ICD-10-CM
C79.19	Secondary malignant neoplasm of other urinary organs	Diagnosis	ICD-10-CM
C79.2	Secondary malignant neoplasm of skin	Diagnosis	ICD-10-CM
C79.31	Secondary malignant neoplasm of brain	Diagnosis	ICD-10-CM
C79.32	Secondary malignant neoplasm of cerebral meninges	Diagnosis	ICD-10-CM
C79.40	Secondary malignant neoplasm of unspecified part of nervous system	Diagnosis	ICD-10-CM
C79.49	Secondary malignant neoplasm of other parts of nervous system	Diagnosis	ICD-10-CM
C79.51	Secondary malignant neoplasm of bone	Diagnosis	ICD-10-CM
C79.52	Secondary malignant neoplasm of bone marrow	Diagnosis	ICD-10-CM
C79.60	Secondary malignant neoplasm of unspecified ovary	Diagnosis	ICD-10-CM
C79.61	Secondary malignant neoplasm of right ovary	Diagnosis	ICD-10-CM
C79.62	Secondary malignant neoplasm of left ovary	Diagnosis	ICD-10-CM
C79.70	Secondary malignant neoplasm of unspecified adrenal gland	Diagnosis	ICD-10-CM
C79.71	Secondary malignant neoplasm of right adrenal gland	Diagnosis	ICD-10-CM
C79.72	Secondary malignant neoplasm of left adrenal gland	Diagnosis	ICD-10-CM
C79.81	Secondary malignant neoplasm of breast	Diagnosis	ICD-10-CM
C79.82	Secondary malignant neoplasm of genital organs	Diagnosis	ICD-10-CM
C79.89	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-10-CM
C79.9	Secondary malignant neoplasm of unspecified site	Diagnosis	ICD-10-CM
C80.0	Disseminated malignant neoplasm, unspecified	Diagnosis	ICD-10-CM
C80.1	Malignant (primary) neoplasm, unspecified	Diagnosis	ICD-10-CM
C80.2	Malignant neoplasm associated with transplanted organ	Diagnosis	ICD-10-CM
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face,	Diagnosis	ICD-10-CM
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper	Diagnosis	ICD-10-CM
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ	Diagnosis	ICD-10-CM
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.27	Mixed cellularity Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower	Diagnosis	ICD-10-CM
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.70	Other Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.77	Other Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.90	Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.97	Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.00	Follicular lymphoma grade I, unspecified site	Diagnosis	ICD-10-CM
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.07	Follicular lymphoma grade I, spleen	Diagnosis	ICD-10-CM
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.10	Follicular lymphoma grade II, unspecified site	Diagnosis	ICD-10-CM
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.17	Follicular lymphoma grade II, spleen	Diagnosis	ICD-10-CM
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.20	Follicular lymphoma grade III, unspecified, unspecified site	Diagnosis	ICD-10-CM
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower	Diagnosis	ICD-10-CM
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.27	Follicular lymphoma grade III, unspecified, spleen	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.30	Follicular lymphoma grade IIIa, unspecified site	Diagnosis	ICD-10-CM
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.37	Follicular lymphoma grade IIIa, spleen	Diagnosis	ICD-10-CM
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.40	Follicular lymphoma grade IIIb, unspecified site	Diagnosis	ICD-10-CM
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.47	Follicular lymphoma grade IIIb, spleen	Diagnosis	ICD-10-CM
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.50	Diffuse follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.57	Diffuse follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.60	Cutaneous follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.67	Cutaneous follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.80	Other types of follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.87	Other types of follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.90	Follicular lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.97	Follicular lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.00	Small cell B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.07	Small cell B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.10	Mantle cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.17	Mantle cell lymphoma, spleen	Diagnosis	ICD-10-CM
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.19	Mantle cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.30	Diffuse large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.37	Diffuse large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.57	Lymphoblastic (diffuse) lymphoma, spleen	Diagnosis	ICD-10-CM
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.70	Burkitt lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.72	Burkitt lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.76	Burkitt lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.77	Burkitt lymphoma, spleen	Diagnosis	ICD-10-CM
C83.78	Burkitt lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.79	Burkitt lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.80	Other non-follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.87	Other non-follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lo	Diagnosis	ICD-10-CM
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.00	Mycosis fungoides, unspecified site	Diagnosis	ICD-10-CM
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.02	Mycosis fungoides, intrathoracic lymph nodes	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C84.03	Mycosis fungoides, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.06	Mycosis fungoides, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.07	Mycosis fungoides, spleen	Diagnosis	ICD-10-CM
C84.08	Mycosis fungoides, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.09	Mycosis fungoides, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.10	Sezary disease, unspecified site	Diagnosis	ICD-10-CM
C84.11	Sezary disease, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.12	Sezary disease, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.13	Sezary disease, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.14	Sezary disease, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.16	Sezary disease, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.17	Sezary disease, spleen	Diagnosis	ICD-10-CM
C84.18	Sezary disease, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.19	Sezary disease, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site	Diagnosis	ICD-10-CM
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower	Diagnosis	ICD-10-CM
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.47	Peripheral T-cell lymphoma, not classified, spleen	Diagnosis	ICD-10-CM
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site	Diagnosis	ICD-10-CM
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower	Diagnosis	ICD-10-CM
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen	Diagnosis	ICD-10-CM
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site	Diagnosis	ICD-10-CM
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower	Diagnosis	ICD-10-CM
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site	Diagnosis	ICD-10-CM
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower	Diagnosis	ICD-10-CM
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen	Diagnosis	ICD-10-CM
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower	Diagnosis	ICD-10-CM
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site	Diagnosis	ICD-10-CM
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.Z7	Other mature T/NK-cell lymphomas, spleen	Diagnosis	ICD-10-CM
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.10	Unspecified B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.17	Unspecified B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and	Diagnosis	ICD-10-CM
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and	Diagnosis	ICD-10-CM
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper	Diagnosis	ICD-10-CM
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.87	Other specified types of non-Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.97	Non-Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C86.0	Extranodal NK/T-cell lymphoma, nasal type	Diagnosis	ICD-10-CM
C86.1	Hepatosplenic T-cell lymphoma	Diagnosis	ICD-10-CM
C86.2	Enteropathy-type (intestinal) T-cell lymphoma	Diagnosis	ICD-10-CM
C86.3	Subcutaneous panniculitis-like T-cell lymphoma	Diagnosis	ICD-10-CM
C86.4	Blastic NK-cell lymphoma	Diagnosis	ICD-10-CM
C86.5	Angioimmunoblastic T-cell lymphoma	Diagnosis	ICD-10-CM
C86.6	Primary cutaneous CD30-positive T-cell proliferations	Diagnosis	ICD-10-CM
C88.2	Heavy chain disease	Diagnosis	ICD-10-CM
C88.3	Immunoproliferative small intestinal disease	Diagnosis	ICD-10-CM
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]	Diagnosis	ICD-10-CM
C88.8	Other malignant immunoproliferative diseases	Diagnosis	ICD-10-CM
C88.9	Malignant immunoproliferative disease, unspecified	Diagnosis	ICD-10-CM
C90.00	Multiple myeloma not having achieved remission	Diagnosis	ICD-10-CM
C90.01	Multiple myeloma in remission	Diagnosis	ICD-10-CM
C90.02	Multiple myeloma in relapse	Diagnosis	ICD-10-CM
C90.10	Plasma cell leukemia not having achieved remission	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
C92.31	Myeloid sarcoma, in remission	Diagnosis	ICD-10-CM
C92.32	Myeloid sarcoma, in relapse	Diagnosis	ICD-10-CM
C92.40	Acute promyelocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.41	Acute promyelocytic leukemia, in remission	Diagnosis	ICD-10-CM
C92.42	Acute promyelocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.50	Acute myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.51	Acute myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
C92.52	Acute myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission	Diagnosis	ICD-10-CM
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission	Diagnosis	ICD-10-CM
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse	Diagnosis	ICD-10-CM
C92.90	Myeloid leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
C92.91	Myeloid leukemia, unspecified in remission	Diagnosis	ICD-10-CM
C92.92	Myeloid leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission	Diagnosis	ICD-10-CM
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission	Diagnosis	ICD-10-CM
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse	Diagnosis	ICD-10-CM
C92.Z0	Other myeloid leukemia not having achieved remission	Diagnosis	ICD-10-CM
C92.Z1	Other myeloid leukemia, in remission	Diagnosis	ICD-10-CM
C92.Z2	Other myeloid leukemia, in relapse	Diagnosis	ICD-10-CM
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.01	Acute monoblastic/monocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.02	Acute monoblastic/monocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C93.10	Chronic myelomonocytic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C93.11	Chronic myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.12	Chronic myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.31	Juvenile myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.32	Juvenile myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C93.90	Monocytic leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
C93.91	Monocytic leukemia, unspecified in remission	Diagnosis	ICD-10-CM
C93.92	Monocytic leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
C93.Z0	Other monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.Z1	Other monocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.Z2	Other monocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C94.00	Acute erythroid leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C94.01	Acute erythroid leukemia, in remission	Diagnosis	ICD-10-CM
C94.02	Acute erythroid leukemia, in relapse	Diagnosis	ICD-10-CM
C94.20	Acute megakaryoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C94.21	Acute megakaryoblastic leukemia, in remission	Diagnosis	ICD-10-CM
C94.22	Acute megakaryoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C94.30	Mast cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C94.31	Mast cell leukemia, in remission	Diagnosis	ICD-10-CM
C94.32	Mast cell leukemia, in relapse	Diagnosis	ICD-10-CM
C94.80	Other specified leukemias not having achieved remission	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
C94.81	Other specified leukemias, in remission	Diagnosis	ICD-10-CM
C94.82	Other specified leukemias, in relapse	Diagnosis	ICD-10-CM
C95.00	Acute leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
C95.01	Acute leukemia of unspecified cell type, in remission	Diagnosis	ICD-10-CM
C95.02	Acute leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C95.10	Chronic leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
C95.11	Chronic leukemia of unspecified cell type, in remission	Diagnosis	ICD-10-CM
C95.12	Chronic leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C95.90	Leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
C95.91	Leukemia, unspecified, in remission	Diagnosis	ICD-10-CM
C95.92	Leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96.20	Malignant mast cell neoplasm, unspecified	Diagnosis	ICD-10-CM
C96.21	Aggressive systemic mastocytosis	Diagnosis	ICD-10-CM
C96.22	Mast cell sarcoma	Diagnosis	ICD-10-CM
C96.29	Other malignant mast cell neoplasm	Diagnosis	ICD-10-CM
C96.4	Sarcoma of dendritic cells (accessory cells)	Diagnosis	ICD-10-CM
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
C96.A	Histiocytic sarcoma	Diagnosis	ICD-10-CM
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D03.0	Melanoma in situ of lip	Diagnosis	ICD-10-CM
D03.10	Melanoma in situ of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
D03.11	Melanoma in situ of right eyelid, including canthus	Diagnosis	ICD-10-CM
D03.12	Melanoma in situ of left eyelid, including canthus	Diagnosis	ICD-10-CM
D03.20	Melanoma in situ of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
D03.21	Melanoma in situ of right ear and external auricular canal	Diagnosis	ICD-10-CM
D03.22	Melanoma in situ of left ear and external auricular canal	Diagnosis	ICD-10-CM
D03.30	Melanoma in situ of unspecified part of face	Diagnosis	ICD-10-CM
D03.39	Melanoma in situ of other parts of face	Diagnosis	ICD-10-CM
D03.4	Melanoma in situ of scalp and neck	Diagnosis	ICD-10-CM
D03.51	Melanoma in situ of anal skin	Diagnosis	ICD-10-CM
D03.52	Melanoma in situ of breast (skin) (soft tissue)	Diagnosis	ICD-10-CM
D03.59	Melanoma in situ of other part of trunk	Diagnosis	ICD-10-CM
D03.60	Melanoma in situ of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
D03.61	Melanoma in situ of right upper limb, including shoulder	Diagnosis	ICD-10-CM
D03.62	Melanoma in situ of left upper limb, including shoulder	Diagnosis	ICD-10-CM
D03.70	Melanoma in situ of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
D03.71	Melanoma in situ of right lower limb, including hip	Diagnosis	ICD-10-CM
D03.72	Melanoma in situ of left lower limb, including hip	Diagnosis	ICD-10-CM
D03.8	Melanoma in situ of other sites	Diagnosis	ICD-10-CM
D03.9	Melanoma in situ, unspecified	Diagnosis	ICD-10-CM
D3A.00	Benign carcinoid tumor of unspecified site	Diagnosis	ICD-10-CM
D3A.010	Benign carcinoid tumor of the duodenum	Diagnosis	ICD-10-CM
D3A.011	Benign carcinoid tumor of the jejunum	Diagnosis	ICD-10-CM
D3A.012	Benign carcinoid tumor of the ileum	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion	Diagnosis	ICD-10-CM
D3A.020	Benign carcinoid tumor of the appendix	Diagnosis	ICD-10-CM
D3A.021	Benign carcinoid tumor of the cecum	Diagnosis	ICD-10-CM
D3A.022	Benign carcinoid tumor of the ascending colon	Diagnosis	ICD-10-CM
D3A.023	Benign carcinoid tumor of the transverse colon	Diagnosis	ICD-10-CM
D3A.024	Benign carcinoid tumor of the descending colon	Diagnosis	ICD-10-CM
D3A.025	Benign carcinoid tumor of the sigmoid colon	Diagnosis	ICD-10-CM
D3A.026	Benign carcinoid tumor of the rectum	Diagnosis	ICD-10-CM
D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion	Diagnosis	ICD-10-CM
D3A.090	Benign carcinoid tumor of the bronchus and lung	Diagnosis	ICD-10-CM
D3A.091	Benign carcinoid tumor of the thymus	Diagnosis	ICD-10-CM
D3A.092	Benign carcinoid tumor of the stomach	Diagnosis	ICD-10-CM
D3A.093	Benign carcinoid tumor of the kidney	Diagnosis	ICD-10-CM
D3A.094	Benign carcinoid tumor of the foregut, unspecified	Diagnosis	ICD-10-CM
D3A.095	Benign carcinoid tumor of the midgut, unspecified	Diagnosis	ICD-10-CM
D3A.096	Benign carcinoid tumor of the hindgut, unspecified	Diagnosis	ICD-10-CM
D3A.098	Benign carcinoid tumors of other sites	Diagnosis	ICD-10-CM
D3A.8	Other benign neuroendocrine tumors	Diagnosis	ICD-10-CM
D45	Polycythemia vera	Diagnosis	ICD-10-CM
H40.50X0	Glaucoma secondary to other eye disorders, unspecified eye, stage unspecified	Diagnosis	ICD-10-CM
H40.50X1	Glaucoma secondary to other eye disorders, unspecified eye, mild stage	Diagnosis	ICD-10-CM
H40.50X2	Glaucoma secondary to other eye disorders, unspecified eye, moderate stage	Diagnosis	ICD-10-CM
H40.50X3	Glaucoma secondary to other eye disorders, unspecified eye, severe stage	Diagnosis	ICD-10-CM
H40.50X4	Glaucoma secondary to other eye disorders, unspecified eye, indeterminate stage	Diagnosis	ICD-10-CM
H40.51X0	Glaucoma secondary to other eye disorders, right eye, stage unspecified	Diagnosis	ICD-10-CM
H40.51X1	Glaucoma secondary to other eye disorders, right eye, mild stage	Diagnosis	ICD-10-CM
H40.51X2	Glaucoma secondary to other eye disorders, right eye, moderate stage	Diagnosis	ICD-10-CM
H40.51X3	Glaucoma secondary to other eye disorders, right eye, severe stage	Diagnosis	ICD-10-CM
H40.51X4	Glaucoma secondary to other eye disorders, right eye, indeterminate stage	Diagnosis	ICD-10-CM
H40.52X0	Glaucoma secondary to other eye disorders, left eye, stage unspecified	Diagnosis	ICD-10-CM
H40.52X1	Glaucoma secondary to other eye disorders, left eye, mild stage	Diagnosis	ICD-10-CM
H40.52X2	Glaucoma secondary to other eye disorders, left eye, moderate stage	Diagnosis	ICD-10-CM
H40.52X3	Glaucoma secondary to other eye disorders, left eye, severe stage	Diagnosis	ICD-10-CM
H40.52X4	Glaucoma secondary to other eye disorders, left eye, indeterminate stage	Diagnosis	ICD-10-CM
H40.53X0	Glaucoma secondary to other eye disorders, bilateral, stage unspecified	Diagnosis	ICD-10-CM
H40.53X1	Glaucoma secondary to other eye disorders, bilateral, mild stage	Diagnosis	ICD-10-CM
H40.53X2	Glaucoma secondary to other eye disorders, bilateral, moderate stage	Diagnosis	ICD-10-CM
H40.53X3	Glaucoma secondary to other eye disorders, bilateral, severe stage	Diagnosis	ICD-10-CM
H40.53X4	Glaucoma secondary to other eye disorders, bilateral, indeterminate stage	Diagnosis	ICD-10-CM
M88.0	Osteitis deformans of skull	Diagnosis	ICD-10-CM
M88.1	Osteitis deformans of vertebrae	Diagnosis	ICD-10-CM
M88.811	Osteitis deformans of right shoulder	Diagnosis	ICD-10-CM
M88.812	Osteitis deformans of left shoulder	Diagnosis	ICD-10-CM
M88.819	Osteitis deformans of unspecified shoulder	Diagnosis	ICD-10-CM
M88.821	Osteitis deformans of right upper arm	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
M88.822	Osteitis deformans of left upper arm	Diagnosis	ICD-10-CM
M88.829	Osteitis deformans of unspecified upper arm	Diagnosis	ICD-10-CM
M88.831	Osteitis deformans of right forearm	Diagnosis	ICD-10-CM
M88.832	Osteitis deformans of left forearm	Diagnosis	ICD-10-CM
M88.839	Osteitis deformans of unspecified forearm	Diagnosis	ICD-10-CM
M88.841	Osteitis deformans of right hand	Diagnosis	ICD-10-CM
M88.842	Osteitis deformans of left hand	Diagnosis	ICD-10-CM
M88.849	Osteitis deformans of unspecified hand	Diagnosis	ICD-10-CM
M88.851	Osteitis deformans of right thigh	Diagnosis	ICD-10-CM
M88.852	Osteitis deformans of left thigh	Diagnosis	ICD-10-CM
M88.859	Osteitis deformans of unspecified thigh	Diagnosis	ICD-10-CM
M88.861	Osteitis deformans of right lower leg	Diagnosis	ICD-10-CM
M88.862	Osteitis deformans of left lower leg	Diagnosis	ICD-10-CM
M88.869	Osteitis deformans of unspecified lower leg	Diagnosis	ICD-10-CM
M88.871	Osteitis deformans of right ankle and foot	Diagnosis	ICD-10-CM
M88.872	Osteitis deformans of left ankle and foot	Diagnosis	ICD-10-CM
M88.879	Osteitis deformans of unspecified ankle and foot	Diagnosis	ICD-10-CM
M88.88	Osteitis deformans of other bones	Diagnosis	ICD-10-CM
M88.89	Osteitis deformans of multiple sites	Diagnosis	ICD-10-CM
M88.9	Osteitis deformans of unspecified bone	Diagnosis	ICD-10-CM
O34.10	Maternal care for benign tumor of corpus uteri, unspecified trimester	Diagnosis	ICD-10-CM
O34.11	Maternal care for benign tumor of corpus uteri, first trimester	Diagnosis	ICD-10-CM
O34.12	Maternal care for benign tumor of corpus uteri, second trimester	Diagnosis	ICD-10-CM
O34.13	Maternal care for benign tumor of corpus uteri, third trimester	Diagnosis	ICD-10-CM
R97.8	Other abnormal tumor markers	Diagnosis	ICD-10-CM
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ	Diagnosis	ICD-10-CM
Z85.01	Personal history of malignant neoplasm of esophagus	Diagnosis	ICD-10-CM
Z85.028	Personal history of other malignant neoplasm of stomach	Diagnosis	ICD-10-CM
Z85.038	Personal history of other malignant neoplasm of large intestine	Diagnosis	ICD-10-CM
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and	Diagnosis	ICD-10-CM
Z85.05	Personal history of malignant neoplasm of liver	Diagnosis	ICD-10-CM
Z85.068	Personal history of other malignant neoplasm of small intestine	Diagnosis	ICD-10-CM
Z85.07	Personal history of malignant neoplasm of pancreas	Diagnosis	ICD-10-CM
Z85.09	Personal history of malignant neoplasm of other digestive organs	Diagnosis	ICD-10-CM
Z85.118	Personal history of other malignant neoplasm of bronchus and lung	Diagnosis	ICD-10-CM
Z85.12	Personal history of malignant neoplasm of trachea	Diagnosis	ICD-10-CM
Z85.20	Personal history of malignant neoplasm of unspecified respiratory organ	Diagnosis	ICD-10-CM
Z85.21	Personal history of malignant neoplasm of larynx	Diagnosis	ICD-10-CM
Z85.22	Personal history of malignant neoplasm of nasal cavities, middle ear, and accessory sin	Diagnosis	ICD-10-CM
Z85.238	Personal history of other malignant neoplasm of thymus	Diagnosis	ICD-10-CM
Z85.29	Personal history of malignant neoplasm of other respiratory and intrathoracic organs	Diagnosis	ICD-10-CM
Z85.3	Personal history of malignant neoplasm of breast	Diagnosis	ICD-10-CM
Z85.40	Personal history of malignant neoplasm of unspecified female genital organ	Diagnosis	ICD-10-CM
Z85.41	Personal history of malignant neoplasm of cervix uteri	Diagnosis	ICD-10-CM
Z85.42	Personal history of malignant neoplasm of other parts of uterus	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
Z85.43	Personal history of malignant neoplasm of ovary	Diagnosis	ICD-10-CM
Z85.44	Personal history of malignant neoplasm of other female genital organs	Diagnosis	ICD-10-CM
Z85.45	Personal history of malignant neoplasm of unspecified male genital organ	Diagnosis	ICD-10-CM
Z85.46	Personal history of malignant neoplasm of prostate	Diagnosis	ICD-10-CM
Z85.47	Personal history of malignant neoplasm of testis	Diagnosis	ICD-10-CM
Z85.48	Personal history of malignant neoplasm of epididymis	Diagnosis	ICD-10-CM
Z85.49	Personal history of malignant neoplasm of other male genital organs	Diagnosis	ICD-10-CM
Z85.50	Personal history of malignant neoplasm of unspecified urinary tract organ	Diagnosis	ICD-10-CM
Z85.51	Personal history of malignant neoplasm of bladder	Diagnosis	ICD-10-CM
Z85.528	Personal history of other malignant neoplasm of kidney	Diagnosis	ICD-10-CM
Z85.53	Personal history of malignant neoplasm of renal pelvis	Diagnosis	ICD-10-CM
Z85.54	Personal history of malignant neoplasm of ureter	Diagnosis	ICD-10-CM
Z85.59	Personal history of malignant neoplasm of other urinary tract organ	Diagnosis	ICD-10-CM
Z85.810	Personal history of malignant neoplasm of tongue	Diagnosis	ICD-10-CM
Z85.818	Personal history of malignant neoplasm of other sites of lip, oral cavity, and pharynx	Diagnosis	ICD-10-CM
Z85.819	Personal history of malignant neoplasm of unspecified site of lip, oral cavity, and	Diagnosis	ICD-10-CM
Z85.828	Personal history of other malignant neoplasm of skin	Diagnosis	ICD-10-CM
Z85.830	Personal history of malignant neoplasm of bone	Diagnosis	ICD-10-CM
Z85.831	Personal history of malignant neoplasm of soft tissue	Diagnosis	ICD-10-CM
Z85.840	Personal history of malignant neoplasm of eye	Diagnosis	ICD-10-CM
Z85.841	Personal history of malignant neoplasm of brain	Diagnosis	ICD-10-CM
Z85.848	Personal history of malignant neoplasm of other parts of nervous tissue	Diagnosis	ICD-10-CM
Z85.850	Personal history of malignant neoplasm of thyroid	Diagnosis	ICD-10-CM
Z85.858	Personal history of malignant neoplasm of other endocrine glands	Diagnosis	ICD-10-CM
Z85.89	Personal history of malignant neoplasm of other organs and systems	Diagnosis	ICD-10-CM
Z85.9	Personal history of malignant neoplasm, unspecified	Diagnosis	ICD-10-CM
Asthma Without Chronic Obstructive Pulmonary Disease (COPD)			
J45.20	Mild intermittent asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.21	Mild intermittent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.22	Mild intermittent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.30	Mild persistent asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.31	Mild persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.32	Mild persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.40	Moderate persistent asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.41	Moderate persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.42	Moderate persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.50	Severe persistent asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.51	Severe persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.52	Severe persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.901	Unspecified asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45.902	Unspecified asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45.909	Unspecified asthma, uncomplicated	Diagnosis	ICD-10-CM
J45.990	Exercise induced bronchospasm	Diagnosis	ICD-10-CM
J45.991	Cough variant asthma	Diagnosis	ICD-10-CM
J45.998	Other asthma	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
Atrial Fibrillation			
I48.0	Paroxysmal atrial fibrillation	Diagnosis	ICD-10-CM
I48.1	Persistent atrial fibrillation	Diagnosis	ICD-10-CM
I48.2	Chronic atrial fibrillation	Diagnosis	ICD-10-CM
I48.91	Unspecified atrial fibrillation	Diagnosis	ICD-10-CM
Chronic Kidney Disease			
A18.11	Tuberculosis of kidney and ureter	Diagnosis	ICD-10-CM
A52.75	Syphilis of kidney and ureter	Diagnosis	ICD-10-CM
B52.0	Plasmodium malariae malaria with nephropathy	Diagnosis	ICD-10-CM
C64.1	Malignant neoplasm of right kidney, except renal pelvis	Diagnosis	ICD-10-CM
C64.2	Malignant neoplasm of left kidney, except renal pelvis	Diagnosis	ICD-10-CM
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	Diagnosis	ICD-10-CM
C68.9	Malignant neoplasm of urinary organ, unspecified	Diagnosis	ICD-10-CM
D30.00	Benign neoplasm of unspecified kidney	Diagnosis	ICD-10-CM
D30.01	Benign neoplasm of right kidney	Diagnosis	ICD-10-CM
D30.02	Benign neoplasm of left kidney	Diagnosis	ICD-10-CM
D41.00	Neoplasm of uncertain behavior of unspecified kidney	Diagnosis	ICD-10-CM
D41.01	Neoplasm of uncertain behavior of right kidney	Diagnosis	ICD-10-CM
D41.02	Neoplasm of uncertain behavior of left kidney	Diagnosis	ICD-10-CM
D41.10	Neoplasm of uncertain behavior of unspecified renal pelvis	Diagnosis	ICD-10-CM
D41.11	Neoplasm of uncertain behavior of right renal pelvis	Diagnosis	ICD-10-CM
D41.12	Neoplasm of uncertain behavior of left renal pelvis	Diagnosis	ICD-10-CM
D41.20	Neoplasm of uncertain behavior of unspecified ureter	Diagnosis	ICD-10-CM
D41.21	Neoplasm of uncertain behavior of right ureter	Diagnosis	ICD-10-CM
D41.22	Neoplasm of uncertain behavior of left ureter	Diagnosis	ICD-10-CM
D59.3	Hemolytic-uremic syndrome	Diagnosis	ICD-10-CM
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy	Diagnosis	ICD-10-CM
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney	Diagnosis	ICD-10-CM
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia	Diagnosis	ICD-10-CM
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E10.65	Type 1 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E11.65	Type 2 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E13.21	Other specified diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E74.8	Other specified disorders of carbohydrate metabolism	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Diagnosis	ICD-10-CM
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I70.1	Atherosclerosis of renal artery	Diagnosis	ICD-10-CM
I72.2	Aneurysm of renal artery	Diagnosis	ICD-10-CM
K76.7	Hepatorenal syndrome	Diagnosis	ICD-10-CM
M10.30	Gout due to renal impairment, unspecified site	Diagnosis	ICD-10-CM
M10.311	Gout due to renal impairment, right shoulder	Diagnosis	ICD-10-CM
M10.312	Gout due to renal impairment, left shoulder	Diagnosis	ICD-10-CM
M10.319	Gout due to renal impairment, unspecified shoulder	Diagnosis	ICD-10-CM
M10.321	Gout due to renal impairment, right elbow	Diagnosis	ICD-10-CM
M10.322	Gout due to renal impairment, left elbow	Diagnosis	ICD-10-CM
M10.329	Gout due to renal impairment, unspecified elbow	Diagnosis	ICD-10-CM
M10.331	Gout due to renal impairment, right wrist	Diagnosis	ICD-10-CM
M10.332	Gout due to renal impairment, left wrist	Diagnosis	ICD-10-CM
M10.339	Gout due to renal impairment, unspecified wrist	Diagnosis	ICD-10-CM
M10.341	Gout due to renal impairment, right hand	Diagnosis	ICD-10-CM
M10.342	Gout due to renal impairment, left hand	Diagnosis	ICD-10-CM
M10.349	Gout due to renal impairment, unspecified hand	Diagnosis	ICD-10-CM
M10.351	Gout due to renal impairment, right hip	Diagnosis	ICD-10-CM
M10.352	Gout due to renal impairment, left hip	Diagnosis	ICD-10-CM
M10.359	Gout due to renal impairment, unspecified hip	Diagnosis	ICD-10-CM
M10.361	Gout due to renal impairment, right knee	Diagnosis	ICD-10-CM
M10.362	Gout due to renal impairment, left knee	Diagnosis	ICD-10-CM
M10.369	Gout due to renal impairment, unspecified knee	Diagnosis	ICD-10-CM
M10.371	Gout due to renal impairment, right ankle and foot	Diagnosis	ICD-10-CM
M10.372	Gout due to renal impairment, left ankle and foot	Diagnosis	ICD-10-CM
M10.379	Gout due to renal impairment, unspecified ankle and foot	Diagnosis	ICD-10-CM
M10.38	Gout due to renal impairment, vertebrae	Diagnosis	ICD-10-CM
M10.39	Gout due to renal impairment, multiple sites	Diagnosis	ICD-10-CM
M32.14	Glomerular disease in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M35.04	Sicca syndrome with tubulo-interstitial nephropathy	Diagnosis	ICD-10-CM
N00.0	Acute nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N00.1	Acute nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N00.2	Acute nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N00.3	Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N00.4	Acute nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N00.5	Acute nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N00.6	Acute nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N00.7	Acute nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N00.8	Acute nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
N00.9	Acute nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N01.0	Rapidly progressive nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N01.1	Rapidly progressive nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N01.2	Rapidly progressive nephritic syndrome with diffuse membranous	Diagnosis	ICD-10-CM
N01.3	Rapidly progressive nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N01.4	Rapidly progressive nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N01.5	Rapidly progressive nephritic syndrome with diffuse mesangiocapillary	Diagnosis	ICD-10-CM
N01.6	Rapidly progressive nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N01.7	Rapidly progressive nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N01.8	Rapidly progressive nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N01.9	Rapidly progressive nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N02.0	Recurrent and persistent hematuria with minor glomerular abnormality	Diagnosis	ICD-10-CM
N02.1	Recurrent and persistent hematuria with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N02.3	Recurrent and persistent hematuria with diffuse mesangial proliferative	Diagnosis	ICD-10-CM
N02.4	Recurrent and persistent hematuria with diffuse endocapillary proliferative	Diagnosis	ICD-10-CM
N02.5	Recurrent and persistent hematuria with diffuse mesangiocapillary	Diagnosis	ICD-10-CM
N02.6	Recurrent and persistent hematuria with dense deposit disease	Diagnosis	ICD-10-CM
N02.7	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N02.8	Recurrent and persistent hematuria with other morphologic changes	Diagnosis	ICD-10-CM
N02.9	Recurrent and persistent hematuria with unspecified morphologic changes	Diagnosis	ICD-10-CM
N03.0	Chronic nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N03.1	Chronic nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N03.2	Chronic nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N03.3	Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N03.4	Chronic nephritic syndrome with diffuse endocapillary proliferative	Diagnosis	ICD-10-CM
N03.5	Chronic nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N03.6	Chronic nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N03.7	Chronic nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N03.8	Chronic nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N03.9	Chronic nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N04.0	Nephrotic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N04.1	Nephrotic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N04.2	Nephrotic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N04.3	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N04.4	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N04.5	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N04.6	Nephrotic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N04.8	Nephrotic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N04.9	Nephrotic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N05.0	Unspecified nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N05.1	Unspecified nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
N05.2	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N05.3	Unspecified nephritic syndrome with diffuse mesangial proliferative	Diagnosis	ICD-10-CM
N05.4	Unspecified nephritic syndrome with diffuse endocapillary proliferative	Diagnosis	ICD-10-CM
N05.5	Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N05.6	Unspecified nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N05.7	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N05.8	Unspecified nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N05.9	Unspecified nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N06.0	Isolated proteinuria with minor glomerular abnormality	Diagnosis	ICD-10-CM
N06.1	Isolated proteinuria with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N06.2	Isolated proteinuria with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N06.3	Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N06.4	Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N06.5	Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N06.6	Isolated proteinuria with dense deposit disease	Diagnosis	ICD-10-CM
N06.7	Isolated proteinuria with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N06.8	Isolated proteinuria with other morphologic lesion	Diagnosis	ICD-10-CM
N06.9	Isolated proteinuria with unspecified morphologic lesion	Diagnosis	ICD-10-CM
N07.0	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality	Diagnosis	ICD-10-CM
N07.1	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerula	Diagnosis	ICD-10-CM
N07.2	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N07.3	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N07.4	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N07.5	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N07.6	Hereditary nephropathy, not elsewhere classified with dense deposit disease	Diagnosis	ICD-10-CM
N07.7	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulone	Diagnosis	ICD-10-CM
N07.8	Hereditary nephropathy, not elsewhere classified with other morphologic lesions	Diagnosis	ICD-10-CM
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic	Diagnosis	ICD-10-CM
N08	Glomerular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
N13.0	Hydronephrosis with ureteropelvic junction obstruction	Diagnosis	ICD-10-CM
N13.1	Hydronephrosis with ureteral stricture, not elsewhere classified	Diagnosis	ICD-10-CM
N13.2	Hydronephrosis with renal and ureteral calculous obstruction	Diagnosis	ICD-10-CM
N13.30	Unspecified hydronephrosis	Diagnosis	ICD-10-CM
N13.39	Other hydronephrosis	Diagnosis	ICD-10-CM
N14.0	Analgesic nephropathy	Diagnosis	ICD-10-CM
N14.1	Nephropathy induced by other drugs, medicaments and biological substances	Diagnosis	ICD-10-CM
N14.2	Nephropathy induced by unspecified drug, medicament or biological substance	Diagnosis	ICD-10-CM
N14.3	Nephropathy induced by heavy metals	Diagnosis	ICD-10-CM
N14.4	Toxic nephropathy, not elsewhere classified	Diagnosis	ICD-10-CM
N15.0	Balkan nephropathy	Diagnosis	ICD-10-CM
N15.8	Other specified renal tubulo-interstitial diseases	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
N15.9	Renal tubulo-interstitial disease, unspecified	Diagnosis	ICD-10-CM
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
N17.0	Acute kidney failure with tubular necrosis	Diagnosis	ICD-10-CM
N17.1	Acute kidney failure with acute cortical necrosis	Diagnosis	ICD-10-CM
N17.2	Acute kidney failure with medullary necrosis	Diagnosis	ICD-10-CM
N17.8	Other acute kidney failure	Diagnosis	ICD-10-CM
N17.9	Acute kidney failure, unspecified	Diagnosis	ICD-10-CM
N18.1	Chronic kidney disease, stage 1	Diagnosis	ICD-10-CM
N18.2	Chronic kidney disease, stage 2 (mild)	Diagnosis	ICD-10-CM
N18.3	Chronic kidney disease, stage 3 (moderate)	Diagnosis	ICD-10-CM
N18.4	Chronic kidney disease, stage 4 (severe)	Diagnosis	ICD-10-CM
N18.5	Chronic kidney disease, stage 5	Diagnosis	ICD-10-CM
N18.6	End stage renal disease	Diagnosis	ICD-10-CM
N18.9	Chronic kidney disease, unspecified	Diagnosis	ICD-10-CM
N19	Unspecified kidney failure	Diagnosis	ICD-10-CM
N25.0	Renal osteodystrophy	Diagnosis	ICD-10-CM
N25.1	Nephrogenic diabetes insipidus	Diagnosis	ICD-10-CM
N25.81	Secondary hyperparathyroidism of renal origin	Diagnosis	ICD-10-CM
N25.89	Other disorders resulting from impaired renal tubular function	Diagnosis	ICD-10-CM
N25.9	Disorder resulting from impaired renal tubular function, unspecified	Diagnosis	ICD-10-CM
N26.1	Atrophy of kidney (terminal)	Diagnosis	ICD-10-CM
N26.9	Renal sclerosis, unspecified	Diagnosis	ICD-10-CM
Q61.02	Congenital multiple renal cysts	Diagnosis	ICD-10-CM
Q61.11	Cystic dilatation of collecting ducts	Diagnosis	ICD-10-CM
Q61.19	Other polycystic kidney, infantile type	Diagnosis	ICD-10-CM
Q61.2	Polycystic kidney, adult type	Diagnosis	ICD-10-CM
Q61.3	Polycystic kidney, unspecified	Diagnosis	ICD-10-CM
Q61.4	Renal dysplasia	Diagnosis	ICD-10-CM
Q61.5	Medullary cystic kidney	Diagnosis	ICD-10-CM
Q61.8	Other cystic kidney diseases	Diagnosis	ICD-10-CM
Q62.0	Congenital hydronephrosis	Diagnosis	ICD-10-CM
Q62.10	Congenital occlusion of ureter, unspecified	Diagnosis	ICD-10-CM
Q62.11	Congenital occlusion of ureteropelvic junction	Diagnosis	ICD-10-CM
Q62.12	Congenital occlusion of ureterovesical orifice	Diagnosis	ICD-10-CM
Q62.2	Congenital megaureter	Diagnosis	ICD-10-CM
Q62.31	Congenital ureterocele, orthotopic	Diagnosis	ICD-10-CM
Q62.32	Cecoureterocele	Diagnosis	ICD-10-CM
Q62.39	Other obstructive defects of renal pelvis and ureter	Diagnosis	ICD-10-CM
R94.4	Abnormal results of kidney function studies	Diagnosis	ICD-10-CM
Chronic Liver Disease			
K70	Alcoholic liver disease	Diagnosis	ICD-10-CM
K70.0	Alcoholic fatty liver	Diagnosis	ICD-10-CM
K70.1	Alcoholic hepatitis	Diagnosis	ICD-10-CM
K70.10	Alcoholic hepatitis without ascites	Diagnosis	ICD-10-CM
K70.11	Alcoholic hepatitis with ascites	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
K70.2	Alcoholic fibrosis and sclerosis of liver	Diagnosis	ICD-10-CM
K70.3	Alcoholic cirrhosis of liver	Diagnosis	ICD-10-CM
K70.30	Alcoholic cirrhosis of liver without ascites	Diagnosis	ICD-10-CM
K70.31	Alcoholic cirrhosis of liver with ascites	Diagnosis	ICD-10-CM
K70.4	Alcoholic hepatic failure	Diagnosis	ICD-10-CM
K70.40	Alcoholic hepatic failure without coma	Diagnosis	ICD-10-CM
K70.41	Alcoholic hepatic failure with coma	Diagnosis	ICD-10-CM
K70.9	Alcoholic liver disease, unspecified	Diagnosis	ICD-10-CM
K71	Toxic liver disease	Diagnosis	ICD-10-CM
K71.0	Toxic liver disease with cholestasis	Diagnosis	ICD-10-CM
K71.1	Toxic liver disease with hepatic necrosis	Diagnosis	ICD-10-CM
K71.10	Toxic liver disease with hepatic necrosis, without coma	Diagnosis	ICD-10-CM
K71.11	Toxic liver disease with hepatic necrosis, with coma	Diagnosis	ICD-10-CM
K71.2	Toxic liver disease with acute hepatitis	Diagnosis	ICD-10-CM
K71.3	Toxic liver disease with chronic persistent hepatitis	Diagnosis	ICD-10-CM
K71.4	Toxic liver disease with chronic lobular hepatitis	Diagnosis	ICD-10-CM
K71.5	Toxic liver disease with chronic active hepatitis	Diagnosis	ICD-10-CM
K71.50	Toxic liver disease with chronic active hepatitis without ascites	Diagnosis	ICD-10-CM
K71.51	Toxic liver disease with chronic active hepatitis with ascites	Diagnosis	ICD-10-CM
K71.6	Toxic liver disease with hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K71.7	Toxic liver disease with fibrosis and cirrhosis of liver	Diagnosis	ICD-10-CM
K71.8	Toxic liver disease with other disorders of liver	Diagnosis	ICD-10-CM
K71.9	Toxic liver disease, unspecified	Diagnosis	ICD-10-CM
K72	Hepatic failure, not elsewhere classified	Diagnosis	ICD-10-CM
K72.0	Acute and subacute hepatic failure	Diagnosis	ICD-10-CM
K72.00	Acute and subacute hepatic failure without coma	Diagnosis	ICD-10-CM
K72.01	Acute and subacute hepatic failure with coma	Diagnosis	ICD-10-CM
K72.1	Chronic hepatic failure	Diagnosis	ICD-10-CM
K72.10	Chronic hepatic failure without coma	Diagnosis	ICD-10-CM
K72.11	Chronic hepatic failure with coma	Diagnosis	ICD-10-CM
K72.9	Hepatic failure, unspecified	Diagnosis	ICD-10-CM
K72.90	Hepatic failure, unspecified without coma	Diagnosis	ICD-10-CM
K72.91	Hepatic failure, unspecified with coma	Diagnosis	ICD-10-CM
K73	Chronic hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K73.0	Chronic persistent hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K73.1	Chronic lobular hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K73.2	Chronic active hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K73.8	Other chronic hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K73.9	Chronic hepatitis, unspecified	Diagnosis	ICD-10-CM
K74	Fibrosis and cirrhosis of liver	Diagnosis	ICD-10-CM
K74.0	Hepatic fibrosis	Diagnosis	ICD-10-CM
K74.00	Hepatic fibrosis, unspecified	Diagnosis	ICD-10-CM
K74.01	Hepatic fibrosis, early fibrosis	Diagnosis	ICD-10-CM
K74.02	Hepatic fibrosis, advanced fibrosis	Diagnosis	ICD-10-CM
K74.1	Hepatic sclerosis	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
K74.2	Hepatic fibrosis with hepatic sclerosis	Diagnosis	ICD-10-CM
K74.3	Primary biliary cirrhosis	Diagnosis	ICD-10-CM
K74.4	Secondary biliary cirrhosis	Diagnosis	ICD-10-CM
K74.5	Biliary cirrhosis, unspecified	Diagnosis	ICD-10-CM
K74.6	Other and unspecified cirrhosis of liver	Diagnosis	ICD-10-CM
K74.60	Unspecified cirrhosis of liver	Diagnosis	ICD-10-CM
K74.69	Other cirrhosis of liver	Diagnosis	ICD-10-CM
K75	Other inflammatory liver diseases	Diagnosis	ICD-10-CM
K75.0	Abscess of liver	Diagnosis	ICD-10-CM
K75.1	Phlebitis of portal vein	Diagnosis	ICD-10-CM
K75.2	Nonspecific reactive hepatitis	Diagnosis	ICD-10-CM
K75.3	Granulomatous hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K75.4	Autoimmune hepatitis	Diagnosis	ICD-10-CM
K75.8	Other specified inflammatory liver diseases	Diagnosis	ICD-10-CM
K75.81	Nonalcoholic steatohepatitis (NASH)	Diagnosis	ICD-10-CM
K75.89	Other specified inflammatory liver diseases	Diagnosis	ICD-10-CM
K75.9	Inflammatory liver disease, unspecified	Diagnosis	ICD-10-CM
K76	Other diseases of liver	Diagnosis	ICD-10-CM
K76.0	Fatty (change of) liver, not elsewhere classified	Diagnosis	ICD-10-CM
K76.1	Chronic passive congestion of liver	Diagnosis	ICD-10-CM
K76.2	Central hemorrhagic necrosis of liver	Diagnosis	ICD-10-CM
K76.3	Infarction of liver	Diagnosis	ICD-10-CM
K76.4	Peliosis hepatis	Diagnosis	ICD-10-CM
K76.5	Hepatic veno-occlusive disease	Diagnosis	ICD-10-CM
K76.6	Portal hypertension	Diagnosis	ICD-10-CM
K76.7	Hepatorenal syndrome	Diagnosis	ICD-10-CM
K76.8	Other specified diseases of liver	Diagnosis	ICD-10-CM
K76.81	Hepatopulmonary syndrome	Diagnosis	ICD-10-CM
K76.89	Other specified diseases of liver	Diagnosis	ICD-10-CM
K76.9	Liver disease, unspecified	Diagnosis	ICD-10-CM
K77	Liver disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
Chronic Obstructive Pulmonary Disease			
J41.0	Simple chronic bronchitis	Diagnosis	ICD-10-CM
J41.1	Mucopurulent chronic bronchitis	Diagnosis	ICD-10-CM
J41.8	Mixed simple and mucopurulent chronic bronchitis	Diagnosis	ICD-10-CM
J42	Unspecified chronic bronchitis	Diagnosis	ICD-10-CM
J43	Emphysema	Diagnosis	ICD-10-CM
J43.0	Unilateral pulmonary emphysema [MacLeod's syndrome]	Diagnosis	ICD-10-CM
J43.1	Panlobular emphysema	Diagnosis	ICD-10-CM
J43.2	Centrilobular emphysema	Diagnosis	ICD-10-CM
J43.8	Other emphysema	Diagnosis	ICD-10-CM
J43.9	Emphysema, unspecified	Diagnosis	ICD-10-CM
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection	Diagnosis	ICD-10-CM
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation	Diagnosis	ICD-10-CM
J44.9	Chronic obstructive pulmonary disease, unspecified	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
Congestive Heart Failure			
I50.1	Left ventricular failure, unspecified	Diagnosis	ICD-10-CM
I50.20	Unspecified systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.21	Acute systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.22	Chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.23	Acute on chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.30	Unspecified diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.31	Acute diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.32	Chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.33	Acute on chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart	Diagnosis	ICD-10-CM
I50.810	Right heart failure, unspecified	Diagnosis	ICD-10-CM
I50.811	Acute right heart failure	Diagnosis	ICD-10-CM
I50.812	Chronic right heart failure	Diagnosis	ICD-10-CM
I50.813	Acute on chronic right heart failure	Diagnosis	ICD-10-CM
I50.814	Right heart failure due to left heart failure	Diagnosis	ICD-10-CM
I50.82	Biventricular heart failure	Diagnosis	ICD-10-CM
I50.83	High output heart failure	Diagnosis	ICD-10-CM
I50.84	End stage heart failure	Diagnosis	ICD-10-CM
I50.89	Other heart failure	Diagnosis	ICD-10-CM
I50.9	Heart failure, unspecified	Diagnosis	ICD-10-CM
Coronary Revascularization			
00566	Anesthesia for direct coronary artery bypass grafting; without pump oxygenator	Procedure	CPT-4
00567	Anesthesia for direct coronary artery bypass grafting; with pump oxygenator	Procedure	CPT-4
01921	Anesthesia for angioplasty	Procedure	CPT-4
0210088	Bypass Coronary Artery, One Artery from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0210089	Bypass Coronary Artery, One Artery from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021008C	Bypass Coronary Artery, One Artery from Thoracic Artery with Zooplastic Tissue, Oper	Procedure	ICD-10-PCS
021008F	Bypass Coronary Artery, One Artery from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0210098	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0210099	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021009C	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021009F	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02100A8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
02100A9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100AC	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100AF	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100J8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100J9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100JC	Bypass Coronary Artery, One Artery from Thoracic Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100JF	Bypass Coronary Artery, One Artery from Abdominal Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100K8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100K9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100KC	Bypass Coronary Artery, One Artery from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100KF	Bypass Coronary Artery, One Artery from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100Z8	Bypass Coronary Artery, One Artery from Right Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02100Z9	Bypass Coronary Artery, One Artery from Left Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02100ZC	Bypass Coronary Artery, One Artery from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
02100ZF	Bypass Coronary Artery, One Artery from Abdominal Artery, Open Approach	Procedure	ICD-10-PCS
0210488	Bypass Coronary Artery, One Artery from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210489	Bypass Coronary Artery, One Artery from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021048C	Bypass Coronary Artery, One Artery from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021048F	Bypass Coronary Artery, One Artery from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210498	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210499	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021049C	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021049F	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104A8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
02104A9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104AC	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104AF	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104J8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104J9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104JC	Bypass Coronary Artery, One Artery from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104JF	Bypass Coronary Artery, One Artery from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104K8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104K9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104KC	Bypass Coronary Artery, One Artery from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104KF	Bypass Coronary Artery, One Artery from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104Z8	Bypass Coronary Artery, One Artery from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104Z9	Bypass Coronary Artery, One Artery from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104ZC	Bypass Coronary Artery, One Artery from Thoracic Artery, Percutaneous Endoscopic	Procedure	ICD-10-PCS
02104ZF	Bypass Coronary Artery, One Artery from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211088	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0211089	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021108C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021108F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0211098	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0211099	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021109C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021109F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02110A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110AC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110AF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110J8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110J9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110JC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110JF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110K8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110K9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110KC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110KF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110Z8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02110Z9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02110ZC	Bypass Coronary Artery, Two Arteries from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
02110ZF	Bypass Coronary Artery, Two Arteries from Abdominal Artery, Open Approach	Procedure	ICD-10-PCS
0211488	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211489	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021148C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021148F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211498	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211499	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021149C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021149F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02114A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114AC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114AF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114J8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114J9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114JC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114JF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114K8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114K9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114KC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114KF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114Z8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114Z9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114ZC	Bypass Coronary Artery, Two Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114ZF	Bypass Coronary Artery, Two Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212088	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0212089	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021208C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021208F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0212098	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0212099	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
021209C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021209F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02120A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120AC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120AF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120J8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120J9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120JC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120JF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120K8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120K9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120KC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120KF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120Z8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02120Z9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02120ZC	Bypass Coronary Artery, Three Arteries from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
02120ZF	Bypass Coronary Artery, Three Arteries from Abdominal Artery, Open Approach	Procedure	ICD-10-PCS
0212488	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212489	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021248C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021248F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212498	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212499	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
021249C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021249F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124AC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124AF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124J8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124J9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124JC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124JF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124K8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124K9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124KC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124KF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124Z8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124Z9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124ZC	Bypass Coronary Artery, Three Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124ZF	Bypass Coronary Artery, Three Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213088	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0213089	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021308C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021308F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0213098	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0213099	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021309C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021309F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02130A8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02130A9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02130AC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02130AF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02130J8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02130J9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02130JC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02130JF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02130K8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130K9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130KC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130KF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130Z8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary, Open	Procedure	ICD-10-PCS
02130Z9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary, Open	Procedure	ICD-10-PCS
02130ZC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
02130ZF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery, Open	Procedure	ICD-10-PCS
0213488	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213489	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021348C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021348F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0213498	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213499	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021349C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021349F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134A8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134A9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134AC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134AF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134J8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134J9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134JC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134JF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134K8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134K9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134KC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134KF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134Z8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134Z9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134ZC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134ZF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0270046	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
027004Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Open	Procedure	ICD-10-PCS
0270056	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
027005Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0270066	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027006Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0270076	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027007Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02700DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02700E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02700TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02700Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02700ZZ	Dilation of Coronary Artery, One Artery, Open Approach	Procedure	ICD-10-PCS
0270346	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0270356	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027035Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0270366	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027036Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0270376	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027037Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous	Procedure	ICD-10-PCS
02703E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Percutaneous	Procedure	ICD-10-PCS
02703F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02703TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02703Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02703ZZ	Dilation of Coronary Artery, One Artery, Percutaneous Approach	Procedure	ICD-10-PCS
0270446	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027044Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0270456	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027045Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0270466	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027046Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0270476	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027047Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02704FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Percutaneous Endoscopic	Procedure	ICD-10-PCS
02704ZZ	Dilation of Coronary Artery, One Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271046	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
027104Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
0271056	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027105Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0271066	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027106Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0271076	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027107Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02710DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02710E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Open	Procedure	ICD-10-PCS
02710F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Open	Procedure	ICD-10-PCS
02710G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02710TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Open	Procedure	ICD-10-PCS
02710Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02710ZZ	Dilation of Coronary Artery, Two Arteries, Open Approach	Procedure	ICD-10-PCS
0271346	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
027134Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0271356	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027135Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0271366	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027136Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0271376	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027137Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02713DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous	Procedure	ICD-10-PCS
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02713TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02713Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02713ZZ	Dilation of Coronary Artery, Two Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
0271446	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027144Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271456	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
027145Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271466	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027146Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271476	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027147Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714ZZ	Dilation of Coronary Artery, Two Arteries, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0272046	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
027204Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
0272056	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027205Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0272066	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027206Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0272076	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027207Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02720DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02720E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02720TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02720Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02720ZZ	Dilation of Coronary Artery, Three Arteries, Open Approach	Procedure	ICD-10-PCS
0272346	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
027234Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0272356	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027235Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0272366	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027236Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0272376	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027237Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02723DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02723E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02723EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02723TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02723Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02723ZZ	Dilation of Coronary Artery, Three Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
0272446	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027244Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0272456	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027245Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0272466	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027246Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0272476	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027247Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
02724G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724ZZ	Dilation of Coronary Artery, Three Arteries, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0273046	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
027304Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
0273056	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027305Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0273066	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027306Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0273076	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027307Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0273026	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02730ZZ	Dilation of Coronary Artery, Four or More Arteries, Open Approach	Procedure	ICD-10-PCS
0273346	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
027334Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0273356	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027335Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0273366	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027336Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0273376	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027337Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02733DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02733E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02733TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02733Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous	Procedure	ICD-10-PCS
02733ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
0273446	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027344Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
0273456	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027345Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0273466	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027346Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0273476	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027347Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Endoscopic	Procedure	ICD-10-PCS
02C00Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02C00ZZ	Extirpation of Matter from Coronary Artery, One Artery, Open Approach	Procedure	ICD-10-PCS
02C10Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Open	Procedure	ICD-10-PCS
02C10ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Open Approach	Procedure	ICD-10-PCS
02C20Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Open	Procedure	ICD-10-PCS
02C20ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Open Approach	Procedure	ICD-10-PCS
02C30Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02C30ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Open Approach	Procedure	ICD-10-PCS

