

Disclaimer

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

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

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

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

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

Overview for Request: cder_mpl1r_wp146

Request ID: cder_mpl1r_wp146

Request Description: In this report we examined the characteristics of new users of NuvaRing and other combined hormonal contraceptives (oCHCs) with less than or equal to 20 mcg of ethinyl estradiol (EE) and conducted risk assessment for venous thromboembolism (VTE) and arterial thromboembolism (ATE) in the Sentinel Distributed Database (SDD).

Sentinel Routine Querying Module: Cohort Identification and Descriptive Analysis (CIDA) module, version 9.6.0

Data Source: We distributed this request to the SDD on July 29, 2020. A total of 15 Data Partners contributed data to this query. Please see Appendix A for a list of dates of available data for each Data Partner.

Study Design: We adopted a retrospective cohort design and identified females 18 years of age and older with incident use of NuvaRing and oCHCs (EE \leq 20 mcg) between January 1, 2014 and December 31, 2019. We evaluated the occurrence of VTE and ATE during the first exposure episodes.

Exposures of Interest: The exposures of interest were NuvaRing and oCHCs (EE \leq 20 mcg). Varying new use definitions by exposure were as follows:

- 1) NuvaRing (strict new use):** We defined strict, new use of NuvaRing as the first qualifying NuvaRing dispensing with no prior utilization evidence of NuvaRing, oCHCs (regardless of EE strength), progestin-only contraceptive and no presence of an implant removal code in the past 365 days. Cohort re-entry was not allowed.
- 2) NuvaRing (relaxed new use):** We defined relaxed new use of NuvaRing as first qualifying NuvaRing dispensing with no prior utilization evidence of NuvaRing in the past 365 days. Cohort re-entry was not allowed.
- 3) oCHC (strict new use):** We defined strict, new use of oCHC as the first qualifying oCHC (EE \leq 20 mcg) dispensing with no prior utilization evidence of NuvaRing, oCHCs (regardless of EE strength), or progestin-only contraceptives use and no presence of an implant removal code in the past 365 days. Cohort re-entry was not allowed.
- 4) oCHC (relaxed new use):** We defined relaxed, new use of oCHC as the first qualifying oCHC (EE \leq 20 mcg) dispensing with no prior utilization evidence of oCHC (EE \leq 20 mcg) in the past 365 days. Cohort re-entry was not allowed.

We defined utilization evidence of medical products, diagnoses, and procedures using the National Drug Codes (NDCs), International Classification of Diseases Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) diagnosis and procedure codes, Current Procedural Terminology, Fourth Edition (CPT-4) and Healthcare Common Procedure Coding System (HCPCS), Level II codes. Please see Appendices B, C, and D for lists of generic and brand names of medical products, diagnoses, and procedures used to define exposures.

Outcomes of Interest: The outcomes of interest were VTE and ATE. The study assessed the VTE outcome in two different definitions: 1) VTE diagnosis in an inpatient care setting, and 2) VTE diagnosis in an inpatient care setting or VTE diagnosis in outpatient care settings followed by an oral anticoagulant dispensing within 4 weeks. In both analyses, we implemented an outcome washout by excluding members with evidence of VTE definition or 2) recorded with personal history of VTE in the 365 days prior to exposure. We defined ATE outcomes as principal diagnosis of ATE in an inpatient care setting. We identified all outcomes using the NDCs, ICD-9-CM, ICD-10-CM, and ICD-10-PCS. Please see Appendices E-G for a list of diagnosis and procedure codes used to define VTE and ATE outcomes and Appendices G for a list of medical products used to define outcomes.

Overview for Request: cder_mpl1r_wp146

Cohort Eligibility Criteria: We required eligible members to be enrolled in health plans with medical and drug coverage for at least 365 days prior to the exposure; gaps in coverage of up to 45 days were allowed. The following age groups were included in the cohort: 18-24, 25-34, 35-45 and 46+ years. We excluded members with evidence of oCHC (EE >20 mcg) or progestin-only contraceptive dispensings or presence of implant removal code on the same day of the first qualifying exposure. These exclusion criteria were defined using ICD-9-CM, ICD-10-CM, HCPCS, CPT-4, and NDC codes. Please see Appendix J for a list of medical products used to define both exclusion criteria.

Follow-Up Time: We created exposure episodes based on the number of days supplied per dispensing in the outpatient pharmacy dispensing records. We bridged together dispensings shorter than 30 days apart and added 30 days to the end of the last dispensing. These "as treated" days were the time during which we assessed for outcomes. Follow-up began one day after the first day of exposure and continued until the earliest occurrence of any of the following: 1) disenrollment, 2) recorded death, 3) the end date of the data provided by each Data Partner (See Appendix A), 4) the end of the exposure episode, 4) initiation of oCHCs and progestin-only contraceptives for NuvaRing episodes, or initiation of NuvaRing, oCHC (EE >20 mcg) and progestin-only contraceptives for oCHC (EE ≤20 mcg) exposures, 5) occurrence of the outcome.

Baseline Covariates: We assessed the following covariates : **a)** comorbidities in the 365 days prior to or on the day of exposure including cancer, cardiovascular disease, cerebrovascular disease, chemotherapy, sickle cell disease, human immunodeficiency virus (HIV), organ transplant, renal failure, liver failure, respiratory failure, and heart failure; **b)** contraceptive use in the 365 days prior to the exposure including NuvaRing, oCHC (EE ≤20 mcg), oCHC (EE >20 mcg), and progestin-only contraceptives, **c)** pregnancy indicators in the 365 days prior to or on the day of exposure and separately in varying post-exposure windows (Days 0-30, 31-90, and 91-183) including live birth delivery, pregnancy, prenatal procedure or test, as well as combinations of each. Other covariates assessed include, comorbidity score, health services, and drug utilization in the 365 days prior to or on the day of exposure. We conducted sensitivity analyses by excluding members with any of comorbidity **a)**.

Please refer to Appendix B for a list of medical products, Appendix H for list of diagnosis and procedure codes used to define covariates, and Appendix I for a list of diagnosis and procedure codes used to define exclusion criteria. Please see Appendix J and J.1 for a list of medical products and NDCs used to define both covariates and exclusion criteria.

Please see Appendix K for the parameter specifications, Appendix L for specifications for covariates, utilizations, and comorbidity score considered in this request, and Appendix M for pictorial summaries of the study design used in the analyses.

Limitations: Algorithms used to define exposures, outcomes, inclusion and exclusion criteria, and covariates, as well as algorithms used to estimate pregnancy duration, may or may not be validated. Therefore, Member characterization may be misclassified.

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>).

Table of Contents

Glossary	List of Terms Found in this Report and their Definitions
Table 1a	Characteristics of Strict NuvaRing New Users Without Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019
Table 1b	Characteristics of Strict NuvaRing New Users Without Additional Exclusions in Risk Assessment for Relaxed Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019
Table 1c	Characteristics of Strict NuvaRing New Users Without Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019
Table 1d	Characteristics of Relaxed NuvaRing New Users Without Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019
Table 1e	Characteristics of Relaxed NuvaRing New Users Without Additional Exclusions in Risk Assessment for Relaxed Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019
Table 1f	Characteristics of Relaxed NuvaRing New Users Without Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019
Table 1g	Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019
Table 1h	Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Relaxed Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019
Table 1i	Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019
Table 1j	Characteristics of Relaxed Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019
Table 1k	Characteristics of Relaxed Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Relaxed Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019
Table 1l	Characteristics of Relaxed Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Table of Contents

Table 1m	Characteristics of Strict NuvaRing New Users With Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019
Table 1n	Characteristics of Strict NuvaRing New Users With Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019
Table 1o	Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users With Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019
Table 1p	Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users With Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019
Table 2	Incidence Rates of Venous Thromboembolism (VTE) and Arterial Thromboembolism (ATE) in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019, Overall
Table 3	Incidence Rates of Venous Thromboembolism (VTE) and Arterial Thromboembolism (ATE) in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019, by Age Group
Table 4	Time to Censoring or Outcome in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019, Overall
Table 5	Time to Censoring or Outcome in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019, by Age Group
Table 6	Reasons for End of Follow-up in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020
Table 7	Reasons for End of Follow-up in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group
Table 8	Time to Censoring due to Disenrollment in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020
Table 9	Time to Censoring due to Disenrollment in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group
Table 10	Time to Censoring due to Exposure Episode End in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020
Table 11	Time to Censoring due to Exposure Episode End in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group

Table of Contents

Table 12	Time to Health Outcome of Interest in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020
Table 13	Time to Health Outcome of Interest in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group
Appendix A	Start and End Dates for Each Data Partner as of Request Distribution Date (July 29, 2010)
Appendix B	Generic and Brand Names of Medical Products Used to Define Exposures in this Request
Appendix C	International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4) and Healthcare Common Procedure Coding System (HCPCS), Level II Codes Used to Define Exposure Incidence Criteria in this Request
Appendix D	Generic and Brand Names of Medical Products Additionally Used to Define Exposure Incidence Criteria in this Request
Appendix E	International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Used to Define Outcomes in this Request
Appendix F	International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Additionally Used to Define Outcome Incidence Criteria in this Request
Appendix G	Generic and Brand Names of Medical Products Used to Define Outcomes in this Request
Appendix H	International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request
Appendix I	International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request
Appendix J	Generic and Brand Names of Medical Products Used to Define Covariates and Exclusion Criteria in this Request
Appendix K	Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdp_v01
Appendix L	Specifications Defining Covariates, Comorbidity Score, and Utilization in this Request
Appendix M	Design Diagram of Cohort Entry Requirements, Index Exposure, and Event Outcome Assessment

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Patients - 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.

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 Strict NuvaRing New Users Without Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Characteristic	Number	Percent
Number of unique patients	121,807	
Demographics	Mean	Standard Deviation
Mean Age (years)	30	7.3
	Number	Percent
Age (years)		
18-24	35,742	29.3%
25-34	56,794	46.6%
35-45	25,992	21.3%
46+	3,279	2.7%
Race ¹		
American Indian or Alaska Native	241	0.2%
Asian	2,323	1.9%
Black or African American	3,537	2.9%
Native Hawaiian or Other Pacific Islander	230	0.2%
White	15,365	12.6%
Unknown	100,111	82.2%
Hispanic Origin	4,673	3.8%
Year		
2014	22,708	18.6%
2015	22,058	18.1%
2016	21,948	18.0%
2017	21,279	17.5%
2018	19,419	15.9%
2019	14,395	11.8%
Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	0.3	0.7
	Number	Percent
Cancer	3,658	3.0%
Cardiovascular Disease	12,091	9.9%
Cerebrovascular Disease	294	0.2%
Chemotherapy	1,540	1.3%
Sickle Cell Disease	128	0.1%
Human Immunodeficiency Virus (HIV)	301	0.2%
Organ Transplant	57	0.0%
Renal Failure	350	0.3%
Liver Failure	2,935	2.4%
Respiratory Failure	99	0.1%
Heart Failure	141	0.1%
Live Birth or Pregnancy	15,711	12.9%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	3,371	2.8%

Table 1a. Characteristics of Strict NuvaRing New Users Without Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Recorded History of in the 365 Days Prior to Exposure:	Number	Percent
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	15,921	13.1%
Live Birth Delivery or Pregnancy (0 to 30 days)	139	0.1%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	7	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	146	0.1%
Live Birth Delivery or Pregnancy (31 to 60 days)	43	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	50	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	93	0.1%
Live Birth Delivery or Pregnancy (61 to 90 days)	31	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	88	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	118	0.1%
Live Birth Delivery or Pregnancy (91 to 183 days)	305	0.3%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	394	0.3%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	661	0.5%
History of Use:	Number	Percent
NuvaRing	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol <= 20µg)	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol > 20µg)	0	0.0%
Progestin-only contraceptives	0	0.0%

Table 1a. Characteristics of Strict NuvaRing New Users Without Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters	9.3	11.1
Mean number of emergency room encounters	0.3	1.0
Mean number of inpatient hospital encounters	0.2	0.4
Mean number of non-acute institutional encounters	0.0	0.1
Mean number of other ambulatory encounters	2.1	3.6
Mean number of unique drug classes	4.7	3.5
Mean number of generics	4.9	3.9
Mean number of filled prescriptions	8.7	11.1

¹In the SDD, race information is not well populated and there are substantial proportions of "unknown" race and Hispanic indicator values. Specifically, two commercial Data Partners do not provide any race or ethnicity data.

²Gagne 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 Jul;64(7):749-59. doi: 10.1016/j.jclinepi.2010.10.004. Epub 2011 Jan 5. PMID: 21208778; PMCID: PMC3100405.

Table 1b. Characteristics of Strict NuvaRing New Users Without Additional Exclusions in Risk Assessment for Relaxed Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Characteristic	Number	Percent
Number of unique patients	121,807	
Demographics	Mean	Standard Deviation
Mean Age (years)	30	7.3
Age (years)	Number	Percent
18-24	35,742	29.3%
25-34	56,794	46.6%
35-45	25,992	21.3%
46+	3,279	2.7%
Race ¹		
American Indian or Alaska Native	241	0.2%
Asian	2,323	1.9%
Black or African American	3,537	2.9%
Native Hawaiian or Other Pacific Islander	230	0.2%
White	15,365	12.6%
Unknown	100,111	82.2%
Hispanic Origin	4,673	3.8%
Year		
2014	22,708	18.6%
2015	22,058	18.1%
2016	21,948	18.0%
2017	21,279	17.5%
2018	19,419	15.9%
2019	14,395	11.8%
Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	0.3	0.7
	Number	Percent
Cancer	3,658	3.0%
Cardiovascular Disease	12,091	9.9%
Cerebrovascular Disease	294	0.2%
Chemotherapy	1,540	1.3%
Sickle Cell Disease	128	0.1%
Human Immunodeficiency Virus (HIV)	301	0.2%
Organ Transplant	57	0.0%
Renal Failure	350	0.3%
Liver Failure	2,935	2.4%
Respiratory Failure	99	0.1%
Heart Failure	141	0.1%
Live Birth or Pregnancy	15,711	12.9%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	3,371	2.8%

Table 1b. Characteristics of Strict NuvaRing New Users Without Additional Exclusions in Risk Assessment for Relaxed Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Recorded History of in the 365 Days Prior to Exposure:	Number	Percent
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	15,921	13.1%
Live Birth Delivery or Pregnancy (0 to 30 days)	139	0.1%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	7	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	146	0.1%
Live Birth Delivery or Pregnancy (31 to 60 days)	43	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	50	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	93	0.1%
Live Birth Delivery or Pregnancy (61 to 90 days)	31	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	88	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	118	0.1%
Live Birth Delivery or Pregnancy (91 to 183 days)	305	0.3%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	394	0.3%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	661	0.5%
History of Use:	Number	Percent
NuvaRing	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol <= 20µg)	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol > 20µg)	0	0.0%
Progestin-only contraceptives	0	0.0%

Table 1b. Characteristics of Strict NuvaRing New Users Without Additional Exclusions in Risk Assessment for Relaxed Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters	9.3	11.1
Mean number of emergency room encounters	0.3	1.0
Mean number of inpatient hospital encounters	0.2	0.4
Mean number of non-acute institutional encounters	0.0	0.1
Mean number of other ambulatory encounters	2.1	3.6
Mean number of unique drug classes	4.7	3.5
Mean number of generics	4.9	3.9
Mean number of filled prescriptions	8.7	11.1

¹In the SDD, race information is not well populated and there are substantial proportions of "unknown" race and Hispanic indicator values. Specifically, two commercial Data Partners do not provide any race or ethnicity data.

²Gagne 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 Jul;64(7):749-59. doi: 10.1016/j.jclinepi.2010.10.004. Epub 2011 Jan 5. PMID: 21208778; PMCID: PMC3100405.

Table 1c. Characteristics of Strict NuvaRing New Users Without Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Characteristic	Number	Percent
Number of unique patients	121,887	
Demographics	Mean	Standard Deviation
Mean Age (years)	30	7.3
Age (years)	Number	Percent
18-24	35,756	29.3%
25-34	56,841	46.6%
35-45	26,010	21.3%
46+	3,280	2.7%
Race ¹		
American Indian or Alaska Native	241	0.2%
Asian	2,323	1.9%
Black or African American	3,539	2.9%
Native Hawaiian or Other Pacific Islander	231	0.2%
White	15,384	12.6%
Unknown	100,169	82.2%
Hispanic Origin	4,674	3.8%
Year		
2014	22,722	18.6%
2015	22,070	18.1%
2016	21,968	18.0%
2017	21,284	17.5%
2018	19,437	15.9%
2019	14,406	11.8%
Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	0.3	0.7
	Number	Percent
Cancer	3,673	3.0%
Cardiovascular Disease	12,130	10.0%
Cerebrovascular Disease	224	0.2%
Chemotherapy	1,553	1.3%
Sickle Cell Disease	129	0.1%
Human Immunodeficiency Virus (HIV)	301	0.2%
Organ Transplant	61	0.1%
Renal Failure	356	0.3%
Liver Failure	2,953	2.4%
Respiratory Failure	97	0.1%
Heart Failure	135	0.1%
Live Birth or Pregnancy	15,753	12.9%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	3,378	2.8%

Table 1c. Characteristics of Strict NuvaRing New Users Without Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Recorded History of in the 365 Days Prior to Exposure:	Number	Percent
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	15,962	13.1%
Live Birth Delivery or Pregnancy (0 to 30 days)	140	0.1%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	7	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	147	0.1%
Live Birth Delivery or Pregnancy (31 to 60 days)	43	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	49	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	92	0.1%
Live Birth Delivery or Pregnancy (61 to 90 days)	32	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	87	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	118	0.1%
Live Birth Delivery or Pregnancy (91 to 183 days)	305	0.3%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	394	0.3%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	661	0.5%
History of Use:	Number	Percent
NuvaRing	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol <= 20µg)	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol > 20µg)	0	0.0%
Progestin-only contraceptives	0	0.0%

Table 1c. Characteristics of Strict NuvaRing New Users Without Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters	9.4	11.2
Mean number of emergency room encounters	0.3	1.0
Mean number of inpatient hospital encounters	0.2	0.4
Mean number of non-acute institutional encounters	0.0	0.1
Mean number of other ambulatory encounters	2.1	3.8
Mean number of unique drug classes	4.7	3.5
Mean number of generics	4.9	3.9
Mean number of filled prescriptions	8.7	11.1

¹In the SDD, race information is not well populated and there are substantial proportions of "unknown" race and Hispanic indicator values. Specifically, two commercial Data Partners do not provide any race or ethnicity data.

²Gagne 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 Jul;64(7):749-59. doi: 10.1016/j.jclinepi.2010.10.004. Epub 2011 Jan 5. PMID: 21208778; PMCID: PMC3100405.

Table 1d. Characteristics of Relaxed NuvaRing New Users Without Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Characteristic	Number	Percent
Number of unique patients	174,517	
Demographics		
Mean Age (years)	29.2	7.2
Age (years)		
	Number	Percent
18-24	59,734	34.2%
25-34	78,515	45.0%
35-45	32,451	18.6%
46+	3,817	2.2%
Race¹		
American Indian or Alaska Native	329	0.2%
Asian	3,051	1.7%
Black or African American	4,853	2.8%
Native Hawaiian or Other Pacific Islander	336	0.2%
White	21,949	12.6%
Unknown	143,999	82.5%
Hispanic Origin	6,303	3.6%
Year		
2014	32,999	18.9%
2015	32,494	18.6%
2016	31,769	18.2%
2017	30,275	17.3%
2018	27,117	15.5%
2019	19,863	11.4%
Recorded History of in the 365 Days Prior to Exposure:		
	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	0.3	0.7
Number		
	Number	Percent
Cancer	5,125	2.9%
Cardiovascular Disease	16,901	9.7%
Cerebrovascular Disease	421	0.2%
Chemotherapy	2,203	1.3%
Sickle Cell Disease	176	0.1%
Human Immunodeficiency Virus (HIV)	421	0.2%
Organ Transplant	76	0.0%
Renal Failure	478	0.3%
Liver Failure	4,288	2.5%
Respiratory Failure	139	0.1%
Heart Failure	201	0.1%
Live Birth or Pregnancy	22,222	12.7%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	3,888	2.2%

Table 1d. Characteristics of Relaxed NuvaRing New Users Without Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Recorded History of in the 365 Days Prior to Exposure:	Number	Percent
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	22,553	12.9%
Live Birth Delivery or Pregnancy (0 to 30 days)	167	0.1%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	12	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	179	0.1%
Live Birth Delivery or Pregnancy (31 to 60 days)	54	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	77	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	131	0.1%
Live Birth Delivery or Pregnancy (61 to 90 days)	51	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	140	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	189	0.1%
Live Birth Delivery or Pregnancy (91 to 183 days)	465	0.3%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	592	0.3%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	1,001	0.6%
History of Use:	Number	Percent
NuvaRing	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol <= 20µg)	18,420	10.6%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol > 20µg)	26,364	15.1%
Progestin-only contraceptives	14,928	8.6%

Table 1d. Characteristics of Relaxed NuvaRing New Users Without Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters	9.6	11.1
Mean number of emergency room encounters	0.4	1.0
Mean number of inpatient hospital encounters	0.2	0.4
Mean number of non-acute institutional encounters	0.0	0.1
Mean number of other ambulatory encounters	2.1	3.5
Mean number of unique drug classes	5.1	3.6
Mean number of generics	5.5	4.1
Mean number of filled prescriptions	10.1	11.5

¹In the SDD, race information is not well populated and there are substantial proportions of "unknown" race and Hispanic indicator values. Specifically, two commercial Data Partners do not provide any race or ethnicity data.

²Gagne 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 Jul;64(7):749-59. doi: 10.1016/j.jclinepi.2010.10.004. Epub 2011 Jan 5. PMID: 21208778; PMCID: PMC3100405.

Table 1e. Characteristics of Relaxed NuvaRing New Users Without Additional Exclusions in Risk Assessment for Relaxed Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Characteristic	Number	Percent
Number of unique patients	174,517	
Demographics	Mean	Standard Deviation
Mean Age (years)	29.2	7.2
	Number	Percent
Age (years)		
18-24	59,734	34.2%
25-34	78,515	45.0%
35-45	32,451	18.6%
46+	3,817	2.2%
Race ¹		
American Indian or Alaska Native	329	0.2%
Asian	3,051	1.7%
Black or African American	4,853	2.8%
Native Hawaiian or Other Pacific Islander	336	0.2%
White	21,949	12.6%
Unknown	143,999	82.5%
Hispanic Origin	6,303	3.6%
Year		
2014	32,999	18.9%
2015	32,494	18.6%
2016	31,769	18.2%
2017	30,275	17.3%
2018	27,117	15.5%
2019	19,863	11.4%
Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	0.3	0.7
	Number	Percent
Cancer	5,125	2.9%
Cardiovascular Disease	16,901	9.7%
Cerebrovascular Disease	421	0.2%
Chemotherapy	2,203	1.3%
Sickle Cell Disease	176	0.1%
Human Immunodeficiency Virus (HIV)	421	0.2%
Organ Transplant	76	0.0%
Renal Failure	478	0.3%
Liver Failure	4,288	2.5%
Respiratory Failure	139	0.1%
Heart Failure	201	0.1%
Live Birth or Pregnancy	22,222	12.7%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	3,888	2.2%

Table 1e. Characteristics of Relaxed NuvaRing New Users Without Additional Exclusions in Risk Assessment for Relaxed Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Recorded History of in the 365 Days Prior to Exposure:	Number	Percent
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	22,553	12.9%
Live Birth Delivery or Pregnancy (0 to 30 days)	167	0.1%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	12	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	179	0.1%
Live Birth Delivery or Pregnancy (31 to 60 days)	54	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	77	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	131	0.1%
Live Birth Delivery or Pregnancy (61 to 90 days)	51	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	140	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	189	0.1%
Live Birth Delivery or Pregnancy (91 to 183 days)	465	0.3%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	592	0.3%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	1,001	0.6%
History of Use:	Number	Percent
NuvaRing	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol ≤ 20µg)	18,420	10.6%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol > 20µg)	26,364	15.1%
Progestin-only contraceptives	14,928	8.6%

Table 1e. Characteristics of Relaxed NuvaRing New Users Without Additional Exclusions in Risk Assessment for Relaxed Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters	9.6	11.1
Mean number of emergency room encounters	0.4	1.0
Mean number of inpatient hospital encounters	0.2	0.4
Mean number of non-acute institutional encounters	0.0	0.1
Mean number of other ambulatory encounters	2.1	3.5
Mean number of unique drug classes	5.1	3.6
Mean number of generics	5.5	4.1
Mean number of filled prescriptions	10.1	11.5

¹In the SDD, race information is not well populated and there are substantial proportions of "unknown" race and Hispanic indicator values. Specifically, two commercial Data Partners do not provide any race or ethnicity data.

²Gagne 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 Jul;64(7):749-59. doi: 10.1016/j.jclinepi.2010.10.004. Epub 2011 Jan 5. PMID: 21208778; PMCID: PMC3100405.

Table 1f. Characteristics of Relaxed NuvaRing New Users Without Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Characteristic	Number	Percent
Number of unique patients	174,653	
Demographics	Mean	Standard Deviation
Mean Age (years)	29.2	7.2
	Number	Percent
Age (years)		
18-24	59,765	34.2%
25-34	78,593	45.0%
35-45	32,480	18.6%
46+	3,815	2.2%
Race ¹		
American Indian or Alaska Native	329	0.2%
Asian	3,051	1.7%
Black or African American	4,859	2.8%
Native Hawaiian or Other Pacific Islander	337	0.2%
White	21,977	12.6%
Unknown	144,100	82.5%
Hispanic Origin	6,307	3.6%
Year		
2014	33,026	18.9%
2015	32,516	18.6%
2016	31,799	18.2%
2017	30,295	17.3%
2018	27,143	15.5%
2019	19,874	11.4%
Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	0.3	0.7
	Number	Percent
Cancer	5,149	2.9%
Cardiovascular Disease	16,961	9.7%
Cerebrovascular Disease	335	0.2%
Chemotherapy	2,219	1.3%
Sickle Cell Disease	177	0.1%
Human Immunodeficiency Virus (HIV)	420	0.2%
Organ Transplant	81	0.0%
Renal Failure	487	0.3%
Liver Failure	4,312	2.5%
Respiratory Failure	137	0.1%
Heart Failure	197	0.1%
Live Birth or Pregnancy	22,284	12.8%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	3,894	2.2%

Table 1f. Characteristics of Relaxed NuvaRing New Users Without Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Recorded History of in the 365 Days Prior to Exposure:	Number	Percent
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	22,613	12.9%
Live Birth Delivery or Pregnancy (0 to 30 days)	168	0.1%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	12	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	180	0.1%
Live Birth Delivery or Pregnancy (31 to 60 days)	54	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	76	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	130	0.1%
Live Birth Delivery or Pregnancy (61 to 90 days)	52	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	139	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	189	0.1%
Live Birth Delivery or Pregnancy (91 to 183 days)	466	0.3%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	593	0.3%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	1,003	0.6%
History of Use:	Number	Percent
NuvaRing	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol ≤ 20µg)	18,437	10.6%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol > 20µg)	26,397	15.1%
Progestin-only contraceptives	14,944	8.6%

Table 1f. Characteristics of Relaxed NuvaRing New Users Without Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters	9.7	11.1
Mean number of emergency room encounters	0.4	1.0
Mean number of inpatient hospital encounters	0.2	0.4
Mean number of non-acute institutional encounters	0.0	0.1
Mean number of other ambulatory encounters	2.1	3.6
Mean number of unique drug classes	5.2	3.7
Mean number of generics	5.5	4.1
Mean number of filled prescriptions	10.1	11.5

¹In the SDD, race information is not well populated and there are substantial proportions of "unknown" race and Hispanic indicator values. Specifically, two commercial Data Partners do not provide any race or ethnicity data.

²Gagne 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 Jul;64(7):749-59. doi: 10.1016/j.jclinepi.2010.10.004. Epub 2011 Jan 5. PMID: 21208778; PMCID: PMC3100405.

Table 1g. Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019.

Characteristic	Number	Percent
Number of unique patients	810,429	
Demographics	Mean	Standard Deviation
Mean Age (years)	29.8	9.2
	Number	Percent
Age (years)		
18-24	326,667	40.3%
25-34	250,873	31.0%
35-45	179,054	22.1%
46+	53,835	6.6%
Race ¹		
American Indian or Alaska Native	1,093	0.1%
Asian	18,852	2.3%
Black or African American	16,589	2.0%
Native Hawaiian or Other Pacific Islander	2,176	0.3%
White	83,941	10.4%
Unknown	687,778	84.9%
Hispanic Origin	22,647	2.8%
Year		
2014	135,089	16.7%
2015	141,500	17.5%
2016	148,917	18.4%
2017	144,092	17.8%
2018	136,538	16.8%
2019	104,293	12.9%
Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	0.3	0.7
	Number	Percent
Cancer	27,973	3.5%
Cardiovascular Disease	88,101	10.9%
Cerebrovascular Disease	2,213	0.3%
Chemotherapy	10,350	1.3%
Sickle Cell Disease	638	0.1%
Human Immunodeficiency Virus (HIV)	1,339	0.2%
Organ Transplant	386	0.0%
Renal Failure	2,523	0.3%
Liver Failure	18,143	2.2%
Respiratory Failure	507	0.1%
Heart Failure	928	0.1%
Live Birth or Pregnancy	69,535	8.6%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	17,083	2.1%

Table 1g. Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019.

Recorded History of in the 365 Days Prior to Exposure:	Number	Percent
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	71,512	8.8%
Live Birth Delivery or Pregnancy (0 to 30 days)	631	0.1%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	165	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	796	0.1%
Live Birth Delivery or Pregnancy (31 to 60 days)	196	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	720	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	913	0.1%
Live Birth Delivery or Pregnancy (61 to 90 days)	167	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	735	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	899	0.1%
Live Birth Delivery or Pregnancy (91 to 183 days)	1,596	0.2%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	2,685	0.3%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	4,026	0.5%
History of Use:	Number	Percent
NuvaRing	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol <= 20µg)	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol > 20µg)	0	0.0%
Progestin-only contraceptives	0	0.0%

Table 1g. Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019.

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters	8.8	10.7
Mean number of emergency room encounters	0.3	0.9
Mean number of inpatient hospital encounters	0.1	0.4
Mean number of non-acute institutional encounters	0.0	0.2
Mean number of other ambulatory encounters	1.8	3.3
Mean number of unique drug classes	4.5	3.4
Mean number of generics	4.7	3.8
Mean number of filled prescriptions	8.6	11.3

¹In the SDD, race information is not well populated and there are substantial proportions of "unknown" race and Hispanic indicator values. Specifically, two commercial Data Partners do not provide any race or ethnicity data.

²Gagne 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 Jul;64(7):749-59. doi: 10.1016/j.jclinepi.2010.10.004. Epub 2011 Jan 5. PMID: 21208778; PMCID: PMC3100405.

Table 1h. Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Relaxed Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Characteristic	Number	Percent
Number of unique patients	810,425	
Demographics	Mean	Standard Deviation
Mean Age (years)	29.8	9.2
	Number	Percent
Age (years)		
18-24	326,666	40.3%
25-34	250,871	31.0%
35-45	179,053	22.1%
46+	53,835	6.6%
Race ¹		
American Indian or Alaska Native	1,093	0.1%
Asian	18,852	2.3%
Black or African American	16,589	2.0%
Native Hawaiian or Other Pacific Islander	2,176	0.3%
White	83,939	10.4%
Unknown	687,776	84.9%
Hispanic Origin	22,647	2.8%
Year		
2014	135,088	16.7%
2015	141,499	17.5%
2016	148,916	18.4%
2017	144,091	17.8%
2018	136,538	16.8%
2019	104,293	12.9%
Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	0.3	0.7
	Number	Percent
Cancer	27,973	3.5%
Cardiovascular Disease	88,099	10.9%
Cerebrovascular Disease	2,213	0.3%
Chemotherapy	10,350	1.3%
Sickle Cell Disease	638	0.1%
Human Immunodeficiency Virus (HIV)	1,339	0.2%
Organ Transplant	386	0.0%
Renal Failure	2,523	0.3%
Liver Failure	18,143	2.2%
Respiratory Failure	507	0.1%
Heart Failure	928	0.1%
Live Birth or Pregnancy	69,535	8.6%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	17,083	2.1%

Table 1h. Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Relaxed Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Recorded History of in the 365 Days Prior to Exposure:	Number	Percent
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	71,512	8.8%
Live Birth Delivery or Pregnancy (0 to 30 days)	631	0.1%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	165	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	796	0.1%
Live Birth Delivery or Pregnancy (31 to 60 days)	196	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	720	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	913	0.1%
Live Birth Delivery or Pregnancy (61 to 90 days)	167	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	734	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	898	0.1%
Live Birth Delivery or Pregnancy (91 to 183 days)	1,596	0.2%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	2,685	0.3%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	4,026	0.5%
History of Use:	Number	Percent
NuvaRing	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol ≤ 20µg)	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol > 20µg)	0	0.0%
Progestin-only contraceptives	0	0.0%

Table 1h. Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Relaxed Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters	8.8	10.7
Mean number of emergency room encounters	0.3	0.9
Mean number of inpatient hospital encounters	0.1	0.4
Mean number of non-acute institutional encounters	0.0	0.2
Mean number of other ambulatory encounters	1.8	3.3
Mean number of unique drug classes	4.5	3.4
Mean number of generics	4.7	3.8
Mean number of filled prescriptions	8.6	11.3

¹In the SDD, race information is not well populated and there are substantial proportions of "unknown" race and Hispanic indicator values. Specifically, two commercial Data Partners do not provide any race or ethnicity data.

²Gagne 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 Jul;64(7):749-59. doi: 10.1016/j.jclinepi.2010.10.004. Epub 2011 Jan 5. PMID: 21208778; PMCID: PMC3100405.

Table 1i. Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Characteristic	Number	Percent
Number of unique patients	810,904	
Demographics	Mean	Standard Deviation
Mean Age (years)	29.8	9.2
	Number	Percent
Age (years)		
18-24	326,746	40.3%
25-34	251,064	31.0%
35-45	179,233	22.1%
46+	53,861	6.6%
Race ¹		
American Indian or Alaska Native	1,095	0.1%
Asian	18,853	2.3%
Black or African American	16,610	2.0%
Native Hawaiian or Other Pacific Islander	2,177	0.3%
White	83,987	10.4%
Unknown	688,182	84.9%
Hispanic Origin	22,654	2.8%
Year		
2014	135,180	16.7%
2015	141,606	17.5%
2016	149,014	18.4%
2017	144,142	17.8%
2018	136,603	16.8%
2019	104,359	12.9%
Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	0.3	0.7
	Number	Percent
Cancer	28,053	3.5%
Cardiovascular Disease	88,255	10.9%
Cerebrovascular Disease	1,785	0.2%
Chemotherapy	10,411	1.3%
Sickle Cell Disease	639	0.1%
Human Immunodeficiency Virus (HIV)	1,338	0.2%
Organ Transplant	399	0.0%
Renal Failure	2,550	0.3%
Liver Failure	18,201	2.2%
Respiratory Failure	518	0.1%
Heart Failure	927	0.1%
Live Birth or Pregnancy	69,687	8.6%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	17,116	2.1%

Table 1i. Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Recorded History of in the 365 Days Prior to Exposure:	Number	Percent
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	71,666	8.8%
Live Birth Delivery or Pregnancy (0 to 30 days)	631	0.1%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	164	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	795	0.1%
Live Birth Delivery or Pregnancy (31 to 60 days)	196	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	721	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	914	0.1%
Live Birth Delivery or Pregnancy (61 to 90 days)	167	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	733	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	897	0.1%
Live Birth Delivery or Pregnancy (91 to 183 days)	1,593	0.2%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	2,691	0.3%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	4,030	0.5%
History of Use:	Number	Percent
NuvaRing	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol ≤ 20µg)	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol > 20µg)	0	0.0%
Progestin-only contraceptives	0	0.0%

Table 1i. Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters	8.8	10.7
Mean number of emergency room encounters	0.3	0.9
Mean number of inpatient hospital encounters	0.1	0.4
Mean number of non-acute institutional encounters	0.0	0.2
Mean number of other ambulatory encounters	1.8	3.3
Mean number of unique drug classes	4.5	3.4
Mean number of generics	4.7	3.8
Mean number of filled prescriptions	8.6	11.4

¹In the SDD, race information is not well populated and there are substantial proportions of "unknown" race and Hispanic indicator values. Specifically, two commercial Data Partners do not provide any race or ethnicity data.

²Gagne 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 Jul;64(7):749-59. doi: 10.1016/j.jclinepi.2010.10.004. Epub 2011 Jan 5. PMID: 21208778; PMCID: PMC3100405.

Table 1j. Characteristics of Relaxed Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Characteristic	Number	Percent
Number of unique patients	986,297	
Demographics	Mean	Standard Deviation
Mean Age (years)	29.7	9.0
	Number	Percent
Age (years)		
18-24	393,445	39.9%
25-34	320,123	32.5%
35-45	211,902	21.5%
46+	60,827	6.2%
Race ¹		
American Indian or Alaska Native	1,319	0.1%
Asian	21,992	2.2%
Black or African American	20,588	2.1%
Native Hawaiian or Other Pacific Islander	2,578	0.3%
White	104,493	10.6%
Unknown	835,327	84.7%
Hispanic Origin	27,466	2.8%
Year		
2014	168,058	17.0%
2015	175,482	17.8%
2016	181,204	18.4%
2017	173,858	17.6%
2018	163,209	16.5%
2019	124,486	12.6%
Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	0.3	0.7
	Number	Percent
Cancer	33,918	3.4%
Cardiovascular Disease	108,450	11.0%
Cerebrovascular Disease	2,676	0.3%
Chemotherapy	12,846	1.3%
Sickle Cell Disease	780	0.1%
Human Immunodeficiency Virus (HIV)	1,632	0.2%
Organ Transplant	488	0.0%
Renal Failure	3,142	0.3%
Liver Failure	22,567	2.3%
Respiratory Failure	617	0.1%
Heart Failure	1,140	0.1%
Live Birth or Pregnancy	95,306	9.7%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	20,280	2.1%

Table 1j. Characteristics of Relaxed Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Recorded History of in the 365 Days Prior to Exposure:	Number	Percent
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	98,080	9.9%
Live Birth Delivery or Pregnancy (0 to 30 days)	748	0.1%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	210	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	958	0.1%
Live Birth Delivery or Pregnancy (31 to 60 days)	237	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	961	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	1,194	0.1%
Live Birth Delivery or Pregnancy (61 to 90 days)	214	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	977	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	1,185	0.1%
Live Birth Delivery or Pregnancy (91 to 183 days)	2,168	0.2%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	3,576	0.4%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	5,402	0.5%
History of Use:	Number	Percent
NuvaRing	12,141	1.2%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol ≤ 20µg)	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol > 20µg)	115,938	11.8%
Progestin-only contraceptives	62,238	6.3%

Table 1j. Characteristics of Relaxed Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters	9.1	10.8
Mean number of emergency room encounters	0.3	0.9
Mean number of inpatient hospital encounters	0.1	0.4
Mean number of non-acute institutional encounters	0.0	0.2
Mean number of other ambulatory encounters	1.9	3.3
Mean number of unique drug classes	4.7	3.5
Mean number of generics	5.0	4.0
Mean number of filled prescriptions	9.6	11.7

¹In the SDD, race information is not well populated and there are substantial proportions of "unknown" race and Hispanic indicator values. Specifically, two commercial Data Partners do not provide any race or ethnicity data.

²Gagne 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 Jul;64(7):749-59. doi: 10.1016/j.jclinepi.2010.10.004. Epub 2011 Jan 5. PMID: 21208778; PMCID: PMC3100405.

Table 1k. Characteristics of Relaxed Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Relaxed Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Characteristic	Number	Percent
Number of unique patients	986,291	
Demographics	Mean	Standard Deviation
Mean Age (years)	29.7	9.0
	Number	Percent
Age (years)		
18-24	393,443	39.9%
25-34	320,121	32.5%
35-45	211,900	21.5%
46+	60,827	6.2%
Race ¹		
American Indian or Alaska Native	1,319	0.1%
Asian	21,992	2.2%
Black or African American	20,588	2.1%
Native Hawaiian or Other Pacific Islander	2,578	0.3%
White	104,490	10.6%
Unknown	835,324	84.7%
Hispanic Origin	27,466	2.8%
Year		
2014	168,057	17.0%
2015	175,480	17.8%
2016	181,202	18.4%
2017	173,857	17.6%
2018	163,209	16.5%
2019	124,486	12.6%
Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	0.3	0.7
	Number	Percent
Cancer	33,918	3.4%
Cardiovascular Disease	108,447	11.0%
Cerebrovascular Disease	2,676	0.3%
Chemotherapy	12,846	1.3%
Sickle Cell Disease	780	0.1%
Human Immunodeficiency Virus (HIV)	1,632	0.2%
Organ Transplant	488	0.0%
Renal Failure	3,142	0.3%
Liver Failure	22,567	2.3%
Respiratory Failure	617	0.1%
Heart Failure	1,140	0.1%
Live Birth or Pregnancy	95,306	9.7%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	20,279	2.1%

Table 1k. Characteristics of Relaxed Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Relaxed Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Recorded History of in the 365 Days Prior to Exposure:	Number	Percent
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	98,079	9.9%
Live Birth Delivery or Pregnancy (0 to 30 days)	748	0.1%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	210	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	958	0.1%
Live Birth Delivery or Pregnancy (31 to 60 days)	237	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	960	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	1,193	0.1%
Live Birth Delivery or Pregnancy (61 to 90 days)	214	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	976	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	1,184	0.1%
Live Birth Delivery or Pregnancy (91 to 183 days)	2,167	0.2%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	3,575	0.4%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	5,401	0.5%
History of Use:	Number	Percent
NuvaRing	12,141	1.2%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol <= 20µg)	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol > 20µg)	115,936	11.8%
Progestin-only contraceptives	62,238	6.3%

Table 1k. Characteristics of Relaxed Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Relaxed Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters	9.1	10.8
Mean number of emergency room encounters	0.3	0.9
Mean number of inpatient hospital encounters	0.1	0.4
Mean number of non-acute institutional encounters	0.0	0.2
Mean number of other ambulatory encounters	1.9	3.3
Mean number of unique drug classes	4.7	3.5
Mean number of generics	5.0	4.0
Mean number of filled prescriptions	9.6	11.7

¹In the SDD, race information is not well populated and there are substantial proportions of "unknown" race and Hispanic indicator values. Specifically, two commercial Data Partners do not provide any race or ethnicity data.

²Gagne 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 Jul;64(7):749-59. doi: 10.1016/j.jclinepi.2010.10.004. Epub 2011 Jan 5. PMID: 21208778; PMCID: PMC3100405.

Table 1I. Characteristics of Relaxed Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Characteristic	Number	Percent
Number of unique patients	986,942	
Demographics	Mean	Standard Deviation
Mean Age (years)	29.7	9.0
	Number	Percent
Age (years)		
18-24	393,538	39.9%
25-34	320,394	32.5%
35-45	212,148	21.5%
46+	60,862	6.2%
Race ¹		
American Indian or Alaska Native	1,320	0.1%
Asian	21,992	2.2%
Black or African American	20,610	2.1%
Native Hawaiian or Other Pacific Islander	2,579	0.3%
White	104,567	10.6%
Unknown	835,874	84.7%
Hispanic Origin	27,471	2.8%
Year		
2014	168,194	17.0%
2015	175,624	17.8%
2016	181,323	18.4%
2017	173,935	17.6%
2018	163,296	16.5%
2019	124,570	12.6%
Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	0.3	0.7
	Number	Percent
Cancer	34,019	3.4%
Cardiovascular Disease	108,638	11.0%
Cerebrovascular Disease	2,150	0.2%
Chemotherapy	12,921	1.3%
Sickle Cell Disease	781	0.1%
Human Immunodeficiency Virus (HIV)	1,631	0.2%
Organ Transplant	502	0.1%
Renal Failure	3,175	0.3%
Liver Failure	22,627	2.3%
Respiratory Failure	628	0.1%
Heart Failure	1,144	0.1%
Live Birth or Pregnancy	95,514	9.7%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	20,338	2.1%

Table 1I. Characteristics of Relaxed Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Recorded History of in the 365 Days Prior to Exposure:	Number	Percent
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	98,294	10.0%
Live Birth Delivery or Pregnancy (0 to 30 days)	749	0.1%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	209	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	958	0.1%
Live Birth Delivery or Pregnancy (31 to 60 days)	237	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	965	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	1,198	0.1%
Live Birth Delivery or Pregnancy (61 to 90 days)	215	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	976	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	1,185	0.1%
Live Birth Delivery or Pregnancy (91 to 183 days)	2,166	0.2%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	3,586	0.4%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	5,410	0.5%
History of Use:	Number	Percent
NuvaRing	12,164	1.2%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol ≤ 20µg)	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol > 20µg)	116,023	11.8%
Progestin-only contraceptives	62,334	6.3%

Table 1I. Characteristics of Relaxed Other Combined Hormonal Contraceptives (oCHC) New Users Without Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters	9.1	10.8
Mean number of emergency room encounters	0.3	0.9
Mean number of inpatient hospital encounters	0.1	0.4
Mean number of non-acute institutional encounters	0.0	0.2
Mean number of other ambulatory encounters	1.9	3.3
Mean number of unique drug classes	4.7	3.5
Mean number of generics	5.0	4.0
Mean number of filled prescriptions	9.6	11.8

¹In the SDD, race information is not well populated and there are substantial proportions of "unknown" race and Hispanic indicator values. Specifically, two commercial Data Partners do not provide any race or ethnicity data.

²Gagne 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 Jul;64(7):749-59. doi: 10.1016/j.jclinepi.2010.10.004. Epub 2011 Jan 5. PMID: 21208778; PMCID: PMC3100405.

Table 1m. Characteristics of Strict NuvaRing New Users With Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Characteristic	Number	Percent
Number of unique patients	103,220	
Demographics	Mean	Standard Deviation
Mean Age (years)	29.5	7.1
Age (years)	Number	Percent
18-24	32,262	31.3%
25-34	48,717	47.2%
35-45	20,071	19.4%
46+	2,170	2.1%
Race¹		
American Indian or Alaska Native	213	0.2%
Asian	2,107	2.0%
Black or African American	2,932	2.8%
Native Hawaiian or Other Pacific Islander	204	0.2%
White	13,184	12.8%
Unknown	84,580	81.9%
Hispanic Origin	4,056	3.9%
Year		
2014	19,521	18.9%
2015	19,046	18.5%
2016	18,656	18.1%
2017	17,836	17.3%
2018	16,249	15.7%
2019	11,912	11.5%
Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	0.3	0.6
	Number	Percent
Live Birth or Pregnancy	12,627	12.2%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	2,610	2.5%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	12,790	12.4%
Live Birth Delivery or Pregnancy (0 to 30 days)	109	0.1%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	7	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	116	0.1%
Live Birth Delivery or Pregnancy (31 to 60 days)	34	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	43	0.0%

Table 1m. Characteristics of Strict NuvaRing New Users With Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	77	0.1%
Live Birth Delivery or Pregnancy (61 to 90 days)	21	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	74	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	94	0.1%
Live Birth Delivery or Pregnancy (91 to 183 days)	259	0.3%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	314	0.3%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	540	0.5%
History of Use:	Number	Percent
NuvaRing	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol <= 20µg)	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol > 20µg)	0	0.0%
Progestin-only contraceptives	0	0.0%
Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters	8.3	10.1
Mean number of emergency room encounters	0.3	0.8
Mean number of inpatient hospital encounters	0.1	0.4
Mean number of non-acute institutional encounters	0.0	0.1
Mean number of other ambulatory encounters	1.8	3.1
Mean number of unique drug classes	4.3	3.2
Mean number of generics	4.5	3.5
Mean number of filled prescriptions	7.5	9.2

¹In the SDD, race information is not well populated and there are substantial proportions of "unknown" race and Hispanic indicator values. Specifically, two commercial Data Partners do not provide any race or ethnicity data.

²Gagne 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 Jul;64(7):749-59. doi: 10.1016/j.jclinepi.2010.10.004. Epub 2011 Jan 5. PMID: 21208778; PMCID: PMC3100405.

Table 1n. Characteristics of Strict NuvaRing New Users With Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Characteristic	Number	Percent
Number of unique patients	103,284	
Demographics	Mean	Standard Deviation
Mean Age (years)	29.5	7.1
Age (years)	Number	Percent
18-24	32,271	31.2%
25-34	48,749	47.2%
35-45	20,091	19.5%
46+	2,173	2.1%
Race¹		
American Indian or Alaska Native	213	0.2%
Asian	2,108	2.0%
Black or African American	2,934	2.8%
Native Hawaiian or Other Pacific Islander	205	0.2%
White	13,192	12.8%
Unknown	84,632	81.9%
Hispanic Origin	4,059	3.9%
Year		
2014	19,533	18.9%
2015	19,056	18.5%
2016	18,664	18.1%
2017	17,846	17.3%
2018	16,267	15.7%
2019	11,918	11.5%
Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	0.3	0.6
	Number	Percent
Live Birth or Pregnancy	12,645	12.2%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	2,614	2.5%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	12,808	12.4%
Live Birth Delivery or Pregnancy (0 to 30 days)	110	0.1%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	7	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	117	0.1%
Live Birth Delivery or Pregnancy (31 to 60 days)	34	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	43	0.0%

Table 1n. Characteristics of Strict NuvaRing New Users With Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	77	0.1%
Live Birth Delivery or Pregnancy (61 to 90 days)	21	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	74	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	94	0.1%
Live Birth Delivery or Pregnancy (91 to 183 days)	259	0.3%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	314	0.3%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	540	0.5%
History of Use:	Number	Percent
NuvaRing	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol <= 20µg)	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol > 20µg)	0	0.0%
Progestin-only contraceptives	0	0.0%
Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters	8.3	10.1
Mean number of emergency room encounters	0.3	0.8
Mean number of inpatient hospital encounters	0.1	0.4
Mean number of non-acute institutional encounters	0.0	0.1
Mean number of other ambulatory encounters	1.8	3.1
Mean number of unique drug classes	4.3	3.2
Mean number of generics	4.5	3.5
Mean number of filled prescriptions	7.5	9.2

¹In the SDD, race information is not well populated and there are substantial proportions of "unknown" race and Hispanic indicator values. Specifically, two commercial Data Partners do not provide any race or ethnicity data.

²Gagne 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 Jul;64(7):749-59. doi: 10.1016/j.jclinepi.2010.10.004. Epub 2011 Jan 5. PMID: 21208778; PMCID: PMC3100405.

Table 1o. Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users With Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Characteristic	Number	Percent
Number of unique patients	679,375	
Demographics	Mean	Standard Deviation
Mean Age (years)	28.9	8.8
	Number	Percent
Age (years)		
18-24	297,088	43.7%
25-34	212,929	31.3%
35-45	134,410	19.8%
46+	34,948	5.1%
Race ¹		
American Indian or Alaska Native	903	0.1%
Asian	16,623	2.4%
Black or African American	13,210	1.9%
Native Hawaiian or Other Pacific Islander	1,909	0.3%
White	70,431	10.4%
Unknown	576,299	84.8%
Hispanic Origin	19,421	2.9%
Year		
2014	115,224	17.0%
2015	120,876	17.8%
2016	124,613	18.3%
2017	119,450	17.6%
2018	113,241	16.7%
2019	85,971	12.7%
Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	0.2	0.5
	Number	Percent
Live Birth or Pregnancy	55,605	8.2%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	13,504	2.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	57,152	8.4%
Live Birth Delivery or Pregnancy (0 to 30 days)	482	0.1%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	130	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	612	0.1%
Live Birth Delivery or Pregnancy (31 to 60 days)	150	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	576	0.1%

Table 1o. Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users With Additional Exclusions in Risk Assessment for Strict Venous Thromboembolism (VTE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	723	0.1%
Live Birth Delivery or Pregnancy (61 to 90 days)	133	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	580	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	710	0.1%
Live Birth Delivery or Pregnancy (91 to 183 days)	1,313	0.2%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	2,177	0.3%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	3,285	0.5%
History of Use:	Number	Percent
NuvaRing	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol <= 20µg)	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol > 20µg)	0	0.0%
Progestin-only contraceptives	0	0.0%
Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters	7.7	9.5
Mean number of emergency room encounters	0.2	0.7
Mean number of inpatient hospital encounters	0.1	0.3
Mean number of non-acute institutional encounters	0.0	0.1
Mean number of other ambulatory encounters	1.6	2.8
Mean number of unique drug classes	4.1	3.0
Mean number of generics	4.3	3.4
Mean number of filled prescriptions	7.3	9.1

¹In the SDD, race information is not well populated and there are substantial proportions of "unknown" race and Hispanic indicator values. Specifically, two commercial Data Partners do not provide any race or ethnicity data.

²Gagne 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 Jul;64(7):749-59. doi: 10.1016/j.jclinepi.2010.10.004. Epub 2011 Jan 5. PMID: 21208778; PMCID: PMC3100405.

Table 1p. Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users With Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Characteristic	Number	Percent
Number of unique patients	679,811	
Demographics	Mean	Standard Deviation
Mean Age (years)	28.9	8.8
Age (years)	Number	Percent
18-24	297,173	43.7%
25-34	213,086	31.3%
35-45	134,565	19.8%
46+	34,987	5.1%
Race ¹		
American Indian or Alaska Native	905	0.1%
Asian	16,630	2.4%
Black or African American	13,217	1.9%
Native Hawaiian or Other Pacific Islander	1,910	0.3%
White	70,474	10.4%
Unknown	576,675	84.8%
Hispanic Origin	19,432	2.9%
Year		
2014	115,298	17.0%
2015	120,967	17.8%
2016	124,692	18.3%
2017	119,519	17.6%
2018	113,298	16.7%
2019	86,037	12.7%
Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	0.2	0.5
	Number	Percent
Live Birth or Pregnancy	55,710	8.2%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	13,532	2.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement	57,258	8.4%
Live Birth Delivery or Pregnancy (0 to 30 days)	482	0.1%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	130	0.0%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (0 to 30 days)	612	0.1%
Live Birth Delivery or Pregnancy (31 to 60 days)	150	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	577	0.1%

Table 1p. Characteristics of Strict Other Combined Hormonal Contraceptives (oCHC) New Users With Additional Exclusions in Risk Assessment for Arterial Thromboembolism (ATE) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019

Recorded History of in the 365 Days Prior to Exposure:	Mean	Standard Deviation
Live Birth Delivery or Pregnancy (91 to 183 days)	1,313	0.2%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (31 to 60 days)	724	0.1%
Live Birth Delivery or Pregnancy (61 to 90 days)	133	0.0%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	580	0.1%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (61 to 90 days)	710	0.1%
Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	2,181	0.3%
Live Birth Delivery or Pregnancy or Prenatal Intrauterine insemination (IUI) or in vitro fertilization (IVF) or Nuchal translucency measurement (91 to 183 days)	3,289	0.5%
Health Service Utilization Intensity:	Mean	Standard Deviation
NuvaRing	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol <= 20µg)	0	0.0%
Other Hormonal Contraceptives (oCHC) (ethinyl estradiol > 20µg)	0	0.0%
Progestin-only contraceptives	0	0.0%
Health Service Utilization Intensity:	Mean	Standard Deviation
Mean number of ambulatory encounters	7.7	9.5
Mean number of emergency room encounters	0.2	0.7
Mean number of inpatient hospital encounters	0.1	0.3
Mean number of non-acute institutional encounters	0.0	0.1
Mean number of other ambulatory encounters	1.6	2.8
Mean number of unique drug classes	4.1	3.0
Mean number of generics	4.3	3.4
Mean number of filled prescriptions	7.3	9.2

¹In the SDD, race information is not well populated and there are substantial proportions of "unknown" race and Hispanic indicator values. Specifically, two commercial Data Partners do not provide any race or ethnicity data.

²Gagne 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 Jul;64(7):749-59. doi: 10.1016/j.jclinepi.2010.10.004. Epub 2011 Jan 5. PMID: 21208778; PMCID: PMC3100405.

Table 2. Incidence Rates of Venous Thromboembolism (VTE) and Arterial Thromboembolism (ATE) in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019, Overall

	New Users	New Users with Outcome	Outcome per 1,000 New Users (95% Confidence Interval)	Outcome per 1,000 Person-Years at Risk (95% Confidence Interval)	Years at Risk	Average Person-Years at Risk
Outcome: VTE (Strict Definition)						
NuvaRing (Strict Definition) without Exclusions	121,807	151	1.24 (1.04, 1.44)	2.27 (1.94, 2.66)	66,516.1	0.55
NuvaRing (Relaxed Definition) without Exclusions	174,517	188	1.08 (0.92, 1.23)	1.94 (1.68, 2.24)	96,876.8	0.56
oCHC (Strict Definition) without Exclusions	810,429	585	0.72 (0.66, 0.78)	1.13 (1.04, 1.22)	519,499.9	0.64
oCHC (Relaxed Definition) without Exclusions	986,297	667	0.68 (0.63, 0.73)	1.07 (0.99, 1.15)	625,849.9	0.63
NuvaRing (Strict Definition) with Exclusions	103,220	107	1.04 (0.84, 1.23)	1.88 (1.56, 2.27)	56,906.1	0.55
oCHC (Strict Definition) with Exclusions	679,375	379	0.56 (0.50, 0.61)	0.86 (0.77, 0.95)	442,224.8	0.65
Outcome: VTE (Relaxed Definition)						
NuvaRing (Strict Definition) without Exclusions	121,807	362	2.97 (2.67, 3.28)	5.45 (4.91, 6.04)	66,454.3	0.55
NuvaRing (Relaxed Definition) without Exclusions	174,517	462	2.65 (2.41, 2.89)	4.77 (4.36, 5.23)	96,793.9	0.55
oCHC (Strict Definition) without Exclusions	810,425	1,695	2.09 (1.99, 2.19)	3.27 (3.11, 3.42)	519,099.9	0.64
oCHC (Relaxed Definition) without Exclusions	986,291	1,938	1.96 (1.88, 2.05)	3.10 (2.96, 3.24)	625,379.1	0.63
Outcome: ATE						
NuvaRing (Strict Definition) without Exclusions	121,887	100	0.82 (0.66, 0.98)	1.50 (1.24, 1.83)	66,546.6	0.55
NuvaRing (Relaxed Definition) without Exclusions	174,653	120	0.69 (0.56, 0.81)	1.24 (1.04, 1.48)	96,939.8	0.56
oCHC (Strict Definition) without Exclusions	810,904	648	0.80 (0.74, 0.86)	1.25 (1.15, 1.35)	519,563.5	0.64
oCHC (Relaxed Definition) without Exclusions	986,942	766	0.78 (0.72, 0.83)	1.22 (1.14, 1.31)	625,980.3	0.63
NuvaRing (Strict Definition) with Exclusions	103,284	69	0.67 (0.51, 0.83)	1.21 (0.96, 1.53)	56,926.5	0.55
oCHC (Strict Definition) with Exclusions	679,811	407	0.60 (0.54, 0.66)	0.92 (0.83, 1.01)	442,366.8	0.65

Table 3. Incidence Rates of Venous Thromboembolism (VTE) and Arterial Thromboembolism (ATE) in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019, by Age Group

Age Group	New Users	New Users with Outcome	Outcome per 1,000 New Users (95% Confidence Interval)	Outcome per 1,000 Person-Years at Risk (95% Confidence Interval)	Years at Risk	Average Person-Years at Risk
Outcome: VTE (Strict Definition)						
NuvaRing (Strict Definition) without Exclusions						
18 to 24 years	35,742	31	0.87 (0.56, 1.17)	1.51 (1.06, 2.15)	20,483.6	0.57
25 to 34 years	56,794	70	1.23 (0.94, 1.52)	2.32 (1.84, 2.94)	30,115.8	0.53
35 to 45 years	25,992	42	1.62 (1.13, 2.10)	2.96 (2.19, 4.00)	14,196.0	0.55
46 years and above	3,279	8	2.44 (0.75, 4.13)	4.65 (2.33, 9.30)	1,720.7	0.52
NuvaRing (Relaxed Definition) without Exclusions						
18 to 24 years	59,734	45	0.75 (0.53, 0.97)	1.30 (0.97, 1.74)	34,567.7	0.58
25 to 34 years	78,515	82	1.04 (0.82, 1.27)	1.94 (1.56, 2.41)	42,282.1	0.54
35 to 45 years	32,451	51	1.57 (1.14, 2.00)	2.83 (2.15, 3.73)	17,989.8	0.55
46 years and above	3,817	10	2.62 (1.00, 4.24)	4.91 (2.64, 9.12)	2,037.3	0.53
oCHC (Strict Definition) without Exclusions						
18 to 24 years	326,667	116	0.36 (0.29, 0.42)	0.49 (0.41, 0.59)	235,375.2	0.72
25 to 34 years	250,873	153	0.61 (0.51, 0.71)	1.09 (0.93, 1.28)	139,899.4	0.56
35 to 45 years	179,054	195	1.09 (0.94, 1.24)	1.78 (1.55, 2.05)	109,666.8	0.61
46 years and above	53,835	121	2.25 (1.85, 2.65)	3.50 (2.93, 4.18)	34,558.5	0.64
oCHC (Relaxed Definition) without Exclusions						
18 to 24 years	393,445	135	0.34 (0.29, 0.40)	0.49 (0.42, 0.58)	274,060.5	0.70
25 to 34 years	320,123	182	0.57 (0.49, 0.65)	1.01 (0.88, 1.17)	179,413.7	0.56
35 to 45 years	211,902	214	1.01 (0.87, 1.15)	1.62 (1.41, 1.85)	132,345.5	0.62
46 years and above	60,827	136	2.24 (1.86, 2.61)	3.40 (2.87, 4.02)	40,030.2	0.66
NuvaRing (Strict Definition) with Exclusions						
18 to 24 years	32,262	24	0.74 (0.45, 1.04)	1.29 (0.86, 1.92)	18,601.2	0.58
25 to 34 years	48,717	51	1.05 (0.76, 1.33)	1.96 (1.49, 2.58)	26,058.7	0.53
35 to 45 years	20,071	26	1.30 (0.80, 1.79)	2.35 (1.60, 3.44)	11,085.7	0.55
46 years and above	2,170	6	2.76 (0.56, 4.97)	5.17 (2.32, 11.51)	1,160.5	0.53
oCHC (Strict Definition) with Exclusions						
18 to 24 years	297,088	91	0.31 (0.24, 0.37)	0.42 (0.34, 0.52)	215,156.1	0.72

Table 3. Incidence Rates of Venous Thromboembolism (VTE) and Arterial Thromboembolism (ATE) in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019, by Age Group

Age Group	New Users	New Users with Outcome	Outcome per 1,000 New Users (95% Confidence Interval)	Outcome per 1,000 Person-Years at Risk (95% Confidence Interval)	Years at Risk	Average Person-Years at Risk
25 to 34 years	212,929	101	0.47 (0.38, 0.57)	0.84 (0.69, 1.02)	120,053.3	0.56
35 to 45 years	134,410	119	0.89 (0.73, 1.04)	1.42 (1.18, 1.70)	83,961.4	0.62
46 years and above	34,948	68	1.95 (1.48, 2.41)	2.95 (2.33, 3.74)	23,054.0	0.66
NuvaRing (Strict Definition) with Exclusions						
NuvaRing (Strict Definition) without Exclusions						
18 to 24 years	35,742	55	1.54 (1.13, 1.95)	2.69 (2.06, 3.50)	20,476.9	0.57
25 to 34 years	56,794	154	2.71 (2.28, 3.14)	5.12 (4.37, 5.99)	30,092.1	0.53
35 to 45 years	25,992	133	5.12 (4.25, 5.98)	9.39 (7.92, 11.13)	14,167.9	0.55
46 years and above	3,279	20	6.10 (3.43, 8.76)	11.65 (7.51, 18.05)	1,717.4	0.52
NuvaRing (Relaxed Definition) without Exclusions						
18 to 24 years	59,734	86	1.44 (1.14, 1.74)	2.49 (2.01, 3.07)	34,555.4	0.58
25 to 34 years	78,515	197	2.51 (2.16, 2.86)	4.66 (4.06, 5.36)	42,248.1	0.54
35 to 45 years	32,451	154	4.75 (4.00, 5.49)	8.58 (7.32, 10.04)	17,957.2	0.55
46 years and above	3,817	25	6.55 (3.99, 9.11)	12.30 (8.31, 18.20)	2,033.3	0.53
oCHC (Strict Definition) without Exclusions						
18 to 24 years	326,666	294	0.90 (0.80, 1.00)	1.25 (1.11, 1.40)	235,281.6	0.72
25 to 34 years	250,871	415	1.65 (1.50, 1.81)	2.97 (2.70, 3.27)	139,809.5	0.56
35 to 45 years	179,053	626	3.50 (3.22, 3.77)	5.72 (5.29, 6.18)	109,519.6	0.61
46 years and above	53,835	360	6.69 (6.00, 7.38)	10.44 (9.41, 11.57)	34,489.2	0.64
oCHC (Relaxed Definition) without Exclusions						
18 to 24 years	393,443	341	0.87 (0.77, 0.96)	1.24 (1.12, 1.38)	273,951.8	0.70
25 to 34 years	320,121	505	1.58 (1.44, 1.72)	2.82 (2.58, 3.07)	179,308.4	0.56
35 to 45 years	211,900	695	3.28 (3.04, 3.52)	5.26 (4.88, 5.66)	132,170.6	0.62
46 years and above	60,827	397	6.53 (5.89, 7.17)	9.94 (9.01, 10.97)	39,948.3	0.66
Outcome: ATE						
NuvaRing (Strict Definition) without Exclusions						
18 to 24 years	35,756	16	0.45 (0.23, 0.67)	0.78 (0.48, 1.27)	20,486.6	0.57
25 to 34 years	56,841	32	0.56 (0.37, 0.76)	1.06 (0.75, 1.50)	30,147.2	0.53

Table 3. Incidence Rates of Venous Thromboembolism (VTE) and Arterial Thromboembolism (ATE) in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019, by Age Group

Age Group	New Users	New Users with Outcome	Outcome per 1,000 New Users (95% Confidence Interval)	Outcome per 1,000 Person-Years at Risk (95% Confidence Interval)	Years at Risk	Average Person-Years at Risk
35 to 45 years	26,010	45	1.73 (1.23, 2.24)	3.17 (2.37, 4.25)	14,195.0	0.55
46 years and above	3,280	7	2.13 (0.55, 3.71)	4.07 (1.94, 8.55)	1,717.9	0.52
NuvaRing (Relaxed Definition) without Exclusions						
18 to 24 years	59,765	24	0.40 (0.24, 0.56)	0.69 (0.47, 1.04)	34,577.4	0.58
25 to 34 years	78,593	39	0.50 (0.34, 0.65)	0.92 (0.67, 1.26)	42,328.9	0.54
35 to 45 years	32,480	50	1.54 (1.11, 1.97)	2.78 (2.11, 3.66)	18,001.5	0.55
46 years and above	3,815	7	1.83 (0.48, 3.19)	3.44 (1.64, 7.23)	2,032.0	0.53
oCHC (Strict Definition) without Exclusions						
18 to 24 years	326,746	140	0.43 (0.36, 0.50)	0.59 (0.50, 0.70)	235,351.0	0.72
25 to 34 years	251,064	150	0.60 (0.50, 0.69)	1.07 (0.91, 1.26)	139,948.2	0.56
35 to 45 years	179,233	223	1.24 (1.08, 1.41)	2.03 (1.78, 2.32)	109,721.2	0.61
46 years and above	53,861	135	2.51 (2.08, 2.93)	3.91 (3.30, 4.63)	34,543.1	0.64
oCHC (Relaxed Definition) without Exclusions						
18 to 24 years	393,538	170	0.43 (0.37, 0.50)	0.62 (0.53, 0.72)	274,037.5	0.70
25 to 34 years	320,394	187	0.58 (0.50, 0.67)	1.04 (0.90, 1.20)	179,489.5	0.56
35 to 45 years	212,148	255	1.20 (1.05, 1.35)	1.93 (1.70, 2.18)	132,432.4	0.62
46 years and above	60,862	154	2.53 (2.13, 2.93)	3.85 (3.29, 4.51)	40,020.9	0.66
NuvaRing (Strict Definition) with Exclusions						
18 to 24 years	32,271	11	0.34 (0.14, 0.54)	0.59 (0.33, 1.07)	18,603.0	0.58
25 to 34 years	48,749	26	0.53 (0.33, 0.74)	1.00 (0.68, 1.46)	26,073.6	0.53
35 to 45 years	20,091	29	1.44 (0.92, 1.97)	2.62 (1.82, 3.76)	11,088.4	0.55
46 years and above	2,173	3	1.38 (0.00, 2.94)*	2.58 (0.83, 8.01)	1,161.5	0.53
oCHC (Strict Definition) with Exclusions						
18 to 24 years	297,173	107	0.36 (0.29, 0.43)	0.50 (0.41, 0.60)	215,168.8	0.72
25 to 34 years	213,086	95	0.45 (0.36, 0.54)	0.79 (0.65, 0.97)	120,111.5	0.56
35 to 45 years	134,565	129	0.96 (0.79, 1.12)	1.54 (1.29, 1.82)	84,022.7	0.62
46 years and above	34,987	76	2.17 (1.68, 2.66)	3.30 (2.63, 4.13)	23,063.7	0.66

*Adjusted lower bound of the confidence interval

Table 4. Time to Censoring or Outcome in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019, Overall

	Number of Patients by Length of Follow-Up Time										
	0-30 days			31-60 days		61-90 days		91-183 days		184+ days	
	Number of Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)	121,807	7,589	6.2%	27,856	22.9%	10,177	8.4%	35,464	29.1%	40,721	33.4%
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)	121,807	7,606	6.2%	27,886	22.9%	10,188	8.4%	35,457	29.1%	40,670	33.4%
NuvaRing (Strict Definition) without Exclusions, ATE Outcome	121,887	7,572	6.2%	27,890	22.9%	10,189	8.4%	35,488	29.1%	40,748	33.4%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)	174,517	11,616	6.7%	39,184	22.5%	14,506	8.3%	49,492	28.4%	59,719	34.2%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)	174,517	11,638	6.7%	39,222	22.5%	14,524	8.3%	49,483	28.4%	59,650	34.2%
NuvaRing (Relaxed Definition) without Exclusions, ATE Outcome	174,653	11,609	6.6%	39,222	22.5%	14,526	8.3%	49,527	28.4%	59,769	34.2%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)	810,429	43,907	5.4%	165,864	20.5%	72,323	8.9%	220,849	27.3%	307,486	37.9%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)	810,425	44,064	5.4%	165,936	20.5%	72,378	8.9%	220,795	27.2%	307,252	37.9%
oCHC (Strict Definition) without Exclusions, ATE Outcome	810,904	43,981	5.4%	165,931	20.5%	72,409	8.9%	221,012	27.3%	307,571	37.9%
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)	986,297	57,562	5.8%	201,045	20.4%	88,568	9.0%	266,625	27.0%	372,497	37.8%
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)	986,291	57,736	5.9%	201,122	20.4%	88,632	9.0%	266,567	27.0%	372,234	37.7%

Table 4. Time to Censoring or Outcome in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019, Overall

	Number of Patients by Length of Follow-Up Time										
	0-30 days			31-60 days		61-90 days		91-183 days		184+ days	
	Number of Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
oCHC (Relaxed Definition) without Exclusions, ATE Outcome	986,942	57,661	5.8%	201,139	20.4%	88,675	9.0%	266,836	27.0%	372,631	37.8%
NuvaRing (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)	103,220	6,352	6.2%	23,307	22.6%	8,582	8.3%	30,043	29.1%	34,936	33.8%
NuvaRing (Strict Definition) with Exclusions, ATE Outcome	103,284	6,343	6.1%	23,324	22.6%	8,594	8.3%	30,065	29.1%	34,958	33.8%
oCHC (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)	679,375	36,230	5.3%	136,179	20.0%	60,071	8.8%	184,647	27.2%	262,248	38.6%
oCHC (Strict Definition) with Exclusions, ATE Outcome	679,811	36,277	5.3%	136,277	20.0%	60,134	8.8%	184,765	27.2%	262,358	38.6%

Table 5. Time to Censoring or Outcome in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019, by Age Group

	Number of Patients by Length of Follow-Up Time										
	Total Number of Patients	0-30 days		31-60 days		61-90 days		91-183 days		184+ days	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	35,742	2,004	5.6%	8,316	23.3%	2,847	8.0%	10,116	28.3%	12,459	34.9%
25 to 34 years	56,794	3,785	6.7%	12,837	22.6%	4,902	8.6%	16,557	29.2%	18,713	32.9%
35 to 45 years	25,992	1,614	6.2%	5,942	22.9%	2,149	8.3%	7,773	29.9%	8,514	32.8%
46 years and above	3,279	186	5.7%	761	23.2%	279	8.5%	1,018	31.0%	1,035	31.6%
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)											
18 to 24 years	35,742	2,005	5.6%	8,318	23.3%	2,849	8.0%	10,115	28.3%	12,455	34.8%
25 to 34 years	56,794	3,794	6.7%	12,845	22.6%	4,911	8.6%	16,556	29.2%	18,688	32.9%
35 to 45 years	25,992	1,619	6.2%	5,960	22.9%	2,148	8.3%	7,769	29.9%	8,496	32.7%
46 years and above	3,279	188	5.7%	763	23.3%	280	8.5%	1,017	31.0%	1,031	31.4%
NuvaRing (Strict Definition) without Exclusions, ATE Outcome											
18 to 24 years	35,756	2,000	5.6%	8,331	23.3%	2,846	8.0%	10,122	28.3%	12,457	34.8%
25 to 34 years	56,841	3,777	6.6%	12,849	22.6%	4,910	8.6%	16,566	29.1%	18,739	33.0%
35 to 45 years	26,010	1,611	6.2%	5,950	22.9%	2,152	8.3%	7,781	29.9%	8,516	32.7%
46 years and above	3,280	184	5.6%	760	23.2%	281	8.6%	1,019	31.1%	1,036	31.6%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	59,734	3,690	6.2%	13,661	22.9%	4,801	8.0%	16,397	27.5%	21,185	35.5%
25 to 34 years	78,515	5,599	7.1%	17,324	22.1%	6,689	8.5%	22,362	28.5%	26,541	33.8%
35 to 45 years	32,451	2,098	6.5%	7,305	22.5%	2,690	8.3%	9,572	29.5%	10,786	33.2%
46 years and above	3,817	229	6.0%	894	23.4%	326	8.5%	1,161	30.4%	1,207	31.6%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)											
18 to 24 years	59,734	3,695	6.2%	13,662	22.9%	4,804	8.0%	16,393	27.4%	21,180	35.5%
25 to 34 years	78,515	5,609	7.1%	17,339	22.1%	6,703	8.5%	22,359	28.5%	26,505	33.8%
35 to 45 years	32,451	2,103	6.5%	7,325	22.6%	2,690	8.3%	9,570	29.5%	10,763	33.2%
46 years and above	3,817	231	6.1%	896	23.5%	327	8.6%	1,161	30.4%	1,202	31.5%

Table 5. Time to Censoring or Outcome in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019, by Age Group

	Number of Patients by Length of Follow-Up Time										
	0-30 days			31-60 days		61-90 days		91-183 days		184+ days	
	Total Number of Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
NuvaRing (Relaxed Definition) without Exclusions, ATE Outcome											
18 to 24 years	59,765	3,691	6.2%	13,674	22.9%	4,801	8.0%	16,410	27.5%	21,189	35.5%
25 to 34 years	78,593	5,596	7.1%	17,348	22.1%	6,702	8.5%	22,370	28.5%	26,577	33.8%
35 to 45 years	32,480	2,095	6.5%	7,307	22.5%	2,695	8.3%	9,588	29.5%	10,795	33.2%
46 years and above	3,815	227	6.0%	893	23.4%	328	8.6%	1,159	30.4%	1,208	31.7%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	326,667	15,117	4.6%	59,885	18.3%	27,282	8.4%	84,294	25.8%	140,089	42.9%
25 to 34 years	250,873	16,639	6.6%	55,372	22.1%	23,983	9.6%	70,060	27.9%	84,819	33.8%
35 to 45 years	179,054	9,547	5.3%	39,423	22.0%	16,370	9.1%	51,437	28.7%	62,277	34.8%
46 years and above	53,835	2,604	4.8%	11,184	20.8%	4,688	8.7%	15,058	28.0%	20,301	37.7%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)											
18 to 24 years	326,666	15,137	4.6%	59,891	18.3%	27,296	8.4%	84,301	25.8%	140,041	42.9%
25 to 34 years	250,871	16,680	6.6%	55,384	22.1%	23,990	9.6%	70,058	27.9%	84,759	33.8%
35 to 45 years	179,053	9,609	5.4%	39,454	22.0%	16,399	9.2%	51,392	28.7%	62,199	34.7%
46 years and above	53,835	2,638	4.9%	11,207	20.8%	4,693	8.7%	15,044	27.9%	20,253	37.6%
oCHC (Strict Definition) without Exclusions, ATE Outcome											
18 to 24 years	326,746	15,139	4.6%	59,895	18.3%	27,296	8.4%	84,317	25.8%	140,099	42.9%
25 to 34 years	251,064	16,653	6.6%	55,438	22.1%	24,012	9.6%	70,122	27.9%	84,839	33.8%
35 to 45 years	179,233	9,573	5.3%	39,419	22.0%	16,414	9.2%	51,510	28.7%	62,317	34.8%
46 years and above	53,861	2,616	4.9%	11,179	20.8%	4,687	8.7%	15,063	28.0%	20,316	37.7%
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	393,445	20,110	5.1%	74,230	18.9%	33,488	8.5%	101,774	25.9%	163,843	41.6%
25 to 34 years	320,123	22,451	7.0%	69,087	21.6%	30,650	9.6%	88,468	27.6%	109,467	34.2%
35 to 45 years	211,902	11,953	5.6%	45,455	21.5%	19,219	9.1%	59,736	28.2%	75,539	35.6%
46 years and above	60,827	3,048	5.0%	12,273	20.2%	5,211	8.6%	16,647	27.4%	23,648	38.9%

Table 5. Time to Censoring or Outcome in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019, by Age Group

	Number of Patients by Length of Follow-Up Time										
	0-30 days			31-60 days		61-90 days		91-183 days		184+ days	
	Total Number of Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)											
18 to 24 years	393,443	20,130	5.1%	74,235	18.9%	33,504	8.5%	101,783	25.9%	163,791	41.6%
25 to 34 years	320,121	22,502	7.0%	69,099	21.6%	30,661	9.6%	88,460	27.6%	109,399	34.2%
35 to 45 years	211,900	12,020	5.7%	45,490	21.5%	19,249	9.1%	59,690	28.2%	75,451	35.6%
46 years and above	60,827	3,084	5.1%	12,298	20.2%	5,218	8.6%	16,634	27.3%	23,593	38.8%
oCHC (Relaxed Definition) without Exclusions, ATE Outcome											
18 to 24 years	393,538	20,134	5.1%	74,245	18.9%	33,505	8.5%	101,802	25.9%	163,852	41.6%
25 to 34 years	320,394	22,474	7.0%	69,170	21.6%	30,689	9.6%	88,555	27.6%	109,506	34.2%
35 to 45 years	212,148	11,991	5.7%	45,457	21.4%	19,268	9.1%	59,826	28.2%	75,606	35.6%
46 years and above	60,862	3,062	5.0%	12,267	20.2%	5,213	8.6%	16,653	27.4%	23,667	38.9%
NuvaRing (Strict Definition) with Exclusions (VTE, (Strict Definition))											
18 to 24 years	32,262	1,798	5.6%	7,425	23.0%	2,557	7.9%	9,127	28.3%	11,355	35.2%
25 to 34 years	48,717	3,199	6.6%	10,826	22.2%	4,182	8.6%	14,303	29.4%	16,207	33.3%
35 to 45 years	20,071	1,234	6.1%	4,546	22.6%	1,663	8.3%	5,955	29.7%	6,673	33.2%
46 years and above	2,170	121	5.6%	510	23.5%	180	8.3%	658	30.3%	701	32.3%
NuvaRing (Strict Definition) with Exclusions (ATE)											
18 to 24 years	32,271	1,794	5.6%	7,432	23.0%	2,556	7.9%	9,132	28.3%	11,357	35.2%
25 to 34 years	48,749	3,195	6.6%	10,834	22.2%	4,189	8.6%	14,314	29.4%	16,217	33.3%
35 to 45 years	20,091	1,234	6.1%	4,547	22.6%	1,668	8.3%	5,963	29.7%	6,679	33.2%
46 years and above	2,173	120	5.5%	511	23.5%	181	8.3%	656	30.2%	705	32.4%
oCHC (Strict Definition) with Exclusions (VTE, (Strict Definition))											
18 to 24 years	297,088	13,615	4.6%	53,855	18.1%	24,735	8.3%	76,615	25.8%	128,268	43.2%
25 to 34 years	212,929	14,068	6.6%	46,125	21.7%	20,207	9.5%	59,577	28.0%	72,952	34.3%
35 to 45 years	134,410	6,954	5.2%	29,124	21.7%	12,190	9.1%	38,601	28.7%	47,541	35.4%
46 years and above	34,948	1,593	4.6%	7,075	20.2%	2,939	8.4%	9,854	28.2%	13,487	38.6%

Table 5. Time to Censoring or Outcome in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) Between January 1, 2014 and December 31, 2019, by Age Group

	Number of Patients by Length of Follow-Up Time										
	Total Number of Patients	0-30 days		31-60 days		61-90 days		91-183 days		184+ days	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
oCHC (Strict Definition) with Exclusions (ATE)											
18 to 24 years	297,173	13,632	4.6%	53,871	18.1%	24,749	8.3%	76,635	25.8%	128,286	43.2%
25 to 34 years	213,086	14,079	6.6%	46,172	21.7%	20,229	9.5%	59,624	28.0%	72,982	34.3%
35 to 45 years	134,565	6,968	5.2%	29,148	21.7%	12,213	9.1%	38,651	28.7%	47,585	35.4%
46 years and above	34,987	1,598	4.6%	7,086	20.3%	2,943	8.4%	9,855	28.2%	13,505	38.6%

Table 6. Reasons for End of Follow-Up in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020¹

	Disenrollment		Death		Data End		Query Period End		Exposure Episode End		Criteria (Initiation of Other Contraceptives)		Outcome		
	Total Number of Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)	121,807	36,092	29.6%	7	0.0%	14,235	11.7%	0	0.0%	74,040	60.8%	10,922	9.0%	151	0.1%
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)	121,807	36,047	29.6%	7	0.0%	14,205	11.7%	0	0.0%	73,899	60.7%	10,899	8.9%	362	0.3%
NuvaRing (Strict Definition) without Exclusions, ATE Outcome	121,887	36,099	29.6%	7	0.0%	14,243	11.7%	0	0.0%	74,139	60.8%	10,947	9.0%	100	0.1%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)	174,517	51,239	29.4%	9	0.0%	19,879	11.4%	0	0.0%	103,492	59.3%	18,768	10.8%	188	0.1%

Table 6. Reasons for End of Follow-Up in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020¹

	Disenrollment		Death		Data End		Query Period End		Exposure Episode End		Criteria (Initiation of Other Contraceptives)		Outcome		
	Total Number of Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)	174,517	51,176	29.3%	9	0.0%	19,843	11.4%	0	0.0%	103,310	59.2%	18,741	10.7%	462	0.3%
NuvaRing (Relaxed Definition) without Exclusions, ATE Outcome	174,653	51,255	29.3%	9	0.0%	19,886	11.4%	0	0.0%	103,642	59.3%	18,806	10.8%	120	0.1%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)	810,429	264,642	32.7%	46	0.0%	117,615	14.5%	0	0.0%	448,273	55.3%	92,754	11.4%	585	0.1%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)	810,425	264,434	32.6%	46	0.0%	117,504	14.5%	0	0.0%	447,505	55.2%	92,627	11.4%	1,695	0.2%

Table 6. Reasons for End of Follow-Up in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020¹

	Disenrollment		Death		Data End		Query Period End		Exposure Episode End		Criteria (Initiation of Other Contraceptives)		Outcome		
	Total Number of Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
oCHC (Strict Definition) without Exclusions, ATE Outcome	810,904	264,715	32.6%	49	0.0%	117,623	14.5%	0	0.0%	448,563	55.3%	92,805	11.4%	648	0.1%
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)	986,297	316,414	32.1%	54	0.0%	138,350	14.0%	0	0.0%	540,536	54.8%	123,868	12.6%	667	0.1%
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)	986,291	316,163	32.1%	54	0.0%	138,219	14.0%	0	0.0%	539,675	54.7%	123,717	12.5%	1,938	0.2%
oCHC (Relaxed Definition) without Exclusions, ATE Outcome	986,942	316,505	32.1%	57	0.0%	138,355	14.0%	0	0.0%	540,903	54.8%	123,956	12.6%	766	0.1%

Table 6. Reasons for End of Follow-Up in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020¹

	Disenrollment		Death		Data End		Query Period End		Exposure Episode End		Criteria (Initiation of Other Contraceptives)		Outcome		
	Total Number of Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
NuvaRing (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)	103,220	30,866	29.9%	5	0.0%	12,055	11.7%	0	0.0%	62,581	60.6%	9,133	8.8%	107	0.1%
NuvaRing (Strict Definition) with Exclusions, ATE Outcome	103,284	30,877	29.9%	5	0.0%	12,055	11.7%	0	0.0%	62,656	60.7%	9,152	8.9%	69	0.1%
oCHC (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)	679,375	225,181	33.1%	27	0.0%	99,049	14.6%	0	0.0%	372,079	54.8%	78,071	11.5%	379	0.1%
oCHC (Strict Definition) with Exclusions, ATE Outcome	679,811	225,263	33.1%	31	0.0%	99,073	14.6%	0	0.0%	372,363	54.8%	78,112	11.5%	407	0.1%

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.