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

Code	Description	Code Category	Code Type
33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	Procedure	CPT-4
33510	Coronary artery bypass, vein only; single coronary venous graft	Procedure	CPT-4
33511	Coronary artery bypass, vein only; 2 coronary venous grafts	Procedure	CPT-4
33512	Coronary artery bypass, vein only; 3 coronary venous grafts	Procedure	CPT-4
33513	Coronary artery bypass, vein only; 4 coronary venous grafts	Procedure	CPT-4
33514	Coronary artery bypass, vein only; 5 coronary venous grafts	Procedure	CPT-4
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	Procedure	CPT-4
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	Procedure	CPT-4
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33520	Coronary Artery Bypass, Nonautogenous Graft (eg, Synthetic Or Cadaver); Single	Procedure	CPT-4
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33525	Coronary Artery Bypass, Nonautogenous Graft (eg, Synthetic Or Cadaver); Two Coronary Grafts	Procedure	CPT-4
33528	Coronary Artery Bypass, Nonautogenous Graft (eg, Synthetic Or Cadaver); Three Or More Coronary Grafts	Procedure	CPT-4
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary	Procedure	CPT-4
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	Procedure	CPT-4
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	Procedure	CPT-4
33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	Procedure	CPT-4
33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	Procedure	CPT-4
33570	CORONARY ANGIOPLASTY W/BYPASS	Procedure	CPT-4
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary	Procedure	CPT-4
35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)	Procedure	CPT-4
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)	Procedure	CPT-4
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel,	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to	Procedure	CPT-4
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	Procedure	CPT-4
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
4110F	Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (CABG)	Procedure	CPT-2
75972	Percutaneous Transluminal Angioplasty, Unilateral;	Procedure	CPT-4
75973	Percutaneous Transluminal Angioplasty, Unilateral;	Procedure	CPT-4
75974	Percutaneous Transluminal Angioplasty, Bilateral, Single Catheter;	Procedure	CPT-4
75975	Percutaneous Transluminal Angioplasty, Bilateral, Single Catheter;	Procedure	CPT-4
75976	Percutaneous Transluminal Angioplasty, Bilateral, Dual Catheters;	Procedure	CPT-4
75977	Percutaneous Transluminal Angioplasty, Bilateral, Dual Catheters;	Procedure	CPT-4
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or	Procedure	CPT-4
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	Procedure	CPT-4
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Procedure	CPT-4
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Procedure	CPT-4
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed;	Procedure	CPT-4

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

Code	Description	Code Category	Code Type
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	Procedure	CPT-4
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	Procedure	CPT-4
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	Procedure	CPT-4
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for	Procedure	CPT-4
92982	Percutaneous transluminal coronary balloon angioplasty; single vessel	Procedure	CPT-4
92984	Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	Procedure	CPT-4
92995	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel	Procedure	CPT-4
92996	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	Procedure	CPT-4
C1034	Catheter, coronary angioplasty, surpass superfusion catheter, long 30 surpass superfusion catheter	Procedure	HCPCS
C1100	Guide wire, percutaneous transluminal coronary angioplasty, medtronic ave gt1 guide wire, medtronic ave gt2 fusion guide wire, interventional technologies trackwire, interventional technologies trackwire support, interventional technologies	Procedure	HCPCS
C1101	Catheter, percutaneous transluminal coronary angioplasty guide, medtronic ave 5f, 6f, 7f, 8f, 9f zuma guide catheter, medtronic ave z2 5f, 6f, 7f, 8f, 9f zuma guide catheter, medtronic ave vector guide catheter, medtronic ave vector x guide catheter. note: only the medtronic ave z2 zuma guide catheters are effective	Procedure	HCPCS
C1366	october 1, 2000. the medtronic ave zuma guide catheters were effective august 1, Guide wire, percutaneous transluminal coronary angioplasty, hi-torque iron man, hi-torque balance middleweight, hi-torque all star, hi-torque balance heavyweight, hi-torque balance trek	Procedure	HCPCS
C1367	Guide wire, percutaneous transluminal coronary angioplasty, hi-torque cross it, hi-torque cross-it 100xt, hi-torque cross-it 200xt, hi-torque cross-it 300xt, hi-torque	Procedure	HCPCS
C1725	Catheter, transluminal angioplasty, nonlaser (may include guidance, infusion/perfusion capability)	Procedure	HCPCS
C1885	Catheter, transluminal angioplasty, laser	Procedure	HCPCS
C1930	Catheter, percutaneous transluminal coronary angioplasty, coyote dilatation catheter 20mm/30mm/40mm	Procedure	HCPCS

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

Code	Description	Code Category	Code Type
C1933	Catheter, opti-plast centurion 5.5f pta catheter (shaft length 50 cm to 120 cm), opti-plast xl 5.5f pta catheter (shaft length 75 cm to 120 cm), opti-plast pta catheter (5.5 fr), tru trac 5fr percutaneous transluminal angioplasty balloon dilatation catheter, optiplast xt 5 fr percutaneous transluminal angioplasty catheter (various sizes)	Procedure	HCPCS
C1948	Catheter, pursuit balloon angioplasty catheter, cook accent balloon angioplasty	Procedure	HCPCS
C1981	Catheter ,coronary angioplasty balloon, adante, bonnie, bonnie 15mm, bonnie monorail 30mm or 40mm, bonnie sliding rail, bypass speedy, chubby, chubby sliding rail, coyote 20mm, coyote 9/15/25mm, maxxum, nc ranger, nc ranger 9mm, ranger 20mm, long ranger 30mm or 40mm, nc ranger 16/18mm, nc ranger 22/25/30mm, nc big ranger, quantum ranger, quantum ranger 1/4 sizes, quantum ranger 9/16/18mm, quantum ranger 22/30mm, quantum ranger 25mm, ranger lp 20/30/40, viva/long viva, ace - 1cm, ace - 2cm, ace graft, long ace, pivot cobra (10, 14, 18, 30, 40mm in	Procedure	HCPCS
C2605	Catheter, spectranetics extreme laser catheter, spectranetics extreme 0.9mm coronary angioplasty catheter (model 110-001)	Procedure	HCPCS
C2623	Catheter, transluminal angioplasty, drug-coated, nonlaser	Procedure	HCPCS
C3551	Guide wire, percutaneous transluminal coronary angioplasty, choice, luge, patriot, pt graphix intermediate, trooper, mailman 182/300 cm, glidewire gold guidewire, platinum plus guidewire, platinum plus guidewire with glidex hydrophilic coating, jagwire single-use high performance guide wire, merit medical systems extender guidewire, merit medical systems tomcat ptca guidewire, platinum plus guidewire	Procedure	HCPCS
C8526	Optiplast xt 5f percutaneous transluminal angioplasty catheter (various sizes)	Procedure	HCPCS
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Procedure	HCPCS
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Procedure	HCPCS
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or	Procedure	HCPCS
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Procedure	HCPCS
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when	Procedure	HCPCS
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	Procedure	HCPCS
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	Procedure	HCPCS

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

Code	Description	Code Category	Code Type
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	Procedure	HCPCS
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to	Procedure	HCPCS
G8158	Patient documented to have received coronary artery bypass graft with use of internal mammary artery	Procedure	HCPCS
G8159	Patient documented to have received coronary artery bypass graft without use of internal mammary artery	Procedure	HCPCS
G8160	Clinician documented that patient was not an eligible candidate for coronary artery bypass graft with use of internal mammary artery measure	Procedure	HCPCS
G8161	Patient with isolated coronary artery bypass graft documented to have received pre-operative beta-blockade	Procedure	HCPCS
G8162	Patient with isolated coronary artery bypass graft not documented to have received preoperative beta-blockade	Procedure	HCPCS
G8163	Clinician documented that patient with isolated coronary artery bypass graft was not an eligible candidate for pre-operative beta-blockade measure	Procedure	HCPCS
G8164	Patient with isolated coronary artery bypass graft documented to have prolonged	Procedure	HCPCS
G8165	Patient with isolated coronary artery bypass graft not documented to have prolonged intubation	Procedure	HCPCS
G8166	Patient with isolated coronary artery bypass graft documented to have required surgical re-exploration	Procedure	HCPCS
G8167	Patient with isolated coronary artery bypass graft did not require surgical re-	Procedure	HCPCS
G8170	Patient with isolated coronary artery bypass graft documented to have been discharged on aspirin or clopidogrel	Procedure	HCPCS
G8171	Patient with isolated coronary artery bypass graft not documented to have been discharged on aspirin or clopidogrel	Procedure	HCPCS
G8172	Clinician documented that patient with isolated coronary artery bypass graft was not an eligible candidate for antiplatelet therapy at discharge measure	Procedure	HCPCS
G8497	All quality actions for the applicable measures in the coronary artery bypass graft (CABG) measures group have been performed for this patient	Procedure	HCPCS
G8544	I intend to report the coronary artery bypass graft (CABG) measures group	Procedure	HCPCS
S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft	Procedure	HCPCS
S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), two coronary arterial grafts	Procedure	HCPCS
S2207	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft	Procedure	HCPCS

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

Code	Description	Code Category	Code Type
S2208	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft	Procedure	HCPCS
S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using two arterial grafts and single venous graft	Procedure	HCPCS
Dementia			
F01.50	Vascular dementia without behavioral disturbance	Diagnosis	ICD-10-CM
F01.51	Vascular dementia with behavioral disturbance	Diagnosis	ICD-10-CM
F02.80	Dementia in other diseases classified elsewhere without behavioral disturbance	Diagnosis	ICD-10-CM
F02.81	Dementia in other diseases classified elsewhere with behavioral disturbance	Diagnosis	ICD-10-CM
F03.90	Unspecified dementia without behavioral disturbance	Diagnosis	ICD-10-CM
F03.91	Unspecified dementia with behavioral disturbance	Diagnosis	ICD-10-CM
G30.0	Alzheimer's disease with early onset	Diagnosis	ICD-10-CM
G30.1	Alzheimer's disease with late onset	Diagnosis	ICD-10-CM
G30.8	Other Alzheimer's disease	Diagnosis	ICD-10-CM
G30.9	Alzheimer's disease, unspecified	Diagnosis	ICD-10-CM
G31.09	Other frontotemporal dementia	Diagnosis	ICD-10-CM
G31.83	Dementia with Lewy bodies	Diagnosis	ICD-10-CM
Depression			
F31.31	Bipolar disorder, current episode depressed, mild	Diagnosis	ICD-10-CM
F31.32	Bipolar disorder, current episode depressed, moderate	Diagnosis	ICD-10-CM
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features	Diagnosis	ICD-10-CM
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features	Diagnosis	ICD-10-CM
F31.60	Bipolar disorder, current episode mixed, unspecified	Diagnosis	ICD-10-CM
F31.61	Bipolar disorder, current episode mixed, mild	Diagnosis	ICD-10-CM
F31.62	Bipolar disorder, current episode mixed, moderate	Diagnosis	ICD-10-CM
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features	Diagnosis	ICD-10-CM
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features	Diagnosis	ICD-10-CM
F31.75	Bipolar disorder, in partial remission, most recent episode depressed	Diagnosis	ICD-10-CM
F31.76	Bipolar disorder, in full remission, most recent episode depressed	Diagnosis	ICD-10-CM
F31.77	Bipolar disorder, in partial remission, most recent episode mixed	Diagnosis	ICD-10-CM
F31.78	Bipolar disorder, in full remission, most recent episode mixed	Diagnosis	ICD-10-CM
F31.81	Bipolar II disorder	Diagnosis	ICD-10-CM
F32.0	Major depressive disorder, single episode, mild	Diagnosis	ICD-10-CM
F32.1	Major depressive disorder, single episode, moderate	Diagnosis	ICD-10-CM
F32.2	Major depressive disorder, single episode, severe without psychotic features	Diagnosis	ICD-10-CM
F32.3	Major depressive disorder, single episode, severe with psychotic features	Diagnosis	ICD-10-CM
F32.4	Major depressive disorder, single episode, in partial remission	Diagnosis	ICD-10-CM
F32.5	Major depressive disorder, single episode, in full remission	Diagnosis	ICD-10-CM
F32.9	Major depressive disorder, single episode, unspecified	Diagnosis	ICD-10-CM
F33.0	Major depressive disorder, recurrent, mild	Diagnosis	ICD-10-CM
F33.1	Major depressive disorder, recurrent, moderate	Diagnosis	ICD-10-CM
F33.2	Major depressive disorder, recurrent severe without psychotic features	Diagnosis	ICD-10-CM
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
F33.40	Major depressive disorder, recurrent, in remission, unspecified	Diagnosis	ICD-10-CM
F33.41	Major depressive disorder, recurrent, in partial remission	Diagnosis	ICD-10-CM
F33.42	Major depressive disorder, recurrent, in full remission	Diagnosis	ICD-10-CM
F33.9	Major depressive disorder, recurrent, unspecified	Diagnosis	ICD-10-CM
F34.1	Dysthymic disorder	Diagnosis	ICD-10-CM
F43.21	Adjustment disorder with depressed mood	Diagnosis	ICD-10-CM
Diabetes			
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Diagnosis	ICD-10-CM
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma	Diagnosis	ICD-10-CM
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma	Diagnosis	ICD-10-CM
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy	Diagnosis	ICD-10-CM
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney	Diagnosis	ICD-10-CM
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E08.321	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.329	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.331	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.339	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.341	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.349	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.351	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal	Diagnosis	ICD-10-CM
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal	Diagnosis	ICD-10-CM
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal	Diagnosis	ICD-10-CM
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E08.359	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complic	Diagnosis	ICD-10-CM
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropat	Diagnosis	ICD-10-CM
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy	Diagnosis	ICD-10-CM
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological compli	Diagnosis	ICD-10-CM
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications	Diagnosis	ICD-10-CM
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E08.618	Diabetes mellitus due to underlying condition with other diabetic arthropathy	Diagnosis	ICD-10-CM
E08.620	Diabetes mellitus due to underlying condition with diabetic dermatitis	Diagnosis	ICD-10-CM
E08.621	Diabetes mellitus due to underlying condition with foot ulcer	Diagnosis	ICD-10-CM
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer	Diagnosis	ICD-10-CM
E08.628	Diabetes mellitus due to underlying condition with other skin complications	Diagnosis	ICD-10-CM
E08.630	Diabetes mellitus due to underlying condition with periodontal disease	Diagnosis	ICD-10-CM
E08.638	Diabetes mellitus due to underlying condition with other oral complications	Diagnosis	ICD-10-CM
E08.641	Diabetes mellitus due to underlying condition with hypoglycemia with coma	Diagnosis	ICD-10-CM
E08.649	Diabetes mellitus due to underlying condition with hypoglycemia without coma	Diagnosis	ICD-10-CM
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia	Diagnosis	ICD-10-CM
E08.69	Diabetes mellitus due to underlying condition with other specified complication	Diagnosis	ICD-10-CM
E08.8	Diabetes mellitus due to underlying condition with unspecified complications	Diagnosis	ICD-10-CM
E08.9	Diabetes mellitus due to underlying condition without complications	Diagnosis	ICD-10-CM
E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Diagnosis	ICD-10-CM
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.321	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.329	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.331	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.339	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.341	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.349	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.351	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal	Diagnosis	ICD-10-CM
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal	Diagnosis	ICD-10-CM
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal	Diagnosis	ICD-10-CM
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E09.359	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic	Diagnosis	ICD-10-CM
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy	Diagnosis	ICD-10-CM
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication	Diagnosis	ICD-10-CM
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with	Diagnosis	ICD-10-CM
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E09.620	Drug or chemical induced diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E09.628	Drug or chemical induced diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E09.638	Drug or chemical induced diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E09.641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E09.69	Drug or chemical induced diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E09.8	Drug or chemical induced diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E09.9	Drug or chemical induced diabetes mellitus without complications	Diagnosis	ICD-10-CM
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified	Diagnosis	ICD-10-CM
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified	Diagnosis	ICD-10-CM
E10.359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.36	Type 1 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E10.59	Type 1 diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E10.620	Type 1 diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E10.621	Type 1 diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E10.622	Type 1 diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E10.628	Type 1 diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E10.630	Type 1 diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E10.638	Type 1 diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E10.65	Type 1 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E10.69	Type 1 diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E10.8	Type 1 diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E10.9	Type 1 diabetes mellitus without complications	Diagnosis	ICD-10-CM
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Diagnosis	ICD-10-CM
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E11.11	Type 2 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified	Diagnosis	ICD-10-CM
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified	Diagnosis	ICD-10-CM
E11.359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular	Diagnosis	ICD-10-CM
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.36	Type 2 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E11.59	Type 2 diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E11.620	Type 2 diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E11.621	Type 2 diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E11.622	Type 2 diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E11.628	Type 2 diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E11.630	Type 2 diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E11.638	Type 2 diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E11.65	Type 2 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E11.69	Type 2 diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E11.8	Type 2 diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E11.9	Type 2 diabetes mellitus without complications	Diagnosis	ICD-10-CM
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Diagnosis	ICD-10-CM
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E13.10	Other specified diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E13.11	Other specified diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E13.21	Other specified diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with	Diagnosis	ICD-10-CM
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment,	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left	Diagnosis	ICD-10-CM
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment,	Diagnosis	ICD-10-CM
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment,	Diagnosis	ICD-10-CM
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right	Diagnosis	ICD-10-CM
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left	Diagnosis	ICD-10-CM
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy,	Diagnosis	ICD-10-CM
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy,	Diagnosis	ICD-10-CM
E13.359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.36	Other specified diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E13.44	Other specified diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E13.49	Other specified diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without	Diagnosis	ICD-10-CM
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E13.59	Other specified diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E13.618	Other specified diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E13.620	Other specified diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E13.621	Other specified diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E13.622	Other specified diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E13.628	Other specified diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E13.630	Other specified diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E13.638	Other specified diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E13.641	Other specified diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E13.649	Other specified diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E13.65	Other specified diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E13.69	Other specified diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E13.8	Other specified diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E13.9	Other specified diabetes mellitus without complications	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
Hemiplegia			
G80.2	Spastic hemiplegic cerebral palsy	Diagnosis	ICD-10-CM
G81.00	Flaccid hemiplegia affecting unspecified side	Diagnosis	ICD-10-CM
G81.01	Flaccid hemiplegia affecting right dominant side	Diagnosis	ICD-10-CM
G81.02	Flaccid hemiplegia affecting left dominant side	Diagnosis	ICD-10-CM
G81.03	Flaccid hemiplegia affecting right nondominant side	Diagnosis	ICD-10-CM
G81.04	Flaccid hemiplegia affecting left nondominant side	Diagnosis	ICD-10-CM
G81.10	Spastic hemiplegia affecting unspecified side	Diagnosis	ICD-10-CM
G81.11	Spastic hemiplegia affecting right dominant side	Diagnosis	ICD-10-CM
G81.12	Spastic hemiplegia affecting left dominant side	Diagnosis	ICD-10-CM
G81.13	Spastic hemiplegia affecting right nondominant side	Diagnosis	ICD-10-CM
G81.14	Spastic hemiplegia affecting left nondominant side	Diagnosis	ICD-10-CM
G81.90	Hemiplegia, unspecified affecting unspecified side	Diagnosis	ICD-10-CM
G81.91	Hemiplegia, unspecified affecting right dominant side	Diagnosis	ICD-10-CM
G81.92	Hemiplegia, unspecified affecting left dominant side	Diagnosis	ICD-10-CM
G81.93	Hemiplegia, unspecified affecting right nondominant side	Diagnosis	ICD-10-CM
G81.94	Hemiplegia, unspecified affecting left nondominant side	Diagnosis	ICD-10-CM
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant	Diagnosis	ICD-10-CM
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-	Diagnosis	ICD-10-CM
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant	Diagnosis	ICD-10-CM
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting	Diagnosis	ICD-10-CM
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
Human Immunodeficiency Virus (HIV)			
B20	Human immunodeficiency virus [HIV] disease	Diagnosis	ICD-10-CM
B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified	Diagnosis	ICD-10-CM
R75	Inconclusive laboratory evidence of human immunodeficiency virus [HIV]	Diagnosis	ICD-10-CM
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status	Diagnosis	ICD-10-CM
Hospitalized Acute Myocardial Infarction			
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery	Diagnosis	ICD-10-CM
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending	Diagnosis	ICD-10-CM
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of	Diagnosis	ICD-10-CM
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery	Diagnosis	ICD-10-CM
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior	Diagnosis	ICD-10-CM
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery	Diagnosis	ICD-10-CM
I21.29	ST elevation (STEMI) myocardial infarction involving other sites	Diagnosis	ICD-10-CM
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I21.9	Acute myocardial infarction, unspecified	Diagnosis	ICD-10-CM
I21.A1	Myocardial infarction type 2	Diagnosis	ICD-10-CM
I21.A9	Other myocardial infarction type	Diagnosis	ICD-10-CM
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall	Diagnosis	ICD-10-CM
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites	Diagnosis	ICD-10-CM
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
Hypertension			
H35.031	Hypertensive retinopathy, right eye	Diagnosis	ICD-10-CM
H35.032	Hypertensive retinopathy, left eye	Diagnosis	ICD-10-CM
H35.033	Hypertensive retinopathy, bilateral	Diagnosis	ICD-10-CM
H35.039	Hypertensive retinopathy, unspecified eye	Diagnosis	ICD-10-CM
I10	Essential (primary) hypertension	Diagnosis	ICD-10-CM
I11.0	Hypertensive heart disease with heart failure	Diagnosis	ICD-10-CM
I11.9	Hypertensive heart disease without heart failure	Diagnosis	ICD-10-CM
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Diagnosis	ICD-10-CM
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I15.0	Renovascular hypertension	Diagnosis	ICD-10-CM
I15.1	Hypertension secondary to other renal disorders	Diagnosis	ICD-10-CM
I15.2	Hypertension secondary to endocrine disorders	Diagnosis	ICD-10-CM
I15.8	Other secondary hypertension	Diagnosis	ICD-10-CM
I15.9	Secondary hypertension, unspecified	Diagnosis	ICD-10-CM
I67.4	Hypertensive encephalopathy	Diagnosis	ICD-10-CM
N26.2	Page kidney	Diagnosis	ICD-10-CM
Multiple Sclerosis			
G35	Multiple sclerosis	Diagnosis	ICD-10-CM
G36.0	Neuromyelitis optica [Devic]	Diagnosis	ICD-10-CM
G36.1	Acute and subacute hemorrhagic leukoencephalitis [Hurst]	Diagnosis	ICD-10-CM
G36.8	Other specified acute disseminated demyelination	Diagnosis	ICD-10-CM
G36.9	Acute disseminated demyelination, unspecified	Diagnosis	ICD-10-CM
G37.1	Central demyelination of corpus callosum	Diagnosis	ICD-10-CM
G37.2	Central pontine myelinolysis	Diagnosis	ICD-10-CM
G37.3	Acute transverse myelitis in demyelinating disease of central nervous system	Diagnosis	ICD-10-CM
G37.4	Subacute necrotizing myelitis of central nervous system	Diagnosis	ICD-10-CM
G37.8	Other specified demyelinating diseases of central nervous system	Diagnosis	ICD-10-CM
G37.9	Demyelinating disease of central nervous system, unspecified	Diagnosis	ICD-10-CM
Neurological/Neurodegenerative Conditions			
G10	Huntington's disease	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
G20	Parkinson's disease	Diagnosis	ICD-10-CM
Obesity			
E66.01	Morbid (severe) obesity due to excess calories	Diagnosis	ICD-10-CM
E66.09	Other obesity due to excess calories	Diagnosis	ICD-10-CM
E66.1	Drug-induced obesity	Diagnosis	ICD-10-CM
E66.2	Morbid (severe) obesity with alveolar hypoventilation	Diagnosis	ICD-10-CM
E66.8	Other obesity	Diagnosis	ICD-10-CM
E66.9	Obesity, unspecified	Diagnosis	ICD-10-CM
Z68.30	Body mass index [BMI]30.0-30.9, adult	Diagnosis	ICD-10-CM
Z68.31	Body mass index [BMI] 31.0-31.9, adult	Diagnosis	ICD-10-CM
Z68.32	Body mass index [BMI] 32.0-32.9, adult	Diagnosis	ICD-10-CM
Z68.33	Body mass index [BMI] 33.0-33.9, adult	Diagnosis	ICD-10-CM
Z68.34	Body mass index [BMI] 34.0-34.9, adult	Diagnosis	ICD-10-CM
Z68.35	Body mass index [BMI] 35.0-35.9, adult	Diagnosis	ICD-10-CM
Z68.36	Body mass index [BMI] 36.0-36.9, adult	Diagnosis	ICD-10-CM
Z68.37	Body mass index [BMI] 37.0-37.9, adult	Diagnosis	ICD-10-CM
Z68.38	Body mass index [BMI] 38.0-38.9, adult	Diagnosis	ICD-10-CM
Z68.39	Body mass index [BMI] 39.0-39.9, adult	Diagnosis	ICD-10-CM
Z68.41	Body mass index [BMI]40.0-44.9, adult	Diagnosis	ICD-10-CM
Z68.42	Body mass index [BMI] 45.0-49.9, adult	Diagnosis	ICD-10-CM
Z68.43	Body mass index [BMI] 50.0-59.9, adult	Diagnosis	ICD-10-CM
Z68.44	Body mass index [BMI] 60.0-69.9, adult	Diagnosis	ICD-10-CM
Z68.45	Body mass index [BMI] 70 or greater, adult	Diagnosis	ICD-10-CM
Other Cerebrovascular Disease			
G45.0	Vertebro-basilar artery syndrome	Diagnosis	ICD-10-CM
G45.1	Carotid artery syndrome (hemispheric)	Diagnosis	ICD-10-CM
G45.2	Multiple and bilateral precerebral artery syndromes	Diagnosis	ICD-10-CM
G45.4	Transient global amnesia	Diagnosis	ICD-10-CM
G45.8	Other transient cerebral ischemic attacks and related syndromes	Diagnosis	ICD-10-CM
G45.9	Transient cerebral ischemic attack, unspecified	Diagnosis	ICD-10-CM
G46.0	Middle cerebral artery syndrome	Diagnosis	ICD-10-CM
G46.1	Anterior cerebral artery syndrome	Diagnosis	ICD-10-CM
G46.2	Posterior cerebral artery syndrome	Diagnosis	ICD-10-CM
G46.3	Brain stem stroke syndrome	Diagnosis	ICD-10-CM
G46.4	Cerebellar stroke syndrome	Diagnosis	ICD-10-CM
G46.5	Pure motor lacunar syndrome	Diagnosis	ICD-10-CM
G46.6	Pure sensory lacunar syndrome	Diagnosis	ICD-10-CM
G46.7	Other lacunar syndromes	Diagnosis	ICD-10-CM
G46.8	Other vascular syndromes of brain in cerebrovascular diseases	Diagnosis	ICD-10-CM
I62.00	Nontraumatic subdural hemorrhage, unspecified	Diagnosis	ICD-10-CM
I62.01	Nontraumatic acute subdural hemorrhage	Diagnosis	ICD-10-CM
I62.02	Nontraumatic subacute subdural hemorrhage	Diagnosis	ICD-10-CM
I62.03	Nontraumatic chronic subdural hemorrhage	Diagnosis	ICD-10-CM
I62.1	Nontraumatic extradural hemorrhage	Diagnosis	ICD-10-CM
I62.9	Nontraumatic intracranial hemorrhage, unspecified	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
I65.01	Occlusion and stenosis of right vertebral artery	Diagnosis	ICD-10-CM
I65.02	Occlusion and stenosis of left vertebral artery	Diagnosis	ICD-10-CM
I65.03	Occlusion and stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I65.09	Occlusion and stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I65.1	Occlusion and stenosis of basilar artery	Diagnosis	ICD-10-CM
I65.21	Occlusion and stenosis of right carotid artery	Diagnosis	ICD-10-CM
I65.22	Occlusion and stenosis of left carotid artery	Diagnosis	ICD-10-CM
I65.23	Occlusion and stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I65.29	Occlusion and stenosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I65.8	Occlusion and stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
I65.9	Occlusion and stenosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I68.0	Cerebral amyloid angiopathy	Diagnosis	ICD-10-CM
I68.2	Cerebral arteritis in other diseases classified elsewhere	Diagnosis	ICD-10-CM
I68.8	Other cerebrovascular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
I69.00	Unspecified sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.010	Attention and concentration deficit following nontraumatic subarachnoid	Diagnosis	ICD-10-CM
I69.011	Memory deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid	Diagnosis	ICD-10-CM
I69.013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.014	Frontal lobe and executive function deficit following nontraumatic subarachnoid	Diagnosis	ICD-10-CM
I69.015	Cognitive social or emotional deficit following nontraumatic subarachnoid	Diagnosis	ICD-10-CM
I69.018	Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.019	Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.020	Aphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.021	Dysphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.022	Dysarthria following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.023	Fluency disorder following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.028	Other speech and language deficits following nontraumatic subarachnoid	Diagnosis	ICD-10-CM
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage,	Diagnosis	ICD-10-CM
I69.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.090	Apraxia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.092	Facial weakness following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.093	Ataxia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.098	Other sequelae following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.10	Unspecified sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.110	Attention and concentration deficit following nontraumatic intracerebral	Diagnosis	ICD-10-CM
I69.111	Memory deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral	Diagnosis	ICD-10-CM
I69.113	Psychomotor deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.114	Frontal lobe and executive function deficit following nontraumatic intracerebral	Diagnosis	ICD-10-CM
I69.115	Cognitive social or emotional deficit following nontraumatic intracerebral	Diagnosis	ICD-10-CM
I69.118	Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.119	Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.120	Aphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.121	Dysphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I69.122	Dysarthria following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.123	Fluency disorder following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.128	Other speech and language deficits following nontraumatic intracerebral	Diagnosis	ICD-10-CM
I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage,	Diagnosis	ICD-10-CM
I69.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.190	Apraxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.192	Facial weakness following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.193	Ataxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.198	Other sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.20	Unspecified sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.210	Attention and concentration deficit following other nontraumatic intracranial	Diagnosis	ICD-10-CM
I69.211	Memory deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial	Diagnosis	ICD-10-CM
I69.213	Psychomotor deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.214	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.215	Cognitive social or emotional deficit following other nontraumatic intracranial	Diagnosis	ICD-10-CM
I69.218	Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.219	Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.220	Aphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.221	Dysphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.222	Dysarthria following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.223	Fluency disorder following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.228	Other speech and language deficits following other nontraumatic intracranial	Diagnosis	ICD-10-CM
I69.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage,	Diagnosis	ICD-10-CM
I69.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.290	Apraxia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.292	Facial weakness following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.293	Ataxia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.298	Other sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.30	Unspecified sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.310	Attention and concentration deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.311	Memory deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.312	Visuospatial deficit and spatial neglect following cerebral infarction	Diagnosis	ICD-10-CM
I69.313	Psychomotor deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.314	Frontal lobe and executive function deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.315	Cognitive social or emotional deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.318	Other symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM
I69.319	Unspecified symptoms and signs involving cognitive functions following cerebral	Diagnosis	ICD-10-CM
I69.320	Aphasia following cerebral infarction	Diagnosis	ICD-10-CM
I69.321	Dysphasia following cerebral infarction	Diagnosis	ICD-10-CM
I69.322	Dysarthria following cerebral infarction	Diagnosis	ICD-10-CM
I69.323	Fluency disorder following cerebral infarction	Diagnosis	ICD-10-CM
I69.328	Other speech and language deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant	Diagnosis	ICD-10-CM
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant	Diagnosis	ICD-10-CM
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant	Diagnosis	ICD-10-CM
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant	Diagnosis	ICD-10-CM
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-	Diagnosis	ICD-10-CM
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant	Diagnosis	ICD-10-CM
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.361	Other paralytic syndrome following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.362	Other paralytic syndrome following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant	Diagnosis	ICD-10-CM
I69.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant	Diagnosis	ICD-10-CM
I69.365	Other paralytic syndrome following cerebral infarction, bilateral	Diagnosis	ICD-10-CM
I69.369	Other paralytic syndrome following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.390	Apraxia following cerebral infarction	Diagnosis	ICD-10-CM
I69.391	Dysphagia following cerebral infarction	Diagnosis	ICD-10-CM
I69.392	Facial weakness following cerebral infarction	Diagnosis	ICD-10-CM
I69.393	Ataxia following cerebral infarction	Diagnosis	ICD-10-CM
I69.398	Other sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.80	Unspecified sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.810	Attention and concentration deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.811	Memory deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.812	Visuospatial deficit and spatial neglect following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.813	Psychomotor deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.814	Frontal lobe and executive function deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.815	Cognitive social or emotional deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.818	Other symptoms and signs involving cognitive functions following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.819	Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.820	Aphasia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.821	Dysphasia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.822	Dysarthria following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.823	Fluency disorder following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.828	Other speech and language deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting	Diagnosis	ICD-10-CM
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting	Diagnosis	ICD-10-CM
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting	Diagnosis	ICD-10-CM
I69.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.862	Other paralytic syndrome following other cerebrovascular disease affecting left	Diagnosis	ICD-10-CM
I69.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.865	Other paralytic syndrome following other cerebrovascular disease, bilateral	Diagnosis	ICD-10-CM
I69.869	Other paralytic syndrome following other cerebrovascular disease affecting	Diagnosis	ICD-10-CM
I69.890	Apraxia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.891	Dysphagia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.892	Facial weakness following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.893	Ataxia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.898	Other sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.90	Unspecified sequelae of unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.910	Attention and concentration deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.911	Memory deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.913	Psychomotor deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.914	Frontal lobe and executive function deficit following unspecified cerebrovascular	Diagnosis	ICD-10-CM
I69.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.918	Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.919	Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.920	Aphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.921	Dysphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.922	Dysarthria following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.923	Fluency disorder following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.928	Other speech and language deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.961	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.963	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.965	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral	Diagnosis	ICD-10-CM
I69.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.990	Apraxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.991	Dysphagia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.992	Facial weakness following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.993	Ataxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I69.998	Other sequelae following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
Rheumatic Disorders			
M05.00	Felty's syndrome, unspecified site	Diagnosis	ICD-10-CM
M05.011	Felty's syndrome, right shoulder	Diagnosis	ICD-10-CM
M05.012	Felty's syndrome, left shoulder	Diagnosis	ICD-10-CM
M05.019	Felty's syndrome, unspecified shoulder	Diagnosis	ICD-10-CM
M05.021	Felty's syndrome, right elbow	Diagnosis	ICD-10-CM
M05.022	Felty's syndrome, left elbow	Diagnosis	ICD-10-CM
M05.029	Felty's syndrome, unspecified elbow	Diagnosis	ICD-10-CM
M05.031	Felty's syndrome, right wrist	Diagnosis	ICD-10-CM
M05.032	Felty's syndrome, left wrist	Diagnosis	ICD-10-CM
M05.039	Felty's syndrome, unspecified wrist	Diagnosis	ICD-10-CM
M05.041	Felty's syndrome, right hand	Diagnosis	ICD-10-CM
M05.042	Felty's syndrome, left hand	Diagnosis	ICD-10-CM
M05.049	Felty's syndrome, unspecified hand	Diagnosis	ICD-10-CM
M05.051	Felty's syndrome, right hip	Diagnosis	ICD-10-CM
M05.052	Felty's syndrome, left hip	Diagnosis	ICD-10-CM
M05.059	Felty's syndrome, unspecified hip	Diagnosis	ICD-10-CM
M05.061	Felty's syndrome, right knee	Diagnosis	ICD-10-CM
M05.062	Felty's syndrome, left knee	Diagnosis	ICD-10-CM
M05.069	Felty's syndrome, unspecified knee	Diagnosis	ICD-10-CM
M05.071	Felty's syndrome, right ankle and foot	Diagnosis	ICD-10-CM
M05.072	Felty's syndrome, left ankle and foot	Diagnosis	ICD-10-CM
M05.079	Felty's syndrome, unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.09	Felty's syndrome, multiple sites	Diagnosis	ICD-10-CM
M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.212	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.221	Rheumatoid vasculitis with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.222	Rheumatoid vasculitis with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.229	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.231	Rheumatoid vasculitis with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.232	Rheumatoid vasculitis with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.239	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.241	Rheumatoid vasculitis with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.242	Rheumatoid vasculitis with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.249	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.251	Rheumatoid vasculitis with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.252	Rheumatoid vasculitis with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.259	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