Table 7. Reasons for End of Follow-Up in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group¹

	Total Number of Patients	Disenrollment		Death		Data End		Query Period End		Exposure Episode End		Criteria (Initiation of Other		Outcome	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)															
18 to 24 years	35,742	9,949	27.8%	0	0.0%	4,126	11.5%	0	0.0%	21,922	61.3%	3,662	10.2%	31	0.1%
25 to 34 years	56,794	18,054	31.8%	5	0.0%	6,214	10.9%	0	0.0%	33,667	59.3%	4,741	8.3%	70	0.1%
35 to 45 years	25,992	7,255	27.9%	2	0.0%	3,488	13.4%	0	0.0%	16,272	62.6%	2,279	8.8%	42	0.2%
46 years and above	3,279	834	25.4%	0	0.0%	407	12.4%	0	0.0%	2,179	66.5%	240	7.3%	8	0.2%
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)															
18 to 24 years	35,742	9,946	27.8%	0	0.0%	4,124	11.5%	0	0.0%	21,907	61.3%	3,657	10.2%	55	0.2%
25 to 34 years	56,794	18,037	31.8%	5	0.0%	6,202	10.9%	0	0.0%	33,611	59.2%	4,730	8.3%	154	0.3%
35 to 45 years	25,992	7,232	27.8%	2	0.0%	3,474	13.4%	0	0.0%	16,212	62.4%	2,272	8.7%	133	0.5%
46 years and above	3,279	832	25.4%	0	0.0%	405	12.4%	0	0.0%	2,169	66.1%	240	7.3%	20	0.6%
NuvaRing (Strict Definition) without Exclusions, ATE Outcome															
18 to 24 years	35,756	9,949	27.8%	0	0.0%	4,125	11.5%	0	0.0%	21,946	61.4%	3,669	10.3%	16	0.0%
25 to 34 years	56,841	18,075	31.8%	5	0.0%	6,226	11.0%	0	0.0%	33,718	59.3%	4,753	8.4%	32	0.1%
35 to 45 years	26,010	7,243	27.8%	2	0.0%	3,487	13.4%	0	0.0%	16,292	62.6%	2,285	8.8%	45	0.2%
46 years and above	3,280	832	25.4%	0	0.0%	405	12.3%	0	0.0%	2,183	66.6%	240	7.3%	7	0.2%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)															
18 to 24 years	59,734	16,305	27.3%	0	0.0%	6,743	11.3%	0	0.0%	35,529	59.5%	7,605	12.7%	45	0.1%
25 to 34 years	78,515	24,935	31.8%	7	0.0%	8,378	10.7%	0	0.0%	45,490	57.9%	7,647	9.7%	82	0.1%
35 to 45 years	32,451	9,045	27.9%	2	0.0%	4,294	13.2%	0	0.0%	19,963	61.5%	3,197	9.9%	51	0.2%
46 years and above	3,817	954	25.0%	0	0.0%	464	12.2%	0	0.0%	2,510	65.8%	319	8.4%	10	0.3%

Table 7. Reasons for End of Follow-Up in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group¹

	Disenrollment		Death		Data End		Query Period End		Exposure Episode End		Criteria (Initiation of Other)		Outcome		
	Total Number of Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)															
18 to 24 years	59,734	16,297	27.3%	0	0.0%	6,740	11.3%	0	0.0%	35,503	59.4%	7,599	12.7%	86	0.1%
25 to 34 years	78,515	24,908	31.7%	7	0.0%	8,362	10.7%	0	0.0%	45,415	57.8%	7,634	9.7%	197	0.3%
35 to 45 years	32,451	9,020	27.8%	2	0.0%	4,279	13.2%	0	0.0%	19,894	61.3%	3,189	9.8%	154	0.5%
46 years and above	3,817	951	24.9%	0	0.0%	462	12.1%	0	0.0%	2,498	65.4%	319	8.4%	25	0.7%
NuvaRing (Relaxed Definition) without Exclusions, ATE Outcome															
18 to 24 years	59,765	16,304	27.3%	0	0.0%	6,741	11.3%	0	0.0%	35,573	59.5%	7,614	12.7%	24	0.0%
25 to 34 years	78,593	24,964	31.8%	7	0.0%	8,389	10.7%	0	0.0%	45,563	58.0%	7,667	9.8%	39	0.0%
35 to 45 years	32,480	9,035	27.8%	2	0.0%	4,294	13.2%	0	0.0%	19,993	61.6%	3,206	9.9%	50	0.2%
46 years and above	3,815	952	25.0%	0	0.0%	462	12.1%	0	0.0%	2,513	65.9%	319	8.4%	7	0.2%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)															
18 to 24 years	326,667	112,244	34.4%	10	0.0%	53,437	16.4%	0	0.0%	169,390	51.9%	43,140	13.2%	116	0.0%
25 to 34 years	250,873	85,423	34.1%	10	0.0%	31,077	12.4%	0	0.0%	137,295	54.7%	26,955	10.7%	153	0.1%
35 to 45 years	179,054	51,875	29.0%	14	0.0%	25,302	14.1%	0	0.0%	107,384	60.0%	18,594	10.4%	195	0.1%
46 years and above	53,835	15,100	28.0%	12	0.0%	7,799	14.5%	0	0.0%	34,204	63.5%	4,065	7.6%	121	0.2%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)															
18 to 24 years	326,666	112,203	34.3%	10	0.0%	53,415	16.4%	0	0.0%	169,282	51.8%	43,110	13.2%	294	0.1%
25 to 34 years	250,871	85,372	34.0%	10	0.0%	31,058	12.4%	0	0.0%	137,113	54.7%	26,927	10.7%	415	0.2%
35 to 45 years	179,053	51,802	28.9%	14	0.0%	25,260	14.1%	0	0.0%	107,080	59.8%	18,545	10.4%	626	0.3%
46 years and above	53,835	15,057	28.0%	12	0.0%	7,771	14.4%	0	0.0%	34,030	63.2%	4,045	7.5%	360	0.7%

Table 7. Reasons for End of Follow-Up in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group¹

	Disenrollment		Death		Data End		Query Period End		Exposure Episode End		Criteria (Initiation of Other)		Outcome		
	Total Number of Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
oCHC (Strict Definition) without Exclusions, ATE Outcome															
18 to 24 years	326,746	112,230	34.3%	11	0.0%	53,428	16.4%	0	0.0%	169,449	51.9%	43,152	13.2%	140	0.0%
25 to 34 years	251,064	85,474	34.0%	11	0.0%	31,086	12.4%	0	0.0%	137,423	54.7%	26,971	10.7%	150	0.1%
35 to 45 years	179,233	51,923	29.0%	17	0.0%	25,325	14.1%	0	0.0%	107,464	60.0%	18,610	10.4%	223	0.1%
46 years and above	53,861	15,088	28.0%	10	0.0%	7,784	14.5%	0	0.0%	34,227	63.5%	4,072	7.6%	135	0.3%
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)															
18 to 24 years	393,445	130,006	33.0%	12	0.0%	60,991	15.5%	0	0.0%	205,562	52.2%	55,782	14.2%	135	0.0%
25 to 34 years	320,123	107,133	33.5%	12	0.0%	38,454	12.0%	0	0.0%	172,673	53.9%	38,861	12.1%	182	0.1%
35 to 45 years	211,902	62,025	29.3%	17	0.0%	30,055	14.2%	0	0.0%	124,257	58.6%	24,220	11.4%	214	0.1%
46 years and above	60,827	17,250	28.4%	13	0.0%	8,850	14.5%	0	0.0%	38,044	62.5%	5,005	8.2%	136	0.2%
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)															
18 to 24 years	393,443	129,956	33.0%	12	0.0%	60,963	15.5%	0	0.0%	205,437	52.2%	55,749	14.2%	341	0.1%
25 to 34 years	320,121	107,066	33.4%	12	0.0%	38,431	12.0%	0	0.0%	172,459	53.9%	38,822	12.1%	505	0.2%
35 to 45 years	211,900	61,939	29.2%	17	0.0%	30,005	14.2%	0	0.0%	123,925	58.5%	24,162	11.4%	695	0.3%
46 years and above	60,827	17,202	28.3%	13	0.0%	8,820	14.5%	0	0.0%	37,854	62.2%	4,984	8.2%	397	0.7%
oCHC (Relaxed Definition) without Exclusions, ATE Outcome															
18 to 24 years	393,538	129,988	33.0%	12	0.0%	60,976	15.5%	0	0.0%	205,630	52.3%	55,792	14.2%	170	0.0%
25 to 34 years	320,394	107,190	33.5%	13	0.0%	38,458	12.0%	0	0.0%	172,845	53.9%	38,896	12.1%	187	0.1%
35 to 45 years	212,148	62,087	29.3%	20	0.0%	30,087	14.2%	0	0.0%	124,359	58.6%	24,255	11.4%	255	0.1%
46 years and above	60,862	17,240	28.3%	12	0.0%	8,834	14.5%	0	0.0%	38,069	62.5%	5,013	8.2%	154	0.3%

Table 7. Reasons for End of Follow-Up in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group¹

	Disenrollment		Death		Data End		Query Period End		Exposure Episode End		Criteria (Initiation of Other)		Outcome		
	Total Number of Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
NuvaRing (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)															
18 to 24 years	32,262	9,047	28.0%	0	0.0%	3,753	11.6%	0	0.0%	19,776	61.3%	3,251	10.1%	24	0.1%
25 to 34 years	48,717	15,629	32.1%	5	0.0%	5,333	10.9%	0	0.0%	28,806	59.1%	3,992	8.2%	51	0.1%
35 to 45 years	20,071	5,658	28.2%	0	0.0%	2,712	13.5%	0	0.0%	12,550	62.5%	1,722	8.6%	26	0.1%
46 years and above	2,170	532	24.5%	0	0.0%	257	11.8%	0	0.0%	1,449	66.8%	168	7.7%	6	0.3%
NuvaRing (Strict Definition) with Exclusions, ATE Outcome															
18 to 24 years	32,271	9,048	28.0%	0	0.0%	3,751	11.6%	0	0.0%	19,793	61.3%	3,257	10.1%	11	0.0%
25 to 34 years	48,749	15,639	32.1%	5	0.0%	5,336	10.9%	0	0.0%	28,844	59.2%	4,001	8.2%	26	0.1%
35 to 45 years	20,091	5,658	28.2%	0	0.0%	2,711	13.5%	0	0.0%	12,564	62.5%	1,726	8.6%	29	0.1%
46 years and above	2,173	532	24.5%	0	0.0%	257	11.8%	0	0.0%	1,455	67.0%	168	7.7%	3	0.1%
oCHC (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)															
18 to 24 years	297,173	102,904	34.6%	9	0.0%	48,944	16.5%	0	0.0%	153,593	51.7%	38,897	13.1%	107	0.0%
25 to 34 years	213,086	73,576	34.5%	7	0.0%	26,367	12.4%	0	0.0%	115,818	54.4%	22,674	10.6%	95	0.0%
35 to 45 years	134,565	39,055	29.0%	9	0.0%	18,851	14.0%	0	0.0%	80,693	60.0%	13,865	10.3%	129	0.1%
46 years and above	34,987	9,728	27.8%	6	0.0%	4,911	14.0%	0	0.0%	22,259	63.6%	2,676	7.6%	76	0.2%
oCHC (Strict Definition) with Exclusions, ATE Outcome															
18 to 24 years	297,088	102,898	34.6%	9	0.0%	48,944	16.5%	0	0.0%	153,542	51.7%	38,884	13.1%	91	0.0%
25 to 34 years	212,929	73,532	34.5%	6	0.0%	26,356	12.4%	0	0.0%	115,712	54.3%	22,661	10.6%	101	0.0%
35 to 45 years	134,410	39,023	29.0%	6	0.0%	18,834	14.0%	0	0.0%	80,596	60.0%	13,853	10.3%	119	0.1%
46 years and above	34,948	9,728	27.8%	6	0.0%	4,915	14.1%	0	0.0%	22,229	63.6%	2,673	7.6%	68	0.2%

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.

Table 8. Time to Censoring due to Disenrollment in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020

	Total Number of Patients Censored due to Disenrollment	Number of Patients by Length of Follow-Up Time									
		0-30 days		31-60 days		61-90 days		91-183 days		184+ days	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)	36,092	4,857	13.5%	4,523	12.5%	3,634	10.1%	7,352	20.4%	15,726	43.6%
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)	36,047	4,856	13.5%	4,523	12.5%	3,633	10.1%	7,342	20.4%	15,693	43.5%
NuvaRing (Strict Definition) without Exclusions, ATE Outcome	36,099	4,855	13.4%	4,527	12.5%	3,640	10.1%	7,358	20.4%	15,719	43.5%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)	51,239	6,770	13.2%	6,320	12.3%	5,103	10.0%	10,518	20.5%	22,528	44.0%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)	51,176	6,769	13.2%	6,319	12.3%	5,101	10.0%	10,506	20.5%	22,481	43.9%
NuvaRing (Relaxed Definition) without Exclusions, ATE Outcome	51,255	6,771	13.2%	6,326	12.3%	5,109	10.0%	10,525	20.5%	22,524	43.9%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)	264,642	29,981	11.3%	28,475	10.8%	23,901	9.0%	50,222	19.0%	132,063	49.9%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)	264,434	29,978	11.3%	28,467	10.8%	23,891	9.0%	50,194	19.0%	131,904	49.9%
oCHC (Strict Definition) without Exclusions, ATE Outcome	264,715	30,005	11.3%	28,500	10.8%	23,914	9.0%	50,247	19.0%	132,049	49.9%

Table 8. Time to Censoring due to Disenrollment in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020

	Total Number of Patients Censored due to Disenrollment	Number of Patients by Length of Follow-Up Time									
		0-30 days		31-60 days		61-90 days		91-183 days		184+ days	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)	316,414	36,293	11.5%	34,408	10.9%	28,832	9.1%	60,208	19.0%	156,673	49.5%
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)	316,163	36,288	11.5%	34,398	10.9%	28,820	9.1%	60,176	19.0%	156,481	49.5%
oCHC (Relaxed Definition) without Exclusions, ATE Outcome	316,505	36,327	11.5%	34,437	10.9%	28,843	9.1%	60,241	19.0%	156,657	49.5%
NuvaRing (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)	30,866	4,105	13.3%	3,856	12.5%	3,071	9.9%	6,264	20.3%	13,570	44.0%
NuvaRing (Strict Definition) with Exclusions, ATE Outcome	30,877	4,107	13.3%	3,860	12.5%	3,073	10.0%	6,266	20.3%	13,571	44.0%
oCHC (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)	225,181	24,951	11.1%	23,902	10.6%	20,285	9.0%	42,584	18.9%	113,459	50.4%
oCHC (Strict Definition) with Exclusions, ATE Outcome	225,263	24,968	11.1%	23,922	10.6%	20,300	9.0%	42,600	18.9%	113,473	50.4%

Table 9. Time to Censoring due to Disenrollment in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group

	Total Number of Patients Censored due to Disenrollment	Number of Patients by Length of Follow-Up Time									
		0-30 days		31-60 days		61-90 days		91-183 days		184+ days	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	9,949	1,161	11.7%	1,132	11.4%	873	8.8%	1,916	19.3%	4,867	48.9%
25 to 34 years	18,054	2,572	14.2%	2,404	13.3%	1,914	10.6%	3,841	21.3%	7,323	40.6%
35 to 45 years	7,255	1,008	13.9%	883	12.2%	772	10.6%	1,427	19.7%	3,165	43.6%
46 years and above	834	116	13.9%	104	12.5%	75	9.0%	168	20.1%	371	44.5%
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)											
18 to 24 years	9,946	1,161	11.7%	1,132	11.4%	873	8.8%	1,915	19.3%	4,865	48.9%
25 to 34 years	18,037	2,572	14.3%	2,404	13.3%	1,914	10.6%	3,837	21.3%	7,310	40.5%
35 to 45 years	7,232	1,007	13.9%	883	12.2%	771	10.7%	1,423	19.7%	3,148	43.5%
46 years and above	832	116	13.9%	104	12.5%	75	9.0%	167	20.1%	370	44.5%
NuvaRing (Strict Definition) without Exclusions, ATE Outcome											
18 to 24 years	9,949	1,160	11.7%	1,133	11.4%	873	8.8%	1,919	19.3%	4,864	48.9%
25 to 34 years	18,075	2,573	14.2%	2,406	13.3%	1,919	10.6%	3,848	21.3%	7,329	40.5%
35 to 45 years	7,243	1,007	13.9%	884	12.2%	772	10.7%	1,423	19.6%	3,157	43.6%
46 years and above	832	115	13.8%	104	12.5%	76	9.1%	168	20.2%	369	44.4%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	16,305	1,874	11.5%	1,847	11.3%	1,479	9.1%	3,172	19.5%	7,933	48.7%
25 to 34 years	24,935	3,523	14.1%	3,274	13.1%	2,599	10.4%	5,355	21.5%	10,184	40.8%
35 to 45 years	9,045	1,239	13.7%	1,079	11.9%	942	10.4%	1,799	19.9%	3,986	44.1%
46 years and above	954	134	14.0%	120	12.6%	83	8.7%	192	20.1%	425	44.5%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)											
18 to 24 years	16,297	1,874	11.5%	1,847	11.3%	1,479	9.1%	3,171	19.5%	7,926	48.6%
25 to 34 years	24,908	3,523	14.1%	3,273	13.1%	2,598	10.4%	5,350	21.5%	10,164	40.8%
35 to 45 years	9,020	1,238	13.7%	1,079	12.0%	941	10.4%	1,795	19.9%	3,967	44.0%
46 years and above	951	134	14.1%	120	12.6%	83	8.7%	190	20.0%	424	44.6%

Table 9. Time to Censoring due to Disenrollment in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group

	Total Number of Patients Censored due to Disenrollment	Number of Patients by Length of Follow-Up Time									
		0-30 days		31-60 days		61-90 days		91-183 days		184+ days	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
NuvaRing (Relaxed Definition) without Exclusions, ATE Outcome											
18 to 24 years	16,304	1,874	11.5%	1,850	11.3%	1,479	9.1%	3,175	19.5%	7,926	48.6%
25 to 34 years	24,964	3,526	14.1%	3,277	13.1%	2,604	10.4%	5,362	21.5%	10,195	40.8%
35 to 45 years	9,035	1,238	13.7%	1,079	11.9%	942	10.4%	1,796	19.9%	3,980	44.1%
46 years and above	952	133	14.0%	120	12.6%	84	8.8%	192	20.2%	423	44.4%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	112,244	10,323	9.2%	10,025	8.9%	9,129	8.1%	20,277	18.1%	62,490	55.7%
25 to 34 years	85,423	11,733	13.7%	10,834	12.7%	8,773	10.3%	17,466	20.4%	36,617	42.9%
35 to 45 years	51,875	6,201	12.0%	5,954	11.5%	4,674	9.0%	9,651	18.6%	25,395	49.0%
46 years and above	15,100	1,724	11.4%	1,662	11.0%	1,325	8.8%	2,828	18.7%	7,561	50.1%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)											
18 to 24 years	112,203	10,323	9.2%	10,025	8.9%	9,128	8.1%	20,274	18.1%	62,453	55.7%
25 to 34 years	85,372	11,732	13.7%	10,831	12.7%	8,771	10.3%	17,457	20.4%	36,581	42.8%
35 to 45 years	51,802	6,200	12.0%	5,951	11.5%	4,673	9.0%	9,642	18.6%	25,336	48.9%
46 years and above	15,057	1,723	11.4%	1,660	11.0%	1,319	8.8%	2,821	18.7%	7,534	50.0%
oCHC (Strict Definition) without Exclusions, ATE Outcome											
18 to 24 years	112,230	10,327	9.2%	10,030	8.9%	9,131	8.1%	20,275	18.1%	62,467	55.7%
25 to 34 years	85,474	11,744	13.7%	10,854	12.7%	8,780	10.3%	17,478	20.4%	36,618	42.8%
35 to 45 years	51,923	6,208	12.0%	5,953	11.5%	4,681	9.0%	9,672	18.6%	25,409	48.9%
46 years and above	15,088	1,726	11.4%	1,663	11.0%	1,322	8.8%	2,822	18.7%	7,555	50.1%
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	130,006	12,413	9.5%	12,080	9.3%	10,833	8.3%	23,542	18.1%	71,138	54.7%
25 to 34 years	107,133	14,656	13.7%	13,476	12.6%	11,011	10.3%	21,966	20.5%	46,024	43.0%
35 to 45 years	62,025	7,322	11.8%	6,979	11.3%	5,495	8.9%	11,486	18.5%	30,743	49.6%
46 years and above	17,250	1,902	11.0%	1,873	10.9%	1,493	8.7%	3,214	18.6%	8,768	50.8%

Table 9. Time to Censoring due to Disenrollment in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group

	Total Number of Patients Censored due to Disenrollment	Number of Patients by Length of Follow-Up Time									
		0-30 days		31-60 days		61-90 days		91-183 days		184+ days	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)											
18 to 24 years	129,956	12,411	9.6%	12,080	9.3%	10,832	8.3%	23,538	18.1%	71,095	54.7%
25 to 34 years	107,066	14,655	13.7%	13,471	12.6%	11,008	10.3%	21,955	20.5%	45,977	42.9%
35 to 45 years	61,939	7,321	11.8%	6,976	11.3%	5,493	8.9%	11,475	18.5%	30,674	49.5%
46 years and above	17,202	1,901	11.1%	1,871	10.9%	1,487	8.6%	3,208	18.6%	8,735	50.8%
oCHC (Relaxed Definition) without Exclusions, ATE Outcome											
18 to 24 years	129,988	12,420	9.6%	12,085	9.3%	10,831	8.3%	23,538	18.1%	71,114	54.7%
25 to 34 years	107,190	14,671	13.7%	13,497	12.6%	11,020	10.3%	21,982	20.5%	46,020	42.9%
35 to 45 years	62,087	7,332	11.8%	6,980	11.2%	5,503	8.9%	11,513	18.5%	30,759	49.5%
46 years and above	17,240	1,904	11.0%	1,875	10.9%	1,489	8.6%	3,208	18.6%	8,764	50.8%
NuvaRing (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	9,047	1,047	11.6%	1,029	11.4%	780	8.6%	1,740	19.2%	4,451	49.2%
25 to 34 years	15,629	2,199	14.1%	2,061	13.2%	1,647	10.5%	3,338	21.4%	6,384	40.8%
35 to 45 years	5,658	780	13.8%	702	12.4%	593	10.5%	1,091	19.3%	2,492	44.0%
46 years and above	532	79	14.8%	64	12.0%	51	9.6%	95	17.9%	243	45.7%
NuvaRing (Strict Definition) with Exclusions, ATE Outcome											
18 to 24 years	9,048	1,047	11.6%	1,030	11.4%	779	8.6%	1,741	19.2%	4,451	49.2%
25 to 34 years	15,639	2,200	14.1%	2,063	13.2%	1,649	10.5%	3,340	21.4%	6,387	40.8%
35 to 45 years	5,658	781	13.8%	703	12.4%	594	10.5%	1,090	19.3%	2,490	44.0%
46 years and above	532	79	14.8%	64	12.0%	51	9.6%	95	17.9%	243	45.7%
oCHC (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	102,898	9,358	9.1%	9,148	8.9%	8,393	8.2%	18,551	18.0%	57,448	55.8%
25 to 34 years	73,532	9,987	13.6%	9,216	12.5%	7,559	10.3%	15,033	20.4%	31,737	43.2%
35 to 45 years	39,023	4,542	11.6%	4,464	11.4%	3,503	9.0%	7,192	18.4%	19,322	49.5%
46 years and above	9,728	1,064	10.9%	1,074	11.0%	830	8.5%	1,808	18.6%	4,952	50.9%

Table 9. Time to Censoring due to Disenrollment in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group

	Total Number of Patients Censored due to Disenrollment	Number of Patients by Length of Follow-Up Time									
		0-30 days		31-60 days		61-90 days		91-183 days		184+ days	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
oCHC (Strict Definition) with Exclusions, ATE Outcome											
18 to 24 years	102,904	9,360	9.1%	9,153	8.9%	8,396	8.2%	18,553	18.0%	57,442	55.8%
25 to 34 years	73,576	9,996	13.6%	9,230	12.5%	7,566	10.3%	15,039	20.4%	31,745	43.1%
35 to 45 years	39,055	4,546	11.6%	4,463	11.4%	3,508	9.0%	7,205	18.4%	19,333	49.5%
46 years and above	9,728	1,066	11.0%	1,076	11.1%	830	8.5%	1,803	18.5%	4,953	50.9%

Table 10. Time to Censoring due to Exposure Episode End in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020

	Total Number of Patients Censored due to Exposure Episode End	Number of Patients by Length of Follow-Up Time									
		0-30 days		31-60 days		61-90 days		91-183 days		184+ days	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)	74,040	45	0.1%	21,056	28.4%	5,024	6.8%	25,921	35.0%	21,994	29.7%
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)	73,899	45	0.1%	21,050	28.5%	5,015	6.8%	25,874	35.0%	21,915	29.7%
NuvaRing (Strict Definition) without Exclusions, ATE Outcome	74,139	45	0.1%	21,089	28.4%	5,031	6.8%	25,945	35.0%	22,029	29.7%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)	103,492	57	0.1%	28,994	28.0%	6,923	6.7%	35,301	34.1%	32,217	31.1%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)	103,310	57	0.1%	28,987	28.1%	6,913	6.7%	35,236	34.1%	32,117	31.1%
NuvaRing (Relaxed Definition) without Exclusions, ATE Outcome	103,642	57	0.1%	29,035	28.0%	6,937	6.7%	35,337	34.1%	32,276	31.1%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)	448,273	28	0.0%	123,837	27.6%	35,565	7.9%	148,016	33.0%	140,827	31.4%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)	447,505	28	0.0%	123,745	27.7%	35,518	7.9%	147,785	33.0%	140,429	31.4%

Table 10. Time to Censoring due to Exposure Episode End in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020

	Total Number of Patients Censored due to Exposure Episode End	Number of Patients by Length of Follow-Up Time									
		0-30 days		31-60 days		61-90 days		91-183 days		184+ days	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
oCHC (Strict Definition) without Exclusions, ATE Outcome	448,563	28	0.0%	123,896	27.6%	35,627	7.9%	148,125	33.0%	140,887	31.4%
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)	540,536	33	0.0%	147,988	27.4%	42,892	7.9%	177,376	32.8%	172,247	31.9%
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)	539,675	33	0.0%	147,887	27.4%	42,838	7.9%	177,125	32.8%	171,792	31.8%
oCHC (Relaxed Definition) without Exclusions, ATE Outcome	540,903	33	0.0%	148,071	27.4%	42,965	7.9%	177,511	32.8%	172,323	31.9%
NuvaRing (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)	62,581	39	0.1%	17,575	28.1%	4,235	6.8%	21,952	35.1%	18,780	30.0%
NuvaRing (Strict Definition) with Exclusions, ATE Outcome	62,656	39	0.1%	17,594	28.1%	4,242	6.8%	21,976	35.1%	18,805	30.0%
oCHC (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)	372,079	25	0.0%	101,178	27.2%	29,028	7.8%	122,968	33.0%	118,880	32.0%
oCHC (Strict Definition) with Exclusions, ATE Outcome	372,363	25	0.0%	101,267	27.2%	29,069	7.8%	123,050	33.0%	118,952	31.9%

Table 11. Time to Censoring due to Exposure Episode End in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group

	Total Number of Patients Censored due to Exposure Episode End Date	Number of Patients by Length of Follow-Up Time									
		0-30 days		31-60 days		61-90 days		91-183 days		184+ days	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	21,922	14	0.1%	6,481	29.6%	1,476	6.7%	7,487	34.2%	6,464	29.5%
25 to 34 years	33,667	20	0.1%	9,422	28.0%	2,306	6.8%	11,758	34.9%	10,161	30.2%
35 to 45 years	16,272	10	0.1%	4,539	27.9%	1,081	6.6%	5,877	36.1%	4,765	29.3%
46 years and above	2,179	1	0.0%	614	28.2%	161	7.4%	799	36.7%	604	27.7%
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)											
18 to 24 years	21,907	14	0.1%	6,481	29.6%	1,476	6.7%	7,483	34.2%	6,453	29.5%
25 to 34 years	33,611	20	0.1%	9,417	28.0%	2,304	6.9%	11,741	34.9%	10,129	30.1%
35 to 45 years	16,212	10	0.1%	4,538	28.0%	1,074	6.6%	5,854	36.1%	4,736	29.2%
46 years and above	2,169	1	0.0%	614	28.3%	161	7.4%	796	36.7%	597	27.5%
NuvaRing (Strict Definition) without Exclusions, ATE Outcome											
18 to 24 years	21,946	14	0.1%	6,492	29.6%	1,475	6.7%	7,489	34.1%	6,476	29.5%
25 to 34 years	33,718	20	0.1%	9,440	28.0%	2,313	6.9%	11,769	34.9%	10,176	30.2%
35 to 45 years	16,292	10	0.1%	4,544	27.9%	1,081	6.6%	5,885	36.1%	4,772	29.3%
46 years and above	2,183	1	0.0%	613	28.1%	162	7.4%	802	36.7%	605	27.7%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	35,529	21	0.1%	10,332	29.1%	2,361	6.6%	11,751	33.1%	11,064	31.1%
25 to 34 years	45,490	25	0.1%	12,436	27.3%	3,042	6.7%	15,520	34.1%	14,467	31.8%
35 to 45 years	19,963	10	0.1%	5,512	27.6%	1,334	6.7%	7,130	35.7%	5,977	29.9%
46 years and above	2,510	1	0.0%	714	28.4%	186	7.4%	900	35.9%	709	28.2%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)											
18 to 24 years	35,503	21	0.1%	10,332	29.1%	2,360	6.6%	11,740	33.1%	11,050	31.1%
25 to 34 years	45,415	25	0.1%	12,430	27.4%	3,040	6.7%	15,496	34.1%	14,424	31.8%
35 to 45 years	19,894	10	0.1%	5,511	27.7%	1,327	6.7%	7,103	35.7%	5,943	29.9%
46 years and above	2,498	1	0.0%	714	28.6%	186	7.4%	897	35.9%	700	28.0%

Table 11. Time to Censoring due to Exposure Episode End in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group

Total Number of Patients Censored due to Exposure Episode End Date	Number of Patients by Length of Follow-Up Time										
	0-30 days		31-60 days		61-90 days		91-183 days		184+ days		
	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	
NuvaRing (Relaxed Definition) without Exclusions, ATE Outcome											
18 to 24 years	35,573	21	0.1%	10,342	29.1%	2,362	6.6%	11,760	33.1%	11,088	31.2%
25 to 34 years	45,563	25	0.1%	12,466	27.4%	3,053	6.7%	15,532	34.1%	14,487	31.8%
35 to 45 years	19,993	10	0.1%	5,514	27.6%	1,335	6.7%	7,143	35.7%	5,991	30.0%
46 years and above	2,513	1	0.0%	713	28.4%	187	7.4%	902	35.9%	710	28.3%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	169,390	11	0.0%	44,807	26.5%	12,587	7.4%	53,230	31.4%	58,755	34.7%
25 to 34 years	137,295	11	0.0%	40,008	29.1%	11,291	8.2%	46,090	33.6%	39,895	29.1%
35 to 45 years	107,384	5	0.0%	30,289	28.2%	8,935	8.3%	37,424	34.9%	30,731	28.6%
46 years and above	34,204	1	0.0%	8,733	25.5%	2,752	8.0%	11,272	33.0%	11,446	33.5%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)											
18 to 24 years	169,282	11	0.0%	44,801	26.5%	12,583	7.4%	53,207	31.4%	58,680	34.7%
25 to 34 years	137,113	11	0.0%	39,981	29.2%	11,277	8.2%	46,031	33.6%	39,813	29.0%
35 to 45 years	107,080	5	0.0%	30,252	28.3%	8,920	8.3%	37,323	34.9%	30,580	28.6%
46 years and above	34,030	1	0.0%	8,711	25.6%	2,738	8.0%	11,224	33.0%	11,356	33.4%
oCHC (Strict Definition) without Exclusions, ATE Outcome											
18 to 24 years	169,449	11	0.0%	44,811	26.4%	12,600	7.4%	53,248	31.4%	58,779	34.7%
25 to 34 years	137,423	11	0.0%	40,053	29.1%	11,315	8.2%	46,130	33.6%	39,914	29.0%
35 to 45 years	107,464	5	0.0%	30,297	28.2%	8,958	8.3%	37,463	34.9%	30,741	28.6%
46 years and above	34,227	1	0.0%	8,735	25.5%	2,754	8.0%	11,284	33.0%	11,453	33.5%
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	205,562	12	0.0%	55,067	26.8%	15,487	7.5%	64,933	31.6%	70,063	34.1%
25 to 34 years	172,673	12	0.0%	49,074	28.4%	14,150	8.2%	57,417	33.3%	52,020	30.1%
35 to 45 years	124,257	7	0.0%	34,396	27.7%	10,268	8.3%	42,743	34.4%	36,843	29.7%
46 years and above	38,044	2	0.0%	9,451	24.8%	2,987	7.9%	12,283	32.3%	13,321	35.0%

Table 11. Time to Censoring due to Exposure Episode End in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group

Total Number of Patients Censored due to Exposure Episode End Date	Number of Patients by Length of Follow-Up Time										
	0-30 days		31-60 days		61-90 days		91-183 days		184+ days		
	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)											
18 to 24 years	205,437	12	0.0%	55,060	26.8%	15,483	7.5%	64,908	31.6%	69,974	34.1%
25 to 34 years	172,459	12	0.0%	49,044	28.4%	14,133	8.2%	57,351	33.3%	51,919	30.1%
35 to 45 years	123,925	7	0.0%	34,355	27.7%	10,250	8.3%	42,635	34.4%	36,678	29.6%
46 years and above	37,854	2	0.0%	9,428	24.9%	2,972	7.9%	12,231	32.3%	13,221	34.9%
oCHC (Relaxed Definition) without Exclusions, ATE Outcome											
18 to 24 years	205,630	12	0.0%	55,076	26.8%	15,504	7.5%	64,953	31.6%	70,085	34.1%
25 to 34 years	172,845	12	0.0%	49,133	28.4%	14,177	8.2%	57,476	33.3%	52,047	30.1%
35 to 45 years	124,359	7	0.0%	34,411	27.7%	10,292	8.3%	42,788	34.4%	36,861	29.6%
46 years and above	38,069	2	0.0%	9,451	24.8%	2,992	7.9%	12,294	32.3%	13,330	35.0%
NuvaRing (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	19,776	12	0.1%	5,781	29.2%	1,332	6.7%	6,761	34.2%	5,890	29.8%
25 to 34 years	28,806	18	0.1%	7,926	27.5%	1,959	6.8%	10,146	35.2%	8,757	30.4%
35 to 45 years	12,550	9	0.1%	3,453	27.5%	842	6.7%	4,523	36.0%	3,723	29.7%
46 years and above	1,449	0	0.0%	415	28.6%	102	7.0%	522	36.0%	410	28.3%
NuvaRing (Strict Definition) with Exclusions, ATE Outcome											
18 to 24 years	19,793	12	0.1%	5,785	29.2%	1,331	6.7%	6,764	34.2%	5,901	29.8%
25 to 34 years	28,844	18	0.1%	7,940	27.5%	1,965	6.8%	10,159	35.2%	8,762	30.4%
35 to 45 years	12,564	9	0.1%	3,453	27.5%	843	6.7%	4,530	36.1%	3,729	29.7%
46 years and above	1,455	0	0.0%	416	28.6%	103	7.1%	523	35.9%	413	28.4%
oCHC (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	153,542	11	0.0%	40,196	26.2%	11,333	7.4%	48,311	31.5%	53,691	35.0%
25 to 34 years	115,712	10	0.0%	33,125	28.6%	9,356	8.1%	39,083	33.8%	34,138	29.5%
35 to 45 years	80,596	3	0.0%	22,350	27.7%	6,629	8.2%	28,190	35.0%	23,424	29.1%
46 years and above	22,229	1	0.0%	5,507	24.8%	1,710	7.7%	7,384	33.2%	7,627	34.3%

Table 11. Time to Censoring due to Exposure Episode End in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group

Total Number of Patients Censored due to Exposure Episode End Date	Number of Patients by Length of Follow-Up Time										
	0-30 days		31-60 days		61-90 days		91-183 days		184+ days		
	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	
oCHC (Strict Definition) with Exclusions, ATE Outcome											
18 to 24 years	153,593	11	0.0%	40,207	26.2%	11,344	7.4%	48,322	31.5%	53,709	35.0%
25 to 34 years	115,818	10	0.0%	33,161	28.6%	9,372	8.1%	39,118	33.8%	34,157	29.5%
35 to 45 years	80,693	3	0.0%	22,383	27.7%	6,643	8.2%	28,218	35.0%	23,446	29.1%
46 years and above	22,259	1	0.0%	5,516	24.8%	1,710	7.7%	7,392	33.2%	7,640	34.3%

Table 12. Time to Health Outcome of Interest in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020

	Total Number of Patients with Outcome	Number of Patients by Length of Follow-Up Time									
		0-30 days		31-60 days		61-90 days		91-183 days		184+ days	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)	151	28	18.5%	25	16.6%	16	10.6%	32	21.2%	50	33.1%
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)	362	46	12.7%	65	18.0%	41	11.3%	89	24.6%	121	33.4%
NuvaRing (Strict Definition) without Exclusions, ATE Outcome	100	9	9.0%	17	17.0%	12	12.0%	21	21.0%	41	41.0%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)	188	29	15.4%	33	17.6%	19	10.1%	42	22.3%	65	34.6%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)	462	52	11.3%	84	18.2%	53	11.5%	117	25.3%	156	33.8%
NuvaRing (Relaxed Definition) without Exclusions, ATE Outcome	120	10	8.3%	17	14.2%	15	12.5%	26	21.7%	52	43.3%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)	585	58	9.9%	112	19.1%	64	10.9%	126	21.5%	225	38.5%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)	1,695	225	13.3%	295	17.4%	192	11.3%	368	21.7%	615	36.3%
oCHC (Strict Definition) without Exclusions, ATE Outcome	648	112	17.3%	88	13.6%	64	9.9%	136	21.0%	248	38.3%
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)	667	70	10.5%	129	19.3%	70	10.5%	141	21.1%	257	38.5%

Table 12. Time to Health Outcome of Interest in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020

	Total Number of Patients with Outcome	Number of Patients by Length of Follow-Up Time									
		0-30 days		31-60 days		61-90 days		91-183 days		184+ days	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)	1,938	258	13.3%	330	17.0%	218	11.2%	407	21.0%	725	37.4%
oCHC (Relaxed Definition) without Exclusions, ATE Outcome	766	130	17.0%	103	13.4%	77	10.1%	155	20.2%	301	39.3%
NuvaRing (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)	107	19	17.8%	19	17.8%	9	8.4%	22	20.6%	38	35.5%
NuvaRing (Strict Definition) with Exclusions, ATE Outcome	69	6	8.7%	10	14.5%	8	11.6%	15	21.7%	30	43.5%
oCHC (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)	379	35	9.2%	68	17.9%	37	9.8%	80	21.1%	159	42.0%
oCHC (Strict Definition) with Exclusions, ATE Outcome	407	61	15.0%	51	12.5%	38	9.3%	83	20.4%	174	42.8%

Table 13. Time to Health Outcome of Interest in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group

	Number of Patients by Length of Follow-Up Time										
	Total Number of Patients with Outcome	0-30 days		31-60 days		61-90 days		91-183 days		184+ days	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	31	6	19.4%	2	6.5%	2	6.5%	4	12.9%	17	54.8%
25 to 34 years	70	13	18.6%	12	17.1%	9	12.9%	17	24.3%	19	27.1%
35 to 45 years	42	8	19.0%	9	21.4%	4	9.5%	9	21.4%	12	28.6%
46 years and above	8	1	12.5%	2	25.0%	1	12.5%	2	25.0%	2	25.0%
NuvaRing (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)											
18 to 24 years	55	7	12.7%	5	9.1%	4	7.3%	11	20.0%	28	50.9%
25 to 34 years	154	22	14.3%	28	18.2%	21	13.6%	38	24.7%	45	29.2%
35 to 45 years	133	14	10.5%	28	21.1%	14	10.5%	35	26.3%	42	31.6%
46 years and above	20	3	15.0%	4	20.0%	2	10.0%	5	25.0%	6	30.0%
NuvaRing (Strict Definition) without Exclusions, ATE Outcome											
18 to 24 years	16	0	0.0%	5	31.3%	1	6.3%	5	31.3%	5	31.3%
25 to 34 years	32	4	12.5%	2	6.3%	3	9.4%	7	21.9%	16	50.0%
35 to 45 years	45	5	11.1%	8	17.8%	7	15.6%	9	20.0%	16	35.6%
46 years and above	7	0	0.0%	2	28.6%	1	14.3%	0	0.0%	4	57.1%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	45	6	13.3%	5	11.1%	3	6.7%	8	17.8%	23	51.1%
25 to 34 years	82	14	17.1%	15	18.3%	10	12.2%	21	25.6%	22	26.8%
35 to 45 years	51	8	15.7%	11	21.6%	5	9.8%	9	17.6%	18	35.3%
46 years and above	10	1	10.0%	2	20.0%	1	10.0%	4	40.0%	2	20.0%
NuvaRing (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)											
18 to 24 years	86	11	12.8%	8	9.3%	7	8.1%	19	22.1%	41	47.7%
25 to 34 years	197	24	12.2%	40	20.3%	28	14.2%	48	24.4%	57	28.9%
35 to 45 years	154	14	9.1%	32	20.8%	16	10.4%	41	26.6%	51	33.1%
46 years and above	25	3	12.0%	4	16.0%	2	8.0%	9	36.0%	7	28.0%

Table 13. Time to Health Outcome of Interest in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group

	Number of Patients by Length of Follow-Up Time										
	Total Number of Patients with Outcome	0-30 days		31-60 days		61-90 days		91-183 days		184+ days	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
NuvaRing (Relaxed Definition) without Exclusions, ATE Outcome											
18 to 24 years	24	1	4.2%	5	20.8%	1	4.2%	8	33.3%	9	37.5%
25 to 34 years	39	5	12.8%	2	5.1%	5	12.8%	7	17.9%	20	51.3%
35 to 45 years	50	4	8.0%	8	16.0%	8	16.0%	11	22.0%	19	38.0%
46 years and above	7	0	0.0%	2	28.6%	1	14.3%	0	0.0%	4	57.1%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	116	7	6.0%	18	15.5%	11	9.5%	26	22.4%	54	46.6%
25 to 34 years	153	19	12.4%	34	22.2%	23	15.0%	28	18.3%	49	32.0%
35 to 45 years	195	19	9.7%	35	17.9%	17	8.7%	49	25.1%	75	38.5%
46 years and above	121	13	10.7%	25	20.7%	13	10.7%	23	19.0%	47	38.8%
oCHC (Strict Definition) without Exclusions, VTE Outcome (Relaxed Definition)											
18 to 24 years	294	27	9.2%	31	10.5%	32	10.9%	68	23.1%	136	46.3%
25 to 34 years	415	62	14.9%	81	19.5%	48	11.6%	101	24.3%	123	29.6%
35 to 45 years	626	86	13.7%	110	17.6%	68	10.9%	130	20.8%	232	37.1%
46 years and above	360	50	13.9%	73	20.3%	44	12.2%	69	19.2%	124	34.4%
oCHC (Strict Definition) without Exclusions, ATE Outcome											
18 to 24 years	140	22	15.7%	18	12.9%	11	7.9%	29	20.7%	60	42.9%
25 to 34 years	150	23	15.3%	30	20.0%	18	12.0%	31	20.7%	48	32.0%
35 to 45 years	223	43	19.3%	20	9.0%	24	10.8%	55	24.7%	81	36.3%
46 years and above	135	24	17.8%	20	14.8%	11	8.1%	21	15.6%	59	43.7%
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	135	14	10.4%	22	16.3%	12	8.9%	26	19.3%	61	45.2%
25 to 34 years	182	22	12.1%	38	20.9%	25	13.7%	36	19.8%	61	33.5%
35 to 45 years	214	20	9.3%	41	19.2%	19	8.9%	53	24.8%	81	37.9%
46 years and above	136	14	10.3%	28	20.6%	14	10.3%	26	19.1%	54	39.7%

Table 13. Time to Health Outcome of Interest in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group

	Total Number of Patients with Outcome	Number of Patients by Length of Follow-Up Time									
		0-30 days		31-60 days		61-90 days		91-183 days		184+ days	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
oCHC (Relaxed Definition) without Exclusions, VTE Outcome (Relaxed Definition)											
18 to 24 years	341	36	10.6%	35	10.3%	36	10.6%	73	21.4%	161	47.2%
25 to 34 years	505	76	15.0%	92	18.2%	58	11.5%	115	22.8%	164	32.5%
35 to 45 years	695	93	13.4%	124	17.8%	75	10.8%	143	20.6%	260	37.4%
46 years and above	397	53	13.4%	79	19.9%	49	12.3%	76	19.1%	140	35.3%
oCHC (Relaxed Definition) without Exclusions, ATE Outcome											
18 to 24 years	170	28	16.5%	22	12.9%	15	8.8%	34	20.0%	71	41.8%
25 to 34 years	187	28	15.0%	35	18.7%	22	11.8%	35	18.7%	67	35.8%
35 to 45 years	255	47	18.4%	23	9.0%	27	10.6%	60	23.5%	98	38.4%
46 years and above	154	27	17.5%	23	14.9%	13	8.4%	26	16.9%	65	42.2%
NuvaRing (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	24	5	20.8%	2	8.3%	1	4.2%	2	8.3%	14	58.3%
25 to 34 years	51	8	15.7%	10	19.6%	5	9.8%	13	25.5%	15	29.4%
35 to 45 years	26	5	19.2%	6	23.1%	3	11.5%	4	15.4%	8	30.8%
46 years and above	6	1	16.7%	1	16.7%	0	0.0%	3	50.0%	1	16.7%
NuvaRing (Strict Definition) with Exclusions, ATE Outcome											
18 to 24 years	11	0	0.0%	4	36.4%	0	0.0%	3	27.3%	4	36.4%
25 to 34 years	26	2	7.7%	1	3.8%	3	11.5%	7	26.9%	13	50.0%
35 to 45 years	29	4	13.8%	4	13.8%	5	17.2%	5	17.2%	11	37.9%
46 years and above	3	0	0.0%	1	33.3%	0	0.0%	0	0.0%	2	66.7%
oCHC (Strict Definition) with Exclusions, VTE Outcome (Strict Definition)											
18 to 24 years	91	5	5.5%	15	16.5%	9	9.9%	20	22.0%	42	46.2%
25 to 34 years	101	13	12.9%	20	19.8%	15	14.9%	20	19.8%	33	32.7%
35 to 45 years	119	12	10.1%	19	16.0%	10	8.4%	28	23.5%	50	42.0%
46 years and above	68	5	7.4%	14	20.6%	3	4.4%	12	17.6%	34	50.0%

Table 13. Time to Health Outcome of Interest in New Users of NuvaRing or Other Hormonal Contraceptives (oCHC) in the Sentinel Distributed Database (SDD) between January 1, 2014 and July 31, 2020, by Age Group

	Total Number of Patients with Outcome	Number of Patients by Length of Follow-Up Time									
		0-30 days		31-60 days		61-90 days		91-183 days		184+ days	
		Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients	Number of Patients	% Total Patients
oCHC (Strict Definition) with Exclusions, ATE Outcome											
18 to 24 years	107	17	15.9%	13	12.1%	9	8.4%	23	21.5%	45	42.1%
25 to 34 years	95	15	15.8%	15	15.8%	12	12.6%	18	18.9%	35	36.8%
35 to 45 years	129	20	15.5%	9	7.0%	10	7.8%	33	25.6%	57	44.2%
46 years and above	76	9	11.8%	14	18.4%	7	9.2%	9	11.8%	37	48.7%

Appendix A. Start and End Dates for Each Data Partner as of Request Distribution Date (July 29, 2010)

Masked ID	DP Start Date	DP End Date ¹
DP01	01/01/2005	07/31/2018
DP02	01/01/2006	10/31/2019
DP03	01/01/2000	02/28/2019
DP04	01/01/2008	09/30/2019
DP05	01/01/2000	07/31/2019
DP06	01/01/2008	12/31/2019
DP07	01/01/2004	08/31/2019
DP08	01/01/2000	04/30/2019
DP09	06/01/2007	10/31/2019
DP10	01/01/2000	04/30/2018
DP11	01/01/2000	01/31/2019
DP12	01/01/2000	03/31/2019
DP13	01/01/2000	12/31/2017
DP14	01/01/2000	06/30/2019
DP15	01/01/2012	06/30/2018

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

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

Generic Name	Brand Name
Other Combined Hormonal Contraceptives (Ethinyl Estradiol less than or equal to 20 mcg)	
desogestrel-ethinyl estradiol/ethinyl estradiol	Azurette (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Bekyree (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Kariva (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Kimidess (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Mircette (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Pimtrea (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Simliya (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Viorele (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	desog-e.estradiol/e.estradiol
drospirenone/ethinyl estradiol/levomefolate calcium	Beyaz
drospirenone/ethinyl estradiol/levomefolate calcium	Rajani
drospirenone/ethinyl estradiol/levomefolate calcium	drospirenone-e.estradiol-lm .FA
ethinyl estradiol/drospirenone	Gianvi (28)
ethinyl estradiol/drospirenone	Jasmiel (28)
ethinyl estradiol/drospirenone	Loryna (28)
ethinyl estradiol/drospirenone	Nikki (28)
ethinyl estradiol/drospirenone	Vestura (28)
ethinyl estradiol/drospirenone	YAZ (28)
ethinyl estradiol/drospirenone	drospirenone-ethinyl estradiol
levonorgestrel-ethinyl estradiol	Amethyst (28)
levonorgestrel-ethinyl estradiol	Aubra
levonorgestrel-ethinyl estradiol	Aubra EQ
levonorgestrel-ethinyl estradiol	Aviane
levonorgestrel-ethinyl estradiol	Delyla (28)
levonorgestrel-ethinyl estradiol	Falmina (28)
levonorgestrel-ethinyl estradiol	Larissia
levonorgestrel-ethinyl estradiol	Lessina
levonorgestrel-ethinyl estradiol	Lutera (28)
levonorgestrel-ethinyl estradiol	Orsythia
levonorgestrel-ethinyl estradiol	Sronyx
levonorgestrel-ethinyl estradiol	Vienna
levonorgestrel-ethinyl estradiol	levonorgestrel-ethinyl estrad
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Amethia Lo
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Camrese Lo
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Fayosim
levonorgestrel/ethinyl estradiol and ethinyl estradiol	L norgest/e.estradiol-e.estrad

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

Generic Name	Brand Name
levonorgestrel/ethinyl estradiol and ethinyl estradiol	LoSeasonique
levonorgestrel/ethinyl estradiol/ferrous bisglycinate	Balcoltra
norethindrone acetate-ethinyl estradiol	Aurovela 1/20 (21)
norethindrone acetate-ethinyl estradiol	Gildess 1/20 (21)
norethindrone acetate-ethinyl estradiol	Junel 1/20 (21)
norethindrone acetate-ethinyl estradiol	Larin 1/20 (21)
norethindrone acetate-ethinyl estradiol	Loestrin 1/20 (21)
norethindrone acetate-ethinyl estradiol	Microgestin 1/20 (21)
norethindrone acetate-ethinyl estradiol	norethindrone ac-eth estradiol
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Aurovela 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Aurovela Fe 1-20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Blisovi 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Blisovi Fe 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Gildess 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Gildess FE 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Hailey 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Junel FE 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Junel Fe 24
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Larin 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Larin Fe 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Lo Loestrin Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Lo Minastrin Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Loestrin 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Loestrin Fe 1/20 (28-Day)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Lomedia 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Melodetta 24 Fe

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

Generic Name	Brand Name
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Mibelas 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Microgestin 24 FE
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Microgestin FE 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Minastrin 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Tarina 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Tarina Fe 1-20 EQ (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Tarina Fe 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Taytulla
norethindrone acetate-ethinyl estradiol/ferrous fumarate	norethindrone-e.estradiol-iron
NuvaRing	
etonogestrel/ethinyl estradiol	NuvaRing

Appendix C. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology, Fourth Edition (CPT-4) and Healthcare Common Procedure Coding System (HCPCS), Level II Codes Used to Define Exposure Incidence Criteria in this Request

Code	Description	Code Category	Code Type	Requester-Assigned Exposure Duration (Days)
Progestin, Implants				
V25.5	Insertion of implantable subdermal contraceptive	Diagnosis	ICD-9-CM	1095
V45.52	Presence of subdermal contraceptive device	Diagnosis	ICD-9-CM	1095
11975	Insertion, implantable contraceptive capsules	Procedure	CPT-4	1095
11981	Insertion, non-biodegradable drug delivery implant	Procedure	CPT-4	1095
11977	Removal with reinsertion, implantable contraceptive capsules	Procedure	CPT-4	N/A
11983	Removal with reinsertion, non-biodegradable drug delivery implant	Procedure	CPT-4	N/A
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	Procedure	HCPCS	1095
S0180	Etonogestrel (contraceptive) implant system, including implant and supplies	Procedure	HCPCS	1095
A4260	Levonorgestrel (contraceptive) implants system, including implants and supplies	Procedure	HCPCS	1826
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	Procedure	HCPCS	1826
Progestin, Injectable				
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg	Procedure	HCPCS	90
Progestin, Intrauterine Device (IUD)				
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	Procedure	HCPCS	1095
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	Procedure	HCPCS	1095
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	Procedure	HCPCS	1826
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	Procedure	HCPCS	1826
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	Procedure	HCPCS	1826
Q0090	Levonorgestrel-releasing intrauterine contraceptive system, (Skyla), 13.5 mg	Procedure	HCPCS	1826
Q9984	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg	Procedure	HCPCS	1826
S4980	Levonorgestrel - releasing intrauterine system, each	Procedure	HCPCS	1826
S4981	Insertion of levonorgestrel-releasing intrauterine system	Procedure	HCPCS	2190
Implantable (Removal) Contraceptives				
11976	Removal of implantable contraceptive capsules	Procedure	CPT-4	N/A
11982	Under Introduction or Removal Procedures on the Integumentary System	Procedure	CPT-4	N/A

Appendix D. Generic and Brand Names of Medical Products Additionally Used to Define Exposure Incidence Criteria in this Request

Generic Name	Brand Name
Other Combined Hormonal Contraceptives (Ethinyl Estradiol Greater Than 20 mcg), Oral	
desogestrel-ethinyl estradiol	Cyclessa (28)
desogestrel-ethinyl estradiol	Velivet Triphasic Regimen (28)
desogestrel-ethinyl estradiol	Caziant (28)
desogestrel-ethinyl estradiol	Desogen
desogestrel-ethinyl estradiol	Reclipsen (28)
desogestrel-ethinyl estradiol	Emoquette
desogestrel-ethinyl estradiol	desogestrel-ethinyl estradiol
desogestrel-ethinyl estradiol	Apri
desogestrel-ethinyl estradiol	Isibloom
desogestrel-ethinyl estradiol	Juleber
desogestrel-ethinyl estradiol	Cyred
desogestrel-ethinyl estradiol	Cyred EQ
desogestrel-ethinyl estradiol	Ortho-Cept (28)
desogestrel-ethinyl estradiol	Enskyce
drospirenone/ethinyl estradiol/levomefolate calcium	drospirenone-e.estradiol-lm.FA
drospirenone/ethinyl estradiol/levomefolate calcium	Safyral
drospirenone/ethinyl estradiol/levomefolate calcium	Tydemy
ethinyl estradiol/drospirenone	drospirenone-ethinyl estradiol
ethinyl estradiol/drospirenone	Ocella
ethinyl estradiol/drospirenone	Syeda
ethinyl estradiol/drospirenone	Yasmin (28)
ethinyl estradiol/drospirenone	Zarah
ethynodiol diacetate-ethinyl estradiol	ethynodiol diac-eth estradiol
ethynodiol diacetate-ethinyl estradiol	Kelnor 1/35 (28)
ethynodiol diacetate-ethinyl estradiol	Zovia 1/35E (28)
ethynodiol diacetate-ethinyl estradiol	Kelnor 1-50
ethynodiol diacetate-ethinyl estradiol	Zovia 1/50E (28)
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Rivelsa
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Quartette
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Camrese
levonorgestrel/ethinyl estradiol and ethinyl estradiol	L norgest/e.estradiol-e.estradiol
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Seasonique
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Amethia
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Ashlyna
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Daysee
levonorgestrel-ethinyl estradiol	levonorgestrel-ethinyl estradiol
levonorgestrel-ethinyl estradiol	Portia 28
levonorgestrel-ethinyl estradiol	Altavera (28)
levonorgestrel-ethinyl estradiol	Levora-28
levonorgestrel-ethinyl estradiol	Marlissa (28)
levonorgestrel-ethinyl estradiol	Chateal (28)
levonorgestrel-ethinyl estradiol	Chateal EQ (28)
levonorgestrel-ethinyl estradiol	Nordette (28)

Appendix D. Generic and Brand Names of Medical Products Additionally Used to Define Exposure Incidence Criteria in this Request

Generic Name	Brand Name
levonorgestrel-ethinyl estradiol	Levora 0.15/30 (28)
levonorgestrel-ethinyl estradiol	Kurvelo (28)
levonorgestrel-ethinyl estradiol	Lillow (28)
levonorgestrel-ethinyl estradiol	Enpresse
levonorgestrel-ethinyl estradiol	Myzilra
levonorgestrel-ethinyl estradiol	Levonest (28)
levonorgestrel-ethinyl estradiol	Trivora (28)
levonorgestrel-ethinyl estradiol	levonorg-eth estrad triphasic
levonorgestrel-ethinyl estradiol	Jolessa
levonorgestrel-ethinyl estradiol	Introvale
levonorgestrel-ethinyl estradiol	Setlakin
levonorgestrel-ethinyl estradiol	Quasense
norethindrone acetate-ethinyl estradiol	Junel 1.5/30 (21)
norethindrone acetate-ethinyl estradiol	Gildess 1.5/30 (21)
norethindrone acetate-ethinyl estradiol	Larin 1.5/30 (21)
norethindrone acetate-ethinyl estradiol	Loestrin 1.5/30 (21)
norethindrone acetate-ethinyl estradiol	Microgestin 1.5/30 (21)
norethindrone acetate-ethinyl estradiol	Aurovela 1.5/30 (21)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Junel FE 1.5/30 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Gildess FE 1.5/30 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Larin Fe 1.5/30 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Loestrin Fe 1.5/30 (28-Day)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Microgestin Fe 1.5/30 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Blisovi Fe 1.5/30 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Estrostep Fe-28
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Tri-Legest Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Tilia Fe
norethindrone-ethinyl estradiol	Zenchant (28)
norethindrone-ethinyl estradiol	Ovcon-35 (28)
norethindrone-ethinyl estradiol	Balziva (28)
norethindrone-ethinyl estradiol	Gildagia
norethindrone-ethinyl estradiol	Philith
norethindrone-ethinyl estradiol	Vyfemla (28)
norethindrone-ethinyl estradiol	Briellyn
norethindrone-ethinyl estradiol	Nortrel 7/7/7 (28)
norethindrone-ethinyl estradiol	Cyclafem 7/7/7 (28)
norethindrone-ethinyl estradiol	Dasetta 7/7/7 (28)
norethindrone-ethinyl estradiol	Ortho-Novum 7/7/7 (28)
norethindrone-ethinyl estradiol	Necon 7/7/7 (28)
norethindrone-ethinyl estradiol	Pirmella
norethindrone-ethinyl estradiol	Alyacen 7/7/7 (28)
norethindrone-ethinyl estradiol	Aranelle (28)
norethindrone-ethinyl estradiol	Tri-Norinyl (28)
norethindrone-ethinyl estradiol	Leena 28

Appendix D. Generic and Brand Names of Medical Products Additionally Used to Define Exposure Incidence Criteria in this Request

Generic Name	Brand Name
norethindrone-ethinyl estradiol	Nortrel 0.5/35 (28)
norethindrone-ethinyl estradiol	Wera (28)
norethindrone-ethinyl estradiol	Necon 0.5/35 (28)
norethindrone-ethinyl estradiol	Modicon (28)
norethindrone-ethinyl estradiol	Brevicon (28)
norethindrone-ethinyl estradiol	Necon 10/11 (28)
norethindrone-ethinyl estradiol	Nortrel 1/35 (21)
norethindrone-ethinyl estradiol	Nortrel 1/35 (28)
norethindrone-ethinyl estradiol	Cyclafem 1/35 (28)
norethindrone-ethinyl estradiol	Dasetta 1/35 (28)
norethindrone-ethinyl estradiol	Necon 1/35 (28)
norethindrone-ethinyl estradiol	Alyacen 1/35 (28)
norethindrone-ethinyl estradiol	Ortho-Novum 1/35 (28)
norethindrone-ethinyl estradiol	Norinyl 1/35 (28)
norethindrone-ethinyl estradiol/ferrous fumarate	Zeosa
norethindrone-ethinyl estradiol/ferrous fumarate	noreth-ethinyl estradiol-iron
norethindrone-ethinyl estradiol/ferrous fumarate	Femcon Fe
norethindrone-ethinyl estradiol/ferrous fumarate	Zenchent Fe
norethindrone-ethinyl estradiol/ferrous fumarate	Wymzya Fe
norethindrone-ethinyl estradiol/ferrous fumarate	Generess Fe
norethindrone-ethinyl estradiol/ferrous fumarate	Layolis Fe
norethindrone-ethinyl estradiol/ferrous fumarate	Kaitlib Fe
norethindrone-mestranol	Necon 1/50 (28)
norethindrone-mestranol	Norinyl 1+50 (28)
norgestimate-ethinyl estradiol	Tri-Lo-Sprintec
norgestimate-ethinyl estradiol	Tri-Previfem (28)
norgestimate-ethinyl estradiol	norgestimate-ethinyl estradiol
norgestimate-ethinyl estradiol	Tri-Sprintec (28)
norgestimate-ethinyl estradiol	Tri-Estarylla
norgestimate-ethinyl estradiol	Tri-Lo-Estarylla
norgestimate-ethinyl estradiol	Tri-Linyah
norgestimate-ethinyl estradiol	TriNessa (28)
norgestimate-ethinyl estradiol	Ortho Tri-Cyclen (28)
norgestimate-ethinyl estradiol	Ortho Tri-Cyclen LO (28)
norgestimate-ethinyl estradiol	Tri-VyLibra Lo
norgestimate-ethinyl estradiol	Tri-VyLibra
norgestimate-ethinyl estradiol	TriNessa Lo
norgestimate-ethinyl estradiol	Tri-Lo-Marzia
norgestimate-ethinyl estradiol	Tri-Mili
norgestimate-ethinyl estradiol	Tri Femynor
norgestimate-ethinyl estradiol	Previfem
norgestimate-ethinyl estradiol	Sprintec (28)
norgestimate-ethinyl estradiol	Estarylla
norgestimate-ethinyl estradiol	Mono-Linyah

Appendix D. Generic and Brand Names of Medical Products Additionally Used to Define Exposure Incidence Criteria in this Request

Generic Name	Brand Name
norgestimate-ethinyl estradiol	VyLibra
norgestimate-ethinyl estradiol	Ortho-Cyclen (28)
norgestimate-ethinyl estradiol	Mononessa (28)
norgestimate-ethinyl estradiol	Mili
norgestimate-ethinyl estradiol	Femynor
norgestrel-ethinyl estradiol	Cryselle (28)
norgestrel-ethinyl estradiol	Elinest
norgestrel-ethinyl estradiol	Low-Ogestrel (28)
norgestrel-ethinyl estradiol	Ogestrel (28)
norgestrel-ethinyl estradiol	norgestrel-ethinyl estradiol
Other Combined Hormonal Contraceptives (Ethinyl Estradiol Greater Than 20 mcg), Patch	
norelgestromin/ethinyl estradiol	Xulane
norelgestromin/ethinyl estradiol	Ortho Evra
Progestin, Implants	
etonogestrel	Implanon
etonogestrel	Nexplanon
Progestin, Injection	
medroxyprogesterone acetate	Depo-Provera
medroxyprogesterone acetate	medroxyprogesterone
medroxyprogesterone acetate	Depo-SubQ provera 104
Progestin, Intrauterine Device (IUD)	
levonorgestrel	Skyla
levonorgestrel	Kyleena
levonorgestrel	Liletta
levonorgestrel	Mirena
Progestin, Oral	
norethindrone	norethindrone (contraceptive)
norethindrone	Errin
norethindrone	Camila
norethindrone	Deblitane
norethindrone	Sharobel
norethindrone	Lyza
norethindrone	Tulana
norethindrone	Ortho Micronor
norethindrone	Norlyroc
norethindrone	Errin
norethindrone	Camila
norethindrone	Errin
norethindrone	Nor-Q-D
norethindrone	Nora-BE
norethindrone	Jolivette
norethindrone	Camila
norethindrone	Incassia
norethindrone	Jencycla

Appendix D. Generic and Brand Names of Medical Products Additionally Used to Define Exposure Incidence Criteria in this Request

Generic Name	Brand Name
norethindrone	Heather
norethindrone	Norlyda

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

Code	Description	Code Category	Code Type
Venous Thromboembolism			
415.1	Pulmonary embolism and infarction	Diagnosis	ICD-9-CM
415.11	Iatrogenic pulmonary embolism and infarction	Diagnosis	ICD-9-CM
415.12	Septic pulmonary embolism	Diagnosis	ICD-9-CM
415.19	Other pulmonary embolism and infarction	Diagnosis	ICD-9-CM
453	Other venous embolism and thrombosis	Diagnosis	ICD-9-CM
453.0	Budd-Chiari syndrome	Diagnosis	ICD-9-CM
453.1	Thrombophlebitis migrans	Diagnosis	ICD-9-CM
453.2	Other venous embolism and thrombosis, of inferior vena cava	Diagnosis	ICD-9-CM
453.3	Embolism and thrombosis of renal vein	Diagnosis	ICD-9-CM
453.4	Acute venous embolism and thrombosis of deep vessels of lower extremity	Diagnosis	ICD-9-CM
453.40	Acute venous embolism and thrombosis of unspecified deep vessels of lower extremity	Diagnosis	ICD-9-CM
453.41	Acute venous embolism and thrombosis of deep vessels of proximal lower extremity	Diagnosis	ICD-9-CM
453.42	Acute venous embolism and thrombosis of deep vessels of distal lower extremity	Diagnosis	ICD-9-CM
453.5	Chronic venous embolism and thrombosis of deep vessels of lower extremity	Diagnosis	ICD-9-CM
453.50	Chronic venous embolism and thrombosis of unspecified deep vessels of lower extremity	Diagnosis	ICD-9-CM
453.51	Chronic venous embolism and thrombosis of deep vessels of proximal lower extremity	Diagnosis	ICD-9-CM
453.52	Chronic venous embolism and thrombosis of deep vessels of distal lower extremity	Diagnosis	ICD-9-CM
453.6	Venous embolism and thrombosis of superficial vessels of lower extremity	Diagnosis	ICD-9-CM
453.7	Chronic venous embolism and thrombosis of other specified vessels	Diagnosis	ICD-9-CM
453.71	Chronic venous embolism and thrombosis of superficial veins of upper extremity	Diagnosis	ICD-9-CM
453.72	Chronic venous embolism and thrombosis of deep veins of upper extremity	Diagnosis	ICD-9-CM

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

Code	Description	Code Category	Code Type
453.73	Chronic venous embolism and thrombosis of upper extremity, unspecified	Diagnosis	ICD-9-CM
453.74	Chronic venous embolism and thrombosis of axillary veins	Diagnosis	ICD-9-CM
453.75	Chronic venous embolism and thrombosis of subclavian veins	Diagnosis	ICD-9-CM
453.76	Chronic venous embolism and thrombosis of internal jugular veins	Diagnosis	ICD-9-CM
453.77	Chronic venous embolism and thrombosis of other thoracic veins	Diagnosis	ICD-9-CM
453.79	Chronic venous embolism and thrombosis of other specified veins	Diagnosis	ICD-9-CM
453.8	Acute venous embolism and thrombosis of other specified veins	Diagnosis	ICD-9-CM
453.81	Acute venous embolism and thrombosis of superficial veins of upper extremity	Diagnosis	ICD-9-CM
453.82	Acute venous embolism and thrombosis of deep veins of upper extremity	Diagnosis	ICD-9-CM
453.83	Acute venous embolism and thrombosis of upper extremity, unspecified	Diagnosis	ICD-9-CM
453.84	Acute venous embolism and thrombosis of axillary veins	Diagnosis	ICD-9-CM
453.85	Acute venous embolism and thrombosis of subclavian veins	Diagnosis	ICD-9-CM
453.86	Acute venous embolism and thrombosis of internal jugular veins	Diagnosis	ICD-9-CM
453.87	Acute venous embolism and thrombosis of other thoracic veins	Diagnosis	ICD-9-CM
453.89	Acute venous embolism and thrombosis of other specified veins	Diagnosis	ICD-9-CM
453.9	Embolism and thrombosis of unspecified site	Diagnosis	ICD-9-CM
I26.01	Septic pulmonary embolism with acute cor pulmonale	Diagnosis	ICD-10-CM
I26.09	Other pulmonary embolism with acute cor pulmonale	Diagnosis	ICD-10-CM
I26.90	Septic pulmonary embolism without acute cor pulmonale	Diagnosis	ICD-10-CM
I26.99	Other pulmonary embolism without acute cor pulmonale	Diagnosis	ICD-10-CM
I82.0	Budd-Chiari syndrome	Diagnosis	ICD-10-CM
I82.1	Thrombophlebitis migrans	Diagnosis	ICD-10-CM
I82.210	Acute embolism and thrombosis of superior vena cava	Diagnosis	ICD-10-CM
I82.211	Chronic embolism and thrombosis of superior vena cava	Diagnosis	ICD-10-CM
I82.220	Acute embolism and thrombosis of inferior vena cava	Diagnosis	ICD-10-CM
I82.221	Chronic embolism and thrombosis of inferior vena cava	Diagnosis	ICD-10-CM
I82.290	Acute embolism and thrombosis of other thoracic veins	Diagnosis	ICD-10-CM
I82.291	Chronic embolism and thrombosis of other thoracic veins	Diagnosis	ICD-10-CM
I82.3	Embolism and thrombosis of renal vein	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I82.401	Acute embolism and thrombosis of unspecified deep veins of right lower extremity	Diagnosis	ICD-10-CM
I82.402	Acute embolism and thrombosis of unspecified deep veins of left lower extremity	Diagnosis	ICD-10-CM
I82.403	Acute embolism and thrombosis of unspecified deep veins of lower extremity, bilateral	Diagnosis	ICD-10-CM
I82.409	Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity	Diagnosis	ICD-10-CM
I82.411	Acute embolism and thrombosis of right femoral vein	Diagnosis	ICD-10-CM
I82.412	Acute embolism and thrombosis of left femoral vein	Diagnosis	ICD-10-CM
I82.413	Acute embolism and thrombosis of femoral vein, bilateral	Diagnosis	ICD-10-CM
I82.419	Acute embolism and thrombosis of unspecified femoral vein	Diagnosis	ICD-10-CM
I82.421	Acute embolism and thrombosis of right iliac vein	Diagnosis	ICD-10-CM
I82.422	Acute embolism and thrombosis of left iliac vein	Diagnosis	ICD-10-CM
I82.423	Acute embolism and thrombosis of iliac vein, bilateral	Diagnosis	ICD-10-CM
I82.429	Acute embolism and thrombosis of unspecified iliac vein	Diagnosis	ICD-10-CM
I82.431	Acute embolism and thrombosis of right popliteal vein	Diagnosis	ICD-10-CM
I82.432	Acute embolism and thrombosis of left popliteal vein	Diagnosis	ICD-10-CM
I82.433	Acute embolism and thrombosis of popliteal vein, bilateral	Diagnosis	ICD-10-CM
I82.439	Acute embolism and thrombosis of unspecified popliteal vein	Diagnosis	ICD-10-CM
I82.441	Acute embolism and thrombosis of right tibial vein	Diagnosis	ICD-10-CM
I82.442	Acute embolism and thrombosis of left tibial vein	Diagnosis	ICD-10-CM
I82.443	Acute embolism and thrombosis of tibial vein, bilateral	Diagnosis	ICD-10-CM
I82.449	Acute embolism and thrombosis of unspecified tibial vein	Diagnosis	ICD-10-CM
I82.491	Acute embolism and thrombosis of other specified deep vein of right lower extremity	Diagnosis	ICD-10-CM
I82.492	Acute embolism and thrombosis of other specified deep vein of left lower extremity	Diagnosis	ICD-10-CM
I82.493	Acute embolism and thrombosis of other specified deep vein of lower extremity, bilateral	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I82.499	Acute embolism and thrombosis of other specified deep vein of unspecified lower extremity	Diagnosis	ICD-10-CM
I82.4Y1	Acute embolism and thrombosis of unspecified deep veins of right proximal lower extremity	Diagnosis	ICD-10-CM
I82.4Y2	Acute embolism and thrombosis of unspecified deep veins of left proximal lower extremity	Diagnosis	ICD-10-CM
I82.4Y3	Acute embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral	Diagnosis	ICD-10-CM
I82.4Y9	Acute embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity	Diagnosis	ICD-10-CM
I82.4Z1	Acute embolism and thrombosis of unspecified deep veins of right distal lower extremity	Diagnosis	ICD-10-CM
I82.4Z2	Acute embolism and thrombosis of unspecified deep veins of left distal lower extremity	Diagnosis	ICD-10-CM
I82.4Z3	Acute embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral	Diagnosis	ICD-10-CM
I82.4Z9	Acute embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity	Diagnosis	ICD-10-CM
I82.501	Chronic embolism and thrombosis of unspecified deep veins of right lower extremity	Diagnosis	ICD-10-CM
I82.502	Chronic embolism and thrombosis of unspecified deep veins of left lower extremity	Diagnosis	ICD-10-CM
I82.503	Chronic embolism and thrombosis of unspecified deep veins of lower extremity, bilateral	Diagnosis	ICD-10-CM
I82.509	Chronic embolism and thrombosis of unspecified deep veins of unspecified lower extremity	Diagnosis	ICD-10-CM
I82.511	Chronic embolism and thrombosis of right femoral vein	Diagnosis	ICD-10-CM
I82.512	Chronic embolism and thrombosis of left femoral vein	Diagnosis	ICD-10-CM
I82.513	Chronic embolism and thrombosis of femoral vein, bilateral	Diagnosis	ICD-10-CM
I82.519	Chronic embolism and thrombosis of unspecified femoral vein	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I82.521	Chronic embolism and thrombosis of right iliac vein	Diagnosis	ICD-10-CM
I82.522	Chronic embolism and thrombosis of left iliac vein	Diagnosis	ICD-10-CM
I82.523	Chronic embolism and thrombosis of iliac vein, bilateral	Diagnosis	ICD-10-CM
I82.529	Chronic embolism and thrombosis of unspecified iliac vein	Diagnosis	ICD-10-CM
I82.531	Chronic embolism and thrombosis of right popliteal vein	Diagnosis	ICD-10-CM
I82.532	Chronic embolism and thrombosis of left popliteal vein	Diagnosis	ICD-10-CM
I82.533	Chronic embolism and thrombosis of popliteal vein, bilateral	Diagnosis	ICD-10-CM
I82.539	Chronic embolism and thrombosis of unspecified popliteal vein	Diagnosis	ICD-10-CM
I82.541	Chronic embolism and thrombosis of right tibial vein	Diagnosis	ICD-10-CM
I82.542	Chronic embolism and thrombosis of left tibial vein	Diagnosis	ICD-10-CM
I82.543	Chronic embolism and thrombosis of tibial vein, bilateral	Diagnosis	ICD-10-CM
I82.549	Chronic embolism and thrombosis of unspecified tibial vein	Diagnosis	ICD-10-CM
I82.591	Chronic embolism and thrombosis of other specified deep vein of right lower extremity	Diagnosis	ICD-10-CM
I82.592	Chronic embolism and thrombosis of other specified deep vein of left lower extremity	Diagnosis	ICD-10-CM
I82.593	Chronic embolism and thrombosis of other specified deep vein of lower extremity, bilateral	Diagnosis	ICD-10-CM
I82.599	Chronic embolism and thrombosis of other specified deep vein of unspecified lower extremity	Diagnosis	ICD-10-CM
I82.5Y1	Chronic embolism and thrombosis of unspecified deep veins of right proximal lower extremity	Diagnosis	ICD-10-CM
I82.5Y2	Chronic embolism and thrombosis of unspecified deep veins of left proximal lower extremity	Diagnosis	ICD-10-CM
I82.5Y3	Chronic embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral	Diagnosis	ICD-10-CM
I82.5Y9	Chronic embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity	Diagnosis	ICD-10-CM
I82.5Z1	Chronic embolism and thrombosis of unspecified deep veins of right distal lower extremity	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I82.5Z2	Chronic embolism and thrombosis of unspecified deep veins of left distal lower extremity	Diagnosis	ICD-10-CM
I82.5Z3	Chronic embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral	Diagnosis	ICD-10-CM
I82.5Z9	Chronic embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity	Diagnosis	ICD-10-CM
I82.601	Acute embolism and thrombosis of unspecified veins of right upper extremity	Diagnosis	ICD-10-CM
I82.602	Acute embolism and thrombosis of unspecified veins of left upper extremity	Diagnosis	ICD-10-CM
I82.603	Acute embolism and thrombosis of unspecified veins of upper extremity, bilateral	Diagnosis	ICD-10-CM
I82.609	Acute embolism and thrombosis of unspecified veins of unspecified upper extremity	Diagnosis	ICD-10-CM
I82.611	Acute embolism and thrombosis of superficial veins of right upper extremity	Diagnosis	ICD-10-CM
I82.612	Acute embolism and thrombosis of superficial veins of left upper extremity	Diagnosis	ICD-10-CM
I82.613	Acute embolism and thrombosis of superficial veins of upper extremity, bilateral	Diagnosis	ICD-10-CM
I82.619	Acute embolism and thrombosis of superficial veins of unspecified upper extremity	Diagnosis	ICD-10-CM
I82.621	Acute embolism and thrombosis of deep veins of right upper extremity	Diagnosis	ICD-10-CM
I82.622	Acute embolism and thrombosis of deep veins of left upper extremity	Diagnosis	ICD-10-CM
I82.623	Acute embolism and thrombosis of deep veins of upper extremity, bilateral	Diagnosis	ICD-10-CM
I82.629	Acute embolism and thrombosis of deep veins of unspecified upper extremity	Diagnosis	ICD-10-CM
I82.701	Chronic embolism and thrombosis of unspecified veins of right upper extremity	Diagnosis	ICD-10-CM
I82.702	Chronic embolism and thrombosis of unspecified veins of left upper extremity	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I82.703	Chronic embolism and thrombosis of unspecified veins of upper extremity, bilateral	Diagnosis	ICD-10-CM
I82.709	Chronic embolism and thrombosis of unspecified veins of unspecified upper extremity	Diagnosis	ICD-10-CM
I82.711	Chronic embolism and thrombosis of superficial veins of right upper extremity	Diagnosis	ICD-10-CM
I82.712	Chronic embolism and thrombosis of superficial veins of left upper extremity	Diagnosis	ICD-10-CM
I82.713	Chronic embolism and thrombosis of superficial veins of upper extremity, bilateral	Diagnosis	ICD-10-CM
I82.719	Chronic embolism and thrombosis of superficial veins of unspecified upper extremity	Diagnosis	ICD-10-CM
I82.721	Chronic embolism and thrombosis of deep veins of right upper extremity	Diagnosis	ICD-10-CM
I82.722	Chronic embolism and thrombosis of deep veins of left upper extremity	Diagnosis	ICD-10-CM
I82.723	Chronic embolism and thrombosis of deep veins of upper extremity, bilateral	Diagnosis	ICD-10-CM
I82.729	Chronic embolism and thrombosis of deep veins of unspecified upper extremity	Diagnosis	ICD-10-CM
I82.811	Embolism and thrombosis of superficial veins of right lower extremity	Diagnosis	ICD-10-CM
I82.812	Embolism and thrombosis of superficial veins of left lower extremity	Diagnosis	ICD-10-CM
I82.813	Embolism and thrombosis of superficial veins of lower extremities, bilateral	Diagnosis	ICD-10-CM
I82.819	Embolism and thrombosis of superficial veins of unspecified lower extremity	Diagnosis	ICD-10-CM
I82.890	Acute embolism and thrombosis of other specified veins	Diagnosis	ICD-10-CM
I82.891	Chronic embolism and thrombosis of other specified veins	Diagnosis	ICD-10-CM
I82.90	Acute embolism and thrombosis of unspecified vein	Diagnosis	ICD-10-CM
I82.91	Chronic embolism and thrombosis of unspecified vein	Diagnosis	ICD-10-CM
I82.A11	Acute embolism and thrombosis of right axillary vein	Diagnosis	ICD-10-CM
I82.A12	Acute embolism and thrombosis of left axillary vein	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I82.A13	Acute embolism and thrombosis of axillary vein, bilateral	Diagnosis	ICD-10-CM
I82.A19	Acute embolism and thrombosis of unspecified axillary vein	Diagnosis	ICD-10-CM
I82.A21	Chronic embolism and thrombosis of right axillary vein	Diagnosis	ICD-10-CM
I82.A22	Chronic embolism and thrombosis of left axillary vein	Diagnosis	ICD-10-CM
I82.A23	Chronic embolism and thrombosis of axillary vein, bilateral	Diagnosis	ICD-10-CM
I82.A29	Chronic embolism and thrombosis of unspecified axillary vein	Diagnosis	ICD-10-CM
I82.B11	Acute embolism and thrombosis of right subclavian vein	Diagnosis	ICD-10-CM
I82.B12	Acute embolism and thrombosis of left subclavian vein	Diagnosis	ICD-10-CM
I82.B13	Acute embolism and thrombosis of subclavian vein, bilateral	Diagnosis	ICD-10-CM
I82.B19	Acute embolism and thrombosis of unspecified subclavian vein	Diagnosis	ICD-10-CM
I82.B21	Chronic embolism and thrombosis of right subclavian vein	Diagnosis	ICD-10-CM
I82.B22	Chronic embolism and thrombosis of left subclavian vein	Diagnosis	ICD-10-CM
I82.B23	Chronic embolism and thrombosis of subclavian vein, bilateral	Diagnosis	ICD-10-CM
I82.B29	Chronic embolism and thrombosis of unspecified subclavian vein	Diagnosis	ICD-10-CM
I82.C11	Acute embolism and thrombosis of right internal jugular vein	Diagnosis	ICD-10-CM
I82.C12	Acute embolism and thrombosis of left internal jugular vein	Diagnosis	ICD-10-CM
I82.C13	Acute embolism and thrombosis of internal jugular vein, bilateral	Diagnosis	ICD-10-CM
I82.C19	Acute embolism and thrombosis of unspecified internal jugular vein	Diagnosis	ICD-10-CM
I82.C21	Chronic embolism and thrombosis of right internal jugular vein	Diagnosis	ICD-10-CM
I82.C22	Chronic embolism and thrombosis of left internal jugular vein	Diagnosis	ICD-10-CM
I82.C23	Chronic embolism and thrombosis of internal jugular vein, bilateral	Diagnosis	ICD-10-CM
I82.C29	Chronic embolism and thrombosis of unspecified internal jugular vein	Diagnosis	ICD-10-CM
Arterial Thromboembolism			
410.00	Acute myocardial infarction of anterolateral wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.01	Acute myocardial infarction of anterolateral wall, initial episode of care	Diagnosis	ICD-9-CM
410.10	Acute myocardial infarction of other anterior wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.11	Acute myocardial infarction of other anterior wall, initial episode of care	Diagnosis	ICD-9-CM

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

Code	Description	Code Category	Code Type
410.20	Acute myocardial infarction of inferolateral wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.21	Acute myocardial infarction of inferolateral wall, initial episode of care	Diagnosis	ICD-9-CM
410.30	Acute myocardial infarction of inferoposterior wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.31	Acute myocardial infarction of inferoposterior wall, initial episode of care	Diagnosis	ICD-9-CM
410.40	Acute myocardial infarction of other inferior wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.41	Acute myocardial infarction of other inferior wall, initial episode of care	Diagnosis	ICD-9-CM
410.50	Acute myocardial infarction of other lateral wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.51	Acute myocardial infarction of other lateral wall, initial episode of care	Diagnosis	ICD-9-CM
410.60	Acute myocardial infarction, true posterior wall infarction, episode of care unspecified	Diagnosis	ICD-9-CM
410.61	Acute myocardial infarction, true posterior wall infarction, initial episode of care	Diagnosis	ICD-9-CM
410.70	Acute myocardial infarction, subendocardial infarction, episode of care unspecified	Diagnosis	ICD-9-CM
410.71	Acute myocardial infarction, subendocardial infarction, initial episode of care	Diagnosis	ICD-9-CM
410.80	Acute myocardial infarction of other specified sites, episode of care unspecified	Diagnosis	ICD-9-CM
410.81	Acute myocardial infarction of other specified sites, initial episode of care	Diagnosis	ICD-9-CM
410.90	Acute myocardial infarction, unspecified site, episode of care unspecified	Diagnosis	ICD-9-CM
410.91	Acute myocardial infarction, unspecified site, initial episode of care	Diagnosis	ICD-9-CM
415.13	Saddle embolus of pulmonary artery	Diagnosis	ICD-9-CM
433.01	Occlusion and stenosis of basilar artery with cerebral infarction	Diagnosis	ICD-9-CM
433.11	Occlusion and stenosis of carotid artery with cerebral infarction	Diagnosis	ICD-9-CM
433.21	Occlusion and stenosis of vertebral artery with cerebral infarction	Diagnosis	ICD-9-CM
433.31	Occlusion and stenosis of multiple and bilateral precerebral arteries with cerebral infarction	Diagnosis	ICD-9-CM
433.81	Occlusion and stenosis of other specified precerebral artery with cerebral infarction	Diagnosis	ICD-9-CM

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

Code	Description	Code Category	Code Type
433.91	Occlusion and stenosis of unspecified precerebral artery with cerebral infarction	Diagnosis	ICD-9-CM
434.01	Cerebral thrombosis with cerebral infarction	Diagnosis	ICD-9-CM
434.11	Cerebral embolism with cerebral infarction	Diagnosis	ICD-9-CM
434.91	Unspecified cerebral artery occlusion with cerebral infarction	Diagnosis	ICD-9-CM
436	Acute, but ill-defined, cerebrovascular disease	Diagnosis	ICD-9-CM
444	Arterial embolism and thrombosis	Diagnosis	ICD-9-CM
444.0	Arterial embolism and thrombosis of abdominal aorta	Diagnosis	ICD-9-CM
444.01	Saddle embolus of abdominal aorta	Diagnosis	ICD-9-CM
444.09	Other arterial embolism and thrombosis of abdominal aorta	Diagnosis	ICD-9-CM
444.1	Embolism and thrombosis of thoracic aorta	Diagnosis	ICD-9-CM
444.2	Embolism and thrombosis of arteries of the extremities	Diagnosis	ICD-9-CM
444.21	Embolism and thrombosis of arteries of upper extremity	Diagnosis	ICD-9-CM
444.22	Embolism and thrombosis of arteries of lower extremity	Diagnosis	ICD-9-CM
444.8	Embolism and thrombosis of other specified artery	Diagnosis	ICD-9-CM
444.81	Embolism and thrombosis of iliac artery	Diagnosis	ICD-9-CM
444.89	Embolism and thrombosis of other specified artery	Diagnosis	ICD-9-CM
444.9	Embolism and thrombosis of unspecified artery	Diagnosis	ICD-9-CM
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery	Diagnosis	ICD-10-CM
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery	Diagnosis	ICD-10-CM
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall	Diagnosis	ICD-10-CM
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery	Diagnosis	ICD-10-CM
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall	Diagnosis	ICD-10-CM
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery	Diagnosis	ICD-10-CM
I21.29	ST elevation (STEMI) myocardial infarction involving other sites	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I21.9	Acute myocardial infarction, unspecified	Diagnosis	ICD-10-CM
I21.A1	Myocardial infarction type 2	Diagnosis	ICD-10-CM
I21.A9	Other myocardial infarction type	Diagnosis	ICD-10-CM
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall	Diagnosis	ICD-10-CM
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall	Diagnosis	ICD-10-CM
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites	Diagnosis	ICD-10-CM
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
I26.02	Saddle embolus of pulmonary artery with acute cor pulmonale	Diagnosis	ICD-10-CM
I26.92	Saddle embolus of pulmonary artery without acute cor pulmonale	Diagnosis	ICD-10-CM
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.011	Cerebral infarction due to thrombosis of right vertebral artery	Diagnosis	ICD-10-CM
I63.012	Cerebral infarction due to thrombosis of left vertebral artery	Diagnosis	ICD-10-CM
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.02	Cerebral infarction due to thrombosis of basilar artery	Diagnosis	ICD-10-CM
I63.031	Cerebral infarction due to thrombosis of right carotid artery	Diagnosis	ICD-10-CM
I63.032	Cerebral infarction due to thrombosis of left carotid artery	Diagnosis	ICD-10-CM
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.09	Cerebral infarction due to thrombosis of other precerebral artery	Diagnosis	ICD-10-CM
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.111	Cerebral infarction due to embolism of right vertebral artery	Diagnosis	ICD-10-CM
I63.112	Cerebral infarction due to embolism of left vertebral artery	Diagnosis	ICD-10-CM
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.12	Cerebral infarction due to embolism of basilar artery	Diagnosis	ICD-10-CM
I63.131	Cerebral infarction due to embolism of right carotid artery	Diagnosis	ICD-10-CM

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

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

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

Code	Description	Code Category	Code Type
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery	Diagnosis	ICD-10-CM
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery	Diagnosis	ICD-10-CM
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.39	Cerebral infarction due to thrombosis of other cerebral artery	Diagnosis	ICD-10-CM
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.411	Cerebral infarction due to embolism of right middle cerebral artery	Diagnosis	ICD-10-CM
I63.412	Cerebral infarction due to embolism of left middle cerebral artery	Diagnosis	ICD-10-CM
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery	Diagnosis	ICD-10-CM
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

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

Code	Description	Code Category	Code Type
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.49	Cerebral infarction due to embolism of other cerebral artery	Diagnosis	ICD-10-CM
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM

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

Code	Description	Code Category	Code Type
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	Diagnosis	ICD-10-CM
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	Diagnosis	ICD-10-CM
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	Diagnosis	ICD-10-CM
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	Diagnosis	ICD-10-CM
I63.8	Other cerebral infarction	Diagnosis	ICD-10-CM
I63.9	Cerebral infarction, unspecified	Diagnosis	ICD-10-CM
I67.89	Other cerebrovascular disease	Diagnosis	ICD-10-CM
I74.01	Saddle embolus of abdominal aorta	Diagnosis	ICD-10-CM
I74.09	Other arterial embolism and thrombosis of abdominal aorta	Diagnosis	ICD-10-CM
I74.10	Embolism and thrombosis of unspecified parts of aorta	Diagnosis	ICD-10-CM
I74.11	Embolism and thrombosis of thoracic aorta	Diagnosis	ICD-10-CM
I74.19	Embolism and thrombosis of other parts of aorta	Diagnosis	ICD-10-CM
I74.2	Embolism and thrombosis of arteries of the upper extremities	Diagnosis	ICD-10-CM
I74.3	Embolism and thrombosis of arteries of the lower extremities	Diagnosis	ICD-10-CM
I74.4	Embolism and thrombosis of arteries of extremities, unspecified	Diagnosis	ICD-10-CM
I74.5	Embolism and thrombosis of iliac artery	Diagnosis	ICD-10-CM
I74.8	Embolism and thrombosis of other arteries	Diagnosis	ICD-10-CM
I74.9	Embolism and thrombosis of unspecified artery	Diagnosis	ICD-10-CM

Appendix F. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes Additionally Used to Define Outcome Incidence Criteria in this Request

Code	Description	Code Category	Code Type
History of Venous Thromboembolism			
V12.51	Personal history of venous thrombosis and embolism	Diagnosis	ICD-9-CM
Z86.718	Personal history of other venous thrombosis and embolism	Diagnosis	ICD-10-CM

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

Generic Name	Brand Name
Oral Anticoagulants	
apixaban	Eliquis
apixaban	Eliquis DVT-PE Treat 30D Start
dabigatran etexilate mesylate	Pradaxa
edoxaban tosylate	Savaysa
rivaroxaban	Xarelto
warfarin sodium	Coumadin
warfarin sodium	Jantoven
warfarin sodium	warfarin