M05.272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.30	Rheumatoid heart disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.311	Rheumatoid heart disease with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.312	Rheumatoid heart disease with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.319	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.321	Rheumatoid heart disease with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.322	Rheumatoid heart disease with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.329	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.331	Rheumatoid heart disease with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.332	Rheumatoid heart disease with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.339	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.341	Rheumatoid heart disease with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.342	Rheumatoid heart disease with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.349	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.351	Rheumatoid heart disease with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.352	Rheumatoid heart disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.359	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.39	Rheumatoid heart disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.421	Rheumatoid myopathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.422	Rheumatoid myopathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.431	Rheumatoid myopathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.432	Rheumatoid myopathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.441	Rheumatoid myopathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.442	Rheumatoid myopathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.60	Rheumatoid arthritis of unspecified site with involvement of other organs and	Diagnosis	ICD-10-CM
M05.611	Rheumatoid arthritis of right shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.612	Rheumatoid arthritis of left shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.619	Rheumatoid arthritis of unspecified shoulder with involvement of other organs and	Diagnosis	ICD-10-CM
M05.621	Rheumatoid arthritis of right elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.622	Rheumatoid arthritis of left elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.629	Rheumatoid arthritis of unspecified elbow with involvement of other organs and	Diagnosis	ICD-10-CM
M05.631	Rheumatoid arthritis of right wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.632	Rheumatoid arthritis of left wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.639	Rheumatoid arthritis of unspecified wrist with involvement of other organs and	Diagnosis	ICD-10-CM
M05.641	Rheumatoid arthritis of right hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.642	Rheumatoid arthritis of left hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.649	Rheumatoid arthritis of unspecified hand with involvement of other organs and	Diagnosis	ICD-10-CM
M05.651	Rheumatoid arthritis of right hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.652	Rheumatoid arthritis of left hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.659	Rheumatoid arthritis of unspecified hip with involvement of other organs and	Diagnosis	ICD-10-CM
M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
M05.669	Rheumatoid arthritis of unspecified knee with involvement of other organs and	Diagnosis	ICD-10-CM
M05.671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and	Diagnosis	ICD-10-CM
M05.672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and	Diagnosis	ICD-10-CM
M05.679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.69	Rheumatoid arthritis of multiple sites with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.70	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement	Diagnosis	ICD-10-CM
M05.711	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.712	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.719	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.729	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.731	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.732	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.739	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.741	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.742	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.749	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05.752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05.759	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.769	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.771	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
M05.772	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.779	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	Diagnosis	ICD-10-CM
M05.80	Other rheumatoid arthritis with rheumatoid factor of unspecified site	Diagnosis	ICD-10-CM
M05.811	Other rheumatoid arthritis with rheumatoid factor of right shoulder	Diagnosis	ICD-10-CM
M05.812	Other rheumatoid arthritis with rheumatoid factor of left shoulder	Diagnosis	ICD-10-CM
M05.819	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder	Diagnosis	ICD-10-CM
M05.821	Other rheumatoid arthritis with rheumatoid factor of right elbow	Diagnosis	ICD-10-CM
M05.822	Other rheumatoid arthritis with rheumatoid factor of left elbow	Diagnosis	ICD-10-CM
M05.829	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow	Diagnosis	ICD-10-CM
M05.831	Other rheumatoid arthritis with rheumatoid factor of right wrist	Diagnosis	ICD-10-CM
M05.832	Other rheumatoid arthritis with rheumatoid factor of left wrist	Diagnosis	ICD-10-CM
M05.839	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist	Diagnosis	ICD-10-CM
M05.841	Other rheumatoid arthritis with rheumatoid factor of right hand	Diagnosis	ICD-10-CM
M05.842	Other rheumatoid arthritis with rheumatoid factor of left hand	Diagnosis	ICD-10-CM
M05.849	Other rheumatoid arthritis with rheumatoid factor of unspecified hand	Diagnosis	ICD-10-CM
M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip	Diagnosis	ICD-10-CM
M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip	Diagnosis	ICD-10-CM
M05.859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip	Diagnosis	ICD-10-CM
M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee	Diagnosis	ICD-10-CM
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee	Diagnosis	ICD-10-CM
M05.869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee	Diagnosis	ICD-10-CM
M05.871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot	Diagnosis	ICD-10-CM
M05.872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot	Diagnosis	ICD-10-CM
M05.879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites	Diagnosis	ICD-10-CM
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified	Diagnosis	ICD-10-CM
M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site	Diagnosis	ICD-10-CM
M06.011	Rheumatoid arthritis without rheumatoid factor, right shoulder	Diagnosis	ICD-10-CM
M06.012	Rheumatoid arthritis without rheumatoid factor, left shoulder	Diagnosis	ICD-10-CM
M06.019	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder	Diagnosis	ICD-10-CM
M06.021	Rheumatoid arthritis without rheumatoid factor, right elbow	Diagnosis	ICD-10-CM
M06.022	Rheumatoid arthritis without rheumatoid factor, left elbow	Diagnosis	ICD-10-CM
M06.029	Rheumatoid arthritis without rheumatoid factor, unspecified elbow	Diagnosis	ICD-10-CM
M06.031	Rheumatoid arthritis without rheumatoid factor, right wrist	Diagnosis	ICD-10-CM
M06.032	Rheumatoid arthritis without rheumatoid factor, left wrist	Diagnosis	ICD-10-CM
M06.039	Rheumatoid arthritis without rheumatoid factor, unspecified wrist	Diagnosis	ICD-10-CM
M06.041	Rheumatoid arthritis without rheumatoid factor, right hand	Diagnosis	ICD-10-CM
M06.042	Rheumatoid arthritis without rheumatoid factor, left hand	Diagnosis	ICD-10-CM
M06.049	Rheumatoid arthritis without rheumatoid factor, unspecified hand	Diagnosis	ICD-10-CM
M06.051	Rheumatoid arthritis without rheumatoid factor, right hip	Diagnosis	ICD-10-CM
M06.052	Rheumatoid arthritis without rheumatoid factor, left hip	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
M06.059	Rheumatoid arthritis without rheumatoid factor, unspecified hip	Diagnosis	ICD-10-CM
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee	Diagnosis	ICD-10-CM
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee	Diagnosis	ICD-10-CM
M06.069	Rheumatoid arthritis without rheumatoid factor, unspecified knee	Diagnosis	ICD-10-CM
M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot	Diagnosis	ICD-10-CM
M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot	Diagnosis	ICD-10-CM
M06.079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae	Diagnosis	ICD-10-CM
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites	Diagnosis	ICD-10-CM
M06.1	Adult-onset Still's disease	Diagnosis	ICD-10-CM
M06.20	Rheumatoid bursitis, unspecified site	Diagnosis	ICD-10-CM
M06.211	Rheumatoid bursitis, right shoulder	Diagnosis	ICD-10-CM
M06.212	Rheumatoid bursitis, left shoulder	Diagnosis	ICD-10-CM
M06.219	Rheumatoid bursitis, unspecified shoulder	Diagnosis	ICD-10-CM
M06.221	Rheumatoid bursitis, right elbow	Diagnosis	ICD-10-CM
M06.222	Rheumatoid bursitis, left elbow	Diagnosis	ICD-10-CM
M06.229	Rheumatoid bursitis, unspecified elbow	Diagnosis	ICD-10-CM
M06.231	Rheumatoid bursitis, right wrist	Diagnosis	ICD-10-CM
M06.232	Rheumatoid bursitis, left wrist	Diagnosis	ICD-10-CM
M06.239	Rheumatoid bursitis, unspecified wrist	Diagnosis	ICD-10-CM
M06.241	Rheumatoid bursitis, right hand	Diagnosis	ICD-10-CM
M06.242	Rheumatoid bursitis, left hand	Diagnosis	ICD-10-CM
M06.249	Rheumatoid bursitis, unspecified hand	Diagnosis	ICD-10-CM
M06.251	Rheumatoid bursitis, right hip	Diagnosis	ICD-10-CM
M06.252	Rheumatoid bursitis, left hip	Diagnosis	ICD-10-CM
M06.259	Rheumatoid bursitis, unspecified hip	Diagnosis	ICD-10-CM
M06.261	Rheumatoid bursitis, right knee	Diagnosis	ICD-10-CM
M06.262	Rheumatoid bursitis, left knee	Diagnosis	ICD-10-CM
M06.269	Rheumatoid bursitis, unspecified knee	Diagnosis	ICD-10-CM
M06.271	Rheumatoid bursitis, right ankle and foot	Diagnosis	ICD-10-CM
M06.272	Rheumatoid bursitis, left ankle and foot	Diagnosis	ICD-10-CM
M06.279	Rheumatoid bursitis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.28	Rheumatoid bursitis, vertebrae	Diagnosis	ICD-10-CM
M06.29	Rheumatoid bursitis, multiple sites	Diagnosis	ICD-10-CM
M06.30	Rheumatoid nodule, unspecified site	Diagnosis	ICD-10-CM
M06.311	Rheumatoid nodule, right shoulder	Diagnosis	ICD-10-CM
M06.312	Rheumatoid nodule, left shoulder	Diagnosis	ICD-10-CM
M06.319	Rheumatoid nodule, unspecified shoulder	Diagnosis	ICD-10-CM
M06.321	Rheumatoid nodule, right elbow	Diagnosis	ICD-10-CM
M06.322	Rheumatoid nodule, left elbow	Diagnosis	ICD-10-CM
M06.329	Rheumatoid nodule, unspecified elbow	Diagnosis	ICD-10-CM
M06.331	Rheumatoid nodule, right wrist	Diagnosis	ICD-10-CM
M06.332	Rheumatoid nodule, left wrist	Diagnosis	ICD-10-CM
M06.339	Rheumatoid nodule, unspecified wrist	Diagnosis	ICD-10-CM
M06.341	Rheumatoid nodule, right hand	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
M06.342	Rheumatoid nodule, left hand	Diagnosis	ICD-10-CM
M06.349	Rheumatoid nodule, unspecified hand	Diagnosis	ICD-10-CM
M06.351	Rheumatoid nodule, right hip	Diagnosis	ICD-10-CM
M06.352	Rheumatoid nodule, left hip	Diagnosis	ICD-10-CM
M06.359	Rheumatoid nodule, unspecified hip	Diagnosis	ICD-10-CM
M06.361	Rheumatoid nodule, right knee	Diagnosis	ICD-10-CM
M06.362	Rheumatoid nodule, left knee	Diagnosis	ICD-10-CM
M06.369	Rheumatoid nodule, unspecified knee	Diagnosis	ICD-10-CM
M06.371	Rheumatoid nodule, right ankle and foot	Diagnosis	ICD-10-CM
M06.372	Rheumatoid nodule, left ankle and foot	Diagnosis	ICD-10-CM
M06.379	Rheumatoid nodule, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.38	Rheumatoid nodule, vertebrae	Diagnosis	ICD-10-CM
M06.39	Rheumatoid nodule, multiple sites	Diagnosis	ICD-10-CM
M06.80	Other specified rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
M06.811	Other specified rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
M06.812	Other specified rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
M06.819	Other specified rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M06.821	Other specified rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
M06.822	Other specified rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
M06.829	Other specified rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
M06.831	Other specified rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
M06.832	Other specified rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
M06.839	Other specified rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
M06.841	Other specified rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
M06.842	Other specified rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
M06.849	Other specified rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
M06.851	Other specified rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
M06.852	Other specified rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
M06.859	Other specified rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
M06.861	Other specified rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
M06.862	Other specified rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
M06.869	Other specified rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
M06.871	Other specified rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
M06.872	Other specified rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
M06.879	Other specified rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.88	Other specified rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
M06.89	Other specified rheumatoid arthritis, multiple sites	Diagnosis	ICD-10-CM
M06.9	Rheumatoid arthritis, unspecified	Diagnosis	ICD-10-CM
M08.00	Unspecified juvenile rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M08.011	Unspecified juvenile rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
M08.012	Unspecified juvenile rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
M08.019	Unspecified juvenile rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M08.021	Unspecified juvenile rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
M08.022	Unspecified juvenile rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
M08.029	Unspecified juvenile rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
M08.031	Unspecified juvenile rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
M08.032	Unspecified juvenile rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
M08.039	Unspecified juvenile rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
M08.041	Unspecified juvenile rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
M08.042	Unspecified juvenile rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
M08.049	Unspecified juvenile rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
M08.051	Unspecified juvenile rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
M08.052	Unspecified juvenile rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
M08.059	Unspecified juvenile rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
M08.061	Unspecified juvenile rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
M08.062	Unspecified juvenile rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
M08.069	Unspecified juvenile rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
M08.071	Unspecified juvenile rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
M08.072	Unspecified juvenile rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
M08.079	Unspecified juvenile rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M08.08	Unspecified juvenile rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
M08.09	Unspecified juvenile rheumatoid arthritis, multiple sites	Diagnosis	ICD-10-CM
M08.1	Juvenile ankylosing spondylitis	Diagnosis	ICD-10-CM
M08.20	Juvenile rheumatoid arthritis with systemic onset, unspecified site	Diagnosis	ICD-10-CM
M08.211	Juvenile rheumatoid arthritis with systemic onset, right shoulder	Diagnosis	ICD-10-CM
M08.212	Juvenile rheumatoid arthritis with systemic onset, left shoulder	Diagnosis	ICD-10-CM
M08.219	Juvenile rheumatoid arthritis with systemic onset, unspecified shoulder	Diagnosis	ICD-10-CM
M08.221	Juvenile rheumatoid arthritis with systemic onset, right elbow	Diagnosis	ICD-10-CM
M08.222	Juvenile rheumatoid arthritis with systemic onset, left elbow	Diagnosis	ICD-10-CM
M08.229	Juvenile rheumatoid arthritis with systemic onset, unspecified elbow	Diagnosis	ICD-10-CM
M08.231	Juvenile rheumatoid arthritis with systemic onset, right wrist	Diagnosis	ICD-10-CM
M08.232	Juvenile rheumatoid arthritis with systemic onset, left wrist	Diagnosis	ICD-10-CM
M08.239	Juvenile rheumatoid arthritis with systemic onset, unspecified wrist	Diagnosis	ICD-10-CM
M08.241	Juvenile rheumatoid arthritis with systemic onset, right hand	Diagnosis	ICD-10-CM
M08.242	Juvenile rheumatoid arthritis with systemic onset, left hand	Diagnosis	ICD-10-CM
M08.249	Juvenile rheumatoid arthritis with systemic onset, unspecified hand	Diagnosis	ICD-10-CM
M08.251	Juvenile rheumatoid arthritis with systemic onset, right hip	Diagnosis	ICD-10-CM
M08.252	Juvenile rheumatoid arthritis with systemic onset, left hip	Diagnosis	ICD-10-CM
M08.259	Juvenile rheumatoid arthritis with systemic onset, unspecified hip	Diagnosis	ICD-10-CM
M08.261	Juvenile rheumatoid arthritis with systemic onset, right knee	Diagnosis	ICD-10-CM
M08.262	Juvenile rheumatoid arthritis with systemic onset, left knee	Diagnosis	ICD-10-CM
M08.269	Juvenile rheumatoid arthritis with systemic onset, unspecified knee	Diagnosis	ICD-10-CM
M08.271	Juvenile rheumatoid arthritis with systemic onset, right ankle and foot	Diagnosis	ICD-10-CM
M08.272	Juvenile rheumatoid arthritis with systemic onset, left ankle and foot	Diagnosis	ICD-10-CM
M08.279	Juvenile rheumatoid arthritis with systemic onset, unspecified ankle and foot	Diagnosis	ICD-10-CM
M08.28	Juvenile rheumatoid arthritis with systemic onset, vertebrae	Diagnosis	ICD-10-CM
M08.29	Juvenile rheumatoid arthritis with systemic onset, multiple sites	Diagnosis	ICD-10-CM
M08.3	Juvenile rheumatoid polyarthritis (seronegative)	Diagnosis	ICD-10-CM
M08.40	Pauciarticular juvenile rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
M08.411	Pauciarticular juvenile rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
M08.412	Pauciarticular juvenile rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
M08.419	Pauciarticular juvenile rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M08.421	Pauciarticular juvenile rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
M08.422	Pauciarticular juvenile rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
M08.429	Pauciarticular juvenile rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
M08.431	Pauciarticular juvenile rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
M08.432	Pauciarticular juvenile rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
M08.439	Pauciarticular juvenile rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
M08.441	Pauciarticular juvenile rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
M08.442	Pauciarticular juvenile rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
M08.449	Pauciarticular juvenile rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
M08.451	Pauciarticular juvenile rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
M08.452	Pauciarticular juvenile rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
M08.459	Pauciarticular juvenile rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
M08.461	Pauciarticular juvenile rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
M08.462	Pauciarticular juvenile rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
M08.469	Pauciarticular juvenile rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
M08.471	Pauciarticular juvenile rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
M08.472	Pauciarticular juvenile rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
M08.479	Pauciarticular juvenile rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M08.48	Pauciarticular juvenile rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
M08.80	Other juvenile arthritis, unspecified site	Diagnosis	ICD-10-CM
M08.811	Other juvenile arthritis, right shoulder	Diagnosis	ICD-10-CM
M08.812	Other juvenile arthritis, left shoulder	Diagnosis	ICD-10-CM
M08.819	Other juvenile arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M08.821	Other juvenile arthritis, right elbow	Diagnosis	ICD-10-CM
M08.822	Other juvenile arthritis, left elbow	Diagnosis	ICD-10-CM
M08.829	Other juvenile arthritis, unspecified elbow	Diagnosis	ICD-10-CM
M08.831	Other juvenile arthritis, right wrist	Diagnosis	ICD-10-CM
M08.832	Other juvenile arthritis, left wrist	Diagnosis	ICD-10-CM
M08.839	Other juvenile arthritis, unspecified wrist	Diagnosis	ICD-10-CM
M08.841	Other juvenile arthritis, right hand	Diagnosis	ICD-10-CM
M08.842	Other juvenile arthritis, left hand	Diagnosis	ICD-10-CM
M08.849	Other juvenile arthritis, unspecified hand	Diagnosis	ICD-10-CM
M08.851	Other juvenile arthritis, right hip	Diagnosis	ICD-10-CM
M08.852	Other juvenile arthritis, left hip	Diagnosis	ICD-10-CM
M08.859	Other juvenile arthritis, unspecified hip	Diagnosis	ICD-10-CM
M08.861	Other juvenile arthritis, right knee	Diagnosis	ICD-10-CM
M08.862	Other juvenile arthritis, left knee	Diagnosis	ICD-10-CM
M08.869	Other juvenile arthritis, unspecified knee	Diagnosis	ICD-10-CM
M08.871	Other juvenile arthritis, right ankle and foot	Diagnosis	ICD-10-CM
M08.872	Other juvenile arthritis, left ankle and foot	Diagnosis	ICD-10-CM
M08.879	Other juvenile arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M08.88	Other juvenile arthritis, other specified site	Diagnosis	ICD-10-CM
M08.89	Other juvenile arthritis, multiple sites	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
M08.90	Juvenile arthritis, unspecified, unspecified site	Diagnosis	ICD-10-CM
M08.911	Juvenile arthritis, unspecified, right shoulder	Diagnosis	ICD-10-CM
M08.912	Juvenile arthritis, unspecified, left shoulder	Diagnosis	ICD-10-CM
M08.919	Juvenile arthritis, unspecified, unspecified shoulder	Diagnosis	ICD-10-CM
M08.921	Juvenile arthritis, unspecified, right elbow	Diagnosis	ICD-10-CM
M08.922	Juvenile arthritis, unspecified, left elbow	Diagnosis	ICD-10-CM
M08.929	Juvenile arthritis, unspecified, unspecified elbow	Diagnosis	ICD-10-CM
M08.931	Juvenile arthritis, unspecified, right wrist	Diagnosis	ICD-10-CM
M08.932	Juvenile arthritis, unspecified, left wrist	Diagnosis	ICD-10-CM
M08.939	Juvenile arthritis, unspecified, unspecified wrist	Diagnosis	ICD-10-CM
M08.941	Juvenile arthritis, unspecified, right hand	Diagnosis	ICD-10-CM
M08.942	Juvenile arthritis, unspecified, left hand	Diagnosis	ICD-10-CM
M08.949	Juvenile arthritis, unspecified, unspecified hand	Diagnosis	ICD-10-CM
M08.951	Juvenile arthritis, unspecified, right hip	Diagnosis	ICD-10-CM
M08.952	Juvenile arthritis, unspecified, left hip	Diagnosis	ICD-10-CM
M08.959	Juvenile arthritis, unspecified, unspecified hip	Diagnosis	ICD-10-CM
M08.961	Juvenile arthritis, unspecified, right knee	Diagnosis	ICD-10-CM
M08.962	Juvenile arthritis, unspecified, left knee	Diagnosis	ICD-10-CM
M08.969	Juvenile arthritis, unspecified, unspecified knee	Diagnosis	ICD-10-CM
M08.971	Juvenile arthritis, unspecified, right ankle and foot	Diagnosis	ICD-10-CM
M08.972	Juvenile arthritis, unspecified, left ankle and foot	Diagnosis	ICD-10-CM
M08.979	Juvenile arthritis, unspecified, unspecified ankle and foot	Diagnosis	ICD-10-CM
M08.98	Juvenile arthritis, unspecified, vertebrae	Diagnosis	ICD-10-CM
M08.99	Juvenile arthritis, unspecified, multiple sites	Diagnosis	ICD-10-CM
M45.0	Ankylosing spondylitis of multiple sites in spine	Diagnosis	ICD-10-CM
M45.1	Ankylosing spondylitis of occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M45.2	Ankylosing spondylitis of cervical region	Diagnosis	ICD-10-CM
M45.3	Ankylosing spondylitis of cervicothoracic region	Diagnosis	ICD-10-CM
M45.4	Ankylosing spondylitis of thoracic region	Diagnosis	ICD-10-CM
M45.5	Ankylosing spondylitis of thoracolumbar region	Diagnosis	ICD-10-CM
M45.6	Ankylosing spondylitis lumbar region	Diagnosis	ICD-10-CM
M45.7	Ankylosing spondylitis of lumbosacral region	Diagnosis	ICD-10-CM
M45.8	Ankylosing spondylitis sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M45.9	Ankylosing spondylitis of unspecified sites in spine	Diagnosis	ICD-10-CM
Schizophrenia			
F20.0	Paranoid schizophrenia	Diagnosis	ICD-10-CM
F20.1	Disorganized schizophrenia	Diagnosis	ICD-10-CM
F20.2	Catatonic schizophrenia	Diagnosis	ICD-10-CM
F20.3	Undifferentiated schizophrenia	Diagnosis	ICD-10-CM
F20.5	Residual schizophrenia	Diagnosis	ICD-10-CM
F20.81	Schizophreniform disorder	Diagnosis	ICD-10-CM
F20.89	Other schizophrenia	Diagnosis	ICD-10-CM
F20.9	Schizophrenia, unspecified	Diagnosis	ICD-10-CM
F25.0	Schizoaffective disorder, bipolar type	Diagnosis	ICD-10-CM
F25.1	Schizoaffective disorder, depressive type	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
F25.8	Other schizoaffective disorders	Diagnosis	ICD-10-CM
F25.9	Schizoaffective disorder, unspecified	Diagnosis	ICD-10-CM
Stroke			
G45.0	Vertebro-basilar artery syndrome	Diagnosis	ICD-10-CM
G45.1	Carotid artery syndrome (hemispheric)	Diagnosis	ICD-10-CM
G45.2	Multiple and bilateral precerebral artery syndromes	Diagnosis	ICD-10-CM
G45.8	Other transient cerebral ischemic attacks and related syndromes	Diagnosis	ICD-10-CM
G45.9	Transient cerebral ischemic attack, unspecified	Diagnosis	ICD-10-CM
G46.0	Middle cerebral artery syndrome	Diagnosis	ICD-10-CM
G46.1	Anterior cerebral artery syndrome	Diagnosis	ICD-10-CM
G46.2	Posterior cerebral artery syndrome	Diagnosis	ICD-10-CM
G46.3	Brain stem stroke syndrome	Diagnosis	ICD-10-CM
G46.4	Cerebellar stroke syndrome	Diagnosis	ICD-10-CM
G46.5	Pure motor lacunar syndrome	Diagnosis	ICD-10-CM
G46.6	Pure sensory lacunar syndrome	Diagnosis	ICD-10-CM
G46.7	Other lacunar syndromes	Diagnosis	ICD-10-CM
G46.8	Other vascular syndromes of brain in cerebrovascular diseases	Diagnosis	ICD-10-CM
G97.31	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating a nervous system procedure	Diagnosis	ICD-10-CM
G97.32	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating other procedure	Diagnosis	ICD-10-CM
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and	Diagnosis	ICD-10-CM
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	Diagnosis	ICD-10-CM
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	Diagnosis	ICD-10-CM
I60.20	Nontraumatic subarachnoid hemorrhage from unspecified anterior communicating	Diagnosis	ICD-10-CM
I60.21	Nontraumatic subarachnoid hemorrhage from right anterior communicating artery	Diagnosis	ICD-10-CM
I60.22	Nontraumatic subarachnoid hemorrhage from left anterior communicating artery	Diagnosis	ICD-10-CM
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating	Diagnosis	ICD-10-CM
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	Diagnosis	ICD-10-CM
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	Diagnosis	ICD-10-CM
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery	Diagnosis	ICD-10-CM
I60.50	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery	Diagnosis	ICD-10-CM
I60.51	Nontraumatic subarachnoid hemorrhage from right vertebral artery	Diagnosis	ICD-10-CM
I60.52	Nontraumatic subarachnoid hemorrhage from left vertebral artery	Diagnosis	ICD-10-CM
I60.6	Nontraumatic subarachnoid hemorrhage from other intracranial arteries	Diagnosis	ICD-10-CM
I60.7	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery	Diagnosis	ICD-10-CM
I60.8	Other nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified	Diagnosis	ICD-10-CM
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	Diagnosis	ICD-10-CM
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	Diagnosis	ICD-10-CM
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	Diagnosis	ICD-10-CM
I61.3	Nontraumatic intracerebral hemorrhage in brain stem	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum	Diagnosis	ICD-10-CM
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular	Diagnosis	ICD-10-CM
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized	Diagnosis	ICD-10-CM
I61.8	Other nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I61.9	Nontraumatic intracerebral hemorrhage, unspecified	Diagnosis	ICD-10-CM
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.011	Cerebral infarction due to thrombosis of right vertebral artery	Diagnosis	ICD-10-CM
I63.012	Cerebral infarction due to thrombosis of left vertebral artery	Diagnosis	ICD-10-CM
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.02	Cerebral infarction due to thrombosis of basilar artery	Diagnosis	ICD-10-CM
I63.031	Cerebral infarction due to thrombosis of right carotid artery	Diagnosis	ICD-10-CM
I63.032	Cerebral infarction due to thrombosis of left carotid artery	Diagnosis	ICD-10-CM
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.09	Cerebral infarction due to thrombosis of other precerebral artery	Diagnosis	ICD-10-CM
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.111	Cerebral infarction due to embolism of right vertebral artery	Diagnosis	ICD-10-CM
I63.112	Cerebral infarction due to embolism of left vertebral artery	Diagnosis	ICD-10-CM
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.12	Cerebral infarction due to embolism of basilar artery	Diagnosis	ICD-10-CM
I63.131	Cerebral infarction due to embolism of right carotid artery	Diagnosis	ICD-10-CM
I63.132	Cerebral infarction due to embolism of left carotid artery	Diagnosis	ICD-10-CM
I63.139	Cerebral infarction due to embolism of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.19	Cerebral infarction due to embolism of other precerebral artery	Diagnosis	ICD-10-CM
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified	Diagnosis	ICD-10-CM
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery	Diagnosis	ICD-10-CM
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery	Diagnosis	ICD-10-CM
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral	Diagnosis	ICD-10-CM
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral	Diagnosis	ICD-10-CM
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery	Diagnosis	ICD-10-CM
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries	Diagnosis	ICD-10-CM
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries	Diagnosis	ICD-10-CM
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid	Diagnosis	ICD-10-CM
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid	Diagnosis	ICD-10-CM
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral	Diagnosis	ICD-10-CM
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery	Diagnosis	ICD-10-CM
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery	Diagnosis	ICD-10-CM
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.39	Cerebral infarction due to thrombosis of other cerebral artery	Diagnosis	ICD-10-CM
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.411	Cerebral infarction due to embolism of right middle cerebral artery	Diagnosis	ICD-10-CM
I63.412	Cerebral infarction due to embolism of left middle cerebral artery	Diagnosis	ICD-10-CM
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.441	Cerebral infarction due to embolism of right cerebellar artery	Diagnosis	ICD-10-CM
I63.442	Cerebral infarction due to embolism of left cerebellar artery	Diagnosis	ICD-10-CM
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.49	Cerebral infarction due to embolism of other cerebral artery	Diagnosis	ICD-10-CM
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral	Diagnosis	ICD-10-CM
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral	Diagnosis	ICD-10-CM
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral	Diagnosis	ICD-10-CM
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle	Diagnosis	ICD-10-CM
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral	Diagnosis	ICD-10-CM
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral	Diagnosis	ICD-10-CM
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior	Diagnosis	ICD-10-CM
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral	Diagnosis	ICD-10-CM
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	Diagnosis	ICD-10-CM
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar	Diagnosis	ICD-10-CM
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar	Diagnosis	ICD-10-CM
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	Diagnosis	ICD-10-CM
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	Diagnosis	ICD-10-CM
I63.8	Other cerebral infarction	Diagnosis	ICD-10-CM
I63.9	Cerebral infarction, unspecified	Diagnosis	ICD-10-CM
I66.01	Occlusion and stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I66.02	Occlusion and stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I66.09	Occlusion and stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I66.11	Occlusion and stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I66.12	Occlusion and stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I66.21	Occlusion and stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I66.22	Occlusion and stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I66.3	Occlusion and stenosis of cerebellar arteries	Diagnosis	ICD-10-CM
I66.8	Occlusion and stenosis of other cerebral arteries	Diagnosis	ICD-10-CM
I66.9	Occlusion and stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I67.841	Reversible cerebrovascular vasoconstriction syndrome	Diagnosis	ICD-10-CM
I67.848	Other cerebrovascular vasospasm and vasoconstriction	Diagnosis	ICD-10-CM
I67.89	Other cerebrovascular disease	Diagnosis	ICD-10-CM
I97.810	Intraoperative cerebrovascular infarction during cardiac surgery	Diagnosis	ICD-10-CM
I97.811	Intraoperative cerebrovascular infarction during other surgery	Diagnosis	ICD-10-CM
I97.820	Postprocedural cerebrovascular infarction following cardiac surgery	Diagnosis	ICD-10-CM
I97.821	Postprocedural cerebrovascular infarction following other surgery	Diagnosis	ICD-10-CM