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
Cancer			
140	Malignant neoplasm of lip	Diagnosis	ICD-9-CM
140	Malignant neoplasm of upper lip, vermilion border	Diagnosis	ICD-9-CM
140.1	Malignant neoplasm of lower lip, vermilion border	Diagnosis	ICD-9-CM
140.3	Malignant neoplasm of upper lip, inner aspect	Diagnosis	ICD-9-CM
140.4	Malignant neoplasm of lower lip, inner aspect	Diagnosis	ICD-9-CM
140.5	Malignant neoplasm of lip, inner aspect, unspecified as to upper or lower	Diagnosis	ICD-9-CM
140.6	Malignant neoplasm of commissure of lip	Diagnosis	ICD-9-CM
140.8	Malignant neoplasm of other sites of lip	Diagnosis	ICD-9-CM
140.9	Malignant neoplasm of lip, vermilion border, unspecified as to upper or lower	Diagnosis	ICD-9-CM
141	Malignant neoplasm of tongue	Diagnosis	ICD-9-CM
141.0	Malignant neoplasm of base of tongue	Diagnosis	ICD-9-CM
141.1	Malignant neoplasm of dorsal surface of tongue	Diagnosis	ICD-9-CM
141.2	Malignant neoplasm of tip and lateral border of tongue	Diagnosis	ICD-9-CM
141.3	Malignant neoplasm of ventral surface of tongue	Diagnosis	ICD-9-CM
141.4	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	Diagnosis	ICD-9-CM
141.5	Malignant neoplasm of junctional zone of tongue	Diagnosis	ICD-9-CM
141.6	Malignant neoplasm of lingual tonsil	Diagnosis	ICD-9-CM
141.8	Malignant neoplasm of other sites of tongue	Diagnosis	ICD-9-CM
141.9	Malignant neoplasm of tongue, unspecified site	Diagnosis	ICD-9-CM
142	Malignant neoplasm of major salivary glands	Diagnosis	ICD-9-CM
142.0	Malignant neoplasm of parotid gland	Diagnosis	ICD-9-CM
142.1	Malignant neoplasm of submandibular gland	Diagnosis	ICD-9-CM
142.2	Malignant neoplasm of sublingual gland	Diagnosis	ICD-9-CM
142.8	Malignant neoplasm of other major salivary glands	Diagnosis	ICD-9-CM
142.9	Malignant neoplasm of salivary gland, unspecified	Diagnosis	ICD-9-CM
143	Malignant neoplasm of gum	Diagnosis	ICD-9-CM
143.0	Malignant neoplasm of upper gum	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
143.1	Malignant neoplasm of lower gum	Diagnosis	ICD-9-CM
143.8	Malignant neoplasm of other sites of gum	Diagnosis	ICD-9-CM
143.9	Malignant neoplasm of gum, unspecified site	Diagnosis	ICD-9-CM
144	Malignant neoplasm of floor of mouth	Diagnosis	ICD-9-CM
144.0	Malignant neoplasm of anterior portion of floor of mouth	Diagnosis	ICD-9-CM
144.1	Malignant neoplasm of lateral portion of floor of mouth	Diagnosis	ICD-9-CM
144.8	Malignant neoplasm of other sites of floor of mouth	Diagnosis	ICD-9-CM
144.9	Malignant neoplasm of floor of mouth, part unspecified	Diagnosis	ICD-9-CM
145	Malignant neoplasm of other and unspecified parts of mouth	Diagnosis	ICD-9-CM
145.0	Malignant neoplasm of cheek mucosa	Diagnosis	ICD-9-CM
145.1	Malignant neoplasm of vestibule of mouth	Diagnosis	ICD-9-CM
145.2	Malignant neoplasm of hard palate	Diagnosis	ICD-9-CM
145.3	Malignant neoplasm of soft palate	Diagnosis	ICD-9-CM
145.4	Malignant neoplasm of uvula	Diagnosis	ICD-9-CM
145.5	Malignant neoplasm of palate, unspecified	Diagnosis	ICD-9-CM
145.6	Malignant neoplasm of retromolar area	Diagnosis	ICD-9-CM
145.8	Malignant neoplasm of other specified parts of mouth	Diagnosis	ICD-9-CM
145.9	Malignant neoplasm of mouth, unspecified site	Diagnosis	ICD-9-CM
146	Malignant neoplasm of oropharynx	Diagnosis	ICD-9-CM
146.0	Malignant neoplasm of tonsil	Diagnosis	ICD-9-CM
146.1	Malignant neoplasm of tonsillar fossa	Diagnosis	ICD-9-CM
146.2	Malignant neoplasm of tonsillar pillars (anterior) (posterior)	Diagnosis	ICD-9-CM
146.3	Malignant neoplasm of vallecula	Diagnosis	ICD-9-CM
146.4	Malignant neoplasm of anterior aspect of epiglottis	Diagnosis	ICD-9-CM
146.5	Malignant neoplasm of junctional region of oropharynx	Diagnosis	ICD-9-CM
146.6	Malignant neoplasm of lateral wall of oropharynx	Diagnosis	ICD-9-CM
146.7	Malignant neoplasm of posterior wall of oropharynx	Diagnosis	ICD-9-CM
146.8	Malignant neoplasm of other specified sites of oropharynx	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
150.9	Malignant neoplasm of esophagus, unspecified site	Diagnosis	ICD-9-CM
151	Malignant neoplasm of stomach	Diagnosis	ICD-9-CM
151.0	Malignant neoplasm of cardia	Diagnosis	ICD-9-CM
151.1	Malignant neoplasm of pylorus	Diagnosis	ICD-9-CM
151.2	Malignant neoplasm of pyloric antrum	Diagnosis	ICD-9-CM
151.3	Malignant neoplasm of fundus of stomach	Diagnosis	ICD-9-CM
151.4	Malignant neoplasm of body of stomach	Diagnosis	ICD-9-CM
151.5	Malignant neoplasm of lesser curvature of stomach, unspecified	Diagnosis	ICD-9-CM
151.6	Malignant neoplasm of greater curvature of stomach, unspecified	Diagnosis	ICD-9-CM
151.8	Malignant neoplasm of other specified sites of stomach	Diagnosis	ICD-9-CM
151.9	Malignant neoplasm of stomach, unspecified site	Diagnosis	ICD-9-CM
152	Malignant neoplasm of small intestine, including duodenum	Diagnosis	ICD-9-CM
152.0	Malignant neoplasm of duodenum	Diagnosis	ICD-9-CM
152.1	Malignant neoplasm of jejunum	Diagnosis	ICD-9-CM
152.2	Malignant neoplasm of ileum	Diagnosis	ICD-9-CM
152.3	Malignant neoplasm of Meckel's diverticulum	Diagnosis	ICD-9-CM
152.8	Malignant neoplasm of other specified sites of small intestine	Diagnosis	ICD-9-CM
152.9	Malignant neoplasm of small intestine, unspecified site	Diagnosis	ICD-9-CM
153	Malignant neoplasm of colon	Diagnosis	ICD-9-CM
153.0	Malignant neoplasm of hepatic flexure	Diagnosis	ICD-9-CM
153.1	Malignant neoplasm of transverse colon	Diagnosis	ICD-9-CM
153.2	Malignant neoplasm of descending colon	Diagnosis	ICD-9-CM
153.3	Malignant neoplasm of sigmoid colon	Diagnosis	ICD-9-CM
153.4	Malignant neoplasm of cecum	Diagnosis	ICD-9-CM
153.5	Malignant neoplasm of appendix	Diagnosis	ICD-9-CM
153.6	Malignant neoplasm of ascending colon	Diagnosis	ICD-9-CM
153.7	Malignant neoplasm of splenic flexure	Diagnosis	ICD-9-CM
153.8	Malignant neoplasm of other specified sites of large intestine	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
153.9	Malignant neoplasm of colon, unspecified site	Diagnosis	ICD-9-CM
154	Malignant neoplasm of rectum, rectosigmoid junction, and anus	Diagnosis	ICD-9-CM
154.0	Malignant neoplasm of rectosigmoid junction	Diagnosis	ICD-9-CM
154.1	Malignant neoplasm of rectum	Diagnosis	ICD-9-CM
154.2	Malignant neoplasm of anal canal	Diagnosis	ICD-9-CM
154.3	Malignant neoplasm of anus, unspecified site	Diagnosis	ICD-9-CM
154.8	Malignant neoplasm of other sites of rectum, rectosigmoid junction, and anus	Diagnosis	ICD-9-CM
155	Malignant neoplasm of liver and intrahepatic bile ducts	Diagnosis	ICD-9-CM
155.0	Malignant neoplasm of liver, primary	Diagnosis	ICD-9-CM
155.1	Malignant neoplasm of intrahepatic bile ducts	Diagnosis	ICD-9-CM
155.2	Malignant neoplasm of liver, not specified as primary or secondary	Diagnosis	ICD-9-CM
156	Malignant neoplasm of gallbladder and extrahepatic bile ducts	Diagnosis	ICD-9-CM
156.0	Malignant neoplasm of gallbladder	Diagnosis	ICD-9-CM
156.1	Malignant neoplasm of extrahepatic bile ducts	Diagnosis	ICD-9-CM
156.2	Malignant neoplasm of ampulla of Vater	Diagnosis	ICD-9-CM
156.8	Malignant neoplasm of other specified sites of gallbladder and extrahepatic bile ducts	Diagnosis	ICD-9-CM
156.9	Malignant neoplasm of biliary tract, part unspecified site	Diagnosis	ICD-9-CM
157	Malignant neoplasm of pancreas	Diagnosis	ICD-9-CM
157.0	Malignant neoplasm of head of pancreas	Diagnosis	ICD-9-CM
157.1	Malignant neoplasm of body of pancreas	Diagnosis	ICD-9-CM
157.2	Malignant neoplasm of tail of pancreas	Diagnosis	ICD-9-CM
157.3	Malignant neoplasm of pancreatic duct	Diagnosis	ICD-9-CM
157.4	Malignant neoplasm of islets of Langerhans	Diagnosis	ICD-9-CM
157.8	Malignant neoplasm of other specified sites of pancreas	Diagnosis	ICD-9-CM
157.9	Malignant neoplasm of pancreas, part unspecified	Diagnosis	ICD-9-CM
158	Malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-9-CM
158.0	Malignant neoplasm of retroperitoneum	Diagnosis	ICD-9-CM
158.8	Malignant neoplasm of specified parts of peritoneum	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
158.9	Malignant neoplasm of peritoneum, unspecified	Diagnosis	ICD-9-CM
159	Malignant neoplasm of other and ill-defined sites within the digestive organs and peritoneum	Diagnosis	ICD-9-CM
159.0	Malignant neoplasm of intestinal tract, part unspecified	Diagnosis	ICD-9-CM
159.1	Malignant neoplasm of spleen, not elsewhere classified	Diagnosis	ICD-9-CM
159.8	Malignant neoplasm of other sites of digestive system and intra-abdominal organs	Diagnosis	ICD-9-CM
159.9	Malignant neoplasm of ill-defined sites of digestive organs and peritoneum	Diagnosis	ICD-9-CM
160	Malignant neoplasm of nasal cavities, middle ear, and accessory sinuses	Diagnosis	ICD-9-CM
160.0	Malignant neoplasm of nasal cavities	Diagnosis	ICD-9-CM
160.1	Malignant neoplasm of auditory tube, middle ear, and mastoid air cells	Diagnosis	ICD-9-CM
160.2	Malignant neoplasm of maxillary sinus	Diagnosis	ICD-9-CM
160.3	Malignant neoplasm of ethmoidal sinus	Diagnosis	ICD-9-CM
160.4	Malignant neoplasm of frontal sinus	Diagnosis	ICD-9-CM
160.5	Malignant neoplasm of sphenoidal sinus	Diagnosis	ICD-9-CM
160.8	Malignant neoplasm of other sites of nasal cavities, middle ear, and accessory sinuses	Diagnosis	ICD-9-CM
160.9	Malignant neoplasm of site of nasal cavities, middle ear, and accessory sinus, unspecified site	Diagnosis	ICD-9-CM
161	Malignant neoplasm of larynx	Diagnosis	ICD-9-CM
161.0	Malignant neoplasm of glottis	Diagnosis	ICD-9-CM
161.1	Malignant neoplasm of supraglottis	Diagnosis	ICD-9-CM
161.2	Malignant neoplasm of subglottis	Diagnosis	ICD-9-CM
161.3	Malignant neoplasm of laryngeal cartilages	Diagnosis	ICD-9-CM
161.8	Malignant neoplasm of other specified sites of larynx	Diagnosis	ICD-9-CM
161.9	Malignant neoplasm of larynx, unspecified site	Diagnosis	ICD-9-CM
162	Malignant neoplasm of trachea, bronchus, and lung	Diagnosis	ICD-9-CM
162.0	Malignant neoplasm of trachea	Diagnosis	ICD-9-CM
162.2	Malignant neoplasm of main bronchus	Diagnosis	ICD-9-CM
162.3	Malignant neoplasm of upper lobe, bronchus, or lung	Diagnosis	ICD-9-CM
162.4	Malignant neoplasm of middle lobe, bronchus, or lung	Diagnosis	ICD-9-CM
162.5	Malignant neoplasm of lower lobe, bronchus, or lung	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
170.9	Malignant neoplasm of bone and articular cartilage, site unspecified	Diagnosis	ICD-9-CM
171	Malignant neoplasm of connective and other soft tissue	Diagnosis	ICD-9-CM
171.0	Malignant neoplasm of connective and other soft tissue of head, face, and neck	Diagnosis	ICD-9-CM
171.2	Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder	Diagnosis	ICD-9-CM
171.3	Malignant neoplasm of connective and other soft tissue of lower limb, including hip	Diagnosis	ICD-9-CM
171.4	Malignant neoplasm of connective and other soft tissue of thorax	Diagnosis	ICD-9-CM
171.5	Malignant neoplasm of connective and other soft tissue of abdomen	Diagnosis	ICD-9-CM
171.6	Malignant neoplasm of connective and other soft tissue of pelvis	Diagnosis	ICD-9-CM
171.7	Malignant neoplasm of connective and other soft tissue of trunk, unspecified site	Diagnosis	ICD-9-CM
171.8	Malignant neoplasm of other specified sites of connective and other soft tissue	Diagnosis	ICD-9-CM
171.9	Malignant neoplasm of connective and other soft tissue, site unspecified	Diagnosis	ICD-9-CM
172	Malignant melanoma of skin	Diagnosis	ICD-9-CM
172.0	Malignant melanoma of skin of lip	Diagnosis	ICD-9-CM
172.1	Malignant melanoma of skin of eyelid, including canthus	Diagnosis	ICD-9-CM
172.2	Malignant melanoma of skin of ear and external auditory canal	Diagnosis	ICD-9-CM
172.3	Malignant melanoma of skin of other and unspecified parts of face	Diagnosis	ICD-9-CM
172.4	Malignant melanoma of skin of scalp and neck	Diagnosis	ICD-9-CM
172.5	Malignant melanoma of skin of trunk, except scrotum	Diagnosis	ICD-9-CM
172.6	Malignant melanoma of skin of upper limb, including shoulder	Diagnosis	ICD-9-CM
172.7	Malignant melanoma of skin of lower limb, including hip	Diagnosis	ICD-9-CM
172.8	Malignant melanoma of other specified sites of skin	Diagnosis	ICD-9-CM
172.9	Melanoma of skin, site unspecified	Diagnosis	ICD-9-CM
173	Other and unspecified malignant neoplasm of skin	Diagnosis	ICD-9-CM
173.0	Other and unspecified malignant neoplasm of skin of lip	Diagnosis	ICD-9-CM
173.00	Unspecified malignant neoplasm of skin of lip	Diagnosis	ICD-9-CM
173.01	Basal cell carcinoma of skin of lip	Diagnosis	ICD-9-CM
173.02	Squamous cell carcinoma of skin of lip	Diagnosis	ICD-9-CM
173.09	Other specified malignant neoplasm of skin of lip	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
173.1	Other and unspecified malignant neoplasm of eyelid, including canthus	Diagnosis	ICD-9-CM
173.10	Unspecified malignant neoplasm of eyelid, including canthus	Diagnosis	ICD-9-CM
173.11	Basal cell carcinoma of eyelid, including canthus	Diagnosis	ICD-9-CM
173.12	Squamous cell carcinoma of eyelid, including canthus	Diagnosis	ICD-9-CM
173.19	Other specified malignant neoplasm of eyelid, including canthus	Diagnosis	ICD-9-CM
173.2	Other and unspecified malignant neoplasm of skin of ear and external auditory canal	Diagnosis	ICD-9-CM
173.20	Unspecified malignant neoplasm of skin of ear and external auditory canal	Diagnosis	ICD-9-CM
173.21	Basal cell carcinoma of skin of ear and external auditory canal	Diagnosis	ICD-9-CM
173.22	Squamous cell carcinoma of skin of ear and external auditory canal	Diagnosis	ICD-9-CM
173.29	Other specified malignant neoplasm of skin of ear and external auditory canal	Diagnosis	ICD-9-CM
173.3	Other and unspecified malignant neoplasm of skin of other and unspecified parts of face	Diagnosis	ICD-9-CM
173.30	Unspecified malignant neoplasm of skin of other and unspecified parts of face	Diagnosis	ICD-9-CM
173.31	Basal cell carcinoma of skin of other and unspecified parts of face	Diagnosis	ICD-9-CM
173.32	Squamous cell carcinoma of skin of other and unspecified parts of face	Diagnosis	ICD-9-CM
173.39	Other specified malignant neoplasm of skin of other and unspecified parts of face	Diagnosis	ICD-9-CM
173.4	Other and unspecified malignant neoplasm of scalp and skin of neck	Diagnosis	ICD-9-CM
173.40	Unspecified malignant neoplasm of scalp and skin of neck	Diagnosis	ICD-9-CM
173.41	Basal cell carcinoma of scalp and skin of neck	Diagnosis	ICD-9-CM
173.42	Squamous cell carcinoma of scalp and skin of neck	Diagnosis	ICD-9-CM
173.49	Other specified malignant neoplasm of scalp and skin of neck	Diagnosis	ICD-9-CM
173.5	Other and unspecified malignant neoplasm of skin of trunk, except scrotum	Diagnosis	ICD-9-CM
173.50	Unspecified malignant neoplasm of skin of trunk, except scrotum	Diagnosis	ICD-9-CM
173.51	Basal cell carcinoma of skin of trunk, except scrotum	Diagnosis	ICD-9-CM
173.52	Squamous cell carcinoma of skin of trunk, except scrotum	Diagnosis	ICD-9-CM
173.59	Other specified malignant neoplasm of skin of trunk, except scrotum	Diagnosis	ICD-9-CM
173.6	Other and unspecified malignant neoplasm of skin of upper limb, including shoulder	Diagnosis	ICD-9-CM
173.60	Unspecified malignant neoplasm of skin of upper limb, including shoulder	Diagnosis	ICD-9-CM
173.61	Basal cell carcinoma of skin of upper limb, including shoulder	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
173.62	Squamous cell carcinoma of skin of upper limb, including shoulder	Diagnosis	ICD-9-CM
173.69	Other specified malignant neoplasm of skin of upper limb, including shoulder	Diagnosis	ICD-9-CM
173.7	Other and unspecified malignant neoplasm of skin of lower limb, including hip	Diagnosis	ICD-9-CM
173.70	Unspecified malignant neoplasm of skin of lower limb, including hip	Diagnosis	ICD-9-CM
173.71	Basal cell carcinoma of skin of lower limb, including hip	Diagnosis	ICD-9-CM
173.72	Squamous cell carcinoma of skin of lower limb, including hip	Diagnosis	ICD-9-CM
173.79	Other specified malignant neoplasm of skin of lower limb, including hip	Diagnosis	ICD-9-CM
173.8	Other and unspecified malignant neoplasm of other specified sites of skin	Diagnosis	ICD-9-CM
173.80	Unspecified malignant neoplasm of other specified sites of skin	Diagnosis	ICD-9-CM
173.81	Basal cell carcinoma of other specified sites of skin	Diagnosis	ICD-9-CM
173.82	Squamous cell carcinoma of other specified sites of skin	Diagnosis	ICD-9-CM
173.89	Other specified malignant neoplasm of other specified sites of skin	Diagnosis	ICD-9-CM
173.9	Other and unspecified malignant neoplasm of skin, site unspecified	Diagnosis	ICD-9-CM
173.90	Unspecified malignant neoplasm of skin, site unspecified	Diagnosis	ICD-9-CM
173.91	Basal cell carcinoma of skin, site unspecified	Diagnosis	ICD-9-CM
173.92	Squamous cell carcinoma of skin, site unspecified	Diagnosis	ICD-9-CM
173.99	Other specified malignant neoplasm of skin, site unspecified	Diagnosis	ICD-9-CM
174	Malignant neoplasm of female breast	Diagnosis	ICD-9-CM
174.0	Malignant neoplasm of nipple and areola of female breast	Diagnosis	ICD-9-CM
174.1	Malignant neoplasm of central portion of female breast	Diagnosis	ICD-9-CM
174.2	Malignant neoplasm of upper-inner quadrant of female breast	Diagnosis	ICD-9-CM
174.3	Malignant neoplasm of lower-inner quadrant of female breast	Diagnosis	ICD-9-CM
174.4	Malignant neoplasm of upper-outer quadrant of female breast	Diagnosis	ICD-9-CM
174.5	Malignant neoplasm of lower-outer quadrant of female breast	Diagnosis	ICD-9-CM
174.6	Malignant neoplasm of axillary tail of female breast	Diagnosis	ICD-9-CM
174.8	Malignant neoplasm of other specified sites of female breast	Diagnosis	ICD-9-CM
174.9	Malignant neoplasm of breast (female), unspecified site	Diagnosis	ICD-9-CM
176	Kaposi's sarcoma	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
176.0	Kaposi's sarcoma of skin	Diagnosis	ICD-9-CM
176.1	Kaposi's sarcoma of soft tissue	Diagnosis	ICD-9-CM
176.2	Kaposi's sarcoma of palate	Diagnosis	ICD-9-CM
176.3	Kaposi's sarcoma of gastrointestinal sites	Diagnosis	ICD-9-CM
176.4	Kaposi's sarcoma of lung	Diagnosis	ICD-9-CM
176.5	Kaposi's sarcoma of lymph nodes	Diagnosis	ICD-9-CM
176.8	Kaposi's sarcoma of other specified sites	Diagnosis	ICD-9-CM
176.9	Kaposi's sarcoma of unspecified site	Diagnosis	ICD-9-CM
179	Malignant neoplasm of uterus, part unspecified	Diagnosis	ICD-9-CM
180	Malignant neoplasm of cervix uteri	Diagnosis	ICD-9-CM
180.0	Malignant neoplasm of endocervix	Diagnosis	ICD-9-CM
180.1	Malignant neoplasm of exocervix	Diagnosis	ICD-9-CM
180.8	Malignant neoplasm of other specified sites of cervix	Diagnosis	ICD-9-CM
180.9	Malignant neoplasm of cervix uteri, unspecified site	Diagnosis	ICD-9-CM
181	Malignant neoplasm of placenta	Diagnosis	ICD-9-CM
182	Malignant neoplasm of body of uterus	Diagnosis	ICD-9-CM
182.0	Malignant neoplasm of corpus uteri, except isthmus	Diagnosis	ICD-9-CM
182.1	Malignant neoplasm of isthmus	Diagnosis	ICD-9-CM
182.8	Malignant neoplasm of other specified sites of body of uterus	Diagnosis	ICD-9-CM
183	Malignant neoplasm of ovary and other uterine adnexa	Diagnosis	ICD-9-CM
183.0	Malignant neoplasm of ovary	Diagnosis	ICD-9-CM
183.2	Malignant neoplasm of fallopian tube	Diagnosis	ICD-9-CM
183.3	Malignant neoplasm of broad ligament of uterus	Diagnosis	ICD-9-CM
183.4	Malignant neoplasm of parametrium of uterus	Diagnosis	ICD-9-CM
183.5	Malignant neoplasm of round ligament of uterus	Diagnosis	ICD-9-CM
183.8	Malignant neoplasm of other specified sites of uterine adnexa	Diagnosis	ICD-9-CM
183.9	Malignant neoplasm of uterine adnexa, unspecified site	Diagnosis	ICD-9-CM
184	Malignant neoplasm of other and unspecified female genital organs	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
184.0	Malignant neoplasm of vagina	Diagnosis	ICD-9-CM
184.1	Malignant neoplasm of labia majora	Diagnosis	ICD-9-CM
184.2	Malignant neoplasm of labia minora	Diagnosis	ICD-9-CM
184.3	Malignant neoplasm of clitoris	Diagnosis	ICD-9-CM
184.4	Malignant neoplasm of vulva, unspecified site	Diagnosis	ICD-9-CM
184.8	Malignant neoplasm of other specified sites of female genital organs	Diagnosis	ICD-9-CM
184.9	Malignant neoplasm of female genital organ, site unspecified	Diagnosis	ICD-9-CM
188	Malignant neoplasm of bladder	Diagnosis	ICD-9-CM
188.0	Malignant neoplasm of trigone of urinary bladder	Diagnosis	ICD-9-CM
188.1	Malignant neoplasm of dome of urinary bladder	Diagnosis	ICD-9-CM
188.2	Malignant neoplasm of lateral wall of urinary bladder	Diagnosis	ICD-9-CM
188.3	Malignant neoplasm of anterior wall of urinary bladder	Diagnosis	ICD-9-CM
188.4	Malignant neoplasm of posterior wall of urinary bladder	Diagnosis	ICD-9-CM
188.5	Malignant neoplasm of bladder neck	Diagnosis	ICD-9-CM
188.6	Malignant neoplasm of ureteric orifice	Diagnosis	ICD-9-CM
188.7	Malignant neoplasm of urachus	Diagnosis	ICD-9-CM
188.8	Malignant neoplasm of other specified sites of bladder	Diagnosis	ICD-9-CM
188.9	Malignant neoplasm of bladder, part unspecified	Diagnosis	ICD-9-CM
189	Malignant neoplasm of kidney and other and unspecified urinary organs	Diagnosis	ICD-9-CM
189.0	Malignant neoplasm of kidney, except pelvis	Diagnosis	ICD-9-CM
189.1	Malignant neoplasm of renal pelvis	Diagnosis	ICD-9-CM
189.2	Malignant neoplasm of ureter	Diagnosis	ICD-9-CM
189.3	Malignant neoplasm of urethra	Diagnosis	ICD-9-CM
189.4	Malignant neoplasm of paraurethral glands	Diagnosis	ICD-9-CM
189.8	Malignant neoplasm of other specified sites of urinary organs	Diagnosis	ICD-9-CM
189.9	Malignant neoplasm of urinary organ, site unspecified	Diagnosis	ICD-9-CM
190	Malignant neoplasm of eye	Diagnosis	ICD-9-CM
190.0	Malignant neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
190.1	Malignant neoplasm of orbit	Diagnosis	ICD-9-CM
190.2	Malignant neoplasm of lacrimal gland	Diagnosis	ICD-9-CM
190.3	Malignant neoplasm of conjunctiva	Diagnosis	ICD-9-CM
190.4	Malignant neoplasm of cornea	Diagnosis	ICD-9-CM
190.5	Malignant neoplasm of retina	Diagnosis	ICD-9-CM
190.6	Malignant neoplasm of choroid	Diagnosis	ICD-9-CM
190.7	Malignant neoplasm of lacrimal duct	Diagnosis	ICD-9-CM
190.8	Malignant neoplasm of other specified sites of eye	Diagnosis	ICD-9-CM
190.9	Malignant neoplasm of eye, part unspecified	Diagnosis	ICD-9-CM
191	Malignant neoplasm of brain	Diagnosis	ICD-9-CM
191.0	Malignant neoplasm of cerebrum, except lobes and ventricles	Diagnosis	ICD-9-CM
191.1	Malignant neoplasm of frontal lobe of brain	Diagnosis	ICD-9-CM
191.2	Malignant neoplasm of temporal lobe of brain	Diagnosis	ICD-9-CM
191.3	Malignant neoplasm of parietal lobe of brain	Diagnosis	ICD-9-CM
191.4	Malignant neoplasm of occipital lobe of brain	Diagnosis	ICD-9-CM
191.5	Malignant neoplasm of ventricles of brain	Diagnosis	ICD-9-CM
191.6	Malignant neoplasm of cerebellum NOS	Diagnosis	ICD-9-CM
191.7	Malignant neoplasm of brain stem	Diagnosis	ICD-9-CM
191.8	Malignant neoplasm of other parts of brain	Diagnosis	ICD-9-CM
191.9	Malignant neoplasm of brain, unspecified site	Diagnosis	ICD-9-CM
192	Malignant neoplasm of other and unspecified parts of nervous system	Diagnosis	ICD-9-CM
192.0	Malignant neoplasm of cranial nerves	Diagnosis	ICD-9-CM
192.1	Malignant neoplasm of cerebral meninges	Diagnosis	ICD-9-CM
192.2	Malignant neoplasm of spinal cord	Diagnosis	ICD-9-CM
192.3	Malignant neoplasm of spinal meninges	Diagnosis	ICD-9-CM
192.8	Malignant neoplasm of other specified sites of nervous system	Diagnosis	ICD-9-CM
192.9	Malignant neoplasm of nervous system, part unspecified	Diagnosis	ICD-9-CM
193	Malignant neoplasm of thyroid gland	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
194	Malignant neoplasm of other endocrine glands and related structures	Diagnosis	ICD-9-CM
194.0	Malignant neoplasm of adrenal gland	Diagnosis	ICD-9-CM
194.1	Malignant neoplasm of parathyroid gland	Diagnosis	ICD-9-CM
194.3	Malignant neoplasm of pituitary gland and craniopharyngeal duct	Diagnosis	ICD-9-CM
194.4	Malignant neoplasm of pineal gland	Diagnosis	ICD-9-CM
194.5	Malignant neoplasm of carotid body	Diagnosis	ICD-9-CM
194.6	Malignant neoplasm of aortic body and other paraganglia	Diagnosis	ICD-9-CM
194.8	Malignant neoplasm of other endocrine glands and related structures	Diagnosis	ICD-9-CM
194.9	Malignant neoplasm of endocrine gland, site unspecified	Diagnosis	ICD-9-CM
195	Malignant neoplasm of other and ill-defined sites	Diagnosis	ICD-9-CM
195.0	Malignant neoplasm of head, face, and neck	Diagnosis	ICD-9-CM
195.1	Malignant neoplasm of thorax	Diagnosis	ICD-9-CM
195.2	Malignant neoplasm of abdomen	Diagnosis	ICD-9-CM
195.3	Malignant neoplasm of pelvis	Diagnosis	ICD-9-CM
195.4	Malignant neoplasm of upper limb	Diagnosis	ICD-9-CM
195.5	Malignant neoplasm of lower limb	Diagnosis	ICD-9-CM
195.8	Malignant neoplasm of other specified sites	Diagnosis	ICD-9-CM
196	Secondary and unspecified malignant neoplasm of lymph nodes	Diagnosis	ICD-9-CM
196.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
196.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
196.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
196.3	Secondary and unspecified malignant neoplasm of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
196.5	Secondary and unspecified malignant neoplasm of lymph nodes of inguinal region and lower	Diagnosis	ICD-9-CM
196.6	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
196.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
196.9	Secondary and unspecified malignant neoplasm of lymph nodes, site unspecified	Diagnosis	ICD-9-CM
197	Secondary malignant neoplasm of respiratory and digestive systems	Diagnosis	ICD-9-CM
197.0	Secondary malignant neoplasm of lung	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
197.1	Secondary malignant neoplasm of mediastinum	Diagnosis	ICD-9-CM
197.2	Secondary malignant neoplasm of pleura	Diagnosis	ICD-9-CM
197.3	Secondary malignant neoplasm of other respiratory organs	Diagnosis	ICD-9-CM
197.4	Secondary malignant neoplasm of small intestine including duodenum	Diagnosis	ICD-9-CM
197.5	Secondary malignant neoplasm of large intestine and rectum	Diagnosis	ICD-9-CM
197.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-9-CM
197.7	Secondary malignant neoplasm of liver	Diagnosis	ICD-9-CM
197.8	Secondary malignant neoplasm of other digestive organs and spleen	Diagnosis	ICD-9-CM
198	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-9-CM
198.0	Secondary malignant neoplasm of kidney	Diagnosis	ICD-9-CM
198.1	Secondary malignant neoplasm of other urinary organs	Diagnosis	ICD-9-CM
198.2	Secondary malignant neoplasm of skin	Diagnosis	ICD-9-CM
198.3	Secondary malignant neoplasm of brain and spinal cord	Diagnosis	ICD-9-CM
198.4	Secondary malignant neoplasm of other parts of nervous system	Diagnosis	ICD-9-CM
198.5	Secondary malignant neoplasm of bone and bone marrow	Diagnosis	ICD-9-CM
198.6	Secondary malignant neoplasm of ovary	Diagnosis	ICD-9-CM
198.7	Secondary malignant neoplasm of adrenal gland	Diagnosis	ICD-9-CM
198.8	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-9-CM
198.81	Secondary malignant neoplasm of breast	Diagnosis	ICD-9-CM
198.82	Secondary malignant neoplasm of genital organs	Diagnosis	ICD-9-CM
198.89	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-9-CM
199	Malignant neoplasm without specification of site	Diagnosis	ICD-9-CM
199.0	Disseminated malignant neoplasm	Diagnosis	ICD-9-CM
199.1	Other malignant neoplasm of unspecified site	Diagnosis	ICD-9-CM
199.2	Malignant neoplasm associated with transplanted organ	Diagnosis	ICD-9-CM
200	Lymphosarcoma and reticulosarcoma and other specified malignant tumors of lymphatic tissue	Diagnosis	ICD-9-CM
200.0	Reticulosarcoma	Diagnosis	ICD-9-CM
200.00	Reticulosarcoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
200.01	Reticulosarcoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.02	Reticulosarcoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.03	Reticulosarcoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.04	Reticulosarcoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.05	Reticulosarcoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.06	Reticulosarcoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.07	Reticulosarcoma of spleen	Diagnosis	ICD-9-CM
200.08	Reticulosarcoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
200.1	Lymphosarcoma	Diagnosis	ICD-9-CM
200.10	Lymphosarcoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.11	Lymphosarcoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.12	Lymphosarcoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.13	Lymphosarcoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.14	Lymphosarcoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.15	Lymphosarcoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.16	Lymphosarcoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.17	Lymphosarcoma of spleen	Diagnosis	ICD-9-CM
200.18	Lymphosarcoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
200.2	Burkitt's tumor or lymphoma	Diagnosis	ICD-9-CM
200.20	Burkitt's tumor or lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.21	Burkitt's tumor or lymphoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.22	Burkitt's tumor or lymphoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.23	Burkitt's tumor or lymphoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.24	Burkitt's tumor or lymphoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.25	Burkitt's tumor or lymphoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.26	Burkitt's tumor or lymphoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.27	Burkitt's tumor or lymphoma of spleen	Diagnosis	ICD-9-CM
200.28	Burkitt's tumor or lymphoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
200.3	Marginal zone lymphoma	Diagnosis	ICD-9-CM
200.30	Marginal zone lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.31	Marginal zone lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.32	Marginal zone lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.33	Marginal zone lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.34	Marginal zone lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.35	Marginal zone lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.36	Marginal zone lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.37	Marginal zone lymphoma, spleen	Diagnosis	ICD-9-CM
200.38	Marginal zone lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-9-CM
200.4	Mantle cell lymphoma	Diagnosis	ICD-9-CM
200.40	Mantle cell lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.41	Mantle cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.42	Mantle cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.43	Mantle cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.44	Mantle cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.45	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.46	Mantle cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.47	Mantle cell lymphoma, spleen	Diagnosis	ICD-9-CM
200.48	Mantle cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-9-CM
200.5	Primary central nervous system lymphoma	Diagnosis	ICD-9-CM
200.50	Primary central nervous system lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.51	Primary central nervous system lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.52	Primary central nervous system lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.53	Primary central nervous system lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.54	Primary central nervous system lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.55	Primary central nervous system lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.56	Primary central nervous system lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
201.60	Hodgkin's disease, mixed cellularity, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.61	Hodgkin's disease, mixed cellularity, involving lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.62	Hodgkin's disease, mixed cellularity, of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.63	Hodgkin's disease, mixed cellularity, of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.64	Hodgkin's disease, mixed cellularity, of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.65	Hodgkin's disease, mixed cellularity, of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.66	Hodgkin's disease, mixed cellularity, of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.67	Hodgkin's disease, mixed cellularity, of spleen	Diagnosis	ICD-9-CM
201.68	Hodgkin's disease, mixed cellularity, of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201.7	Hodgkin's disease, lymphocytic depletion	Diagnosis	ICD-9-CM
201.70	Hodgkin's disease, lymphocytic depletion, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.71	Hodgkin's disease, lymphocytic depletion, of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.72	Hodgkin's disease, lymphocytic depletion, of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.73	Hodgkin's disease, lymphocytic depletion, of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.74	Hodgkin's disease, lymphocytic depletion, of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.75	Hodgkin's disease, lymphocytic depletion, of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.76	Hodgkin's disease, lymphocytic depletion, of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.77	Hodgkin's disease, lymphocytic depletion, of spleen	Diagnosis	ICD-9-CM
201.78	Hodgkin's disease, lymphocytic depletion, of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201.9	Hodgkin's disease, unspecified type	Diagnosis	ICD-9-CM
201.90	Hodgkin's disease, unspecified type, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.91	Hodgkin's disease, unspecified type, of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.92	Hodgkin's disease, unspecified type, of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.93	Hodgkin's disease, unspecified type, of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.94	Hodgkin's disease, unspecified type, of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.95	Hodgkin's disease, unspecified type, of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.96	Hodgkin's disease, unspecified type, of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.97	Hodgkin's disease, unspecified type, of spleen	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
201.98	Hodgkin's disease, unspecified type, of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202	Other malignant neoplasms of lymphoid and histiocytic tissue	Diagnosis	ICD-9-CM
202.0	Nodular lymphoma	Diagnosis	ICD-9-CM
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.01	Nodular lymphoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.02	Nodular lymphoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.03	Nodular lymphoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.04	Nodular lymphoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.05	Nodular lymphoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.06	Nodular lymphoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.07	Nodular lymphoma of spleen	Diagnosis	ICD-9-CM
202.08	Nodular lymphoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.1	Mycosis fungoides	Diagnosis	ICD-9-CM
202.10	Mycosis fungoides, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.11	Mycosis fungoides of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.12	Mycosis fungoides of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.13	Mycosis fungoides of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.14	Mycosis fungoides of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.15	Mycosis fungoides of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.16	Mycosis fungoides of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.17	Mycosis fungoides of spleen	Diagnosis	ICD-9-CM
202.18	Mycosis fungoides of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.2	Sezary's disease	Diagnosis	ICD-9-CM
202.20	Sezary's disease, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.21	Sezary's disease of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.22	Sezary's disease of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.23	Sezary's disease of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.24	Sezary's disease of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
202.25	Sezary's disease of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.26	Sezary's disease of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.27	Sezary's disease of spleen	Diagnosis	ICD-9-CM
202.28	Sezary's disease of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.3	Malignant histiocytosis	Diagnosis	ICD-9-CM
202.30	Malignant histiocytosis, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.31	Malignant histiocytosis of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.32	Malignant histiocytosis of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.33	Malignant histiocytosis of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.34	Malignant histiocytosis of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.35	Malignant histiocytosis of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.36	Malignant histiocytosis of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.37	Malignant histiocytosis of spleen	Diagnosis	ICD-9-CM
202.38	Malignant histiocytosis of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.4	Leukemic reticuloendotheliosis	Diagnosis	ICD-9-CM
202.40	Leukemic reticuloendotheliosis, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.41	Leukemic reticuloendotheliosis of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.42	Leukemic reticuloendotheliosis of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.43	Leukemic reticuloendotheliosis of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.44	Leukemic reticuloendotheliosis of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.45	Leukemic reticuloendotheliosis of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.46	Leukemic reticuloendotheliosis of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.47	Leukemic reticuloendotheliosis of spleen	Diagnosis	ICD-9-CM
202.48	Leukemic reticuloendotheliosis of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.5	Letterer-Siwe disease	Diagnosis	ICD-9-CM
202.50	Letterer-Siwe disease, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.51	Letterer-Siwe disease of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.52	Letterer-Siwe disease of intrathoracic lymph nodes	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
202.81	Other malignant lymphomas of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.82	Other malignant lymphomas of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.83	Other malignant lymphomas of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.84	Other malignant lymphomas of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.85	Other malignant lymphomas of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.86	Other malignant lymphomas of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.87	Other malignant lymphomas of spleen	Diagnosis	ICD-9-CM
202.88	Other malignant lymphomas of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.9	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue	Diagnosis	ICD-9-CM
202.90	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.91	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.92	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.93	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.94	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph node of axilla and upper limb	Diagnosis	ICD-9-CM
202.95	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.96	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.97	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of spleen	Diagnosis	ICD-9-CM
202.98	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph node of multiple sites	Diagnosis	ICD-9-CM
203	Multiple myeloma and immunoproliferative neoplasms	Diagnosis	ICD-9-CM
203.0	Multiple myeloma	Diagnosis	ICD-9-CM
203.00	Multiple myeloma, without mention of having achieved remission	Diagnosis	ICD-9-CM
203.01	Multiple myeloma in remission	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
203.02	Multiple myeloma, in relapse	Diagnosis	ICD-9-CM
203.1	Plasma cell leukemia	Diagnosis	ICD-9-CM
203.10	Plasma cell leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
203.11	Plasma cell leukemia in remission	Diagnosis	ICD-9-CM
203.12	Plasma cell leukemia, in relapse	Diagnosis	ICD-9-CM
203.8	Other immunoproliferative neoplasms	Diagnosis	ICD-9-CM
203.80	Other immunoproliferative neoplasms, without mention of having achieved remission	Diagnosis	ICD-9-CM
203.81	Other immunoproliferative neoplasms in remission	Diagnosis	ICD-9-CM
203.82	Other immunoproliferative neoplasms, in relapse	Diagnosis	ICD-9-CM
204	Lymphoid leukemia	Diagnosis	ICD-9-CM
204.0	Acute lymphoid leukemia	Diagnosis	ICD-9-CM
204.00	Acute lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
204.01	Acute lymphoid leukemia in remission	Diagnosis	ICD-9-CM
204.02	Acute lymphoid leukemia, in relapse	Diagnosis	ICD-9-CM
204.1	Chronic lymphoid leukemia	Diagnosis	ICD-9-CM
204.10	Chronic lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
204.11	Chronic lymphoid leukemia in remission	Diagnosis	ICD-9-CM
204.12	Chronic lymphoid leukemia, in relapse	Diagnosis	ICD-9-CM
204.2	Subacute lymphoid leukemia	Diagnosis	ICD-9-CM
204.20	Subacute lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
204.21	Subacute lymphoid leukemia in remission	Diagnosis	ICD-9-CM
204.22	Subacute lymphoid leukemia, in relapse	Diagnosis	ICD-9-CM
204.8	Other lymphoid leukemia	Diagnosis	ICD-9-CM
204.80	Other lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
204.81	Other lymphoid leukemia in remission	Diagnosis	ICD-9-CM
204.82	Other lymphoid leukemia, in relapse	Diagnosis	ICD-9-CM
204.9	Unspecified lymphoid leukemia	Diagnosis	ICD-9-CM
204.90	Unspecified lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
206.0	Acute monocytic leukemia	Diagnosis	ICD-9-CM
206.00	Acute monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.01	Acute monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.02	Acute monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
206.1	Chronic monocytic leukemia	Diagnosis	ICD-9-CM
206.10	Chronic monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.11	Chronic monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.12	Chronic monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
206.2	Subacute monocytic leukemia	Diagnosis	ICD-9-CM
206.20	Subacute monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.21	Subacute monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.22	Subacute monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
206.8	Other monocytic leukemia	Diagnosis	ICD-9-CM
206.80	Other monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.81	Other monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.82	Other monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
206.9	Unspecified monocytic leukemia	Diagnosis	ICD-9-CM
206.90	Unspecified monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.91	Unspecified monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.92	Unspecified monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
207	Other specified leukemia	Diagnosis	ICD-9-CM
207.0	Acute erythremia and erythroleukemia	Diagnosis	ICD-9-CM
207.00	Acute erythremia and erythroleukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
207.01	Acute erythremia and erythroleukemia in remission	Diagnosis	ICD-9-CM
207.02	Acute erythremia and erythroleukemia, in relapse	Diagnosis	ICD-9-CM
207.1	Chronic erythremia	Diagnosis	ICD-9-CM
207.10	Chronic erythremia, without mention of having achieved remission	Diagnosis	ICD-9-CM
207.11	Chronic erythremia in remission	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
207.12	Chronic erythremia, in relapse	Diagnosis	ICD-9-CM
207.2	Megakaryocytic leukemia	Diagnosis	ICD-9-CM
207.20	Megakaryocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
207.21	Megakaryocytic leukemia in remission	Diagnosis	ICD-9-CM
207.22	Megakaryocytic leukemia, in relapse	Diagnosis	ICD-9-CM
207.8	Other specified leukemia	Diagnosis	ICD-9-CM
207.80	Other specified leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
207.81	Other specified leukemia in remission	Diagnosis	ICD-9-CM
207.82	Other specified leukemia, in relapse	Diagnosis	ICD-9-CM
208	Leukemia of unspecified cell type	Diagnosis	ICD-9-CM
208.0	Acute leukemia of unspecified cell type	Diagnosis	ICD-9-CM
208.00	Acute leukemia of unspecified cell type, without mention of having achieved remission	Diagnosis	ICD-9-CM
208.01	Acute leukemia of unspecified cell type in remission	Diagnosis	ICD-9-CM
208.02	Acute leukemia of unspecified cell type, in relapse	Diagnosis	ICD-9-CM
208.1	Chronic leukemia of unspecified cell type	Diagnosis	ICD-9-CM
208.10	Chronic leukemia of unspecified cell type, without mention of having achieved remission	Diagnosis	ICD-9-CM
208.11	Chronic leukemia of unspecified cell type in remission	Diagnosis	ICD-9-CM
208.12	Chronic leukemia of unspecified cell type, in relapse	Diagnosis	ICD-9-CM
208.2	Subacute leukemia of unspecified cell type	Diagnosis	ICD-9-CM
208.20	Subacute leukemia of unspecified cell type, without mention of having achieved remission	Diagnosis	ICD-9-CM
208.21	Subacute leukemia of unspecified cell type in remission	Diagnosis	ICD-9-CM
208.22	Subacute leukemia of unspecified cell type, in relapse	Diagnosis	ICD-9-CM
208.8	Other leukemia of unspecified cell type	Diagnosis	ICD-9-CM
208.80	Other leukemia of unspecified cell type, without mention of having achieved remission	Diagnosis	ICD-9-CM
208.81	Other leukemia of unspecified cell type in remission	Diagnosis	ICD-9-CM
208.82	Other leukemia of unspecified cell type, in relapse	Diagnosis	ICD-9-CM
208.9	Unspecified leukemia	Diagnosis	ICD-9-CM
208.90	Unspecified leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
208.91	Unspecified leukemia in remission	Diagnosis	ICD-9-CM
208.92	Unspecified leukemia, in relapse	Diagnosis	ICD-9-CM
209	Neuroendocrine tumors	Diagnosis	ICD-9-CM
209.0	Malignant carcinoid tumors of the small intestine	Diagnosis	ICD-9-CM
209.00	Malignant carcinoid tumor of the small intestine, unspecified portion	Diagnosis	ICD-9-CM
209.01	Malignant carcinoid tumor of the duodenum	Diagnosis	ICD-9-CM
209.02	Malignant carcinoid tumor of the jejunum	Diagnosis	ICD-9-CM
209.03	Malignant carcinoid tumor of the ileum	Diagnosis	ICD-9-CM
209.1	Malignant carcinoid tumors of the appendix, large intestine, and rectum	Diagnosis	ICD-9-CM
209.10	Malignant carcinoid tumor of the large intestine, unspecified portion	Diagnosis	ICD-9-CM
209.11	Malignant carcinoid tumor of the appendix	Diagnosis	ICD-9-CM
209.12	Malignant carcinoid tumor of the cecum	Diagnosis	ICD-9-CM
209.13	Malignant carcinoid tumor of the ascending colon	Diagnosis	ICD-9-CM
209.14	Malignant carcinoid tumor of the transverse colon	Diagnosis	ICD-9-CM
209.15	Malignant carcinoid tumor of the descending colon	Diagnosis	ICD-9-CM
209.16	Malignant carcinoid tumor of the sigmoid colon	Diagnosis	ICD-9-CM
209.17	Malignant carcinoid tumor of the rectum	Diagnosis	ICD-9-CM
209.2	Malignant carcinoid tumors of other and unspecified sites	Diagnosis	ICD-9-CM
209.20	Malignant carcinoid tumor of unknown primary site	Diagnosis	ICD-9-CM
209.21	Malignant carcinoid tumor of the bronchus and lung	Diagnosis	ICD-9-CM
209.22	Malignant carcinoid tumor of the thymus	Diagnosis	ICD-9-CM
209.23	Malignant carcinoid tumor of the stomach	Diagnosis	ICD-9-CM
209.24	Malignant carcinoid tumor of the kidney	Diagnosis	ICD-9-CM
209.25	Malignant carcinoid tumor of foregut, not otherwise specified	Diagnosis	ICD-9-CM
209.26	Malignant carcinoid tumor of midgut, not otherwise specified	Diagnosis	ICD-9-CM
209.27	Malignant carcinoid tumor of hindgut, not otherwise specified	Diagnosis	ICD-9-CM
209.29	Malignant carcinoid tumor of other sites	Diagnosis	ICD-9-CM
209.3	Malignant poorly differentiated neuroendocrine tumors	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
209.30	Malignant poorly differentiated neuroendocrine carcinoma, any site	Diagnosis	ICD-9-CM
209.31	Merkel cell carcinoma of the face	Diagnosis	ICD-9-CM
209.32	Merkel cell carcinoma of the scalp and neck	Diagnosis	ICD-9-CM
209.33	Merkel cell carcinoma of the upper limb	Diagnosis	ICD-9-CM
209.34	Merkel cell carcinoma of the lower limb	Diagnosis	ICD-9-CM
209.35	Merkel cell carcinoma of the trunk	Diagnosis	ICD-9-CM
209.36	Merkel cell carcinoma of other sites	Diagnosis	ICD-9-CM
209.7	Secondary neuroendocrine tumors	Diagnosis	ICD-9-CM
209.70	Secondary neuroendocrine tumor, unspecified site	Diagnosis	ICD-9-CM
209.71	Secondary neuroendocrine tumor of distant lymph nodes	Diagnosis	ICD-9-CM
209.72	Secondary neuroendocrine tumor of liver	Diagnosis	ICD-9-CM
209.73	Secondary neuroendocrine tumor of bone	Diagnosis	ICD-9-CM
209.74	Secondary neuroendocrine tumor of peritoneum	Diagnosis	ICD-9-CM
209.75	Secondary Merkel cell carcinoma	Diagnosis	ICD-9-CM
209.79	Secondary neuroendocrine tumor of other sites	Diagnosis	ICD-9-CM
C00	Malignant neoplasm of lip	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	Malignant neoplasm of other and unspecified parts of tongue	Diagnosis	ICD-10-CM
C02.0	Malignant neoplasm of dorsal surface of tongue	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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	Malignant neoplasm of gum	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	Malignant neoplasm of floor of mouth	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	Malignant neoplasm of palate	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	Malignant neoplasm of other and unspecified parts of mouth	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
C06.8	Malignant neoplasm of overlapping sites of other and unspecified parts of mouth	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C06.9	Malignant neoplasm of mouth, unspecified	Diagnosis	ICD-10-CM
C07	Malignant neoplasm of parotid gland	Diagnosis	ICD-10-CM
C08	Malignant neoplasm of other and unspecified major salivary glands	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	Malignant neoplasm of tonsil	Diagnosis	ICD-10-CM
C09.0	Malignant neoplasm of tonsillar fossa	Diagnosis	ICD-10-CM
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	Diagnosis	ICD-10-CM
C09.8	Malignant neoplasm of overlapping sites of tonsil	Diagnosis	ICD-10-CM
C09.9	Malignant neoplasm of tonsil, unspecified	Diagnosis	ICD-10-CM
C10	Malignant neoplasm of oropharynx	Diagnosis	ICD-10-CM
C10.0	Malignant neoplasm of vallecula	Diagnosis	ICD-10-CM
C10.1	Malignant neoplasm of anterior surface of epiglottis	Diagnosis	ICD-10-CM
C10.2	Malignant neoplasm of lateral wall of oropharynx	Diagnosis	ICD-10-CM
C10.3	Malignant neoplasm of posterior wall of oropharynx	Diagnosis	ICD-10-CM
C10.4	Malignant neoplasm of branchial cleft	Diagnosis	ICD-10-CM
C10.8	Malignant neoplasm of overlapping sites of oropharynx	Diagnosis	ICD-10-CM
C10.9	Malignant neoplasm of oropharynx, unspecified	Diagnosis	ICD-10-CM
C11	Malignant neoplasm of nasopharynx	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	Malignant neoplasm of hypopharynx	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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	Malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx	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	Malignant neoplasm of esophagus	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	Malignant neoplasm of stomach	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	Malignant neoplasm of small intestine	Diagnosis	ICD-10-CM
C17.0	Malignant neoplasm of duodenum	Diagnosis	ICD-10-CM
C17.1	Malignant neoplasm of jejunum	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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	Malignant neoplasm of colon	Diagnosis	ICD-10-CM
C18.0	Malignant neoplasm of cecum	Diagnosis	ICD-10-CM
C18.1	Malignant neoplasm of appendix	Diagnosis	ICD-10-CM
C18.2	Malignant neoplasm of ascending colon	Diagnosis	ICD-10-CM
C18.3	Malignant neoplasm of hepatic flexure	Diagnosis	ICD-10-CM
C18.4	Malignant neoplasm of transverse colon	Diagnosis	ICD-10-CM
C18.5	Malignant neoplasm of splenic flexure	Diagnosis	ICD-10-CM
C18.6	Malignant neoplasm of descending colon	Diagnosis	ICD-10-CM
C18.7	Malignant neoplasm of sigmoid colon	Diagnosis	ICD-10-CM
C18.8	Malignant neoplasm of overlapping sites of colon	Diagnosis	ICD-10-CM
C18.9	Malignant neoplasm of colon, unspecified	Diagnosis	ICD-10-CM
C19	Malignant neoplasm of rectosigmoid junction	Diagnosis	ICD-10-CM
C20	Malignant neoplasm of rectum	Diagnosis	ICD-10-CM
C21	Malignant neoplasm of anus and anal canal	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	Malignant neoplasm of liver and intrahepatic bile ducts	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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	Malignant neoplasm of other and unspecified parts of biliary tract	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	Malignant neoplasm of pancreas	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	Malignant neoplasm of other and ill-defined digestive organs	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	Malignant neoplasm of nasal cavity and middle ear	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	Malignant neoplasm of accessory sinuses	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C31.2	Malignant neoplasm of frontal sinus	Diagnosis	ICD-10-CM
C31.3	Malignant neoplasm of sphenoid sinus	Diagnosis	ICD-10-CM
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses	Diagnosis	ICD-10-CM
C31.9	Malignant neoplasm of accessory sinus, unspecified	Diagnosis	ICD-10-CM
C32	Malignant neoplasm of larynx	Diagnosis	ICD-10-CM
C32.0	Malignant neoplasm of glottis	Diagnosis	ICD-10-CM
C32.1	Malignant neoplasm of supraglottis	Diagnosis	ICD-10-CM
C32.2	Malignant neoplasm of subglottis	Diagnosis	ICD-10-CM
C32.3	Malignant neoplasm of laryngeal cartilage	Diagnosis	ICD-10-CM
C32.8	Malignant neoplasm of overlapping sites of larynx	Diagnosis	ICD-10-CM
C32.9	Malignant neoplasm of larynx, unspecified	Diagnosis	ICD-10-CM
C33	Malignant neoplasm of trachea	Diagnosis	ICD-10-CM
C34	Malignant neoplasm of bronchus and lung	Diagnosis	ICD-10-CM
C34.0	Malignant neoplasm of main bronchus	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
C34.1	Malignant neoplasm of upper lobe, bronchus or lung	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
C34.3	Malignant neoplasm of lower 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
C34.8	Malignant neoplasm of overlapping sites of bronchus and lung	Diagnosis	ICD-10-CM
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
C34.9	Malignant neoplasm of unspecified part of bronchus or 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	Malignant neoplasm of heart, mediastinum and pleura	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	Malignant neoplasm of other and ill-defined sites in the respiratory system and intrathoracic	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	Malignant neoplasm of bone and articular cartilage of limbs	Diagnosis	ICD-10-CM
C40.0	Malignant neoplasm of scapula and long bones of upper limb	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
C40.1	Malignant neoplasm of short bones of 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
C40.2	Malignant neoplasm of long bones of lower limb	Diagnosis	ICD-10-CM
C40.20	Malignant neoplasm of long bones of unspecified lower limb	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
C40.3	Malignant neoplasm of short bones of 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
C40.8	Malignant neoplasm of overlapping sites of bone and articular cartilage of limb	Diagnosis	ICD-10-CM
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb	Diagnosis	ICD-10-CM
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb	Diagnosis	ICD-10-CM
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb	Diagnosis	ICD-10-CM
C40.9	Malignant neoplasm of unspecified bones and articular cartilage of 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	Malignant neoplasm of bone and articular cartilage of other and unspecified sites	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	Malignant melanoma of skin	Diagnosis	ICD-10-CM
C43.0	Malignant melanoma of lip	Diagnosis	ICD-10-CM
C43.1	Malignant melanoma of eyelid, including canthus	Diagnosis	ICD-10-CM
C43.10	Malignant melanoma of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C43.11	Malignant melanoma of right eyelid, including canthus	Diagnosis	ICD-10-CM
C43.111	Malignant melanoma of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C43.112	Malignant melanoma of right lower eyelid, including canthus	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C43.12	Malignant melanoma of left eyelid, including canthus	Diagnosis	ICD-10-CM
C43.121	Malignant melanoma of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C43.122	Malignant melanoma of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C43.2	Malignant melanoma of ear and external auricular canal	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
C43.3	Malignant melanoma of other and unspecified parts of face	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
C43.5	Malignant melanoma of trunk	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
C43.6	Malignant melanoma of upper limb, including shoulder	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
C43.7	Malignant melanoma of lower limb, including hip	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	Other and unspecified malignant neoplasm of skin	Diagnosis	ICD-10-CM
C44.0	Other and unspecified malignant neoplasm of skin of lip	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
C44.1	Other and unspecified malignant neoplasm of skin of eyelid, including canthus	Diagnosis	ICD-10-CM
C44.10	Unspecified malignant neoplasm of skin of eyelid, including canthus	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
C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.109	Unspecified malignant neoplasm of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.11	Basal cell carcinoma of skin of 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
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.119	Basal cell carcinoma of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.12	Squamous cell carcinoma of skin of 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
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.129	Squamous cell carcinoma of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.13	Sebaceous cell carcinoma of skin of eyelid, including canthus	Diagnosis	ICD-10-CM
C44.131	Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C44.132	Sebaceous cell carcinoma of skin of right eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.139	Sebaceous cell carcinoma of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.19	Other specified malignant neoplasm of skin of 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
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.199	Other specified malignant neoplasm of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.2	Other and unspecified malignant neoplasm of skin of ear and external auricular canal	Diagnosis	ICD-10-CM
C44.20	Unspecified malignant neoplasm of skin of ear and external auricular canal	Diagnosis	ICD-10-CM
C44.201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal	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
C44.21	Basal cell carcinoma of skin of 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
C44.22	Squamous cell carcinoma of skin of 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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
C44.29	Other specified malignant neoplasm of skin of ear and external auricular canal	Diagnosis	ICD-10-CM
C44.291	Other specified malignant neoplasm of skin of unspecified ear and external auricular canal	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
C44.3	Other and unspecified malignant neoplasm of skin of other and unspecified parts of face	Diagnosis	ICD-10-CM
C44.30	Unspecified malignant neoplasm of skin of other and unspecified parts of face	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
C44.31	Basal cell carcinoma of skin of other and unspecified 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
C44.32	Squamous cell carcinoma of skin of other and unspecified 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
C44.39	Other specified malignant neoplasm of skin of other and unspecified 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
C44.4	Other and unspecified malignant neoplasm of skin of scalp and neck	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C44.5	Other and unspecified malignant neoplasm of skin of trunk	Diagnosis	ICD-10-CM
C44.50	Unspecified malignant neoplasm of skin of trunk	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
C44.51	Basal cell carcinoma of skin 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
C44.52	Squamous cell carcinoma of skin 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
C44.59	Other specified malignant neoplasm of skin 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
C44.6	Other and unspecified malignant neoplasm of skin of upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.60	Unspecified malignant neoplasm of skin of upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
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
C44.61	Basal cell carcinoma of skin of 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
C44.62	Squamous cell carcinoma of skin of 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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
C44.69	Other specified malignant neoplasm of skin of upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.691	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder	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
C44.7	Other and unspecified malignant neoplasm of skin of lower limb, including hip	Diagnosis	ICD-10-CM
C44.70	Unspecified malignant neoplasm of skin of lower limb, including hip	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
C44.71	Basal cell carcinoma of skin of 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
C44.72	Squamous cell carcinoma of skin of 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
C44.79	Other specified malignant neoplasm of skin of 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
C44.8	Other and unspecified malignant neoplasm of overlapping sites of skin	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C44.9	Other and unspecified malignant neoplasm of skin, unspecified	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	Mesothelioma	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	Kaposi's sarcoma	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
C46.5	Kaposi's sarcoma of lung	Diagnosis	ICD-10-CM
C46.50	Kaposi's sarcoma of unspecified lung	Diagnosis	ICD-10-CM
C46.51	Kaposi's sarcoma of right lung	Diagnosis	ICD-10-CM
C46.52	Kaposi's sarcoma of left lung	Diagnosis	ICD-10-CM
C46.7	Kaposi's sarcoma of other sites	Diagnosis	ICD-10-CM
C46.9	Kaposi's sarcoma, unspecified	Diagnosis	ICD-10-CM
C47	Malignant neoplasm of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck	Diagnosis	ICD-10-CM
C47.1	Malignant neoplasm of peripheral nerves of upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.2	Malignant neoplasm of peripheral nerves of lower limb, including hip	Diagnosis	ICD-10-CM
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip	Diagnosis	ICD-10-CM
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip	Diagnosis	ICD-10-CM
C47.3	Malignant neoplasm of peripheral nerves of thorax	Diagnosis	ICD-10-CM
C47.4	Malignant neoplasm of peripheral nerves of abdomen	Diagnosis	ICD-10-CM
C47.5	Malignant neoplasm of peripheral nerves of pelvis	Diagnosis	ICD-10-CM
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified	Diagnosis	ICD-10-CM
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified	Diagnosis	ICD-10-CM
C48	Malignant neoplasm of retroperitoneum and peritoneum	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	Malignant neoplasm of other connective and soft tissue	Diagnosis	ICD-10-CM
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck	Diagnosis	ICD-10-CM
C49.1	Malignant neoplasm of connective and soft tissue of upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including should	Diagnosis	ICD-10-CM
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.2	Malignant neoplasm of connective and soft tissue of lower limb, including hip	Diagnosis	ICD-10-CM
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip	Diagnosis	ICD-10-CM
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	Diagnosis	ICD-10-CM
C49.3	Malignant neoplasm of connective and soft tissue of thorax	Diagnosis	ICD-10-CM
C49.4	Malignant neoplasm of connective and soft tissue of abdomen	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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.A	Gastrointestinal stromal tumor	Diagnosis	ICD-10-CM
C49.A0	Gastrointestinal stromal tumor, unspecified site	Diagnosis	ICD-10-CM
C49.A1	Gastrointestinal stromal tumor of esophagus	Diagnosis	ICD-10-CM
C49.A2	Gastrointestinal stromal tumor of stomach	Diagnosis	ICD-10-CM
C49.A3	Gastrointestinal stromal tumor of small intestine	Diagnosis	ICD-10-CM
C49.A4	Gastrointestinal stromal tumor of large intestine	Diagnosis	ICD-10-CM
C49.A5	Gastrointestinal stromal tumor of rectum	Diagnosis	ICD-10-CM
C49.A9	Gastrointestinal stromal tumor of other sites	Diagnosis	ICD-10-CM
C4A	Merkel cell carcinoma	Diagnosis	ICD-10-CM
C4A.0	Merkel cell carcinoma of lip	Diagnosis	ICD-10-CM
C4A.1	Merkel cell carcinoma of eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.11	Merkel cell carcinoma of right eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.12	Merkel cell carcinoma of left eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.2	Merkel cell carcinoma of ear and external auricular canal	Diagnosis	ICD-10-CM
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C4A.21	Merkel cell carcinoma of right ear and external auricular canal	Diagnosis	ICD-10-CM
C4A.22	Merkel cell carcinoma of left ear and external auricular canal	Diagnosis	ICD-10-CM
C4A.3	Merkel cell carcinoma of other and unspecified parts of face	Diagnosis	ICD-10-CM
C4A.30	Merkel cell carcinoma of unspecified part of face	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C4A.31	Merkel cell carcinoma of nose	Diagnosis	ICD-10-CM
C4A.39	Merkel cell carcinoma of other parts of face	Diagnosis	ICD-10-CM
C4A.4	Merkel cell carcinoma of scalp and neck	Diagnosis	ICD-10-CM
C4A.5	Merkel cell carcinoma of trunk	Diagnosis	ICD-10-CM
C4A.51	Merkel cell carcinoma of anal skin	Diagnosis	ICD-10-CM
C4A.52	Merkel cell carcinoma of skin of breast	Diagnosis	ICD-10-CM
C4A.59	Merkel cell carcinoma of other part of trunk	Diagnosis	ICD-10-CM
C4A.6	Merkel cell carcinoma of upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A.7	Merkel cell carcinoma of lower limb, including hip	Diagnosis	ICD-10-CM
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C4A.71	Merkel cell carcinoma of right lower limb, including hip	Diagnosis	ICD-10-CM
C4A.72	Merkel cell carcinoma of left lower limb, including hip	Diagnosis	ICD-10-CM
C4A.8	Merkel cell carcinoma of overlapping sites	Diagnosis	ICD-10-CM
C4A.9	Merkel cell carcinoma, unspecified	Diagnosis	ICD-10-CM
C50	Malignant neoplasm of breast	Diagnosis	ICD-10-CM
C50.0	Malignant neoplasm of nipple and areola	Diagnosis	ICD-10-CM
C50.01	Malignant neoplasm of nipple and areola, female	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
C50.1	Malignant neoplasm of central portion of breast	Diagnosis	ICD-10-CM
C50.11	Malignant neoplasm of central portion of breast, female	Diagnosis	ICD-10-CM
C50.111	Malignant neoplasm of central portion of right female breast	Diagnosis	ICD-10-CM
C50.112	Malignant neoplasm of central portion of left female breast	Diagnosis	ICD-10-CM
C50.119	Malignant neoplasm of central portion of unspecified female breast	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C50.2	Malignant neoplasm of upper-inner quadrant of breast	Diagnosis	ICD-10-CM
C50.21	Malignant neoplasm of upper-inner quadrant of breast, female	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
C50.3	Malignant neoplasm of lower-inner quadrant of breast	Diagnosis	ICD-10-CM
C50.31	Malignant neoplasm of lower-inner quadrant of breast, female	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
C50.4	Malignant neoplasm of upper-outer quadrant of breast	Diagnosis	ICD-10-CM
C50.41	Malignant neoplasm of upper-outer quadrant of breast, female	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
C50.5	Malignant neoplasm of lower-outer quadrant of breast	Diagnosis	ICD-10-CM
C50.51	Malignant neoplasm of lower-outer quadrant of breast, female	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
C50.6	Malignant neoplasm of axillary tail of breast	Diagnosis	ICD-10-CM
C50.61	Malignant neoplasm of axillary tail of breast, female	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
C50.8	Malignant neoplasm of overlapping sites of breast	Diagnosis	ICD-10-CM
C50.81	Malignant neoplasm of overlapping sites of breast, female	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast	Diagnosis	ICD-10-CM
C50.9	Malignant neoplasm of breast of unspecified site	Diagnosis	ICD-10-CM
C50.91	Malignant neoplasm of breast of unspecified site, female	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
C51	Malignant neoplasm of vulva	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	Malignant neoplasm of cervix uteri	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	Malignant neoplasm of corpus uteri	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	Malignant neoplasm of ovary	Diagnosis	ICD-10-CM
C56.1	Malignant neoplasm of right ovary	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C56.2	Malignant neoplasm of left ovary	Diagnosis	ICD-10-CM
C56.9	Malignant neoplasm of unspecified ovary	Diagnosis	ICD-10-CM
C57	Malignant neoplasm of other and unspecified female genital organs	Diagnosis	ICD-10-CM
C57.0	Malignant neoplasm of fallopian tube	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
C57.1	Malignant neoplasm of broad ligament	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
C57.2	Malignant neoplasm of round 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
C64	Malignant neoplasm of kidney, except renal pelvis	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	Malignant neoplasm of 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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C65.9	Malignant neoplasm of unspecified renal pelvis	Diagnosis	ICD-10-CM
C66	Malignant neoplasm of ureter	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	Malignant neoplasm of bladder	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	Malignant neoplasm of other and unspecified urinary organs	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	Malignant neoplasm of eye and adnexa	Diagnosis	ICD-10-CM
C69.0	Malignant neoplasm of conjunctiva	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
C69.1	Malignant neoplasm of cornea	Diagnosis	ICD-10-CM
C69.10	Malignant neoplasm of unspecified cornea	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates 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
C69.2	Malignant neoplasm of retina	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
C69.3	Malignant neoplasm of choroid	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
C69.4	Malignant neoplasm of ciliary body	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
C69.5	Malignant neoplasm of lacrimal gland and duct	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
C69.6	Malignant neoplasm of orbit	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
C69.8	Malignant neoplasm of overlapping sites of eye and adnexa	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
C69.9	Malignant neoplasm of unspecified site of eye	Diagnosis	ICD-10-CM
C69.90	Malignant neoplasm of unspecified site of unspecified eye	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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	Malignant neoplasm of meninges	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	Malignant neoplasm of brain	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	Malignant neoplasm of spinal cord, cranial nerves and other parts of central nervous system	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
C72.2	Malignant neoplasm of olfactory nerve	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
C72.3	Malignant neoplasm of optic 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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C72.4	Malignant neoplasm of acoustic nerve	Diagnosis	ICD-10-CM
C72.40	Malignant neoplasm of unspecified acoustic nerve	Diagnosis	ICD-10-CM
C72.41	Malignant neoplasm of right acoustic nerve	Diagnosis	ICD-10-CM
C72.42	Malignant neoplasm of left acoustic nerve	Diagnosis	ICD-10-CM
C72.5	Malignant neoplasm of other and unspecified cranial nerves	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	Malignant neoplasm of adrenal gland	Diagnosis	ICD-10-CM
C74.0	Malignant neoplasm of cortex of adrenal 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
C74.1	Malignant neoplasm of medulla of 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
C74.9	Malignant neoplasm of unspecified part of 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	Malignant neoplasm of other endocrine glands and related structures	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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	Malignant neoplasm of other and ill-defined sites	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
C76.4	Malignant neoplasm of upper limb	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
C76.5	Malignant neoplasm of lower 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	Secondary and unspecified malignant neoplasm of lymph nodes	Diagnosis	ICD-10-CM
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	Diagnosis	ICD-10-CM
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes	Diagnosis	ICD-10-CM
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes	Diagnosis	ICD-10-CM
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	Diagnosis	ICD-10-CM
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified	Diagnosis	ICD-10-CM
C78	Secondary malignant neoplasm of respiratory and digestive organs	Diagnosis	ICD-10-CM
C78.0	Secondary malignant neoplasm of lung	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C78.00	Secondary malignant neoplasm of unspecified lung	Diagnosis	ICD-10-CM
C78.01	Secondary malignant neoplasm of right lung	Diagnosis	ICD-10-CM
C78.02	Secondary malignant neoplasm of left lung	Diagnosis	ICD-10-CM
C78.1	Secondary malignant neoplasm of mediastinum	Diagnosis	ICD-10-CM
C78.2	Secondary malignant neoplasm of pleura	Diagnosis	ICD-10-CM
C78.3	Secondary malignant neoplasm of other and unspecified respiratory organs	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
C78.8	Secondary malignant neoplasm of other and unspecified digestive organs	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	Secondary malignant neoplasm of other and unspecified sites	Diagnosis	ICD-10-CM
C79.0	Secondary malignant neoplasm of kidney and renal pelvis	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
C79.1	Secondary malignant neoplasm of bladder and other and unspecified urinary organs	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
C79.3	Secondary malignant neoplasm of brain and cerebral meninges	Diagnosis	ICD-10-CM
C79.31	Secondary malignant neoplasm of brain	Diagnosis	ICD-10-CM
C79.32	Secondary malignant neoplasm of cerebral meninges	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C79.4	Secondary malignant neoplasm of other and unspecified parts of nervous system	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
C79.5	Secondary malignant neoplasm of bone and bone marrow	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
C79.6	Secondary malignant neoplasm of ovary	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
C79.7	Secondary malignant neoplasm of adrenal gland	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
C79.8	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-10-CM
C79.81	Secondary malignant neoplasm of breast	Diagnosis	ICD-10-CM
C79.82	Secondary malignant neoplasm of genital organs	Diagnosis	ICD-10-CM
C79.89	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-10-CM
C79.9	Secondary malignant neoplasm of unspecified site	Diagnosis	ICD-10-CM
C7A	Malignant neuroendocrine tumors	Diagnosis	ICD-10-CM
C7A.0	Malignant carcinoid tumors	Diagnosis	ICD-10-CM
C7A.00	Malignant carcinoid tumor of unspecified site	Diagnosis	ICD-10-CM
C7A.01	Malignant carcinoid tumors of the small intestine	Diagnosis	ICD-10-CM
C7A.010	Malignant carcinoid tumor of the duodenum	Diagnosis	ICD-10-CM
C7A.011	Malignant carcinoid tumor of the jejunum	Diagnosis	ICD-10-CM
C7A.012	Malignant carcinoid tumor of the ileum	Diagnosis	ICD-10-CM
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion	Diagnosis	ICD-10-CM
C7A.02	she is	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C7A.020	Malignant carcinoid tumor of the appendix	Diagnosis	ICD-10-CM
C7A.021	Malignant carcinoid tumor of the cecum	Diagnosis	ICD-10-CM
C7A.022	Malignant carcinoid tumor of the ascending colon	Diagnosis	ICD-10-CM
C7A.023	Malignant carcinoid tumor of the transverse colon	Diagnosis	ICD-10-CM
C7A.024	Malignant carcinoid tumor of the descending colon	Diagnosis	ICD-10-CM
C7A.025	Malignant carcinoid tumor of the sigmoid colon	Diagnosis	ICD-10-CM
C7A.026	Malignant carcinoid tumor of the rectum	Diagnosis	ICD-10-CM
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion	Diagnosis	ICD-10-CM
C7A.09	Malignant carcinoid tumors of other sites	Diagnosis	ICD-10-CM
C7A.090	Malignant carcinoid tumor of the bronchus and lung	Diagnosis	ICD-10-CM
C7A.091	Malignant carcinoid tumor of the thymus	Diagnosis	ICD-10-CM
C7A.092	Malignant carcinoid tumor of the stomach	Diagnosis	ICD-10-CM
C7A.093	Malignant carcinoid tumor of the kidney	Diagnosis	ICD-10-CM
C7A.094	Malignant carcinoid tumor of the foregut, unspecified	Diagnosis	ICD-10-CM
C7A.095	Malignant carcinoid tumor of the midgut, unspecified	Diagnosis	ICD-10-CM
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified	Diagnosis	ICD-10-CM
C7A.098	Malignant carcinoid tumors of other sites	Diagnosis	ICD-10-CM
C7A.1	Malignant poorly differentiated neuroendocrine tumors	Diagnosis	ICD-10-CM
C7A.8	Other malignant neuroendocrine tumors	Diagnosis	ICD-10-CM
C7B	Secondary neuroendocrine tumors	Diagnosis	ICD-10-CM
C7B.0	Secondary carcinoid tumors	Diagnosis	ICD-10-CM
C7B.00	Secondary carcinoid tumors, unspecified site	Diagnosis	ICD-10-CM
C7B.01	Secondary carcinoid tumors of distant lymph nodes	Diagnosis	ICD-10-CM
C7B.02	Secondary carcinoid tumors of liver	Diagnosis	ICD-10-CM
C7B.03	Secondary carcinoid tumors of bone	Diagnosis	ICD-10-CM
C7B.04	Secondary carcinoid tumors of peritoneum	Diagnosis	ICD-10-CM
C7B.09	Secondary carcinoid tumors of other sites	Diagnosis	ICD-10-CM
C7B.1	Secondary Merkel cell carcinoma	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C7B.8	Other secondary neuroendocrine tumors	Diagnosis	ICD-10-CM
C80	Malignant neoplasm without specification of 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	Hodgkin lymphoma	Diagnosis	ICD-10-CM
C81.0	Nodular lymphocyte predominant Hodgkin lymphoma	Diagnosis	ICD-10-CM
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lo	Diagnosis	ICD-10-CM
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.1	Nodular sclerosis Hodgkin lymphoma	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C81.2	Mixed cellularity Hodgkin lymphoma	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
C81.3	Lymphocyte depleted Hodgkin lymphoma	Diagnosis	ICD-10-CM
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.4	Lymphocyte-rich Hodgkin lymphoma	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
C81.7	Other Hodgkin lymphoma	Diagnosis	ICD-10-CM
C81.70	Other Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.77	Other Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.9	Hodgkin lymphoma, unspecified	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	Follicular lymphoma	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C82.0	Follicular lymphoma grade I	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
C82.1	Follicular lymphoma grade II	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
C82.2	Follicular lymphoma grade III, unspecified	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.27	Follicular lymphoma grade III, unspecified, spleen	Diagnosis	ICD-10-CM
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.3	Follicular lymphoma grade IIIa	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
C82.4	Follicular lymphoma grade IIIb	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
C82.5	Diffuse follicle center lymphoma	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
C82.6	Cutaneous follicle center lymphoma	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
C82.8	Other types of follicular lymphoma	Diagnosis	ICD-10-CM
C82.80	Other types of follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
C82.9	Follicular lymphoma, unspecified	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	Non-follicular lymphoma	Diagnosis	ICD-10-CM
C83.0	Small cell B-cell lymphoma	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
C83.1	Mantle cell lymphoma	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
C83.3	Diffuse large B-cell lymphoma	Diagnosis	ICD-10-CM
C83.30	Diffuse large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.37	Diffuse large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83.5	Lymphoblastic (diffuse) lymphoma	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
C83.7	Burkitt lymphoma	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
C83.8	Other non-follicular lymphoma	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
C83.9	Non-follicular (diffuse) lymphoma, unspecified	Diagnosis	ICD-10-CM
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84	Mature T/NK-cell lymphomas	Diagnosis	ICD-10-CM
C84.0	Mycosis fungoides	Diagnosis	ICD-10-CM
C84.00	Mycosis fungoides, unspecified site	Diagnosis	ICD-10-CM
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.02	Mycosis fungoides, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.03	Mycosis fungoides, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.06	Mycosis fungoides, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.07	Mycosis fungoides, spleen	Diagnosis	ICD-10-CM
C84.08	Mycosis fungoides, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.09	Mycosis fungoides, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.1	Sezary disease	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
C84.4	Peripheral T-cell lymphoma, not classified	Diagnosis	ICD-10-CM
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site	Diagnosis	ICD-10-CM
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.47	Peripheral T-cell lymphoma, not classified, spleen	Diagnosis	ICD-10-CM
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.6	Anaplastic large cell lymphoma, ALK-positive	Diagnosis	ICD-10-CM
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site	Diagnosis	ICD-10-CM
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen	Diagnosis	ICD-10-CM
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.7	Anaplastic large cell lymphoma, ALK-negative	Diagnosis	ICD-10-CM
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen	Diagnosis	ICD-10-CM
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.9	Mature T/NK-cell lymphomas, unspecified	Diagnosis	ICD-10-CM
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site	Diagnosis	ICD-10-CM
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen	Diagnosis	ICD-10-CM
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.A	Cutaneous T-cell lymphoma, unspecified	Diagnosis	ICD-10-CM
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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.Z	Other mature T/NK-cell lymphomas	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	Other specified and unspecified types of non-Hodgkin lymphoma	Diagnosis	ICD-10-CM
C85.1	Unspecified B-cell lymphoma	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
C85.2	Mediastinal (thymic) large B-cell lymphoma	Diagnosis	ICD-10-CM
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.8	Other specified types of non-Hodgkin lymphoma	Diagnosis	ICD-10-CM
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower li	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
C85.9	Non-Hodgkin lymphoma, unspecified	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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	Other specified types of T/NK-cell lymphoma	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	Malignant immunoproliferative diseases and certain other B-cell lymphomas	Diagnosis	ICD-10-CM
C88.0	Waldenstrom macroglobulinemia	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	Multiple myeloma and malignant plasma cell neoplasms	Diagnosis	ICD-10-CM
C90.0	Multiple myeloma	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
C90.1	Plasma cell leukemia	Diagnosis	ICD-10-CM
C90.10	Plasma cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C90.11	Plasma cell leukemia in remission	Diagnosis	ICD-10-CM
C90.12	Plasma cell leukemia in relapse	Diagnosis	ICD-10-CM
C90.2	Extramedullary plasmacytoma	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
C90.3	Solitary plasmacytoma	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	Lymphoid leukemia	Diagnosis	ICD-10-CM
C91.0	Acute lymphoblastic leukemia [ALL]	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
C91.1	Chronic lymphocytic leukemia of B-cell type	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
C91.3	Prolymphocytic leukemia of B-cell type	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
C91.4	Hairy cell leukemia	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
C91.5	Adult T-cell lymphoma/leukemia (HTLV-1-associated)	Diagnosis	ICD-10-CM
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission	Diagnosis	ICD-10-CM
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission	Diagnosis	ICD-10-CM
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C91.6	Prolymphocytic leukemia of T-cell type	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
C91.9	Lymphoid leukemia, unspecified	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.A	Mature B-cell leukemia Burkitt-type	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.Z	Other lymphoid leukemia	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	Myeloid leukemia	Diagnosis	ICD-10-CM
C92.0	Acute myeloblastic leukemia	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
C92.1	Chronic myeloid leukemia, BCR/ABL-positive	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
C92.2	Atypical chronic myeloid leukemia, BCR/ABL-negative	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse	Diagnosis	ICD-10-CM
C92.3	Myeloid sarcoma	Diagnosis	ICD-10-CM
C92.30	Myeloid sarcoma, not having achieved remission	Diagnosis	ICD-10-CM
C92.31	Myeloid sarcoma, in remission	Diagnosis	ICD-10-CM
C92.32	Myeloid sarcoma, in relapse	Diagnosis	ICD-10-CM
C92.4	Acute promyelocytic leukemia	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
C92.5	Acute myelomonocytic leukemia	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
C92.6	Acute myeloid leukemia with 11q23-abnormality	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
C92.9	Myeloid leukemia, unspecified	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.A	Acute myeloid leukemia with multilineage dysplasia	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.Z	Other myeloid leukemia	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C92.Z2	Other myeloid leukemia, in relapse	Diagnosis	ICD-10-CM
C93	Monocytic leukemia	Diagnosis	ICD-10-CM
C93.0	Acute monoblastic/monocytic leukemia	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
C93.1	Chronic myelomonocytic leukemia	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
C93.3	Juvenile myelomonocytic leukemia	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
C93.9	Monocytic leukemia, unspecified	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.Z	Other monocytic leukemia	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	Other leukemias of specified cell type	Diagnosis	ICD-10-CM
C94.0	Acute erythroid leukemia	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
C94.2	Acute megakaryoblastic leukemia	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
C94.3	Mast cell leukemia	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
C94.4	Acute panmyelosis with myelofibrosis	Diagnosis	ICD-10-CM
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission	Diagnosis	ICD-10-CM
C94.41	Acute panmyelosis with myelofibrosis, in remission	Diagnosis	ICD-10-CM
C94.42	Acute panmyelosis with myelofibrosis, in relapse	Diagnosis	ICD-10-CM
C94.6	Myelodysplastic disease, not classified	Diagnosis	ICD-10-CM
C94.8	Other specified leukemias	Diagnosis	ICD-10-CM
C94.80	Other specified leukemias not having achieved remission	Diagnosis	ICD-10-CM
C94.81	Other specified leukemias, in remission	Diagnosis	ICD-10-CM
C94.82	Other specified leukemias, in relapse	Diagnosis	ICD-10-CM
C95	Leukemia of unspecified cell type	Diagnosis	ICD-10-CM
C95.0	Acute leukemia of unspecified cell type	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
C95.1	Chronic leukemia of unspecified cell type	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
C95.9	Leukemia, unspecified	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C95.92	Leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
C96	Other and unspecified malignant neoplasms of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96.2	Malignant mast cell neoplasm	Diagnosis	ICD-10-CM
C96.20	Malignant mast cell neoplasm, unspecified	Diagnosis	ICD-10-CM
C96.21	Aggressive systemic mastocytosis	Diagnosis	ICD-10-CM
C96.22	Mast cell sarcoma	Diagnosis	ICD-10-CM
C96.29	Other malignant mast cell neoplasm	Diagnosis	ICD-10-CM
C96.4	Sarcoma of dendritic cells (accessory cells)	Diagnosis	ICD-10-CM
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96.6	Unifocal Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
C96.A	Histiocytic sarcoma	Diagnosis	ICD-10-CM
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D37	Neoplasm of uncertain behavior of oral cavity and digestive organs	Diagnosis	ICD-10-CM
D37.0	Neoplasm of uncertain behavior of lip, oral cavity and pharynx	Diagnosis	ICD-10-CM
D37.01	Neoplasm of uncertain behavior of lip	Diagnosis	ICD-10-CM
D37.02	Neoplasm of uncertain behavior of tongue	Diagnosis	ICD-10-CM
D37.03	Neoplasm of uncertain behavior of the major salivary glands	Diagnosis	ICD-10-CM
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands	Diagnosis	ICD-10-CM
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands	Diagnosis	ICD-10-CM
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands	Diagnosis	ICD-10-CM
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified	Diagnosis	ICD-10-CM
D37.04	Neoplasm of uncertain behavior of the minor salivary glands	Diagnosis	ICD-10-CM
D37.05	Neoplasm of uncertain behavior of pharynx	Diagnosis	ICD-10-CM
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity	Diagnosis	ICD-10-CM
D37.1	Neoplasm of uncertain behavior of stomach	Diagnosis	ICD-10-CM
D37.2	Neoplasm of uncertain behavior of small intestine	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
D37.3	Neoplasm of uncertain behavior of appendix	Diagnosis	ICD-10-CM
D37.4	Neoplasm of uncertain behavior of colon	Diagnosis	ICD-10-CM
D37.5	Neoplasm of uncertain behavior of rectum	Diagnosis	ICD-10-CM
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts	Diagnosis	ICD-10-CM
D37.8	Neoplasm of uncertain behavior of other specified digestive organs	Diagnosis	ICD-10-CM
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified	Diagnosis	ICD-10-CM
D38	Neoplasm of uncertain behavior of middle ear and respiratory and intrathoracic organs	Diagnosis	ICD-10-CM
D38.0	Neoplasm of uncertain behavior of larynx	Diagnosis	ICD-10-CM
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung	Diagnosis	ICD-10-CM
D38.2	Neoplasm of uncertain behavior of pleura	Diagnosis	ICD-10-CM
D38.3	Neoplasm of uncertain behavior of mediastinum	Diagnosis	ICD-10-CM
D38.4	Neoplasm of uncertain behavior of thymus	Diagnosis	ICD-10-CM
D38.5	Neoplasm of uncertain behavior of other respiratory organs	Diagnosis	ICD-10-CM
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified	Diagnosis	ICD-10-CM
D39	Neoplasm of uncertain behavior of female genital organs	Diagnosis	ICD-10-CM
D39.0	Neoplasm of uncertain behavior of uterus	Diagnosis	ICD-10-CM
D39.1	Neoplasm of uncertain behavior of ovary	Diagnosis	ICD-10-CM
D39.10	Neoplasm of uncertain behavior of unspecified ovary	Diagnosis	ICD-10-CM
D39.11	Neoplasm of uncertain behavior of right ovary	Diagnosis	ICD-10-CM
D39.12	Neoplasm of uncertain behavior of left ovary	Diagnosis	ICD-10-CM
D39.2	Neoplasm of uncertain behavior of placenta	Diagnosis	ICD-10-CM
D39.8	Neoplasm of uncertain behavior of other specified female genital organs	Diagnosis	ICD-10-CM
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified	Diagnosis	ICD-10-CM
D41	Neoplasm of uncertain behavior of urinary organs	Diagnosis	ICD-10-CM
D41.0	Neoplasm of uncertain behavior of 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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
D41.1	Neoplasm of uncertain behavior of renal pelvis	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
D41.2	Neoplasm of uncertain behavior of ureter	Diagnosis	ICD-10-CM
D41.20	Neoplasm of uncertain behavior of unspecified ureter	Diagnosis	ICD-10-CM
D41.21	Neoplasm of uncertain behavior of right ureter	Diagnosis	ICD-10-CM
D41.22	Neoplasm of uncertain behavior of left ureter	Diagnosis	ICD-10-CM
D41.3	Neoplasm of uncertain behavior of urethra	Diagnosis	ICD-10-CM
D41.4	Neoplasm of uncertain behavior of bladder	Diagnosis	ICD-10-CM
D41.8	Neoplasm of uncertain behavior of other specified urinary organs	Diagnosis	ICD-10-CM
D41.9	Neoplasm of uncertain behavior of unspecified urinary organ	Diagnosis	ICD-10-CM
D42	Neoplasm of uncertain behavior of meninges	Diagnosis	ICD-10-CM
D42.0	Neoplasm of uncertain behavior of cerebral meninges	Diagnosis	ICD-10-CM
D42.1	Neoplasm of uncertain behavior of spinal meninges	Diagnosis	ICD-10-CM
D42.9	Neoplasm of uncertain behavior of meninges, unspecified	Diagnosis	ICD-10-CM
D43	Neoplasm of uncertain behavior of brain and central nervous system	Diagnosis	ICD-10-CM
D43.0	Neoplasm of uncertain behavior of brain, supratentorial	Diagnosis	ICD-10-CM
D43.1	Neoplasm of uncertain behavior of brain, infratentorial	Diagnosis	ICD-10-CM
D43.2	Neoplasm of uncertain behavior of brain, unspecified	Diagnosis	ICD-10-CM
D43.3	Neoplasm of uncertain behavior of cranial nerves	Diagnosis	ICD-10-CM
D43.4	Neoplasm of uncertain behavior of spinal cord	Diagnosis	ICD-10-CM
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system	Diagnosis	ICD-10-CM
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified	Diagnosis	ICD-10-CM
D44	Neoplasm of uncertain behavior of endocrine glands	Diagnosis	ICD-10-CM
D44.0	Neoplasm of uncertain behavior of thyroid gland	Diagnosis	ICD-10-CM
D44.1	Neoplasm of uncertain behavior of adrenal gland	Diagnosis	ICD-10-CM
D44.10	Neoplasm of uncertain behavior of unspecified adrenal gland	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
D44.11	Neoplasm of uncertain behavior of right adrenal gland	Diagnosis	ICD-10-CM
D44.12	Neoplasm of uncertain behavior of left adrenal gland	Diagnosis	ICD-10-CM
D44.2	Neoplasm of uncertain behavior of parathyroid gland	Diagnosis	ICD-10-CM
D44.3	Neoplasm of uncertain behavior of pituitary gland	Diagnosis	ICD-10-CM
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct	Diagnosis	ICD-10-CM
D44.5	Neoplasm of uncertain behavior of pineal gland	Diagnosis	ICD-10-CM
D44.6	Neoplasm of uncertain behavior of carotid body	Diagnosis	ICD-10-CM
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia	Diagnosis	ICD-10-CM
D44.9	Neoplasm of uncertain behavior of unspecified endocrine gland	Diagnosis	ICD-10-CM
D45	Polycythemia vera	Diagnosis	ICD-10-CM
D46	Myelodysplastic syndromes	Diagnosis	ICD-10-CM
D46.0	Refractory anemia without ring sideroblasts, so stated	Diagnosis	ICD-10-CM
D46.1	Refractory anemia with ring sideroblasts	Diagnosis	ICD-10-CM
D46.2	Refractory anemia with excess of blasts [RAEB]	Diagnosis	ICD-10-CM
D46.20	Refractory anemia with excess of blasts, unspecified	Diagnosis	ICD-10-CM
D46.21	Refractory anemia with excess of blasts 1	Diagnosis	ICD-10-CM
D46.22	Refractory anemia with excess of blasts 2	Diagnosis	ICD-10-CM
D46.4	Refractory anemia, unspecified	Diagnosis	ICD-10-CM
D46.9	Myelodysplastic syndrome, unspecified	Diagnosis	ICD-10-CM
D46.A	Refractory cytopenia with multilineage dysplasia	Diagnosis	ICD-10-CM
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts	Diagnosis	ICD-10-CM
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality	Diagnosis	ICD-10-CM
D46.Z	Other myelodysplastic syndromes	Diagnosis	ICD-10-CM
D47	Other neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D47.0	Mast cell neoplasms of uncertain behavior	Diagnosis	ICD-10-CM
D47.01	Cutaneous mastocytosis	Diagnosis	ICD-10-CM
D47.02	Systemic mastocytosis	Diagnosis	ICD-10-CM
D47.09	Other mast cell neoplasms of uncertain behavior	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
D47.1	Chronic myeloproliferative disease	Diagnosis	ICD-10-CM
D47.2	Monoclonal gammopathy	Diagnosis	ICD-10-CM
D47.3	Essential (hemorrhagic) thrombocythemia	Diagnosis	ICD-10-CM
D47.4	Osteomyelofibrosis	Diagnosis	ICD-10-CM
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
D47.Z	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)	Diagnosis	ICD-10-CM
D47.Z2	Castleman disease	Diagnosis	ICD-10-CM
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D48	Neoplasm of uncertain behavior of other and unspecified sites	Diagnosis	ICD-10-CM
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage	Diagnosis	ICD-10-CM
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue	Diagnosis	ICD-10-CM
D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
D48.3	Neoplasm of uncertain behavior of retroperitoneum	Diagnosis	ICD-10-CM
D48.4	Neoplasm of uncertain behavior of peritoneum	Diagnosis	ICD-10-CM
D48.5	Neoplasm of uncertain behavior of skin	Diagnosis	ICD-10-CM
D48.6	Neoplasm of uncertain behavior of breast	Diagnosis	ICD-10-CM
D48.60	Neoplasm of uncertain behavior of unspecified breast	Diagnosis	ICD-10-CM
D48.61	Neoplasm of uncertain behavior of right breast	Diagnosis	ICD-10-CM
D48.62	Neoplasm of uncertain behavior of left breast	Diagnosis	ICD-10-CM
D48.7	Neoplasm of uncertain behavior of other specified sites	Diagnosis	ICD-10-CM
D48.9	Neoplasm of uncertain behavior, unspecified	Diagnosis	ICD-10-CM
D49	Neoplasms of unspecified behavior	Diagnosis	ICD-10-CM
D49.0	Neoplasm of unspecified behavior of digestive system	Diagnosis	ICD-10-CM
D49.1	Neoplasm of unspecified behavior of respiratory system	Diagnosis	ICD-10-CM
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin	Diagnosis	ICD-10-CM
D49.3	Neoplasm of unspecified behavior of breast	Diagnosis	ICD-10-CM
D49.4	Neoplasm of unspecified behavior of bladder	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
D49.5	Neoplasm of unspecified behavior of other genitourinary organs	Diagnosis	ICD-10-CM
D49.51	Neoplasm of unspecified behavior of kidney	Diagnosis	ICD-10-CM
D49.511	Neoplasm of unspecified behavior of right kidney	Diagnosis	ICD-10-CM
D49.512	Neoplasm of unspecified behavior of left kidney	Diagnosis	ICD-10-CM
D49.519	Neoplasm of unspecified behavior of unspecified kidney	Diagnosis	ICD-10-CM
D49.59	Neoplasm of unspecified behavior of other genitourinary organ	Diagnosis	ICD-10-CM
D49.6	Neoplasm of unspecified behavior of brain	Diagnosis	ICD-10-CM
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system	Diagnosis	ICD-10-CM
D49.8	Neoplasm of unspecified behavior of other specified sites	Diagnosis	ICD-10-CM
D49.81	Neoplasm of unspecified behavior of retina and choroid	Diagnosis	ICD-10-CM
D49.89	Neoplasm of unspecified behavior of other specified sites	Diagnosis	ICD-10-CM
D49.9	Neoplasm of unspecified behavior of unspecified site	Diagnosis	ICD-10-CM
E88.3	Tumor lysis syndrome	Diagnosis	ICD-10-CM
O9A	Maternal malignant neoplasms, traumatic injuries and abuse classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	Diagnosis	ICD-10-CM
O9A.1	Malignant neoplasm complicating pregnancy, childbirth and the puerperium	Diagnosis	ICD-10-CM
O9A.13	Malignant neoplasm complicating the puerperium	Diagnosis	ICD-10-CM
Z15.0	Genetic susceptibility to malignant neoplasm	Diagnosis	ICD-10-CM
Z15.01	Genetic susceptibility to malignant neoplasm of breast	Diagnosis	ICD-10-CM
Z15.02	Genetic susceptibility to malignant neoplasm of ovary	Diagnosis	ICD-10-CM
Z15.04	Genetic susceptibility to malignant neoplasm of endometrium	Diagnosis	ICD-10-CM
Z15.09	Genetic susceptibility to other malignant neoplasm	Diagnosis	ICD-10-CM
Z40.0	Encounter for prophylactic surgery for risk factors related to malignant neoplasms	Diagnosis	ICD-10-CM
Z48.3	Aftercare following surgery for neoplasm	Diagnosis	ICD-10-CM
Z85	Personal history of malignant neoplasm	Diagnosis	ICD-10-CM
Z85.0	Personal history of malignant neoplasm of digestive organs	Diagnosis	ICD-10-CM
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
Z85.01	Personal history of malignant neoplasm of esophagus	Diagnosis	ICD-10-CM
Z85.02	Personal history of malignant neoplasm of stomach	Diagnosis	ICD-10-CM
Z85.020	Personal history of malignant carcinoid tumor of stomach	Diagnosis	ICD-10-CM
Z85.028	Personal history of other malignant neoplasm of stomach	Diagnosis	ICD-10-CM
Z85.03	Personal history of malignant neoplasm of large intestine	Diagnosis	ICD-10-CM
Z85.030	Personal history of malignant carcinoid tumor of large intestine	Diagnosis	ICD-10-CM
Z85.038	Personal history of other malignant neoplasm of large intestine	Diagnosis	ICD-10-CM
Z85.04	Personal history of malignant neoplasm of rectum, rectosigmoid junction, and anus	Diagnosis	ICD-10-CM
Z85.040	Personal history of malignant carcinoid tumor of rectum	Diagnosis	ICD-10-CM
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus	Diagnosis	ICD-10-CM
Z85.05	Personal history of malignant neoplasm of liver	Diagnosis	ICD-10-CM
Z85.06	Personal history of malignant neoplasm of small intestine	Diagnosis	ICD-10-CM
Z85.060	Personal history of malignant carcinoid tumor of small intestine	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
Z85.1	Personal history of malignant neoplasm of trachea, bronchus and lung	Diagnosis	ICD-10-CM
Z85.11	Personal history of malignant neoplasm of bronchus and lung	Diagnosis	ICD-10-CM
Z85.110	Personal history of malignant carcinoid tumor of bronchus and lung	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
Z85.2	Personal history of malignant neoplasm of other respiratory and intrathoracic organs	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 sinuses	Diagnosis	ICD-10-CM
Z85.23	Personal history of malignant neoplasm of thymus	Diagnosis	ICD-10-CM
Z85.230	Personal history of malignant carcinoid tumor of thymus	Diagnosis	ICD-10-CM
Z85.238	Personal history of other malignant neoplasm of thymus	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
Z85.4	Personal history of malignant neoplasm of genital organs	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
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
Z85.5	Personal history of malignant neoplasm of urinary tract	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
Z85.52	Personal history of malignant neoplasm of kidney	Diagnosis	ICD-10-CM
Z85.520	Personal history of malignant carcinoid tumor of kidney	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
Z85.6	Personal history of leukemia	Diagnosis	ICD-10-CM
Z85.7	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
Z85.71	Personal history of Hodgkin lymphoma	Diagnosis	ICD-10-CM
Z85.72	Personal history of non-Hodgkin lymphomas	Diagnosis	ICD-10-CM
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
Z85.8	Personal history of malignant neoplasms of other organs and systems	Diagnosis	ICD-10-CM
Z85.81	Personal history of malignant neoplasm of lip, oral cavity, and pharynx	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 pharynx	Diagnosis	ICD-10-CM
Z85.82	Personal history of malignant neoplasm of skin	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
Z85.820	Personal history of malignant melanoma of skin	Diagnosis	ICD-10-CM
Z85.821	Personal history of Merkel cell carcinoma	Diagnosis	ICD-10-CM
Z85.828	Personal history of other malignant neoplasm of skin	Diagnosis	ICD-10-CM
Z85.83	Personal history of malignant neoplasm of bone and soft tissue	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
Z85.84	Personal history of malignant neoplasm of eye and nervous 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
Z85.85	Personal history of malignant neoplasm of endocrine glands	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
Z86.03	Personal history of neoplasm of uncertain behavior	Diagnosis	ICD-10-CM
Cerebrovascular Disease			
430	Subarachnoid hemorrhage	Diagnosis	ICD-9-CM
431	Intracerebral hemorrhage	Diagnosis	ICD-9-CM
432	Other and unspecified intracranial hemorrhage	Diagnosis	ICD-9-CM
432.0	Nontraumatic extradural hemorrhage	Diagnosis	ICD-9-CM
432.1	Subdural hemorrhage	Diagnosis	ICD-9-CM
432.9	Unspecified intracranial hemorrhage	Diagnosis	ICD-9-CM
433	Occlusion and stenosis of precerebral arteries	Diagnosis	ICD-9-CM
433.0	Occlusion and stenosis of basilar artery	Diagnosis	ICD-9-CM
433.00	Occlusion and stenosis of basilar artery without mention of cerebral infarction	Diagnosis	ICD-9-CM
433.01	Occlusion and stenosis of basilar artery with cerebral infarction	Diagnosis	ICD-9-CM
433.1	Occlusion and stenosis of carotid artery	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
433.10	Occlusion and stenosis of carotid artery without mention of cerebral infarction	Diagnosis	ICD-9-CM
433.11	Occlusion and stenosis of carotid artery with cerebral infarction	Diagnosis	ICD-9-CM
433.2	Occlusion and stenosis of vertebral artery	Diagnosis	ICD-9-CM
433.20	Occlusion and stenosis of vertebral artery without mention of cerebral infarction	Diagnosis	ICD-9-CM
433.21	Occlusion and stenosis of vertebral artery with cerebral infarction	Diagnosis	ICD-9-CM
433.3	Occlusion and stenosis of multiple and bilateral precerebral arteries	Diagnosis	ICD-9-CM
433.30	Occlusion and stenosis of multiple and bilateral precerebral arteries without mention of cerebral infarction	Diagnosis	ICD-9-CM
433.31	Occlusion and stenosis of multiple and bilateral precerebral arteries with cerebral infarction	Diagnosis	ICD-9-CM
433.8	Occlusion and stenosis of other specified precerebral artery	Diagnosis	ICD-9-CM
433.80	Occlusion and stenosis of other specified precerebral artery without mention of cerebral infarction	Diagnosis	ICD-9-CM
433.81	Occlusion and stenosis of other specified precerebral artery with cerebral infarction	Diagnosis	ICD-9-CM
433.9	Occlusion and stenosis of unspecified precerebral artery	Diagnosis	ICD-9-CM
433.90	Occlusion and stenosis of unspecified precerebral artery without mention of cerebral infarction	Diagnosis	ICD-9-CM
433.91	Occlusion and stenosis of unspecified precerebral artery with cerebral infarction	Diagnosis	ICD-9-CM
434	Occlusion of cerebral arteries	Diagnosis	ICD-9-CM
434.0	Cerebral thrombosis	Diagnosis	ICD-9-CM
434.00	Cerebral thrombosis without mention of cerebral infarction	Diagnosis	ICD-9-CM
434.01	Cerebral thrombosis with cerebral infarction	Diagnosis	ICD-9-CM
434.1	Cerebral embolism	Diagnosis	ICD-9-CM
434.10	Cerebral embolism without mention of cerebral infarction	Diagnosis	ICD-9-CM
434.11	Cerebral embolism with cerebral infarction	Diagnosis	ICD-9-CM
434.9	Unspecified cerebral artery occlusion	Diagnosis	ICD-9-CM
434.90	Unspecified cerebral artery occlusion without mention of cerebral infarction	Diagnosis	ICD-9-CM
434.91	Unspecified cerebral artery occlusion with cerebral infarction	Diagnosis	ICD-9-CM
435	Transient cerebral ischemia	Diagnosis	ICD-9-CM
435.0	Basilar artery syndrome	Diagnosis	ICD-9-CM
435.1	Vertebral artery syndrome	Diagnosis	ICD-9-CM
435.2	Subclavian steal syndrome	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
435.3	Vertebrobasilar artery syndrome	Diagnosis	ICD-9-CM
435.8	Other specified transient cerebral ischemias	Diagnosis	ICD-9-CM
435.9	Unspecified transient cerebral ischemia	Diagnosis	ICD-9-CM
436	Acute, but ill-defined, cerebrovascular disease	Diagnosis	ICD-9-CM
437	Other and ill-defined cerebrovascular disease	Diagnosis	ICD-9-CM
437.0	Cerebral atherosclerosis	Diagnosis	ICD-9-CM
437.1	Other generalized ischemic cerebrovascular disease	Diagnosis	ICD-9-CM
437.2	Hypertensive encephalopathy	Diagnosis	ICD-9-CM
437.3	Cerebral aneurysm, nonruptured	Diagnosis	ICD-9-CM
437.4	Cerebral arteritis	Diagnosis	ICD-9-CM
437.5	Moyamoya disease	Diagnosis	ICD-9-CM
437.6	Nonpyogenic thrombosis of intracranial venous sinus	Diagnosis	ICD-9-CM
437.7	Transient global amnesia	Diagnosis	ICD-9-CM
437.8	Other ill-defined cerebrovascular disease	Diagnosis	ICD-9-CM
437.9	Unspecified cerebrovascular disease	Diagnosis	ICD-9-CM
438	Late effects of cerebrovascular disease	Diagnosis	ICD-9-CM
438.0	Cognitive deficits due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.1	Speech and language deficits due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.10	Unspecified speech and language deficit due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.11	Aphasia due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.12	Dysphasia due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.13	Late effects of cerebrovascular disease, speech and language deficits, dysarthria	Diagnosis	ICD-9-CM
438.14	Late effects of cerebrovascular disease, speech and language deficits, fluency disorder	Diagnosis	ICD-9-CM
438.19	Other speech and language deficits due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.2	Hemiplegia/hemiparesis due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.20	Hemiplegia affecting unspecified side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.21	Hemiplegia affecting dominant side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.22	Hemiplegia affecting nondominant side due to cerebrovascular disease	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
438.3	Monoplegia of upper limb due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.30	Monoplegia of upper limb affecting unspecified side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.31	Monoplegia of upper limb affecting dominant side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.32	Monoplegia of upper limb affecting nondominant side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.4	Monoplegia of lower limb due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.40	Monoplegia of lower limb affecting unspecified side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.41	Monoplegia of lower limb affecting dominant side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.42	Monoplegia of lower limb affecting nondominant side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.5	Other paralytic syndrome due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.50	Other paralytic syndrome affecting unspecified side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.51	Other paralytic syndrome affecting dominant side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.52	Other paralytic syndrome affecting nondominant side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.53	Other paralytic syndrome, bilateral	Diagnosis	ICD-9-CM
438.6	Alteration of sensations as late effect of cerebrovascular disease	Diagnosis	ICD-9-CM
438.7	Disturbance of vision as late effect of cerebrovascular disease	Diagnosis	ICD-9-CM
438.8	Other late effects of cerebrovascular disease due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.81	Apraxia due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.82	Dysphagia due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.83	Facial weakness as late effect of cerebrovascular disease	Diagnosis	ICD-9-CM
438.84	Ataxia as late effect of cerebrovascular disease	Diagnosis	ICD-9-CM
438.85	Vertigo as late effect of cerebrovascular disease	Diagnosis	ICD-9-CM
438.89	Other late effects of cerebrovascular disease	Diagnosis	ICD-9-CM
438.9	Unspecified late effects of cerebrovascular disease due to cerebrovascular disease	Diagnosis	ICD-9-CM
G45	Transient cerebral ischemic attacks and related syndromes	Diagnosis	ICD-10-CM
G45.0	Vertebro-basilar artery syndrome	Diagnosis	ICD-10-CM
G45.1	Carotid artery syndrome (hemispheric)	Diagnosis	ICD-10-CM
G45.2	Multiple and bilateral precerebral artery syndromes	Diagnosis	ICD-10-CM
G45.3	Amaurosis fugax	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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	Vascular syndromes of brain in cerebrovascular diseases	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
I60	Nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I60.0	Nontraumatic subarachnoid hemorrhage from carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.1	Nontraumatic subarachnoid hemorrhage from middle cerebral artery	Diagnosis	ICD-10-CM
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	Diagnosis	ICD-10-CM
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	Diagnosis	ICD-10-CM
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery	Diagnosis	ICD-10-CM
I60.3	Nontraumatic subarachnoid hemorrhage from posterior communicating artery	Diagnosis	ICD-10-CM
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery	Diagnosis	ICD-10-CM
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	Diagnosis	ICD-10-CM
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	Diagnosis	ICD-10-CM
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I60.5	Nontraumatic subarachnoid hemorrhage from vertebral 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	Nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	Diagnosis	ICD-10-CM
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	Diagnosis	ICD-10-CM
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	Diagnosis	ICD-10-CM
I61.3	Nontraumatic intracerebral hemorrhage in brain stem	Diagnosis	ICD-10-CM
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum	Diagnosis	ICD-10-CM
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular	Diagnosis	ICD-10-CM
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized	Diagnosis	ICD-10-CM
I61.8	Other nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I61.9	Nontraumatic intracerebral hemorrhage, unspecified	Diagnosis	ICD-10-CM
I62	Other and unspecified nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I62.0	Nontraumatic subdural hemorrhage	Diagnosis	ICD-10-CM
I62.00	Nontraumatic subdural hemorrhage, unspecified	Diagnosis	ICD-10-CM
I62.01	Nontraumatic acute subdural hemorrhage	Diagnosis	ICD-10-CM
I62.02	Nontraumatic subacute subdural hemorrhage	Diagnosis	ICD-10-CM
I62.03	Nontraumatic chronic subdural hemorrhage	Diagnosis	ICD-10-CM
I62.1	Nontraumatic extradural hemorrhage	Diagnosis	ICD-10-CM
I62.9	Nontraumatic intracranial hemorrhage, unspecified	Diagnosis	ICD-10-CM
I63	Cerebral infarction	Diagnosis	ICD-10-CM
I63.0	Cerebral infarction due to thrombosis of precerebral arteries	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.01	Cerebral infarction due to thrombosis of vertebral 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
I63.03	Cerebral infarction due to thrombosis of carotid artery	Diagnosis	ICD-10-CM
I63.031	Cerebral infarction due to thrombosis of right carotid artery	Diagnosis	ICD-10-CM
I63.032	Cerebral infarction due to thrombosis of left carotid artery	Diagnosis	ICD-10-CM
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.09	Cerebral infarction due to thrombosis of other precerebral artery	Diagnosis	ICD-10-CM
I63.1	Cerebral infarction due to embolism of precerebral arteries	Diagnosis	ICD-10-CM
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.11	Cerebral infarction due to embolism of vertebral artery	Diagnosis	ICD-10-CM
I63.111	Cerebral infarction due to embolism of right vertebral artery	Diagnosis	ICD-10-CM
I63.112	Cerebral infarction due to embolism of left vertebral artery	Diagnosis	ICD-10-CM
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.12	Cerebral infarction due to embolism of basilar artery	Diagnosis	ICD-10-CM
I63.13	Cerebral infarction due to embolism of carotid artery	Diagnosis	ICD-10-CM
I63.131	Cerebral infarction due to embolism of right carotid artery	Diagnosis	ICD-10-CM
I63.132	Cerebral infarction due to embolism of left carotid artery	Diagnosis	ICD-10-CM
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.139	Cerebral infarction due to embolism of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.19	Cerebral infarction due to embolism of other precerebral artery	Diagnosis	ICD-10-CM
I63.2	Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arterie	Diagnosis	ICD-10-CM
I63.21	Cerebral infarction due to unspecified occlusion or stenosis of vertebral arteries	Diagnosis	ICD-10-CM
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery	Diagnosis	ICD-10-CM
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery	Diagnosis	ICD-10-CM
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery	Diagnosis	ICD-10-CM
I63.23	Cerebral infarction due to unspecified occlusion or stenosis of carotid arteries	Diagnosis	ICD-10-CM
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries	Diagnosis	ICD-10-CM
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries	Diagnosis	ICD-10-CM
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
I63.3	Cerebral infarction due to thrombosis of cerebral arteries	Diagnosis	ICD-10-CM
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.31	Cerebral infarction due to thrombosis of middle 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
I63.32	Cerebral infarction due to thrombosis of anterior 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
I63.33	Cerebral infarction due to thrombosis of posterior cerebral artery	Diagnosis	ICD-10-CM
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
I63.34	Cerebral infarction due to thrombosis of cerebellar 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
I63.4	Cerebral infarction due to embolism of cerebral arteries	Diagnosis	ICD-10-CM
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.41	Cerebral infarction due to embolism of middle 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
I63.42	Cerebral infarction due to embolism of anterior 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
I63.43	Cerebral infarction due to embolism of posterior 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
I63.44	Cerebral infarction due to embolism of cerebellar 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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
I63.5	Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries	Diagnosis	ICD-10-CM
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.51	Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral artery	Diagnosis	ICD-10-CM
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral artery	Diagnosis	ICD-10-CM
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I63.52	Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery	Diagnosis	ICD-10-CM
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral artery	Diagnosis	ICD-10-CM
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.53	Cerebral infarction due to unspecified occlusion or stenosis of posterior cerebral artery	Diagnosis	ICD-10-CM
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral artery	Diagnosis	ICD-10-CM
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.54	Cerebral infarction due to unspecified occlusion or stenosis of cerebellar artery	Diagnosis	ICD-10-CM
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	Diagnosis	ICD-10-CM
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	Diagnosis	ICD-10-CM
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	Diagnosis	ICD-10-CM
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	Diagnosis	ICD-10-CM
I63.8	Other cerebral infarction	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I63.81	Other cerebral infarction due to occlusion or stenosis of small artery	Diagnosis	ICD-10-CM
I63.89	Other cerebral infarction	Diagnosis	ICD-10-CM
I63.9	Cerebral infarction, unspecified	Diagnosis	ICD-10-CM
I65	Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction	Diagnosis	ICD-10-CM
I65.0	Occlusion and stenosis of vertebral artery	Diagnosis	ICD-10-CM
I65.01	Occlusion and stenosis of right vertebral artery	Diagnosis	ICD-10-CM
I65.02	Occlusion and stenosis of left vertebral artery	Diagnosis	ICD-10-CM
I65.03	Occlusion and stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I65.09	Occlusion and stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I65.1	Occlusion and stenosis of basilar artery	Diagnosis	ICD-10-CM
I65.2	Occlusion and stenosis of carotid artery	Diagnosis	ICD-10-CM
I65.21	Occlusion and stenosis of right carotid artery	Diagnosis	ICD-10-CM
I65.22	Occlusion and stenosis of left carotid artery	Diagnosis	ICD-10-CM
I65.23	Occlusion and stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I65.29	Occlusion and stenosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I65.8	Occlusion and stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
I65.9	Occlusion and stenosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I66	Occlusion and stenosis of cerebral arteries, not resulting in cerebral infarction	Diagnosis	ICD-10-CM
I66.0	Occlusion and stenosis of middle cerebral artery	Diagnosis	ICD-10-CM
I66.01	Occlusion and stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I66.02	Occlusion and stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I66.09	Occlusion and stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I66.1	Occlusion and stenosis of anterior 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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I66.2	Occlusion and stenosis of posterior 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	Other cerebrovascular diseases	Diagnosis	ICD-10-CM
I67.0	Dissection of cerebral arteries, nonruptured	Diagnosis	ICD-10-CM
I67.1	Cerebral aneurysm, nonruptured	Diagnosis	ICD-10-CM
I67.2	Cerebral atherosclerosis	Diagnosis	ICD-10-CM
I67.3	Progressive vascular leukoencephalopathy	Diagnosis	ICD-10-CM
I67.4	Hypertensive encephalopathy	Diagnosis	ICD-10-CM
I67.5	Moyamoya disease	Diagnosis	ICD-10-CM
I67.6	Nonpyogenic thrombosis of intracranial venous system	Diagnosis	ICD-10-CM
I67.7	Cerebral arteritis, not elsewhere classified	Diagnosis	ICD-10-CM
I67.8	Other specified cerebrovascular diseases	Diagnosis	ICD-10-CM
I67.81	Acute cerebrovascular insufficiency	Diagnosis	ICD-10-CM
I67.82	Cerebral ischemia	Diagnosis	ICD-10-CM
I67.83	Posterior reversible encephalopathy syndrome	Diagnosis	ICD-10-CM
I67.84	Cerebral vasospasm and vasoconstriction	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
I67.85	Hereditary cerebrovascular diseases	Diagnosis	ICD-10-CM
I67.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy	Diagnosis	ICD-10-CM
I67.858	Other hereditary cerebrovascular disease	Diagnosis	ICD-10-CM
I67.89	Other cerebrovascular disease	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I67.9	Cerebrovascular disease, unspecified	Diagnosis	ICD-10-CM
I68	Cerebrovascular disorders in diseases classified elsewhere	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	Sequelae of cerebrovascular disease	Diagnosis	ICD-10-CM
I69.0	Sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.00	Unspecified sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.01	Cognitive deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.010	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.011	Memory deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.014	Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.015	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.018	Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.019	Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.02	Speech and language deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.020	Aphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.021	Dysphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.022	Dysarthria following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.023	Fluency disorder following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.03	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right side	Diagnosis	ICD-10-CM
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left side	Diagnosis	ICD-10-CM
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right side	Diagnosis	ICD-10-CM
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left side	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspe	Diagnosis	ICD-10-CM
I69.04	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right d	Diagnosis	ICD-10-CM
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left do	Diagnosis	ICD-10-CM
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right n	Diagnosis	ICD-10-CM
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left no	Diagnosis	ICD-10-CM
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspe	Diagnosis	ICD-10-CM
I69.05	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting righ	Diagnosis	ICD-10-CM
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left	Diagnosis	ICD-10-CM
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting righ	Diagnosis	ICD-10-CM
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left	Diagnosis	ICD-10-CM
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting uns	Diagnosis	ICD-10-CM
I69.06	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right d	Diagnosis	ICD-10-CM
I69.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left do	Diagnosis	ICD-10-CM
I69.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right n	Diagnosis	ICD-10-CM
I69.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left no	Diagnosis	ICD-10-CM
I69.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspec	Diagnosis	ICD-10-CM
I69.09	Other sequelae of nontraumatic subarachnoid hemorrhage	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
I69.1	Sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.10	Unspecified sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I69.11	Cognitive deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.111	Memory deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.113	Psychomotor deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.114	Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.115	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.118	Other symptoms and signs involving cognitive functions following nontraumatic intracerebral	Diagnosis	ICD-10-CM
I69.119	Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral	Diagnosis	ICD-10-CM
I69.12	Speech and language deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.120	Aphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.121	Dysphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.122	Dysarthria following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.123	Fluency disorder following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.128	Other speech and language deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.13	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right d	Diagnosis	ICD-10-CM
I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left d	Diagnosis	ICD-10-CM
I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right n	Diagnosis	ICD-10-CM
I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left n	Diagnosis	ICD-10-CM
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspec	Diagnosis	ICD-10-CM
I69.14	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right d	Diagnosis	ICD-10-CM
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dor	Diagnosis	ICD-10-CM
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right n	Diagnosis	ICD-10-CM
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left nor	Diagnosis	ICD-10-CM
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspec	Diagnosis	ICD-10-CM
I69.15	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right	Diagnosis	ICD-10-CM
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left c	Diagnosis	ICD-10-CM
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right	Diagnosis	ICD-10-CM
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left r	Diagnosis	ICD-10-CM
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unsp	Diagnosis	ICD-10-CM
I69.16	Other paralytic syndrome following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dc	Diagnosis	ICD-10-CM
I69.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dor	Diagnosis	ICD-10-CM
I69.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right nc	Diagnosis	ICD-10-CM
I69.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left nor	Diagnosis	ICD-10-CM
I69.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspec	Diagnosis	ICD-10-CM
I69.19	Other sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.190	Apraxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.192	Facial weakness following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.193	Ataxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.198	Other sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.2	Sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.20	Unspecified sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.21	Cognitive deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.210	Attention and concentration deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.211	Memory deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.213	Psychomotor deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.214	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorr	Diagnosis	ICD-10-CM
I69.215	Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.218	Other symptoms and signs involving cognitive functions following other nontraumatic intracr	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I69.219	Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.22	Speech and language deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.220	Aphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.221	Dysphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.222	Dysarthria following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.223	Fluency disorder following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.228	Other speech and language deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.23	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right side	Diagnosis	ICD-10-CM
I69.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left side	Diagnosis	ICD-10-CM
I69.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right side	Diagnosis	ICD-10-CM
I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left side	Diagnosis	ICD-10-CM
I69.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.24	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right side	Diagnosis	ICD-10-CM
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left side	Diagnosis	ICD-10-CM
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right side	Diagnosis	ICD-10-CM
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left side	Diagnosis	ICD-10-CM
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.25	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right side	Diagnosis	ICD-10-CM
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left side	Diagnosis	ICD-10-CM
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right side	Diagnosis	ICD-10-CM
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left side	Diagnosis	ICD-10-CM
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.26	Other paralytic syndrome following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right side	Diagnosis	ICD-10-CM
I69.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left side	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I69.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting rig	Diagnosis	ICD-10-CM
I69.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting lef	Diagnosis	ICD-10-CM
I69.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting un	Diagnosis	ICD-10-CM
I69.29	Other sequelae of other nontraumatic intracranial hemorrhage	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
I69.3	Sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.30	Unspecified sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.31	Cognitive deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.310	Attention and concentration deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.311	Memory deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.312	Visuospatial deficit and spatial neglect following cerebral infarction	Diagnosis	ICD-10-CM
I69.313	Psychomotor deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.314	Frontal lobe and executive function deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.315	Cognitive social or emotional deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.318	Other symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM
I69.319	Unspecified symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM
I69.32	Speech and language deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.320	Aphasia following cerebral infarction	Diagnosis	ICD-10-CM
I69.321	Dysphasia following cerebral infarction	Diagnosis	ICD-10-CM
I69.322	Dysarthria following cerebral infarction	Diagnosis	ICD-10-CM
I69.323	Fluency disorder following cerebral infarction	Diagnosis	ICD-10-CM
I69.328	Other speech and language deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.33	Monoplegia of upper limb following cerebral infarction	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.34	Monoplegia of lower limb following cerebral infarction	Diagnosis	ICD-10-CM
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.35	Hemiplegia and hemiparesis following cerebral infarction	Diagnosis	ICD-10-CM
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.36	Other paralytic syndrome following cerebral infarction	Diagnosis	ICD-10-CM
I69.361	Other paralytic syndrome following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.362	Other paralytic syndrome following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.365	Other paralytic syndrome following cerebral infarction, bilateral	Diagnosis	ICD-10-CM
I69.369	Other paralytic syndrome following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.39	Other sequelae of cerebral infarction	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I69.393	Ataxia following cerebral infarction	Diagnosis	ICD-10-CM
I69.398	Other sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.8	Sequelae of other cerebrovascular diseases	Diagnosis	ICD-10-CM
I69.80	Unspecified sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.81	Cognitive deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.810	Attention and concentration deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.811	Memory deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.812	Visuospatial deficit and spatial neglect following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.813	Psychomotor deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.814	Frontal lobe and executive function deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.815	Cognitive social or emotional deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.818	Other symptoms and signs involving cognitive functions following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.819	Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.82	Speech and language deficits 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
I69.83	Monoplegia of upper limb following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.84	Monoplegia of lower limb following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates 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 unspecified side	Diagnosis	ICD-10-CM
I69.85	Hemiplegia and hemiparesis following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.86	Other paralytic syndrome following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.865	Other paralytic syndrome following other cerebrovascular disease, bilateral	Diagnosis	ICD-10-CM
I69.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.89	Other sequelae of other cerebrovascular disease	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
I69.9	Sequelae of unspecified cerebrovascular diseases	Diagnosis	ICD-10-CM
I69.90	Unspecified sequelae of unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.91	Cognitive deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.910	Attention and concentration deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.911	Memory deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I69.913	Psychomotor deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.914	Frontal lobe and executive function deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.918	Other symptoms and signs involving cognitive functions following unspecified cerebrovascula	Diagnosis	ICD-10-CM
I69.919	Unspecified symptoms and signs involving cognitive functions following unspecified cerebrov	Diagnosis	ICD-10-CM
I69.92	Speech and language deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.920	Aphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.921	Dysphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.922	Dysarthria following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.923	Fluency disorder following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.928	Other speech and language deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.93	Monoplegia of upper limb following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right domir	Diagnosis	ICD-10-CM
I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left domin	Diagnosis	ICD-10-CM
I69.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-d	Diagnosis	ICD-10-CM
I69.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-do	Diagnosis	ICD-10-CM
I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecifiec	Diagnosis	ICD-10-CM
I69.94	Monoplegia of lower limb following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right domir	Diagnosis	ICD-10-CM
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left domina	Diagnosis	ICD-10-CM
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-d	Diagnosis	ICD-10-CM
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-do	Diagnosis	ICD-10-CM
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified	Diagnosis	ICD-10-CM
I69.95	Hemiplegia and hemiparesis following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right don	Diagnosis	ICD-10-CM
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left domi	Diagnosis	ICD-10-CM
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non	Diagnosis	ICD-10-CM
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecifi	Diagnosis	ICD-10-CM
I69.96	Other paralytic syndrome following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.961	Other paralytic syndrome following unspecified cerebrovascular disease affecting right domin	Diagnosis	ICD-10-CM
I69.962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left domina	Diagnosis	ICD-10-CM
I69.963	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-d	Diagnosis	ICD-10-CM
I69.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-do	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	Diagnosis	ICD-10-CM
I69.99	Other sequelae of unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.990	Apraxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.991	Dysphagia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.992	Facial weakness following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.993	Ataxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.998	Other sequelae following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I97.82	Postprocedural cerebrovascular infarction	Diagnosis	ICD-10-CM
I97.820	Postprocedural cerebrovascular infarction following cardiac surgery	Diagnosis	ICD-10-CM
I97.821	Postprocedural cerebrovascular infarction following other surgery	Diagnosis	ICD-10-CM
Human Immunodeficiency Virus (HIV)			
042	Human immunodeficiency virus [HIV]	Diagnosis	ICD-9-CM
079.53	Human immunodeficiency virus, type 2 (HIV 2), in conditions classified elsewhere and of unsp	Diagnosis	ICD-9-CM
795.71	Nonspecific serologic evidence of human immunodeficiency virus (HIV)	Diagnosis	ICD-9-CM
B20	Human immunodeficiency virus [HIV] disease	Diagnosis	ICD-10-CM
B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere	Diagnosis	ICD-10-CM
O98.7	Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the pue	Diagnosis	ICD-10-CM
O98.71	Human immunodeficiency virus [HIV] disease complicating pregnancy	Diagnosis	ICD-10-CM
O98.711	Human immunodeficiency virus [HIV] disease complicating pregnancy, first trimester	Diagnosis	ICD-10-CM
O98.712	Human immunodeficiency virus [HIV] disease complicating pregnancy, second trimester	Diagnosis	ICD-10-CM
O98.713	Human immunodeficiency virus [HIV] disease complicating pregnancy, third trimester	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
O98.719	Human immunodeficiency virus [HIV] disease complicating pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O98.72	Human immunodeficiency virus [HIV] disease complicating childbirth	Diagnosis	ICD-10-CM
O98.73	Human immunodeficiency virus [HIV] disease complicating the puerperium	Diagnosis	ICD-10-CM
V08	Asymptomatic human immunodeficiency virus (HIV) infection status	Diagnosis	ICD-9-CM
V65.44	Human immunodeficiency virus (HIV) counseling	Diagnosis	ICD-9-CM
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status	Diagnosis	ICD-10-CM
Chemotherapy			
0083U	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations	Procedure	HCPCS
3E00X05	Introduction of Other Antineoplastic into Skin and Mucous Membranes, External Approach	Procedure	ICD-10-PCS
3E01305	Introduction of Other Antineoplastic into Subcutaneous Tissue, Percutaneous Approach	Procedure	ICD-10-PCS
3E02305	Introduction of Other Antineoplastic into Muscle, Percutaneous Approach	Procedure	ICD-10-PCS
3E03005	Introduction of Other Antineoplastic into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E03305	Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E04005	Introduction of Other Antineoplastic into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E04305	Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E05005	Introduction of Other Antineoplastic into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
3E05305	Introduction of Other Antineoplastic into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E06005	Introduction of Other Antineoplastic into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E06305	Introduction of Other Antineoplastic into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E09305	Introduction of Other Antineoplastic into Nose, Percutaneous Approach	Procedure	ICD-10-PCS
3E09705	Introduction of Other Antineoplastic into Nose, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E09X05	Introduction of Other Antineoplastic into Nose, External Approach	Procedure	ICD-10-PCS
3E0A305	Introduction of Other Antineoplastic into Bone Marrow, Percutaneous Approach	Procedure	ICD-10-PCS
3E0B305	Introduction of Other Antineoplastic into Ear, Percutaneous Approach	Procedure	ICD-10-PCS
3E0B705	Introduction of Other Antineoplastic into Ear, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0BX05	Introduction of Other Antineoplastic into Ear, External Approach	Procedure	ICD-10-PCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
3E0C305	Introduction of Other Antineoplastic into Eye, Percutaneous Approach	Procedure	ICD-10-PCS
3E0C705	Introduction of Other Antineoplastic into Eye, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0CX05	Introduction of Other Antineoplastic into Eye, External Approach	Procedure	ICD-10-PCS
3E0D305	Introduction of Other Antineoplastic into Mouth and Pharynx, Percutaneous Approach	Procedure	ICD-10-PCS
3E0D705	Introduction of Other Antineoplastic into Mouth and Pharynx, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0DX05	Introduction of Other Antineoplastic into Mouth and Pharynx, External Approach	Procedure	ICD-10-PCS
3E0E305	Introduction of Other Antineoplastic into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
3E0E705	Introduction of Other Antineoplastic into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0E805	Introduction of Other Antineoplastic into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0F305	Introduction of Other Antineoplastic into Respiratory Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0F705	Introduction of Other Antineoplastic into Respiratory Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0F805	Introduction of Other Antineoplastic into Respiratory Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0G305	Introduction of Other Antineoplastic into Upper GI, Percutaneous Approach	Procedure	ICD-10-PCS
3E0G705	Introduction of Other Antineoplastic into Upper GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0G805	Introduction of Other Antineoplastic into Upper GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0H305	Introduction of Other Antineoplastic into Lower GI, Percutaneous Approach	Procedure	ICD-10-PCS
3E0H705	Introduction of Other Antineoplastic into Lower GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0H805	Introduction of Other Antineoplastic into Lower GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0J305	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0J705	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0J805	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0K305	Introduction of Other Antineoplastic into Genitourinary Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0K705	Introduction of Other Antineoplastic into Genitourinary Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0K805	Introduction of Other Antineoplastic into Genitourinary Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0L305	Introduction of Other Antineoplastic into Pleural Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0L705	Introduction of Other Antineoplastic into Pleural Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0M305	Introduction of Other Antineoplastic into Peritoneal Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0M30Y	Introduction of Hyperthermic Antineoplastic into Peritoneal Cavity, Percutaneous Approach	Procedure	ICD-10-PCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
3E0M705	Introduction of Other Antineoplastic into Peritoneal Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0P305	Introduction of Other Antineoplastic into Female Reproductive, Percutaneous Approach	Procedure	ICD-10-PCS
3E0P705	Introduction of Other Antineoplastic into Female Reproductive, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0P805	Introduction of Other Antineoplastic into Female Reproductive, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0Q005	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Open Approach	Procedure	ICD-10-PCS
3E0Q305	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Q705	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0R305	Introduction of Other Antineoplastic into Spinal Canal, Percutaneous Approach	Procedure	ICD-10-PCS
3E0S305	Introduction of Other Antineoplastic into Epidural Space, Percutaneous Approach	Procedure	ICD-10-PCS
3E0U305	Introduction of Other Antineoplastic into Joints, Percutaneous Approach	Procedure	ICD-10-PCS
3E0V305	Introduction of Other Antineoplastic into Bones, Percutaneous Approach	Procedure	ICD-10-PCS
3E0W305	Introduction of Other Antineoplastic into Lymphatics, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Y305	Introduction of Other Antineoplastic into Pericardial Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Y705	Introduction of Other Antineoplastic into Pericardial Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
80169	Everolimus	Procedure	CPT-4
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	Procedure	CPT-4
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	Procedure	CPT-4
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial session	Procedure	CPT-4
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	Procedure	CPT-4
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	Procedure	CPT-4

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
96420	Chemotherapy administration, intra-arterial; push technique	Procedure	CPT-4
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	Procedure	CPT-4
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	Procedure	CPT-4
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	Procedure	CPT-4
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	Procedure	CPT-4
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal punct	Procedure	CPT-4
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single c	Procedure	CPT-4
96549	Unlisted chemotherapy procedure	Procedure	CPT-4
99.25	Injection or infusion of cancer chemotherapeutic substance	Procedure	ICD-9-CM
999.81	Extravasation of vesicant chemotherapy	Diagnosis	ICD-9-CM
A9545	Iodine I-131 tositumomab, therapeutic, per treatment dose	Procedure	HCPCS
C1084	Denileukin diftitox, 300 mcg, ontak iv	Procedure	HCPCS
C1086	Temozolomide, 5 mg, temodar	Procedure	HCPCS
C1166	Injection, cytarabine liposome, per 10 mg	Procedure	HCPCS
C1167	Injection, epirubicin HCl, 2 mg	Procedure	HCPCS
C1178	Injection, busulfan, per 6 mg	Procedure	HCPCS
C9004	Injection, gemtuzumab ozogamicin, per 5 mg	Procedure	HCPCS
C9012	Injection, arsenic trioxide, per 1 mg/kg	Procedure	HCPCS
C9017	Lomustine, 10 mg	Procedure	HCPCS
C9021	Injection, obinutuzumab, 10 mg	Procedure	HCPCS
C9024	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Procedure	HCPCS
C9027	Injection, pembrolizumab, 1 mg	Procedure	HCPCS
C9044	Injection, cemiplimab-rwlc, 1 mg	Procedure	HCPCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C9110	Injection, alemtuzumab, per 10 mg/ ml	Procedure	HCPCS
C9127	Injection, paclitaxel protein-bound particles, per 1 mg	Procedure	HCPCS
C9129	Injection, clofarabine, per 1 mg	Procedure	HCPCS
C9205	Injection, oxaliplatin, per 5 mg	Procedure	HCPCS
C9207	Injection, bortezomib, per 3.5 mg	Procedure	HCPCS
C9213	Injection, pemetrexed, per 10 mg	Procedure	HCPCS
C9214	Injection, bevacizumab, per 10 mg	Procedure	HCPCS
C9215	Injection, cetuximab, per 10 mg	Procedure	HCPCS
C9218	Injection, azacitidine, per 1 mg	Procedure	HCPCS
C9231	Injection, decitabine, per 1 mg	Procedure	HCPCS
C9235	Injection, panitumumab, 10 mg	Procedure	HCPCS
C9239	Injection, temsirolimus, 1 mg	Procedure	HCPCS
C9240	Injection, ixabepilone, 1 mg	Procedure	HCPCS
C9243	Injection, bendamustine hcl, 1 mg	Procedure	HCPCS
C9253	Injection, temozolomide, 1mg	Procedure	HCPCS
C9259	Injection, pralatrexate, 1 mg	Procedure	HCPCS
C9260	Injection, ofatumumab, 10 mg	Procedure	HCPCS
C9262	Fludarabine phosphate, oral, 1 mg	Procedure	HCPCS
C9265	Injection, romidepsin, 1 mg	Procedure	HCPCS
C9273	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Procedure	HCPCS
C9276	Injection, cabazitaxel, 1 mg	Procedure	HCPCS
C9280	Injection, eribulin mesylate, 1 mg	Procedure	HCPCS
C9284	Injection, ipilimumab, 1 mg	Procedure	HCPCS
C9287	Injection, brentuximab vedotin, 1 mg	Procedure	HCPCS
C9289	Injection, asparaginase Erwinia chrysanthemi, 1,000 IU	Procedure	HCPCS
C9292	Injection, pertuzumab, 10 mg	Procedure	HCPCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C9295	Injection, carfilzomib, 1 mg	Procedure	HCPCS
C9297	Injection, omacetaxine mepesuccinate, 0.01 mg	Procedure	HCPCS
C9414	Etoposide; oral, 50 mg, brand name	Procedure	HCPCS
C9415	Doxorubicin HCl, 10 mg, brand name	Procedure	HCPCS
C9417	Bleomycin sulfate, 15 units, brand name	Procedure	HCPCS
C9418	Cisplatin, powder or solution, per 10 mg, brand name	Procedure	HCPCS
C9419	Injection, cladribine, per 1 mg, brand name	Procedure	HCPCS
C9420	Cyclophosphamide, 100 mg, brand name	Procedure	HCPCS
C9421	Cyclophosphamide, lyophilized, 100 mg, brand name	Procedure	HCPCS
C9422	Cytarabine, 100 mg, brand name	Procedure	HCPCS
C9423	Dacarbazine, 100 mg, brand name	Procedure	HCPCS
C9424	Daunorubicin, 10 mg	Procedure	HCPCS
C9425	Etoposide, 10 mg, brand name	Procedure	HCPCS
C9426	Floxuridine, 500 mg, brand name	Procedure	HCPCS
C9427	Ifosfamide, 1 gm, brand name	Procedure	HCPCS
C9429	Idarubicin HCl, 5 mg, brand name	Procedure	HCPCS
C9431	Paclitaxel, 30 mg, brand name	Procedure	HCPCS
C9432	Mitomycin, 5 mg, brand name	Procedure	HCPCS
C9433	Thiotepa, 15 mg, brand name	Procedure	HCPCS
C9437	Carmustine, brand name, 100 mg	Procedure	HCPCS
C9440	Vinorelbine tartrate, brand name, per 10 mg	Procedure	HCPCS
C9453	Injection, nivolumab, 1 mg	Procedure	HCPCS
C9474	Injection, irinotecan liposome, 1 mg	Procedure	HCPCS
C9483	Injection, atezolizumab, 10 mg	Procedure	HCPCS
C9491	Injection, avelumab, 10 mg	Procedure	HCPCS
C9492	Injection, durvalumab, 10 mg	Procedure	HCPCS
D61.810	Antineoplastic chemotherapy induced pancytopenia	Diagnosis	ICD-10-CM
D64.81	Anemia due to antineoplastic chemotherapy	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
D70.1	Agranulocytosis secondary to cancer chemotherapy	Diagnosis	ICD-10-CM
G0498	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assi	Procedure	HCPCS
G3001	Administration and supply of tositumomab, 450 mg	Procedure	HCPCS
G9835	Trastuzumab administered within 12 months of diagnosis	Procedure	HCPCS
G9837	Trastuzumab not administered within 12 months of diagnosis	Procedure	HCPCS
J0202	Injection, alemtuzumab, 1 mg	Procedure	HCPCS
J0207	Injection, amifostine, 500 mg	Procedure	HCPCS
J0594	Injection, busulfan, 1 mg	Procedure	HCPCS
J0894	Injection, decitabine, 1 mg	Procedure	HCPCS
J7527	Everolimus, oral, 0.25 mg	Procedure	HCPCS
J8510	Busulfan, oral, 2 mg	Procedure	HCPCS
J8515	Cabergoline, oral, 0.25 mg	Procedure	HCPCS
J8520	Capecitabine, oral, 150 mg	Procedure	HCPCS
J8521	Capecitabine, oral, 500 mg	Procedure	HCPCS
J8530	Cyclophosphamide, oral, 25 mg	Procedure	HCPCS
J8540	Dexamethasone, oral, 0.25 mg	Procedure	HCPCS
J8560	Etoposide, oral, 50 mg	Procedure	HCPCS
J8561	Everolimus, oral, 0.25 mg	Procedure	HCPCS
J8562	Fludarabine phosphate, oral, 10 mg	Procedure	HCPCS
J8565	Gefitinib, oral, 250 mg	Procedure	HCPCS
J8600	Melphalan, oral, 2 mg	Procedure	HCPCS
J8610	Methotrexate, oral, 2.5 mg	Procedure	HCPCS
J8700	Temozolomide, oral, 5 mg	Procedure	HCPCS
J8705	Topotecan, oral, 0.25 mg	Procedure	HCPCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
J8999	Prescription drug, oral, chemotherapeutic, NOS	Procedure	HCPCS
J9000	Injection, doxorubicin HCl, 10 mg	Procedure	HCPCS
J9001	Injection, doxorubicin HCl, all lipid formulations, 10 mg	Procedure	HCPCS
J9002	Injection, doxorubicin hydrochloride, liposomal, Doxil, 10 mg	Procedure	HCPCS
J9010	Injection, alemtuzumab, 10 mg	Procedure	HCPCS
J9015	Injection, aldesleukin, per single use vial	Procedure	HCPCS
J9017	Injection, arsenic trioxide, 1 mg	Procedure	HCPCS
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	Procedure	HCPCS
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	Procedure	HCPCS
J9022	Injection, atezolizumab, 10 mg	Procedure	HCPCS
J9023	Injection, avelumab, 10 mg	Procedure	HCPCS
J9025	Injection, azacitidine, 1 mg	Procedure	HCPCS
J9027	Injection, clofarabine, 1 mg	Procedure	HCPCS
J9031	BCG (intravesical) per instillation	Procedure	HCPCS
J9032	Injection, belinostat, 10 mg	Procedure	HCPCS
J9033	Injection, bendamustine HCl (Treanda), 1 mg	Procedure	HCPCS
J9034	Injection, bendamustine HCl (Bendeka), 1 mg	Procedure	HCPCS
J9035	Injection, bevacizumab, 10 mg	Procedure	HCPCS
J9039	Injection, blinatumomab, 1 microgram	Procedure	HCPCS
J9040	Injection, bleomycin sulfate, 15 units	Procedure	HCPCS
J9041	Injection, bortezomib, 0.1 mg	Procedure	HCPCS
J9042	Injection, brentuximab vedotin, 1 mg	Procedure	HCPCS
J9043	Injection, cabazitaxel, 1 mg	Procedure	HCPCS
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg	Procedure	HCPCS
J9045	Injection, carboplatin, 50 mg	Procedure	HCPCS
J9047	Injection, carfilzomib, 1 mg	Procedure	HCPCS
J9050	Injection, carmustine, 100 mg	Procedure	HCPCS
J9055	Injection, cetuximab, 10 mg	Procedure	HCPCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
J9057	Injection, copanlisib, 1 mg	Procedure	HCPCS
J9060	Injection, cisplatin, powder or solution, 10 mg	Procedure	HCPCS
J9062	Cisplatin, 50 mg	Procedure	HCPCS
J9065	Injection, cladribine, per 1 mg	Procedure	HCPCS
J9070	Cyclophosphamide, 100 mg	Procedure	HCPCS
J9080	Cyclophosphamide, 200 mg	Procedure	HCPCS
J9090	Cyclophosphamide, 500 mg	Procedure	HCPCS
J9091	Cyclophosphamide, 1 g	Procedure	HCPCS
J9092	Cyclophosphamide, 2 g	Procedure	HCPCS
J9093	Cyclophosphamide, lyophilized, 100 mg	Procedure	HCPCS
J9094	Cyclophosphamide, lyophilized, 200 mg	Procedure	HCPCS
J9095	Cyclophosphamide, lyophilized, 500 mg	Procedure	HCPCS
J9096	Cyclophosphamide, lyophilized, 1 g	Procedure	HCPCS
J9097	Cyclophosphamide, lyophilized, 2 g	Procedure	HCPCS
J9098	Injection, cytarabine liposome, 10 mg	Procedure	HCPCS
J9100	Injection, cytarabine, 100 mg	Procedure	HCPCS
J9110	Injection, cytarabine, 500 mg	Procedure	HCPCS
J9119	Injection, cemiplimab-rwlc, 1 mg	Procedure	HCPCS
J9120	Injection, dactinomycin, 0.5 mg	Procedure	HCPCS
J9130	Dacarbazine, 100 mg	Procedure	HCPCS
J9140	Dacarbazine, 200 mg	Procedure	HCPCS
J9145	Injection, daratumumab, 10 mg	Procedure	HCPCS
J9150	Injection, daunorubicin, 10 mg	Procedure	HCPCS
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	Procedure	HCPCS
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Procedure	HCPCS
J9155	Injection, degarelix, 1 mg	Procedure	HCPCS
J9160	Injection, denileukin diftitox, 300 mcg	Procedure	HCPCS
J9165	Injection, diethylstilbestrol diphosphate, 250 mg	Procedure	HCPCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
J9170	Injection, docetaxel, 20 mg	Procedure	HCPCS
J9171	Injection, docetaxel, 1 mg	Procedure	HCPCS
J9173	Injection, durvalumab, 10 mg	Procedure	HCPCS
J9175	Injection, eliotts' b solution, 1 ml	Procedure	HCPCS
J9176	Injection, elotuzumab, 1 mg	Procedure	HCPCS
J9178	Injection, epirubicin HCl, 2 mg	Procedure	HCPCS
J9179	Injection, eribulin mesylate, 0.1 mg	Procedure	HCPCS
J9180	Epirubicin HCl, 50 mg	Procedure	HCPCS
J9181	Injection, etoposide, 10 mg	Procedure	HCPCS
J9182	Etoposide, 100 mg	Procedure	HCPCS
J9185	Injection, fludarabine phosphate, 50 mg	Procedure	HCPCS
J9190	Injection, fluorouracil, 500 mg	Procedure	HCPCS
J9200	Injection, floxuridine, 500 mg	Procedure	HCPCS
J9201	Injection, gemcitabine HCl, 200 mg	Procedure	HCPCS
J9202	Goserelin acetate implant, per 3.6 mg	Procedure	HCPCS
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Procedure	HCPCS
J9205	Injection, irinotecan liposome, 1 mg	Procedure	HCPCS
J9206	Injection, irinotecan, 20 mg	Procedure	HCPCS
J9207	Injection, ixabepilone, 1 mg	Procedure	HCPCS
J9208	Injection, ifosfamide, 1 g	Procedure	HCPCS
J9209	Injection, mesna, 200 mg	Procedure	HCPCS
J9211	Injection, idarubicin HCl, 5 mg	Procedure	HCPCS
J9212	Injection, interferon alfacon-1, recombinant, 1 microgram	Procedure	HCPCS
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	Procedure	HCPCS
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	Procedure	HCPCS
J9216	Injection, interferon, gamma 1-b, 3 million units	Procedure	HCPCS
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Procedure	HCPCS
J9218	Leuprolide acetate, per 1 mg	Procedure	HCPCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
J9219	Leuprolide acetate implant, 65 mg	Procedure	HCPCS
J9225	Histrelin implant (vantas), 50 mg	Procedure	HCPCS
J9226	Histrelin implant (supprelin la), 50 mg	Procedure	HCPCS
J9228	Injection, ipilimumab, 1 mg	Procedure	HCPCS
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Procedure	HCPCS
J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	Procedure	HCPCS
J9245	Injection, melphalan HCl, 50 mg	Procedure	HCPCS
J9250	Methotrexate sodium, 5 mg	Procedure	HCPCS
J9260	Methotrexate sodium, 50 mg	Procedure	HCPCS
J9261	Injection, nelarabine, 50 mg	Procedure	HCPCS
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Procedure	HCPCS
J9263	Injection, oxaliplatin, 0.5 mg	Procedure	HCPCS
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Procedure	HCPCS
J9265	Injection, paclitaxel, 30 mg	Procedure	HCPCS
J9266	Injection, pegaspargase, per single dose vial	Procedure	HCPCS
J9267	Injection, paclitaxel, 1 mg	Procedure	HCPCS
J9268	Injection, pentostatin, 10 mg	Procedure	HCPCS
J9270	Injection, plicamycin, 2.5 mg	Procedure	HCPCS
J9271	Injection, pembrolizumab, 1 mg	Procedure	HCPCS
J9280	Injection, mitomycin, 5 mg	Procedure	HCPCS
J9285	Injection, olaratumab, 10 mg	Procedure	HCPCS
J9290	Mitomycin, 20 mg	Procedure	HCPCS
J9291	Mitomycin, 40 mg	Procedure	HCPCS
J9293	Injection, mitoxantrone HCl, per 5 mg	Procedure	HCPCS
J9295	Injection, necitumumab, 1 mg	Procedure	HCPCS
J9299	Injection, nivolumab, 1 mg	Procedure	HCPCS
J9300	Injection, gemtuzumab ozogamicin, 5 mg	Procedure	HCPCS
J9301	Injection, obinutuzumab, 10 mg	Procedure	HCPCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
J9302	Injection, ofatumumab, 10 mg	Procedure	HCPCS
J9303	Injection, panitumumab, 10 mg	Procedure	HCPCS
J9305	Injection, pemetrexed, 10 mg	Procedure	HCPCS
J9306	Injection, pertuzumab, 1 mg	Procedure	HCPCS
J9307	Injection, pralatrexate, 1 mg	Procedure	HCPCS
J9308	Injection, ramucirumab, 5 mg	Procedure	HCPCS
J9310	Injection, rituximab, 100 mg	Procedure	HCPCS
J9311	Injection, rituximab 10 mg and hyaluronidase	Procedure	HCPCS
J9312	Injection, rituximab, 10 mg	Procedure	HCPCS
J9315	Injection, romidepsin, 1 mg	Procedure	HCPCS
J9320	Injection, streptozocin, 1 g	Procedure	HCPCS
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Procedure	HCPCS
J9328	Injection, temozolomide, 1 mg	Procedure	HCPCS
J9330	Injection, temsirolimus, 1 mg	Procedure	HCPCS
J9340	Injection, thiotepa, 15 mg	Procedure	HCPCS
J9350	Injection, topotecan, 4 mg	Procedure	HCPCS
J9351	Injection, topotecan, 0.1 mg	Procedure	HCPCS
J9352	Injection, trabectedin, 0.1 mg	Procedure	HCPCS
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Procedure	HCPCS
J9355	Injection, trastuzumab, 10 mg	Procedure	HCPCS
J9357	Injection, valrubicin, intravesical, 200 mg	Procedure	HCPCS
J9360	Injection, vinblastine sulfate, 1 mg	Procedure	HCPCS
J9370	Vincristine sulfate, 1 mg	Procedure	HCPCS
J9371	Injection, vincristine sulfate liposome, 1 mg	Procedure	HCPCS
J9375	Vincristine sulfate, 2 mg	Procedure	HCPCS
J9380	Vincristine sulfate, 5 mg	Procedure	HCPCS
J9390	Injection, vinorelbine tartrate, 10 mg	Procedure	HCPCS
J9395	Injection, fulvestrant, 25 mg	Procedure	HCPCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
J9400	Injection, ziv-aflibercept, 1 mg	Procedure	HCPCS
J9600	Injection, porfimer sodium, 75 mg	Procedure	HCPCS
J9999	Not otherwise classified, antineoplastic drugs	Procedure	HCPCS
P04.11	Newborn affected by maternal antineoplastic chemotherapy	Diagnosis	ICD-10-CM
Q2025	Fludarabine phosphate, oral, 1 mg	Procedure	HCPCS
Q2040	Tisagenlecleucel, up to 250 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion	Procedure	HCPCS
Q2043	Sipuleucel-T, minimum of 50 million autologous cd54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Procedure	HCPCS
Q2048	Injection, doxorubicin hydrochloride, liposomal, DOXIL, 10 mg	Procedure	HCPCS
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	Procedure	HCPCS
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Procedure	HCPCS
Q9979	Injection, Alemtuzumab, 1 mg	Procedure	HCPCS
S0087	Injection, alemtuzumab, 30 mg	Procedure	HCPCS
S0088	Imatinib, 100 mg	Procedure	HCPCS
S0108	Mercaptopurine, oral, 50 mg	Procedure	HCPCS
S0115	Bortezomib, 3.5 mg	Procedure	HCPCS
S0116	Bevacizumab, 100 mg	Procedure	HCPCS
S0168	Injection, azacitidine, 100 mg	Procedure	HCPCS
S0172	Chlorambucil, oral, 2 mg	Procedure	HCPCS
S0178	Lomustine, oral, 10 mg	Procedure	HCPCS
S0182	Procarbazine HCl, oral, 50 mg	Procedure	HCPCS
T80.810	Extravasation of vesicant antineoplastic chemotherapy	Diagnosis	ICD-10-CM
T80.810A	Extravasation of vesicant antineoplastic chemotherapy, initial encounter	Diagnosis	ICD-10-CM
T80.810D	Extravasation of vesicant antineoplastic chemotherapy, subsequent encounter	Diagnosis	ICD-10-CM
T80.810S	Extravasation of vesicant antineoplastic chemotherapy, sequela	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
V58.0	Radiotherapy	Diagnosis	ICD-9-CM
V58.1	Encounter for antineoplastic chemotherapy and immunotherapy	Diagnosis	ICD-9-CM
V58.12	Encounter for antineoplastic immunotherapy	Diagnosis	ICD-9-CM
V67.2	Chemotherapy follow-up examination	Diagnosis	ICD-9-CM
XW03351	Introduction of Blinatumomab Antineoplastic Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS
XW033B3	Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW033C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW033Q5	Introduction of Tagraxofusp-erzs Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW033S5	Introduction of Iobenguane I-131 Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW04351	Introduction of Blinatumomab Antineoplastic Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS
XW043B3	Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW043C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
XW043Q5	Introduction of Tagraxofusp-erzs Antineoplastic into Central Vein, Percutaneous Approach, N	Procedure	ICD-10-PCS
XW043S5	Introduction of Iobenguane I-131 Antineoplastic into Central Vein, Percutaneous Approach, N	Procedure	ICD-10-PCS
XW0DXJ5	Introduction of Apalutamide Antineoplastic into Mouth and Pharynx, External Approach, New	Procedure	ICD-10-PCS
XW0DXL5	Introduction of Erdafitinib Antineoplastic into Mouth and Pharynx, External Approach, New T	Procedure	ICD-10-PCS
XW0DXR5	Introduction of Venetoclax Antineoplastic into Mouth and Pharynx, External Approach, New T	Procedure	ICD-10-PCS
XW0DXV5	Introduction of Gilteritinib Antineoplastic into Mouth and Pharynx, External Approach, New T	Procedure	ICD-10-PCS
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm	Diagnosis	ICD-10-CM
Z09	Encounter for follow-up examination after completed treatment for conditions other than ma	Diagnosis	ICD-10-CM
Z51.0	Encounter for antineoplastic radiation therapy	Diagnosis	ICD-10-CM
Z51.1	Encounter for antineoplastic chemotherapy and immunotherapy	Diagnosis	ICD-10-CM
Z51.11	Encounter for antineoplastic chemotherapy	Diagnosis	ICD-10-CM
Z51.12	Encounter for antineoplastic immunotherapy	Diagnosis	ICD-10-CM
Z92.21	Personal history of antineoplastic chemotherapy	Diagnosis	ICD-10-CM
Organ Transplant			
02Y	Heart and Great Vessels, Transplantation	Procedure	ICD-10-PCS
02YA	Transplantation / Heart	Procedure	ICD-10-PCS
02YA0Z0	Transplantation of Heart, Allogeneic, Open Approach	Procedure	ICD-10-PCS
02YA0Z1	Transplantation of Heart, Syngeneic, Open Approach	Procedure	ICD-10-PCS
02YA0Z2	Transplantation of Heart, Zooplastic, Open Approach	Procedure	ICD-10-PCS
07Y	Lymphatic and Hemic Systems, Transplantation	Procedure	ICD-10-PCS
07YM	Transplantation / Thymus	Procedure	ICD-10-PCS
07YM0Z0	Transplantation of Thymus, Allogeneic, Open Approach	Procedure	ICD-10-PCS
07YM0Z1	Transplantation of Thymus, Syngeneic, Open Approach	Procedure	ICD-10-PCS
07YM0Z2	Transplantation of Thymus, Zooplastic, Open Approach	Procedure	ICD-10-PCS
07YP	Transplantation / Spleen	Procedure	ICD-10-PCS
07YP0Z0	Transplantation of Spleen, Allogeneic, Open Approach	Procedure	ICD-10-PCS
07YP0Z1	Transplantation of Spleen, Syngeneic, Open Approach	Procedure	ICD-10-PCS
07YP0Z2	Transplantation of Spleen, Zooplastic, Open Approach	Procedure	ICD-10-PCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
OBY	Respiratory System, Transplantation	Procedure	ICD-10-PCS
OBYC	Transplantation / Upper Lung Lobe, Right	Procedure	ICD-10-PCS
OBYC0Z0	Transplantation of Right Upper Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYC0Z1	Transplantation of Right Upper Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYC0Z2	Transplantation of Right Upper Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYD	Transplantation / Middle Lung Lobe, Right	Procedure	ICD-10-PCS
OBYD0Z0	Transplantation of Right Middle Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYD0Z1	Transplantation of Right Middle Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYD0Z2	Transplantation of Right Middle Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYF	Transplantation / Lower Lung Lobe, Right	Procedure	ICD-10-PCS
OBYF0Z0	Transplantation of Right Lower Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYF0Z1	Transplantation of Right Lower Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYF0Z2	Transplantation of Right Lower Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYG	Transplantation / Upper Lung Lobe, Left	Procedure	ICD-10-PCS
OBYG0Z0	Transplantation of Left Upper Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYG0Z1	Transplantation of Left Upper Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYG0Z2	Transplantation of Left Upper Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYH	Transplantation / Lung Lingula	Procedure	ICD-10-PCS
OBYH0Z0	Transplantation of Lung Lingula, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYH0Z1	Transplantation of Lung Lingula, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYH0Z2	Transplantation of Lung Lingula, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYJ	Transplantation / Lower Lung Lobe, Left	Procedure	ICD-10-PCS
OBYJ0Z0	Transplantation of Left Lower Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYJ0Z1	Transplantation of Left Lower Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYJ0Z2	Transplantation of Left Lower Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYK	Transplantation / Lung, Right	Procedure	ICD-10-PCS
OBYK0Z0	Transplantation of Right Lung, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYK0Z1	Transplantation of Right Lung, Syngeneic, Open Approach	Procedure	ICD-10-PCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
OBYK0Z2	Transplantation of Right Lung, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYL	Transplantation / Lung, Left	Procedure	ICD-10-PCS
OBYLOZ0	Transplantation of Left Lung, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYLOZ1	Transplantation of Left Lung, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYLOZ2	Transplantation of Left Lung, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYM	Transplantation / Lungs, Bilateral	Procedure	ICD-10-PCS
OBYM0Z0	Transplantation of Bilateral Lungs, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYM0Z1	Transplantation of Bilateral Lungs, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYM0Z2	Transplantation of Bilateral Lungs, Zooplastic, Open Approach	Procedure	ICD-10-PCS
ODY	Gastrointestinal System, Transplantation	Procedure	ICD-10-PCS
ODY5	Transplantation / Esophagus	Procedure	ICD-10-PCS
ODY50Z0	Transplantation of Esophagus, Allogeneic, Open Approach	Procedure	ICD-10-PCS
ODY50Z1	Transplantation of Esophagus, Syngeneic, Open Approach	Procedure	ICD-10-PCS
ODY50Z2	Transplantation of Esophagus, Zooplastic, Open Approach	Procedure	ICD-10-PCS
ODY6	Transplantation / Stomach	Procedure	ICD-10-PCS
ODY60Z0	Transplantation of Stomach, Allogeneic, Open Approach	Procedure	ICD-10-PCS
ODY60Z1	Transplantation of Stomach, Syngeneic, Open Approach	Procedure	ICD-10-PCS
ODY60Z2	Transplantation of Stomach, Zooplastic, Open Approach	Procedure	ICD-10-PCS
ODY8	Transplantation / Small Intestine	Procedure	ICD-10-PCS
ODY80Z0	Transplantation of Small Intestine, Allogeneic, Open Approach	Procedure	ICD-10-PCS
ODY80Z1	Transplantation of Small Intestine, Syngeneic, Open Approach	Procedure	ICD-10-PCS
ODY80Z2	Transplantation of Small Intestine, Zooplastic, Open Approach	Procedure	ICD-10-PCS
ODYE	Transplantation / Large Intestine	Procedure	ICD-10-PCS
ODYE0Z0	Transplantation of Large Intestine, Allogeneic, Open Approach	Procedure	ICD-10-PCS
ODYE0Z1	Transplantation of Large Intestine, Syngeneic, Open Approach	Procedure	ICD-10-PCS
ODYE0Z2	Transplantation of Large Intestine, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OFSG0ZZ	Reposition Pancreas, Open Approach	Procedure	ICD-10-PCS
OFSG4ZZ	Reposition Pancreas, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
0FY	Hepatobiliary System and Pancreas, Transplantation	Procedure	ICD-10-PCS
0FY0	Transplantation / Liver	Procedure	ICD-10-PCS
0FY00Z0	Transplantation of Liver, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0FY00Z1	Transplantation of Liver, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0FY00Z2	Transplantation of Liver, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0FYG	Transplantation / Pancreas	Procedure	ICD-10-PCS
0FYG0Z0	Transplantation of Pancreas, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0FYG0Z1	Transplantation of Pancreas, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0FYG0Z2	Transplantation of Pancreas, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OTS00ZZ	Reposition Right Kidney, Open Approach	Procedure	ICD-10-PCS
OTS10ZZ	Reposition Left Kidney, Open Approach	Procedure	ICD-10-PCS
OTY	Urinary System, Transplantation	Procedure	ICD-10-PCS
OTY0	Transplantation / Kidney, Right	Procedure	ICD-10-PCS
OTY00Z0	Transplantation of Right Kidney, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OTY00Z1	Transplantation of Right Kidney, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OTY00Z2	Transplantation of Right Kidney, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OTY1	Transplantation / Kidney, Left	Procedure	ICD-10-PCS
OTY10Z0	Transplantation of Left Kidney, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OTY10Z1	Transplantation of Left Kidney, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OTY10Z2	Transplantation of Left Kidney, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OUY	Female Reproductive System, Transplantation	Procedure	ICD-10-PCS
OUY0	Transplantation / Ovary, Right	Procedure	ICD-10-PCS
OUY00Z0	Transplantation of Right Ovary, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OUY00Z1	Transplantation of Right Ovary, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OUY00Z2	Transplantation of Right Ovary, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OUY1	Transplantation / Ovary, Left	Procedure	ICD-10-PCS
OUY10Z0	Transplantation of Left Ovary, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OUY10Z1	Transplantation of Left Ovary, Syngeneic, Open Approach	Procedure	ICD-10-PCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
0UY10Z2	Transplantation of Left Ovary, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0UY9	Transplantation / Uterus	Procedure	ICD-10-PCS
0UY90Z0	Transplantation of Uterus, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0UY90Z1	Transplantation of Uterus, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0UY90Z2	Transplantation of Uterus, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0WY	Anatomical Regions, General, Transplantation	Procedure	ICD-10-PCS
0WY2	Transplantation / Face	Procedure	ICD-10-PCS
0WY20Z0	Transplantation of Face, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0WY20Z1	Transplantation of Face, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0XY	Anatomical Regions, Upper Extremities, Transplantation	Procedure	ICD-10-PCS
0XYJ	Transplantation / Hand, Right	Procedure	ICD-10-PCS
0XYJ0Z0	Transplantation of Right Hand, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0XYJ0Z1	Transplantation of Right Hand, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0XYK	Transplantation / Hand, Left	Procedure	ICD-10-PCS
0XYK0Z0	Transplantation of Left Hand, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0XYK0Z1	Transplantation of Left Hand, Syngeneic, Open Approach	Procedure	ICD-10-PCS
10Y	Obstetrics, Pregnancy, Transplantation	Procedure	ICD-10-PCS
10Y0	Transplantation / Products of Conception	Procedure	ICD-10-PCS
10Y03ZE	Transplantation of Nervous System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZF	Transplantation of Cardiovascular System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZG	Transplantation of Lymphatics and Hemic into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZH	Transplantation of Eye into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZJ	Transplantation of Ear, Nose and Sinus into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZK	Transplantation of Respiratory System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZL	Transplantation of Mouth and Throat into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZM	Transplantation of Gastrointestinal System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZN	Transplantation of Hepatobiliary and Pancreas into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZP	Transplantation of Endocrine System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
10Y03ZQ	Transplantation of Skin into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZR	Transplantation of Musculoskeletal System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZS	Transplantation of Urinary System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZT	Transplantation of Female Reproductive System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZY	Transplantation of Other Body System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y04ZE	Transplantation of Nervous System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZF	Transplantation of Cardiovascular System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZG	Transplantation of Lymphatics and Hemic into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZH	Transplantation of Eye into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZJ	Transplantation of Ear, Nose and Sinus into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZK	Transplantation of Respiratory System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZL	Transplantation of Mouth and Throat into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZM	Transplantation of Gastrointestinal System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZN	Transplantation of Hepatobiliary and Pancreas into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZP	Transplantation of Endocrine System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZQ	Transplantation of Skin into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZR	Transplantation of Musculoskeletal System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZS	Transplantation of Urinary System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZT	Transplantation of Female Reproductive System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZY	Transplantation of Other Body System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y07ZE	Transplantation of Nervous System into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZF	Transplantation of Cardiovascular System into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZG	Transplantation of Lymphatics and Hemic into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZH	Transplantation of Eye into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZJ	Transplantation of Ear, Nose and Sinus into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZK	Transplantation of Respiratory System into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZL	Transplantation of Mouth and Throat into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZM	Transplantation of Gastrointestinal System into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
10Y07ZN	Transplantation of Hepatobiliary and Pancreas into Products of Conception, Via Natural or Ar	Procedure	ICD-10-PCS
10Y07ZP	Transplantation of Endocrine System into Products of Conception, Via Natural or Artificial Op	Procedure	ICD-10-PCS
10Y07ZQ	Transplantation of Skin into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZR	Transplantation of Musculoskeletal System into Products of Conception, Via Natural or Artific	Procedure	ICD-10-PCS
10Y07ZS	Transplantation of Urinary System into Products of Conception, Via Natural or Artificial Openi	Procedure	ICD-10-PCS
10Y07ZT	Transplantation of Female Reproductive System into Products of Conception, Via Natural or A	Procedure	ICD-10-PCS
10Y07ZY	Transplantation of Other Body System into Products of Conception, Via Natural or Artificial O	Procedure	ICD-10-PCS
30230AZ	Transfusion of Embryonic Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230G0	Transfusion of Autologous Bone Marrow into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230G2	Transfusion of Allogeneic Related Bone Marrow into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230G3	Transfusion of Allogeneic Unrelated Bone Marrow into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230G4	Transfusion of Allogeneic Unspecified Bone Marrow into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230X0	Transfusion of Autologous Cord Blood Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230X2	Transfusion of Allogeneic Related Cord Blood Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230X3	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Peripheral Vein, Open Approa	Procedure	ICD-10-PCS
30230X4	Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Peripheral Vein, Open Appr	Procedure	ICD-10-PCS
30230Y0	Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Peripheral Vein, Open Appro	Procedure	ICD-10-PCS
30230Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Peripheral Vein, Open App	Procedure	ICD-10-PCS
30230Y4	Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Peripheral Vein, Open A	Procedure	ICD-10-PCS
30233AZ	Transfusion of Embryonic Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233G0	Transfusion of Autologous Bone Marrow into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233G2	Transfusion of Allogeneic Related Bone Marrow into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233G3	Transfusion of Allogeneic Unrelated Bone Marrow into Peripheral Vein, Percutaneous Approa	Procedure	ICD-10-PCS
30233G4	Transfusion of Allogeneic Unspecified Bone Marrow into Peripheral Vein, Percutaneous Appr	Procedure	ICD-10-PCS
30233X0	Transfusion of Autologous Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approac	Procedure	ICD-10-PCS
30233X2	Transfusion of Allogeneic Related Cord Blood Stem Cells into Peripheral Vein, Percutaneous A	Procedure	ICD-10-PCS
30233X3	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Peripheral Vein, Percutaneous	Procedure	ICD-10-PCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
30233X4	Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Peripheral Vein, Percutaneo	Procedure	ICD-10-PCS
30233Y0	Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Appr	Procedure	ICD-10-PCS
30233Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Peripheral Vein, Percutaneo	Procedure	ICD-10-PCS
30233Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Peripheral Vein, Percutane	Procedure	ICD-10-PCS
30233Y4	Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Peripheral Vein, Percuta	Procedure	ICD-10-PCS
30240AZ	Transfusion of Embryonic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240G0	Transfusion of Autologous Bone Marrow into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240G2	Transfusion of Allogeneic Related Bone Marrow into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240G3	Transfusion of Allogeneic Unrelated Bone Marrow into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240G4	Transfusion of Allogeneic Unspecified Bone Marrow into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240X0	Transfusion of Autologous Cord Blood Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240X2	Transfusion of Allogeneic Related Cord Blood Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240X3	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240X4	Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Central Vein, Open Approac	Procedure	ICD-10-PCS
30240Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Central Vein, Open Appro	Procedure	ICD-10-PCS
30240Y4	Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Central Vein, Open Appr	Procedure	ICD-10-PCS
30243AZ	Transfusion of Embryonic Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243G0	Transfusion of Autologous Bone Marrow into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243G2	Transfusion of Allogeneic Related Bone Marrow into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243G3	Transfusion of Allogeneic Unrelated Bone Marrow into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243G4	Transfusion of Allogeneic Unspecified Bone Marrow into Central Vein, Percutaneous Approac	Procedure	ICD-10-PCS
30243X0	Transfusion of Autologous Cord Blood Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243X2	Transfusion of Allogeneic Related Cord Blood Stem Cells into Central Vein, Percutaneous Appr	Procedure	ICD-10-PCS
30243X3	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Central Vein, Percutaneous A	Procedure	ICD-10-PCS
30243X4	Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Central Vein, Percutaneous	Procedure	ICD-10-PCS
30243Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Vein, Percutaneous Approac	Procedure	ICD-10-PCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
30243Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Central Vein, Percutaneous /	Procedure	ICD-10-PCS
30243Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Central Vein, Percutaneou	Procedure	ICD-10-PCS
30243Y4	Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Central Vein, Percutanec	Procedure	ICD-10-PCS
30250G0	Transfusion of Autologous Bone Marrow into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30250G1	Transfusion of Nonautologous Bone Marrow into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30250X0	Transfusion of Autologous Cord Blood Stem Cells into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30250X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30250Y0	Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30250Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Artery, Open Approa	Procedure	ICD-10-PCS
30253G0	Transfusion of Autologous Bone Marrow into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30253G1	Transfusion of Nonautologous Bone Marrow into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30253X0	Transfusion of Autologous Cord Blood Stem Cells into Peripheral Artery, Percutaneous Appro	Procedure	ICD-10-PCS
30253X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Artery, Percutaneous Ap	Procedure	ICD-10-PCS
30253Y0	Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Artery, Percutaneous Ap	Procedure	ICD-10-PCS
30253Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Artery, Percutaneous	Procedure	ICD-10-PCS
30260G0	Transfusion of Autologous Bone Marrow into Central Artery, Open Approach	Procedure	ICD-10-PCS
30260G1	Transfusion of Nonautologous Bone Marrow into Central Artery, Open Approach	Procedure	ICD-10-PCS
30260X0	Transfusion of Autologous Cord Blood Stem Cells into Central Artery, Open Approach	Procedure	ICD-10-PCS
30260X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Artery, Open Approach	Procedure	ICD-10-PCS
30260Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Artery, Open Approach	Procedure	ICD-10-PCS
30260Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Artery, Open Approach	Procedure	ICD-10-PCS
30263G0	Transfusion of Autologous Bone Marrow into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30263G1	Transfusion of Nonautologous Bone Marrow into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30263X0	Transfusion of Autologous Cord Blood Stem Cells into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30263X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Artery, Percutaneous Apprc	Procedure	ICD-10-PCS
30263Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Artery, Percutaneous Appro	Procedure	ICD-10-PCS
30263Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Artery, Percutaneous Ap	Procedure	ICD-10-PCS
32851	Lung transplant, single; without cardiopulmonary bypass	Procedure	CPT-4