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
Acetaminophen	
dextromethorphan HBr/phenylephrine HCl/acetaminophen	Cold Multi-Symptom
hydrocodone bitartrate/acetaminophen	hydrocodone-acetaminophen
oxycodone HCl/acetaminophen	Endocet
oxycodone HCl/acetaminophen	oxycodone-acetaminophen
Angiotensin-Converting Enzyme Inhibitors (ACEIs) and Angiotensin II Receptor Blockers (ARBs)	
aliskiren hemifumarate	Tekturna
aliskiren hemifumarate	aliskiren
aliskiren hemifumarate/hydrochlorothiazide	Tekturna HCT
amlodipine besylate/benazepril HCl	Lotrel
amlodipine besylate/benazepril HCl	amlodipine-benazepril
amlodipine besylate/olmesartan medoxomil	Azor
amlodipine besylate/olmesartan medoxomil	amlodipine-olmesartan
amlodipine besylate/valsartan	Exforge
amlodipine besylate/valsartan	amlodipine-valsartan
amlodipine besylate/valsartan/hydrochlorothiazide	Exforge HCT
amlodipine besylate/valsartan/hydrochlorothiazide	amlodipine-valsartan-hcthiazid
azilsartan medoxomil	Edarbi
azilsartan medoxomil/chlorthalidone	Edarbyclor
benazepril HCl	Lotensin
benazepril HCl	benazepril
benazepril HCl/hydrochlorothiazide	Lotensin HCT
benazepril HCl/hydrochlorothiazide	benazepril-hydrochlorothiazide
candesartan cilexetil	Atacand
candesartan cilexetil	candesartan
candesartan cilexetil/hydrochlorothiazide	Atacand HCT
candesartan cilexetil/hydrochlorothiazide	candesartan-hydrochlorothiazid
captopril	captopril
captopril/hydrochlorothiazide	captopril-hydrochlorothiazide
enalapril maleate	Epaned
enalapril maleate	Vasotec
enalapril maleate	enalapril maleate
enalapril maleate/hydrochlorothiazide	Vaseretic
enalapril maleate/hydrochlorothiazide	enalapril-hydrochlorothiazide
enalaprilat dihydrate	enalaprilat
eprosartan mesylate	eprosartan
fosinopril sodium	fosinopril
fosinopril sodium/hydrochlorothiazide	fosinopril-hydrochlorothiazide
irbesartan	Avapro
irbesartan	irbesartan
irbesartan/hydrochlorothiazide	Avalide
irbesartan/hydrochlorothiazide	irbesartan-hydrochlorothiazide
lisinopril	Prinivil
lisinopril	Qbrelis
lisinopril	Zestril
lisinopril	lisinopril

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
lisinopril/hydrochlorothiazide	Zestoretic
lisinopril/hydrochlorothiazide	lisinopril-hydrochlorothiazide
losartan potassium	Cozaar
losartan potassium	losartan
losartan potassium/hydrochlorothiazide	Hyzaar
losartan potassium/hydrochlorothiazide	losartan-hydrochlorothiazide
moexipril HCl	moexipril
olmesartan medoxomil	Benicar
olmesartan medoxomil	olmesartan
olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide	Tribenzor
olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide	olmesartan-amlodipin-hcthiazid
olmesartan medoxomil/hydrochlorothiazide	Benicar HCT
olmesartan medoxomil/hydrochlorothiazide	olmesartan-hydrochlorothiazide
perindopril arginine/amlodipine besylate	Prestalia
perindopril erbumine	perindopril erbumine
quinapril HCl	Accupril
quinapril HCl	quinapril
quinapril HCl/hydrochlorothiazide	Accuretic
quinapril HCl/hydrochlorothiazide	quinapril-hydrochlorothiazide
ramipril	Altace
ramipril	ramipril
sacubitril/valsartan	Entresto
telmisartan	Micardis
telmisartan	telmisartan
telmisartan/amlodipine besylate	Twynsta
telmisartan/amlodipine besylate	telmisartan-amlodipine
telmisartan/hydrochlorothiazide	Micardis HCT
telmisartan/hydrochlorothiazide	telmisartan-hydrochlorothiazid
trandolapril	trandolapril
trandolapril/verapamil HCl	Tarka
trandolapril/verapamil HCl	trandolapril-verapamil
valsartan	Diovan
valsartan	valsartan
valsartan/hydrochlorothiazide	Diovan HCT
valsartan/hydrochlorothiazide	valsartan-hydrochlorothiazide
Anticoagulants (Oral and Injectable)	
apixaban	Eliquis
apixaban	Eliquis DVT-PE Treat 30D Start
betrixaban maleate	Bevyxxa
dabigatran etexilate mesylate	Pradaxa
edoxaban tosylate	Savaysa
heparin sodium,porcine	heparin (porcine)
heparin sodium,porcine/PF	heparin, porcine (PF)
rivaroxaban	Xarelto
rivaroxaban	Xarelto DVT-PE Treat 30d Start
warfarin sodium	Coumadin

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
warfarin sodium	Jantoven
warfarin sodium	warfarin
Antidepressants	
St. John's wort	St. John's wort
amitriptyline HCl	amitriptyline
amitriptyline HCl/chlordiazepoxide	amitriptyline-chlordiazepoxide
amoxapine	amoxapine
brexanolone	Zulresso
bupropion HBr	Aplenzin
bupropion HCl	Forfivo XL
bupropion HCl	Wellbutrin SR
bupropion HCl	Wellbutrin XL
bupropion HCl	bupropion HCl
citalopram hydrobromide	Celexa
citalopram hydrobromide	citalopram
clomipramine HCl	Anafranil
clomipramine HCl	clomipramine
desipramine HCl	Norpramin
desipramine HCl	desipramine
desvenlafaxine	Khedezla
desvenlafaxine	desvenlafaxine
desvenlafaxine succinate	Pristiq
desvenlafaxine succinate	desvenlafaxine succinate
doxepin HCl	Silenor
doxepin HCl	doxepin
duloxetine HCl	Cymbalta
duloxetine HCl	Drizalma Sprinkle
duloxetine HCl	duloxetine
escitalopram oxalate	Lexapro
escitalopram oxalate	escitalopram oxalate
fluoxetine HCl	Prozac
fluoxetine HCl	Sarafem
fluoxetine HCl	fluoxetine
fluvoxamine maleate	fluvoxamine
imipramine HCl	Tofranil
imipramine HCl	imipramine HCl
imipramine pamoate	imipramine pamoate
isocarboxazid	Marplan
levomilnacipran HCl	Fetzima
maprotiline HCl	maprotiline
milnacipran HCl	Savella
mirtazapine	Remeron
mirtazapine	Remeron SolTab
mirtazapine	mirtazapine
nefazodone HCl	nefazodone
nortriptyline HCl	Pamelor

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
nortriptyline HCl	nortriptyline
olanzapine/fluoxetine HCl	Symbyax
olanzapine/fluoxetine HCl	olanzapine-fluoxetine
paroxetine HCl	Paxil
paroxetine HCl	Paxil CR
paroxetine HCl	paroxetine HCl
paroxetine mesylate	Brisdelle
paroxetine mesylate	Pexeva
paroxetine mesylate	paroxetine mesylate(menop.sym)
perphenazine/amitriptyline HCl	perphenazine-amitriptyline
phenelzine sulfate	Nardil
phenelzine sulfate	phenelzine
protriptyline HCl	protriptyline
selegiline	Emsam
sertraline HCl	Zoloft
sertraline HCl	sertraline
tranylcypromine sulfate	Parnate
tranylcypromine sulfate	tranylcypromine
trazodone HCl	trazodone
trimipramine maleate	Surmontil
trimipramine maleate	trimipramine
venlafaxine HCl	Effexor XR
venlafaxine HCl	venlafaxine
vilazodone HCl	Viibryd
vortioxetine hydrobromide	Trintellix

Antihypertensives

aliskiren hemifumarate	Tekturna
aliskiren hemifumarate	aliskiren
aliskiren hemifumarate/hydrochlorothiazide	Tekturna HCT
ambrisentan	Letairis
ambrisentan	ambrisentan
amlodipine besylate/benazepril HCl	Lotrel
amlodipine besylate/benazepril HCl	amlodipine-benazepril
amlodipine besylate/olmesartan medoxomil	Azor
amlodipine besylate/olmesartan medoxomil	amlodipine-olmesartan
amlodipine besylate/valsartan	Exforge
amlodipine besylate/valsartan	amlodipine-valsartan
amlodipine besylate/valsartan/hydrochlorothiazide	Exforge HCT
amlodipine besylate/valsartan/hydrochlorothiazide	amlodipine-valsartan-hcthiazid
atenolol/chlorthalidone	Tenoretic 100
atenolol/chlorthalidone	Tenoretic 50
atenolol/chlorthalidone	atenolol-chlorthalidone
azilsartan medoxomil	Edarbi
azilsartan medoxomil/chlorthalidone	Edarbyclor
benazepril HCl	Lotensin
benazepril HCl	benazepril

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
benazepril HCl/hydrochlorothiazide	Lotensin HCT
benazepril HCl/hydrochlorothiazide	benazepril-hydrochlorothiazide
bisoprolol fumarate/hydrochlorothiazide	Ziac
bisoprolol fumarate/hydrochlorothiazide	bisoprolol-hydrochlorothiazide
candesartan cilexetil	Atacand
candesartan cilexetil	candesartan
candesartan cilexetil/hydrochlorothiazide	Atacand HCT
candesartan cilexetil/hydrochlorothiazide	candesartan-hydrochlorothiazid
captopril	captopril
captopril/hydrochlorothiazide	captopril-hydrochlorothiazide
clonidine	Catapres-TTS-1
clonidine	Catapres-TTS-2
clonidine	Catapres-TTS-3
clonidine	clonidine
clonidine HCl	Catapres
clonidine HCl	clonidine HCl
doxazosin mesylate	Cardura
doxazosin mesylate	Cardura XL
doxazosin mesylate	doxazosin
enalapril maleate	Epaned
enalapril maleate	Vasotec
enalapril maleate	enalapril maleate
enalapril maleate/hydrochlorothiazide	Vaseretic
enalapril maleate/hydrochlorothiazide	enalapril-hydrochlorothiazide
enalaprilat dihydrate	enalaprilat
eplerenone	Inspra
eplerenone	eplerenone
epoprostenol sodium	Veletri
epoprostenol sodium	epoprostenol
epoprostenol sodium (glycine)	Flolan
epoprostenol sodium (glycine)	epoprostenol (glycine)
eprosartan mesylate	eprosartan
fosinopril sodium	fosinopril
fosinopril sodium/hydrochlorothiazide	fosinopril-hydrochlorothiazide
hydralazine HCl	hydralazine
irbesartan	Avapro
irbesartan	irbesartan
irbesartan/hydrochlorothiazide	Avalide
irbesartan/hydrochlorothiazide	irbesartan-hydrochlorothiazide
isosorbide dinitrate/hydralazine HCl	BiDil
lisinopril	Prinivil
lisinopril	Qbrelis
lisinopril	Zestril
lisinopril	lisinopril
lisinopril/hydrochlorothiazide	Zestoretic
lisinopril/hydrochlorothiazide	lisinopril-hydrochlorothiazide

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
losartan potassium	Cozaar
losartan potassium	losartan
losartan potassium/hydrochlorothiazide	Hyzaar
losartan potassium/hydrochlorothiazide	losartan-hydrochlorothiazide
methyldopa	methyldopa
methyldopa/hydrochlorothiazide	methyldopa-hydrochlorothiazide
methyldopate HCl	methyldopate
metoprolol succinate/hydrochlorothiazide	Dutoprol
metoprolol succinate/hydrochlorothiazide	metoprolol su-hydrochlorothiaz
metoprolol tartrate/hydrochlorothiazide	Lopressor HCT
metoprolol tartrate/hydrochlorothiazide	metoprolol ta-hydrochlorothiaz
minoxidil	minoxidil
moexipril HCl	moexipril
nadolol/bendroflumethiazide	nadolol-bendroflumethiazide
nebivolol HCl/valsartan	Byvalson
nitroprusside sodium	Nitropress
nitroprusside sodium	sodium nitroprusside
nitroprusside sodium in 0.9 % sodium chloride	Nipride RTU
olmesartan medoxomil	Benicar
olmesartan medoxomil	olmesartan
olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide	Tribenzor
olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide	olmesartan-amlodipin-hcthiazid
olmesartan medoxomil/hydrochlorothiazide	Benicar HCT
olmesartan medoxomil/hydrochlorothiazide	olmesartan-hydrochlorothiazide
papaverine HCl	papaverine
perindopril arginine/amlodipine besylate	Prestalia
perindopril erbumine	perindopril erbumine
phenoxybenzamine HCl	Dibenzyline
phenoxybenzamine HCl	phenoxybenzamine
phentolamine mesylate	phentolamine
prazosin HCl	Minipress
prazosin HCl	prazosin
propranolol HCl/hydrochlorothiazide	propranolol-hydrochlorothiazid
quinapril HCl	Accupril
quinapril HCl	quinapril
quinapril HCl/hydrochlorothiazide	Accuretic
quinapril HCl/hydrochlorothiazide	quinapril-hydrochlorothiazide
ramipril	Altace
ramipril	ramipril
riociguat	Adempas
sacubitril/valsartan	Entresto
selexipag	Uptravi
spironolactone	Aldactone
spironolactone	CaroSpir
spironolactone	spironolactone
telmisartan	Micardis

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
telmisartan	telmisartan
telmisartan/amlodipine besylate	Twynsta
telmisartan/amlodipine besylate	telmisartan-amlodipine
telmisartan/hydrochlorothiazide	Micardis HCT
telmisartan/hydrochlorothiazide	telmisartan-hydrochlorothiazid
terazosin HCl	terazosin
trandolapril	trandolapril
trandolapril/verapamil HCl	Tarka
trandolapril/verapamil HCl	trandolapril-verapamil
treprostinil diolamine	Orenitram
treprostinil sodium	Remodulin
treprostinil sodium	treprostinil sodium
valsartan	Diovan
valsartan	valsartan
valsartan/hydrochlorothiazide	Diovan HCT
valsartan/hydrochlorothiazide	valsartan-hydrochlorothiazide
Aspirin	
aspirin	Adult Aspirin Regimen
aspirin	Adult Low Dose Aspirin
aspirin	Aspir-81
aspirin	Aspir-Low
aspirin	Aspir-Trin
aspirin	Aspirin Childrens
aspirin	Aspirin Low Dose
aspirin	Bayer Advanced
aspirin	Bayer Aspirin
aspirin	Bayer Chewable Aspirin
aspirin	Children's Aspirin
aspirin	Durlaza
aspirin	E.C. Prin
aspirin	Ecotrin
aspirin	Ecotrin Low Strength
aspirin	Enteric Coated Aspirin
aspirin	Extra Strength Bayer
aspirin	Lo-Dose Aspirin
aspirin	St Joseph Aspirin
aspirin	St. Joseph Aspirin
aspirin	aspirin
aspirin/acetaminophen/caffeine	Added Strength Headache Relief
aspirin/acetaminophen/caffeine	Excedrin Extra Strength
aspirin/acetaminophen/caffeine	Excedrin Migraine
aspirin/acetaminophen/caffeine	Extra Pain Relief
aspirin/acetaminophen/caffeine	Extraprin
aspirin/acetaminophen/caffeine	Goody's Extra Strength
aspirin/acetaminophen/caffeine	Headache Relief (ASA-acet-caf)
aspirin/acetaminophen/caffeine	Migraine Formula

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
aspirin/acetaminophen/caffeine	Migraine Relief
aspirin/acetaminophen/caffeine	Pain Reliever (acetam-aspirin)
aspirin/acetaminophen/caffeine	Pain Reliever Plus
aspirin/acetaminophen/caffeine	Pain-Off
aspirin/acetaminophen/caffeine	Vanquish
aspirin/acetaminophen/diphenhydramine citrate	Pain Relief PM (w-aspirin)
aspirin/caffeine	Anacin
aspirin/caffeine	BC Arthritis
aspirin/caffeine	BC Pain Relief
aspirin/caffeine	Back and Body Pain Reliever
aspirin/caffeine	Bayer Aspirin (with caffeine)
aspirin/caffeine	Bayer Back and Body
aspirin/calcium carbonate	Women's Aspirin with Calcium
aspirin/calcium carbonate/magnesium	Buffered Aspirin
aspirin/calcium carbonate/magnesium	Bufferin
aspirin/calcium carbonate/magnesium	Tri-Buffered Aspirin
aspirin/calcium carbonate/magnesium	aspirin,buffd-calcium carb-mag
aspirin/calcium carbonate/magnesium/aluminum hydroxide	Bayer Plus Extra Strength
aspirin/diphenhydramine citrate	Bayer PM
aspirin/dipyridamole	Aggrenox
aspirin/dipyridamole	aspirin-dipyridamole
aspirin/omeprazole	Yosprala
aspirin/omeprazole	aspirin-omeprazole
aspirin/salicylamide/acetaminophen/caffeine	Pain Relief(with salicylamide)
aspirin/sodium bicarbonate/citric acid	Alka-Seltzer Extra Strength
aspirin/sodium bicarbonate/citric acid	Alka-Seltzer Original
aspirin/sodium bicarbonate/citric acid	Antacid and Pain Relief
aspirin/sodium bicarbonate/citric acid	Efferves Pain Relief Antacid
aspirin/sodium bicarbonate/citric acid	Effervescent Pain Relief
aspirin/sodium bicarbonate/citric acid	Medi-Seltzer
butalbital/aspirin/caffeine	Fiorinal
butalbital/aspirin/caffeine	butalbital-aspirin-caffeine
carisoprodol/aspirin	carisoprodol-aspirin
carisoprodol/aspirin/codeine phosphate	carisoprodol-aspirin-codeine
chlorpheniramine mal/phenylephrine/d-methorphan Hb/aspirin	Alka-Seltzer Plus C/C(PE,DM)
chlorpheniramine maleate/phenylephrine bitartrate/aspirin	Alka-Seltzer Plus Cold (PE)
chlorpheniramine maleate/phenylephrine bitartrate/aspirin	Cold Relief
chlorpheniramine maleate/phenylephrine bitartrate/aspirin	Cold Relief Plus
codeine phosphate/butalbital/aspirin/caffeine	Ascomp with Codeine
codeine phosphate/butalbital/aspirin/caffeine	Butalbital Compound W/Codeine
codeine phosphate/butalbital/aspirin/caffeine	Fiorinal-Codeine #3
codeine phosphate/butalbital/aspirin/caffeine	codeine-butalbital-ASA-caff
orphenadrine citrate/aspirin/caffeine	Norgesic Forte
orphenadrine citrate/aspirin/caffeine	Orphengesic Forte
orphenadrine citrate/aspirin/caffeine	orphenadrine-ASA-caffeine
oxycodone HCl/aspirin	oxycodone-aspirin

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
Glucocorticoids	
betamethasone acetate and sodium phos in sterile water/PF	betameth ac,sod phos(PF)-water
betamethasone acetate/betamethasone sodium phosphate	BSP-0820
betamethasone acetate/betamethasone sodium phosphate	Beta-1
betamethasone acetate/betamethasone sodium phosphate	Celestone Soluspan
betamethasone acetate/betamethasone sodium phosphate	Pod-Care 100C
betamethasone acetate/betamethasone sodium phosphate	ReadySharp Betamethasone
betamethasone acetate/betamethasone sodium phosphate	betamethasone acet,sod phos
betamethasone acetate/betamethasone sodium	betamethasone ace,sod phos-wtr
betamethasone sodium phosph in sterile water for injection	betamethasone sod phosph-water
budesonide	Entocort EC
budesonide	Ortikos
budesonide	Uceris
budesonide	budesonide
bupivacaine HCl/dexamethasone sodium phos in sterile water	bupivacaine-dexameth in water
cortisone acetate	cortisone
deflazacort	Emflaza
dexamethasone	Decadron
dexamethasone	DexPak 10 day
dexamethasone	DexPak 13 Day
dexamethasone	DexPak 6 Day
dexamethasone	Dexabliss
dexamethasone	Dexamethasone Intensol
dexamethasone	Dxevo
dexamethasone	Hemady
dexamethasone	HiDex
dexamethasone	TaperDex
dexamethasone	ZCort
dexamethasone	dexamethasone
dexamethasone acetate and sodium phosphate in sterile water	dexamethasone ac, sod ph-water
dexamethasone acetate in sodium chloride, iso-osmotic	dexamethasone ace-NaCl,iso-osm
dexamethasone sodium phosphate	ReadySharp dexamethasone
dexamethasone sodium phosphate	dexamethasone sodium phosphate
dexamethasone sodium phosphate/PF	Active Injection Kit D (PF)
dexamethasone sodium phosphate/PF	DoubleDex (PF)
dexamethasone sodium phosphate/PF	MAS Care-Pak (PF)
dexamethasone sodium phosphate/PF	dexamethasone sodium phos (PF)
dexamethasone sodium phosphate/lidocaine HCl	Lidocidex-I
hydrocortisone	Alkindi Sprinkle
hydrocortisone	Cortef
hydrocortisone	hydrocortisone
hydrocortisone sod succinate	A-Hydrocort
hydrocortisone sod succinate	Solu-Cortef
hydrocortisone sodium succinate/PF	Solu-Cortef Act-O-Vial (PF)
methylprednisolone	Medrol
methylprednisolone	Medrol (Pak)

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
methylprednisolone	Methylpred DP
methylprednisolone	methylprednisolone
methylprednisolone acetate	Depo-Medrol
methylprednisolone acetate	P-Care D40
methylprednisolone acetate	P-Care D80
methylprednisolone acetate	methylprednisolone acetate
methylprednisolone acetate in sodium chloride,iso-osmotic/PF	methylpred ac(PF)-NaCl,iso-osm
methylprednisolone acetate in sterile water for injection	methylprednisolone acet-water
methylprednisolone acetate/bupivacaine HCl in sterile water	methylprednisol ac-bupivac-wat
methylprednisolone sodium succinate	methylprednisolone sodium succ
methylprednisolone sodium succinate/PF	Solu-Medrol (PF)
prednisolone	Millipred
prednisolone	Millipred DP
prednisolone	prednisolone
prednisolone sodium phosphate	Orapred ODT
prednisolone sodium phosphate	Pediapred
prednisolone sodium phosphate	Veripred 20
prednisolone sodium phosphate	prednisolone sodium phosphate
prednisone	Prednisone Intensol
prednisone	Rayos
prednisone	prednisone
triamcinolone acetonide	Kenalog
triamcinolone acetonide	Kenalog-40
triamcinolone acetonide	Kenalog-80
triamcinolone acetonide	P-Care K40
triamcinolone acetonide	P-Care K80
triamcinolone acetonide	Pod-Care 100K
triamcinolone acetonide	Pro-C-Dure 5
triamcinolone acetonide	Pro-C-Dure 6
triamcinolone acetonide	triamcinolone acetonide
triamcinolone acetonide in 0.9 % sodium chloride	triamcinolone aceton-0.9% NaCl
triamcinolone acetonide/0.9% sodium chloride/PF	triamcinol ac (PF) in 0.9%NaCl
triamcinolone acetonide/bupivacaine/in 0.9% sodium chloride	triamcinol ace-bupiv-0.9% NaCl
triamcinolone acetonide/lidocaine HCl	Lidocilone I
triamcinolone diacetate in 0.9 % sodium chloride	triamcinolone diacet-0.9% NaCl
triamcinolone diacetate in 0.9 % sodium chloride/PF	triamcinolone dia(PF)-0.9%NaCl
triamcinolone hexacetonide	Aristospan Intra-Articular
triamcinolone hexacetonide	Aristospan Intralesional
Insulin	
diluent,insulin aspart combination no.1	Diluting Medium for Novolog
infusion set for insulin pump	AutoSoft 30
infusion set for insulin pump	AutoSoft XC Infusion Set 23"
infusion set for insulin pump	AutoSoft XC Infusion Set 32"
infusion set for insulin pump	AutoSoft XC Infusion Set 43"
infusion set for insulin pump	Autosoft 90
infusion set for insulin pump	Cleo 90 Infusion Set 24"

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
infusion set for insulin pump	Cleo 90 Infusion Set 31"
infusion set for insulin pump	Comfort Infusion Set 23"
infusion set for insulin pump	Comfort Infusion Set 31"
infusion set for insulin pump	Comfort Infusion Set 32"
infusion set for insulin pump	Comfort Infusion Set 43"
infusion set for insulin pump	Comfort Short Infusion Set 23"
infusion set for insulin pump	Comfort Short Infusion Set 31"
infusion set for insulin pump	Comfort Short Infusion Set 43"
infusion set for insulin pump	Comfort Short Insulin Pump 23"
infusion set for insulin pump	Comfort Short Insulin Pump 32"
infusion set for insulin pump	Comfort Short Insulin Pump 43"
infusion set for insulin pump	Contact Detach Infus Set 23"
infusion set for insulin pump	Contact Detach Infus Set 32"
infusion set for insulin pump	Contact Detach Infus Set 43"
infusion set for insulin pump	Infusion Set
infusion set for insulin pump	Infusion Set 23"
infusion set for insulin pump	Infusion Set 23" 6MM
infusion set for insulin pump	Infusion Set 23" Comfort
infusion set for insulin pump	Infusion Set 43"
infusion set for insulin pump	Infusion Set 43" 6MM
infusion set for insulin pump	Infusion Set 43" 9MM
infusion set for insulin pump	Inset 30 Infusion Set 23"
infusion set for insulin pump	Inset Infusion Set 23"
infusion set for insulin pump	MiniMed Mio 32"
infusion set for insulin pump	MiniMed Quick Set 18"
infusion set for insulin pump	MiniMed Quick Set 23"
infusion set for insulin pump	MiniMed Quick Set 32"
infusion set for insulin pump	MiniMed Quick Set 43"
infusion set for insulin pump	MiniMed Silhouette 18"
infusion set for insulin pump	MiniMed Silhouette 23"
infusion set for insulin pump	MiniMed Silhouette 32"
infusion set for insulin pump	MiniMed Silhouette 43"
infusion set for insulin pump	MiniMed Sure T 18"
infusion set for insulin pump	MiniMed Sure T 23"
infusion set for insulin pump	MiniMed Sure T 32"
infusion set for insulin pump	Minimed Infusion Set
infusion set for insulin pump	Minimed Infusion Set-MMT 390
infusion set for insulin pump	Minimed Infusion Set-MMT 391
infusion set for insulin pump	Minimed Infusion Set-MMT 392
infusion set for insulin pump	Minimed Infusion Set-MMT 393
infusion set for insulin pump	Minimed Mio 18"
infusion set for insulin pump	Minimed Mio 23"
infusion set for insulin pump	Minimed Mio Advance Inf Set23"
infusion set for insulin pump	Minimed Mio Advance Inf Set43"
infusion set for insulin pump	Mio Infusion Set
infusion set for insulin pump	Quick-Set Paradigm

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
infusion set for insulin pump	Quick-Set Paradigm 43"
infusion set for insulin pump	Silhouette
infusion set for insulin pump	Silhouette 23"-Full Set
infusion set for insulin pump	Silhouette 43"-Full Set
infusion set for insulin pump	Sof-Set
infusion set for insulin pump	Sof-Set Cannula 24" Tubing
infusion set for insulin pump	Sof-Set Micro 24" Polyfin Tub
infusion set for insulin pump	Sof-Set Micro 42" Polyfin Tub
infusion set for insulin pump	Sof-Set QR 42" Tubing
infusion set for insulin pump	Sure-T Paradigm
infusion set for insulin pump	TruSteel Infusion Set 23"
infusion set for insulin pump	TruSteel Infusion Set 32"
infusion set for insulin pump	VariSoft Infusion Set 23"
infusion set for insulin pump	VariSoft Infusion Set 32"
infusion set for insulin pump	VariSoft Infusion Set 43"
infusion set for insulin pump	t:30 Infusion Set
infusion set for insulin pump	t:90 Infusion Set 23"
infusion set for insulin pump	t:90 Infusion Set 43"
insulin NPH human isophane	Humulin N NPH Insulin KwikPen
insulin NPH human isophane	Humulin N NPH U-100 Insulin
insulin NPH human isophane	Novolin N Flexpen
insulin NPH human isophane	Novolin N NPH U-100 Insulin
insulin NPH human isophane/insulin regular, human	Humulin 70/30 U-100 Insulin
insulin NPH human isophane/insulin regular, human	Humulin 70/30 U-100 KwikPen
insulin NPH human isophane/insulin regular, human	Novolin 70-30 FlexPen U-100
insulin NPH human isophane/insulin regular, human	Novolin 70/30 U-100 Insulin
insulin aspart	Novolog Flexpen U-100 Insulin
insulin aspart	Novolog PenFill U-100 Insulin
insulin aspart	Novolog U-100 Insulin aspart
insulin aspart	insulin aspart U-100
insulin aspart (niacinamide)	Fiasp FlexTouch U-100 Insulin
insulin aspart (niacinamide)	Fiasp Penfill U-100 Insulin
insulin aspart (niacinamide)	Fiasp U-100 Insulin
insulin aspart protamine human/insulin aspart	Novolog Mix 70-30 U-100 Insulin
insulin aspart protamine human/insulin aspart	Novolog Mix 70-30FlexPen U-100
insulin aspart protamine human/insulin aspart	insulin asp prt-insulin aspart
insulin degludec	Tresiba FlexTouch U-100
insulin degludec	Tresiba FlexTouch U-200
insulin degludec	Tresiba U-100 Insulin
insulin degludec/liraglutide	Xultophy 100/3.6
insulin detemir	Levemir FlexTouch U-100 Insulin
insulin detemir	Levemir U-100 Insulin
insulin glargine,human recombinant analog	Basaglar KwikPen U-100 Insulin
insulin glargine,human recombinant analog	Lantus Solostar U-100 Insulin
insulin glargine,human recombinant analog	Lantus U-100 Insulin
insulin glargine,human recombinant analog	Semglee Pen U-100 Insulin

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
insulin glargine,human recombinant analog	Semglee U-100 Insulin
insulin glargine,human recombinant analog	Toujeo Max U-300 SoloStar
insulin glargine,human recombinant analog	Toujeo SoloStar U-300 Insulin
insulin glargine,human recombinant analog/lixisenatide	Soliqua 100/33
insulin glulisine	Apidra SoloStar U-100 Insulin
insulin glulisine	Apidra U-100 Insulin
insulin lispro	Admelog SoloStar U-100 Insulin
insulin lispro	Admelog U-100 Insulin lispro
insulin lispro	Humalog Junior KwikPen U-100
insulin lispro	Humalog KwikPen Insulin
insulin lispro	Humalog U-100 Insulin
insulin lispro	insulin lispro
insulin lispro protamine and insulin lispro	Humalog Mix 50-50 Insulin U-100
insulin lispro protamine and insulin lispro	Humalog Mix 50-50 KwikPen
insulin lispro protamine and insulin lispro	Humalog Mix 75-25 KwikPen
insulin lispro protamine and insulin lispro	Humalog Mix 75-25(U-100)Insulin
insulin lispro protamine and insulin lispro	insulin lispro protamin-lispro
insulin lispro-aabc	Lyumjev KwikPen U-100 Insulin
insulin lispro-aabc	Lyumjev KwikPen U-200 Insulin
insulin lispro-aabc	Lyumjev U-100 Insulin
insulin pump cartridge	Cartridge Stamped IR 1200
insulin pump cartridge	Omnipod Dash 5 Pack Pod
insulin pump cartridge	Omnipod Insulin Refill
insulin pump cartridge	t:flex
insulin pump cartridge	t:slim
insulin pump cartridge	t:slim G4
insulin pump cartridge	t:slim X2
insulin pump controller	Omnipod Dash PDM Kit
insulin pump syringe, 1.8 mL	MiniMed Syringe Reservoir
insulin pump syringe, 1.8 mL	Paradigm Reservoir
insulin pump syringe, 3 mL	MiniMed Syringe Reservoir
insulin pump syringe, 3 mL	Paradigm Reservoir
insulin pump/infusion set/blood-glucose meter	Accu-Chek Combo System
insulin regular, human	Afrezza
insulin regular, human	Humulin R Regular U-100 Insulin
insulin regular, human	Humulin R U-500 (Conc) Insulin
insulin regular, human	Humulin R U-500 (Conc) Kwikpen
insulin regular, human	Novolin R Flexpen
insulin regular, human	Novolin R Regular U-100 Insulin
insulin regular, human in 0.9 % sodium chloride	Myxredlin
sub-q insulin delivery device, 20 unit,disposable	V-GO 20
sub-q insulin delivery device, 30 unit, disposable	V-GO 30
sub-q insulin delivery device, 40 unit, disposable	V-GO 40
sub-q insulin pump, continuous glucose monitoring system	Animas Vibe
subcutaneous bolus insulin patch pump, 200 unit, disposable	CeQur Simplicity
subcutaneous insulin pump	MiniMed 530G Insulin Pump

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
subcutaneous insulin pump	MiniMed 630G Insulin Pump
subcutaneous insulin pump	MiniMed 670G Insulin Pump
subcutaneous insulin pump	MiniMed 770G Insulin Pump
subcutaneous insulin pump	Omnipod Insulin Management
subcutaneous insulin pump	OneTouch Ping Insulin Pump
subcutaneous insulin pump	Revel Pediatric Program Pump
subcutaneous insulin pump	Revel Programmable Pump
subcutaneous insulin pump	T: Slim X2 Control-IQ
subcutaneous insulin pump	t:flex Insulin Delivery Pump
subcutaneous insulin pump	t:slim G4 Insulin Pump
subcutaneous insulin pump	t:slim Insulin Delivery System
subcutaneous insulin pump	t:slim X2 Basal-IQ Insulin Pmp
subcutaneous insulin pump	t:slim X2 Insulin Pump
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	
amlodipine besylate/celecoxib	Consensi
bupivacaine/ketorolac/ketamine	bupivacaine-ketorolac-ketamine
celecoxib	Celebrex
celecoxib	celecoxib
chlorpheniramine maleate/phenylephrine HCl/ibuprofen	Advil Allergy-Congestion Rlf
chlorpheniramine maleate/pseudoephedrine HCl/ibuprofen	Advil Allergy Sinus
diclofenac epolamine	Flector
diclofenac epolamine	Licart
diclofenac epolamine	diclofenac epolamine
diclofenac potassium	Cambia
diclofenac potassium	Cataflam
diclofenac potassium	Zipsor
diclofenac potassium	diclofenac potassium
diclofenac sodium	Voltaren-XR
diclofenac sodium	diclofenac sodium
diclofenac sodium/misoprostol	Arthrotec 50
diclofenac sodium/misoprostol	Arthrotec 75
diclofenac sodium/misoprostol	diclofenac-misoprostol
diclofenac submicronized	Zorvolex
diclofenac submicronized	diclofenac submicronized
etodolac	Lodine
etodolac	etodolac
fenoprofen calcium	Fenortho
fenoprofen calcium	Nalfon
fenoprofen calcium	fenoprofen
flurbiprofen	flurbiprofen
hydrocodone/ibuprofen	hydrocodone-ibuprofen
ibuprofen	Addaprin
ibuprofen	Advil
ibuprofen	Advil Junior Strength
ibuprofen	Advil Liqui-Gel
ibuprofen	Advil Migraine