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
32852	Lung transplant, single; with cardiopulmonary bypass	Procedure	CPT-4
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	Procedure	CPT-4
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	Procedure	CPT-4
33.5	Lung transplant	Procedure	ICD-9-CM
33.6	Combined heart-lung transplantation	Procedure	ICD-9-CM
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	Procedure	CPT-4
33945	Heart transplant, with or without recipient cardiectomy	Procedure	CPT-4
37.51	Heart transplantation	Procedure	ICD-9-CM
3E03005	Introduction of Other Antineoplastic into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E030U0	Introduction of Autologous Pancreatic Islet Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E030U1	Introduction of Nonautologous Pancreatic Islet Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E03305	Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E033U0	Introduction of Autologous Pancreatic Islet Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E033U1	Introduction of Nonautologous Pancreatic Islet Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E04005	Introduction of Other Antineoplastic into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E04305	Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E05005	Introduction of Other Antineoplastic into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
3E05305	Introduction of Other Antineoplastic into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E06005	Introduction of Other Antineoplastic into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E06305	Introduction of Other Antineoplastic into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E0J3U0	Introduction of Autologous Pancreatic Islet Cells into Biliary and Pancreatic Tract, Percutaneous	Procedure	ICD-10-PCS
3E0J3U1	Introduction of Nonautologous Pancreatic Islet Cells into Biliary and Pancreatic Tract, Percutaneous	Procedure	ICD-10-PCS
3E0J7U0	Introduction of Autologous Pancreatic Islet Cells into Biliary and Pancreatic Tract, Via Natural	Procedure	ICD-10-PCS
3E0J7U1	Introduction of Nonautologous Pancreatic Islet Cells into Biliary and Pancreatic Tract, Via Natural	Procedure	ICD-10-PCS
3E0J8U0	Introduction of Autologous Pancreatic Islet Cells into Biliary and Pancreatic Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
3E0J8U1	Introduction of Nonautologous Pancreatic Islet Cells into Biliary and Pancreatic Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
41.00	Bone marrow transplant, not otherwise specified	Procedure	ICD-9-CM
41.01	Autologous bone marrow transplant without purging	Procedure	ICD-9-CM
41.02	Allogeneic bone marrow transplant with purging	Procedure	ICD-9-CM
41.03	Allogeneic bone marrow transplant without purging	Procedure	ICD-9-CM
41.04	Autologous hematopoietic stem cell transplant without purging	Procedure	ICD-9-CM
41.05	Allogeneic hematopoietic stem cell transplant without purging	Procedure	ICD-9-CM
41.06	Cord blood stem cell transplant	Procedure	ICD-9-CM
41.07	Autologous hematopoietic stem cell transplant with purging	Procedure	ICD-9-CM
41.08	Allogeneic hematopoietic stem cell transplant with purging	Procedure	ICD-9-CM
41.09	Autologous bone marrow transplant with purging	Procedure	ICD-9-CM
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	Procedure	CPT-4
44135	Intestinal allotransplantation; from cadaver donor	Procedure	CPT-4
44136	Intestinal allotransplantation; from living donor	Procedure	CPT-4
44137	Removal of transplanted intestinal allograft, complete	Procedure	CPT-4
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	Procedure	CPT-4
48554	Transplantation of pancreatic allograft	Procedure	CPT-4
50.5	Liver transplant	Procedure	ICD-9-CM
50.51	Auxiliary liver transplant	Procedure	ICD-9-CM
50.59	Other transplant of liver	Procedure	ICD-9-CM
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	Procedure	CPT-4
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Procedure	CPT-4
50380	Renal autotransplantation, reimplantation of kidney	Procedure	CPT-4
52.8	Transplant of pancreas	Procedure	ICD-9-CM
52.80	Pancreatic transplant, not otherwise specified	Procedure	ICD-9-CM
52.81	Reimplantation of pancreatic tissue	Procedure	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
52.82	Homotransplant of pancreas	Procedure	ICD-9-CM
52.83	Heterotransplant of pancreas	Procedure	ICD-9-CM
52.84	Autotransplantation of cells of islets of Langerhans	Procedure	ICD-9-CM
52.85	Allotransplantation of cells of islets of Langerhans	Procedure	ICD-9-CM
52.86	Transplantation of cells of islets of Langerhans, not otherwise specified	Procedure	ICD-9-CM
55.6	Transplant of kidney	Procedure	ICD-9-CM
55.61	Renal autotransplantation	Procedure	ICD-9-CM
55.69	Other kidney transplantation	Procedure	ICD-9-CM
996.80	Complications of transplanted organ, unspecified site	Diagnosis	ICD-9-CM
996.81	Complications of transplanted kidney	Diagnosis	ICD-9-CM
996.82	Complications of transplanted liver	Diagnosis	ICD-9-CM
996.83	Complications of transplanted heart	Diagnosis	ICD-9-CM
996.84	Complications of transplanted lung	Diagnosis	ICD-9-CM
996.85	Complications of bone marrow transplant	Diagnosis	ICD-9-CM
996.86	Complications of transplanted pancreas	Diagnosis	ICD-9-CM
996.87	Complications of transplanted organ, intestine	Diagnosis	ICD-9-CM
996.89	Complications of other transplanted organ	Diagnosis	ICD-9-CM
B40M	Plain Radiography / Renal Artery Transplant	Procedure	ICD-10-PCS
B40M0ZZ	Plain Radiography of Renal Artery Transplant using High Osmolar Contrast	Procedure	ICD-10-PCS
B40M1ZZ	Plain Radiography of Renal Artery Transplant using Low Osmolar Contrast	Procedure	ICD-10-PCS
B40MYZZ	Plain Radiography of Renal Artery Transplant using Other Contrast	Procedure	ICD-10-PCS
B42M	Computerized Tomography (CT Scan) / Renal Artery Transplant	Procedure	ICD-10-PCS
B42M0ZZ	Computerized Tomography (CT Scan) of Renal Artery Transplant using High Osmolar Contrast	Procedure	ICD-10-PCS
B42M1ZZ	Computerized Tomography (CT Scan) of Renal Artery Transplant using Low Osmolar Contrast	Procedure	ICD-10-PCS
B42MYZZ	Computerized Tomography (CT Scan) of Renal Artery Transplant using Other Contrast	Procedure	ICD-10-PCS
B42MZZZ	Computerized Tomography (CT Scan) of Renal Artery Transplant using Intravascular Optical C	Procedure	ICD-10-PCS
B42MZZZ	Computerized Tomography (CT Scan) of Renal Artery Transplant	Procedure	ICD-10-PCS
BT29	Computerized Tomography (CT Scan) / Kidney Transplant	Procedure	ICD-10-PCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
BT2900Z	Computerized Tomography (CT Scan) of Kidney Transplant using High Osmolar Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT290ZZ	Computerized Tomography (CT Scan) of Kidney Transplant using High Osmolar Contrast	Procedure	ICD-10-PCS
BT2910Z	Computerized Tomography (CT Scan) of Kidney Transplant using Low Osmolar Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT291ZZ	Computerized Tomography (CT Scan) of Kidney Transplant using Low Osmolar Contrast	Procedure	ICD-10-PCS
BT29Y0Z	Computerized Tomography (CT Scan) of Kidney Transplant using Other Contrast, Unenhanced	Procedure	ICD-10-PCS
BT29YZZ	Computerized Tomography (CT Scan) of Kidney Transplant using Other Contrast	Procedure	ICD-10-PCS
BT29ZZZ	Computerized Tomography (CT Scan) of Kidney Transplant	Procedure	ICD-10-PCS
BT39	Magnetic Resonance Imaging (MRI) / Kidney Transplant	Procedure	ICD-10-PCS
BT39Y0Z	Magnetic Resonance Imaging (MRI) of Kidney Transplant using Other Contrast, Unenhanced	Procedure	ICD-10-PCS
BT39YZZ	Magnetic Resonance Imaging (MRI) of Kidney Transplant using Other Contrast	Procedure	ICD-10-PCS
BT39ZZZ	Magnetic Resonance Imaging (MRI) of Kidney Transplant	Procedure	ICD-10-PCS
BT49	Ultrasonography / Kidney Transplant	Procedure	ICD-10-PCS
BT49ZZZ	Ultrasonography of Kidney Transplant	Procedure	ICD-10-PCS
C80.2	Malignant neoplasm associated with transplanted organ	Diagnosis	ICD-10-CM
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)	Diagnosis	ICD-10-CM
I25.7	Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart	Diagnosis	ICD-10-CM
I25.75	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris	Diagnosis	ICD-10-CM
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented myocardial infarction	Diagnosis	ICD-10-CM
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.76	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris	Diagnosis	ICD-10-CM
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented myocardial infarction	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of a	Diagnosis	ICD-10-CM
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angi	Diagnosis	ICD-10-CM
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris	Diagnosis	ICD-10-CM
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pecto	Diagnosis	ICD-10-CM
T86	Complications of transplanted organs and tissue	Diagnosis	ICD-10-CM
T86.0	Complications of bone marrow transplant	Diagnosis	ICD-10-CM
T86.00	Unspecified complication of bone marrow transplant	Diagnosis	ICD-10-CM
T86.01	Bone marrow transplant rejection	Diagnosis	ICD-10-CM
T86.02	Bone marrow transplant failure	Diagnosis	ICD-10-CM
T86.03	Bone marrow transplant infection	Diagnosis	ICD-10-CM
T86.09	Other complications of bone marrow transplant	Diagnosis	ICD-10-CM
T86.1	Complications of kidney transplant	Diagnosis	ICD-10-CM
T86.10	Unspecified complication of kidney transplant	Diagnosis	ICD-10-CM
T86.11	Kidney transplant rejection	Diagnosis	ICD-10-CM
T86.12	Kidney transplant failure	Diagnosis	ICD-10-CM
T86.13	Kidney transplant infection	Diagnosis	ICD-10-CM
T86.19	Other complication of kidney transplant	Diagnosis	ICD-10-CM
T86.2	Complications of heart transplant	Diagnosis	ICD-10-CM
T86.20	Unspecified complication of heart transplant	Diagnosis	ICD-10-CM
T86.21	Heart transplant rejection	Diagnosis	ICD-10-CM
T86.22	Heart transplant failure	Diagnosis	ICD-10-CM
T86.23	Heart transplant infection	Diagnosis	ICD-10-CM
T86.29	Other complications of heart transplant	Diagnosis	ICD-10-CM
T86.298	Other complications of heart transplant	Diagnosis	ICD-10-CM
T86.3	Complications of heart-lung transplant	Diagnosis	ICD-10-CM
T86.30	Unspecified complication of heart-lung transplant	Diagnosis	ICD-10-CM
T86.31	Heart-lung transplant rejection	Diagnosis	ICD-10-CM
T86.32	Heart-lung transplant failure	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
T86.33	Heart-lung transplant infection	Diagnosis	ICD-10-CM
T86.39	Other complications of heart-lung transplant	Diagnosis	ICD-10-CM
T86.4	Complications of liver transplant	Diagnosis	ICD-10-CM
T86.40	Unspecified complication of liver transplant	Diagnosis	ICD-10-CM
T86.41	Liver transplant rejection	Diagnosis	ICD-10-CM
T86.42	Liver transplant failure	Diagnosis	ICD-10-CM
T86.43	Liver transplant infection	Diagnosis	ICD-10-CM
T86.49	Other complications of liver transplant	Diagnosis	ICD-10-CM
T86.5	Complications of stem cell transplant	Diagnosis	ICD-10-CM
T86.8	Complications of other transplanted organs and tissues	Diagnosis	ICD-10-CM
T86.81	Complications of lung transplant	Diagnosis	ICD-10-CM
T86.810	Lung transplant rejection	Diagnosis	ICD-10-CM
T86.811	Lung transplant failure	Diagnosis	ICD-10-CM
T86.812	Lung transplant infection	Diagnosis	ICD-10-CM
T86.818	Other complications of lung transplant	Diagnosis	ICD-10-CM
T86.819	Unspecified complication of lung transplant	Diagnosis	ICD-10-CM
T86.85	Complication of intestine transplant	Diagnosis	ICD-10-CM
T86.850	Intestine transplant rejection	Diagnosis	ICD-10-CM
T86.851	Intestine transplant failure	Diagnosis	ICD-10-CM
T86.852	Intestine transplant infection	Diagnosis	ICD-10-CM
T86.858	Other complications of intestine transplant	Diagnosis	ICD-10-CM
T86.859	Unspecified complication of intestine transplant	Diagnosis	ICD-10-CM
T86.89	Complications of other transplanted tissue	Diagnosis	ICD-10-CM
T86.890	Other transplanted tissue rejection	Diagnosis	ICD-10-CM
T86.891	Other transplanted tissue failure	Diagnosis	ICD-10-CM
T86.892	Other transplanted tissue infection	Diagnosis	ICD-10-CM
T86.898	Other complications of other transplanted tissue	Diagnosis	ICD-10-CM
T86.899	Unspecified complication of other transplanted tissue	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
T86.9	Complication of unspecified transplanted organ and tissue	Diagnosis	ICD-10-CM
T86.90	Unspecified complication of unspecified transplanted organ and tissue	Diagnosis	ICD-10-CM
T86.91	Unspecified transplanted organ and tissue rejection	Diagnosis	ICD-10-CM
T86.92	Unspecified transplanted organ and tissue failure	Diagnosis	ICD-10-CM
T86.93	Unspecified transplanted organ and tissue infection	Diagnosis	ICD-10-CM
T86.99	Other complications of unspecified transplanted organ and tissue	Diagnosis	ICD-10-CM
V42.0	Kidney replaced by transplant	Diagnosis	ICD-9-CM
V42.1	Heart replaced by transplant	Diagnosis	ICD-9-CM
V42.3	Skin replaced by transplant	Diagnosis	ICD-9-CM
V42.4	Bone replaced by transplant	Diagnosis	ICD-9-CM
V42.6	Lung replaced by transplant	Diagnosis	ICD-9-CM
V42.7	Liver replaced by transplant	Diagnosis	ICD-9-CM
V42.8	Other specified organ or tissue replaced by transplant	Diagnosis	ICD-9-CM
V42.81	Bone marrow replaced by transplant	Diagnosis	ICD-9-CM
V42.82	Peripheral stem cells replaced by transplant	Diagnosis	ICD-9-CM
V42.83	Pancreas replaced by transplant	Diagnosis	ICD-9-CM
V42.84	Organ or tissue replaced by transplant, intestines	Diagnosis	ICD-9-CM
V42.89	Other organ or tissue replaced by transplant	Diagnosis	ICD-9-CM
V42.9	Unspecified organ or tissue replaced by transplant	Diagnosis	ICD-9-CM
Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure	Diagnosis	ICD-10-CM
Z48.2	Encounter for aftercare following organ transplant	Diagnosis	ICD-10-CM
Z48.21	Encounter for aftercare following heart transplant	Diagnosis	ICD-10-CM
Z48.22	Encounter for aftercare following kidney transplant	Diagnosis	ICD-10-CM
Z48.23	Encounter for aftercare following liver transplant	Diagnosis	ICD-10-CM
Z48.24	Encounter for aftercare following lung transplant	Diagnosis	ICD-10-CM
Z48.28	Encounter for aftercare following multiple organ transplant	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
Z48.280	Encounter for aftercare following heart-lung transplant	Diagnosis	ICD-10-CM
Z48.288	Encounter for aftercare following multiple organ transplant	Diagnosis	ICD-10-CM
Z48.29	Encounter for aftercare following other organ transplant	Diagnosis	ICD-10-CM
Z48.290	Encounter for aftercare following bone marrow transplant	Diagnosis	ICD-10-CM
Z48.298	Encounter for aftercare following other organ transplant	Diagnosis	ICD-10-CM
Z76.82	Awaiting organ transplant status	Diagnosis	ICD-10-CM
Z94	Transplanted organ and tissue status	Diagnosis	ICD-10-CM
Z94.0	Kidney transplant status	Diagnosis	ICD-10-CM
Z94.1	Heart transplant status	Diagnosis	ICD-10-CM
Z94.2	Lung transplant status	Diagnosis	ICD-10-CM
Z94.3	Heart and lungs transplant status	Diagnosis	ICD-10-CM
Z94.4	Liver transplant status	Diagnosis	ICD-10-CM
Z94.5	Skin transplant status	Diagnosis	ICD-10-CM
Z94.6	Bone transplant status	Diagnosis	ICD-10-CM
Z94.8	Other transplanted organ and tissue status	Diagnosis	ICD-10-CM
Z94.81	Bone marrow transplant status	Diagnosis	ICD-10-CM
Z94.82	Intestine transplant status	Diagnosis	ICD-10-CM
Z94.83	Pancreas transplant status	Diagnosis	ICD-10-CM
Z94.84	Stem cells transplant status	Diagnosis	ICD-10-CM
Z94.89	Other transplanted organ and tissue status	Diagnosis	ICD-10-CM
Z94.9	Transplanted organ and tissue status, unspecified	Diagnosis	ICD-10-CM
Z98.85	Transplanted organ removal status	Diagnosis	ICD-10-CM
Liver Failure			
070	Viral hepatitis	Diagnosis	ICD-9-CM
070.0	Viral hepatitis A with hepatic coma	Diagnosis	ICD-9-CM
070.1	Viral hepatitis A without mention of hepatic coma	Diagnosis	ICD-9-CM
070.2	Viral hepatitis B with hepatic coma	Diagnosis	ICD-9-CM
070.20	Viral hepatitis B with hepatic coma, acute or unspecified, without mention of hepatitis delta	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
070.21	Viral hepatitis B with hepatic coma, acute or unspecified, with hepatitis delta	Diagnosis	ICD-9-CM
070.22	Viral hepatitis B with hepatic coma, chronic, without mention of hepatitis delta	Diagnosis	ICD-9-CM
070.23	Viral hepatitis B with hepatic coma, chronic, with hepatitis delta	Diagnosis	ICD-9-CM
070.3	Viral hepatitis B without mention of hepatic coma	Diagnosis	ICD-9-CM
070.30	Viral hepatitis B without mention of hepatic coma, acute or unspecified, without mention of hepatitis delta	Diagnosis	ICD-9-CM
070.31	Viral hepatitis B without mention of hepatic coma, acute or unspecified, with hepatitis delta	Diagnosis	ICD-9-CM
070.32	Viral hepatitis B without mention of hepatic coma, chronic, without mention of hepatitis delta	Diagnosis	ICD-9-CM
070.33	Viral hepatitis B without mention of hepatic coma, chronic, with hepatitis delta	Diagnosis	ICD-9-CM
070.4	Other specified viral hepatitis with hepatic coma	Diagnosis	ICD-9-CM
070.41	Acute hepatitis C with hepatic coma	Diagnosis	ICD-9-CM
070.42	Hepatitis delta without mention of active hepatitis B disease with hepatic coma	Diagnosis	ICD-9-CM
070.43	Hepatitis E with hepatic coma	Diagnosis	ICD-9-CM
070.44	Chronic hepatitis C with hepatic coma	Diagnosis	ICD-9-CM
070.49	Other specified viral hepatitis with hepatic coma	Diagnosis	ICD-9-CM
070.5	Other specified viral hepatitis without mention of hepatic coma	Diagnosis	ICD-9-CM
070.51	Acute hepatitis C without mention of hepatic coma	Diagnosis	ICD-9-CM
070.52	Hepatitis delta without mention of active hepatitis B disease or hepatic coma	Diagnosis	ICD-9-CM
070.53	Hepatitis E without mention of hepatic coma	Diagnosis	ICD-9-CM
070.54	Chronic hepatitis C without mention of hepatic coma	Diagnosis	ICD-9-CM
070.59	Other specified viral hepatitis without mention of hepatic coma	Diagnosis	ICD-9-CM
070.6	Unspecified viral hepatitis with hepatic coma	Diagnosis	ICD-9-CM
070.7	Unspecified viral hepatitis C	Diagnosis	ICD-9-CM
070.70	Unspecified viral hepatitis C without hepatic coma	Diagnosis	ICD-9-CM
070.71	Unspecified viral hepatitis C with hepatic coma	Diagnosis	ICD-9-CM
070.9	Unspecified viral hepatitis without mention of hepatic coma	Diagnosis	ICD-9-CM
072.71	Mumps hepatitis	Diagnosis	ICD-9-CM
091.62	Early syphilis, secondary syphilitic hepatitis	Diagnosis	ICD-9-CM
130.5	Hepatitis due to toxoplasmosis	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
153.0	Malignant neoplasm of hepatic flexure	Diagnosis	ICD-9-CM
155	Malignant neoplasm of liver and intrahepatic bile ducts	Diagnosis	ICD-9-CM
155.1	Malignant neoplasm of intrahepatic bile ducts	Diagnosis	ICD-9-CM
156	Malignant neoplasm of gallbladder and extrahepatic bile ducts	Diagnosis	ICD-9-CM
156.1	Malignant neoplasm of extrahepatic bile ducts	Diagnosis	ICD-9-CM
156.8	Malignant neoplasm of other specified sites of gallbladder and extrahepatic bile ducts	Diagnosis	ICD-9-CM
570	Acute and subacute necrosis of liver	Diagnosis	ICD-9-CM
571	Chronic liver disease and cirrhosis	Diagnosis	ICD-9-CM
571.0	Alcoholic fatty liver	Diagnosis	ICD-9-CM
571.1	Acute alcoholic hepatitis	Diagnosis	ICD-9-CM
571.2	Alcoholic cirrhosis of liver	Diagnosis	ICD-9-CM
571.3	Unspecified alcoholic liver damage	Diagnosis	ICD-9-CM
571.4	Chronic hepatitis	Diagnosis	ICD-9-CM
571.40	Unspecified chronic hepatitis	Diagnosis	ICD-9-CM
571.41	Chronic persistent hepatitis	Diagnosis	ICD-9-CM
571.42	Autoimmune hepatitis	Diagnosis	ICD-9-CM
571.49	Other chronic hepatitis	Diagnosis	ICD-9-CM
571.5	Cirrhosis of liver without mention of alcohol	Diagnosis	ICD-9-CM
571.6	Biliary cirrhosis	Diagnosis	ICD-9-CM
571.8	Other chronic nonalcoholic liver disease	Diagnosis	ICD-9-CM
571.9	Unspecified chronic liver disease without mention of alcohol	Diagnosis	ICD-9-CM
572	Liver abscess and sequelae of chronic liver disease	Diagnosis	ICD-9-CM
572.0	Abscess of liver	Diagnosis	ICD-9-CM
572.1	Portal pyemia	Diagnosis	ICD-9-CM
572.2	Hepatic encephalopathy	Diagnosis	ICD-9-CM
572.3	Portal hypertension	Diagnosis	ICD-9-CM
572.4	Hepatorenal syndrome	Diagnosis	ICD-9-CM
572.8	Other sequelae of chronic liver disease	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
573	Other disorders of liver	Diagnosis	ICD-9-CM
573.0	Chronic passive congestion of liver	Diagnosis	ICD-9-CM
573.1	Hepatitis in viral diseases classified elsewhere	Diagnosis	ICD-9-CM
573.2	Hepatitis in other infectious diseases classified elsewhere	Diagnosis	ICD-9-CM
573.3	Unspecified hepatitis	Diagnosis	ICD-9-CM
573.4	Hepatic infarction	Diagnosis	ICD-9-CM
573.5	Hepatopulmonary syndrome	Diagnosis	ICD-9-CM
573.8	Other specified disorders of liver	Diagnosis	ICD-9-CM
573.9	Unspecified disorder of liver	Diagnosis	ICD-9-CM
751.62	Congenital cystic disease of liver	Diagnosis	ICD-9-CM
774.4	Perinatal jaundice due to hepatocellular damage	Diagnosis	ICD-9-CM
789.1	Hepatomegaly	Diagnosis	ICD-9-CM
902.11	Hepatic vein injury	Diagnosis	ICD-9-CM
902.22	Hepatic artery injury	Diagnosis	ICD-9-CM
A51.45	Secondary syphilitic hepatitis	Diagnosis	ICD-10-CM
B15.0	Hepatitis A with hepatic coma	Diagnosis	ICD-10-CM
B15.9	Hepatitis A without hepatic coma	Diagnosis	ICD-10-CM
B16.0	Acute hepatitis B with delta-agent with hepatic coma	Diagnosis	ICD-10-CM
B16.1	Acute hepatitis B with delta-agent without hepatic coma	Diagnosis	ICD-10-CM
B16.2	Acute hepatitis B without delta-agent with hepatic coma	Diagnosis	ICD-10-CM
B16.9	Acute hepatitis B without delta-agent and without hepatic coma	Diagnosis	ICD-10-CM
B17.0	Acute delta-(super) infection of hepatitis B carrier	Diagnosis	ICD-10-CM
B17.10	Acute hepatitis C without hepatic coma	Diagnosis	ICD-10-CM
B17.11	Acute hepatitis C with hepatic coma	Diagnosis	ICD-10-CM
B17.2	Acute hepatitis E	Diagnosis	ICD-10-CM
B17.8	Other specified acute viral hepatitis	Diagnosis	ICD-10-CM
B17.9	Acute viral hepatitis, unspecified	Diagnosis	ICD-10-CM
B18.0	Chronic viral hepatitis B with delta-agent	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
B18.1	Chronic viral hepatitis B without delta-agent	Diagnosis	ICD-10-CM
B18.2	Chronic viral hepatitis C	Diagnosis	ICD-10-CM
B18.8	Other chronic viral hepatitis	Diagnosis	ICD-10-CM
B18.9	Chronic viral hepatitis, unspecified	Diagnosis	ICD-10-CM
B19.0	Unspecified viral hepatitis with hepatic coma	Diagnosis	ICD-10-CM
B19.10	Unspecified viral hepatitis B without hepatic coma	Diagnosis	ICD-10-CM
B19.11	Unspecified viral hepatitis B with hepatic coma	Diagnosis	ICD-10-CM
B19.20	Unspecified viral hepatitis C without hepatic coma	Diagnosis	ICD-10-CM
B19.21	Unspecified viral hepatitis C with hepatic coma	Diagnosis	ICD-10-CM
B19.9	Unspecified viral hepatitis without hepatic coma	Diagnosis	ICD-10-CM
B25.1	Cytomegaloviral hepatitis	Diagnosis	ICD-10-CM
B26.81	Mumps hepatitis	Diagnosis	ICD-10-CM
B58.1	Toxoplasma hepatitis	Diagnosis	ICD-10-CM
C18.3	Malignant neoplasm of hepatic flexure	Diagnosis	ICD-10-CM
C22.1	Intrahepatic bile duct carcinoma	Diagnosis	ICD-10-CM
C24.0	Malignant neoplasm of extrahepatic bile duct	Diagnosis	ICD-10-CM
C24.8	Malignant neoplasm of overlapping sites of biliary tract	Diagnosis	ICD-10-CM
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
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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
K74.1	Hepatic sclerosis	Diagnosis	ICD-10-CM
K74.2	Hepatic fibrosis with hepatic sclerosis	Diagnosis	ICD-10-CM
K74.3	Primary biliary cirrhosis	Diagnosis	ICD-10-CM
K74.4	Secondary biliary cirrhosis	Diagnosis	ICD-10-CM
K74.5	Biliary cirrhosis, unspecified	Diagnosis	ICD-10-CM
K74.6	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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
P59.1	Inspissated bile syndrome	Diagnosis	ICD-10-CM
P59.20	Neonatal jaundice from unspecified hepatocellular damage	Diagnosis	ICD-10-CM
P59.29	Neonatal jaundice from other hepatocellular damage	Diagnosis	ICD-10-CM
Q44.6	Cystic disease of liver	Diagnosis	ICD-10-CM
R16.0	Hepatomegaly, not elsewhere classified	Diagnosis	ICD-10-CM
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified	Diagnosis	ICD-10-CM
V02.6	Carrier or suspected carrier of viral hepatitis	Diagnosis	ICD-9-CM
V02.60	Unspecified viral hepatitis carrier	Diagnosis	ICD-9-CM
V02.61	Hepatitis B carrier	Diagnosis	ICD-9-CM
V02.62	Hepatitis C carrier	Diagnosis	ICD-9-CM
V02.69	Other viral hepatitis carrier	Diagnosis	ICD-9-CM
V05.3	Need for prophylactic vaccination and inoculation against viral hepatitis	Diagnosis	ICD-9-CM
Cardiovascular Disease			
098.85	Other gonococcal heart disease	Diagnosis	ICD-9-CM
250	Diabetes mellitus	Diagnosis	ICD-9-CM
250.0	Diabetes mellitus without mention of complication	Diagnosis	ICD-9-CM
250.00	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as I	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
250.01	Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncon	Diagnosis	ICD-9-CM
250.02	Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.03	Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.1	Diabetes with ketoacidosis	Diagnosis	ICD-9-CM
250.10	Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.11	Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.12	Diabetes with ketoacidosis, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.13	Diabetes with ketoacidosis, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.2	Diabetes with hyperosmolarity	Diagnosis	ICD-9-CM
250.20	Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.21	Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.22	Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.23	Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.3	Diabetes with other coma	Diagnosis	ICD-9-CM
250.30	Diabetes with other coma, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.31	Diabetes with other coma, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.32	Diabetes with other coma, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.33	Diabetes with other coma, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.4	Diabetes with renal manifestations	Diagnosis	ICD-9-CM
250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.41	Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.42	Diabetes with renal manifestations, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.43	Diabetes with renal manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.5	Diabetes with ophthalmic manifestations	Diagnosis	ICD-9-CM
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrol	Diagnosis	ICD-9-CM
250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.52	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
250.6	Diabetes with neurological manifestations	Diagnosis	ICD-9-CM
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontro	Diagnosis	ICD-9-CM
250.61	Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.62	Diabetes with neurological manifestations, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.63	Diabetes with neurological manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.7	Diabetes with peripheral circulatory disorders	Diagnosis	ICD-9-CM
250.70	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncor	Diagnosis	ICD-9-CM
250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolle	Diagnosis	ICD-9-CM
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.8	Diabetes with other specified manifestations	Diagnosis	ICD-9-CM
250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as unconf	Diagnosis	ICD-9-CM
250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.82	Diabetes with other specified manifestations, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.83	Diabetes with other specified manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.9	Diabetes with unspecified complication	Diagnosis	ICD-9-CM
250.90	Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.91	Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.92	Diabetes with unspecified complication, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.93	Diabetes with unspecified complication, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
272.0	Pure hypercholesterolemia	Diagnosis	ICD-9-CM
272.1	Pure hyperglyceridemia	Diagnosis	ICD-9-CM
272.2	Mixed hyperlipidemia	Diagnosis	ICD-9-CM
272.3	Hyperchylomicronemia	Diagnosis	ICD-9-CM
272.4	Other and unspecified hyperlipidemia	Diagnosis	ICD-9-CM
277.7	Dysmetabolic Syndrome X	Diagnosis	ICD-9-CM
357.2	Polyneuropathy in diabetes	Diagnosis	ICD-9-CM
362.0	Diabetic retinopathy	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
362.01	Background diabetic retinopathy	Diagnosis	ICD-9-CM
362.02	Proliferative diabetic retinopathy	Diagnosis	ICD-9-CM
362.03	Nonproliferative diabetic retinopathy NOS	Diagnosis	ICD-9-CM
362.04	Mild nonproliferative diabetic retinopathy	Diagnosis	ICD-9-CM
362.05	Moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-9-CM
362.06	Severe nonproliferative diabetic retinopathy	Diagnosis	ICD-9-CM
362.07	Diabetic macular edema	Diagnosis	ICD-9-CM
391	Rheumatic fever with heart involvement	Diagnosis	ICD-9-CM
391.0	Acute rheumatic pericarditis	Diagnosis	ICD-9-CM
391.1	Acute rheumatic endocarditis	Diagnosis	ICD-9-CM
391.2	Acute rheumatic myocarditis	Diagnosis	ICD-9-CM
391.8	Other acute rheumatic heart disease	Diagnosis	ICD-9-CM
391.9	Unspecified acute rheumatic heart disease	Diagnosis	ICD-9-CM
392.0	Rheumatic chorea with heart involvement	Diagnosis	ICD-9-CM
393	Chronic rheumatic pericarditis	Diagnosis	ICD-9-CM
394	Diseases of mitral valve	Diagnosis	ICD-9-CM
394.0	Mitral stenosis	Diagnosis	ICD-9-CM
394.1	Rheumatic mitral insufficiency	Diagnosis	ICD-9-CM
394.2	Mitral stenosis with insufficiency	Diagnosis	ICD-9-CM
394.9	Other and unspecified mitral valve diseases	Diagnosis	ICD-9-CM
395	Diseases of aortic valve	Diagnosis	ICD-9-CM
395.0	Rheumatic aortic stenosis	Diagnosis	ICD-9-CM
395.1	Rheumatic aortic insufficiency	Diagnosis	ICD-9-CM
395.2	Rheumatic aortic stenosis with insufficiency	Diagnosis	ICD-9-CM
395.9	Other and unspecified rheumatic aortic diseases	Diagnosis	ICD-9-CM
396	Diseases of mitral and aortic valves	Diagnosis	ICD-9-CM
396.0	Mitral valve stenosis and aortic valve stenosis	Diagnosis	ICD-9-CM
396.1	Mitral valve stenosis and aortic valve insufficiency	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
396.2	Mitral valve insufficiency and aortic valve stenosis	Diagnosis	ICD-9-CM
396.3	Mitral valve insufficiency and aortic valve insufficiency	Diagnosis	ICD-9-CM
396.8	Multiple involvement of mitral and aortic valves	Diagnosis	ICD-9-CM
396.9	Unspecified mitral and aortic valve diseases	Diagnosis	ICD-9-CM
397	Diseases of other endocardial structures	Diagnosis	ICD-9-CM
397.0	Diseases of tricuspid valve	Diagnosis	ICD-9-CM
397.1	Rheumatic diseases of pulmonary valve	Diagnosis	ICD-9-CM
397.9	Rheumatic diseases of endocardium, valve unspecified	Diagnosis	ICD-9-CM
398	Other rheumatic heart disease	Diagnosis	ICD-9-CM
398.0	Rheumatic myocarditis	Diagnosis	ICD-9-CM
398.9	Other and unspecified rheumatic heart diseases	Diagnosis	ICD-9-CM
398.90	Unspecified rheumatic heart disease	Diagnosis	ICD-9-CM
398.91	Rheumatic heart failure (congestive)	Diagnosis	ICD-9-CM
398.99	Other and unspecified rheumatic heart diseases	Diagnosis	ICD-9-CM
401	Essential hypertension	Diagnosis	ICD-9-CM
401.0	Essential hypertension, malignant	Diagnosis	ICD-9-CM
401.1	Essential hypertension, benign	Diagnosis	ICD-9-CM
401.9	Unspecified essential hypertension	Diagnosis	ICD-9-CM
402	Hypertensive heart disease	Diagnosis	ICD-9-CM
402.0	Malignant hypertensive heart disease	Diagnosis	ICD-9-CM
402.00	Malignant hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
402.1	Benign hypertensive heart disease	Diagnosis	ICD-9-CM
402.10	Benign hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
402.9	Unspecified hypertensive heart disease	Diagnosis	ICD-9-CM
402.90	Unspecified hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
404	Hypertensive heart and chronic kidney disease	Diagnosis	ICD-9-CM
404.0	Hypertensive heart and chronic kidney disease, malignant	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
404.00	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.01	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.02	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.03	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.1	Hypertensive heart and chronic kidney disease, benign	Diagnosis	ICD-9-CM
404.10	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.11	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.12	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.9	Hypertensive heart and chronic kidney disease, unspecified	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
404.90	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.91	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.92	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
405	Secondary hypertension	Diagnosis	ICD-9-CM
405.0	Secondary hypertension, malignant	Diagnosis	ICD-9-CM
405.01	Secondary renovascular hypertension, malignant	Diagnosis	ICD-9-CM
405.09	Other secondary hypertension, malignant	Diagnosis	ICD-9-CM
405.1	Secondary hypertension, benign	Diagnosis	ICD-9-CM
405.11	Secondary renovascular hypertension, benign	Diagnosis	ICD-9-CM
405.19	Other secondary hypertension, benign	Diagnosis	ICD-9-CM
405.9	Unspecified secondary hypertension, unspecified	Diagnosis	ICD-9-CM
405.91	Secondary renovascular hypertension, unspecified	Diagnosis	ICD-9-CM
405.99	Other secondary hypertension, unspecified	Diagnosis	ICD-9-CM
410	Acute myocardial infarction	Diagnosis	ICD-9-CM
410.0	Acute myocardial infarction of anterolateral wall	Diagnosis	ICD-9-CM
410.00	Acute myocardial infarction of anterolateral wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.01	Acute myocardial infarction of anterolateral wall, initial episode of care	Diagnosis	ICD-9-CM
410.02	Acute myocardial infarction of anterolateral wall, subsequent episode of care	Diagnosis	ICD-9-CM
410.1	Acute myocardial infarction of other anterior wall	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
410.80	Acute myocardial infarction of other specified sites, episode of care unspecified	Diagnosis	ICD-9-CM
410.81	Acute myocardial infarction of other specified sites, initial episode of care	Diagnosis	ICD-9-CM
410.82	Acute myocardial infarction of other specified sites, subsequent episode of care	Diagnosis	ICD-9-CM
410.9	Acute myocardial infarction, unspecified site	Diagnosis	ICD-9-CM
410.90	Acute myocardial infarction, unspecified site, episode of care unspecified	Diagnosis	ICD-9-CM
410.91	Acute myocardial infarction, unspecified site, initial episode of care	Diagnosis	ICD-9-CM
410.92	Acute myocardial infarction, unspecified site, subsequent episode of care	Diagnosis	ICD-9-CM
411	Other acute and subacute forms of ischemic heart disease	Diagnosis	ICD-9-CM
411.0	Postmyocardial infarction syndrome	Diagnosis	ICD-9-CM
411.1	Intermediate coronary syndrome	Diagnosis	ICD-9-CM
411.8	Other acute and subacute forms of ischemic heart disease	Diagnosis	ICD-9-CM
411.81	Acute coronary occlusion without myocardial infarction	Diagnosis	ICD-9-CM
411.89	Other acute and subacute form of ischemic heart disease	Diagnosis	ICD-9-CM
412	Old myocardial infarction	Diagnosis	ICD-9-CM
413	Angina pectoris	Diagnosis	ICD-9-CM
413.0	Angina decubitus	Diagnosis	ICD-9-CM
413.1	Prinzmetal angina	Diagnosis	ICD-9-CM
413.9	Other and unspecified angina pectoris	Diagnosis	ICD-9-CM
414	Other forms of chronic ischemic heart disease	Diagnosis	ICD-9-CM
414.0	Coronary atherosclerosis	Diagnosis	ICD-9-CM
414.00	Coronary atherosclerosis of unspecified type of vessel, native or graft	Diagnosis	ICD-9-CM
414.01	Coronary atherosclerosis of native coronary artery	Diagnosis	ICD-9-CM
414.02	Coronary atherosclerosis of autologous vein bypass graft	Diagnosis	ICD-9-CM
414.03	Coronary atherosclerosis of nonautologous biological bypass graft	Diagnosis	ICD-9-CM
414.04	Coronary atherosclerosis of artery bypass graft	Diagnosis	ICD-9-CM
414.05	Coronary atherosclerosis of unspecified type of bypass graft	Diagnosis	ICD-9-CM
414.06	Coronary atherosclerosis, of native coronary artery of transplanted heart	Diagnosis	ICD-9-CM
414.07	Coronary atherosclerosis, of bypass graft (artery) (vein) of transplanted heart	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
414.1	Aneurysm and dissection of heart	Diagnosis	ICD-9-CM
414.10	Aneurysm of heart	Diagnosis	ICD-9-CM
414.11	Aneurysm of coronary vessels	Diagnosis	ICD-9-CM
414.12	Dissection of coronary artery	Diagnosis	ICD-9-CM
414.19	Other aneurysm of heart	Diagnosis	ICD-9-CM
414.2	Chronic total occlusion of coronary artery	Diagnosis	ICD-9-CM
414.3	Coronary atherosclerosis due to lipid rich plaque	Diagnosis	ICD-9-CM
414.4	Coronary atherosclerosis due to calcified coronary lesion	Diagnosis	ICD-9-CM
414.8	Other specified forms of chronic ischemic heart disease	Diagnosis	ICD-9-CM
414.9	Unspecified chronic ischemic heart disease	Diagnosis	ICD-9-CM
415	Acute pulmonary heart disease	Diagnosis	ICD-9-CM
415.0	Acute cor pulmonale	Diagnosis	ICD-9-CM
415.1	Pulmonary embolism and infarction	Diagnosis	ICD-9-CM
415.11	Iatrogenic pulmonary embolism and infarction	Diagnosis	ICD-9-CM
415.12	Septic pulmonary embolism	Diagnosis	ICD-9-CM
415.13	Saddle embolus of pulmonary artery	Diagnosis	ICD-9-CM
415.19	Other pulmonary embolism and infarction	Diagnosis	ICD-9-CM
416	Chronic pulmonary heart disease	Diagnosis	ICD-9-CM
416.0	Primary pulmonary hypertension	Diagnosis	ICD-9-CM
416.1	Kyphoscoliotic heart disease	Diagnosis	ICD-9-CM
416.2	Chronic pulmonary embolism	Diagnosis	ICD-9-CM
416.8	Other chronic pulmonary heart diseases	Diagnosis	ICD-9-CM
416.9	Unspecified chronic pulmonary heart disease	Diagnosis	ICD-9-CM
420	Acute pericarditis	Diagnosis	ICD-9-CM
420.0	Acute pericarditis in diseases classified elsewhere	Diagnosis	ICD-9-CM
420.9	Other and unspecified acute pericarditis	Diagnosis	ICD-9-CM
420.90	Unspecified acute pericarditis	Diagnosis	ICD-9-CM
420.91	Acute idiopathic pericarditis	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
420.99	Other acute pericarditis	Diagnosis	ICD-9-CM
421	Acute and subacute endocarditis	Diagnosis	ICD-9-CM
421.0	Acute and subacute bacterial endocarditis	Diagnosis	ICD-9-CM
421.1	Acute and subacute infective endocarditis in diseases classified elsewhere	Diagnosis	ICD-9-CM
421.9	Unspecified acute endocarditis	Diagnosis	ICD-9-CM
422	Acute myocarditis	Diagnosis	ICD-9-CM
422.0	Acute myocarditis in diseases classified elsewhere	Diagnosis	ICD-9-CM
422.9	Other and unspecified acute myocarditis	Diagnosis	ICD-9-CM
422.90	Unspecified acute myocarditis	Diagnosis	ICD-9-CM
422.91	Idiopathic myocarditis	Diagnosis	ICD-9-CM
422.92	Septic myocarditis	Diagnosis	ICD-9-CM
422.93	Toxic myocarditis	Diagnosis	ICD-9-CM
422.99	Other acute myocarditis	Diagnosis	ICD-9-CM
423	Other diseases of pericardium	Diagnosis	ICD-9-CM
423.0	Hemopericardium	Diagnosis	ICD-9-CM
423.1	Adhesive pericarditis	Diagnosis	ICD-9-CM
423.2	Constrictive pericarditis	Diagnosis	ICD-9-CM
423.3	Cardiac tamponade	Diagnosis	ICD-9-CM
423.8	Other specified diseases of pericardium	Diagnosis	ICD-9-CM
423.9	Unspecified disease of pericardium	Diagnosis	ICD-9-CM
424	Other diseases of endocardium	Diagnosis	ICD-9-CM
424.0	Mitral valve disorders	Diagnosis	ICD-9-CM
424.1	Aortic valve disorders	Diagnosis	ICD-9-CM
424.2	Tricuspid valve disorders, specified as nonrheumatic	Diagnosis	ICD-9-CM
424.3	Pulmonary valve disorders	Diagnosis	ICD-9-CM
424.9	Endocarditis, valve unspecified	Diagnosis	ICD-9-CM
424.90	Endocarditis, valve unspecified, unspecified cause	Diagnosis	ICD-9-CM
424.91	Endocarditis in diseases classified elsewhere	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
424.99	Other endocarditis, valve unspecified	Diagnosis	ICD-9-CM
425	Cardiomyopathy	Diagnosis	ICD-9-CM
425.0	Endomyocardial fibrosis	Diagnosis	ICD-9-CM
425.1	Hypertrophic cardiomyopathy	Diagnosis	ICD-9-CM
425.11	Hypertrophic obstructive cardiomyopathy	Diagnosis	ICD-9-CM
425.18	Other hypertrophic cardiomyopathy	Diagnosis	ICD-9-CM
425.2	Obscure cardiomyopathy of Africa	Diagnosis	ICD-9-CM
425.3	Endocardial fibroelastosis	Diagnosis	ICD-9-CM
425.4	Other primary cardiomyopathies	Diagnosis	ICD-9-CM
425.5	Alcoholic cardiomyopathy	Diagnosis	ICD-9-CM
425.7	Nutritional and metabolic cardiomyopathy	Diagnosis	ICD-9-CM
425.8	Cardiomyopathy in other diseases classified elsewhere	Diagnosis	ICD-9-CM
425.9	Unspecified secondary cardiomyopathy	Diagnosis	ICD-9-CM
426	Conduction disorders	Diagnosis	ICD-9-CM
426.0	Atrioventricular block, complete	Diagnosis	ICD-9-CM
426.1	Atrioventricular block, other and unspecified	Diagnosis	ICD-9-CM
426.10	Unspecified atrioventricular block	Diagnosis	ICD-9-CM
426.11	First degree atrioventricular block	Diagnosis	ICD-9-CM
426.12	Mobitz (type) II atrioventricular block	Diagnosis	ICD-9-CM
426.13	Other second degree atrioventricular block	Diagnosis	ICD-9-CM
426.2	Left bundle branch hemiblock	Diagnosis	ICD-9-CM
426.3	Other left bundle branch block	Diagnosis	ICD-9-CM
426.4	Right bundle branch block	Diagnosis	ICD-9-CM
426.5	Bundle branch block, other and unspecified	Diagnosis	ICD-9-CM
426.50	Unspecified bundle branch block	Diagnosis	ICD-9-CM
426.51	Right bundle branch block and left posterior fascicular block	Diagnosis	ICD-9-CM
426.52	Right bundle branch block and left anterior fascicular block	Diagnosis	ICD-9-CM
426.53	Other bilateral bundle branch block	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
426.54	Trifascicular block	Diagnosis	ICD-9-CM
426.6	Other heart block	Diagnosis	ICD-9-CM
426.7	Anomalous atrioventricular excitation	Diagnosis	ICD-9-CM
426.8	Other specified conduction disorders	Diagnosis	ICD-9-CM
426.81	Lown-Ganong-Levine syndrome	Diagnosis	ICD-9-CM
426.82	Long QT syndrome	Diagnosis	ICD-9-CM
426.89	Other specified conduction disorder	Diagnosis	ICD-9-CM
426.9	Unspecified conduction disorder	Diagnosis	ICD-9-CM
427	Cardiac dysrhythmias	Diagnosis	ICD-9-CM
427.0	Paroxysmal supraventricular tachycardia	Diagnosis	ICD-9-CM
427.1	Paroxysmal ventricular tachycardia	Diagnosis	ICD-9-CM
427.2	Unspecified paroxysmal tachycardia	Diagnosis	ICD-9-CM
427.3	Atrial fibrillation and flutter	Diagnosis	ICD-9-CM
427.31	Atrial fibrillation	Diagnosis	ICD-9-CM
427.32	Atrial flutter	Diagnosis	ICD-9-CM
427.4	Ventricular fibrillation and flutter	Diagnosis	ICD-9-CM
427.41	Ventricular fibrillation	Diagnosis	ICD-9-CM
427.42	Ventricular flutter	Diagnosis	ICD-9-CM
427.5	Cardiac arrest	Diagnosis	ICD-9-CM
427.6	Premature beats	Diagnosis	ICD-9-CM
427.60	Unspecified premature beats	Diagnosis	ICD-9-CM
427.61	Supraventricular premature beats	Diagnosis	ICD-9-CM
427.69	Other premature beats	Diagnosis	ICD-9-CM
427.8	Other specified cardiac dysrhythmias	Diagnosis	ICD-9-CM
427.81	Sinoatrial node dysfunction	Diagnosis	ICD-9-CM
427.89	Other specified cardiac dysrhythmias	Diagnosis	ICD-9-CM
427.9	Unspecified cardiac dysrhythmia	Diagnosis	ICD-9-CM
429	Ill-defined descriptions and complications of heart disease	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
429.0	Unspecified myocarditis	Diagnosis	ICD-9-CM
429.1	Myocardial degeneration	Diagnosis	ICD-9-CM
429.2	Unspecified cardiovascular disease	Diagnosis	ICD-9-CM
429.3	Cardiomegaly	Diagnosis	ICD-9-CM
429.4	Functional disturbances following cardiac surgery	Diagnosis	ICD-9-CM
429.5	Rupture of chordae tendineae	Diagnosis	ICD-9-CM
429.6	Rupture of papillary muscle	Diagnosis	ICD-9-CM
429.7	Certain sequelae of myocardial infarction, not elsewhere classified	Diagnosis	ICD-9-CM
429.71	Acquired cardiac septal defect	Diagnosis	ICD-9-CM
429.79	Other certain sequelae of myocardial infarction, not elsewhere classified	Diagnosis	ICD-9-CM
429.8	Other ill-defined heart diseases	Diagnosis	ICD-9-CM
429.81	Other disorders of papillary muscle	Diagnosis	ICD-9-CM
429.82	Hyperkinetic heart disease	Diagnosis	ICD-9-CM
429.83	Takotsubo syndrome	Diagnosis	ICD-9-CM
429.89	Other ill-defined heart disease	Diagnosis	ICD-9-CM
429.9	Unspecified heart disease	Diagnosis	ICD-9-CM
440	Atherosclerosis	Diagnosis	ICD-9-CM
440.0	Atherosclerosis of aorta	Diagnosis	ICD-9-CM
440.1	Atherosclerosis of renal artery	Diagnosis	ICD-9-CM
440.2	Atherosclerosis of native arteries of the extremities	Diagnosis	ICD-9-CM
440.20	Atherosclerosis of native arteries of the extremities, unspecified	Diagnosis	ICD-9-CM
440.21	Atherosclerosis of native arteries of the extremities with intermittent claudication	Diagnosis	ICD-9-CM
440.22	Atherosclerosis of native arteries of the extremities with rest pain	Diagnosis	ICD-9-CM
440.23	Atherosclerosis of native arteries of the extremities with ulceration	Diagnosis	ICD-9-CM
440.24	Atherosclerosis of native arteries of the extremities with gangrene	Diagnosis	ICD-9-CM
440.29	Other atherosclerosis of native arteries of the extremities	Diagnosis	ICD-9-CM
440.3	Atherosclerosis of bypass graft of extremities	Diagnosis	ICD-9-CM
440.30	Atherosclerosis of unspecified bypass graft of extremities	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
440.31	Atherosclerosis of autologous vein bypass graft of extremities	Diagnosis	ICD-9-CM
440.32	Atherosclerosis of nonautologous biological bypass graft of extremities	Diagnosis	ICD-9-CM
440.4	Chronic total occlusion of artery of the extremities	Diagnosis	ICD-9-CM
440.8	Atherosclerosis of other specified arteries	Diagnosis	ICD-9-CM
440.9	Generalized and unspecified atherosclerosis	Diagnosis	ICD-9-CM
441	Aortic aneurysm and dissection	Diagnosis	ICD-9-CM
441.0	Dissection of aorta	Diagnosis	ICD-9-CM
441.00	Dissecting aortic aneurysm (any part), unspecified site	Diagnosis	ICD-9-CM
441.01	Dissecting aortic aneurysm (any part), thoracic	Diagnosis	ICD-9-CM
441.02	Dissecting aortic aneurysm (any part), abdominal	Diagnosis	ICD-9-CM
441.03	Dissecting aortic aneurysm (any part), thoracoabdominal	Diagnosis	ICD-9-CM
441.1	Thoracic aneurysm, ruptured	Diagnosis	ICD-9-CM
441.2	Thoracic aneurysm without mention of rupture	Diagnosis	ICD-9-CM
441.3	Abdominal aneurysm, ruptured	Diagnosis	ICD-9-CM
441.4	Abdominal aneurysm without mention of rupture	Diagnosis	ICD-9-CM
441.5	Aortic aneurysm of unspecified site, ruptured	Diagnosis	ICD-9-CM
441.6	Thoracoabdominal aneurysm, ruptured	Diagnosis	ICD-9-CM
441.7	Thoracoabdominal aneurysm without mention of rupture	Diagnosis	ICD-9-CM
441.9	Aortic aneurysm of unspecified site without mention of rupture	Diagnosis	ICD-9-CM
997.91	Hypertension	Diagnosis	ICD-9-CM
A18.84	Tuberculosis of heart	Diagnosis	ICD-10-CM
A54.83	Gonococcal heart infection	Diagnosis	ICD-10-CM
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with mac	Diagnosis	ICD-10-CM
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without r	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
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 H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates 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
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with ma	Diagnosis	ICD-10-CM
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with ma	Diagnosis	ICD-10-CM
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with ma	Diagnosis	ICD-10-CM
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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, r	Diagnosis	ICD-10-CM
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, l	Diagnosis	ICD-10-CM
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, b	Diagnosis	ICD-10-CM
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, u	Diagnosis	ICD-10-CM
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without	Diagnosis	ICD-10-CM
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without	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
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema, right eye	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macu	Diagnosis	ICD-10-CM
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macu	Diagnosis	ICD-10-CM
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macu	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified	Diagnosis	ICD-10-CM
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified	Diagnosis	ICD-10-CM
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified	Diagnosis	ICD-10-CM
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified	Diagnosis	ICD-10-CM
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy	Diagnosis	ICD-10-CM
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macula	Diagnosis	ICD-10-CM
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macula	Diagnosis	ICD-10-CM
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macula	Diagnosis	ICD-10-CM
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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	Diagnosis	ICD-10-CM
E10.36	Type 1 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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-hyperosmo	Diagnosis	ICD-10-CM
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E11.11	Type 2 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular ede	Diagnosis	ICD-10-CM
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular ede	Diagnosis	ICD-10-CM
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular ede	Diagnosis	ICD-10-CM
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular ede	Diagnosis	ICD-10-CM
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular ec	Diagnosis	ICD-10-CM
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular ec	Diagnosis	ICD-10-CM
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular ec	Diagnosis	ICD-10-CM
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular ec	Diagnosis	ICD-10-CM
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macula	Diagnosis	ICD-10-CM
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macula	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macula	Diagnosis	ICD-10-CM
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macula	Diagnosis	ICD-10-CM
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right	Diagnosis	ICD-10-CM
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left	Diagnosis	ICD-10-CM
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilat	Diagnosis	ICD-10-CM
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unsp	Diagnosis	ICD-10-CM
E11.36	Type 2 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilatera	Diagnosis	ICD-10-CM
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspeci	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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 edema	Diagnosis	ICD-10-CM
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macula	Diagnosis	ICD-10-CM
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macula	Diagnosis	ICD-10-CM
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macula	Diagnosis	ICD-10-CM
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macula	Diagnosis	ICD-10-CM
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with m	Diagnosis	ICD-10-CM
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3391	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 withou	Diagnosis	ICD-10-CM
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy withou	Diagnosis	ICD-10-CM
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macu	Diagnosis	ICD-10-CM
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macu	Diagnosis	ICD-10-CM
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macu	Diagnosis	ICD-10-CM
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without r	Diagnosis	ICD-10-CM
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without r	Diagnosis	ICD-10-CM
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without r	Diagnosis	ICD-10-CM
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema,	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates 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 eye	Diagnosis	ICD-10-CM
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.36	Other specified diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment,	Diagnosis	ICD-10-CM
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment,	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E13.49	Other specified diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E13.59	Other specified diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E13.618	Other specified diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E13.620	Other specified diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E13.621	Other specified diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E13.622	Other specified diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E13.628	Other specified diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E13.630	Other specified diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E13.638	Other specified diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E13.641	Other specified diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E13.649	Other specified diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E13.65	Other specified diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E13.69	Other specified diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E13.8	Other specified diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E13.9	Other specified diabetes mellitus without complications	Diagnosis	ICD-10-CM
E78.00	Pure hypercholesterolemia, unspecified	Diagnosis	ICD-10-CM
E78.01	Familial hypercholesterolemia	Diagnosis	ICD-10-CM
E78.1	Pure hyperglyceridemia	Diagnosis	ICD-10-CM
E78.2	Mixed hyperlipidemia	Diagnosis	ICD-10-CM
E78.3	Hyperchylomicronemia	Diagnosis	ICD-10-CM
E78.4	Other hyperlipidemia	Diagnosis	ICD-10-CM
E78.5	Hyperlipidemia, unspecified	Diagnosis	ICD-10-CM
E88.81	Metabolic syndrome	Diagnosis	ICD-10-CM
I01	Rheumatic fever with heart involvement	Diagnosis	ICD-10-CM
I01.0	Acute rheumatic pericarditis	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I01.1	Acute rheumatic endocarditis	Diagnosis	ICD-10-CM
I01.2	Acute rheumatic myocarditis	Diagnosis	ICD-10-CM
I01.8	Other acute rheumatic heart disease	Diagnosis	ICD-10-CM
I01.9	Acute rheumatic heart disease, unspecified	Diagnosis	ICD-10-CM
I02.0	Rheumatic chorea with heart involvement	Diagnosis	ICD-10-CM
I05	Rheumatic mitral valve diseases	Diagnosis	ICD-10-CM
I05.0	Rheumatic mitral stenosis	Diagnosis	ICD-10-CM
I05.1	Rheumatic mitral insufficiency	Diagnosis	ICD-10-CM
I05.2	Rheumatic mitral stenosis with insufficiency	Diagnosis	ICD-10-CM
I05.8	Other rheumatic mitral valve diseases	Diagnosis	ICD-10-CM
I05.9	Rheumatic mitral valve disease, unspecified	Diagnosis	ICD-10-CM
I06	Rheumatic aortic valve diseases	Diagnosis	ICD-10-CM
I06.0	Rheumatic aortic stenosis	Diagnosis	ICD-10-CM
I06.1	Rheumatic aortic insufficiency	Diagnosis	ICD-10-CM
I06.2	Rheumatic aortic stenosis with insufficiency	Diagnosis	ICD-10-CM
I06.8	Other rheumatic aortic valve diseases	Diagnosis	ICD-10-CM
I06.9	Rheumatic aortic valve disease, unspecified	Diagnosis	ICD-10-CM
I07	Rheumatic tricuspid valve diseases	Diagnosis	ICD-10-CM
I07.0	Rheumatic tricuspid stenosis	Diagnosis	ICD-10-CM
I07.1	Rheumatic tricuspid insufficiency	Diagnosis	ICD-10-CM
I07.2	Rheumatic tricuspid stenosis and insufficiency	Diagnosis	ICD-10-CM
I07.8	Other rheumatic tricuspid valve diseases	Diagnosis	ICD-10-CM
I07.9	Rheumatic tricuspid valve disease, unspecified	Diagnosis	ICD-10-CM
I08	Multiple valve diseases	Diagnosis	ICD-10-CM
I08.0	Rheumatic disorders of both mitral and aortic valves	Diagnosis	ICD-10-CM
I08.1	Rheumatic disorders of both mitral and tricuspid valves	Diagnosis	ICD-10-CM
I08.2	Rheumatic disorders of both aortic and tricuspid valves	Diagnosis	ICD-10-CM
I08.3	Combined rheumatic disorders of mitral, aortic and tricuspid valves	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I08.8	Other rheumatic multiple valve diseases	Diagnosis	ICD-10-CM
I08.9	Rheumatic multiple valve disease, unspecified	Diagnosis	ICD-10-CM
I09	Other rheumatic heart diseases	Diagnosis	ICD-10-CM
I09.0	Rheumatic myocarditis	Diagnosis	ICD-10-CM
I09.1	Rheumatic diseases of endocardium, valve unspecified	Diagnosis	ICD-10-CM
I09.2	Chronic rheumatic pericarditis	Diagnosis	ICD-10-CM
I09.8	Other specified rheumatic heart diseases	Diagnosis	ICD-10-CM
I09.81	Rheumatic heart failure	Diagnosis	ICD-10-CM
I09.89	Other specified rheumatic heart diseases	Diagnosis	ICD-10-CM
I09.9	Rheumatic heart disease, unspecified	Diagnosis	ICD-10-CM
I10	Essential (primary) hypertension	Diagnosis	ICD-10-CM
I11	Hypertensive heart disease	Diagnosis	ICD-10-CM
I11.0	Hypertensive heart disease with heart failure	Diagnosis	ICD-10-CM
I11.9	Hypertensive heart disease without heart failure	Diagnosis	ICD-10-CM
I12	Hypertensive chronic kidney disease	Diagnosis	ICD-10-CM
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal di	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	Hypertensive heart and chronic kidney disease	Diagnosis	ICD-10-CM
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I13.1	Hypertensive heart and chronic kidney disease without heart failure	Diagnosis	ICD-10-CM
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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	Secondary hypertension	Diagnosis	ICD-10-CM
I15.0	Renovascular hypertension	Diagnosis	ICD-10-CM
I15.1	Hypertension secondary to other renal disorders	Diagnosis	ICD-10-CM
I15.2	Hypertension secondary to endocrine disorders	Diagnosis	ICD-10-CM
I15.8	Other secondary hypertension	Diagnosis	ICD-10-CM
I15.9	Secondary hypertension, unspecified	Diagnosis	ICD-10-CM
I16	Hypertensive crisis	Diagnosis	ICD-10-CM
I16.0	Hypertensive urgency	Diagnosis	ICD-10-CM
I16.1	Hypertensive emergency	Diagnosis	ICD-10-CM
I16.9	Hypertensive crisis, unspecified	Diagnosis	ICD-10-CM
I20	Angina pectoris	Diagnosis	ICD-10-CM
I20.0	Unstable angina	Diagnosis	ICD-10-CM
I20.1	Angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I20.8	Other forms of angina pectoris	Diagnosis	ICD-10-CM
I20.9	Angina pectoris, unspecified	Diagnosis	ICD-10-CM
I21	Acute myocardial infarction	Diagnosis	ICD-10-CM
I21.0	ST elevation (STEMI) myocardial infarction of anterior wall	Diagnosis	ICD-10-CM
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery	Diagnosis	ICD-10-CM
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery	Diagnosis	ICD-10-CM
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall	Diagnosis	ICD-10-CM
I21.1	ST elevation (STEMI) myocardial infarction of inferior wall	Diagnosis	ICD-10-CM
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall	Diagnosis	ICD-10-CM
I21.2	ST elevation (STEMI) myocardial infarction of other sites	Diagnosis	ICD-10-CM
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery	Diagnosis	ICD-10-CM
I21.29	ST elevation (STEMI) myocardial infarction involving other sites	Diagnosis	ICD-10-CM
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I21.9	Acute myocardial infarction, unspecified	Diagnosis	ICD-10-CM
I21.A	Other type of myocardial infarction	Diagnosis	ICD-10-CM
I21.A1	Myocardial infarction type 2	Diagnosis	ICD-10-CM
I21.A9	Other myocardial infarction type	Diagnosis	ICD-10-CM
I22	Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall	Diagnosis	ICD-10-CM
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall	Diagnosis	ICD-10-CM
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites	Diagnosis	ICD-10-CM
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
I23	Certain current complications following ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction (within the 28 day period)	Diagnosis	ICD-10-CM
I23.0	Hemopericardium as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.1	Atrial septal defect as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.2	Ventricular septal defect as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.3	Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.4	Rupture of chordae tendineae as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.5	Rupture of papillary muscle as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.6	Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I23.7	Postinfarction angina	Diagnosis	ICD-10-CM
I23.8	Other current complications following acute myocardial infarction	Diagnosis	ICD-10-CM
I24	Other acute ischemic heart diseases	Diagnosis	ICD-10-CM
I24.0	Acute coronary thrombosis not resulting in myocardial infarction	Diagnosis	ICD-10-CM
I24.1	Dressler's syndrome	Diagnosis	ICD-10-CM
I24.8	Other forms of acute ischemic heart disease	Diagnosis	ICD-10-CM
I24.9	Acute ischemic heart disease, unspecified	Diagnosis	ICD-10-CM
I25	Chronic ischemic heart disease	Diagnosis	ICD-10-CM
I25.1	Atherosclerotic heart disease of native coronary artery	Diagnosis	ICD-10-CM
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	Diagnosis	ICD-10-CM
I25.11	Atherosclerotic heart disease of native coronary artery with angina pectoris	Diagnosis	ICD-10-CM
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documentec	Diagnosis	ICD-10-CM
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.2	Old myocardial infarction	Diagnosis	ICD-10-CM
I25.3	Aneurysm of heart	Diagnosis	ICD-10-CM
I25.4	Coronary artery aneurysm and dissection	Diagnosis	ICD-10-CM
I25.41	Coronary artery aneurysm	Diagnosis	ICD-10-CM
I25.42	Coronary artery dissection	Diagnosis	ICD-10-CM
I25.5	Ischemic cardiomyopathy	Diagnosis	ICD-10-CM
I25.6	Silent myocardial ischemia	Diagnosis	ICD-10-CM
I25.7	Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart v	Diagnosis	ICD-10-CM
I25.70	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris	Diagnosis	ICD-10-CM
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with doc	Diagnosis	ICD-10-CM
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pe	Diagnosis	ICD-10-CM
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pecto	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I25.71	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris	Diagnosis	ICD-10-CM
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pecto	Diagnosis	ICD-10-CM
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with d	Diagnosis	ICD-10-CM
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina	Diagnosis	ICD-10-CM
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pe	Diagnosis	ICD-10-CM
I25.72	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris	Diagnosis	ICD-10-CM
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pec	Diagnosis	ICD-10-CM
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with	Diagnosis	ICD-10-CM
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angir	Diagnosis	ICD-10-CM
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina p	Diagnosis	ICD-10-CM
I25.73	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pecto	Diagnosis	ICD-10-CM
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable ang	Diagnosis	ICD-10-CM
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms o	Diagnosis	ICD-10-CM
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified a	Diagnosis	ICD-10-CM
I25.75	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris	Diagnosis	ICD-10-CM
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with docu	Diagnosis	ICD-10-CM
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pe	Diagnosis	ICD-10-CM
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pecto	Diagnosis	ICD-10-CM
I25.76	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris	Diagnosis	ICD-10-CM
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris \	Diagnosis	ICD-10-CM
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of a	Diagnosis	ICD-10-CM
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angi	Diagnosis	ICD-10-CM
I25.79	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documente	Diagnosis	ICD-10-CM
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.8	Other forms of chronic ischemic heart disease	Diagnosis	ICD-10-CM
I25.81	Atherosclerosis of other coronary vessels without angina pectoris	Diagnosis	ICD-10-CM
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris	Diagnosis	ICD-10-CM
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris	Diagnosis	ICD-10-CM
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pecto	Diagnosis	ICD-10-CM
I25.82	Chronic total occlusion of coronary artery	Diagnosis	ICD-10-CM
I25.83	Coronary atherosclerosis due to lipid rich plaque	Diagnosis	ICD-10-CM
I25.84	Coronary atherosclerosis due to calcified coronary lesion	Diagnosis	ICD-10-CM
I25.89	Other forms of chronic ischemic heart disease	Diagnosis	ICD-10-CM
I25.9	Chronic ischemic heart disease, unspecified	Diagnosis	ICD-10-CM
I26	Pulmonary embolism	Diagnosis	ICD-10-CM
I26.0	Pulmonary embolism with acute cor pulmonale	Diagnosis	ICD-10-CM
I26.01	Septic pulmonary embolism with acute cor pulmonale	Diagnosis	ICD-10-CM
I26.02	Saddle embolus of pulmonary artery with acute cor pulmonale	Diagnosis	ICD-10-CM
I26.09	Other pulmonary embolism with acute cor pulmonale	Diagnosis	ICD-10-CM
I26.9	Pulmonary embolism without acute cor pulmonale	Diagnosis	ICD-10-CM
I26.90	Septic pulmonary embolism without acute cor pulmonale	Diagnosis	ICD-10-CM
I26.92	Saddle embolus of pulmonary artery without acute cor pulmonale	Diagnosis	ICD-10-CM
I26.99	Other pulmonary embolism without acute cor pulmonale	Diagnosis	ICD-10-CM
I27	Other pulmonary heart diseases	Diagnosis	ICD-10-CM
I27.0	Primary pulmonary hypertension	Diagnosis	ICD-10-CM
I27.1	Kyphoscoliotic heart disease	Diagnosis	ICD-10-CM
I27.2	Other secondary pulmonary hypertension	Diagnosis	ICD-10-CM
I27.20	Pulmonary hypertension, unspecified	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I27.21	Secondary pulmonary arterial hypertension	Diagnosis	ICD-10-CM
I27.22	Pulmonary hypertension due to left heart disease	Diagnosis	ICD-10-CM
I27.23	Pulmonary hypertension due to lung diseases and hypoxia	Diagnosis	ICD-10-CM
I27.24	Chronic thromboembolic pulmonary hypertension	Diagnosis	ICD-10-CM
I27.29	Other secondary pulmonary hypertension	Diagnosis	ICD-10-CM
I27.8	Other specified pulmonary heart diseases	Diagnosis	ICD-10-CM
I27.81	Cor pulmonale (chronic)	Diagnosis	ICD-10-CM
I27.82	Chronic pulmonary embolism	Diagnosis	ICD-10-CM
I27.83	Eisenmenger's syndrome	Diagnosis	ICD-10-CM
I27.89	Other specified pulmonary heart diseases	Diagnosis	ICD-10-CM
I27.9	Pulmonary heart disease, unspecified	Diagnosis	ICD-10-CM
I28	Other diseases of pulmonary vessels	Diagnosis	ICD-10-CM
I28.0	Arteriovenous fistula of pulmonary vessels	Diagnosis	ICD-10-CM
I28.1	Aneurysm of pulmonary artery	Diagnosis	ICD-10-CM
I28.8	Other diseases of pulmonary vessels	Diagnosis	ICD-10-CM
I28.9	Disease of pulmonary vessels, unspecified	Diagnosis	ICD-10-CM
I30	Acute pericarditis	Diagnosis	ICD-10-CM
I30.0	Acute nonspecific idiopathic pericarditis	Diagnosis	ICD-10-CM
I30.1	Infective pericarditis	Diagnosis	ICD-10-CM
I30.8	Other forms of acute pericarditis	Diagnosis	ICD-10-CM
I30.9	Acute pericarditis, unspecified	Diagnosis	ICD-10-CM
I31	Other diseases of pericardium	Diagnosis	ICD-10-CM
I31.0	Chronic adhesive pericarditis	Diagnosis	ICD-10-CM
I31.1	Chronic constrictive pericarditis	Diagnosis	ICD-10-CM
I31.2	Hemopericardium, not elsewhere classified	Diagnosis	ICD-10-CM
I31.3	Pericardial effusion (noninflammatory)	Diagnosis	ICD-10-CM
I31.4	Cardiac tamponade	Diagnosis	ICD-10-CM
I31.8	Other specified diseases of pericardium	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I31.9	Disease of pericardium, unspecified	Diagnosis	ICD-10-CM
I32	Pericarditis in diseases classified elsewhere	Diagnosis	ICD-10-CM
I33	Acute and subacute endocarditis	Diagnosis	ICD-10-CM
I33.0	Acute and subacute infective endocarditis	Diagnosis	ICD-10-CM
I33.9	Acute and subacute endocarditis, unspecified	Diagnosis	ICD-10-CM
I34	Nonrheumatic mitral valve disorders	Diagnosis	ICD-10-CM
I34.0	Nonrheumatic mitral (valve) insufficiency	Diagnosis	ICD-10-CM
I34.1	Nonrheumatic mitral (valve) prolapse	Diagnosis	ICD-10-CM
I34.2	Nonrheumatic mitral (valve) stenosis	Diagnosis	ICD-10-CM
I34.8	Other nonrheumatic mitral valve disorders	Diagnosis	ICD-10-CM
I34.9	Nonrheumatic mitral valve disorder, unspecified	Diagnosis	ICD-10-CM
I35	Nonrheumatic aortic valve disorders	Diagnosis	ICD-10-CM
I35.0	Nonrheumatic aortic (valve) stenosis	Diagnosis	ICD-10-CM
I35.1	Nonrheumatic aortic (valve) insufficiency	Diagnosis	ICD-10-CM
I35.2	Nonrheumatic aortic (valve) stenosis with insufficiency	Diagnosis	ICD-10-CM
I35.8	Other nonrheumatic aortic valve disorders	Diagnosis	ICD-10-CM
I35.9	Nonrheumatic aortic valve disorder, unspecified	Diagnosis	ICD-10-CM
I36	Nonrheumatic tricuspid valve disorders	Diagnosis	ICD-10-CM
I36.0	Nonrheumatic tricuspid (valve) stenosis	Diagnosis	ICD-10-CM
I36.1	Nonrheumatic tricuspid (valve) insufficiency	Diagnosis	ICD-10-CM
I36.2	Nonrheumatic tricuspid (valve) stenosis with insufficiency	Diagnosis	ICD-10-CM
I36.8	Other nonrheumatic tricuspid valve disorders	Diagnosis	ICD-10-CM
I36.9	Nonrheumatic tricuspid valve disorder, unspecified	Diagnosis	ICD-10-CM
I37	Nonrheumatic pulmonary valve disorders	Diagnosis	ICD-10-CM
I37.0	Nonrheumatic pulmonary valve stenosis	Diagnosis	ICD-10-CM
I37.1	Nonrheumatic pulmonary valve insufficiency	Diagnosis	ICD-10-CM
I37.2	Nonrheumatic pulmonary valve stenosis with insufficiency	Diagnosis	ICD-10-CM
I37.8	Other nonrheumatic pulmonary valve disorders	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I37.9	Nonrheumatic pulmonary valve disorder, unspecified	Diagnosis	ICD-10-CM
I38	Endocarditis, valve unspecified	Diagnosis	ICD-10-CM
I39	Endocarditis and heart valve disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
I40	Acute myocarditis	Diagnosis	ICD-10-CM
I40.0	Infective myocarditis	Diagnosis	ICD-10-CM
I40.1	Isolated myocarditis	Diagnosis	ICD-10-CM
I40.8	Other acute myocarditis	Diagnosis	ICD-10-CM
I40.9	Acute myocarditis, unspecified	Diagnosis	ICD-10-CM
I41	Myocarditis in diseases classified elsewhere	Diagnosis	ICD-10-CM
I42	Cardiomyopathy	Diagnosis	ICD-10-CM
I42.0	Dilated cardiomyopathy	Diagnosis	ICD-10-CM
I42.1	Obstructive hypertrophic cardiomyopathy	Diagnosis	ICD-10-CM
I42.2	Other hypertrophic cardiomyopathy	Diagnosis	ICD-10-CM
I42.3	Endomyocardial (eosinophilic) disease	Diagnosis	ICD-10-CM
I42.4	Endocardial fibroelastosis	Diagnosis	ICD-10-CM
I42.5	Other restrictive cardiomyopathy	Diagnosis	ICD-10-CM
I42.6	Alcoholic cardiomyopathy	Diagnosis	ICD-10-CM
I42.7	Cardiomyopathy due to drug and external agent	Diagnosis	ICD-10-CM
I42.8	Other cardiomyopathies	Diagnosis	ICD-10-CM
I42.9	Cardiomyopathy, unspecified	Diagnosis	ICD-10-CM
I43	Cardiomyopathy in diseases classified elsewhere	Diagnosis	ICD-10-CM
I44	Atrioventricular and left bundle-branch block	Diagnosis	ICD-10-CM
I44.0	Atrioventricular block, first degree	Diagnosis	ICD-10-CM
I44.1	Atrioventricular block, second degree	Diagnosis	ICD-10-CM
I44.2	Atrioventricular block, complete	Diagnosis	ICD-10-CM
I44.3	Other and unspecified atrioventricular block	Diagnosis	ICD-10-CM
I44.30	Unspecified atrioventricular block	Diagnosis	ICD-10-CM
I44.39	Other atrioventricular block	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I44.4	Left anterior fascicular block	Diagnosis	ICD-10-CM
I44.5	Left posterior fascicular block	Diagnosis	ICD-10-CM
I44.6	Other and unspecified fascicular block	Diagnosis	ICD-10-CM
I44.60	Unspecified fascicular block	Diagnosis	ICD-10-CM
I44.69	Other fascicular block	Diagnosis	ICD-10-CM
I44.7	Left bundle-branch block, unspecified	Diagnosis	ICD-10-CM
I45	Other conduction disorders	Diagnosis	ICD-10-CM
I45.0	Right fascicular block	Diagnosis	ICD-10-CM
I45.1	Other and unspecified right bundle-branch block	Diagnosis	ICD-10-CM
I45.10	Unspecified right bundle-branch block	Diagnosis	ICD-10-CM
I45.19	Other right bundle-branch block	Diagnosis	ICD-10-CM
I45.2	Bifascicular block	Diagnosis	ICD-10-CM
I45.3	Trifascicular block	Diagnosis	ICD-10-CM
I45.4	Nonspecific intraventricular block	Diagnosis	ICD-10-CM
I45.5	Other specified heart block	Diagnosis	ICD-10-CM
I45.6	Pre-excitation syndrome	Diagnosis	ICD-10-CM
I45.8	Other specified conduction disorders	Diagnosis	ICD-10-CM
I45.81	Long QT syndrome	Diagnosis	ICD-10-CM
I45.89	Other specified conduction disorders	Diagnosis	ICD-10-CM
I45.9	Conduction disorder, unspecified	Diagnosis	ICD-10-CM
I46	Cardiac arrest	Diagnosis	ICD-10-CM
I46.2	Cardiac arrest due to underlying cardiac condition	Diagnosis	ICD-10-CM
I46.8	Cardiac arrest due to other underlying condition	Diagnosis	ICD-10-CM
I46.9	Cardiac arrest, cause unspecified	Diagnosis	ICD-10-CM
I47	Paroxysmal tachycardia	Diagnosis	ICD-10-CM
I47.0	Re-entry ventricular arrhythmia	Diagnosis	ICD-10-CM
I47.1	Supraventricular tachycardia	Diagnosis	ICD-10-CM
I47.2	Ventricular tachycardia	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I47.9	Paroxysmal tachycardia, unspecified	Diagnosis	ICD-10-CM
I48	Atrial fibrillation and flutter	Diagnosis	ICD-10-CM
I48.0	Paroxysmal atrial fibrillation	Diagnosis	ICD-10-CM
I48.1	Persistent atrial fibrillation	Diagnosis	ICD-10-CM
I48.2	Chronic atrial fibrillation	Diagnosis	ICD-10-CM
I48.3	Typical atrial flutter	Diagnosis	ICD-10-CM
I48.4	Atypical atrial flutter	Diagnosis	ICD-10-CM
I48.9	Unspecified atrial fibrillation and atrial flutter	Diagnosis	ICD-10-CM
I48.91	Unspecified atrial fibrillation	Diagnosis	ICD-10-CM
I48.92	Unspecified atrial flutter	Diagnosis	ICD-10-CM
I49	Other cardiac arrhythmias	Diagnosis	ICD-10-CM
I49.0	Ventricular fibrillation and flutter	Diagnosis	ICD-10-CM
I49.01	Ventricular fibrillation	Diagnosis	ICD-10-CM
I49.02	Ventricular flutter	Diagnosis	ICD-10-CM
I49.1	Atrial premature depolarization	Diagnosis	ICD-10-CM
I49.2	Junctional premature depolarization	Diagnosis	ICD-10-CM
I49.3	Ventricular premature depolarization	Diagnosis	ICD-10-CM
I49.4	Other and unspecified premature depolarization	Diagnosis	ICD-10-CM
I49.40	Unspecified premature depolarization	Diagnosis	ICD-10-CM
I49.49	Other premature depolarization	Diagnosis	ICD-10-CM
I49.5	Sick sinus syndrome	Diagnosis	ICD-10-CM
I49.8	Other specified cardiac arrhythmias	Diagnosis	ICD-10-CM
I49.9	Cardiac arrhythmia, unspecified	Diagnosis	ICD-10-CM
I50	Heart failure	Diagnosis	ICD-10-CM
I50.1	Left ventricular failure, unspecified	Diagnosis	ICD-10-CM
I50.2	Systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.20	Unspecified systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.21	Acute systolic (congestive) heart failure	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I50.22	Chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.23	Acute on chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.3	Diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.30	Unspecified diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.31	Acute diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.32	Chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.33	Acute on chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.4	Combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.8	Other heart failure	Diagnosis	ICD-10-CM
I50.81	Right heart failure	Diagnosis	ICD-10-CM
I50.810	Right heart failure, unspecified	Diagnosis	ICD-10-CM
I50.811	Acute right heart failure	Diagnosis	ICD-10-CM
I50.812	Chronic right heart failure	Diagnosis	ICD-10-CM
I50.813	Acute on chronic right heart failure	Diagnosis	ICD-10-CM
I50.814	Right heart failure due to left heart failure	Diagnosis	ICD-10-CM
I50.82	Biventricular heart failure	Diagnosis	ICD-10-CM
I50.83	High output heart failure	Diagnosis	ICD-10-CM
I50.84	End stage heart failure	Diagnosis	ICD-10-CM
I50.89	Other heart failure	Diagnosis	ICD-10-CM
I50.9	Heart failure, unspecified	Diagnosis	ICD-10-CM
I51	Complications and ill-defined descriptions of heart disease	Diagnosis	ICD-10-CM
I51.0	Cardiac septal defect, acquired	Diagnosis	ICD-10-CM
I51.1	Rupture of chordae tendineae, not elsewhere classified	Diagnosis	ICD-10-CM
I51.2	Rupture of papillary muscle, not elsewhere classified	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I51.3	Intracardiac thrombosis, not elsewhere classified	Diagnosis	ICD-10-CM
I51.4	Myocarditis, unspecified	Diagnosis	ICD-10-CM
I51.5	Myocardial degeneration	Diagnosis	ICD-10-CM
I51.7	Cardiomegaly	Diagnosis	ICD-10-CM
I51.8	Other ill-defined heart diseases	Diagnosis	ICD-10-CM
I51.81	Takotsubo syndrome	Diagnosis	ICD-10-CM
I51.89	Other ill-defined heart diseases	Diagnosis	ICD-10-CM
I51.9	Heart disease, unspecified	Diagnosis	ICD-10-CM
I52	Other heart disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
I70	Atherosclerosis	Diagnosis	ICD-10-CM
I70.0	Atherosclerosis of aorta	Diagnosis	ICD-10-CM
I70.1	Atherosclerosis of renal artery	Diagnosis	ICD-10-CM
I70.2	Atherosclerosis of native arteries of the extremities	Diagnosis	ICD-10-CM
I70.20	Unspecified atherosclerosis of native arteries of extremities	Diagnosis	ICD-10-CM
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg	Diagnosis	ICD-10-CM
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg	Diagnosis	ICD-10-CM
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity	Diagnosis	ICD-10-CM
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.21	Atherosclerosis of native arteries of extremities with intermittent claudication	Diagnosis	ICD-10-CM
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified ex	Diagnosis	ICD-10-CM
I70.22	Atherosclerosis of native arteries of extremities with rest pain	Diagnosis	ICD-10-CM
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity	Diagnosis	ICD-10-CM
I70.23	Atherosclerosis of native arteries of right leg with ulceration	Diagnosis	ICD-10-CM
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.24	Atherosclerosis of native arteries of left leg with ulceration	Diagnosis	ICD-10-CM
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.25	Atherosclerosis of native arteries of other extremities with ulceration	Diagnosis	ICD-10-CM
I70.26	Atherosclerosis of native arteries of extremities with gangrene	Diagnosis	ICD-10-CM
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.29	Other atherosclerosis of native arteries of extremities	Diagnosis	ICD-10-CM
I70.291	Other atherosclerosis of native arteries of extremities, right leg	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I70.292	Other atherosclerosis of native arteries of extremities, left leg	Diagnosis	ICD-10-CM
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.298	Other atherosclerosis of native arteries of extremities, other extremity	Diagnosis	ICD-10-CM
I70.299	Other atherosclerosis of native arteries of extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.3	Atherosclerosis of unspecified type of bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.30	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral	Diagnosis	ICD-10-CM
I70.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other ext	Diagnosis	ICD-10-CM
I70.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecifi	Diagnosis	ICD-10-CM
I70.31	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent clau	Diagnosis	ICD-10-CM
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent clau	Diagnosis	ICD-10-CM
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent clau	Diagnosis	ICD-10-CM
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent clau	Diagnosis	ICD-10-CM
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent clau	Diagnosis	ICD-10-CM
I70.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.32	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain	Diagnosis	ICD-10-CM
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right le	Diagnosis	ICD-10-CM
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilater	Diagnosis	ICD-10-CM
I70.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other e	Diagnosis	ICD-10-CM
I70.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspec	Diagnosis	ICD-10-CM
I70.33	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and ankle	Diagnosis	ICD-10-CM
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of leg	Diagnosis	ICD-10-CM
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of leg	Diagnosis	ICD-10-CM
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified part of leg	Diagnosis	ICD-10-CM
I70.34	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and ankle	Diagnosis	ICD-10-CM
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of leg	Diagnosis	ICD-10-CM
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of leg	Diagnosis	ICD-10-CM
I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified part of leg	Diagnosis	ICD-10-CM
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.36	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral	Diagnosis	ICD-10-CM
I70.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other	Diagnosis	ICD-10-CM
I70.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified	Diagnosis	ICD-10-CM
I70.39	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.4	Atherosclerosis of autologous vein bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.40	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I70.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral leg	Diagnosis	ICD-10-CM
I70.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified	Diagnosis	ICD-10-CM
I70.41	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication	Diagnosis	ICD-10-CM
I70.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM
I70.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral leg	Diagnosis	ICD-10-CM
I70.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.42	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain	Diagnosis	ICD-10-CM
I70.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral leg	Diagnosis	ICD-10-CM
I70.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified	Diagnosis	ICD-10-CM
I70.43	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and ankle	Diagnosis	ICD-10-CM
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of leg	Diagnosis	ICD-10-CM
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of leg, unspecified	Diagnosis	ICD-10-CM
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified part of leg	Diagnosis	ICD-10-CM
I70.44	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and m	Diagnosis	ICD-10-CM
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part	Diagnosis	ICD-10-CM
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part	Diagnosis	ICD-10-CM
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecifi	Diagnosis	ICD-10-CM
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.46	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral l	Diagnosis	ICD-10-CM
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other ext	Diagnosis	ICD-10-CM
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecifi	Diagnosis	ICD-10-CM
I70.49	Other atherosclerosis of autologous vein bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extrer	Diagnosis	ICD-10-CM
I70.5	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.50	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, rigl	Diagnosis	ICD-10-CM
I70.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left	Diagnosis	ICD-10-CM
I70.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bil	Diagnosis	ICD-10-CM
I70.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, otl	Diagnosis	ICD-10-CM
I70.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, un	Diagnosis	ICD-10-CM
I70.51	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities intermittent cla	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I70.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermitter	Diagnosis	ICD-10-CM
I70.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermitter	Diagnosis	ICD-10-CM
I70.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM
I70.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.52	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain	Diagnosis	ICD-10-CM
I70.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, r	Diagnosis	ICD-10-CM
I70.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, l	Diagnosis	ICD-10-CM
I70.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, b	Diagnosis	ICD-10-CM
I70.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, c	Diagnosis	ICD-10-CM
I70.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, u	Diagnosis	ICD-10-CM
I70.53	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of t	Diagnosis	ICD-10-CM
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of i	Diagnosis	ICD-10-CM
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ;	Diagnosis	ICD-10-CM
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of l	Diagnosis	ICD-10-CM
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of i	Diagnosis	ICD-10-CM
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of i	Diagnosis	ICD-10-CM
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of i	Diagnosis	ICD-10-CM
I70.54	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of th	Diagnosis	ICD-10-CM
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ca	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of a	Diagnosis	ICD-10-CM
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of h	Diagnosis	ICD-10-CM
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of o	Diagnosis	ICD-10-CM
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of o	Diagnosis	ICD-10-CM
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of u	Diagnosis	ICD-10-CM
I70.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.56	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene,	Diagnosis	ICD-10-CM
I70.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene,	Diagnosis	ICD-10-CM
I70.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene,	Diagnosis	ICD-10-CM
I70.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene,	Diagnosis	ICD-10-CM
I70.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene,	Diagnosis	ICD-10-CM
I70.59	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral	Diagnosis	ICD-10-CM
I70.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other ext	Diagnosis	ICD-10-CM
I70.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecifi	Diagnosis	ICD-10-CM
I70.6	Atherosclerosis of nonbiological bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.60	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremi	Diagnosis	ICD-10-CM
I70.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified ex	Diagnosis	ICD-10-CM
I70.61	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudicati	Diagnosis	ICD-10-CM
I70.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudicati	Diagnosis	ICD-10-CM
I70.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudicati	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I70.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudicati	Diagnosis	ICD-10-CM
I70.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudicati	Diagnosis	ICD-10-CM
I70.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudicati	Diagnosis	ICD-10-CM
I70.62	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain	Diagnosis	ICD-10-CM
I70.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extren	Diagnosis	ICD-10-CM
I70.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified	Diagnosis	ICD-10-CM
I70.63	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and mi	Diagnosis	ICD-10-CM
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part o	Diagnosis	ICD-10-CM
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part o	Diagnosis	ICD-10-CM
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified	Diagnosis	ICD-10-CM
I70.64	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midl	Diagnosis	ICD-10-CM
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of	Diagnosis	ICD-10-CM
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of	Diagnosis	ICD-10-CM
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified si	Diagnosis	ICD-10-CM
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.66	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I70.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral leg	Diagnosis	ICD-10-CM
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extre	Diagnosis	ICD-10-CM
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified	Diagnosis	ICD-10-CM
I70.69	Other atherosclerosis of nonbiological bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extren	Diagnosis	ICD-10-CM
I70.7	Atherosclerosis of other type of bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.70	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extren	Diagnosis	ICD-10-CM
I70.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified ext	Diagnosis	ICD-10-CM
I70.71	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudicati	Diagnosis	ICD-10-CM
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudicati	Diagnosis	ICD-10-CM
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudicati	Diagnosis	ICD-10-CM
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudicati	Diagnosis	ICD-10-CM
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudicati	Diagnosis	ICD-10-CM
I70.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudicati	Diagnosis	ICD-10-CM
I70.72	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain	Diagnosis	ICD-10-CM
I70.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extren	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I70.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified	Diagnosis	ICD-10-CM
I70.73	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.74	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.76	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral leg	Diagnosis	ICD-10-CM
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified	Diagnosis	ICD-10-CM
I70.79	Other atherosclerosis of other type of bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.8	Atherosclerosis of other arteries	Diagnosis	ICD-10-CM
I70.9	Other and unspecified atherosclerosis	Diagnosis	ICD-10-CM
I70.90	Unspecified atherosclerosis	Diagnosis	ICD-10-CM
I70.91	Generalized atherosclerosis	Diagnosis	ICD-10-CM
I70.92	Chronic total occlusion of artery of the extremities	Diagnosis	ICD-10-CM
I71	Aortic aneurysm and dissection	Diagnosis	ICD-10-CM
I71.0	Dissection of aorta	Diagnosis	ICD-10-CM
I71.00	Dissection of unspecified site of aorta	Diagnosis	ICD-10-CM
I71.01	Dissection of thoracic aorta	Diagnosis	ICD-10-CM
I71.02	Dissection of abdominal aorta	Diagnosis	ICD-10-CM
I71.03	Dissection of thoracoabdominal aorta	Diagnosis	ICD-10-CM
I71.1	Thoracic aortic aneurysm, ruptured	Diagnosis	ICD-10-CM
I71.2	Thoracic aortic aneurysm, without rupture	Diagnosis	ICD-10-CM
I71.3	Abdominal aortic aneurysm, ruptured	Diagnosis	ICD-10-CM
I71.4	Abdominal aortic aneurysm, without rupture	Diagnosis	ICD-10-CM
I71.5	Thoracoabdominal aortic aneurysm, ruptured	Diagnosis	ICD-10-CM
I71.6	Thoracoabdominal aortic aneurysm, without rupture	Diagnosis	ICD-10-CM
I71.8	Aortic aneurysm of unspecified site, ruptured	Diagnosis	ICD-10-CM
I71.9	Aortic aneurysm of unspecified site, without rupture	Diagnosis	ICD-10-CM
I72	Other aneurysm	Diagnosis	ICD-10-CM
I72.0	Aneurysm of carotid artery	Diagnosis	ICD-10-CM
I72.1	Aneurysm of artery of upper extremity	Diagnosis	ICD-10-CM
I72.2	Aneurysm of renal artery	Diagnosis	ICD-10-CM
I72.3	Aneurysm of iliac artery	Diagnosis	ICD-10-CM
I72.4	Aneurysm of artery of lower extremity	Diagnosis	ICD-10-CM
I72.5	Aneurysm of other precerebral arteries	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I72.6	Aneurysm of vertebral artery	Diagnosis	ICD-10-CM
I72.8	Aneurysm of other specified arteries	Diagnosis	ICD-10-CM
I72.9	Aneurysm of unspecified site	Diagnosis	ICD-10-CM
I73	Other peripheral vascular diseases	Diagnosis	ICD-10-CM
I73.0	Raynaud's syndrome	Diagnosis	ICD-10-CM
I73.00	Raynaud's syndrome without gangrene	Diagnosis	ICD-10-CM
I73.01	Raynaud's syndrome with gangrene	Diagnosis	ICD-10-CM
I73.1	Thromboangiitis obliterans [Buerger's disease]	Diagnosis	ICD-10-CM
I73.8	Other specified peripheral vascular diseases	Diagnosis	ICD-10-CM
I73.81	Erythromelalgia	Diagnosis	ICD-10-CM
I73.89	Other specified peripheral vascular diseases	Diagnosis	ICD-10-CM
I73.9	Peripheral vascular disease, unspecified	Diagnosis	ICD-10-CM
I74	Arterial embolism and thrombosis	Diagnosis	ICD-10-CM
I74.0	Embolism and thrombosis of abdominal aorta	Diagnosis	ICD-10-CM
I74.01	Saddle embolus of abdominal aorta	Diagnosis	ICD-10-CM
I74.09	Other arterial embolism and thrombosis of abdominal aorta	Diagnosis	ICD-10-CM
I74.1	Embolism and thrombosis of other and unspecified parts of aorta	Diagnosis	ICD-10-CM
I74.10	Embolism and thrombosis of unspecified parts of aorta	Diagnosis	ICD-10-CM
I74.11	Embolism and thrombosis of thoracic aorta	Diagnosis	ICD-10-CM
I74.19	Embolism and thrombosis of other parts of aorta	Diagnosis	ICD-10-CM
I74.2	Embolism and thrombosis of arteries of the upper extremities	Diagnosis	ICD-10-CM
I74.3	Embolism and thrombosis of arteries of the lower extremities	Diagnosis	ICD-10-CM
I74.4	Embolism and thrombosis of arteries of extremities, unspecified	Diagnosis	ICD-10-CM
I74.5	Embolism and thrombosis of iliac artery	Diagnosis	ICD-10-CM
I74.8	Embolism and thrombosis of other arteries	Diagnosis	ICD-10-CM
I74.9	Embolism and thrombosis of unspecified artery	Diagnosis	ICD-10-CM
I75	Atheroembolism	Diagnosis	ICD-10-CM
I75.0	Atheroembolism of extremities	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I75.01	Atheroembolism of upper extremity	Diagnosis	ICD-10-CM
I75.011	Atheroembolism of right upper extremity	Diagnosis	ICD-10-CM
I75.012	Atheroembolism of left upper extremity	Diagnosis	ICD-10-CM
I75.013	Atheroembolism of bilateral upper extremities	Diagnosis	ICD-10-CM
I75.019	Atheroembolism of unspecified upper extremity	Diagnosis	ICD-10-CM
I75.02	Atheroembolism of lower extremity	Diagnosis	ICD-10-CM
I75.021	Atheroembolism of right lower extremity	Diagnosis	ICD-10-CM
I75.022	Atheroembolism of left lower extremity	Diagnosis	ICD-10-CM
I75.023	Atheroembolism of bilateral lower extremities	Diagnosis	ICD-10-CM
I75.029	Atheroembolism of unspecified lower extremity	Diagnosis	ICD-10-CM
I75.8	Atheroembolism of other sites	Diagnosis	ICD-10-CM
I75.81	Atheroembolism of kidney	Diagnosis	ICD-10-CM
I75.89	Atheroembolism of other site	Diagnosis	ICD-10-CM
I76	Septic arterial embolism	Diagnosis	ICD-10-CM
I77	Other disorders of arteries and arterioles	Diagnosis	ICD-10-CM
I77.0	Arteriovenous fistula, acquired	Diagnosis	ICD-10-CM
I77.1	Stricture of artery	Diagnosis	ICD-10-CM
I77.2	Rupture of artery	Diagnosis	ICD-10-CM
I77.3	Arterial fibromuscular dysplasia	Diagnosis	ICD-10-CM
I77.4	Celiac artery compression syndrome	Diagnosis	ICD-10-CM
I77.5	Necrosis of artery	Diagnosis	ICD-10-CM
I77.6	Arteritis, unspecified	Diagnosis	ICD-10-CM
I77.7	Other arterial dissection	Diagnosis	ICD-10-CM
I77.70	Dissection of unspecified artery	Diagnosis	ICD-10-CM
I77.71	Dissection of carotid artery	Diagnosis	ICD-10-CM
I77.72	Dissection of iliac artery	Diagnosis	ICD-10-CM
I77.73	Dissection of renal artery	Diagnosis	ICD-10-CM
I77.74	Dissection of vertebral artery	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I77.75	Dissection of other precerebral arteries	Diagnosis	ICD-10-CM
I77.76	Dissection of artery of upper extremity	Diagnosis	ICD-10-CM
I77.77	Dissection of artery of lower extremity	Diagnosis	ICD-10-CM
I77.79	Dissection of other specified artery	Diagnosis	ICD-10-CM
I77.8	Other specified disorders of arteries and arterioles	Diagnosis	ICD-10-CM
I77.81	Aortic ectasia	Diagnosis	ICD-10-CM
I77.810	Thoracic aortic ectasia	Diagnosis	ICD-10-CM
I77.811	Abdominal aortic ectasia	Diagnosis	ICD-10-CM
I77.812	Thoracoabdominal aortic ectasia	Diagnosis	ICD-10-CM
I77.819	Aortic ectasia, unspecified site	Diagnosis	ICD-10-CM
I77.89	Other specified disorders of arteries and arterioles	Diagnosis	ICD-10-CM
I77.9	Disorder of arteries and arterioles, unspecified	Diagnosis	ICD-10-CM
I78	Diseases of capillaries	Diagnosis	ICD-10-CM
I78.0	Hereditary hemorrhagic telangiectasia	Diagnosis	ICD-10-CM
I78.1	Nevus, non-neoplastic	Diagnosis	ICD-10-CM
I78.8	Other diseases of capillaries	Diagnosis	ICD-10-CM
I78.9	Disease of capillaries, unspecified	Diagnosis	ICD-10-CM
I79	Disorders of arteries, arterioles and capillaries in diseases classified elsewhere	Diagnosis	ICD-10-CM
I79.0	Aneurysm of aorta in diseases classified elsewhere	Diagnosis	ICD-10-CM
I79.1	Aortitis in diseases classified elsewhere	Diagnosis	ICD-10-CM
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere	Diagnosis	ICD-10-CM
I95	Hypotension	Diagnosis	ICD-10-CM
I95.0	Idiopathic hypotension	Diagnosis	ICD-10-CM
I95.1	Orthostatic hypotension	Diagnosis	ICD-10-CM
I95.2	Hypotension due to drugs	Diagnosis	ICD-10-CM
I95.3	Hypotension of hemodialysis	Diagnosis	ICD-10-CM
I95.8	Other hypotension	Diagnosis	ICD-10-CM
I95.81	Postprocedural hypotension	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I95.89	Other hypotension	Diagnosis	ICD-10-CM
I95.9	Hypotension, unspecified	Diagnosis	ICD-10-CM
I97	Intraoperative and postprocedural complications and disorders of circulatory system, not else	Diagnosis	ICD-10-CM
I97.0	Postcardiotomy syndrome	Diagnosis	ICD-10-CM
I97.1	Other postprocedural cardiac functional disturbances	Diagnosis	ICD-10-CM
I97.11	Postprocedural cardiac insufficiency	Diagnosis	ICD-10-CM
I97.110	Postprocedural cardiac insufficiency following cardiac surgery	Diagnosis	ICD-10-CM
I97.111	Postprocedural cardiac insufficiency following other surgery	Diagnosis	ICD-10-CM
I97.12	Postprocedural cardiac arrest	Diagnosis	ICD-10-CM
I97.120	Postprocedural cardiac arrest following cardiac surgery	Diagnosis	ICD-10-CM
I97.121	Postprocedural cardiac arrest following other surgery	Diagnosis	ICD-10-CM
I97.13	Postprocedural heart failure	Diagnosis	ICD-10-CM
I97.130	Postprocedural heart failure following cardiac surgery	Diagnosis	ICD-10-CM
I97.131	Postprocedural heart failure following other surgery	Diagnosis	ICD-10-CM
I97.19	Other postprocedural cardiac functional disturbances	Diagnosis	ICD-10-CM
I97.190	Other postprocedural cardiac functional disturbances following cardiac surgery	Diagnosis	ICD-10-CM
I97.191	Other postprocedural cardiac functional disturbances following other surgery	Diagnosis	ICD-10-CM
I97.2	Postmastectomy lymphedema syndrome	Diagnosis	ICD-10-CM
I97.3	Postprocedural hypertension	Diagnosis	ICD-10-CM
I97.4	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating a circulatory system procedure	Diagnosis	ICD-10-CM
I97.41	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating a circulatory system procedure	Diagnosis	ICD-10-CM
I97.410	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating a cardiac catheterization	Diagnosis	ICD-10-CM
I97.411	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating a cardiac catheterization	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I97.418	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating other circulatory system procedure	Diagnosis	ICD-10-CM
I97.42	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating other circulatory system procedure	Diagnosis	ICD-10-CM
I97.5	Accidental puncture and laceration of a circulatory system organ or structure during a procedure	Diagnosis	ICD-10-CM
I97.51	Accidental puncture and laceration of a circulatory system organ or structure during a cardiac catheterization procedure	Diagnosis	ICD-10-CM
I97.52	Accidental puncture and laceration of a circulatory system organ or structure during other procedure	Diagnosis	ICD-10-CM
I97.6	Postprocedural hemorrhage, hematoma and seroma of a circulatory system organ or structure following a circulatory system procedure	Diagnosis	ICD-10-CM
I97.61	Postprocedural hemorrhage of a circulatory system organ or structure following a circulatory system procedure	Diagnosis	ICD-10-CM
I97.610	Postprocedural hemorrhage of a circulatory system organ or structure following a cardiac catheterization procedure	Diagnosis	ICD-10-CM
I97.611	Postprocedural hemorrhage of a circulatory system organ or structure following cardiac bypass procedure	Diagnosis	ICD-10-CM
I97.618	Postprocedural hemorrhage of a circulatory system organ or structure following other circulatory system procedure	Diagnosis	ICD-10-CM
I97.62	Postprocedural hemorrhage, hematoma and seroma of a circulatory system organ or structure following other procedure	Diagnosis	ICD-10-CM
I97.620	Postprocedural hemorrhage of a circulatory system organ or structure following other procedure	Diagnosis	ICD-10-CM
I97.621	Postprocedural hematoma of a circulatory system organ or structure following other procedure	Diagnosis	ICD-10-CM
I97.622	Postprocedural seroma of a circulatory system organ or structure following other procedure	Diagnosis	ICD-10-CM
I97.63	Postprocedural hematoma of a circulatory system organ or structure following a circulatory system procedure	Diagnosis	ICD-10-CM
I97.630	Postprocedural hematoma of a circulatory system organ or structure following a cardiac catheterization procedure	Diagnosis	ICD-10-CM
I97.631	Postprocedural hematoma of a circulatory system organ or structure following cardiac bypass procedure	Diagnosis	ICD-10-CM
I97.638	Postprocedural hematoma of a circulatory system organ or structure following other circulatory system procedure	Diagnosis	ICD-10-CM
I97.64	Postprocedural seroma of a circulatory system organ or structure following a circulatory system procedure	Diagnosis	ICD-10-CM
I97.640	Postprocedural seroma of a circulatory system organ or structure following a cardiac catheterization procedure	Diagnosis	ICD-10-CM
I97.641	Postprocedural seroma of a circulatory system organ or structure following cardiac bypass procedure	Diagnosis	ICD-10-CM
I97.648	Postprocedural seroma of a circulatory system organ or structure following other circulatory system procedure	Diagnosis	ICD-10-CM
I97.7	Intraoperative cardiac functional disturbances	Diagnosis	ICD-10-CM
I97.71	Intraoperative cardiac arrest	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I97.710	Intraoperative cardiac arrest during cardiac surgery	Diagnosis	ICD-10-CM
I97.711	Intraoperative cardiac arrest during other surgery	Diagnosis	ICD-10-CM
I97.79	Other intraoperative cardiac functional disturbances	Diagnosis	ICD-10-CM
I97.790	Other intraoperative cardiac functional disturbances during cardiac surgery	Diagnosis	ICD-10-CM
I97.791	Other intraoperative cardiac functional disturbances during other surgery	Diagnosis	ICD-10-CM
I97.8	Other intraoperative and postprocedural complications and disorders of the circulatory system, not elsewhere classified	Diagnosis	ICD-10-CM
I97.88	Other intraoperative complications of the circulatory system, not elsewhere classified	Diagnosis	ICD-10-CM
I97.89	Other postprocedural complications and disorders of the circulatory system, not elsewhere classified	Diagnosis	ICD-10-CM
M32.11	Endocarditis in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.12	Pericarditis in systemic lupus erythematosus	Diagnosis	ICD-10-CM
R00.1	Bradycardia, unspecified	Diagnosis	ICD-10-CM
T80.0XXA	Air embolism following infusion, transfusion and therapeutic injection, initial encounter	Diagnosis	ICD-10-CM
T81.718A	Complication of other artery following a procedure, not elsewhere classified, initial encounter	Diagnosis	ICD-10-CM
T81.72XA	Complication of vein following a procedure, not elsewhere classified, initial encounter	Diagnosis	ICD-10-CM
T82.817A	Embolism due to cardiac prosthetic devices, implants and grafts, initial encounter	Diagnosis	ICD-10-CM
T82.818A	Embolism due to vascular prosthetic devices, implants and grafts, initial encounter	Diagnosis	ICD-10-CM
Heart Failure			
402.01	Malignant hypertensive heart disease with heart failure	Diagnosis	ICD-9-CM
402.11	Benign hypertensive heart disease with heart failure	Diagnosis	ICD-9-CM
402.91	Hypertensive heart disease, unspecified, with heart failure	Diagnosis	ICD-9-CM
404.01	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.03	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
404.11	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.91	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
428	Heart failure	Diagnosis	ICD-9-CM
428.0	Congestive heart failure, unspecified	Diagnosis	ICD-9-CM
428.1	Left heart failure	Diagnosis	ICD-9-CM
428.2	Systolic heart failure	Diagnosis	ICD-9-CM
428.20	Unspecified systolic heart failure	Diagnosis	ICD-9-CM
428.21	Acute systolic heart failure	Diagnosis	ICD-9-CM
428.22	Chronic systolic heart failure	Diagnosis	ICD-9-CM
428.23	Acute on chronic systolic heart failure	Diagnosis	ICD-9-CM
428.3	Diastolic heart failure	Diagnosis	ICD-9-CM
428.30	Unspecified diastolic heart failure	Diagnosis	ICD-9-CM
428.31	Acute diastolic heart failure	Diagnosis	ICD-9-CM
428.32	Chronic diastolic heart failure	Diagnosis	ICD-9-CM
428.33	Acute on chronic diastolic heart failure	Diagnosis	ICD-9-CM
428.4	Combined systolic and diastolic heart failure	Diagnosis	ICD-9-CM
428.40	Unspecified combined systolic and diastolic heart failure	Diagnosis	ICD-9-CM
428.41	Acute combined systolic and diastolic heart failure	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
428.42	Chronic combined systolic and diastolic heart failure	Diagnosis	ICD-9-CM
428.43	Acute on chronic combined systolic and diastolic heart failure	Diagnosis	ICD-9-CM
428.9	Unspecified heart failure	Diagnosis	ICD-9-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
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
I13.1	Hypertensive heart and chronic kidney disease without heart failure	Diagnosis	ICD-10-CM
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 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
I50	Heart failure	Diagnosis	ICD-10-CM
I50.1	Left ventricular failure, unspecified	Diagnosis	ICD-10-CM
I50.2	Systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.20	Unspecified systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.21	Acute systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.22	Chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.23	Acute on chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.3	Diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.30	Unspecified diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.31	Acute diastolic (congestive) heart failure	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I50.32	Chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.33	Acute on chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.4	Combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.8	Other heart failure	Diagnosis	ICD-10-CM
I50.81	Right heart failure	Diagnosis	ICD-10-CM
I50.810	Right heart failure, unspecified	Diagnosis	ICD-10-CM
I50.811	Acute right heart failure	Diagnosis	ICD-10-CM
I50.812	Chronic right heart failure	Diagnosis	ICD-10-CM
I50.813	Acute on chronic right heart failure	Diagnosis	ICD-10-CM
I50.814	Right heart failure due to left heart failure	Diagnosis	ICD-10-CM
I50.82	Biventricular heart failure	Diagnosis	ICD-10-CM
I50.83	High output heart failure	Diagnosis	ICD-10-CM
I50.84	End stage heart failure	Diagnosis	ICD-10-CM
I50.89	Other heart failure	Diagnosis	ICD-10-CM
I50.9	Heart failure, unspecified	Diagnosis	ICD-10-CM
I97.13	Postprocedural heart failure	Diagnosis	ICD-10-CM
I97.130	Postprocedural heart failure following cardiac surgery	Diagnosis	ICD-10-CM
I97.131	Postprocedural heart failure following other surgery	Diagnosis	ICD-10-CM
Renal Failure			
403	Hypertensive chronic kidney disease	Diagnosis	ICD-9-CM
403.0	Hypertensive chronic kidney disease, malignant	Diagnosis	ICD-9-CM
403.00	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through s	Diagnosis	ICD-9-CM
403.01	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end st	Diagnosis	ICD-9-CM
403.1	Hypertensive chronic kidney disease, benign	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
404.12	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.9	Hypertensive heart and chronic kidney disease, unspecified	Diagnosis	ICD-9-CM
404.90	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.91	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.92	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
581	Nephrotic syndrome	Diagnosis	ICD-9-CM
581.0	Nephrotic syndrome with lesion of proliferative glomerulonephritis	Diagnosis	ICD-9-CM
581.1	Nephrotic syndrome with lesion of membranous glomerulonephritis	Diagnosis	ICD-9-CM
581.2	Nephrotic syndrome with lesion of membranoproliferative glomerulonephritis	Diagnosis	ICD-9-CM
581.3	Nephrotic syndrome with lesion of minimal change glomerulonephritis	Diagnosis	ICD-9-CM
581.8	Nephrotic syndrome with other specified pathological lesion in kidney	Diagnosis	ICD-9-CM
581.81	Nephrotic syndrome with other specified pathological lesion in kidney in diseases classified el	Diagnosis	ICD-9-CM
581.89	Other nephrotic syndrome with specified pathological lesion in kidney	Diagnosis	ICD-9-CM
581.9	Nephrotic syndrome with unspecified pathological lesion in kidney	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
584	Acute kidney failure	Diagnosis	ICD-9-CM
584.5	Acute kidney failure with lesion of tubular necrosis	Diagnosis	ICD-9-CM
584.6	Acute kidney failure with lesion of renal cortical necrosis	Diagnosis	ICD-9-CM
584.7	Acute kidney failure with lesion of medullary [papillary] necrosis	Diagnosis	ICD-9-CM
584.8	Acute kidney failure with other specified pathological lesion in kidney	Diagnosis	ICD-9-CM
584.9	Acute kidney failure, unspecified	Diagnosis	ICD-9-CM
585	Chronic kidney disease (CKD)	Diagnosis	ICD-9-CM
585.1	Chronic kidney disease, Stage I	Diagnosis	ICD-9-CM
585.2	Chronic kidney disease, Stage II (mild)	Diagnosis	ICD-9-CM
585.3	Chronic kidney disease, Stage III (moderate)	Diagnosis	ICD-9-CM
585.4	Chronic kidney disease, Stage IV (severe)	Diagnosis	ICD-9-CM
585.5	Chronic kidney disease, Stage V	Diagnosis	ICD-9-CM
585.6	End stage renal disease	Diagnosis	ICD-9-CM
585.9	Chronic kidney disease, unspecified	Diagnosis	ICD-9-CM
586	Unspecified renal failure	Diagnosis	ICD-9-CM
587	Unspecified renal sclerosis	Diagnosis	ICD-9-CM
792.5	Cloudy (hemodialysis) (peritoneal) dialysis affluent	Diagnosis	ICD-9-CM
90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care p	Procedure	CPT-4
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision	Procedure	CPT-4
90939	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator dilution method, hook-up; transcutaneous measurement and disconnection	Procedure	CPT-4
90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae b	Procedure	CPT-4
90941	Hemodialysis, For Acute Renal Failure And Or Intoxication,	Procedure	CPT-4
90942	Hemodialysis, For Acute Renal Failure And Or Intoxication,	Procedure	CPT-4
90943	Hemodialysis, For Acute Renal Failure And Or Intoxication,	Procedure	CPT-4
90944	Hemodialysis, For Acute Renal Failure And Or Intoxication,	Procedure	CPT-4

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	Procedure	CPT-4
90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substanti	Procedure	CPT-4
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits	Procedure	CPT-4
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a	Procedure	CPT-4
90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a phy	Procedure	CPT-4

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a phys	Procedure	CPT-4
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician	Procedure	CPT-4
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or	Procedure	CPT-4
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a phy	Procedure	CPT-4
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician	Procedure	CPT-4

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or	Procedure	CPT-4
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	Procedure	CPT-4
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	Procedure	CPT-4
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	Procedure	CPT-4
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Procedure	CPT-4
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Procedure	CPT-4

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Procedure	CPT-4
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	Procedure	CPT-4
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	Procedure	CPT-4
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	Procedure	CPT-4
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	Procedure	CPT-4
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	Procedure	CPT-4
90976	Peritoneal Dialysis For End-stage Renal Disease (esrd),	Procedure	CPT-4
90977	Peritoneal Dialysis For End-stage Renal Disease (esrd),	Procedure	CPT-4
90978	Peritoneal Dialysis For End-stage Renal Disease (esrd),	Procedure	CPT-4
90979	Peritoneal Dialysis For End-stage Renal Disease (esrd),	Procedure	CPT-4
90982	Peritoneal Dialysis For End-stage Renal Disease (esrd),	Procedure	CPT-4
90983	Peritoneal Dialysis For End-stage Renal Disease (esrd),	Procedure	CPT-4
90984	Peritoneal Dialysis For End-stage Renal Disease (esrd),	Procedure	CPT-4
90985	Peritoneal Dialysis For End-stage Renal Disease (esrd),	Procedure	CPT-4
90988	Supervision Of Hemodialysis In Hospital Or Other Facility (excluding Home Dialysis), On Montl	Procedure	CPT-4

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	Procedure	CPT-4
90990	Hemodialysis Training And/or Counseling	Procedure	CPT-4
90991	Home Hemodialysis Care, Outpatient, For Those Services Either Provided By The Physician Pri	Procedure	CPT-4
90992	Peritoneal Dialysis Training And/or Counseling	Procedure	CPT-4
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed	Procedure	CPT-4
90994	Supervision Of Chronic Ambulatory Peritoneal Dialysis (capd), Home Or Out-patient (monthly	Procedure	CPT-4
90995	End Stage Renal Disease (esrd) Related Services, Per Full Month	Procedure	CPT-4
90996	Continuous Arteriovenous Hemofiltration (cavh) (per Day)	Procedure	CPT-4
90997	Hemoperfusion (eg, with activated charcoal or resin)	Procedure	CPT-4
90998	End Stage Renal Disease (esrd) Related Services (less Than Full Month), Per Day	Procedure	CPT-4
90999	Unlisted dialysis procedure, inpatient or outpatient	Procedure	CPT-4
B52.0	Plasmodium malariae malaria with nephropathy	Diagnosis	ICD-10-CM
E08.2	Diabetes mellitus due to underlying condition with kidney complications	Diagnosis	ICD-10-CM
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy	Diagnosis	ICD-10-CM
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication	Diagnosis	ICD-10-CM
E09.2	Drug or chemical induced diabetes mellitus with kidney complications	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
E10.2	Type 1 diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E11.2	Type 2 diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E13.2	Other specified diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
E13.21	Other specified diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
I12	Hypertensive chronic kidney disease	Diagnosis	ICD-10-CM
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal di	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	Hypertensive heart and chronic kidney disease	Diagnosis	ICD-10-CM
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I13.1	Hypertensive heart and chronic kidney disease without heart failure	Diagnosis	ICD-10-CM
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 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
N00	Acute nephritic syndrome	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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

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

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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	Isolated proteinuria with specified morphological lesion	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	Hereditary nephropathy, not elsewhere classified	Diagnosis	ICD-10-CM
N07.0	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality	Diagnosis	ICD-10-CM
N07.1	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesion:	Diagnosis	ICD-10-CM
N07.2	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephrit	Diagnosis	ICD-10-CM
N07.3	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomeri	Diagnosis	ICD-10-CM
N07.4	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glon	Diagnosis	ICD-10-CM
N07.5	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulone	Diagnosis	ICD-10-CM
N07.6	Hereditary nephropathy, not elsewhere classified with dense deposit disease	Diagnosis	ICD-10-CM
N07.7	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N07.8	Hereditary nephropathy, not elsewhere classified with other morphologic lesions	Diagnosis	ICD-10-CM
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions	Diagnosis	ICD-10-CM
N08	Glomerular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
N17	Acute kidney failure	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	Chronic kidney disease (CKD)	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
N26.1	Atrophy of kidney (terminal)	Diagnosis	ICD-10-CM
N26.9	Renal sclerosis, unspecified	Diagnosis	ICD-10-CM
R88.0	Cloudy (hemodialysis) (peritoneal) dialysis effluent	Diagnosis	ICD-10-CM
V45.1	Renal dialysis status	Diagnosis	ICD-9-CM
V45.11	Renal dialysis status	Diagnosis	ICD-9-CM
V45.12	Noncompliance with renal dialysis	Diagnosis	ICD-9-CM
V56	Encounter for dialysis and dialysis catheter care	Diagnosis	ICD-9-CM
V56.0	Encounter for extracorporeal dialysis	Diagnosis	ICD-9-CM
V56.1	Fitting and adjustment of extracorporeal dialysis catheter	Diagnosis	ICD-9-CM
V56.2	Fitting and adjustment of peritoneal dialysis catheter	Diagnosis	ICD-9-CM
V56.3	Encounter for adequacy testing for dialysis	Diagnosis	ICD-9-CM
V56.31	Encounter for adequacy testing for hemodialysis	Diagnosis	ICD-9-CM
V56.32	Encounter for adequacy testing for peritoneal dialysis	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
V56.8	Encounter other dialysis	Diagnosis	ICD-9-CM
Z49	Encounter for care involving renal dialysis	Diagnosis	ICD-10-CM
Z49.0	Preparatory care for renal dialysis	Diagnosis	ICD-10-CM
Z49.01	Encounter for fitting and adjustment of extracorporeal dialysis catheter	Diagnosis	ICD-10-CM
Z49.02	Encounter for fitting and adjustment of peritoneal dialysis catheter	Diagnosis	ICD-10-CM
Z49.3	Encounter for adequacy testing for dialysis	Diagnosis	ICD-10-CM
Z49.31	Encounter for adequacy testing for hemodialysis	Diagnosis	ICD-10-CM
Z49.32	Encounter for adequacy testing for peritoneal dialysis	Diagnosis	ICD-10-CM
Z91.15	Patient's noncompliance with renal dialysis	Diagnosis	ICD-10-CM
Z99.2	Dependence on renal dialysis	Diagnosis	ICD-10-CM
Respiratory Failure			
518.81	Acute respiratory failure	Diagnosis	ICD-9-CM
518.83	Chronic respiratory failure	Diagnosis	ICD-9-CM
518.84	Acute and chronic respiratory failure	Diagnosis	ICD-9-CM
J95.82	Postprocedural respiratory failure	Diagnosis	ICD-10-CM
J95.821	Acute postprocedural respiratory failure	Diagnosis	ICD-10-CM
J95.822	Acute and chronic postprocedural respiratory failure	Diagnosis	ICD-10-CM
J96	Respiratory failure, not elsewhere classified	Diagnosis	ICD-10-CM
J96.0	Acute respiratory failure	Diagnosis	ICD-10-CM
J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
J96.01	Acute respiratory failure with hypoxia	Diagnosis	ICD-10-CM
J96.02	Acute respiratory failure with hypercapnia	Diagnosis	ICD-10-CM
J96.1	Chronic respiratory failure	Diagnosis	ICD-10-CM
J96.10	Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
J96.11	Chronic respiratory failure with hypoxia	Diagnosis	ICD-10-CM
J96.12	Chronic respiratory failure with hypercapnia	Diagnosis	ICD-10-CM
J96.2	Acute and chronic respiratory failure	Diagnosis	ICD-10-CM
J96.20	Acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
J96.21	Acute and chronic respiratory failure with hypoxia	Diagnosis	ICD-10-CM
J96.22	Acute and chronic respiratory failure with hypercapnia	Diagnosis	ICD-10-CM
J96.9	Respiratory failure, unspecified	Diagnosis	ICD-10-CM
J96.90	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
J96.91	Respiratory failure, unspecified with hypoxia	Diagnosis	ICD-10-CM
J96.92	Respiratory failure, unspecified with hypercapnia	Diagnosis	ICD-10-CM
P28.5	Respiratory failure of newborn	Diagnosis	ICD-10-CM
Sickle Cell Disease			
82.41	Sickle-cell thalassemia without crisis	Diagnosis	ICD-9-CM
82.42	Sickle-cell thalassemia with crisis	Diagnosis	ICD-9-CM
82.6	Sickle-cell disease	Diagnosis	ICD-9-CM
82.60	Sickle-cell disease, unspecified	Diagnosis	ICD-9-CM
82.63	Sickle-cell/Hb-C disease without crisis	Diagnosis	ICD-9-CM
82.64	Sickle-cell/Hb-C disease with crisis	Diagnosis	ICD-9-CM
82.68	Other sickle-cell disease without crisis	Diagnosis	ICD-9-CM
82.69	Other sickle-cell disease with crisis	Diagnosis	ICD-9-CM
82.61	Hb-SS disease without crisis	Diagnosis	ICD-9-CM
82.62	Hb-SS disease with crisis	Diagnosis	ICD-9-CM
57	Sickle-cell disorders	Diagnosis	ICD-10-CM
57.1	Sickle-cell disease without crisis	Diagnosis	ICD-10-CM
57.2	Sickle-cell/Hb-C disease	Diagnosis	ICD-10-CM
57.20	Sickle-cell/Hb-C disease without crisis	Diagnosis	ICD-10-CM
57.21	Sickle-cell/Hb-C disease with crisis	Diagnosis	ICD-10-CM
57.211	Sickle-cell/Hb-C disease with acute chest syndrome	Diagnosis	ICD-10-CM
57.212	Sickle-cell/Hb-C disease with splenic sequestration	Diagnosis	ICD-10-CM
57.219	Sickle-cell/Hb-C disease with crisis, unspecified	Diagnosis	ICD-10-CM
57.3	Sickle-cell trait	Diagnosis	ICD-10-CM
57.4	Sickle-cell thalassemia	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
57.40	Sickle-cell thalassemia without crisis	Diagnosis	ICD-10-CM
57.41	Sickle-cell thalassemia with crisis	Diagnosis	ICD-10-CM
57.411	Sickle-cell thalassemia with acute chest syndrome	Diagnosis	ICD-10-CM
57.412	Sickle-cell thalassemia with splenic sequestration	Diagnosis	ICD-10-CM
57.419	Sickle-cell thalassemia with crisis, unspecified	Diagnosis	ICD-10-CM
57.8	Other sickle-cell disorders	Diagnosis	ICD-10-CM
57.80	Other sickle-cell disorders without crisis	Diagnosis	ICD-10-CM
57.81	Other sickle-cell disorders with crisis	Diagnosis	ICD-10-CM
57.811	Other sickle-cell disorders with acute chest syndrome	Diagnosis	ICD-10-CM
57.812	Other sickle-cell disorders with splenic sequestration	Diagnosis	ICD-10-CM
57.819	Other sickle-cell disorders with crisis, unspecified	Diagnosis	ICD-10-CM
57.00	Hb-SS disease with crisis, unspecified	Diagnosis	ICD-10-CM
57.01	Hb-SS disease with acute chest syndrome	Diagnosis	ICD-10-CM
57.02	Hb-SS disease with splenic sequestration	Diagnosis	ICD-10-CM
57.1	Sickle-cell disease without crisis	Diagnosis	ICD-10-CM
Progestin, Implants			
25.5	Insertion of implantable subdermal contraceptive	Diagnosis	ICD-9-CM
45.52	Presence of subdermal contraceptive device	Diagnosis	ICD-9-CM
1975	Insertion, implantable contraceptive capsules	Procedure	CPT-4
1981		Procedure	CPT-4
1977	Removal with reinsertion, implantable contraceptive capsules	Procedure	CPT-4
1983	Removal with reinsertion, non-biodegradable drug delivery implant	Procedure	CPT-4
7307	Etonogestrel (contraceptive) implant system, including implant and supplies	Procedure	HCPCS
0180	Etonogestrel (contraceptive) implant system, including implant and supplies	Procedure	HCPCS
4260	Levonorgestrel (contraceptive) implants system, including implants and supplies	Procedure	HCPCS
7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	Procedure	HCPCS
Progestin, Injectable			
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg	Procedure	HCPCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
Progestin, Intrauterine Device (IUD)			
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	Procedure	HCPCS
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	Procedure	HCPCS
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	Procedure	HCPCS
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	Procedure	HCPCS
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	Procedure	HCPCS
Q0090	Levonorgestrel-releasing intrauterine contraceptive system, (Skyla), 13.5 mg	Procedure	HCPCS
Q9984	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg	Procedure	HCPCS
S4980	Levonorgestrel - releasing intrauterine system, each	Procedure	HCPCS
S4981	Insertion of levonorgestrel-releasing intrauterine system	Procedure	HCPCS
Implantable (Removal) Contraceptives			
11976	Removal of implantable contraceptive capsules	Procedure	CPT-4
11982	Under Introduction or Removal Procedures on the Integumentary System	Procedure	CPT-4
Live Birth Delivery			
0W8NXZZ	Division of Female Perineum, External Approach	Procedure	ICD-10-PCS
10900ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Open Approach	Procedure	ICD-10-PCS
10903ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Approac	Procedure	ICD-10-PCS
10904ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Endosco	Procedure	ICD-10-PCS
10907ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial	Procedure	ICD-10-PCS
10908ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial	Procedure	ICD-10-PCS
10D00Z0	Extraction of Products of Conception, Classical, Open Approach	Procedure	ICD-10-PCS
10D00Z1	Extraction of Products of Conception, Low Cervical, Open Approach	Procedure	ICD-10-PCS
10D00Z2	Extraction of Products of Conception, Extraperitoneal, Open Approach	Procedure	ICD-10-PCS
10D07Z3	Extraction of Products of Conception, Low Forceps, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10D07Z4	Extraction of Products of Conception, Mid Forceps, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10D07Z5	Extraction of Products of Conception, High Forceps, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10D07Z6	Extraction of Products of Conception, Vacuum, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10D07Z7	Extraction of Products of Conception, Internal Version, Via Natural or Artificial Opening	Procedure	ICD-10-PCS