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
ibuprofen	Caldolor
ibuprofen	Children's Advil
ibuprofen	Children's Ibuprofen
ibuprofen	Children's Motrin
ibuprofen	Children's Motrin Jr Strength
ibuprofen	Children's Profen IB
ibuprofen	I-Prin
ibuprofen	IBU
ibuprofen	IBU-200
ibuprofen	Ibuprofen IB
ibuprofen	Ibuprofen Jr Strength
ibuprofen	Infant's Advil
ibuprofen	Infant's Ibuprofen
ibuprofen	Infant's Motrin
ibuprofen	Infants ProfenIB
ibuprofen	Motrin IB
ibuprofen	Provil
ibuprofen	Wal-Profen
ibuprofen	ibuprofen
ibuprofen lysine/PF	NeoProfen (ibuprofen lysn)(PF)
ibuprofen lysine/PF	ibuprofen lysine (PF)
ibuprofen/acetaminophen	Advil Dual Action
ibuprofen/diphenhydramine HCl	Advil PM Liqui-Gels
ibuprofen/diphenhydramine HCl	Ibuprofen PM
ibuprofen/diphenhydramine citrate	Advil PM
ibuprofen/diphenhydramine citrate	Ibuprofen PM
ibuprofen/diphenhydramine citrate	Motrin PM
ibuprofen/famotidine	Duexis
ibuprofen/glycerin	Ibupak
ibuprofen/oxycodone HCl	ibuprofen-oxycodone
ibuprofen/phenylephrine HCl	Advil Sinus Congestion-Pain
ibuprofen/phenylephrine HCl	Congestion Relief (ibuprof-PE)
ibuprofen/phenylephrine HCl	Sudafed PE Head Congestn-Pain
ibuprofen/pseudoephedrine HCl	Advil Cold and Sinus
ibuprofen/pseudoephedrine HCl	Cold and Sinus Pain Relief
ibuprofen/pseudoephedrine HCl	Cold-Sinus Relief
ibuprofen/pseudoephedrine HCl	Ibuprofen Cold-Sinus(with PSE)
ibuprofen/pseudoephedrine HCl	Wal-Profen Cold-Sinus
ibuprofen/pseudoephedrine HCl	Wal-Profen D Cold and Sinus
indomethacin	Indocin
indomethacin	indomethacin
indomethacin sodium	indomethacin sodium
indomethacin, submicronized	Tivorbex
indomethacin, submicronized	indomethacin submicronized
ketoprofen	ketoprofen
ketorolac tromethamine	ReadySharp ketorolac

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
ketorolac tromethamine	ketorolac
meclofenamate sodium	meclofenamate
mefenamic acid	mefenamic acid
meloxicam	Anjeso
meloxicam	Mobic
meloxicam	Qmiiz ODT
meloxicam	meloxicam
meloxicam, submicronized	Vivlodex
meloxicam, submicronized	meloxicam submicronized
nabumetone	Relafen
nabumetone	Relafen DS
nabumetone	nabumetone
naproxen	EC-Naprosyn
naproxen	EC-Naproxen
naproxen	Naprosyn
naproxen	naproxen
naproxen sodium	Aleve
naproxen sodium	All Day Pain Relief
naproxen sodium	All Day Relief
naproxen sodium	Anaprox DS
naproxen sodium	Flanax (naproxen)
naproxen sodium	Mediproxen
naproxen sodium	Naprelan CR
naproxen sodium	Wal-Proxen
naproxen sodium	naproxen sodium
naproxen sodium/diphenhydramine HCl	Aleve PM
naproxen sodium/diphenhydramine HCl	Naproxen PM
naproxen sodium/pseudoephedrine HCl	Aleve Cold and Sinus
naproxen sodium/pseudoephedrine HCl	Aleve Sinus and Headache
naproxen sodium/pseudoephedrine HCl	Aleve-D Sinus and Cold
naproxen sodium/pseudoephedrine HCl	Aleve-D Sinus and Headache
naproxen sodium/pseudoephedrine HCl	All Day Pain Relief Sinus,Cold
naproxen sodium/pseudoephedrine HCl	Sinus and Cold-D
naproxen sodium/pseudoephedrine HCl	Sudafed Sinus 12Hr Pressr-Pain
naproxen/esomeprazole magnesium	Vimovo
naproxen/esomeprazole magnesium	naproxen-esomeprazole
oxaprozin	Daypro
oxaprozin	oxaprozin
piroxicam	Feldene
piroxicam	piroxicam
ropivacaine HCl/clonidine HCl/ketorolac tromethamine	ropivacaine-clonidin-ketorolac
ropivacaine HCl/epinephrine/clonidine HCl/ketorolac trometh	ropivacaine-epi-clonid-ketorol
ropivacaine/ketorolac/ketamine	ropivacaine-ketorolac-ketamine
sulindac	sulindac
sumatriptan succinate/naproxen sodium	Treximet
sumatriptan succinate/naproxen sodium	sumatriptan-naproxen

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
tolmetin sodium	tolmetin
Oral Antidiabetics	
alogliptin benzoate	Nesina
alogliptin benzoate	alogliptin
alogliptin benzoate/metformin HCl	Kazano
alogliptin benzoate/metformin HCl	alogliptin-metformin
alogliptin benzoate/pioglitazone HCl	Oseni
alogliptin benzoate/pioglitazone HCl	alogliptin-pioglitazone
canagliflozin	Invokana
canagliflozin/metformin HCl	Invokamet
canagliflozin/metformin HCl	Invokamet XR
chlorpropamide	chlorpropamide
dapagliflozin propanediol	Farxiga
dapagliflozin propanediol/metformin HCl	Xigduo XR
dapagliflozin propanediol/saxagliptin HCl	Qtern
empagliflozin	Jardiance
empagliflozin/linagliptin	Glyxambi
empagliflozin/linagliptin/metformin HCl	Trijardy XR
empagliflozin/metformin HCl	Synjardy
empagliflozin/metformin HCl	Synjardy XR
ertugliflozin pidolate	Steglatro
ertugliflozin pidolate/metformin HCl	Segluromet
ertugliflozin pidolate/sitagliptin phosphate	Steglujan
glimepiride	Amaryl
glimepiride	glimepiride
glipizide	Glucotrol
glipizide	Glucotrol XL
glipizide	glipizide
glipizide/metformin HCl	glipizide-metformin
glyburide	glyburide
glyburide,micronized	Glynase
glyburide,micronized	glyburide micronized
glyburide/metformin HCl	glyburide-metformin
linagliptin	Tradjenta
linagliptin/metformin HCl	Jentadueto
linagliptin/metformin HCl	Jentadueto XR
metformin HCl	Fortamet
metformin HCl	Glucophage
metformin HCl	Glucophage XR
metformin HCl	Glumetza
metformin HCl	Riomet
metformin HCl	Riomet ER
metformin HCl	metformin
miglitol	Glyset
miglitol	miglitol
nateglinide	Starlix

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
nateglinide	nateglinide
pioglitazone HCl	Actos
pioglitazone HCl	pioglitazone
pioglitazone HCl/glimepiride	DUETACT
pioglitazone HCl/glimepiride	pioglitazone-glimepiride
pioglitazone HCl/metformin HCl	Actoplus MET
pioglitazone HCl/metformin HCl	Actoplus Met XR
pioglitazone HCl/metformin HCl	pioglitazone-metformin
repaglinide	Prandin
repaglinide	repaglinide
repaglinide/metformin HCl	repaglinide-metformin
rosiglitazone maleate	Avandia
saxagliptin HCl	Onglyza
saxagliptin HCl/metformin HCl	Kombiglyze XR
semaglutide	Rybelsus
sitagliptin phosphate	Januvia
sitagliptin phosphate/metformin HCl	Janumet
sitagliptin phosphate/metformin HCl	Janumet XR
tolazamide	tolazamide
tolbutamide	tolbutamide
Statins	
amlodipine besylate/atorvastatin calcium	Caduet
amlodipine besylate/atorvastatin calcium	amlodipine-atorvastatin
atorvastatin calcium	Lipitor
atorvastatin calcium	atorvastatin
ezetimibe/rosuvastatin calcium	Roszet
ezetimibe/simvastatin	Vytorin 10-10
ezetimibe/simvastatin	Vytorin 10-20
ezetimibe/simvastatin	Vytorin 10-40
ezetimibe/simvastatin	Vytorin 10-80
ezetimibe/simvastatin	ezetimibe-simvastatin
fluvastatin sodium	Lescol
fluvastatin sodium	Lescol XL
fluvastatin sodium	fluvastatin
lovastatin	Altoprev
lovastatin	lovastatin
pitavastatin calcium	Livalo
pitavastatin magnesium	Zypitamag
pravastatin sodium	Pravachol
pravastatin sodium	pravastatin
rosuvastatin calcium	Crestor
rosuvastatin calcium	Ezallor Sprinkle
rosuvastatin calcium	rosuvastatin
simvastatin	FloLipid
simvastatin	Zocor
simvastatin	simvastatin

Appendix G. List of Generic and Brand Names of Medical Products Used to Define Medical Products of Interest in this Request

Generic Name	Brand Name
Tumor Necrosis Factor (TNF) Inhibitors	
adalimumab	Humira
adalimumab	Humira Pediatric Crohns Start
adalimumab	Humira Pen
adalimumab	Humira Pen Crohns-UC-HS Start
adalimumab	Humira Pen Psor-Uveits-Adol HS
adalimumab	Humira(CF)
adalimumab	Humira(CF) Pedi Crohns Starter
adalimumab	Humira(CF) Pen
adalimumab	Humira(CF) Pen Crohns-UC-HS
adalimumab	Humira(CF) Pen Pediatric UC
adalimumab	Humira(CF) Pen Psor-Uv-Adol HS
certolizumab pegol	Cimzia
certolizumab pegol	Cimzia Powder for Reconst
certolizumab pegol	Cimzia Starter Kit
etanercept	Enbrel
etanercept	Enbrel Mini
etanercept	Enbrel SureClick
golimumab	Simponi
golimumab	Simponi ARIA
infliximab	Remicade
infliximab-abda	Renflexis
infliximab-axxq	Avsola
infliximab-dyyb	Inflectra

Appendix H. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Medical Products of Interest in this Request

Code	Description	Code Category	Code Type
Acetaminophen			
80143	Acetaminophen	Procedure	CPT-4
82003	Acetaminophen	Procedure	CPT-4
C9283	Injection, acetaminophen, 10 mg	Procedure	HCPCS
J0131	Injection, acetaminophen, 10 mg	Procedure	HCPCS
Angiotensin-Converting Enzyme Inhibitors (ACEIs) and Angiotensin II Receptor Blockers (ARBs)			
4009F	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed (CKD), (DM)	Procedure	CPT-2
4010F	Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken (CAD, CKD, HF) (DM)	Procedure	CPT-2
4188F	Appropriate angiotensin converting enzyme (ACE)/angiotensin receptor blockers (ARB) therapeutic monitoring test ordered or performed (AM)	Procedure	CPT-2
4210F	Angiotensin converting enzyme (ACE) or angiotensin receptor blockers (ARB) medication therapy for 6 months or more (MM)	Procedure	CPT-2
G2092	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-nepriylsin inhibitor (ARNI) therapy prescribed or currently being	Procedure	HCPCS
G8027	Heart failure patient with left ventricular systolic dysfunction (LVSD) documented to be on either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-1 or ARB) therapy	Procedure	HCPCS
G8028	Heart failure patient with left ventricular systolic dysfunction (LVSD) not documented to be on either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-1 or ARB) therapy	Procedure	HCPCS
G8468	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed for patients with a left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function	Procedure	HCPCS
G8473	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed	Procedure	HCPCS
G8479	Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	Procedure	HCPCS
G8506	Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	Procedure	HCPCS
G8935	Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	Procedure	HCPCS
Anticoagulants (Oral and Injectable)			
4075F	Anticoagulant therapy prescribed at discharge (STR)	Procedure	CPT-2
93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed	Procedure	CPT-4
99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)	Procedure	CPT-4

Appendix H. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Medical Products of Interest in this Request

Code	Description	Code Category	Code Type
99364	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)	Procedure	CPT-4
99557	Home infusion of continuous anticoagulant therapy (eg, heparin), per visit	Procedure	CPT-4
G8967	Warfarin or another FDA-approved oral anticoagulant is prescribed	Procedure	HCPCS
G9724	Patients who had documentation of use of anticoagulant medications overlapping the measurement year	Procedure	HCPCS
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Procedure	HCPCS
S9372	Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with Heparin to maintain patency)	Procedure	HCPCS
Antidepressants			
4064F	Antidepressant pharmacotherapy prescribed (MDD, MDD ADOL)	Procedure	CPT-2
80332	Antidepressants, serotonergic class; 1 or 2	Procedure	CPT-4
80333	Antidepressants, serotonergic class; 3-5	Procedure	CPT-4
80334	Antidepressants, serotonergic class; 6 or more	Procedure	CPT-4
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	Procedure	CPT-4
80336	Antidepressants, tricyclic and other cyclicals; 3-5	Procedure	CPT-4
80337	Antidepressants, tricyclic and other cyclicals; 6 or more	Procedure	CPT-4
80338	Antidepressants, not otherwise specified	Procedure	CPT-4
Antihypertensives			
4145F	Two or more anti-hypertensive agents prescribed or currently being taken (CAD, HTN)	Procedure	CPT-2
Glucocorticoids			
4193F	Patient receiving <10 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months (RA)	Procedure	CPT-2
G2112	Patient receiving <=5 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months	Procedure	HCPCS
Insulin			
3E013VG	Introduction of Insulin into Subcutaneous Tissue, Percutaneous Approach	Procedure	ICD-10-PCS
3E030VG	Introduction of Insulin into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E033VG	Introduction of Insulin into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E040VG	Introduction of Insulin into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E043VG	Introduction of Insulin into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E050VG	Introduction of Insulin into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
3E053VG	Introduction of Insulin into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E060VG	Introduction of Insulin into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E063VG	Introduction of Insulin into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
A4224	Supplies for maintenance of insulin infusion catheter, per week	Procedure	HCPCS
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	Procedure	HCPCS
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	Procedure	HCPCS

Appendix H. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Medical Products of Interest in this Request

Code	Description	Code Category	Code Type
A4230	Infusion set for external insulin pump, nonneedle cannula type	Procedure	HCPCS
A4231	Infusion set for external insulin pump, needle type	Procedure	HCPCS
A4232	Syringe with needle for external insulin pump, sterile, 3 cc	Procedure	HCPCS
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Procedure	HCPCS
E0784	External ambulatory infusion pump, insulin	Procedure	HCPCS
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	Procedure	HCPCS
G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium	Procedure	HCPCS
J1815	Injection, insulin, per 5 units	Procedure	HCPCS
J1817	Insulin for administration through DME (i.e., insulin pump) per 50 units	Procedure	HCPCS
J1820	Injection, insulin, up to 100 units	Procedure	HCPCS
K0548	Injection, insulin lispro, up to 50 units	Procedure	HCPCS
S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices	Procedure	HCPCS
S5550	Insulin, rapid onset, 5 units	Procedure	HCPCS
S5551	Insulin, most rapid onset (Lispro or Aspart); 5 units	Procedure	HCPCS
S5552	Insulin, intermediate acting (NPH or LENTE); 5 units	Procedure	HCPCS
S5553	Insulin, long acting; 5 units	Procedure	HCPCS
S5560	Insulin delivery device, reusable pen; 1.5 ml size	Procedure	HCPCS
S5561	Insulin delivery device, reusable pen; 3 ml size	Procedure	HCPCS
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units	Procedure	HCPCS
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units	Procedure	HCPCS
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 ml size	Procedure	HCPCS
S5571	Insulin delivery device, disposable pen (including insulin); 3 ml size	Procedure	HCPCS
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)	Procedure	HCPCS
Statins			
0006F	Statin therapy, prescribed	Procedure	CPT-2
4002F	Statin therapy, prescribed (CAD)	Procedure	CPT-2
4013F	Statin therapy prescribed or currently being taken (CAD)	Procedure	CPT-2
G9664	Patients who are currently statin therapy users or received an order (prescription) for statin therapy	Procedure	HCPCS
G9796	Patient is currently on a statin therapy	Procedure	HCPCS
Tumor Necrosis Factor (TNF) Inhibitors			
80230	Infliximab	Procedure	CPT-4
C9249	Injection, certolizumab pegol, 1 mg	Procedure	HCPCS
G8868	Patients receiving a first course of anti-TNF therapy	Procedure	HCPCS
G8869	Patient has documented immunity to hepatitis B and initiating anti-TNF therapy	Procedure	HCPCS
G9914	Patient receiving an anti-TNF agent	Procedure	HCPCS
J0135	Injection, adalimumab, 20 mg	Procedure	HCPCS
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-	Procedure	HCPCS
J0718	Injection, certolizumab pegol, 1 mg	Procedure	HCPCS

Appendix H. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Healthcare Common Procedure Coding System, Level II (HCPCS), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Medical Products of Interest in this Request

Code	Description	Code Category	Code Type
J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Procedure	HCPCS
J1602	Injection, golimumab, 1 mg, for intravenous use	Procedure	HCPCS
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Procedure	HCPCS
Q5102	Injection, infliximab, biosimilar, 10 mg	Procedure	HCPCS
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	Procedure	HCPCS
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	Procedure	HCPCS
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg	Procedure	HCPCS
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	Procedure	HCPCS

Appendix I. Specifications Defining Parameters in this Request

This request executed the Cohort Identification and Descriptive Analysis (CIDA) tool 11.3.2 to estimate rates of new Proton Pump Inhibitor (PPI), H2 receptor antagonist (H2RA) and Famotidine prescriptions with a gastroesophageal reflux disease (GERD) diagnosis and COVID-19 disease and COVID-related adverse outcomes in the Sentinel Distributed Database (SDD).

Index Date Assessment Period: April 1, 2020 - October 1, 2020
Follow-Up End Date: December 15, 2020
Coverage Requirement: *Medical & Drug Coverage
Pre-Index Enrollment Requirement: 183 days
Post-Index Enrollment Requirement: 0 days
Post-Episode Enrollment Requirement for Type 2 Analyses: 0 days
Enrollment Gap: 45 days
Age Groups: 18-44, 45-64, 65-74, 75+
Stratifications: Month/Year
Censor Output Categorization: N/A
Restrictions: N/A
Envelope Macro: *Reclassify encounters during inpatient stay as inpatient
Distribution of Index-Defining Codes: Yes - for exposure and outcomes
Never-Exposed Cohort: No
Freeze Data: No
Code Distribution Output: No
Lab Date Hierarchy: Lab date (L) > Result date (R) > Order date (O)

Exposure

Scenario	Baseline Table?	Index Exposure	Cohort Definition	Incident Exposure Washout Period	Incident with Respect to:	Exclude Evidence of Days Supply if Exposure Washout Includes Dispensings	Treatment Episode Gap	Exposure Episode Extension	Minimum Exposure Episode Duration	Maximum Exposure Episode Duration	Minimum Days Supplied	Maximum Exposure Episode Duration	Care Setting	Principal Diagnosis Position	Forced Supply to Attach to Dispensings	Censor Treatment Episode at Evidence of:
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New User; Modified As-Treated

1	Y	PPI	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *H2RA dispensing (including Famotidine)
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Appendix I. Specifications Defining Parameters in this Request

Scenario	Baseline Table?	Index Exposure	Cohort Definition	Exposure											Censor Treatment Episode at Evidence of:
				Incident Exposure Washout Period	Incident with Respect to:	Exclude Evidence of Days Supply if Exposure Washout Includes Dispensings	Treatment Episode Gap	Exposure Episode Extension	Minimum Exposure Episode Duration	Minimum Days Supplied	Maximum Exposure Episode Duration	Care Setting	Principal Diagnosis Position	Forced Supply to Attach to Dispensings	
2	N	PPI	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *H2RA dispensing (including Famotidine)
3	N	PPI	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *H2RA dispensing (including Famotidine)
4	N	PPI	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *H2RA dispensing (including Famotidine)
5	N	PPI	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *H2RA dispensing (including Famotidine)

Appendix I. Specifications Defining Parameters in this Request

Scenario	Baseline Table?	Index Exposure	Cohort Definition	Exposure											Censor Treatment Episode at Evidence of:
				Incident Exposure Washout Period	Incident with Respect to:	Exclude Evidence of Days Supply if Exposure Washout Includes Dispensings	Treatment Episode Gap	Exposure Episode Extension	Minimum Exposure Episode Duration	Minimum Days Supplied	Maximum Exposure Episode Duration	Principal Care Setting	Diagnosis Position	Forced Supply to Attach to Dispensings	
6	N	PPI	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death; *DP end date, Query end date; *Disenrollment; *Event; *H2RA dispensing (including Famotidine)
7	Y	H2RA (including Famotidine)	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI dispensing
8	N	H2RA (including Famotidine)	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI dispensing
9	N	H2RA (including Famotidine)	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI dispensing

Appendix I. Specifications Defining Parameters in this Request

Scenario	Baseline Table?	Index Exposure	Cohort Definition	Exposure											Censor Treatment Episode at Evidence of:
				Incident Exposure Washout Period	Incident with Respect to:	Exclude Evidence of Days Supply if Exposure Washout Includes Dispensings	Treatment Episode Gap	Exposure Episode Extension	Minimum Exposure Episode Duration	Minimum Days Supplied	Maximum Exposure Episode Duration	Care Setting	Principal Diagnosis Position	Forced Supply to Attach to Dispensings	
10	N	H2RA (including Famotidine)	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; * PPI dispensing
11	N	H2RA (including Famotidine)	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI dispensing
12	N	H2RA (including Famotidine)	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death; *DP end date, Query end date; *Disenrollment; *Event; *PPI dispensing
13	Y	H2RA (without Famotidine)	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI or famotidine dispensing

Appendix I. Specifications Defining Parameters in this Request

Scenario	Baseline Table?	Index Exposure	Cohort Definition	Exposure											Censor Treatment Episode at Evidence of:
				Incident Exposure Washout Period	Incident with Respect to:	Exclude Evidence of Days Supply if Exposure Washout Includes Dispensings	Treatment Episode Gap	Exposure Episode Extension	Minimum Exposure Episode Duration	Minimum Days Supplied	Maximum Exposure Episode Duration	Care Setting	Principal Diagnosis Position	Forced Supply to Attach to Dispensings	
14	N	H2RA (without Famotidine)	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI or famotidine dispensing
15	N	H2RA (without Famotidine)	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI or famotidine dispensing
16	N	H2RA (without Famotidine)	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *PPI or famotidine dispensing
17	N	H2RA (without Famotidine)	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *PPI or famotidine dispensing

Appendix I. Specifications Defining Parameters in this Request

Scenario	Baseline Table?	Index Exposure	Cohort Definition	Exposure											Censor Treatment Episode at Evidence of:
				Incident Exposure Washout Period	Incident with Respect to:	Exclude Evidence of Days Supply if Exposure Washout Includes Dispensings	Treatment Episode Gap	Exposure Episode Extension	Minimum Exposure Episode Duration	Minimum Days Supplied	Maximum Exposure Episode Duration	Care Setting	Principal Diagnosis Position	Forced Supply to Attach to Dispensings	
18	Y	Famotidine	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI or other H2RA dispensing
19	N	Famotidine	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI or other H2RA dispensing
20	N	Famotidine	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI or other H2RA dispensing
21	N	Famotidine	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI or other H2RA dispensing

Appendix I. Specifications Defining Parameters in this Request

Exposure															
Scenario	Baseline Table?	Index Exposure	Cohort Definition	Incident Exposure Washout Period	Incident with Respect to:	Exclude Evidence of Days Supply if Exposure Washout Includes Dispensings	Treatment Episode Gap	Exposure Episode Extension	Minimum Exposure Episode Duration	Minimum Days Supplied	Maximum Exposure Episode Duration	Care Setting	Principal Diagnosis Position	Forced Supply to Attach to Dispensings	Censor Treatment Episode at Evidence of:
22	N	Famotidine	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI or other H2RA dispensing
Sensitivity Analysis, New User, 30-Day Episode Gap															
23	N	PPI	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	30 days	30 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *H2RA dispensing (including Famotidine)
24	N	PPI	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	30 days	30 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *H2RA dispensing (including Famotidine)

Appendix I. Specifications Defining Parameters in this Request

Scenario	Baseline Table?	Index Exposure	Cohort Definition	Exposure											Censor Treatment Episode at Evidence of:
				Incident Exposure Washout Period	Incident with Respect to:	Exclude Evidence of Days Supply if Exposure Washout Includes Dispensings	Treatment Episode Gap	Exposure Episode Extension	Minimum Exposure Episode Duration	Minimum Days Supplied	Maximum Exposure Episode Duration	Principal Care Setting	Diagnosis Position	Forced Supply to Attach to Dispensings	
25	N	PPI	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	30 days	30 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *H2RA dispensing (including Famotidine)
26	N	H2RA (including Famotidine)	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	30 days	30 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI dispensing
27	N	H2RA (including Famotidine)	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	30 days	30 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI dispensing
28	N	H2RA (including Famotidine)	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	30 days	30 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI dispensing

Appendix I. Specifications Defining Parameters in this Request

Exposure															
Scenario	Baseline Table?	Index Exposure	Cohort Definition	Incident Exposure Washout Period	Incident with Respect to:	Exclude Evidence of Days Supply if Exposure Washout Includes Dispensings	Treatment Episode Gap	Exposure Episode Extension	Minimum Exposure Episode Duration	Minimum Days Supplied	Maximum Exposure Episode Duration	Care Setting	Principal Diagnosis Position	Forced Supply to Attach to Dispensings	Censor Treatment Episode at Evidence of:
29	N	Famotidine	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	30 days	30 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI or other H2RA dispensing
30	N	Famotidine	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	30 days	30 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI or other H2RA dispensing
31	N	Famotidine	*First valid exposure episodes during query period;	183 days	PPI, H2RA	*Washout lookback period should search for evidence of days supply;	30 days	30 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI or other H2RA dispensing