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
10D07Z8	Extraction of Products of Conception, Other, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10E0XZZ	Delivery of Products of Conception, External Approach	Procedure	ICD-10-PCS
10S07ZZ	Reposition Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	Procedure	CPT-4
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	Procedure	CPT-4
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	Procedure	CPT-4
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	Procedure	CPT-4
59514	Cesarean delivery only;	Procedure	CPT-4
59515	Cesarean delivery only; including postpartum care	Procedure	CPT-4
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	Procedure	CPT-4
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or for	Procedure	CPT-4
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	Procedure	CPT-4
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	Procedure	CPT-4
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	Procedure	CPT-4
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	Procedure	CPT-4
641.01	Placenta previa without hemorrhage, with delivery	Diagnosis	ICD-9-CM
641.11	Hemorrhage from placenta previa, with delivery	Diagnosis	ICD-9-CM
641.21	Premature separation of placenta, with delivery	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
641.31	Antepartum hemorrhage associated with coagulation defects, with delivery	Diagnosis	ICD-9-CM
641.81	Other antepartum hemorrhage, with delivery	Diagnosis	ICD-9-CM
641.91	Unspecified antepartum hemorrhage, with delivery	Diagnosis	ICD-9-CM
642.01	Benign essential hypertension with delivery	Diagnosis	ICD-9-CM
642.02	Benign essential hypertension, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
642.11	Hypertension secondary to renal disease, with delivery	Diagnosis	ICD-9-CM
642.12	Hypertension secondary to renal disease, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
642.21	Other pre-existing hypertension, with delivery	Diagnosis	ICD-9-CM
642.22	Other pre-existing hypertension, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
642.31	Transient hypertension of pregnancy, with delivery	Diagnosis	ICD-9-CM
642.32	Transient hypertension of pregnancy, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
642.41	Mild or unspecified pre-eclampsia, with delivery	Diagnosis	ICD-9-CM
642.42	Mild or unspecified pre-eclampsia, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
642.51	Severe pre-eclampsia, with delivery	Diagnosis	ICD-9-CM
642.52	Severe pre-eclampsia, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
642.61	Eclampsia, with delivery	Diagnosis	ICD-9-CM
642.62	Eclampsia, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
642.71	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension, with delivery	Diagnosis	ICD-9-CM
642.72	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
642.91	Unspecified hypertension, with delivery	Diagnosis	ICD-9-CM
642.92	Unspecified hypertension, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
643.01	Mild hyperemesis gravidarum, delivered	Diagnosis	ICD-9-CM
643.11	Hyperemesis gravidarum with metabolic disturbance, delivered	Diagnosis	ICD-9-CM
643.21	Late vomiting of pregnancy, delivered	Diagnosis	ICD-9-CM
643.81	Other vomiting complicating pregnancy, delivered	Diagnosis	ICD-9-CM
643.91	Unspecified vomiting of pregnancy, delivered	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
644.21	Early onset of delivery, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
645.01	Prolonged pregnancy, with delivery	Diagnosis	ICD-9-CM
645.11	Post term pregnancy, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
645.21	Prolonged pregnancy, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
645.23	Prolonged pregnancy, antepartum condition or complication	Diagnosis	ICD-9-CM
646.01	Papyraceous fetus, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
646.11	Edema or excessive weight gain in pregnancy, with delivery, with or without mention of ante	Diagnosis	ICD-9-CM
646.12	Edema or excessive weight gain in pregnancy, with delivery, with current postpartum complic	Diagnosis	ICD-9-CM
646.21	Unspecified renal disease in pregnancy, with delivery	Diagnosis	ICD-9-CM
646.22	Unspecified renal disease in pregnancy, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
646.31	Pregnancy complication, recurrent pregnancy loss, with or without mention of antepartum cc	Diagnosis	ICD-9-CM
646.41	Peripheral neuritis in pregnancy, with delivery	Diagnosis	ICD-9-CM
646.42	Peripheral neuritis in pregnancy, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
646.51	Asymptomatic bacteriuria in pregnancy, with delivery	Diagnosis	ICD-9-CM
646.52	Asymptomatic bacteriuria in pregnancy, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
646.61	Infections of genitourinary tract in pregnancy, with delivery	Diagnosis	ICD-9-CM
646.62	Infections of genitourinary tract in pregnancy, with delivery, with current postpartum complic	Diagnosis	ICD-9-CM
646.71	Liver and biliary tract disorders in pregnancy, delivered, with or without mention of antepartu	Diagnosis	ICD-9-CM
646.81	Other specified complication of pregnancy, with delivery	Diagnosis	ICD-9-CM
646.82	Other specified complications of pregnancy, with delivery, with current postpartum complicati	Diagnosis	ICD-9-CM
646.91	Unspecified complication of pregnancy, with delivery	Diagnosis	ICD-9-CM
647.01	Maternal syphilis, complicating pregnancy, with delivery	Diagnosis	ICD-9-CM
647.02	Maternal syphilis, complicating pregnancy, with delivery, with current postpartum complicati	Diagnosis	ICD-9-CM
647.11	Maternal gonorrhea with delivery	Diagnosis	ICD-9-CM
647.12	Maternal gonorrhea, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
647.21	Other maternal venereal diseases with delivery	Diagnosis	ICD-9-CM
647.22	Other maternal venereal diseases with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
647.31	Maternal tuberculosis with delivery	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
647.32	Maternal tuberculosis with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
647.41	Maternal malaria with delivery	Diagnosis	ICD-9-CM
647.42	Maternal malaria with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
647.51	Maternal rubella with delivery	Diagnosis	ICD-9-CM
647.52	Maternal rubella with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
647.61	Other maternal viral disease with delivery	Diagnosis	ICD-9-CM
647.62	Other maternal viral disease with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
647.81	Other specified maternal infectious and parasitic disease with delivery	Diagnosis	ICD-9-CM
647.82	Other specified maternal infectious and parasitic disease with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
647.91	Unspecified maternal infection or infestation with delivery	Diagnosis	ICD-9-CM
647.92	Unspecified maternal infection or infestation with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
648.01	Maternal diabetes mellitus with delivery	Diagnosis	ICD-9-CM
648.02	Maternal diabetes mellitus with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
648.11	Maternal thyroid dysfunction with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
648.12	Maternal thyroid dysfunction with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
648.21	Maternal anemia, with delivery	Diagnosis	ICD-9-CM
648.22	Maternal anemia with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
648.31	Maternal drug dependence, with delivery	Diagnosis	ICD-9-CM
648.32	Maternal drug dependence, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
648.41	Maternal mental disorders, with delivery	Diagnosis	ICD-9-CM
648.42	Maternal mental disorders, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
648.51	Maternal congenital cardiovascular disorders, with delivery	Diagnosis	ICD-9-CM
648.52	Maternal congenital cardiovascular disorders, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
648.61	Other maternal cardiovascular diseases, with delivery	Diagnosis	ICD-9-CM
648.62	Other maternal cardiovascular diseases, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
648.71	Bone and joint disorders of maternal back, pelvis, and lower limbs, with delivery	Diagnosis	ICD-9-CM
648.72	Bone and joint disorders of maternal back, pelvis, and lower limbs, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
648.81	Abnormal maternal glucose tolerance, with delivery	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
648.82	Abnormal maternal glucose tolerance, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
648.91	Other current maternal conditions classifiable elsewhere, with delivery	Diagnosis	ICD-9-CM
648.92	Other current maternal conditions classifiable elsewhere, with delivery, with current postpartum complication	Diagnosis	ICD-9-CM
649.01	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
649.02	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
649.11	Obesity complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
649.12	Obesity complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
649.21	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
649.22	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
649.31	Coagulation defects complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
649.32	Coagulation defects complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
649.41	Epilepsy complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
649.42	Epilepsy complicating pregnancy, childbirth, or the puerperium, delivered, with mention of p	Diagnosis	ICD-9-CM
649.51	Spotting complicating pregnancy, delivered, with or without mention of antepartum conditio	Diagnosis	ICD-9-CM
649.61	Uterine size date discrepancy, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
649.62	Uterine size date discrepancy, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
649.71	Cervical shortening, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
649.81	Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
649.82	Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
650	Normal delivery	Diagnosis	ICD-9-CM
651.01	Twin pregnancy, delivered	Diagnosis	ICD-9-CM
651.11	Triplet pregnancy, delivered	Diagnosis	ICD-9-CM
651.21	Quadruplet pregnancy, delivered	Diagnosis	ICD-9-CM
651.31	Twin pregnancy with fetal loss and retention of one fetus, delivered	Diagnosis	ICD-9-CM
651.41	Triplet pregnancy with fetal loss and retention of one or more, delivered	Diagnosis	ICD-9-CM
651.51	Quadruplet pregnancy with fetal loss and retention of one or more, delivered	Diagnosis	ICD-9-CM
651.61	Other multiple pregnancy with fetal loss and retention of one or more fetus(es), delivered	Diagnosis	ICD-9-CM
651.71	Multiple gestation following (elective) fetal reduction, delivered, with or without mention of :	Diagnosis	ICD-9-CM
651.81	Other specified multiple gestation, delivered	Diagnosis	ICD-9-CM
651.91	Unspecified multiple gestation, delivered	Diagnosis	ICD-9-CM
652.01	Unstable lie of fetus, delivered	Diagnosis	ICD-9-CM
652.11	Breech or other malpresentation successfully converted to cephalic presentation, delivered	Diagnosis	ICD-9-CM
652.21	Breech presentation without mention of version, delivered	Diagnosis	ICD-9-CM
652.31	Transverse or oblique fetal presentation, delivered	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
652.41	Fetal face or brow presentation, delivered	Diagnosis	ICD-9-CM
652.51	High fetal head at term, delivered	Diagnosis	ICD-9-CM
652.61	Multiple gestation with malpresentation of one fetus or more, delivered	Diagnosis	ICD-9-CM
652.71	Prolapsed arm of fetus, delivered	Diagnosis	ICD-9-CM
652.81	Other specified malposition or malpresentation of fetus, delivered	Diagnosis	ICD-9-CM
652.91	Unspecified malposition or malpresentation of fetus, delivered	Diagnosis	ICD-9-CM
653.01	Major abnormality of bony pelvis, not further specified, delivered	Diagnosis	ICD-9-CM
653.11	Generally contracted pelvis in pregnancy, delivered	Diagnosis	ICD-9-CM
653.21	Inlet contraction of pelvis in pregnancy, delivered	Diagnosis	ICD-9-CM
653.31	Outlet contraction of pelvis in pregnancy, delivered	Diagnosis	ICD-9-CM
653.41	Fetopelvic disproportion, delivered	Diagnosis	ICD-9-CM
653.51	Unusually large fetus causing disproportion, delivered	Diagnosis	ICD-9-CM
653.61	Hydrocephalic fetus causing disproportion, delivered	Diagnosis	ICD-9-CM
653.71	Other fetal abnormality causing disproportion, delivered	Diagnosis	ICD-9-CM
653.81	Fetal disproportion of other origin, delivered	Diagnosis	ICD-9-CM
653.91	Unspecified fetal disproportion, delivered	Diagnosis	ICD-9-CM
654.01	Congenital abnormalities of pregnant uterus, delivered	Diagnosis	ICD-9-CM
654.02	Congenital abnormalities of pregnant uterus, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
654.11	Tumors of body of uterus, delivered	Diagnosis	ICD-9-CM
654.12	Tumors of body of uterus, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
654.21	Previous cesarean delivery, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
654.31	Retroverted and incarcerated gravid uterus, delivered	Diagnosis	ICD-9-CM
654.32	Retroverted and incarcerated gravid uterus, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
654.41	Other abnormalities in shape or position of gravid uterus and of neighboring structures, delivered	Diagnosis	ICD-9-CM
654.42	Other abnormalities in shape or position of gravid uterus and of neighboring structures, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
654.51	Cervical incompetence, delivered	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
654.52	Cervical incompetence, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
654.61	Other congenital or acquired abnormality of cervix, with delivery	Diagnosis	ICD-9-CM
654.62	Other congenital or acquired abnormality of cervix, delivered, with mention of postpartum cc	Diagnosis	ICD-9-CM
654.71	Congenital or acquired abnormality of vagina, with delivery	Diagnosis	ICD-9-CM
654.72	Congenital or acquired abnormality of vagina, delivered, with mention of postpartum complic	Diagnosis	ICD-9-CM
654.81	Congenital or acquired abnormality of vulva, with delivery	Diagnosis	ICD-9-CM
654.82	Congenital or acquired abnormality of vulva, delivered, with mention of postpartum complica	Diagnosis	ICD-9-CM
654.91	Other and unspecified abnormality of organs and soft tissues of pelvis, with delivery	Diagnosis	ICD-9-CM
654.92	Other and unspecified abnormality of organs and soft tissues of pelvis, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
655.01	Central nervous system malformation in fetus, with delivery	Diagnosis	ICD-9-CM
655.11	Chromosomal abnormality in fetus, affecting management of mother, with delivery	Diagnosis	ICD-9-CM
655.21	Hereditary disease in family possibly affecting fetus, affecting management of mother, with d	Diagnosis	ICD-9-CM
655.31	Suspected damage to fetus from viral disease in mother, affecting management of mother, w	Diagnosis	ICD-9-CM
655.41	Suspected damage to fetus from other disease in mother, affecting management of mother, \	Diagnosis	ICD-9-CM
655.51	Suspected damage to fetus from drugs, affecting management of mother, delivered	Diagnosis	ICD-9-CM
655.61	Suspected damage to fetus from radiation, affecting management of mother, delivered	Diagnosis	ICD-9-CM
655.71	Decreased fetal movements, affecting management of mother, delivered	Diagnosis	ICD-9-CM
655.81	Other known or suspected fetal abnormality, not elsewhere classified, affecting management	Diagnosis	ICD-9-CM
655.91	Unspecified fetal abnormality affecting management of mother, delivery	Diagnosis	ICD-9-CM
656.01	Fetal-maternal hemorrhage, with delivery	Diagnosis	ICD-9-CM
656.11	Rhesus isoimmunization affecting management of mother, delivered	Diagnosis	ICD-9-CM
656.21	Isoimmunization from other and unspecified blood-group incompatibility, affecting managem	Diagnosis	ICD-9-CM
656.31	Fetal distress affecting management of mother, delivered	Diagnosis	ICD-9-CM
656.41	Intrauterine death affecting management of mother, delivered	Diagnosis	ICD-9-CM
656.51	Poor fetal growth, affecting management of mother, delivered	Diagnosis	ICD-9-CM
656.61	Excessive fetal growth affecting management of mother, delivered	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
656.71	Other placental conditions affecting management of mother, delivered	Diagnosis	ICD-9-CM
656.81	Other specified fetal and placental problems affecting management of mother, delivered	Diagnosis	ICD-9-CM
656.91	Unspecified fetal and placental problem affecting management of mother, delivered	Diagnosis	ICD-9-CM
657.01	Polyhydramnios, with delivery	Diagnosis	ICD-9-CM
658.01	Oligohydramnios, delivered	Diagnosis	ICD-9-CM
658.11	Premature rupture of membranes in pregnancy, delivered	Diagnosis	ICD-9-CM
658.21	Delayed delivery after spontaneous or unspecified rupture of membranes, delivered	Diagnosis	ICD-9-CM
658.31	Delayed delivery after artificial rupture of membranes, delivered	Diagnosis	ICD-9-CM
658.41	Infection of amniotic cavity, delivered	Diagnosis	ICD-9-CM
658.81	Other problem associated with amniotic cavity and membranes, delivered	Diagnosis	ICD-9-CM
658.91	Unspecified problem associated with amniotic cavity and membranes, delivered	Diagnosis	ICD-9-CM
659.01	Failed mechanical induction of labor, delivered	Diagnosis	ICD-9-CM
659.11	Failed medical or unspecified induction of labor, delivered	Diagnosis	ICD-9-CM
659.21	Unspecified maternal pyrexia during labor, delivered	Diagnosis	ICD-9-CM
659.31	Generalized infection during labor, delivered	Diagnosis	ICD-9-CM
659.41	Grand multiparity, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
659.51	Elderly primigravida, delivered	Diagnosis	ICD-9-CM
659.61	Elderly multigravida, delivered, with mention of antepartum condition	Diagnosis	ICD-9-CM
659.71	Abnormality in fetal heart rate or rhythm, delivered, with or without mention of antepartum	Diagnosis	ICD-9-CM
659.81	Other specified indication for care or intervention related to labor and delivery, delivered	Diagnosis	ICD-9-CM
659.91	Unspecified indication for care or intervention related to labor and delivery, delivered	Diagnosis	ICD-9-CM
660.01	Obstruction caused by malposition of fetus at onset of labor, delivered	Diagnosis	ICD-9-CM
660.11	Obstruction by bony pelvis during labor and delivery, delivered	Diagnosis	ICD-9-CM
660.21	Obstruction by abnormal pelvic soft tissues during labor and delivery, delivered	Diagnosis	ICD-9-CM
660.31	Deep transverse arrest and persistent occipitoposterior position during labor and deliver, deli	Diagnosis	ICD-9-CM
660.41	Shoulder (girdle) dystocia during labor and deliver, delivered	Diagnosis	ICD-9-CM
660.51	Locked twins, delivered	Diagnosis	ICD-9-CM
660.61	Unspecified failed trial of labor, delivered	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
660.71	Unspecified failed forceps or vacuum extractor, delivered	Diagnosis	ICD-9-CM
660.81	Other causes of obstructed labor, delivered	Diagnosis	ICD-9-CM
660.91	Unspecified obstructed labor, with delivery	Diagnosis	ICD-9-CM
661.01	Primary uterine inertia, with delivery	Diagnosis	ICD-9-CM
661.11	Secondary uterine inertia, with delivery	Diagnosis	ICD-9-CM
661.21	Other and unspecified uterine inertia, with delivery	Diagnosis	ICD-9-CM
661.31	Precipitate labor, with delivery	Diagnosis	ICD-9-CM
661.41	Hypertonic, incoordinate, or prolonged uterine contractions, with delivery	Diagnosis	ICD-9-CM
661.91	Unspecified abnormality of labor, with delivery	Diagnosis	ICD-9-CM
662.01	Prolonged first stage of labor, delivered	Diagnosis	ICD-9-CM
662.11	Unspecified prolonged labor, delivered	Diagnosis	ICD-9-CM
662.21	Prolonged second stage of labor, delivered	Diagnosis	ICD-9-CM
662.31	Delayed delivery of second twin, triplet, etc., delivered	Diagnosis	ICD-9-CM
663.01	Prolapse of cord, complicating labor and delivery, delivered	Diagnosis	ICD-9-CM
663.11	Cord around neck, with compression, complicating labor and delivery, delivered	Diagnosis	ICD-9-CM
663.21	Other and unspecified cord entanglement, with compression, complicating labor and delivery	Diagnosis	ICD-9-CM
663.31	Other and unspecified cord entanglement, without mention of compression, complicating lab	Diagnosis	ICD-9-CM
663.41	Short cord complicating labor and delivery, delivered	Diagnosis	ICD-9-CM
663.51	Vasa previa complicating labor and delivery, delivered	Diagnosis	ICD-9-CM
663.61	Vascular lesions of cord complicating labor and delivery, delivered	Diagnosis	ICD-9-CM
663.81	Other umbilical cord complications during labor and delivery, delivered	Diagnosis	ICD-9-CM
663.91	Unspecified umbilical cord complication during labor and delivery, delivered	Diagnosis	ICD-9-CM
664.01	First-degree perineal laceration, with delivery	Diagnosis	ICD-9-CM
664.11	Second-degree perineal laceration, with delivery	Diagnosis	ICD-9-CM
664.21	Third-degree perineal laceration, with delivery	Diagnosis	ICD-9-CM
664.31	Fourth-degree perineal laceration, with delivery	Diagnosis	ICD-9-CM
664.41	Unspecified perineal laceration, with delivery	Diagnosis	ICD-9-CM
664.51	Vulvar and perineal hematoma, with delivery	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
664.61	Anal sphincter tear complicating delivery, not associated with third-degree perineal laceration, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
664.81	Other specified trauma to perineum and vulva, with delivery	Diagnosis	ICD-9-CM
664.91	Unspecified trauma to perineum and vulva, with delivery	Diagnosis	ICD-9-CM
665.01	Rupture of uterus before onset of labor, with delivery	Diagnosis	ICD-9-CM
665.11	Rupture of uterus during labor, with delivery	Diagnosis	ICD-9-CM
665.22	Inversion of uterus, delivered with postpartum complication	Diagnosis	ICD-9-CM
665.31	Laceration of cervix, with delivery	Diagnosis	ICD-9-CM
665.41	High vaginal laceration, with delivery	Diagnosis	ICD-9-CM
665.51	Other injury to pelvic organs, with delivery	Diagnosis	ICD-9-CM
665.61	Damage to pelvic joints and ligaments, with delivery	Diagnosis	ICD-9-CM
665.71	Pelvic hematoma, with delivery	Diagnosis	ICD-9-CM
665.72	Pelvic hematoma, delivered with postpartum complication	Diagnosis	ICD-9-CM
665.81	Other specified obstetrical trauma, with delivery	Diagnosis	ICD-9-CM
665.82	Other specified obstetrical trauma, delivered, with postpartum	Diagnosis	ICD-9-CM
665.91	Unspecified obstetrical trauma, with delivery	Diagnosis	ICD-9-CM
665.92	Unspecified obstetrical trauma, delivered, with postpartum complication	Diagnosis	ICD-9-CM
666.02	Third-stage postpartum hemorrhage, with delivery	Diagnosis	ICD-9-CM
666.12	Other immediate postpartum hemorrhage, with delivery	Diagnosis	ICD-9-CM
666.22	Delayed and secondary postpartum hemorrhage, with delivery	Diagnosis	ICD-9-CM
666.32	Postpartum coagulation defects, with delivery	Diagnosis	ICD-9-CM
667.02	Retained placenta without hemorrhage, with delivery, with mention of postpartum complicat	Diagnosis	ICD-9-CM
667.12	Retained portions of placenta or membranes, without hemorrhage, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
668.01	Pulmonary complications of the administration of anesthesia or other sedation in labor and d	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
668.02	Pulmonary complications of the administration of anesthesia or other sedation in labor and delivery, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
668.11	Cardiac complications of the administration of anesthesia or other sedation in labor and delivery, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
668.12	Cardiac complications of the administration of anesthesia or other sedation in labor and delivery, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
668.21	Central nervous system complications of the administration of anesthesia or other sedation in labor and delivery, delivered	Diagnosis	ICD-9-CM
668.22	Central nervous system complications of the administration of anesthesia or other sedation in labor and delivery, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
668.81	Other complications of the administration of anesthesia or other sedation in labor and delivery, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
668.82	Other complications of the administration of anesthesia or other sedation in labor and delivery, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
668.91	Unspecified complication of the administration of anesthesia or other sedation in labor and delivery, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
668.92	Unspecified complication of the administration of anesthesia or other sedation in labor and delivery, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
669.01	Maternal distress, with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
669.02	Maternal distress, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
669.11	Shock during or following labor and delivery, with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
669.12	Shock during or following labor and delivery, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
669.21	Maternal hypotension syndrome, with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
669.22	Maternal hypotension syndrome, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
669.32	Acute kidney failure following labor and delivery, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
669.41	Other complications of obstetrical surgery and procedures, with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
669.42	Other complications of obstetrical surgery and procedures, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
669.51	Forceps or vacuum extractor delivery without mention of indication, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
669.61	Breech extraction, without mention of indication, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
669.71	Cesarean delivery, without mention of indication, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
669.81	Other complication of labor and delivery, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
669.82	Other complication of labor and delivery, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
669.91	Unspecified complication of labor and delivery, with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
669.92	Unspecified complication of labor and delivery, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
670.02	Major puerperal infection, unspecified, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
670.12	Puerperal endometritis, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
670.22	Puerperal sepsis, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
670.32	Puerperal septic thrombophlebitis, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
670.82	Other major puerperal infection, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
671.01	Varicose veins of legs, with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
671.02	Varicose veins of legs, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
671.11	Varicose veins of vulva and perineum, with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
671.12	Varicose veins of vulva and perineum, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
671.21	Superficial thrombophlebitis with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
671.22	Superficial thrombophlebitis with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
671.31	Deep phlebothrombosis, antepartum, with delivery	Diagnosis	ICD-9-CM
671.42	Deep phlebothrombosis, postpartum, with delivery	Diagnosis	ICD-9-CM
671.51	Other phlebitis and thrombosis with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
671.52	Other phlebitis and thrombosis with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
671.81	Other venous complication, with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
671.82	Other venous complication, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
671.91	Unspecified venous complication, with delivery, with or without mention of antepartum cond	Diagnosis	ICD-9-CM
671.92	Unspecified venous complication, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
672.02	Puerperal pyrexia of unknown origin, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
673.01	Obstetrical air embolism, with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
673.02	Obstetrical air embolism, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
673.11	Amniotic fluid embolism, with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
673.12	Amniotic fluid embolism, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
673.21	Obstetrical blood-clot embolism, with delivery, with or without mention of antepartum condi	Diagnosis	ICD-9-CM
673.22	Obstetrical blood-clot embolism, with mention of postpartum complication	Diagnosis	ICD-9-CM
673.31	Obstetrical pyemic and septic embolism, with delivery, with or without mention of antepartu	Diagnosis	ICD-9-CM
673.32	Obstetrical pyemic and septic embolism, with delivery, with mention of postpartum complica	Diagnosis	ICD-9-CM
673.81	Other obstetrical pulmonary embolism, with delivery, with or without mention of antepartum	Diagnosis	ICD-9-CM
673.82	Other obstetrical pulmonary embolism, with delivery, with mention of postpartum complicati	Diagnosis	ICD-9-CM
674.01	Cerebrovascular disorder, with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
674.02	Cerebrovascular disorder, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
674.12	Disruption of cesarean wound, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
674.22	Disruption of perineal wound, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
674.32	Other complication of obstetrical surgical wounds, with delivery, with mention of postpartum	Diagnosis	ICD-9-CM
674.42	Placental polyp, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
674.51	Peripartum cardiomyopathy, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
674.52	Peripartum cardiomyopathy, delivered, with mention of postpartum condition	Diagnosis	ICD-9-CM
674.82	Other complication of puerperium, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
674.92	Unspecified complications of puerperium, with delivery, with mention of postpartum complic	Diagnosis	ICD-9-CM
675.01	Infection of nipple associated with childbirth, delivered, with or without mention of antepart	Diagnosis	ICD-9-CM
675.02	Infection of nipple associated with childbirth, delivered with mention of postpartum complica	Diagnosis	ICD-9-CM
675.11	Abscess of breast associated with childbirth, delivered, with or without mention of antepartu	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
675.12	Abscess of breast associated with childbirth, delivered, with mention of postpartum complica	Diagnosis	ICD-9-CM
675.21	Nonpurulent mastitis, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
675.22	Nonpurulent mastitis, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
675.81	Other specified infection of the breast and nipple associated with childbirth, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
675.82	Other specified infection of the breast and nipple associated with childbirth, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
675.91	Unspecified infection of the breast and nipple, delivered, with or without mention of antepar	Diagnosis	ICD-9-CM
675.92	Unspecified infection of the breast and nipple, delivered, with mention of postpartum compli	Diagnosis	ICD-9-CM
676.01	Retracted nipple, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
676.02	Retracted nipple, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
676.11	Cracked nipple, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
676.12	Cracked nipple, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
676.21	Engorgement of breasts, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
676.22	Engorgement of breasts, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
676.31	Other and unspecified disorder of breast associated with childbirth, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
676.32	Other and unspecified disorder of breast associated with childbirth, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
676.41	Failure of lactation, with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
676.42	Failure of lactation, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
676.51	Suppressed lactation, with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
676.52	Suppressed lactation, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
676.61	Galactorrhea, with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
676.62	Galactorrhea, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
676.81	Other disorder of lactation, with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
676.82	Other disorder of lactation, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
676.91	Unspecified disorder of lactation, with delivery, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
676.92	Unspecified disorder of lactation, with delivery, with mention of postpartum complication	Diagnosis	ICD-9-CM
678.01	Fetal hematologic conditions, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
678.11	Fetal conjoined twins, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
679.01	Maternal complications from in utero procedure, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
679.02	Maternal complications from in utero procedure, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
679.11	Fetal complications from in utero procedure, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
679.12	Fetal complications from in utero procedure, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
72	Forceps, vacuum, and breech delivery	Procedure	ICD-9-CM
72.0	Low forceps operation	Procedure	ICD-9-CM
72.1	Low forceps operation with episiotomy	Procedure	ICD-9-CM
72.2	Mid forceps operation	Procedure	ICD-9-CM
72.21	Mid forceps operation with episiotomy	Procedure	ICD-9-CM
72.29	Other mid forceps operation	Procedure	ICD-9-CM
72.3	High forceps operation	Procedure	ICD-9-CM
72.31	High forceps operation with episiotomy	Procedure	ICD-9-CM
72.39	Other high forceps operation	Procedure	ICD-9-CM
72.4	Forceps rotation of fetal head	Procedure	ICD-9-CM
72.5	Breech extraction	Procedure	ICD-9-CM
72.51	Partial breech extraction with forceps to aftercoming head	Procedure	ICD-9-CM
72.52	Other partial breech extraction	Procedure	ICD-9-CM
72.53	Total breech extraction with forceps to aftercoming head	Procedure	ICD-9-CM
72.54	Other total breech extraction	Procedure	ICD-9-CM
72.6	Forceps application to aftercoming head	Procedure	ICD-9-CM
72.7	Vacuum extraction	Procedure	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
72.71	Vacuum extraction with episiotomy	Procedure	ICD-9-CM
72.79	Other vacuum extraction	Procedure	ICD-9-CM
72.8	Other specified instrumental delivery	Procedure	ICD-9-CM
72.9	Unspecified instrumental delivery	Procedure	ICD-9-CM
73	Other procedures inducing or assisting delivery	Procedure	ICD-9-CM
73.0	Artificial rupture of membranes	Procedure	ICD-9-CM
73.01	Induction of labor by artificial rupture of membranes	Procedure	ICD-9-CM
73.09	Other artificial rupture of membranes	Procedure	ICD-9-CM
73.1	Other surgical induction of labor	Procedure	ICD-9-CM
73.2	Internal and combined version and extraction	Procedure	ICD-9-CM
73.21	Internal and combined version without extraction	Procedure	ICD-9-CM
73.22	Internal and combined version with extraction	Procedure	ICD-9-CM
73.3	Failed forceps	Procedure	ICD-9-CM
73.4	Medical induction of labor	Procedure	ICD-9-CM
73.5	Manually assisted delivery	Procedure	ICD-9-CM
73.51	Manual rotation of fetal head	Procedure	ICD-9-CM
73.59	Other manually assisted delivery	Procedure	ICD-9-CM
73.6	Episiotomy	Procedure	ICD-9-CM
73.8	Operations on fetus to facilitate delivery	Procedure	ICD-9-CM
73.9	Other operations assisting delivery	Procedure	ICD-9-CM
73.91	External version to assist delivery	Procedure	ICD-9-CM
73.92	Replacement of prolapsed umbilical cord	Procedure	ICD-9-CM
73.93	Incision of cervix to assist delivery	Procedure	ICD-9-CM
73.94	Pubiotomy to assist delivery	Procedure	ICD-9-CM
73.99	Other operations to assist delivery	Procedure	ICD-9-CM
74.0	Classical cesarean section	Procedure	ICD-9-CM
74.1	Low cervical cesarean section	Procedure	ICD-9-CM
74.2	Extraperitoneal cesarean section	Procedure	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
74.4	Cesarean section of other specified type	Procedure	ICD-9-CM
74.9	Cesarean section of unspecified type	Procedure	ICD-9-CM
74.99	Other cesarean section of unspecified type	Procedure	ICD-9-CM
763.0	Fetus or newborn affected by breech delivery and extraction	Diagnosis	ICD-9-CM
763.2	Fetus or newborn affected by forceps delivery	Diagnosis	ICD-9-CM
763.3	Fetus or newborn affected by delivery by vacuum extractor	Diagnosis	ICD-9-CM
763.4	Fetus or newborn affected by cesarean delivery	Diagnosis	ICD-9-CM
763.6	Fetus or newborn affected by precipitate delivery	Diagnosis	ICD-9-CM
768.0	Fetal death from asphyxia or anoxia before onset of labor or at unspecified time	Diagnosis	ICD-9-CM
768.1	Fetal death from asphyxia or anoxia during labor	Diagnosis	ICD-9-CM
O1002	Pre-existing essential hypertension complicating childbirth	Diagnosis	ICD-10-CM
O1012	Pre-existing hypertensive heart disease complicating childbirth	Diagnosis	ICD-10-CM
O1022	Pre-existing hypertensive chronic kidney disease complicating childbirth	Diagnosis	ICD-10-CM
O1032	Pre-existing hypertensive heart and chronic kidney disease complicating childbirth	Diagnosis	ICD-10-CM
O1042	Pre-existing secondary hypertension complicating childbirth	Diagnosis	ICD-10-CM
O1092	Unspecified pre-existing hypertension complicating childbirth	Diagnosis	ICD-10-CM
O114	Pre-existing hypertension with pre-eclampsia, complicating childbirth	Diagnosis	ICD-10-CM
O1204	Gestational edema, complicating childbirth	Diagnosis	ICD-10-CM
O1214	Gestational proteinuria, complicating childbirth	Diagnosis	ICD-10-CM
O1224	Gestational edema with proteinuria, complicating childbirth	Diagnosis	ICD-10-CM
O134	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating c	Diagnosis	ICD-10-CM
O1404	Mild to moderate pre-eclampsia, complicating childbirth	Diagnosis	ICD-10-CM
O1414	Severe pre-eclampsia complicating childbirth	Diagnosis	ICD-10-CM
O1424	HELLP syndrome, complicating childbirth	Diagnosis	ICD-10-CM
O1494	Unspecified pre-eclampsia, complicating childbirth	Diagnosis	ICD-10-CM
O164	Unspecified maternal hypertension, complicating childbirth	Diagnosis	ICD-10-CM
O2402	Pre-existing type 1 diabetes mellitus, in childbirth	Diagnosis	ICD-10-CM
O2412	Pre-existing type 2 diabetes mellitus, in childbirth	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
O2432	Unspecified pre-existing diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
O24420	Gestational diabetes mellitus in childbirth, diet controlled	Diagnosis	ICD-10-CM
O24424	Gestational diabetes mellitus in childbirth, insulin controlled	Diagnosis	ICD-10-CM
O24425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs	Diagnosis	ICD-10-CM
O24429	Gestational diabetes mellitus in childbirth, unspecified control	Diagnosis	ICD-10-CM
O2482	Other pre-existing diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
O2492	Unspecified diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
O252	Malnutrition in childbirth	Diagnosis	ICD-10-CM
O2662	Liver and biliary tract disorders in childbirth	Diagnosis	ICD-10-CM
O2672	Subluxation of symphysis (pubis) in childbirth	Diagnosis	ICD-10-CM
O6012X0	Preterm labor second trimester with preterm delivery second trimester, not applicable or uns	Diagnosis	ICD-10-CM
O6012X1	Preterm labor second trimester with preterm delivery second trimester, fetus 1	Diagnosis	ICD-10-CM
O6012X2	Preterm labor second trimester with preterm delivery second trimester, fetus 2	Diagnosis	ICD-10-CM
O6012X3	Preterm labor second trimester with preterm delivery second trimester, fetus 3	Diagnosis	ICD-10-CM
O6012X4	Preterm labor second trimester with preterm delivery second trimester, fetus 4	Diagnosis	ICD-10-CM
O6012X5	Preterm labor second trimester with preterm delivery second trimester, fetus 5	Diagnosis	ICD-10-CM
O6012X9	Preterm labor second trimester with preterm delivery second trimester, other fetus	Diagnosis	ICD-10-CM
O6013X0	Preterm labor second trimester with preterm delivery third trimester, not applicable or unspe	Diagnosis	ICD-10-CM
O6013X1	Preterm labor second trimester with preterm delivery third trimester, fetus 1	Diagnosis	ICD-10-CM
O6013X2	Preterm labor second trimester with preterm delivery third trimester, fetus 2	Diagnosis	ICD-10-CM
O6013X3	Preterm labor second trimester with preterm delivery third trimester, fetus 3	Diagnosis	ICD-10-CM
O6013X4	Preterm labor second trimester with preterm delivery third trimester, fetus 4	Diagnosis	ICD-10-CM
O6013X5	Preterm labor second trimester with preterm delivery third trimester, fetus 5	Diagnosis	ICD-10-CM
O6013X9	Preterm labor second trimester with preterm delivery third trimester, other fetus	Diagnosis	ICD-10-CM
O6014X0	Preterm labor third trimester with preterm delivery third trimester, not applicable or unspeci	Diagnosis	ICD-10-CM
O6014X1	Preterm labor third trimester with preterm delivery third trimester, fetus 1	Diagnosis	ICD-10-CM
O6014X2	Preterm labor third trimester with preterm delivery third trimester, fetus 2	Diagnosis	ICD-10-CM
O6014X3	Preterm labor third trimester with preterm delivery third trimester, fetus 3	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
O6014X4	Preterm labor third trimester with preterm delivery third trimester, fetus 4	Diagnosis	ICD-10-CM
O6014X5	Preterm labor third trimester with preterm delivery third trimester, fetus 5	Diagnosis	ICD-10-CM
O6014X9	Preterm labor third trimester with preterm delivery third trimester, other fetus	Diagnosis	ICD-10-CM
O6022X0	Term delivery with preterm labor, second trimester, not applicable or unspecified	Diagnosis	ICD-10-CM
O6022X1	Term delivery with preterm labor, second trimester, fetus 1	Diagnosis	ICD-10-CM
O6022X2	Term delivery with preterm labor, second trimester, fetus 2	Diagnosis	ICD-10-CM
O6022X3	Term delivery with preterm labor, second trimester, fetus 3	Diagnosis	ICD-10-CM
O6022X4	Term delivery with preterm labor, second trimester, fetus 4	Diagnosis	ICD-10-CM
O6022X5	Term delivery with preterm labor, second trimester, fetus 5	Diagnosis	ICD-10-CM
O6022X9	Term delivery with preterm labor, second trimester, other fetus	Diagnosis	ICD-10-CM
O6023X0	Term delivery with preterm labor, third trimester, not applicable or unspecified	Diagnosis	ICD-10-CM
O6023X1	Term delivery with preterm labor, third trimester, fetus 1	Diagnosis	ICD-10-CM
O6023X2	Term delivery with preterm labor, third trimester, fetus 2	Diagnosis	ICD-10-CM
O6023X3	Term delivery with preterm labor, third trimester, fetus 3	Diagnosis	ICD-10-CM
O6023X4	Term delivery with preterm labor, third trimester, fetus 4	Diagnosis	ICD-10-CM
O6023X5	Term delivery with preterm labor, third trimester, fetus 5	Diagnosis	ICD-10-CM
O6023X9	Term delivery with preterm labor, third trimester, other fetus	Diagnosis	ICD-10-CM
O632	Delayed delivery of second twin, triplet, etc	Diagnosis	ICD-10-CM
O670	Intrapartum hemorrhage with coagulation defect	Diagnosis	ICD-10-CM
O678	Other intrapartum hemorrhage	Diagnosis	ICD-10-CM
O679	Intrapartum hemorrhage, unspecified	Diagnosis	ICD-10-CM
O68	Labor and delivery complicated by abnormality of fetal acid-base balance	Diagnosis	ICD-10-CM
O690XX0	Labor and delivery complicated by prolapse of cord, not applicable or unspecified	Diagnosis	ICD-10-CM
O690XX1	Labor and delivery complicated by prolapse of cord, fetus 1	Diagnosis	ICD-10-CM
O690XX2	Labor and delivery complicated by prolapse of cord, fetus 2	Diagnosis	ICD-10-CM
O690XX3	Labor and delivery complicated by prolapse of cord, fetus 3	Diagnosis	ICD-10-CM
O690XX4	Labor and delivery complicated by prolapse of cord, fetus 4	Diagnosis	ICD-10-CM
O690XX5	Labor and delivery complicated by prolapse of cord, fetus 5	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
O690XX9	Labor and delivery complicated by prolapse of cord, other fetus	Diagnosis	ICD-10-CM
O691XX0	Labor and delivery complicated by cord around neck, with compression, not applicable or unspecified	Diagnosis	ICD-10-CM
O691XX1	Labor and delivery complicated by cord around neck, with compression, fetus 1	Diagnosis	ICD-10-CM
O691XX2	Labor and delivery complicated by cord around neck, with compression, fetus 2	Diagnosis	ICD-10-CM
O691XX3	Labor and delivery complicated by cord around neck, with compression, fetus 3	Diagnosis	ICD-10-CM
O691XX4	Labor and delivery complicated by cord around neck, with compression, fetus 4	Diagnosis	ICD-10-CM
O691XX5	Labor and delivery complicated by cord around neck, with compression, fetus 5	Diagnosis	ICD-10-CM
O691XX9	Labor and delivery complicated by cord around neck, with compression, other fetus	Diagnosis	ICD-10-CM
O692XX0	Labor and delivery complicated by other cord entanglement, with compression, not applicable or unspecified	Diagnosis	ICD-10-CM
O692XX1	Labor and delivery complicated by other cord entanglement, with compression, fetus 1	Diagnosis	ICD-10-CM
O692XX2	Labor and delivery complicated by other cord entanglement, with compression, fetus 2	Diagnosis	ICD-10-CM
O692XX3	Labor and delivery complicated by other cord entanglement, with compression, fetus 3	Diagnosis	ICD-10-CM
O692XX4	Labor and delivery complicated by other cord entanglement, with compression, fetus 4	Diagnosis	ICD-10-CM
O692XX5	Labor and delivery complicated by other cord entanglement, with compression, fetus 5	Diagnosis	ICD-10-CM
O692XX9	Labor and delivery complicated by other cord entanglement, with compression, other fetus	Diagnosis	ICD-10-CM
O693XX0	Labor and delivery complicated by short cord, not applicable or unspecified	Diagnosis	ICD-10-CM
O693XX1	Labor and delivery complicated by short cord, fetus 1	Diagnosis	ICD-10-CM
O693XX2	Labor and delivery complicated by short cord, fetus 2	Diagnosis	ICD-10-CM
O693XX3	Labor and delivery complicated by short cord, fetus 3	Diagnosis	ICD-10-CM
O693XX4	Labor and delivery complicated by short cord, fetus 4	Diagnosis	ICD-10-CM
O693XX5	Labor and delivery complicated by short cord, fetus 5	Diagnosis	ICD-10-CM
O693XX9	Labor and delivery complicated by short cord, other fetus	Diagnosis	ICD-10-CM
O694XX0	Labor and delivery complicated by vasa previa, not applicable or unspecified	Diagnosis	ICD-10-CM
O694XX1	Labor and delivery complicated by vasa previa, fetus 1	Diagnosis	ICD-10-CM
O694XX2	Labor and delivery complicated by vasa previa, fetus 2	Diagnosis	ICD-10-CM
O694XX3	Labor and delivery complicated by vasa previa, fetus 3	Diagnosis	ICD-10-CM
O694XX4	Labor and delivery complicated by vasa previa, fetus 4	Diagnosis	ICD-10-CM
O694XX5	Labor and delivery complicated by vasa previa, fetus 5	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
O694XX9	Labor and delivery complicated by vasa previa, other fetus	Diagnosis	ICD-10-CM
O695XX0	Labor and delivery complicated by vascular lesion of cord, not applicable or unspecified	Diagnosis	ICD-10-CM
O695XX1	Labor and delivery complicated by vascular lesion of cord, fetus 1	Diagnosis	ICD-10-CM
O695XX2	Labor and delivery complicated by vascular lesion of cord, fetus 2	Diagnosis	ICD-10-CM
O695XX3	Labor and delivery complicated by vascular lesion of cord, fetus 3	Diagnosis	ICD-10-CM
O695XX4	Labor and delivery complicated by vascular lesion of cord, fetus 4	Diagnosis	ICD-10-CM
O695XX5	Labor and delivery complicated by vascular lesion of cord, fetus 5	Diagnosis	ICD-10-CM
O695XX9	Labor and delivery complicated by vascular lesion of cord, other fetus	Diagnosis	ICD-10-CM
O6981X0	Labor and delivery complicated by cord around neck, without compression, not applicable or	Diagnosis	ICD-10-CM
O6981X1	Labor and delivery complicated by cord around neck, without compression, fetus 1	Diagnosis	ICD-10-CM
O6981X2	Labor and delivery complicated by cord around neck, without compression, fetus 2	Diagnosis	ICD-10-CM
O6981X3	Labor and delivery complicated by cord around neck, without compression, fetus 3	Diagnosis	ICD-10-CM
O6981X4	Labor and delivery complicated by cord around neck, without compression, fetus 4	Diagnosis	ICD-10-CM
O6981X5	Labor and delivery complicated by cord around neck, without compression, fetus 5	Diagnosis	ICD-10-CM
O6981X9	Labor and delivery complicated by cord around neck, without compression, other fetus	Diagnosis	ICD-10-CM
O6982X0	Labor and delivery complicated by other cord entanglement, without compression, not applic	Diagnosis	ICD-10-CM
O6982X1	Labor and delivery complicated by other cord entanglement, without compression, fetus 1	Diagnosis	ICD-10-CM
O6982X2	Labor and delivery complicated by other cord entanglement, without compression, fetus 2	Diagnosis	ICD-10-CM
O6982X3	Labor and delivery complicated by other cord entanglement, without compression, fetus 3	Diagnosis	ICD-10-CM
O6982X4	Labor and delivery complicated by other cord entanglement, without compression, fetus 4	Diagnosis	ICD-10-CM
O6982X5	Labor and delivery complicated by other cord entanglement, without compression, fetus 5	Diagnosis	ICD-10-CM
O6982X9	Labor and delivery complicated by other cord entanglement, without compression, other fetu	Diagnosis	ICD-10-CM
O6989X0	Labor and delivery complicated by other cord complications, not applicable or unspecified	Diagnosis	ICD-10-CM
O6989X1	Labor and delivery complicated by other cord complications, fetus 1	Diagnosis	ICD-10-CM
O6989X2	Labor and delivery complicated by other cord complications, fetus 2	Diagnosis	ICD-10-CM
O6989X3	Labor and delivery complicated by other cord complications, fetus 3	Diagnosis	ICD-10-CM
O6989X4	Labor and delivery complicated by other cord complications, fetus 4	Diagnosis	ICD-10-CM
O6989X5	Labor and delivery complicated by other cord complications, fetus 5	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
O6989X9	Labor and delivery complicated by other cord complications, other fetus	Diagnosis	ICD-10-CM
O699XX0	Labor and delivery complicated by cord complication, unspecified, not applicable or unspecifi	Diagnosis	ICD-10-CM
O699XX1	Labor and delivery complicated by cord complication, unspecified, fetus 1	Diagnosis	ICD-10-CM
O699XX2	Labor and delivery complicated by cord complication, unspecified, fetus 2	Diagnosis	ICD-10-CM
O699XX3	Labor and delivery complicated by cord complication, unspecified, fetus 3	Diagnosis	ICD-10-CM
O699XX4	Labor and delivery complicated by cord complication, unspecified, fetus 4	Diagnosis	ICD-10-CM
O699XX5	Labor and delivery complicated by cord complication, unspecified, fetus 5	Diagnosis	ICD-10-CM
O699XX9	Labor and delivery complicated by cord complication, unspecified, other fetus	Diagnosis	ICD-10-CM
O700	First degree perineal laceration during delivery	Diagnosis	ICD-10-CM
O701	Second degree perineal laceration during delivery	Diagnosis	ICD-10-CM
O7020	Third degree perineal laceration during delivery, unspecified	Diagnosis	ICD-10-CM
O7021	Third degree perineal laceration during delivery, IIIa	Diagnosis	ICD-10-CM
O7022	Third degree perineal laceration during delivery, IIIb	Diagnosis	ICD-10-CM
O7023	Third degree perineal laceration during delivery, IIIc	Diagnosis	ICD-10-CM
O703	Fourth degree perineal laceration during delivery	Diagnosis	ICD-10-CM
O704	Anal sphincter tear complicating delivery, not associated with third degree laceration	Diagnosis	ICD-10-CM
O709	Perineal laceration during delivery, unspecified	Diagnosis	ICD-10-CM
O740	Aspiration pneumonitis due to anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O741	Other pulmonary complications of anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O742	Cardiac complications of anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O743	Central nervous system complications of anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O744	Toxic reaction to local anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O745	Spinal and epidural anesthesia-induced headache during labor and delivery	Diagnosis	ICD-10-CM
O746	Other complications of spinal and epidural anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O747	Failed or difficult intubation for anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O748	Other complications of anesthesia during labor and delivery	Diagnosis	ICD-10-CM
O749	Complication of anesthesia during labor and delivery, unspecified	Diagnosis	ICD-10-CM
O750	Maternal distress during labor and delivery	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
O751	Shock during or following labor and delivery	Diagnosis	ICD-10-CM
O755	Delayed delivery after artificial rupture of membranes	Diagnosis	ICD-10-CM
O7581	Maternal exhaustion complicating labor and delivery	Diagnosis	ICD-10-CM
O7582	Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section	Diagnosis	ICD-10-CM
O7589	Other specified complications of labor and delivery	Diagnosis	ICD-10-CM
O759	Complication of labor and delivery, unspecified	Diagnosis	ICD-10-CM
O76	Abnormality in fetal heart rate and rhythm complicating labor and delivery	Diagnosis	ICD-10-CM
O770	Labor and delivery complicated by meconium in amniotic fluid	Diagnosis	ICD-10-CM
O778	Labor and delivery complicated by other evidence of fetal stress	Diagnosis	ICD-10-CM
O779	Labor and delivery complicated by fetal stress, unspecified	Diagnosis	ICD-10-CM
O80	Encounter for full-term uncomplicated delivery	Diagnosis	ICD-10-CM
O82	Encounter for cesarean delivery without indication	Diagnosis	ICD-10-CM
O8802	Air embolism in childbirth	Diagnosis	ICD-10-CM
O8812	Amniotic fluid embolism in childbirth	Diagnosis	ICD-10-CM
O8822	Thromboembolism in childbirth	Diagnosis	ICD-10-CM
O8832	Pyemic and septic embolism in childbirth	Diagnosis	ICD-10-CM
O8882	Other embolism in childbirth	Diagnosis	ICD-10-CM
O9802	Tuberculosis complicating childbirth	Diagnosis	ICD-10-CM
O9812	Syphilis complicating childbirth	Diagnosis	ICD-10-CM
O9822	Gonorrhea complicating childbirth	Diagnosis	ICD-10-CM
O9832	Other infections with a predominantly sexual mode of transmission complicating childbirth	Diagnosis	ICD-10-CM
O9842	Viral hepatitis complicating childbirth	Diagnosis	ICD-10-CM
O9852	Other viral diseases complicating childbirth	Diagnosis	ICD-10-CM
O9862	Protozoal diseases complicating childbirth	Diagnosis	ICD-10-CM
O9872	Human immunodeficiency virus [HIV] disease complicating childbirth	Diagnosis	ICD-10-CM
O9882	Other maternal infectious and parasitic diseases complicating childbirth	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
O9892	Unspecified maternal infectious and parasitic disease complicating childbirth	Diagnosis	ICD-10-CM
O9902	Anemia complicating childbirth	Diagnosis	ICD-10-CM
O9912	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating childbirth	Diagnosis	ICD-10-CM
O99214	Obesity complicating childbirth	Diagnosis	ICD-10-CM
O99284	Endocrine, nutritional and metabolic diseases complicating childbirth	Diagnosis	ICD-10-CM
O99314	Alcohol use complicating childbirth	Diagnosis	ICD-10-CM
O99324	Drug use complicating childbirth	Diagnosis	ICD-10-CM
O99334	Smoking (tobacco) complicating childbirth	Diagnosis	ICD-10-CM
O99344	Other mental disorders complicating childbirth	Diagnosis	ICD-10-CM
O99354	Diseases of the nervous system complicating childbirth	Diagnosis	ICD-10-CM
O9942	Diseases of the circulatory system complicating childbirth	Diagnosis	ICD-10-CM
O9952	Diseases of the respiratory system complicating childbirth	Diagnosis	ICD-10-CM
O9962	Diseases of the digestive system complicating childbirth	Diagnosis	ICD-10-CM
O9972	Diseases of the skin and subcutaneous tissue complicating childbirth	Diagnosis	ICD-10-CM
O99814	Abnormal glucose complicating childbirth	Diagnosis	ICD-10-CM
O99824	Streptococcus B carrier state complicating childbirth	Diagnosis	ICD-10-CM
O99834	Other infection carrier state complicating childbirth	Diagnosis	ICD-10-CM
O99844	Bariatric surgery status complicating childbirth	Diagnosis	ICD-10-CM
O9A12	Malignant neoplasm complicating childbirth	Diagnosis	ICD-10-CM
O9A22	Injury, poisoning and certain other consequences of external causes complicating childbirth	Diagnosis	ICD-10-CM
O9A32	Physical abuse complicating childbirth	Diagnosis	ICD-10-CM
O9A42	Sexual abuse complicating childbirth	Diagnosis	ICD-10-CM
O9A52	Psychological abuse complicating childbirth	Diagnosis	ICD-10-CM
P030	Newborn affected by breech delivery and extraction	Diagnosis	ICD-10-CM
P032	Newborn affected by forceps delivery	Diagnosis	ICD-10-CM
P033	Newborn affected by delivery by vacuum extractor [ventouse]	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
P034	Newborn affected by Cesarean delivery	Diagnosis	ICD-10-CM
P035	Newborn affected by precipitate delivery	Diagnosis	ICD-10-CM
P0700	Extremely low birth weight newborn, unspecified weight	Diagnosis	ICD-10-CM
P0701	Extremely low birth weight newborn, less than 500 grams	Diagnosis	ICD-10-CM
P0702	Extremely low birth weight newborn, 500-749 grams	Diagnosis	ICD-10-CM
P0703	Extremely low birth weight newborn, 750-999 grams	Diagnosis	ICD-10-CM
P0710	Other low birth weight newborn, unspecified weight	Diagnosis	ICD-10-CM
P0714	Other low birth weight newborn, 1000-1249 grams	Diagnosis	ICD-10-CM
P0715	Other low birth weight newborn, 1250-1499 grams	Diagnosis	ICD-10-CM
P0716	Other low birth weight newborn, 1500-1749 grams	Diagnosis	ICD-10-CM
P0717	Other low birth weight newborn, 1750-1999 grams	Diagnosis	ICD-10-CM
P0718	Other low birth weight newborn, 2000-2499 grams	Diagnosis	ICD-10-CM
P0720	Extreme immaturity of newborn, unspecified weeks of gestation	Diagnosis	ICD-10-CM
P0721	Extreme immaturity of newborn, gestational age less than 23 completed weeks	Diagnosis	ICD-10-CM
P0722	Extreme immaturity of newborn, gestational age 23 completed weeks	Diagnosis	ICD-10-CM
P0723	Extreme immaturity of newborn, gestational age 24 completed weeks	Diagnosis	ICD-10-CM
P0724	Extreme immaturity of newborn, gestational age 25 completed weeks	Diagnosis	ICD-10-CM
P0725	Extreme immaturity of newborn, gestational age 26 completed weeks	Diagnosis	ICD-10-CM
P0726	Extreme immaturity of newborn, gestational age 27 completed weeks	Diagnosis	ICD-10-CM
P0730	Preterm newborn, unspecified weeks of gestation	Diagnosis	ICD-10-CM
P0731	Preterm newborn, gestational age 28 completed weeks	Diagnosis	ICD-10-CM
P0732	Preterm newborn, gestational age 29 completed weeks	Diagnosis	ICD-10-CM
P0733	Preterm newborn, gestational age 30 completed weeks	Diagnosis	ICD-10-CM
P0734	Preterm newborn, gestational age 31 completed weeks	Diagnosis	ICD-10-CM
P0735	Preterm newborn, gestational age 32 completed weeks	Diagnosis	ICD-10-CM
P0736	Preterm newborn, gestational age 33 completed weeks	Diagnosis	ICD-10-CM
P0737	Preterm newborn, gestational age 34 completed weeks	Diagnosis	ICD-10-CM
P0738	Preterm newborn, gestational age 35 completed weeks	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
P0739	Preterm newborn, gestational age 36 completed weeks	Diagnosis	ICD-10-CM
P0821	Post-term newborn	Diagnosis	ICD-10-CM
P0822	Prolonged gestation of newborn	Diagnosis	ICD-10-CM
V27	Outcome of delivery	Diagnosis	ICD-9-CM
V27.0	Outcome of delivery, single liveborn	Diagnosis	ICD-9-CM
V27.1	Outcome of delivery, single stillborn	Diagnosis	ICD-9-CM
V27.2	Outcome of delivery, twins, both liveborn	Diagnosis	ICD-9-CM
V27.3	Outcome of delivery, twins, one liveborn and one stillborn	Diagnosis	ICD-9-CM
V27.4	Outcome of delivery, twins, both stillborn	Diagnosis	ICD-9-CM
V27.5	Outcome of delivery, other multiple birth, all liveborn	Diagnosis	ICD-9-CM
V27.6	Outcome of delivery, other multiple birth, some liveborn	Diagnosis	ICD-9-CM
V27.7	Outcome of delivery, other multiple birth, all stillborn	Diagnosis	ICD-9-CM
V27.9	Outcome of delivery, unspecified	Diagnosis	ICD-9-CM
V30	Single liveborn	Diagnosis	ICD-9-CM
V30.0	Single liveborn, born in hospital	Diagnosis	ICD-9-CM
V30.00	Single liveborn, born in hospital, delivered without mention of cesarean delivery	Diagnosis	ICD-9-CM
V30.01	Single liveborn, born in hospital, delivered by cesarean delivery	Diagnosis	ICD-9-CM
V30.1	Single liveborn, born before admission to hospital	Diagnosis	ICD-9-CM
V30.2	Single liveborn, born outside hospital and not hospitalized	Diagnosis	ICD-9-CM
V31	Twin birth, mate liveborn	Diagnosis	ICD-9-CM
V31.0	Twin, mate liveborn, born in hospital	Diagnosis	ICD-9-CM
V31.00	Twin, mate liveborn, born in hospital, delivered without mention of cesarean delivery	Diagnosis	ICD-9-CM
V31.01	Twin, mate liveborn, born in hospital, delivered by cesarean delivery	Diagnosis	ICD-9-CM
V31.1	Twin birth, mate liveborn, born before admission to hospital	Diagnosis	ICD-9-CM
V31.2	Twin birth, mate liveborn, born outside hospital and not hospitalized	Diagnosis	ICD-9-CM
V32	Twin birth, mate stillborn	Diagnosis	ICD-9-CM
V32.0	Twin, mate stillborn, born in hospital	Diagnosis	ICD-9-CM
V32.00	Twin, mate stillborn, born in hospital, delivered without mention of cesarean delivery	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
V32.01	Twin, mate stillborn, born in hospital, delivered by cesarean delivery	Diagnosis	ICD-9-CM
V32.1	Twin birth, mate stillborn, born before admission to hospital	Diagnosis	ICD-9-CM
V32.2	Twin birth, mate stillborn, born outside hospital and not hospitalized	Diagnosis	ICD-9-CM
V33	Twin birth, unspecified whether mate liveborn or stillborn	Diagnosis	ICD-9-CM
V33.0	Twin, unspecified, born in hospital	Diagnosis	ICD-9-CM
V33.00	Twin, unspecified whether mate stillborn or liveborn, born in hospital, delivered without men	Diagnosis	ICD-9-CM
V33.01	Twin, unspecified whether mate stillborn or liveborn, born in hospital, delivered by cesarean	Diagnosis	ICD-9-CM
V33.1	Twin birth, unspecified whether mate liveborn or stillborn, born before admission to hospital	Diagnosis	ICD-9-CM
V33.2	Twin birth, unspecified whether mate liveborn or stillborn, born outside hospital and not hos	Diagnosis	ICD-9-CM
V34	Other multiple birth (three or more), mates all liveborn	Diagnosis	ICD-9-CM
V34.0	Other multiple, mates all liveborn, born in hospital	Diagnosis	ICD-9-CM
V34.00	Other multiple, mates all liveborn, born in hospital, delivered without mention of cesarean de	Diagnosis	ICD-9-CM
V34.01	Other multiple, mates all liveborn, born in hospital, delivered by cesarean delivery	Diagnosis	ICD-9-CM
V34.1	Other multiple birth (three or more), mates all liveborn, born before admission to hospital	Diagnosis	ICD-9-CM
V34.2	Other multiple birth (three or more), mates all liveborn, born outside hospital and not hospit	Diagnosis	ICD-9-CM
V35	Other multiple birth (three or more), mates all stillborn	Diagnosis	ICD-9-CM
V35.0	Other multiple, mates all stillborn, born in hospital	Diagnosis	ICD-9-CM
V35.00	Other multiple, mates all stillborn, born in hospital, delivered without mention of cesarean de	Diagnosis	ICD-9-CM
V35.01	Other multiple, mates all stillborn, born in hospital, delivered by cesarean delivery	Diagnosis	ICD-9-CM
V35.1	Other multiple birth (three or more), mates all stillborn, born before admission to hospital	Diagnosis	ICD-9-CM
V35.2	Other multiple birth (three or more), mates all stillborn, born outside of hospital and not hos	Diagnosis	ICD-9-CM
V36	Other multiple birth (three or more), mates liveborn and stillborn	Diagnosis	ICD-9-CM
V36.0	Other multiple, mates liveborn and stillborn, born in hospital	Diagnosis	ICD-9-CM
V36.00	Other multiple, mates liveborn and stillborn, born in hospital, delivered without mention of c	Diagnosis	ICD-9-CM
V36.01	Other multiple, mates liveborn and stillborn, born in hospital, delivered by cesarean delivery	Diagnosis	ICD-9-CM
V36.1	Other multiple birth (three or more), mates liveborn and stillborn, born before admission to b	Diagnosis	ICD-9-CM
V36.2	Other multiple birth (three or more), mates liveborn and stillborn, born outside hospital and	Diagnosis	ICD-9-CM
V37	Other multiple birth (three or more), unspecified whether mates liveborn or stillborn	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
V37.0	Other multiple, unspecified whether mates stillborn or liveborn, born in hospital	Diagnosis	ICD-9-CM
V37.00	Other multiple, unspecified whether mates stillborn or liveborn, born in hospital, delivered without mention of cesarean delivery	Diagnosis	ICD-9-CM
V37.01	Other multiple, unspecified whether mates stillborn or liveborn, born in hospital, delivered by	Diagnosis	ICD-9-CM
V37.1	Other multiple birth (three or more), unspecified whether mates liveborn or stillborn, born be	Diagnosis	ICD-9-CM
V37.2	Other multiple birth (three or more), unspecified whether mates liveborn or stillborn, born or	Diagnosis	ICD-9-CM
V39	Liveborn, unspecified whether single, twin, or multiple	Diagnosis	ICD-9-CM
V39.0	Other liveborn, unspecified whether single, twin, or multiple, born in hospital	Diagnosis	ICD-9-CM
V39.00	Liveborn infant, unspecified whether single, twin, or multiple, born in hospital, delivered without mention of cesarean delivery	Diagnosis	ICD-9-CM
V39.01	Liveborn infant, unspecified whether single, twin, or multiple, born in hospital, delivered by c	Diagnosis	ICD-9-CM
V39.1	Liveborn, unspecified whether single, twin or multiple, born before admission to hospital	Diagnosis	ICD-9-CM
V39.2	Liveborn, unspecified whether single, twin or multiple, born outside hospital and not hospital	Diagnosis	ICD-9-CM
Z370	Single live birth	Diagnosis	ICD-10-CM
Z372	Twins, both liveborn	Diagnosis	ICD-10-CM
Z373	Twins, one liveborn and one stillborn	Diagnosis	ICD-10-CM
Z3750	Multiple births, unspecified, all liveborn	Diagnosis	ICD-10-CM
Z3751	Triplets, all liveborn	Diagnosis	ICD-10-CM
Z3752	Quadruplets, all liveborn	Diagnosis	ICD-10-CM
Z3753	Quintuplets, all liveborn	Diagnosis	ICD-10-CM
Z3754	Sextuplets, all liveborn	Diagnosis	ICD-10-CM
Z3759	Other multiple births, all liveborn	Diagnosis	ICD-10-CM
Z3760	Multiple births, unspecified, some liveborn	Diagnosis	ICD-10-CM
Z3761	Triplets, some liveborn	Diagnosis	ICD-10-CM
Z3762	Quadruplets, some liveborn	Diagnosis	ICD-10-CM
Z3763	Quintuplets, some liveborn	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
Z3764	Sextuplets, some liveborn	Diagnosis	ICD-10-CM
Z3769	Other multiple births, some liveborn	Diagnosis	ICD-10-CM
Z379	Outcome of delivery, unspecified	Diagnosis	ICD-10-CM
Z3800	Single liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z3801	Single liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM
Z381	Single liveborn infant, born outside hospital	Diagnosis	ICD-10-CM
Z382	Single liveborn infant, unspecified as to place of birth	Diagnosis	ICD-10-CM
Z3830	Twin liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z3831	Twin liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM
Z384	Twin liveborn infant, born outside hospital	Diagnosis	ICD-10-CM
Z385	Twin liveborn infant, unspecified as to place of birth	Diagnosis	ICD-10-CM
Z3861	Triplet liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z3862	Triplet liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM
Z3863	Quadruplet liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z3864	Quadruplet liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM
Z3865	Quintuplet liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z3866	Quintuplet liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM
Z3868	Other multiple liveborn infant, delivered vaginally	Diagnosis	ICD-10-CM
Z3869	Other multiple liveborn infant, delivered by cesarean	Diagnosis	ICD-10-CM
Z387	Other multiple liveborn infant, born outside hospital	Diagnosis	ICD-10-CM
Z388	Other multiple liveborn infant, unspecified as to place of birth	Diagnosis	ICD-10-CM
regnancy	Pregnancy		
64421	Early onset of delivery, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
64510	Post term pregnancy	Diagnosis	ICD-9-CM
64511	Post term pregnancy	Diagnosis	ICD-9-CM
64513	Post term pregnancy	Diagnosis	ICD-9-CM
64520	Prolonged pregnancy	Diagnosis	ICD-9-CM
64521	Prolonged pregnancy	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
64523	Prolonged pregnancy	Diagnosis	ICD-9-CM
76500	Extreme immaturity, by weight	Diagnosis	ICD-9-CM
76501	Extreme immaturity, by weight	Diagnosis	ICD-9-CM
76502	Extreme immaturity, by weight	Diagnosis	ICD-9-CM
76503	Extreme immaturity, by weight	Diagnosis	ICD-9-CM
76504	Extreme immaturity, by weight	Diagnosis	ICD-9-CM
76505	Extreme immaturity, by weight	Diagnosis	ICD-9-CM
76506	Extreme immaturity, by weight	Diagnosis	ICD-9-CM
76507	Extreme immaturity, by weight	Diagnosis	ICD-9-CM
76508	Extreme immaturity, by weight	Diagnosis	ICD-9-CM
76509	Extreme immaturity, by weight	Diagnosis	ICD-9-CM
76510	Other preterm infants, by weight	Diagnosis	ICD-9-CM
76511	Other preterm infants, by weight	Diagnosis	ICD-9-CM
76512	Other preterm infants, by weight	Diagnosis	ICD-9-CM
76513	Other preterm infants, by weight	Diagnosis	ICD-9-CM
76514	Other preterm infants, by weight	Diagnosis	ICD-9-CM
76515	Other preterm infants, by weight	Diagnosis	ICD-9-CM
76516	Other preterm infants, by weight	Diagnosis	ICD-9-CM
76517	Other preterm infants, by weight	Diagnosis	ICD-9-CM
76518	Other preterm infants, by weight	Diagnosis	ICD-9-CM
76519	Other preterm infants, by weight	Diagnosis	ICD-9-CM
76520	Unspecified weeks of gestation	Diagnosis	ICD-9-CM
76521	Less than 24 completed weeks of gestation	Diagnosis	ICD-9-CM
76522	24 completed weeks of gestation	Diagnosis	ICD-9-CM
76523	25-26 completed weeks of gestation	Diagnosis	ICD-9-CM
76524	27-28 completed weeks of gestation	Diagnosis	ICD-9-CM
76525	29-30 completed weeks of gestation	Diagnosis	ICD-9-CM
76526	31-32 completed weeks of gestation	Diagnosis	ICD-9-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
76527	33-34 completed weeks of gestation	Diagnosis	ICD-9-CM
76528	35-36 completed weeks of gestation	Diagnosis	ICD-9-CM
76621	Post-term infant	Diagnosis	ICD-9-CM
76622	Prolonged gestation of infant	Diagnosis	ICD-9-CM
O480	Post-term pregnancy	Diagnosis	ICD-10-CM
O481	Prolonged pregnancy	Diagnosis	ICD-10-CM
O6012X0	Preterm labor second trimester with preterm delivery second trimester	Diagnosis	ICD-10-CM
O6012X1	Preterm labor second trimester with preterm delivery second trimester	Diagnosis	ICD-10-CM
O6012X2	Preterm labor second trimester with preterm delivery second trimester	Diagnosis	ICD-10-CM
O6012X3	Preterm labor second trimester with preterm delivery second trimester	Diagnosis	ICD-10-CM
O6012X4	Preterm labor second trimester with preterm delivery second trimester	Diagnosis	ICD-10-CM
O6012X5	Preterm labor second trimester with preterm delivery second trimester	Diagnosis	ICD-10-CM
O6012X9	Preterm labor second trimester with preterm delivery second trimester	Diagnosis	ICD-10-CM
O6013X0	Preterm labor second trimester with preterm delivery third trimester	Diagnosis	ICD-10-CM
O6013X1	Preterm labor second trimester with preterm delivery third trimester	Diagnosis	ICD-10-CM
O6013X2	Preterm labor second trimester with preterm delivery third trimester	Diagnosis	ICD-10-CM
O6013X3	Preterm labor second trimester with preterm delivery third trimester	Diagnosis	ICD-10-CM
O6013X4	Preterm labor second trimester with preterm delivery third trimester	Diagnosis	ICD-10-CM
O6013X5	Preterm labor second trimester with preterm delivery third trimester	Diagnosis	ICD-10-CM
O6013X9	Preterm labor second trimester with preterm delivery third trimester	Diagnosis	ICD-10-CM
O6014X0	Preterm labor third trimester with preterm delivery third trimester	Diagnosis	ICD-10-CM
O6014X1	Preterm labor third trimester with preterm delivery third trimester	Diagnosis	ICD-10-CM
O6014X2	Preterm labor third trimester with preterm delivery third trimester	Diagnosis	ICD-10-CM
O6014X3	Preterm labor third trimester with preterm delivery third trimester	Diagnosis	ICD-10-CM
O6014X4	Preterm labor third trimester with preterm delivery third trimester	Diagnosis	ICD-10-CM
O6014X5	Preterm labor third trimester with preterm delivery third trimester	Diagnosis	ICD-10-CM
O6014X9	Preterm labor third trimester with preterm delivery third trimester	Diagnosis	ICD-10-CM
P0720	Extreme immaturity of newborn, unspecified weeks of gestation	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
P0721	Extreme immaturity of newborn, gestational age less than 23 completed weeks	Diagnosis	ICD-10-CM
P0722	Extreme immaturity of newborn, gestational age 23 completed weeks	Diagnosis	ICD-10-CM
P0723	Extreme immaturity of newborn, gestational age 24 completed weeks	Diagnosis	ICD-10-CM
P0724	Extreme immaturity of newborn, gestational age 25 completed weeks	Diagnosis	ICD-10-CM
P0725	Extreme immaturity of newborn, gestational age 26 completed weeks	Diagnosis	ICD-10-CM
P0726	Extreme immaturity of newborn, gestational age 27 completed weeks	Diagnosis	ICD-10-CM
P0730	Preterm newborn, unspecified weeks of gestation	Diagnosis	ICD-10-CM
P0731	Preterm newborn, gestational age 28 completed weeks	Diagnosis	ICD-10-CM
P0732	Preterm newborn, gestational age 29 completed weeks	Diagnosis	ICD-10-CM
P0733	Preterm newborn, gestational age 30 completed weeks	Diagnosis	ICD-10-CM
P0734	Preterm newborn, gestational age 31 completed weeks	Diagnosis	ICD-10-CM
P0735	Preterm newborn, gestational age 32 completed weeks	Diagnosis	ICD-10-CM
P0736	Preterm newborn, gestational age 33 completed weeks	Diagnosis	ICD-10-CM
P0737	Preterm newborn, gestational age 34 completed weeks	Diagnosis	ICD-10-CM
P0738	Preterm newborn, gestational age 35 completed weeks	Diagnosis	ICD-10-CM
P0739	Preterm newborn, gestational age 36 completed weeks	Diagnosis	ICD-10-CM
P0821	Post-term newborn	Diagnosis	ICD-10-CM
P0822	Prolonged gestation of newborn	Diagnosis	ICD-10-CM
Z3A20	20 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A21	21 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A22	22 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A23	23 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A24	24 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A25	25 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A26	26 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A27	27 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A28	28 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A29	29 weeks gestation of pregnancy	Diagnosis	ICD-10-CM

Appendix H. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
Z3A30	30 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A31	31 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A32	32 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A33	33 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A34	34 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A35	35 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A36	36 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A37	37 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A38	38 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A39	39 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A40	40 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A41	41 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A42	42 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Z3A49	Greater than 42 weeks gestation of pregnancy	Diagnosis	ICD-10-CM
Prenatal Procedure 1			
58321	ARTIFICIAL INSEMINATION; INTRA-CERVICAL	Procedure	CPT-4
58322	ARTIFICIAL INSEMINATION	Procedure	CPT-4
58974	TRANSFER OF EMBRYO	Procedure	CPT-4
58976	Gamete, zygote, or embryo intrafallopian transfer	Procedure	CPT-4
S4011	IN VITRO FERTILIZATION;	Procedure	HCPCS
S4013	COMPLETE CYCLE GIFT CASE RATE	Procedure	HCPCS
S4014	COMPLETE CYCLE ZIFT CASE RATE	Procedure	HCPCS
S4015	COMPLETE IVF CYCLE CASE RATE NOS	Procedure	HCPCS
S4016	FROZEN IVF CYCLE CASE RATE	Procedure	HCPCS
S4035	STIMULATED INTRAUTERINE INSEMINATION (IUI), CASE RATE	Procedure	HCPCS
S4037	Cryopreserved embryo transfer, case rate	Procedure	HCPCS
Prenatal Test 6			
76813	Nuchal Translucency Measurement (Single or First Gestation)	Procedure	CPT-4
76814	Nuchal Translucency Measurement (Each Additional Gestation)	Procedure	CPT-4