Appendix I. Specifications Defining Parameters in this Request

Exposure															
Scenario	Baseline Table?	Index Exposure	Cohort Definition	Incident Exposure Washout Period	Incident with Respect to:	Exclude Evidence of Days Supply if Exposure Washout Includes Dispensings	Treatment Episode Gap	Exposure Episode Extension	Minimum Exposure Episode Duration	Minimum Days Supplied	Maximum Exposure Episode Duration	Care Setting	Principal Diagnosis Position	Forced Supply to Attach to Dispensings	Censor Treatment Episode at Evidence of:
Prevalent User; Modified As-Treated															
32	Y	PPI	*First valid exposure episodes during query period;	0 days	N/A	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *H2RA dispensing
33	N	PPI	*First valid exposure episodes during query period;	0 days	N/A	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *H2RA dispensing
34	N	PPI	*First valid exposure episodes during query period;	0 days	N/A	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *H2RA dispensing

Appendix I. Specifications Defining Parameters in this Request

Scenario	Baseline Table?	Index Exposure	Cohort Definition	Exposure											Censor Treatment Episode at Evidence of:
				Incident Exposure Washout Period	Incident with Respect to:	Exclude Evidence of Days Supply if Exposure Washout Includes Dispensings	Treatment Episode Gap	Exposure Episode Extension	Minimum Exposure Episode Duration	Minimum Days Supplied	Maximum Exposure Episode Duration	Care Setting	Principal Diagnosis Position	Forced Supply to Attach to Dispensings	
35	N	PPI	*First valid exposure episodes during query period;	0 days	N/A	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *H2RA dispensing
36	N	PPI	*First valid exposure episodes during query period;	0 days	N/A	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *H2RA dispensing
37	Y	H2RA (including Famotidine)	*First valid exposure episodes during query period;	0 days	N/A	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI dispensing
38	N	H2RA (including Famotidine)	*First valid exposure episodes during query period;	0 days	N/A	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI dispensing

Appendix I. Specifications Defining Parameters in this Request

Scenario	Baseline Table?	Index Exposure	Cohort Definition	Exposure											Censor Treatment Episode at Evidence of:
				Incident Exposure Washout Period	Incident with Respect to:	Exclude Evidence of Days Supply if Exposure Washout Includes Dispensings	Treatment Episode Gap	Exposure Episode Extension	Minimum Exposure Episode Duration	Minimum Days Supplied	Maximum Exposure Episode Duration	Care Setting	Principal Diagnosis Position	Forced Supply to Attach to Dispensings	
39	N	H2RA (including Famotidine)	*First valid exposure episodes during query period;	0 days	N/A	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI dispensing
40	N	H2RA (including Famotidine)	*First valid exposure episodes during query period;	0 days	N/A	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI dispensing
41	N	H2RA (including Famotidine)	*First valid exposure episodes during query period;	0 days	N/A	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI dispensing
42	Y	Famotidine	*First valid exposure episodes during query period;	0 days	N/A	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI or other H2RA dispensing

Appendix I. Specifications Defining Parameters in this Request

Scenario	Baseline Table?	Index Exposure	Cohort Definition	Exposure											Censor Treatment Episode at Evidence of:
				Incident Exposure Washout Period	Incident with Respect to:	Exclude Evidence of Days Supply if Exposure Washout Includes Dispensings	Treatment Episode Gap	Exposure Episode Extension	Minimum Exposure Episode Duration	Minimum Days Supplied	Maximum Exposure Episode Duration	Principal Care Setting	Diagnosis Position	Forced Supply to Attach to Dispensings	
43	N	Famotidine	*First valid exposure episodes during query period;	0 days	N/A	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI or other H2RA dispensing
44	N	Famotidine	*First valid exposure episodes during query period;	0 days	N/A	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI or other H2RA dispensing
45	N	Famotidine	*First valid exposure episodes during query period;	0 days	N/A	*Washout lookback period should search for evidence of days supply;	15 days	15 days	1	1	N/A	N/A	N/A	N/A	*Death, DP end date, Query end date; *Disenrollment; *Event; *PPI or other H2RA dispensing

Appendix I. Specifications Defining Parameters in this Request

Scenario	Inclusion/ Exclusion Group	Criteria	Care setting	Inclusion/Exclusion Criteria					
				Principal Diagnosis Position	Evaluation Period Start (Days)	Evaluation Period End (Days)	Exclude Evidence of Days Supply if Inclusion/Exclusion Period Includes Dispensings	Number of Instances the Criteria Should be Found in Evaluation Period	Forced Supply to Attach to Dispensings
New User; Modified As-Treated									
1	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
2	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
3	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
4	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
5	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
6	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
7	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A

Appendix I. Specifications Defining Parameters in this Request

Scenario	Inclusion/Exclusion Criteria								
	Inclusion/ Exclusion Group	Criteria	Care setting	Principal Diagnosis Position	Evaluation Period Start (Days)	Evaluation Period End (Days)	Exclude Evidence of Days Supply if Inclusion/Exclusion Period Includes Dispensings	Number of Instances the Criteria Should be Found in Evaluation Period	Forced Supply to Attach to Dispensings
8	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
9	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
10	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
11	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
12	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
13	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
14	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A

Appendix I. Specifications Defining Parameters in this Request

Scenario	Inclusion/Exclusion Criteria								
	Inclusion/ Exclusion Group	Criteria	Care setting	Principal Diagnosis Position	Evaluation Period Start (Days)	Evaluation Period End (Days)	Exclude Evidence of Days Supply if Inclusion/Exclusion Period Includes Dispensings	Number of Instances the Criteria Should be Found in Evaluation Period	Forced Supply to Attach to Dispensings
15	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
16	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
17	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
18	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
19	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
20	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
21	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A

Appendix I. Specifications Defining Parameters in this Request

Scenario	Inclusion/Exclusion Criteria									
	Inclusion/ Exclusion Group	Criteria	Care setting	Principal Diagnosis Position	Evaluation Period Start (Days)	Evaluation Period End (Days)	Exclude Evidence of Days Supply if Inclusion/Exclusion Period Includes Dispensings	Number of Instances the Criteria Should be Found in Evaluation Period	Forced Supply to Attach to Dispensings	
22	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A	
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A	
Sensitivity Analysis, New User, 30-Day Episode Gap										
23	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A	
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A	
24	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A	
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A	
25	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A	
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A	
26	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A	
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A	
27	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A	
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A	
28	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A	
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A	

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Scenario	Inclusion/ Exclusion Group	Criteria	Care setting	Principal Diagnosis Position	Inclusion/Exclusion Criteria					
					Evaluation Period Start (Days)	Evaluation Period End (Days)	Exclude Evidence of Days Supply if Inclusion/Exclusion Period Includes Dispensings	Number of Instances the Criteria Should be Found in Evaluation Period	Forced Supply to Attach to Dispensings	
29	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A	
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A	
30	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A	
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A	
31	GERD diagnosis	*Inclusion	*Any care setting	*Any	-90	0	N/A	>=1	N/A	
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A	
Prevalent User; Modified As-Treated										
32	GERD diagnosis	*Inclusion	*Any care setting	*Any	-183	0	N/A	>=1	N/A	
	PPI dispensing	*Inclusion	N/A	N/A	-183	-1	Days supply	>=1	N/A	
	H2RA dispensing (including Famotidine)	*Exclusion	N/A	N/A	-183	0	Days supply	>=1	N/A	
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A	
33	GERD diagnosis	*Inclusion	*Any care setting	*Any	-183	0	N/A	>=1	N/A	
	PPI dispensing	*Inclusion	N/A	N/A	-183	-1	Days supply	>=1	N/A	
	H2RA dispensing (including Famotidine)	*Exclusion	N/A	N/A	-183	0	Days supply	>=1	N/A	
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A	

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Scenario	Inclusion/ Exclusion Group	Criteria	Care setting	Inclusion/Exclusion Criteria					
				Principal Diagnosis Position	Evaluation Period Start (Days)	Evaluation Period End (Days)	Exclude Evidence of Days Supply if Inclusion/Exclusion Period Includes Dispensings	Number of Instances the Criteria Should be Found in Evaluation Period	Forced Supply to Attach to Dispensings
34	GERD diagnosis	*Inclusion	*Any care setting	*Any	-183	0	N/A	>=1	N/A
	PPI dispensing	*Inclusion	N/A	N/A	-183	-1	Days supply	>=1	N/A
	H2RA dispensing (including Famotidine)	*Exclusion	N/A	N/A	-183	0	Days supply	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
35	GERD diagnosis	*Inclusion	*Any care setting	*Any	-183	0	N/A	>=1	N/A
	PPI dispensing	*Inclusion	N/A	N/A	-183	-1	Days supply	>=1	N/A
	H2RA dispensing (including Famotidine)	*Exclusion	N/A	N/A	-183	0	Days supply	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
36	GERD diagnosis	*Inclusion	*Any care setting	*Any	-183	0	N/A	>=1	N/A
	PPI dispensing	*Inclusion	N/A	N/A	-183	-1	Days supply	>=1	N/A
	H2RA dispensing (including Famotidine)	*Exclusion	N/A	N/A	-183	0	Days supply	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
37	GERD diagnosis	*Inclusion	*Any care setting	*Any	-183	0	N/A	>=1	N/A
	H2RA (including Famotidine) dispensing	*Inclusion	N/A	N/A	-183	-1	Days supply	>=1	N/A
	PPI dispensing	*Exclusion	N/A	N/A	-183	0	Days supply	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A

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Scenario	Inclusion/ Exclusion Group	Criteria	Care setting	Inclusion/Exclusion Criteria					
				Principal Diagnosis Position	Evaluation Period Start (Days)	Evaluation Period End (Days)	Exclude Evidence of Days Supply if Inclusion/Exclusion Period Includes Dispensings	Number of Instances the Criteria Should be Found in Evaluation Period	Forced Supply to Attach to Dispensings
38	GERD diagnosis	*Inclusion	*Any care setting	*Any	-183	0	N/A	>=1	N/A
	H2RA (including Famotidine) dispensing	*Inclusion	N/A	N/A	-183	-1	Days supply	>=1	N/A
	PPI dispensing	*Exclusion	N/A	N/A	-183	0	Days supply	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
39	GERD diagnosis	*Inclusion	*Any care setting	*Any	-183	0	N/A	>=1	N/A
	H2RA (including Famotidine) dispensing	*Inclusion	N/A	N/A	-183	-1	Days supply	>=1	N/A
	PPI dispensing	*Exclusion	N/A	N/A	-183	0	Days supply	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
40	GERD diagnosis	*Inclusion	*Any care setting	*Any	-183	0	N/A	>=1	N/A
	H2RA (including Famotidine) dispensing	*Inclusion	N/A	N/A	-183	-1	Days supply	>=1	N/A
	PPI dispensing	*Exclusion	N/A	N/A	-183	0	Days supply	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
41	GERD diagnosis	*Inclusion	*Any care setting	*Any	-183	0	N/A	>=1	N/A
	H2RA (including Famotidine) dispensing	*Inclusion	N/A	N/A	-183	-1	Days supply	>=1	N/A
	PPI dispensing	*Exclusion	N/A	N/A	-183	0	Days supply	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A

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Scenario	Inclusion/Exclusion Criteria								
	Inclusion/ Exclusion Group	Criteria	Care setting	Principal Diagnosis Position	Evaluation Period Start (Days)	Evaluation Period End (Days)	Exclude Evidence of Days Supply if Inclusion/Exclusion Period Includes Dispensing	Number of Instances the Criteria Should be Found in Evaluation Period	Forced Supply to Attach to Dispensing
42	GERD diagnosis	*Inclusion	*Any care setting	*Any	-183	0	N/A	>=1	N/A
	Famotidine dispensing	*Inclusion	N/A	N/A	-183	-1	Days supply	>=1	N/A
	H2RA (not including Famotidine) or PPI Dispensing	*Exclusion	N/A	N/A	-183	0	Days supply	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
43	GERD diagnosis	*Inclusion	*Any care setting	*Any	-183	0	N/A	>=1	N/A
	Famotidine dispensing	*Inclusion	N/A	N/A	-183	-1	Days supply	>=1	N/A
	H2RA (not including Famotidine) or PPI Dispensing	*Exclusion	N/A	N/A	-183	0	Days supply	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A
44	GERD diagnosis	*Inclusion	*Any care setting	*Any	-183	0	N/A	>=1	N/A
	Famotidine dispensing	*Inclusion	N/A	N/A	-183	-1	Days supply	>=1	N/A
	H2RA (not including Famotidine) or PPI Dispensing	*Exclusion	N/A	N/A	-183	0	Days supply	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A

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Scenario	Inclusion/Exclusion Criteria								
	Inclusion/ Exclusion Group	Criteria	Care setting	Principal Diagnosis Position	Evaluation Period Start (Days)	Evaluation Period End (Days)	Exclude Evidence of Days Supply if Inclusion/Exclusion Period Includes Dispensings	Number of Instances the Criteria Should be Found in Evaluation Period	Forced Supply to Attach to Dispensings
45	GERD diagnosis	*Inclusion	*Any care setting	*Any	-183	0	N/A	>=1	N/A
	Famotidine dispensing	*Inclusion	N/A	N/A	-183	-1	Days supply	>=1	N/A
	H2RA (not including Famotidine) or PPI Dispensing	*Exclusion	N/A	N/A	-183	0	Days supply	>=1	N/A
	ICD-10 U07.1 or B97.29, (+) COVID-19 PCR	*Exclusion	*Any care setting	*Any	-183	-1	N/A	>=1	N/A

Appendix I. Specifications Defining Parameters in this Request

Scenario	Event	Incident Event Washout Period	Event Outcome				Delayed Risk Window
			Incident with Respect to:	Care Setting	Principal Diagnosis Position	Event De-Duplication	
New User; Modified As-Treated							
1	(+) COVID-19 PCR or U07.1 DX	0	(+) COVID-19 PCR or U07.1 DX	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
2	COVID-19 PCR test (any lab result)	0	COVID-19 PCR test (any lab result)	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
3	COVID-19 PCR test (POSITIVE lab result)	0	COVID-19 PCR test (any lab result)	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
4	Hospitalization due to COVID-19: defined as the U07.1 DX code in ANY diagnosis position (IP*)	0	Hospitalization due to COVID-19	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
5	Severe outcome due to COVID-19 (Mechanical Ventilation or ICU Admission) (Combo: SEVOUTCOME1)	0	Severe outcome due to COVID-19 (Mechanical Ventilation or ICU Admission)	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
6	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming (Combo: IP_DTH)	0	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
7	(+) COVID-19 PCR or U07.1 DX	0	(+) COVID-19 PCR or U07.1 DX	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
8	COVID-19 PCR test (any lab result)	0	COVID-19 PCR test (any lab result)	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
9	COVID-19 PCR test (positive lab result)	0	COVID-19 PCR test (any lab result)	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
10	Hospitalization due to COVID-19: defined as the U07.1 DX code in ANY diagnosis position (IP*)	0	Hospitalization due to COVID-19	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
11	Severe outcome due to COVID-19 (Mechanical Ventilation or ICU Admission) (Combo: SEVOUTCOME1)	0	Severe outcome due to COVID-19 (Mechanical Ventilation or ICU Admission)	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days

Appendix I. Specifications Defining Parameters in this Request

Scenario	Event	Incident Event Washout Period	Event Outcome				Delayed Risk Window
			Incident with Respect to:	Care Setting	Principal Diagnosis Position	Event De-Duplication	
12	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming (Combo: IP_DTH)	0	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
13	(+) COVID-19 PCR or U07.1 DX	0	(+) COVID-19 PCR or U07.1 DX	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
14	COVID-19 PCR test (any lab result)	0	COVID-19 PCR test (any lab result)	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
15	Hospitalization due to COVID-19: defined as the U07.1 DX code in ANY diagnosis position (IP*)	0	Hospitalization due to COVID-19	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
16	Severe outcome due to COVID-19 (Mechanical Ventilation or ICU Admission) (Combo: SEVOUTCOME1)	0	Severe outcome due to COVID-19 (Mechanical Ventilation or ICU Admission)	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
17	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming (Combo: IP_DTH)	0	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
18	(+) COVID-19 PCR or U07.1 DX	0	(+) COVID-19 PCR or U07.1 DX	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
19	COVID-19 PCR test (any lab result)	0	COVID-19 PCR test (any lab result)	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
20	Hospitalization due to COVID-19: defined as the U07.1 DX code in ANY diagnosis position (IP*)	0	Hospitalization due to COVID-19	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
21	Severe outcome due to COVID-19 (Mechanical Ventilation or ICU Admission) (Combo: SEVOUTCOME1)	0	Severe outcome due to COVID-19 (Mechanical Ventilation or ICU Admission)	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days

Appendix I. Specifications Defining Parameters in this Request

Event Outcome							
Scenario	Event	Incident Event Washout Period	Incident with Respect to:	Care Setting	Principal Diagnosis Position	Event De-Duplication	Delayed Risk Window
22	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming (Combo: IP_DTH)	0	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
Sensitivity Analysis, New User, 30-Day Episode Gap							
23	(+) COVID-19 PCR or U07.1 DX	0	(+) COVID-19 PCR or U07.1 DX	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
24	Hospitalization due to COVID-19: defined as the U07.1 DX code in ANY diagnosis position (IP*)	0	Hospitalization due to COVID-19	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
25	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming (Combo: IP_DTH)	0	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
26	(+) COVID-19 PCR or U07.1 DX	0	(+) COVID-19 PCR or U07.1 DX	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
27	Hospitalization due to COVID-19: defined as the U07.1 DX code in ANY diagnosis position (IP*)	0	Hospitalization due to COVID-19	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
28	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming (Combo: IP_DTH)	0	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
29	(+) COVID-19 PCR or U07.1 DX	0	(+) COVID-19 PCR or U07.1 DX	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
30	Hospitalization due to COVID-19: defined as the U07.1 DX code in ANY diagnosis position (IP*)	0	Hospitalization due to COVID-19	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days

Appendix I. Specifications Defining Parameters in this Request

Event Outcome							
Scenario	Event	Incident Event Washout Period	Incident with Respect to:	Care Setting	Principal Diagnosis Position	Event De-Duplication	Delayed Risk Window
31	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming (Combo: IP_DTH)	0	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
Prevalent User; Modified As-Treated							
32	(+) COVID-19 PCR or U07.1 DX	0	(+) COVID-19 PCR or U07.1 DX	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
33	COVID-19 PCR test (any lab result)	0	COVID-19 PCR test (any lab result)	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
34	COVID-19 PCR test (POSITIVE lab result)	0	COVID-19 PCR test (any lab result)	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
35	Hospitalization due to COVID-19: defined as the U07.1 DX code in ANY diagnosis position (IP*)	0	Hospitalization due to COVID-19	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
36	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming (Combo: IP_DTH)	0	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
37	(+) COVID-19 PCR or U07.1 DX	0	(+) COVID-19 PCR or U07.1 DX	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
38	COVID-19 PCR test (any lab result)	0	COVID-19 PCR test (any lab result)	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
39	COVID-19 PCR test (POSITIVE lab result)	0	COVID-19 PCR test (any lab result)	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
40	Hospitalization due to COVID-19: defined as the U07.1 DX code in ANY diagnosis position (IP*)	0	Hospitalization due to COVID-19	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days

Appendix I. Specifications Defining Parameters in this Request

Event Outcome							
Scenario	Event	Incident Event Washout Period	Incident with Respect to:	Care Setting	Principal Diagnosis Position	Event De-Duplication	Delayed Risk Window
41	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming (Combo: IP_DTH)	0	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
42	(+) COVID-19 PCR or U07.1 DX	0	(+) COVID-19 PCR or U07.1 DX	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
43	COVID-19 PCR test (any lab result)	0	COVID-19 PCR test (any lab result)	*Any care setting	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
44	Hospitalization due to COVID-19: defined as the U07.1 DX code in ANY diagnosis position (IP*)	0	Hospitalization due to COVID-19	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days
45	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming (Combo: IP_DTH)	0	Inpatient Hospital Death (after being hospitalized for COVID-19) - requires plus programming	*Inpatient hospital stay	*Any	*De-duplicates occurrences of the same event group on the same day	5 days

Appendix J. Specifications Defining Parameters for Baseline Characteristics (Health Characteristics) in this Request

Baseline Characteristics - Comorbidities								
	Covariate	Care Setting	Principal Diagnosis Position	Evaluation Period Start (Days)	Evaluation Period End (Days)	Exclude Evidence of Days Supply if Covariate Includes Dispensings	Number of Instances the Covariate Should be found in Evaluation Period	Forced Supply to Attach to Dispensings
1	Diabetes	*Any care setting	*Any	-183	0	N/A	>=1	N/A
2	Obesity	*Any care setting	*Any	-183	0	N/A	>=1	N/A
3	Hypertension	*Any care setting	*Any	-183	0	N/A	>=1	N/A
4	Hospitalized Stroke/ Transient Ischemic Attack	*Inpatient Care Setting	*Any	-183	0	N/A	>=1	N/A
5	Coronary Revascularization	*Any care setting	*Any	-183	0	N/A	>=1	N/A
6	Atrial Fibrillation	*Any care setting	*Any	-183	0	N/A	>=1	N/A
7	Congestive Heart Failure	*Any care setting	*Any	-183	0	N/A	>=1	N/A
8	Hospitalized Acute Myocardial Infarction	*Inpatient Care Setting	*Any	-183	0	N/A	>=1	N/A
9	Other Cerebrovascular Disease	*Any care setting	*Any	-183	0	N/A	>=1	N/A
10	Chronic Obstructive Pulmonary Disease	*Any care setting	*Any	-183	0	N/A	>=1	N/A
11	Asthma without COPD	*Any care setting	*Any	-183	0	N/A	>=1	N/A
12	Chronic Liver Disease	*Any care setting	*Any	-183	0	N/A	>=1	N/A
13	Chronic Kidney Disease	*Any care setting	*Any	-183	0	N/A	>=1	N/A
14	Any malignant neoplasm	*Any care setting	*Any	-183	0	N/A	>=1	N/A
15	Hemiplegia	*Any care setting	*Any	-183	0	N/A	>=1	N/A
16	Neurological/ Neurodegenerative Conditions	*Any care setting	*Any	-183	0	N/A	>=1	N/A
17	Dementia	*Any care setting	*Any	-183	0	N/A	>=1	N/A

Appendix J. Specifications Defining Parameters for Baseline Characteristics (Health Characteristics) in this Request

Baseline Characteristics - Comorbidities								
	Covariate	Care Setting	Principal Diagnosis Position	Evaluation Period Start (Days)	Evaluation Period End (Days)	Exclude Evidence of Days Supply if Covariate Includes Dispensings	Number of Instances the Covariate Should be found in Evaluation Period	Forced Supply to Attach to Dispensings
18	Depression	*Any care setting	*Any	-183	0	N/A	>=1	N/A
19	Schizophrenia	*Any care setting	*Any	-183	0	N/A	>=1	N/A
20	Rheumatic Disorders	*Any care setting	*Any	-183	0	N/A	>=1	N/A
21	Multiple Sclerosis	*Any care setting	*Any	-183	0	N/A	>=1	N/A
22	HIV	*Any care setting	*Any	-183	0	N/A	>=1	N/A

Appendix K. Specifications Defining Parameters for Baseline Characteristics (Medical Products) in this Request

Baseline Characteristics - Medications								
Covariate	Care Setting	Principal Diagnosis Position	Evaluation Period Start (Days)	Evaluation Period End (Days)	Exclude Evidence of Days Supply if Covariate Includes Dispensings	Number of Instances the Covariate Should be Found in Evaluation Period	Forced Supply to Attach to Dispensings	
1	ACEI/ARB	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
2	NSAID	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
3	Aspirin (all products and all strengths)	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
4	Anti-depressants	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
5	Statins	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
6	insulin	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
7	Anti-Diabetic Oral Drugs	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
8	Antihypertensive Drugs	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
9	Anticoagulants (oral and injectable)	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
10	Corticosteroids (only systemic, only glucocorticoids)	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
11	Acetaminophen (all products and all strengths)	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A
12	TNF Inhibitors	N/A	*Any	-183	0	*Evaluation period should search for evidence of days supply;	>=1	N/A

Appendix L. Specifications Defining Parameters for Comorbidity Score in this Request

Comorbidity Score	
Evaluation Period Start (Days)	Evaluation Period End (Days)
-183	0

Appendix M. Specifications Defining Parameters for Utilization in this Request

Utilization				
Medical Utilization Evaluation Period Start	Medical Utilization Evaluation Period End	Medical Visit Care Settings	Drug Utilization Evaluation Period Start	Drug Utilization Evaluation Period End
-183 days	0 days	*Inpatient hospital stay; *Non-acute institutional stay; *Emergency department encounter; *Ambulatory visit; *Other ambulatory visit; *Any care setting	-183 days	0 days

Appendix N. Specifications Defining Parameters for Combo Outcomes in this Request

Combo				
Combination Description	Combination Date	Combination Code		Principal Diagnosis for Each Combination Component
		Behavior	Encounter Type for Each Combination Component	
Severe Outcome (Mechanical Ventilation or ICU Admission) due to COVID-19	Date of hospital admission	Dispensing	Positive COVID diagnosis or Positive COVID lab result: *N/A because of RX code behavior	Positive COVID diagnosis or Positive COVID lab result: *N/A because of RX code behavior
			Mechanical ventilation or ICU admission: *N/A because of RX code behavior	Mechanical ventilation or ICU admission: *N/A because of RX code behavior
Inpatient Hospital Death during a COVID-19 Hospitalization	Date of hospital discharge	Procedure	Inpatient hospital stay with discharge disposition = expired: Inpatient hospital setting	Inpatient hospital stay with discharge disposition = expired: Any diagnosis position
			Positive COVID diagnosis or Positive COVID lab result: Inpatient hospital setting	Positive COVID diagnosis or Positive COVID lab result: Any diagnosis position

Appendix O. Diagrams Detailing the Design of this Request