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
Cancer			
140	Malignant neoplasm of lip	Diagnosis	ICD-9-CM
140.0	Malignant neoplasm of upper lip, vermilion border	Diagnosis	ICD-9-CM
140.1	Malignant neoplasm of lower lip, vermilion border	Diagnosis	ICD-9-CM
140.3	Malignant neoplasm of upper lip, inner aspect	Diagnosis	ICD-9-CM
140.4	Malignant neoplasm of lower lip, inner aspect	Diagnosis	ICD-9-CM
140.5	Malignant neoplasm of lip, inner aspect, unspecified as to upper or lower	Diagnosis	ICD-9-CM
140.6	Malignant neoplasm of commissure of lip	Diagnosis	ICD-9-CM
140.8	Malignant neoplasm of other sites of lip	Diagnosis	ICD-9-CM
140.9	Malignant neoplasm of lip, vermilion border, unspecified as to upper or lower	Diagnosis	ICD-9-CM
141	Malignant neoplasm of tongue	Diagnosis	ICD-9-CM
141.0	Malignant neoplasm of base of tongue	Diagnosis	ICD-9-CM
141.1	Malignant neoplasm of dorsal surface of tongue	Diagnosis	ICD-9-CM
141.2	Malignant neoplasm of tip and lateral border of tongue	Diagnosis	ICD-9-CM
141.3	Malignant neoplasm of ventral surface of tongue	Diagnosis	ICD-9-CM
141.4	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	Diagnosis	ICD-9-CM
141.5	Malignant neoplasm of junctional zone of tongue	Diagnosis	ICD-9-CM
141.6	Malignant neoplasm of lingual tonsil	Diagnosis	ICD-9-CM
141.8	Malignant neoplasm of other sites of tongue	Diagnosis	ICD-9-CM
141.9	Malignant neoplasm of tongue, unspecified site	Diagnosis	ICD-9-CM
142	Malignant neoplasm of major salivary glands	Diagnosis	ICD-9-CM
142.0	Malignant neoplasm of parotid gland	Diagnosis	ICD-9-CM
142.1	Malignant neoplasm of submandibular gland	Diagnosis	ICD-9-CM
142.2	Malignant neoplasm of sublingual gland	Diagnosis	ICD-9-CM
142.8	Malignant neoplasm of other major salivary glands	Diagnosis	ICD-9-CM
142.9	Malignant neoplasm of salivary gland, unspecified	Diagnosis	ICD-9-CM
143	Malignant neoplasm of gum	Diagnosis	ICD-9-CM
143.0	Malignant neoplasm of upper gum	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
143.1	Malignant neoplasm of lower gum	Diagnosis	ICD-9-CM
143.8	Malignant neoplasm of other sites of gum	Diagnosis	ICD-9-CM
143.9	Malignant neoplasm of gum, unspecified site	Diagnosis	ICD-9-CM
144	Malignant neoplasm of floor of mouth	Diagnosis	ICD-9-CM
144.0	Malignant neoplasm of anterior portion of floor of mouth	Diagnosis	ICD-9-CM
144.1	Malignant neoplasm of lateral portion of floor of mouth	Diagnosis	ICD-9-CM
144.8	Malignant neoplasm of other sites of floor of mouth	Diagnosis	ICD-9-CM
144.9	Malignant neoplasm of floor of mouth, part unspecified	Diagnosis	ICD-9-CM
145	Malignant neoplasm of other and unspecified parts of mouth	Diagnosis	ICD-9-CM
145.0	Malignant neoplasm of cheek mucosa	Diagnosis	ICD-9-CM
145.1	Malignant neoplasm of vestibule of mouth	Diagnosis	ICD-9-CM
145.2	Malignant neoplasm of hard palate	Diagnosis	ICD-9-CM
145.3	Malignant neoplasm of soft palate	Diagnosis	ICD-9-CM
145.4	Malignant neoplasm of uvula	Diagnosis	ICD-9-CM
145.5	Malignant neoplasm of palate, unspecified	Diagnosis	ICD-9-CM
145.6	Malignant neoplasm of retromolar area	Diagnosis	ICD-9-CM
145.8	Malignant neoplasm of other specified parts of mouth	Diagnosis	ICD-9-CM
145.9	Malignant neoplasm of mouth, unspecified site	Diagnosis	ICD-9-CM
146	Malignant neoplasm of oropharynx	Diagnosis	ICD-9-CM
146.0	Malignant neoplasm of tonsil	Diagnosis	ICD-9-CM
146.1	Malignant neoplasm of tonsillar fossa	Diagnosis	ICD-9-CM
146.2	Malignant neoplasm of tonsillar pillars (anterior) (posterior)	Diagnosis	ICD-9-CM
146.3	Malignant neoplasm of vallecula	Diagnosis	ICD-9-CM
146.4	Malignant neoplasm of anterior aspect of epiglottis	Diagnosis	ICD-9-CM
146.5	Malignant neoplasm of junctional region of oropharynx	Diagnosis	ICD-9-CM
146.6	Malignant neoplasm of lateral wall of oropharynx	Diagnosis	ICD-9-CM
146.7	Malignant neoplasm of posterior wall of oropharynx	Diagnosis	ICD-9-CM
146.8	Malignant neoplasm of other specified sites of oropharynx	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
146.9	Malignant neoplasm of oropharynx, unspecified site	Diagnosis	ICD-9-CM
147	Malignant neoplasm of nasopharynx	Diagnosis	ICD-9-CM
147.0	Malignant neoplasm of superior wall of nasopharynx	Diagnosis	ICD-9-CM
147.1	Malignant neoplasm of posterior wall of nasopharynx	Diagnosis	ICD-9-CM
147.2	Malignant neoplasm of lateral wall of nasopharynx	Diagnosis	ICD-9-CM
147.3	Malignant neoplasm of anterior wall of nasopharynx	Diagnosis	ICD-9-CM
147.8	Malignant neoplasm of other specified sites of nasopharynx	Diagnosis	ICD-9-CM
147.9	Malignant neoplasm of nasopharynx, unspecified site	Diagnosis	ICD-9-CM
148	Malignant neoplasm of hypopharynx	Diagnosis	ICD-9-CM
148.0	Malignant neoplasm of postcricoid region of hypopharynx	Diagnosis	ICD-9-CM
148.1	Malignant neoplasm of pyriform sinus	Diagnosis	ICD-9-CM
148.2	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	Diagnosis	ICD-9-CM
148.3	Malignant neoplasm of posterior hypopharyngeal wall	Diagnosis	ICD-9-CM
148.8	Malignant neoplasm of other specified sites of hypopharynx	Diagnosis	ICD-9-CM
148.9	Malignant neoplasm of hypopharynx, unspecified site	Diagnosis	ICD-9-CM
149	Malignant neoplasm of other and ill-defined sites within the lip, oral cavity, and pharynx	Diagnosis	ICD-9-CM
149.0	Malignant neoplasm of pharynx, unspecified	Diagnosis	ICD-9-CM
149.1	Malignant neoplasm of Waldeyer's ring	Diagnosis	ICD-9-CM
149.8	Malignant neoplasm of other sites within the lip and oral cavity	Diagnosis	ICD-9-CM
149.9	Malignant neoplasm of ill-defined sites of lip and oral cavity	Diagnosis	ICD-9-CM
150	Malignant neoplasm of esophagus	Diagnosis	ICD-9-CM
150.0	Malignant neoplasm of cervical esophagus	Diagnosis	ICD-9-CM
150.1	Malignant neoplasm of thoracic esophagus	Diagnosis	ICD-9-CM
150.2	Malignant neoplasm of abdominal esophagus	Diagnosis	ICD-9-CM
150.3	Malignant neoplasm of upper third of esophagus	Diagnosis	ICD-9-CM
150.4	Malignant neoplasm of middle third of esophagus	Diagnosis	ICD-9-CM
150.5	Malignant neoplasm of lower third of esophagus	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
150.8	Malignant neoplasm of other specified part of esophagus	Diagnosis	ICD-9-CM
150.9	Malignant neoplasm of esophagus, unspecified site	Diagnosis	ICD-9-CM
151	Malignant neoplasm of stomach	Diagnosis	ICD-9-CM
151.0	Malignant neoplasm of cardia	Diagnosis	ICD-9-CM
151.1	Malignant neoplasm of pylorus	Diagnosis	ICD-9-CM
151.2	Malignant neoplasm of pyloric antrum	Diagnosis	ICD-9-CM
151.3	Malignant neoplasm of fundus of stomach	Diagnosis	ICD-9-CM
151.4	Malignant neoplasm of body of stomach	Diagnosis	ICD-9-CM
151.5	Malignant neoplasm of lesser curvature of stomach, unspecified	Diagnosis	ICD-9-CM
151.6	Malignant neoplasm of greater curvature of stomach, unspecified	Diagnosis	ICD-9-CM
151.8	Malignant neoplasm of other specified sites of stomach	Diagnosis	ICD-9-CM
151.9	Malignant neoplasm of stomach, unspecified site	Diagnosis	ICD-9-CM
152	Malignant neoplasm of small intestine, including duodenum	Diagnosis	ICD-9-CM
152.0	Malignant neoplasm of duodenum	Diagnosis	ICD-9-CM
152.1	Malignant neoplasm of jejunum	Diagnosis	ICD-9-CM
152.2	Malignant neoplasm of ileum	Diagnosis	ICD-9-CM
152.3	Malignant neoplasm of Meckel's diverticulum	Diagnosis	ICD-9-CM
152.8	Malignant neoplasm of other specified sites of small intestine	Diagnosis	ICD-9-CM
152.9	Malignant neoplasm of small intestine, unspecified site	Diagnosis	ICD-9-CM
153	Malignant neoplasm of colon	Diagnosis	ICD-9-CM
153.0	Malignant neoplasm of hepatic flexure	Diagnosis	ICD-9-CM
153.1	Malignant neoplasm of transverse colon	Diagnosis	ICD-9-CM
153.2	Malignant neoplasm of descending colon	Diagnosis	ICD-9-CM
153.3	Malignant neoplasm of sigmoid colon	Diagnosis	ICD-9-CM
153.4	Malignant neoplasm of cecum	Diagnosis	ICD-9-CM
153.5	Malignant neoplasm of appendix	Diagnosis	ICD-9-CM
153.6	Malignant neoplasm of ascending colon	Diagnosis	ICD-9-CM
153.7	Malignant neoplasm of splenic flexure	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
153.8	Malignant neoplasm of other specified sites of large intestine	Diagnosis	ICD-9-CM
153.9	Malignant neoplasm of colon, unspecified site	Diagnosis	ICD-9-CM
154	Malignant neoplasm of rectum, rectosigmoid junction, and anus	Diagnosis	ICD-9-CM
154.0	Malignant neoplasm of rectosigmoid junction	Diagnosis	ICD-9-CM
154.1	Malignant neoplasm of rectum	Diagnosis	ICD-9-CM
154.2	Malignant neoplasm of anal canal	Diagnosis	ICD-9-CM
154.3	Malignant neoplasm of anus, unspecified site	Diagnosis	ICD-9-CM
154.8	Malignant neoplasm of other sites of rectum, rectosigmoid junction, and anus	Diagnosis	ICD-9-CM
155	Malignant neoplasm of liver and intrahepatic bile ducts	Diagnosis	ICD-9-CM
155.0	Malignant neoplasm of liver, primary	Diagnosis	ICD-9-CM
155.1	Malignant neoplasm of intrahepatic bile ducts	Diagnosis	ICD-9-CM
155.2	Malignant neoplasm of liver, not specified as primary or secondary	Diagnosis	ICD-9-CM
156	Malignant neoplasm of gallbladder and extrahepatic bile ducts	Diagnosis	ICD-9-CM
156.0	Malignant neoplasm of gallbladder	Diagnosis	ICD-9-CM
156.1	Malignant neoplasm of extrahepatic bile ducts	Diagnosis	ICD-9-CM
156.2	Malignant neoplasm of ampulla of Vater	Diagnosis	ICD-9-CM
156.8	Malignant neoplasm of other specified sites of gallbladder and extrahepatic bile ducts	Diagnosis	ICD-9-CM
156.9	Malignant neoplasm of biliary tract, part unspecified site	Diagnosis	ICD-9-CM
157	Malignant neoplasm of pancreas	Diagnosis	ICD-9-CM
157.0	Malignant neoplasm of head of pancreas	Diagnosis	ICD-9-CM
157.1	Malignant neoplasm of body of pancreas	Diagnosis	ICD-9-CM
157.2	Malignant neoplasm of tail of pancreas	Diagnosis	ICD-9-CM
157.3	Malignant neoplasm of pancreatic duct	Diagnosis	ICD-9-CM
157.4	Malignant neoplasm of islets of Langerhans	Diagnosis	ICD-9-CM
157.8	Malignant neoplasm of other specified sites of pancreas	Diagnosis	ICD-9-CM
157.9	Malignant neoplasm of pancreas, part unspecified	Diagnosis	ICD-9-CM
158	Malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-9-CM
158.0	Malignant neoplasm of retroperitoneum	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
158.8	Malignant neoplasm of specified parts of peritoneum	Diagnosis	ICD-9-CM
158.9	Malignant neoplasm of peritoneum, unspecified	Diagnosis	ICD-9-CM
159	Malignant neoplasm of other and ill-defined sites within the digestive organs and peritoneum	Diagnosis	ICD-9-CM
159.0	Malignant neoplasm of intestinal tract, part unspecified	Diagnosis	ICD-9-CM
159.1	Malignant neoplasm of spleen, not elsewhere classified	Diagnosis	ICD-9-CM
159.8	Malignant neoplasm of other sites of digestive system and intra-abdominal organs	Diagnosis	ICD-9-CM
159.9	Malignant neoplasm of ill-defined sites of digestive organs and peritoneum	Diagnosis	ICD-9-CM
160	Malignant neoplasm of nasal cavities, middle ear, and accessory sinuses	Diagnosis	ICD-9-CM
160.0	Malignant neoplasm of nasal cavities	Diagnosis	ICD-9-CM
160.1	Malignant neoplasm of auditory tube, middle ear, and mastoid air cells	Diagnosis	ICD-9-CM
160.2	Malignant neoplasm of maxillary sinus	Diagnosis	ICD-9-CM
160.3	Malignant neoplasm of ethmoidal sinus	Diagnosis	ICD-9-CM
160.4	Malignant neoplasm of frontal sinus	Diagnosis	ICD-9-CM
160.5	Malignant neoplasm of sphenoidal sinus	Diagnosis	ICD-9-CM
160.8	Malignant neoplasm of other sites of nasal cavities, middle ear, and accessory sinuses	Diagnosis	ICD-9-CM
160.9	Malignant neoplasm of site of nasal cavities, middle ear, and accessory sinus, unspecified site	Diagnosis	ICD-9-CM
161	Malignant neoplasm of larynx	Diagnosis	ICD-9-CM
161.0	Malignant neoplasm of glottis	Diagnosis	ICD-9-CM
161.1	Malignant neoplasm of supraglottis	Diagnosis	ICD-9-CM
161.2	Malignant neoplasm of subglottis	Diagnosis	ICD-9-CM
161.3	Malignant neoplasm of laryngeal cartilages	Diagnosis	ICD-9-CM
161.8	Malignant neoplasm of other specified sites of larynx	Diagnosis	ICD-9-CM
161.9	Malignant neoplasm of larynx, unspecified site	Diagnosis	ICD-9-CM
162	Malignant neoplasm of trachea, bronchus, and lung	Diagnosis	ICD-9-CM
162.0	Malignant neoplasm of trachea	Diagnosis	ICD-9-CM
162.2	Malignant neoplasm of main bronchus	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
162.3	Malignant neoplasm of upper lobe, bronchus, or lung	Diagnosis	ICD-9-CM
162.4	Malignant neoplasm of middle lobe, bronchus, or lung	Diagnosis	ICD-9-CM
162.5	Malignant neoplasm of lower lobe, bronchus, or lung	Diagnosis	ICD-9-CM
162.8	Malignant neoplasm of other parts of bronchus or lung	Diagnosis	ICD-9-CM
162.9	Malignant neoplasm of bronchus and lung, unspecified site	Diagnosis	ICD-9-CM
163	Malignant neoplasm of pleura	Diagnosis	ICD-9-CM
163.0	Malignant neoplasm of parietal pleura	Diagnosis	ICD-9-CM
163.1	Malignant neoplasm of visceral pleura	Diagnosis	ICD-9-CM
163.8	Malignant neoplasm of other specified sites of pleura	Diagnosis	ICD-9-CM
163.9	Malignant neoplasm of pleura, unspecified site	Diagnosis	ICD-9-CM
164	Malignant neoplasm of thymus, heart, and mediastinum	Diagnosis	ICD-9-CM
164.0	Malignant neoplasm of thymus	Diagnosis	ICD-9-CM
164.1	Malignant neoplasm of heart	Diagnosis	ICD-9-CM
164.2	Malignant neoplasm of anterior mediastinum	Diagnosis	ICD-9-CM
164.3	Malignant neoplasm of posterior mediastinum	Diagnosis	ICD-9-CM
164.8	Malignant neoplasm of other parts of mediastinum	Diagnosis	ICD-9-CM
164.9	Malignant neoplasm of mediastinum, part unspecified	Diagnosis	ICD-9-CM
165	Malignant neoplasm of other and ill-defined sites within the respiratory system and intrathoracic organs	Diagnosis	ICD-9-CM
165.0	Malignant neoplasm of upper respiratory tract, part unspecified	Diagnosis	ICD-9-CM
165.8	Malignant neoplasm of other sites within the respiratory system and intrathoracic organs	Diagnosis	ICD-9-CM
165.9	Malignant neoplasm of ill-defined sites within the respiratory system	Diagnosis	ICD-9-CM
170	Malignant neoplasm of bone and articular cartilage	Diagnosis	ICD-9-CM
170.0	Malignant neoplasm of bones of skull and face, except mandible	Diagnosis	ICD-9-CM
170.1	Malignant neoplasm of mandible	Diagnosis	ICD-9-CM
170.2	Malignant neoplasm of vertebral column, excluding sacrum and coccyx	Diagnosis	ICD-9-CM
170.3	Malignant neoplasm of ribs, sternum, and clavicle	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
170.4	Malignant neoplasm of scapula and long bones of upper limb	Diagnosis	ICD-9-CM
170.5	Malignant neoplasm of short bones of upper limb	Diagnosis	ICD-9-CM
170.6	Malignant neoplasm of pelvic bones, sacrum, and coccyx	Diagnosis	ICD-9-CM
170.7	Malignant neoplasm of long bones of lower limb	Diagnosis	ICD-9-CM
170.8	Malignant neoplasm of short bones of lower limb	Diagnosis	ICD-9-CM
170.9	Malignant neoplasm of bone and articular cartilage, site unspecified	Diagnosis	ICD-9-CM
171	Malignant neoplasm of connective and other soft tissue	Diagnosis	ICD-9-CM
171.0	Malignant neoplasm of connective and other soft tissue of head, face, and neck	Diagnosis	ICD-9-CM
171.2	Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder	Diagnosis	ICD-9-CM
171.3	Malignant neoplasm of connective and other soft tissue of lower limb, including hip	Diagnosis	ICD-9-CM
171.4	Malignant neoplasm of connective and other soft tissue of thorax	Diagnosis	ICD-9-CM
171.5	Malignant neoplasm of connective and other soft tissue of abdomen	Diagnosis	ICD-9-CM
171.6	Malignant neoplasm of connective and other soft tissue of pelvis	Diagnosis	ICD-9-CM
171.7	Malignant neoplasm of connective and other soft tissue of trunk, unspecified site	Diagnosis	ICD-9-CM
171.8	Malignant neoplasm of other specified sites of connective and other soft tissue	Diagnosis	ICD-9-CM
171.9	Malignant neoplasm of connective and other soft tissue, site unspecified	Diagnosis	ICD-9-CM
172	Malignant melanoma of skin	Diagnosis	ICD-9-CM
172.0	Malignant melanoma of skin of lip	Diagnosis	ICD-9-CM
172.1	Malignant melanoma of skin of eyelid, including canthus	Diagnosis	ICD-9-CM
172.2	Malignant melanoma of skin of ear and external auditory canal	Diagnosis	ICD-9-CM
172.3	Malignant melanoma of skin of other and unspecified parts of face	Diagnosis	ICD-9-CM
172.4	Malignant melanoma of skin of scalp and neck	Diagnosis	ICD-9-CM
172.5	Malignant melanoma of skin of trunk, except scrotum	Diagnosis	ICD-9-CM
172.6	Malignant melanoma of skin of upper limb, including shoulder	Diagnosis	ICD-9-CM
172.7	Malignant melanoma of skin of lower limb, including hip	Diagnosis	ICD-9-CM
172.8	Malignant melanoma of other specified sites of skin	Diagnosis	ICD-9-CM
172.9	Melanoma of skin, site unspecified	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
173	Other and unspecified malignant neoplasm of skin	Diagnosis	ICD-9-CM
173.0	Other and unspecified malignant neoplasm of skin of lip	Diagnosis	ICD-9-CM
173.00	Unspecified malignant neoplasm of skin of lip	Diagnosis	ICD-9-CM
173.01	Basal cell carcinoma of skin of lip	Diagnosis	ICD-9-CM
173.02	Squamous cell carcinoma of skin of lip	Diagnosis	ICD-9-CM
173.09	Other specified malignant neoplasm of skin of lip	Diagnosis	ICD-9-CM
173.1	Other and unspecified malignant neoplasm of eyelid, including canthus	Diagnosis	ICD-9-CM
173.10	Unspecified malignant neoplasm of eyelid, including canthus	Diagnosis	ICD-9-CM
173.11	Basal cell carcinoma of eyelid, including canthus	Diagnosis	ICD-9-CM
173.12	Squamous cell carcinoma of eyelid, including canthus	Diagnosis	ICD-9-CM
173.19	Other specified malignant neoplasm of eyelid, including canthus	Diagnosis	ICD-9-CM
173.2	Other and unspecified malignant neoplasm of skin of ear and external auditory canal	Diagnosis	ICD-9-CM
173.20	Unspecified malignant neoplasm of skin of ear and external auditory canal	Diagnosis	ICD-9-CM
173.21	Basal cell carcinoma of skin of ear and external auditory canal	Diagnosis	ICD-9-CM
173.22	Squamous cell carcinoma of skin of ear and external auditory canal	Diagnosis	ICD-9-CM
173.29	Other specified malignant neoplasm of skin of ear and external auditory canal	Diagnosis	ICD-9-CM
173.3	Other and unspecified malignant neoplasm of skin of other and unspecified parts of face	Diagnosis	ICD-9-CM
173.30	Unspecified malignant neoplasm of skin of other and unspecified parts of face	Diagnosis	ICD-9-CM
173.31	Basal cell carcinoma of skin of other and unspecified parts of face	Diagnosis	ICD-9-CM
173.32	Squamous cell carcinoma of skin of other and unspecified parts of face	Diagnosis	ICD-9-CM
173.39	Other specified malignant neoplasm of skin of other and unspecified parts of face	Diagnosis	ICD-9-CM
173.4	Other and unspecified malignant neoplasm of scalp and skin of neck	Diagnosis	ICD-9-CM
173.40	Unspecified malignant neoplasm of scalp and skin of neck	Diagnosis	ICD-9-CM
173.41	Basal cell carcinoma of scalp and skin of neck	Diagnosis	ICD-9-CM
173.42	Squamous cell carcinoma of scalp and skin of neck	Diagnosis	ICD-9-CM
173.49	Other specified malignant neoplasm of scalp and skin of neck	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
173.5	Other and unspecified malignant neoplasm of skin of trunk, except scrotum	Diagnosis	ICD-9-CM
173.50	Unspecified malignant neoplasm of skin of trunk, except scrotum	Diagnosis	ICD-9-CM
173.51	Basal cell carcinoma of skin of trunk, except scrotum	Diagnosis	ICD-9-CM
173.52	Squamous cell carcinoma of skin of trunk, except scrotum	Diagnosis	ICD-9-CM
173.59	Other specified malignant neoplasm of skin of trunk, except scrotum	Diagnosis	ICD-9-CM
173.6	Other and unspecified malignant neoplasm of skin of upper limb, including shoulder	Diagnosis	ICD-9-CM
173.60	Unspecified malignant neoplasm of skin of upper limb, including shoulder	Diagnosis	ICD-9-CM
173.61	Basal cell carcinoma of skin of upper limb, including shoulder	Diagnosis	ICD-9-CM
173.62	Squamous cell carcinoma of skin of upper limb, including shoulder	Diagnosis	ICD-9-CM
173.69	Other specified malignant neoplasm of skin of upper limb, including shoulder	Diagnosis	ICD-9-CM
173.7	Other and unspecified malignant neoplasm of skin of lower limb, including hip	Diagnosis	ICD-9-CM
173.70	Unspecified malignant neoplasm of skin of lower limb, including hip	Diagnosis	ICD-9-CM
173.71	Basal cell carcinoma of skin of lower limb, including hip	Diagnosis	ICD-9-CM
173.72	Squamous cell carcinoma of skin of lower limb, including hip	Diagnosis	ICD-9-CM
173.79	Other specified malignant neoplasm of skin of lower limb, including hip	Diagnosis	ICD-9-CM
173.8	Other and unspecified malignant neoplasm of other specified sites of skin	Diagnosis	ICD-9-CM
173.80	Unspecified malignant neoplasm of other specified sites of skin	Diagnosis	ICD-9-CM
173.81	Basal cell carcinoma of other specified sites of skin	Diagnosis	ICD-9-CM
173.82	Squamous cell carcinoma of other specified sites of skin	Diagnosis	ICD-9-CM
173.89	Other specified malignant neoplasm of other specified sites of skin	Diagnosis	ICD-9-CM
173.9	Other and unspecified malignant neoplasm of skin, site unspecified	Diagnosis	ICD-9-CM
173.90	Unspecified malignant neoplasm of skin, site unspecified	Diagnosis	ICD-9-CM
173.91	Basal cell carcinoma of skin, site unspecified	Diagnosis	ICD-9-CM
173.92	Squamous cell carcinoma of skin, site unspecified	Diagnosis	ICD-9-CM
173.99	Other specified malignant neoplasm of skin, site unspecified	Diagnosis	ICD-9-CM
174	Malignant neoplasm of female breast	Diagnosis	ICD-9-CM
174.0	Malignant neoplasm of nipple and areola of female breast	Diagnosis	ICD-9-CM
174.1	Malignant neoplasm of central portion of female breast	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
174.2	Malignant neoplasm of upper-inner quadrant of female breast	Diagnosis	ICD-9-CM
174.3	Malignant neoplasm of lower-inner quadrant of female breast	Diagnosis	ICD-9-CM
174.4	Malignant neoplasm of upper-outer quadrant of female breast	Diagnosis	ICD-9-CM
174.5	Malignant neoplasm of lower-outer quadrant of female breast	Diagnosis	ICD-9-CM
174.6	Malignant neoplasm of axillary tail of female breast	Diagnosis	ICD-9-CM
174.8	Malignant neoplasm of other specified sites of female breast	Diagnosis	ICD-9-CM
174.9	Malignant neoplasm of breast (female), unspecified site	Diagnosis	ICD-9-CM
176	Kaposi's sarcoma	Diagnosis	ICD-9-CM
176.0	Kaposi's sarcoma of skin	Diagnosis	ICD-9-CM
176.1	Kaposi's sarcoma of soft tissue	Diagnosis	ICD-9-CM
176.2	Kaposi's sarcoma of palate	Diagnosis	ICD-9-CM
176.3	Kaposi's sarcoma of gastrointestinal sites	Diagnosis	ICD-9-CM
176.4	Kaposi's sarcoma of lung	Diagnosis	ICD-9-CM
176.5	Kaposi's sarcoma of lymph nodes	Diagnosis	ICD-9-CM
176.8	Kaposi's sarcoma of other specified sites	Diagnosis	ICD-9-CM
176.9	Kaposi's sarcoma of unspecified site	Diagnosis	ICD-9-CM
179	Malignant neoplasm of uterus, part unspecified	Diagnosis	ICD-9-CM
180	Malignant neoplasm of cervix uteri	Diagnosis	ICD-9-CM
180.0	Malignant neoplasm of endocervix	Diagnosis	ICD-9-CM
180.1	Malignant neoplasm of exocervix	Diagnosis	ICD-9-CM
180.8	Malignant neoplasm of other specified sites of cervix	Diagnosis	ICD-9-CM
180.9	Malignant neoplasm of cervix uteri, unspecified site	Diagnosis	ICD-9-CM
181	Malignant neoplasm of placenta	Diagnosis	ICD-9-CM
182	Malignant neoplasm of body of uterus	Diagnosis	ICD-9-CM
182.0	Malignant neoplasm of corpus uteri, except isthmus	Diagnosis	ICD-9-CM
182.1	Malignant neoplasm of isthmus	Diagnosis	ICD-9-CM
182.8	Malignant neoplasm of other specified sites of body of uterus	Diagnosis	ICD-9-CM
183	Malignant neoplasm of ovary and other uterine adnexa	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
183.0	Malignant neoplasm of ovary	Diagnosis	ICD-9-CM
183.2	Malignant neoplasm of fallopian tube	Diagnosis	ICD-9-CM
183.3	Malignant neoplasm of broad ligament of uterus	Diagnosis	ICD-9-CM
183.4	Malignant neoplasm of parametrium of uterus	Diagnosis	ICD-9-CM
183.5	Malignant neoplasm of round ligament of uterus	Diagnosis	ICD-9-CM
183.8	Malignant neoplasm of other specified sites of uterine adnexa	Diagnosis	ICD-9-CM
183.9	Malignant neoplasm of uterine adnexa, unspecified site	Diagnosis	ICD-9-CM
184	Malignant neoplasm of other and unspecified female genital organs	Diagnosis	ICD-9-CM
184.0	Malignant neoplasm of vagina	Diagnosis	ICD-9-CM
184.1	Malignant neoplasm of labia majora	Diagnosis	ICD-9-CM
184.2	Malignant neoplasm of labia minora	Diagnosis	ICD-9-CM
184.3	Malignant neoplasm of clitoris	Diagnosis	ICD-9-CM
184.4	Malignant neoplasm of vulva, unspecified site	Diagnosis	ICD-9-CM
184.8	Malignant neoplasm of other specified sites of female genital organs	Diagnosis	ICD-9-CM
184.9	Malignant neoplasm of female genital organ, site unspecified	Diagnosis	ICD-9-CM
188	Malignant neoplasm of bladder	Diagnosis	ICD-9-CM
188.0	Malignant neoplasm of trigone of urinary bladder	Diagnosis	ICD-9-CM
188.1	Malignant neoplasm of dome of urinary bladder	Diagnosis	ICD-9-CM
188.2	Malignant neoplasm of lateral wall of urinary bladder	Diagnosis	ICD-9-CM
188.3	Malignant neoplasm of anterior wall of urinary bladder	Diagnosis	ICD-9-CM
188.4	Malignant neoplasm of posterior wall of urinary bladder	Diagnosis	ICD-9-CM
188.5	Malignant neoplasm of bladder neck	Diagnosis	ICD-9-CM
188.6	Malignant neoplasm of ureteric orifice	Diagnosis	ICD-9-CM
188.7	Malignant neoplasm of urachus	Diagnosis	ICD-9-CM
188.8	Malignant neoplasm of other specified sites of bladder	Diagnosis	ICD-9-CM
188.9	Malignant neoplasm of bladder, part unspecified	Diagnosis	ICD-9-CM
189	Malignant neoplasm of kidney and other and unspecified urinary organs	Diagnosis	ICD-9-CM
189.0	Malignant neoplasm of kidney, except pelvis	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
189.1	Malignant neoplasm of renal pelvis	Diagnosis	ICD-9-CM
189.2	Malignant neoplasm of ureter	Diagnosis	ICD-9-CM
189.3	Malignant neoplasm of urethra	Diagnosis	ICD-9-CM
189.4	Malignant neoplasm of paraurethral glands	Diagnosis	ICD-9-CM
189.8	Malignant neoplasm of other specified sites of urinary organs	Diagnosis	ICD-9-CM
189.9	Malignant neoplasm of urinary organ, site unspecified	Diagnosis	ICD-9-CM
190	Malignant neoplasm of eye	Diagnosis	ICD-9-CM
190.0	Malignant neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid	Diagnosis	ICD-9-CM
190.1	Malignant neoplasm of orbit	Diagnosis	ICD-9-CM
190.2	Malignant neoplasm of lacrimal gland	Diagnosis	ICD-9-CM
190.3	Malignant neoplasm of conjunctiva	Diagnosis	ICD-9-CM
190.4	Malignant neoplasm of cornea	Diagnosis	ICD-9-CM
190.5	Malignant neoplasm of retina	Diagnosis	ICD-9-CM
190.6	Malignant neoplasm of choroid	Diagnosis	ICD-9-CM
190.7	Malignant neoplasm of lacrimal duct	Diagnosis	ICD-9-CM
190.8	Malignant neoplasm of other specified sites of eye	Diagnosis	ICD-9-CM
190.9	Malignant neoplasm of eye, part unspecified	Diagnosis	ICD-9-CM
191	Malignant neoplasm of brain	Diagnosis	ICD-9-CM
191.0	Malignant neoplasm of cerebrum, except lobes and ventricles	Diagnosis	ICD-9-CM
191.1	Malignant neoplasm of frontal lobe of brain	Diagnosis	ICD-9-CM
191.2	Malignant neoplasm of temporal lobe of brain	Diagnosis	ICD-9-CM
191.3	Malignant neoplasm of parietal lobe of brain	Diagnosis	ICD-9-CM
191.4	Malignant neoplasm of occipital lobe of brain	Diagnosis	ICD-9-CM
191.5	Malignant neoplasm of ventricles of brain	Diagnosis	ICD-9-CM
191.6	Malignant neoplasm of cerebellum NOS	Diagnosis	ICD-9-CM
191.7	Malignant neoplasm of brain stem	Diagnosis	ICD-9-CM
191.8	Malignant neoplasm of other parts of brain	Diagnosis	ICD-9-CM
191.9	Malignant neoplasm of brain, unspecified site	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
192	Malignant neoplasm of other and unspecified parts of nervous system	Diagnosis	ICD-9-CM
192.0	Malignant neoplasm of cranial nerves	Diagnosis	ICD-9-CM
192.1	Malignant neoplasm of cerebral meninges	Diagnosis	ICD-9-CM
192.2	Malignant neoplasm of spinal cord	Diagnosis	ICD-9-CM
192.3	Malignant neoplasm of spinal meninges	Diagnosis	ICD-9-CM
192.8	Malignant neoplasm of other specified sites of nervous system	Diagnosis	ICD-9-CM
192.9	Malignant neoplasm of nervous system, part unspecified	Diagnosis	ICD-9-CM
193	Malignant neoplasm of thyroid gland	Diagnosis	ICD-9-CM
194	Malignant neoplasm of other endocrine glands and related structures	Diagnosis	ICD-9-CM
194.0	Malignant neoplasm of adrenal gland	Diagnosis	ICD-9-CM
194.1	Malignant neoplasm of parathyroid gland	Diagnosis	ICD-9-CM
194.3	Malignant neoplasm of pituitary gland and craniopharyngeal duct	Diagnosis	ICD-9-CM
194.4	Malignant neoplasm of pineal gland	Diagnosis	ICD-9-CM
194.5	Malignant neoplasm of carotid body	Diagnosis	ICD-9-CM
194.6	Malignant neoplasm of aortic body and other paraganglia	Diagnosis	ICD-9-CM
194.8	Malignant neoplasm of other endocrine glands and related structures	Diagnosis	ICD-9-CM
194.9	Malignant neoplasm of endocrine gland, site unspecified	Diagnosis	ICD-9-CM
195	Malignant neoplasm of other and ill-defined sites	Diagnosis	ICD-9-CM
195.0	Malignant neoplasm of head, face, and neck	Diagnosis	ICD-9-CM
195.1	Malignant neoplasm of thorax	Diagnosis	ICD-9-CM
195.2	Malignant neoplasm of abdomen	Diagnosis	ICD-9-CM
195.3	Malignant neoplasm of pelvis	Diagnosis	ICD-9-CM
195.4	Malignant neoplasm of upper limb	Diagnosis	ICD-9-CM
195.5	Malignant neoplasm of lower limb	Diagnosis	ICD-9-CM
195.8	Malignant neoplasm of other specified sites	Diagnosis	ICD-9-CM
196	Secondary and unspecified malignant neoplasm of lymph nodes	Diagnosis	ICD-9-CM
196.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
196.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
196.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
196.3	Secondary and unspecified malignant neoplasm of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
196.5	Secondary and unspecified malignant neoplasm of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
196.6	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
196.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
196.9	Secondary and unspecified malignant neoplasm of lymph nodes, site unspecified	Diagnosis	ICD-9-CM
197	Secondary malignant neoplasm of respiratory and digestive systems	Diagnosis	ICD-9-CM
197.0	Secondary malignant neoplasm of lung	Diagnosis	ICD-9-CM
197.1	Secondary malignant neoplasm of mediastinum	Diagnosis	ICD-9-CM
197.2	Secondary malignant neoplasm of pleura	Diagnosis	ICD-9-CM
197.3	Secondary malignant neoplasm of other respiratory organs	Diagnosis	ICD-9-CM
197.4	Secondary malignant neoplasm of small intestine including duodenum	Diagnosis	ICD-9-CM
197.5	Secondary malignant neoplasm of large intestine and rectum	Diagnosis	ICD-9-CM
197.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-9-CM
197.7	Secondary malignant neoplasm of liver	Diagnosis	ICD-9-CM
197.8	Secondary malignant neoplasm of other digestive organs and spleen	Diagnosis	ICD-9-CM
198	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-9-CM
198.0	Secondary malignant neoplasm of kidney	Diagnosis	ICD-9-CM
198.1	Secondary malignant neoplasm of other urinary organs	Diagnosis	ICD-9-CM
198.2	Secondary malignant neoplasm of skin	Diagnosis	ICD-9-CM
198.3	Secondary malignant neoplasm of brain and spinal cord	Diagnosis	ICD-9-CM
198.4	Secondary malignant neoplasm of other parts of nervous system	Diagnosis	ICD-9-CM
198.5	Secondary malignant neoplasm of bone and bone marrow	Diagnosis	ICD-9-CM
198.6	Secondary malignant neoplasm of ovary	Diagnosis	ICD-9-CM
198.7	Secondary malignant neoplasm of adrenal gland	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
198.8	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-9-CM
198.81	Secondary malignant neoplasm of breast	Diagnosis	ICD-9-CM
198.82	Secondary malignant neoplasm of genital organs	Diagnosis	ICD-9-CM
198.89	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-9-CM
199	Malignant neoplasm without specification of site	Diagnosis	ICD-9-CM
199.0	Disseminated malignant neoplasm	Diagnosis	ICD-9-CM
199.1	Other malignant neoplasm of unspecified site	Diagnosis	ICD-9-CM
199.2	Malignant neoplasm associated with transplanted organ	Diagnosis	ICD-9-CM
200	Lymphosarcoma and reticulosarcoma and other specified malignant tumors of lymphatic tissue	Diagnosis	ICD-9-CM
200.0	Reticulosarcoma	Diagnosis	ICD-9-CM
200.00	Reticulosarcoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.01	Reticulosarcoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.02	Reticulosarcoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.03	Reticulosarcoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.04	Reticulosarcoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.05	Reticulosarcoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.06	Reticulosarcoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.07	Reticulosarcoma of spleen	Diagnosis	ICD-9-CM
200.08	Reticulosarcoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
200.1	Lymphosarcoma	Diagnosis	ICD-9-CM
200.10	Lymphosarcoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.11	Lymphosarcoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.12	Lymphosarcoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.13	Lymphosarcoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.14	Lymphosarcoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.15	Lymphosarcoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.16	Lymphosarcoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
200.45	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.46	Mantle cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.47	Mantle cell lymphoma, spleen	Diagnosis	ICD-9-CM
200.48	Mantle cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-9-CM
200.5	Primary central nervous system lymphoma	Diagnosis	ICD-9-CM
200.50	Primary central nervous system lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.51	Primary central nervous system lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.52	Primary central nervous system lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.53	Primary central nervous system lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.54	Primary central nervous system lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.55	Primary central nervous system lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.56	Primary central nervous system lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.57	Primary central nervous system lymphoma, spleen	Diagnosis	ICD-9-CM
200.58	Primary central nervous system lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-9-CM
200.6	Anaplastic large cell lymphoma	Diagnosis	ICD-9-CM
200.60	Anaplastic large cell lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.61	Anaplastic large cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.62	Anaplastic large cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.63	Anaplastic large cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.64	Anaplastic large cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.65	Anaplastic large cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.66	Anaplastic large cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.67	Anaplastic large cell lymphoma, spleen	Diagnosis	ICD-9-CM
200.68	Anaplastic large cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-9-CM
200.7	Large cell lymphoma	Diagnosis	ICD-9-CM
200.70	Large cell lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
200.71	Large cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.72	Large cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.73	Large cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.74	Large cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.75	Large cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.76	Large cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.77	Large cell lymphoma, spleen	Diagnosis	ICD-9-CM
200.78	Large cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-9-CM
200.8	Other named variants of lymphosarcoma and reticulosarcoma	Diagnosis	ICD-9-CM
200.80	Other named variants, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
200.81	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
200.82	Other named variants of lymphosarcoma and reticulosarcoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
200.83	Other named variants of lymphosarcoma and reticulosarcoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
200.84	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
200.85	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
200.86	Other named variants of lymphosarcoma and reticulosarcoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.87	Other named variants of lymphosarcoma and reticulosarcoma of spleen	Diagnosis	ICD-9-CM
200.88	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201	Hodgkin's disease	Diagnosis	ICD-9-CM
201.0	Hodgkin's paraganuloma	Diagnosis	ICD-9-CM
201.00	Hodgkin's paraganuloma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
201.01	Hodgkin's paragranuloma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.02	Hodgkin's paragranuloma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.03	Hodgkin's paragranuloma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.04	Hodgkin's paragranuloma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.05	Hodgkin's paragranuloma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.06	Hodgkin's paragranuloma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.07	Hodgkin's paragranuloma of spleen	Diagnosis	ICD-9-CM
201.08	Hodgkin's paragranuloma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201.1	Hodgkin's granuloma	Diagnosis	ICD-9-CM
201.10	Hodgkin's granuloma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.11	Hodgkin's granuloma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.12	Hodgkin's granuloma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.13	Hodgkin's granuloma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.14	Hodgkin's granuloma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.15	Hodgkin's granuloma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.16	Hodgkin's granuloma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.17	Hodgkin's granuloma of spleen	Diagnosis	ICD-9-CM
201.18	Hodgkin's granuloma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201.2	Hodgkin's sarcoma	Diagnosis	ICD-9-CM
201.20	Hodgkin's sarcoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.21	Hodgkin's sarcoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.22	Hodgkin's sarcoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.23	Hodgkin's sarcoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.24	Hodgkin's sarcoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.25	Hodgkin's sarcoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.26	Hodgkin's sarcoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.27	Hodgkin's sarcoma of spleen	Diagnosis	ICD-9-CM
201.28	Hodgkin's sarcoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
201.60	Hodgkin's disease, mixed cellularity, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.61	Hodgkin's disease, mixed cellularity, involving lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.62	Hodgkin's disease, mixed cellularity, of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.63	Hodgkin's disease, mixed cellularity, of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.64	Hodgkin's disease, mixed cellularity, of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.65	Hodgkin's disease, mixed cellularity, of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.66	Hodgkin's disease, mixed cellularity, of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.67	Hodgkin's disease, mixed cellularity, of spleen	Diagnosis	ICD-9-CM
201.68	Hodgkin's disease, mixed cellularity, of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201.7	Hodgkin's disease, lymphocytic depletion	Diagnosis	ICD-9-CM
201.70	Hodgkin's disease, lymphocytic depletion, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.71	Hodgkin's disease, lymphocytic depletion, of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.72	Hodgkin's disease, lymphocytic depletion, of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.73	Hodgkin's disease, lymphocytic depletion, of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.74	Hodgkin's disease, lymphocytic depletion, of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.75	Hodgkin's disease, lymphocytic depletion, of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.76	Hodgkin's disease, lymphocytic depletion, of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.77	Hodgkin's disease, lymphocytic depletion, of spleen	Diagnosis	ICD-9-CM
201.78	Hodgkin's disease, lymphocytic depletion, of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201.9	Hodgkin's disease, unspecified type	Diagnosis	ICD-9-CM
201.90	Hodgkin's disease, unspecified type, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.91	Hodgkin's disease, unspecified type, of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.92	Hodgkin's disease, unspecified type, of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.93	Hodgkin's disease, unspecified type, of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.94	Hodgkin's disease, unspecified type, of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.95	Hodgkin's disease, unspecified type, of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
201.96	Hodgkin's disease, unspecified type, of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.97	Hodgkin's disease, unspecified type, of spleen	Diagnosis	ICD-9-CM
201.98	Hodgkin's disease, unspecified type, of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202	Other malignant neoplasms of lymphoid and histiocytic tissue	Diagnosis	ICD-9-CM
202.0	Nodular lymphoma	Diagnosis	ICD-9-CM
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.01	Nodular lymphoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.02	Nodular lymphoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.03	Nodular lymphoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.04	Nodular lymphoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.05	Nodular lymphoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.06	Nodular lymphoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.07	Nodular lymphoma of spleen	Diagnosis	ICD-9-CM
202.08	Nodular lymphoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.1	Mycosis fungoides	Diagnosis	ICD-9-CM
202.10	Mycosis fungoides, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.11	Mycosis fungoides of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.12	Mycosis fungoides of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.13	Mycosis fungoides of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.14	Mycosis fungoides of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.15	Mycosis fungoides of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.16	Mycosis fungoides of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.17	Mycosis fungoides of spleen	Diagnosis	ICD-9-CM
202.18	Mycosis fungoides of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.2	Sezary's disease	Diagnosis	ICD-9-CM
202.20	Sezary's disease, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.21	Sezary's disease of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.22	Sezary's disease of intrathoracic lymph nodes	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
202.23	Sezary's disease of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.24	Sezary's disease of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.25	Sezary's disease of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.26	Sezary's disease of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.27	Sezary's disease of spleen	Diagnosis	ICD-9-CM
202.28	Sezary's disease of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.3	Malignant histiocytosis	Diagnosis	ICD-9-CM
202.30	Malignant histiocytosis, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.31	Malignant histiocytosis of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.32	Malignant histiocytosis of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.33	Malignant histiocytosis of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.34	Malignant histiocytosis of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.35	Malignant histiocytosis of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.36	Malignant histiocytosis of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.37	Malignant histiocytosis of spleen	Diagnosis	ICD-9-CM
202.38	Malignant histiocytosis of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.4	Leukemic reticuloendotheliosis	Diagnosis	ICD-9-CM
202.40	Leukemic reticuloendotheliosis, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.41	Leukemic reticuloendotheliosis of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.42	Leukemic reticuloendotheliosis of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.43	Leukemic reticuloendotheliosis of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.44	Leukemic reticuloendotheliosis of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.45	Leukemic reticuloendotheliosis of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.46	Leukemic reticuloendotheliosis of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.47	Leukemic reticuloendotheliosis of spleen	Diagnosis	ICD-9-CM
202.48	Leukemic reticuloendotheliosis of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.5	Letterer-Siwe disease	Diagnosis	ICD-9-CM
202.50	Letterer-Siwe disease, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
202.8	Other malignant lymphomas	Diagnosis	ICD-9-CM
202.80	Other malignant lymphomas, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.81	Other malignant lymphomas of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.82	Other malignant lymphomas of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.83	Other malignant lymphomas of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.84	Other malignant lymphomas of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.85	Other malignant lymphomas of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.86	Other malignant lymphomas of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.87	Other malignant lymphomas of spleen	Diagnosis	ICD-9-CM
202.88	Other malignant lymphomas of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.9	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue	Diagnosis	ICD-9-CM
202.90	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.91	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.92	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.93	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.94	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.95	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.96	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intrapelvic lymph nodes	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
202.97	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of spleen	Diagnosis	ICD-9-CM
202.98	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
203	Multiple myeloma and immunoproliferative neoplasms	Diagnosis	ICD-9-CM
203.0	Multiple myeloma	Diagnosis	ICD-9-CM
203.00	Multiple myeloma, without mention of having achieved remission	Diagnosis	ICD-9-CM
203.01	Multiple myeloma in remission	Diagnosis	ICD-9-CM
203.02	Multiple myeloma, in relapse	Diagnosis	ICD-9-CM
203.1	Plasma cell leukemia	Diagnosis	ICD-9-CM
203.10	Plasma cell leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
203.11	Plasma cell leukemia in remission	Diagnosis	ICD-9-CM
203.12	Plasma cell leukemia, in relapse	Diagnosis	ICD-9-CM
203.8	Other immunoproliferative neoplasms	Diagnosis	ICD-9-CM
203.80	Other immunoproliferative neoplasms, without mention of having achieved remission	Diagnosis	ICD-9-CM
203.81	Other immunoproliferative neoplasms in remission	Diagnosis	ICD-9-CM
203.82	Other immunoproliferative neoplasms, in relapse	Diagnosis	ICD-9-CM
204	Lymphoid leukemia	Diagnosis	ICD-9-CM
204.0	Acute lymphoid leukemia	Diagnosis	ICD-9-CM
204.00	Acute lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
204.01	Acute lymphoid leukemia in remission	Diagnosis	ICD-9-CM
204.02	Acute lymphoid leukemia, in relapse	Diagnosis	ICD-9-CM
204.1	Chronic lymphoid leukemia	Diagnosis	ICD-9-CM
204.10	Chronic lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
204.11	Chronic lymphoid leukemia in remission	Diagnosis	ICD-9-CM
204.12	Chronic lymphoid leukemia, in relapse	Diagnosis	ICD-9-CM
204.2	Subacute lymphoid leukemia	Diagnosis	ICD-9-CM
204.20	Subacute lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
205.80	Other myeloid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
205.81	Other myeloid leukemia in remission	Diagnosis	ICD-9-CM
205.82	Other myeloid leukemia, in relapse	Diagnosis	ICD-9-CM
205.9	Unspecified myeloid leukemia	Diagnosis	ICD-9-CM
205.90	Unspecified myeloid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
205.91	Unspecified myeloid leukemia in remission	Diagnosis	ICD-9-CM
205.92	Unspecified myeloid leukemia, in relapse	Diagnosis	ICD-9-CM
206	Monocytic leukemia	Diagnosis	ICD-9-CM
206.0	Acute monocytic leukemia	Diagnosis	ICD-9-CM
206.00	Acute monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.01	Acute monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.02	Acute monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
206.1	Chronic monocytic leukemia	Diagnosis	ICD-9-CM
206.10	Chronic monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.11	Chronic monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.12	Chronic monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
206.2	Subacute monocytic leukemia	Diagnosis	ICD-9-CM
206.20	Subacute monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.21	Subacute monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.22	Subacute monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
206.8	Other monocytic leukemia	Diagnosis	ICD-9-CM
206.80	Other monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.81	Other monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.82	Other monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
206.9	Unspecified monocytic leukemia	Diagnosis	ICD-9-CM
206.90	Unspecified monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.91	Unspecified monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.92	Unspecified monocytic leukemia, in relapse	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
207	Other specified leukemia	Diagnosis	ICD-9-CM
207.0	Acute erythremia and erythroleukemia	Diagnosis	ICD-9-CM
207.00	Acute erythremia and erythroleukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
207.01	Acute erythremia and erythroleukemia in remission	Diagnosis	ICD-9-CM
207.02	Acute erythremia and erythroleukemia, in relapse	Diagnosis	ICD-9-CM
207.1	Chronic erythremia	Diagnosis	ICD-9-CM
207.10	Chronic erythremia, without mention of having achieved remission	Diagnosis	ICD-9-CM
207.11	Chronic erythremia in remission	Diagnosis	ICD-9-CM
207.12	Chronic erythremia, in relapse	Diagnosis	ICD-9-CM
207.2	Megakaryocytic leukemia	Diagnosis	ICD-9-CM
207.20	Megakaryocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
207.21	Megakaryocytic leukemia in remission	Diagnosis	ICD-9-CM
207.22	Megakaryocytic leukemia, in relapse	Diagnosis	ICD-9-CM
207.8	Other specified leukemia	Diagnosis	ICD-9-CM
207.80	Other specified leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
207.81	Other specified leukemia in remission	Diagnosis	ICD-9-CM
207.82	Other specified leukemia, in relapse	Diagnosis	ICD-9-CM
208	Leukemia of unspecified cell type	Diagnosis	ICD-9-CM
208.0	Acute leukemia of unspecified cell type	Diagnosis	ICD-9-CM
208.00	Acute leukemia of unspecified cell type, without mention of having achieved remission	Diagnosis	ICD-9-CM
208.01	Acute leukemia of unspecified cell type in remission	Diagnosis	ICD-9-CM
208.02	Acute leukemia of unspecified cell type, in relapse	Diagnosis	ICD-9-CM
208.1	Chronic leukemia of unspecified cell type	Diagnosis	ICD-9-CM
208.10	Chronic leukemia of unspecified cell type, without mention of having achieved remission	Diagnosis	ICD-9-CM
208.11	Chronic leukemia of unspecified cell type in remission	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
209.16	Malignant carcinoid tumor of the sigmoid colon	Diagnosis	ICD-9-CM
209.17	Malignant carcinoid tumor of the rectum	Diagnosis	ICD-9-CM
209.2	Malignant carcinoid tumors of other and unspecified sites	Diagnosis	ICD-9-CM
209.20	Malignant carcinoid tumor of unknown primary site	Diagnosis	ICD-9-CM
209.21	Malignant carcinoid tumor of the bronchus and lung	Diagnosis	ICD-9-CM
209.22	Malignant carcinoid tumor of the thymus	Diagnosis	ICD-9-CM
209.23	Malignant carcinoid tumor of the stomach	Diagnosis	ICD-9-CM
209.24	Malignant carcinoid tumor of the kidney	Diagnosis	ICD-9-CM
209.25	Malignant carcinoid tumor of foregut, not otherwise specified	Diagnosis	ICD-9-CM
209.26	Malignant carcinoid tumor of midgut, not otherwise specified	Diagnosis	ICD-9-CM
209.27	Malignant carcinoid tumor of hindgut, not otherwise specified	Diagnosis	ICD-9-CM
209.29	Malignant carcinoid tumor of other sites	Diagnosis	ICD-9-CM
209.3	Malignant poorly differentiated neuroendocrine tumors	Diagnosis	ICD-9-CM
209.30	Malignant poorly differentiated neuroendocrine carcinoma, any site	Diagnosis	ICD-9-CM
209.31	Merkel cell carcinoma of the face	Diagnosis	ICD-9-CM
209.32	Merkel cell carcinoma of the scalp and neck	Diagnosis	ICD-9-CM
209.33	Merkel cell carcinoma of the upper limb	Diagnosis	ICD-9-CM
209.34	Merkel cell carcinoma of the lower limb	Diagnosis	ICD-9-CM
209.35	Merkel cell carcinoma of the trunk	Diagnosis	ICD-9-CM
209.36	Merkel cell carcinoma of other sites	Diagnosis	ICD-9-CM
209.7	Secondary neuroendocrine tumors	Diagnosis	ICD-9-CM
209.70	Secondary neuroendocrine tumor, unspecified site	Diagnosis	ICD-9-CM
209.71	Secondary neuroendocrine tumor of distant lymph nodes	Diagnosis	ICD-9-CM
209.72	Secondary neuroendocrine tumor of liver	Diagnosis	ICD-9-CM
209.73	Secondary neuroendocrine tumor of bone	Diagnosis	ICD-9-CM
209.74	Secondary neuroendocrine tumor of peritoneum	Diagnosis	ICD-9-CM
209.75	Secondary Merkel cell carcinoma	Diagnosis	ICD-9-CM
209.79	Secondary neuroendocrine tumor of other sites	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C00	Malignant neoplasm of lip	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	Malignant neoplasm of other and unspecified parts 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	Malignant neoplasm of gum	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	Malignant neoplasm of floor of mouth	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C05	Malignant neoplasm of palate	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	Malignant neoplasm of other and unspecified parts of mouth	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
C06.8	Malignant neoplasm of overlapping sites of other and unspecified parts of mouth	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	Malignant neoplasm of other and unspecified major salivary glands	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	Malignant neoplasm of tonsil	Diagnosis	ICD-10-CM
C09.0	Malignant neoplasm of tonsillar fossa	Diagnosis	ICD-10-CM
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	Diagnosis	ICD-10-CM
C09.8	Malignant neoplasm of overlapping sites of tonsil	Diagnosis	ICD-10-CM
C09.9	Malignant neoplasm of tonsil, unspecified	Diagnosis	ICD-10-CM
C10	Malignant neoplasm of oropharynx	Diagnosis	ICD-10-CM
C10.0	Malignant neoplasm of vallecula	Diagnosis	ICD-10-CM
C10.1	Malignant neoplasm of anterior surface of epiglottis	Diagnosis	ICD-10-CM
C10.2	Malignant neoplasm of lateral wall of oropharynx	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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	Malignant neoplasm of nasopharynx	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	Malignant neoplasm of hypopharynx	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	Malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx	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	Malignant neoplasm of esophagus	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C16	Malignant neoplasm of stomach	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	Malignant neoplasm of small intestine	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	Malignant neoplasm of colon	Diagnosis	ICD-10-CM
C18.0	Malignant neoplasm of cecum	Diagnosis	ICD-10-CM
C18.1	Malignant neoplasm of appendix	Diagnosis	ICD-10-CM
C18.2	Malignant neoplasm of ascending colon	Diagnosis	ICD-10-CM
C18.3	Malignant neoplasm of hepatic flexure	Diagnosis	ICD-10-CM
C18.4	Malignant neoplasm of transverse colon	Diagnosis	ICD-10-CM
C18.5	Malignant neoplasm of splenic flexure	Diagnosis	ICD-10-CM
C18.6	Malignant neoplasm of descending colon	Diagnosis	ICD-10-CM
C18.7	Malignant neoplasm of sigmoid colon	Diagnosis	ICD-10-CM
C18.8	Malignant neoplasm of overlapping sites of colon	Diagnosis	ICD-10-CM
C18.9	Malignant neoplasm of colon, unspecified	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C19	Malignant neoplasm of rectosigmoid junction	Diagnosis	ICD-10-CM
C20	Malignant neoplasm of rectum	Diagnosis	ICD-10-CM
C21	Malignant neoplasm of anus and anal canal	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	Malignant neoplasm of liver and intrahepatic bile ducts	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	Malignant neoplasm of other and unspecified parts of biliary tract	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	Malignant neoplasm of pancreas	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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	Malignant neoplasm of other and ill-defined digestive organs	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	Malignant neoplasm of nasal cavity and middle ear	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	Malignant neoplasm of accessory sinuses	Diagnosis	ICD-10-CM
C31.0	Malignant neoplasm of maxillary sinus	Diagnosis	ICD-10-CM
C31.1	Malignant neoplasm of ethmoidal sinus	Diagnosis	ICD-10-CM
C31.2	Malignant neoplasm of frontal sinus	Diagnosis	ICD-10-CM
C31.3	Malignant neoplasm of sphenoid sinus	Diagnosis	ICD-10-CM
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses	Diagnosis	ICD-10-CM
C31.9	Malignant neoplasm of accessory sinus, unspecified	Diagnosis	ICD-10-CM
C32	Malignant neoplasm of larynx	Diagnosis	ICD-10-CM
C32.0	Malignant neoplasm of glottis	Diagnosis	ICD-10-CM
C32.1	Malignant neoplasm of supraglottis	Diagnosis	ICD-10-CM
C32.2	Malignant neoplasm of subglottis	Diagnosis	ICD-10-CM
C32.3	Malignant neoplasm of laryngeal cartilage	Diagnosis	ICD-10-CM
C32.8	Malignant neoplasm of overlapping sites of larynx	Diagnosis	ICD-10-CM
C32.9	Malignant neoplasm of larynx, unspecified	Diagnosis	ICD-10-CM
C33	Malignant neoplasm of trachea	Diagnosis	ICD-10-CM
C34	Malignant neoplasm of bronchus and lung	Diagnosis	ICD-10-CM
C34.0	Malignant neoplasm of main bronchus	Diagnosis	ICD-10-CM
C34.00	Malignant neoplasm of unspecified main bronchus	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C34.01	Malignant neoplasm of right main bronchus	Diagnosis	ICD-10-CM
C34.02	Malignant neoplasm of left main bronchus	Diagnosis	ICD-10-CM
C34.1	Malignant neoplasm of upper lobe, bronchus or lung	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
C34.3	Malignant neoplasm of lower 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
C34.8	Malignant neoplasm of overlapping sites of bronchus and 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
C34.9	Malignant neoplasm of unspecified part of bronchus or 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	Malignant neoplasm of heart, mediastinum and pleura	Diagnosis	ICD-10-CM
C38.0	Malignant neoplasm of heart	Diagnosis	ICD-10-CM
C38.1	Malignant neoplasm of anterior mediastinum	Diagnosis	ICD-10-CM
C38.2	Malignant neoplasm of posterior mediastinum	Diagnosis	ICD-10-CM
C38.3	Malignant neoplasm of mediastinum, part unspecified	Diagnosis	ICD-10-CM
C38.4	Malignant neoplasm of pleura	Diagnosis	ICD-10-CM
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C39	Malignant neoplasm of other and ill-defined sites in the respiratory system and intrathoracic organs	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	Malignant neoplasm of bone and articular cartilage of limbs	Diagnosis	ICD-10-CM
C40.0	Malignant neoplasm of scapula and long bones of upper limb	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
C40.1	Malignant neoplasm of short bones of 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
C40.2	Malignant neoplasm of long bones of lower 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
C40.3	Malignant neoplasm of short bones of 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
C40.8	Malignant neoplasm of overlapping sites of bone and articular cartilage of limb	Diagnosis	ICD-10-CM
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb	Diagnosis	ICD-10-CM
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb	Diagnosis	ICD-10-CM
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb	Diagnosis	ICD-10-CM
C40.9	Malignant neoplasm of unspecified bones and articular cartilage of limb	Diagnosis	ICD-10-CM
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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	Malignant neoplasm of bone and articular cartilage of other and unspecified sites	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	Malignant melanoma of skin	Diagnosis	ICD-10-CM
C43.0	Malignant melanoma of lip	Diagnosis	ICD-10-CM
C43.1	Malignant melanoma of eyelid, including canthus	Diagnosis	ICD-10-CM
C43.10	Malignant melanoma of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C43.11	Malignant melanoma of right eyelid, including canthus	Diagnosis	ICD-10-CM
C43.111	Malignant melanoma of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C43.112	Malignant melanoma of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C43.12	Malignant melanoma of left eyelid, including canthus	Diagnosis	ICD-10-CM
C43.121	Malignant melanoma of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C43.122	Malignant melanoma of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C43.2	Malignant melanoma of ear and external auricular canal	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
C43.3	Malignant melanoma of other and unspecified parts of face	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C43.5	Malignant melanoma of trunk	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
C43.6	Malignant melanoma of upper limb, including shoulder	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
C43.7	Malignant melanoma of lower limb, including hip	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	Other and unspecified malignant neoplasm of skin	Diagnosis	ICD-10-CM
C44.0	Other and unspecified malignant neoplasm of skin of lip	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
C44.1	Other and unspecified malignant neoplasm of skin of eyelid, including canthus	Diagnosis	ICD-10-CM
C44.10	Unspecified malignant neoplasm of skin of eyelid, including canthus	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
C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.109	Unspecified malignant neoplasm of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C44.1092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.11	Basal cell carcinoma of skin of 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
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.119	Basal cell carcinoma of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.12	Squamous cell carcinoma of skin of 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
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.129	Squamous cell carcinoma of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.13	Sebaceous cell carcinoma of skin of eyelid, including canthus	Diagnosis	ICD-10-CM
C44.131	Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C44.132	Sebaceous cell carcinoma of skin of right eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.139	Sebaceous cell carcinoma of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.19	Other specified malignant neoplasm of skin of 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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.199	Other specified malignant neoplasm of skin of left eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C44.1992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C44.2	Other and unspecified malignant neoplasm of skin of ear and external auricular canal	Diagnosis	ICD-10-CM
C44.20	Unspecified malignant neoplasm of skin of ear and external auricular canal	Diagnosis	ICD-10-CM
C44.201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal	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
C44.21	Basal cell carcinoma of skin of 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
C44.22	Squamous cell carcinoma of skin of 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
C44.29	Other specified malignant neoplasm of skin of ear and external auricular canal	Diagnosis	ICD-10-CM
C44.291	Other specified malignant neoplasm of skin of unspecified ear and external auricular canal	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
C44.3	Other and unspecified malignant neoplasm of skin of other and unspecified parts of face	Diagnosis	ICD-10-CM
C44.30	Unspecified malignant neoplasm of skin of other and unspecified parts of face	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C44.309	Unspecified malignant neoplasm of skin of other parts of face	Diagnosis	ICD-10-CM
C44.31	Basal cell carcinoma of skin of other and unspecified 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
C44.32	Squamous cell carcinoma of skin of other and unspecified 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
C44.39	Other specified malignant neoplasm of skin of other and unspecified 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
C44.4	Other and unspecified malignant neoplasm of skin of scalp and neck	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
C44.5	Other and unspecified malignant neoplasm of skin of trunk	Diagnosis	ICD-10-CM
C44.50	Unspecified malignant neoplasm of skin of trunk	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
C44.51	Basal cell carcinoma of skin 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
C44.52	Squamous cell carcinoma of skin of trunk	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
C44.59	Other specified malignant neoplasm of skin 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
C44.6	Other and unspecified malignant neoplasm of skin of upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.60	Unspecified malignant neoplasm of skin of upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
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
C44.61	Basal cell carcinoma of skin of 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
C44.62	Squamous cell carcinoma of skin of 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
C44.69	Other specified malignant neoplasm of skin of upper limb, including shoulder	Diagnosis	ICD-10-CM
C44.691	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder	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
C44.7	Other and unspecified malignant neoplasm of skin of lower limb, including hip	Diagnosis	ICD-10-CM
C44.70	Unspecified malignant neoplasm of skin of lower limb, including hip	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
C44.71	Basal cell carcinoma of skin of 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
C44.72	Squamous cell carcinoma of skin of 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
C44.79	Other specified malignant neoplasm of skin of 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
C44.8	Other and unspecified malignant neoplasm of overlapping sites of skin	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
C44.9	Other and unspecified malignant neoplasm of skin, unspecified	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	Mesothelioma	Diagnosis	ICD-10-CM
C45.0	Mesothelioma of pleura	Diagnosis	ICD-10-CM
C45.1	Mesothelioma of peritoneum	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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	Kaposi's sarcoma	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
C46.5	Kaposi's sarcoma of lung	Diagnosis	ICD-10-CM
C46.50	Kaposi's sarcoma of unspecified lung	Diagnosis	ICD-10-CM
C46.51	Kaposi's sarcoma of right lung	Diagnosis	ICD-10-CM
C46.52	Kaposi's sarcoma of left lung	Diagnosis	ICD-10-CM
C46.7	Kaposi's sarcoma of other sites	Diagnosis	ICD-10-CM
C46.9	Kaposi's sarcoma, unspecified	Diagnosis	ICD-10-CM
C47	Malignant neoplasm of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck	Diagnosis	ICD-10-CM
C47.1	Malignant neoplasm of peripheral nerves of upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C47.2	Malignant neoplasm of peripheral nerves of lower limb, including hip	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C47.5	Malignant neoplasm of peripheral nerves of pelvis	Diagnosis	ICD-10-CM
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified	Diagnosis	ICD-10-CM
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified	Diagnosis	ICD-10-CM
C48	Malignant neoplasm of retroperitoneum and peritoneum	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	Malignant neoplasm of other connective and soft tissue	Diagnosis	ICD-10-CM
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck	Diagnosis	ICD-10-CM
C49.1	Malignant neoplasm of connective and soft tissue of upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.2	Malignant neoplasm of connective and soft tissue of lower limb, including hip	Diagnosis	ICD-10-CM
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip	Diagnosis	ICD-10-CM
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	Diagnosis	ICD-10-CM
C49.3	Malignant neoplasm of connective and soft tissue of thorax	Diagnosis	ICD-10-CM
C49.4	Malignant neoplasm of connective and soft tissue of abdomen	Diagnosis	ICD-10-CM
C49.5	Malignant neoplasm of connective and soft tissue of pelvis	Diagnosis	ICD-10-CM
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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.A	Gastrointestinal stromal tumor	Diagnosis	ICD-10-CM
C49.A0	Gastrointestinal stromal tumor, unspecified site	Diagnosis	ICD-10-CM
C49.A1	Gastrointestinal stromal tumor of esophagus	Diagnosis	ICD-10-CM
C49.A2	Gastrointestinal stromal tumor of stomach	Diagnosis	ICD-10-CM
C49.A3	Gastrointestinal stromal tumor of small intestine	Diagnosis	ICD-10-CM
C49.A4	Gastrointestinal stromal tumor of large intestine	Diagnosis	ICD-10-CM
C49.A5	Gastrointestinal stromal tumor of rectum	Diagnosis	ICD-10-CM
C49.A9	Gastrointestinal stromal tumor of other sites	Diagnosis	ICD-10-CM
C4A	Merkel cell carcinoma	Diagnosis	ICD-10-CM
C4A.0	Merkel cell carcinoma of lip	Diagnosis	ICD-10-CM
C4A.1	Merkel cell carcinoma of eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.11	Merkel cell carcinoma of right eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.12	Merkel cell carcinoma of left eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.2	Merkel cell carcinoma of ear and external auricular canal	Diagnosis	ICD-10-CM
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C4A.21	Merkel cell carcinoma of right ear and external auricular canal	Diagnosis	ICD-10-CM
C4A.22	Merkel cell carcinoma of left ear and external auricular canal	Diagnosis	ICD-10-CM
C4A.3	Merkel cell carcinoma of other and unspecified parts of face	Diagnosis	ICD-10-CM
C4A.30	Merkel cell carcinoma of unspecified part of face	Diagnosis	ICD-10-CM
C4A.31	Merkel cell carcinoma of nose	Diagnosis	ICD-10-CM
C4A.39	Merkel cell carcinoma of other parts of face	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C4A.4	Merkel cell carcinoma of scalp and neck	Diagnosis	ICD-10-CM
C4A.5	Merkel cell carcinoma of trunk	Diagnosis	ICD-10-CM
C4A.51	Merkel cell carcinoma of anal skin	Diagnosis	ICD-10-CM
C4A.52	Merkel cell carcinoma of skin of breast	Diagnosis	ICD-10-CM
C4A.59	Merkel cell carcinoma of other part of trunk	Diagnosis	ICD-10-CM
C4A.6	Merkel cell carcinoma of upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A.7	Merkel cell carcinoma of lower limb, including hip	Diagnosis	ICD-10-CM
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C4A.71	Merkel cell carcinoma of right lower limb, including hip	Diagnosis	ICD-10-CM
C4A.72	Merkel cell carcinoma of left lower limb, including hip	Diagnosis	ICD-10-CM
C4A.8	Merkel cell carcinoma of overlapping sites	Diagnosis	ICD-10-CM
C4A.9	Merkel cell carcinoma, unspecified	Diagnosis	ICD-10-CM
C50	Malignant neoplasm of breast	Diagnosis	ICD-10-CM
C50.0	Malignant neoplasm of nipple and areola	Diagnosis	ICD-10-CM
C50.01	Malignant neoplasm of nipple and areola, female	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
C50.1	Malignant neoplasm of central portion of breast	Diagnosis	ICD-10-CM
C50.11	Malignant neoplasm of central portion of breast, female	Diagnosis	ICD-10-CM
C50.111	Malignant neoplasm of central portion of right female breast	Diagnosis	ICD-10-CM
C50.112	Malignant neoplasm of central portion of left female breast	Diagnosis	ICD-10-CM
C50.119	Malignant neoplasm of central portion of unspecified female breast	Diagnosis	ICD-10-CM
C50.2	Malignant neoplasm of upper-inner quadrant of breast	Diagnosis	ICD-10-CM
C50.21	Malignant neoplasm of upper-inner quadrant of breast, female	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
C50.3	Malignant neoplasm of lower-inner quadrant of breast	Diagnosis	ICD-10-CM
C50.31	Malignant neoplasm of lower-inner quadrant of breast, female	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
C50.4	Malignant neoplasm of upper-outer quadrant of breast	Diagnosis	ICD-10-CM
C50.41	Malignant neoplasm of upper-outer quadrant of breast, female	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
C50.5	Malignant neoplasm of lower-outer quadrant of breast	Diagnosis	ICD-10-CM
C50.51	Malignant neoplasm of lower-outer quadrant of breast, female	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
C50.6	Malignant neoplasm of axillary tail of breast	Diagnosis	ICD-10-CM
C50.61	Malignant neoplasm of axillary tail of breast, female	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
C50.8	Malignant neoplasm of overlapping sites of breast	Diagnosis	ICD-10-CM
C50.81	Malignant neoplasm of overlapping sites of breast, female	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
C50.9	Malignant neoplasm of breast of unspecified site	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C50.91	Malignant neoplasm of breast of unspecified site, female	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
C51	Malignant neoplasm of vulva	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	Malignant neoplasm of cervix uteri	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	Malignant neoplasm of corpus uteri	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	Malignant neoplasm of ovary	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C57	Malignant neoplasm of other and unspecified female genital organs	Diagnosis	ICD-10-CM
C57.0	Malignant neoplasm of fallopian tube	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
C57.1	Malignant neoplasm of broad ligament	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
C57.2	Malignant neoplasm of round 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
C64	Malignant neoplasm of kidney, except renal pelvis	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	Malignant neoplasm of 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	Malignant neoplasm of ureter	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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	Malignant neoplasm of bladder	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	Malignant neoplasm of other and unspecified urinary organs	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	Malignant neoplasm of eye and adnexa	Diagnosis	ICD-10-CM
C69.0	Malignant neoplasm of conjunctiva	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
C69.1	Malignant neoplasm of cornea	Diagnosis	ICD-10-CM
C69.10	Malignant neoplasm of unspecified cornea	Diagnosis	ICD-10-CM
C69.11	Malignant neoplasm of right cornea	Diagnosis	ICD-10-CM
C69.12	Malignant neoplasm of left cornea	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C69.2	Malignant neoplasm of retina	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
C69.3	Malignant neoplasm of choroid	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
C69.4	Malignant neoplasm of ciliary body	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
C69.5	Malignant neoplasm of lacrimal gland and duct	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
C69.6	Malignant neoplasm of orbit	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
C69.8	Malignant neoplasm of overlapping sites of eye and adnexa	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
C69.9	Malignant neoplasm of unspecified site of eye	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C70	Malignant neoplasm of meninges	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	Malignant neoplasm of brain	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	Malignant neoplasm of spinal cord, cranial nerves and other parts of central nervous system	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
C72.2	Malignant neoplasm of olfactory nerve	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
C72.3	Malignant neoplasm of optic 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
C72.4	Malignant neoplasm of acoustic nerve	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C72.40	Malignant neoplasm of unspecified acoustic nerve	Diagnosis	ICD-10-CM
C72.41	Malignant neoplasm of right acoustic nerve	Diagnosis	ICD-10-CM
C72.42	Malignant neoplasm of left acoustic nerve	Diagnosis	ICD-10-CM
C72.5	Malignant neoplasm of other and unspecified cranial nerves	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	Malignant neoplasm of adrenal gland	Diagnosis	ICD-10-CM
C74.0	Malignant neoplasm of cortex of adrenal 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
C74.1	Malignant neoplasm of medulla of 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
C74.9	Malignant neoplasm of unspecified part of 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	Malignant neoplasm of other endocrine glands and related structures	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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	Malignant neoplasm of other and ill-defined sites	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
C76.4	Malignant neoplasm of upper limb	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
C76.5	Malignant neoplasm of lower 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	Secondary and unspecified malignant neoplasm of lymph nodes	Diagnosis	ICD-10-CM
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	Diagnosis	ICD-10-CM
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes	Diagnosis	ICD-10-CM
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes	Diagnosis	ICD-10-CM
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	Diagnosis	ICD-10-CM
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified	Diagnosis	ICD-10-CM
C78	Secondary malignant neoplasm of respiratory and digestive organs	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C78.0	Secondary malignant neoplasm of lung	Diagnosis	ICD-10-CM
C78.00	Secondary malignant neoplasm of unspecified lung	Diagnosis	ICD-10-CM
C78.01	Secondary malignant neoplasm of right lung	Diagnosis	ICD-10-CM
C78.02	Secondary malignant neoplasm of left lung	Diagnosis	ICD-10-CM
C78.1	Secondary malignant neoplasm of mediastinum	Diagnosis	ICD-10-CM
C78.2	Secondary malignant neoplasm of pleura	Diagnosis	ICD-10-CM
C78.3	Secondary malignant neoplasm of other and unspecified respiratory organs	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
C78.8	Secondary malignant neoplasm of other and unspecified digestive organs	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	Secondary malignant neoplasm of other and unspecified sites	Diagnosis	ICD-10-CM
C79.0	Secondary malignant neoplasm of kidney and renal pelvis	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
C79.1	Secondary malignant neoplasm of bladder and other and unspecified urinary organs	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
C79.3	Secondary malignant neoplasm of brain and cerebral meninges	Diagnosis	ICD-10-CM
C79.31	Secondary malignant neoplasm of brain	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C79.32	Secondary malignant neoplasm of cerebral meninges	Diagnosis	ICD-10-CM
C79.4	Secondary malignant neoplasm of other and unspecified parts of nervous system	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
C79.5	Secondary malignant neoplasm of bone and bone marrow	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
C79.6	Secondary malignant neoplasm of ovary	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
C79.7	Secondary malignant neoplasm of adrenal gland	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
C79.8	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-10-CM
C79.81	Secondary malignant neoplasm of breast	Diagnosis	ICD-10-CM
C79.82	Secondary malignant neoplasm of genital organs	Diagnosis	ICD-10-CM
C79.89	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-10-CM
C79.9	Secondary malignant neoplasm of unspecified site	Diagnosis	ICD-10-CM
C7A	Malignant neuroendocrine tumors	Diagnosis	ICD-10-CM
C7A.0	Malignant carcinoid tumors	Diagnosis	ICD-10-CM
C7A.00	Malignant carcinoid tumor of unspecified site	Diagnosis	ICD-10-CM
C7A.01	Malignant carcinoid tumors of the small intestine	Diagnosis	ICD-10-CM
C7A.010	Malignant carcinoid tumor of the duodenum	Diagnosis	ICD-10-CM
C7A.011	Malignant carcinoid tumor of the jejunum	Diagnosis	ICD-10-CM
C7A.012	Malignant carcinoid tumor of the ileum	Diagnosis	ICD-10-CM
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C7A.02	she is	Diagnosis	ICD-10-CM
C7A.020	Malignant carcinoid tumor of the appendix	Diagnosis	ICD-10-CM
C7A.021	Malignant carcinoid tumor of the cecum	Diagnosis	ICD-10-CM
C7A.022	Malignant carcinoid tumor of the ascending colon	Diagnosis	ICD-10-CM
C7A.023	Malignant carcinoid tumor of the transverse colon	Diagnosis	ICD-10-CM
C7A.024	Malignant carcinoid tumor of the descending colon	Diagnosis	ICD-10-CM
C7A.025	Malignant carcinoid tumor of the sigmoid colon	Diagnosis	ICD-10-CM
C7A.026	Malignant carcinoid tumor of the rectum	Diagnosis	ICD-10-CM
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion	Diagnosis	ICD-10-CM
C7A.09	Malignant carcinoid tumors of other sites	Diagnosis	ICD-10-CM
C7A.090	Malignant carcinoid tumor of the bronchus and lung	Diagnosis	ICD-10-CM
C7A.091	Malignant carcinoid tumor of the thymus	Diagnosis	ICD-10-CM
C7A.092	Malignant carcinoid tumor of the stomach	Diagnosis	ICD-10-CM
C7A.093	Malignant carcinoid tumor of the kidney	Diagnosis	ICD-10-CM
C7A.094	Malignant carcinoid tumor of the foregut, unspecified	Diagnosis	ICD-10-CM
C7A.095	Malignant carcinoid tumor of the midgut, unspecified	Diagnosis	ICD-10-CM
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified	Diagnosis	ICD-10-CM
C7A.098	Malignant carcinoid tumors of other sites	Diagnosis	ICD-10-CM
C7A.1	Malignant poorly differentiated neuroendocrine tumors	Diagnosis	ICD-10-CM
C7A.8	Other malignant neuroendocrine tumors	Diagnosis	ICD-10-CM
C7B	Secondary neuroendocrine tumors	Diagnosis	ICD-10-CM
C7B.0	Secondary carcinoid tumors	Diagnosis	ICD-10-CM
C7B.00	Secondary carcinoid tumors, unspecified site	Diagnosis	ICD-10-CM
C7B.01	Secondary carcinoid tumors of distant lymph nodes	Diagnosis	ICD-10-CM
C7B.02	Secondary carcinoid tumors of liver	Diagnosis	ICD-10-CM
C7B.03	Secondary carcinoid tumors of bone	Diagnosis	ICD-10-CM
C7B.04	Secondary carcinoid tumors of peritoneum	Diagnosis	ICD-10-CM
C7B.09	Secondary carcinoid tumors of other sites	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C7B.1	Secondary Merkel cell carcinoma	Diagnosis	ICD-10-CM
C7B.8	Other secondary neuroendocrine tumors	Diagnosis	ICD-10-CM
C80	Malignant neoplasm without specification of 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	Hodgkin lymphoma	Diagnosis	ICD-10-CM
C81.0	Nodular lymphocyte predominant Hodgkin lymphoma	Diagnosis	ICD-10-CM
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.1	Nodular sclerosis Hodgkin lymphoma	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
C81.2	Mixed cellularity Hodgkin lymphoma	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
C81.3	Lymphocyte depleted Hodgkin lymphoma	Diagnosis	ICD-10-CM
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.4	Lymphocyte-rich Hodgkin lymphoma	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
C81.7	Other Hodgkin lymphoma	Diagnosis	ICD-10-CM
C81.70	Other Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.77	Other Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.9	Hodgkin lymphoma, unspecified	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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	Follicular lymphoma	Diagnosis	ICD-10-CM
C82.0	Follicular lymphoma grade I	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
C82.1	Follicular lymphoma grade II	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
C82.2	Follicular lymphoma grade III, unspecified	Diagnosis	ICD-10-CM
C82.20	Follicular lymphoma grade III, unspecified, unspecified site	Diagnosis	ICD-10-CM
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.27	Follicular lymphoma grade III, unspecified, spleen	Diagnosis	ICD-10-CM
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.3	Follicular lymphoma grade IIIa	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
C82.4	Follicular lymphoma grade IIIb	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
C82.5	Diffuse follicle center lymphoma	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
C82.6	Cutaneous follicle center lymphoma	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
C82.8	Other types of follicular lymphoma	Diagnosis	ICD-10-CM
C82.80	Other types of follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.87	Other types of follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.9	Follicular lymphoma, unspecified	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	Non-follicular lymphoma	Diagnosis	ICD-10-CM
C83.0	Small cell B-cell lymphoma	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
C83.1	Mantle cell lymphoma	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
C83.3	Diffuse large B-cell lymphoma	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 I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria 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
C83.5	Lymphoblastic (diffuse) lymphoma	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
C83.7	Burkitt lymphoma	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
C83.8	Other non-follicular lymphoma	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
C83.9	Non-follicular (diffuse) lymphoma, unspecified	Diagnosis	ICD-10-CM
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84	Mature T/NK-cell lymphomas	Diagnosis	ICD-10-CM
C84.0	Mycosis fungoides	Diagnosis	ICD-10-CM
C84.00	Mycosis fungoides, unspecified site	Diagnosis	ICD-10-CM
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.02	Mycosis fungoides, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.03	Mycosis fungoides, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.06	Mycosis fungoides, intrapelvic lymph nodes	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
C84.1	Sezary disease	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
C84.4	Peripheral T-cell lymphoma, not classified	Diagnosis	ICD-10-CM
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site	Diagnosis	ICD-10-CM
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.47	Peripheral T-cell lymphoma, not classified, spleen	Diagnosis	ICD-10-CM
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.6	Anaplastic large cell lymphoma, ALK-positive	Diagnosis	ICD-10-CM
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen	Diagnosis	ICD-10-CM
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.7	Anaplastic large cell lymphoma, ALK-negative	Diagnosis	ICD-10-CM
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site	Diagnosis	ICD-10-CM
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen	Diagnosis	ICD-10-CM
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.9	Mature T/NK-cell lymphomas, unspecified	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen	Diagnosis	ICD-10-CM
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.A	Cutaneous T-cell lymphoma, unspecified	Diagnosis	ICD-10-CM
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.Z	Other mature T/NK-cell lymphomas	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85	Other specified and unspecified types of non-Hodgkin lymphoma	Diagnosis	ICD-10-CM
C85.1	Unspecified B-cell lymphoma	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
C85.2	Mediastinal (thymic) large B-cell lymphoma	Diagnosis	ICD-10-CM
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.8	Other specified types of non-Hodgkin lymphoma	Diagnosis	ICD-10-CM
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.87	Other specified types of non-Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.9	Non-Hodgkin lymphoma, unspecified	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	Other specified types of T/NK-cell lymphoma	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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	Malignant immunoproliferative diseases and certain other B-cell lymphomas	Diagnosis	ICD-10-CM
C88.0	Waldenstrom macroglobulinemia	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	Multiple myeloma and malignant plasma cell neoplasms	Diagnosis	ICD-10-CM
C90.0	Multiple myeloma	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
C90.1	Plasma cell leukemia	Diagnosis	ICD-10-CM
C90.10	Plasma cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C90.11	Plasma cell leukemia in remission	Diagnosis	ICD-10-CM
C90.12	Plasma cell leukemia in relapse	Diagnosis	ICD-10-CM
C90.2	Extramedullary plasmacytoma	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
C90.3	Solitary plasmacytoma	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C91	Lymphoid leukemia	Diagnosis	ICD-10-CM
C91.0	Acute lymphoblastic leukemia [ALL]	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
C91.1	Chronic lymphocytic leukemia of B-cell type	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
C91.3	Prolymphocytic leukemia of B-cell type	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
C91.4	Hairy cell leukemia	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
C91.5	Adult T-cell lymphoma/leukemia (HTLV-1-associated)	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
C91.6	Prolymphocytic leukemia of T-cell type	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
C91.9	Lymphoid leukemia, unspecified	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C91.92	Lymphoid leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
C91.A	Mature B-cell leukemia Burkitt-type	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.Z	Other lymphoid leukemia	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	Myeloid leukemia	Diagnosis	ICD-10-CM
C92.0	Acute myeloblastic leukemia	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
C92.1	Chronic myeloid leukemia, BCR/ABL-positive	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
C92.2	Atypical chronic myeloid leukemia, BCR/ABL-negative	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
C92.3	Myeloid sarcoma	Diagnosis	ICD-10-CM
C92.30	Myeloid sarcoma, not having achieved remission	Diagnosis	ICD-10-CM
C92.31	Myeloid sarcoma, in remission	Diagnosis	ICD-10-CM
C92.32	Myeloid sarcoma, in relapse	Diagnosis	ICD-10-CM
C92.4	Acute promyelocytic leukemia	Diagnosis	ICD-10-CM
C92.40	Acute promyelocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C92.41	Acute promyelocytic leukemia, in remission	Diagnosis	ICD-10-CM
C92.42	Acute promyelocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.5	Acute myelomonocytic leukemia	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
C92.6	Acute myeloid leukemia with 11q23-abnormality	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
C92.9	Myeloid leukemia, unspecified	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.A	Acute myeloid leukemia with multilineage dysplasia	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.Z	Other myeloid leukemia	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	Monocytic leukemia	Diagnosis	ICD-10-CM
C93.0	Acute monoblastic/monocytic leukemia	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
C93.1	Chronic myelomonocytic leukemia	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
C93.3	Juvenile myelomonocytic leukemia	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
C93.9	Monocytic leukemia, unspecified	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.Z	Other monocytic leukemia	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	Other leukemias of specified cell type	Diagnosis	ICD-10-CM
C94.0	Acute erythroid leukemia	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
C94.2	Acute megakaryoblastic leukemia	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
C94.3	Mast cell leukemia	Diagnosis	ICD-10-CM
C94.30	Mast cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C94.31	Mast cell leukemia, in remission	Diagnosis	ICD-10-CM
C94.32	Mast cell leukemia, in relapse	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C94.4	Acute panmyelosis with myelofibrosis	Diagnosis	ICD-10-CM
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission	Diagnosis	ICD-10-CM
C94.41	Acute panmyelosis with myelofibrosis, in remission	Diagnosis	ICD-10-CM
C94.42	Acute panmyelosis with myelofibrosis, in relapse	Diagnosis	ICD-10-CM
C94.6	Myelodysplastic disease, not classified	Diagnosis	ICD-10-CM
C94.8	Other specified leukemias	Diagnosis	ICD-10-CM
C94.80	Other specified leukemias not having achieved remission	Diagnosis	ICD-10-CM
C94.81	Other specified leukemias, in remission	Diagnosis	ICD-10-CM
C94.82	Other specified leukemias, in relapse	Diagnosis	ICD-10-CM
C95	Leukemia of unspecified cell type	Diagnosis	ICD-10-CM
C95.0	Acute leukemia of unspecified cell type	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
C95.1	Chronic leukemia of unspecified cell type	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
C95.9	Leukemia, unspecified	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	Other and unspecified malignant neoplasms of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96.2	Malignant mast cell neoplasm	Diagnosis	ICD-10-CM
C96.20	Malignant mast cell neoplasm, unspecified	Diagnosis	ICD-10-CM
C96.21	Aggressive systemic mastocytosis	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C96.22	Mast cell sarcoma	Diagnosis	ICD-10-CM
C96.29	Other malignant mast cell neoplasm	Diagnosis	ICD-10-CM
C96.4	Sarcoma of dendritic cells (accessory cells)	Diagnosis	ICD-10-CM
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96.6	Unifocal Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
C96.A	Histiocytic sarcoma	Diagnosis	ICD-10-CM
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D37	Neoplasm of uncertain behavior of oral cavity and digestive organs	Diagnosis	ICD-10-CM
D37.0	Neoplasm of uncertain behavior of lip, oral cavity and pharynx	Diagnosis	ICD-10-CM
D37.01	Neoplasm of uncertain behavior of lip	Diagnosis	ICD-10-CM
D37.02	Neoplasm of uncertain behavior of tongue	Diagnosis	ICD-10-CM
D37.03	Neoplasm of uncertain behavior of the major salivary glands	Diagnosis	ICD-10-CM
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands	Diagnosis	ICD-10-CM
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands	Diagnosis	ICD-10-CM
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands	Diagnosis	ICD-10-CM
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified	Diagnosis	ICD-10-CM
D37.04	Neoplasm of uncertain behavior of the minor salivary glands	Diagnosis	ICD-10-CM
D37.05	Neoplasm of uncertain behavior of pharynx	Diagnosis	ICD-10-CM
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity	Diagnosis	ICD-10-CM
D37.1	Neoplasm of uncertain behavior of stomach	Diagnosis	ICD-10-CM
D37.2	Neoplasm of uncertain behavior of small intestine	Diagnosis	ICD-10-CM
D37.3	Neoplasm of uncertain behavior of appendix	Diagnosis	ICD-10-CM
D37.4	Neoplasm of uncertain behavior of colon	Diagnosis	ICD-10-CM
D37.5	Neoplasm of uncertain behavior of rectum	Diagnosis	ICD-10-CM
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts	Diagnosis	ICD-10-CM
D37.8	Neoplasm of uncertain behavior of other specified digestive organs	Diagnosis	ICD-10-CM
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
D38	Neoplasm of uncertain behavior of middle ear and respiratory and intrathoracic organs	Diagnosis	ICD-10-CM
D38.0	Neoplasm of uncertain behavior of larynx	Diagnosis	ICD-10-CM
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung	Diagnosis	ICD-10-CM
D38.2	Neoplasm of uncertain behavior of pleura	Diagnosis	ICD-10-CM
D38.3	Neoplasm of uncertain behavior of mediastinum	Diagnosis	ICD-10-CM
D38.4	Neoplasm of uncertain behavior of thymus	Diagnosis	ICD-10-CM
D38.5	Neoplasm of uncertain behavior of other respiratory organs	Diagnosis	ICD-10-CM
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified	Diagnosis	ICD-10-CM
D39	Neoplasm of uncertain behavior of female genital organs	Diagnosis	ICD-10-CM
D39.0	Neoplasm of uncertain behavior of uterus	Diagnosis	ICD-10-CM
D39.1	Neoplasm of uncertain behavior of ovary	Diagnosis	ICD-10-CM
D39.10	Neoplasm of uncertain behavior of unspecified ovary	Diagnosis	ICD-10-CM
D39.11	Neoplasm of uncertain behavior of right ovary	Diagnosis	ICD-10-CM
D39.12	Neoplasm of uncertain behavior of left ovary	Diagnosis	ICD-10-CM
D39.2	Neoplasm of uncertain behavior of placenta	Diagnosis	ICD-10-CM
D39.8	Neoplasm of uncertain behavior of other specified female genital organs	Diagnosis	ICD-10-CM
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified	Diagnosis	ICD-10-CM
D41	Neoplasm of uncertain behavior of urinary organs	Diagnosis	ICD-10-CM
D41.0	Neoplasm of uncertain behavior of 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
D41.1	Neoplasm of uncertain behavior of renal pelvis	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
D41.2	Neoplasm of uncertain behavior of ureter	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
D41.20	Neoplasm of uncertain behavior of unspecified ureter	Diagnosis	ICD-10-CM
D41.21	Neoplasm of uncertain behavior of right ureter	Diagnosis	ICD-10-CM
D41.22	Neoplasm of uncertain behavior of left ureter	Diagnosis	ICD-10-CM
D41.3	Neoplasm of uncertain behavior of urethra	Diagnosis	ICD-10-CM
D41.4	Neoplasm of uncertain behavior of bladder	Diagnosis	ICD-10-CM
D41.8	Neoplasm of uncertain behavior of other specified urinary organs	Diagnosis	ICD-10-CM
D41.9	Neoplasm of uncertain behavior of unspecified urinary organ	Diagnosis	ICD-10-CM
D42	Neoplasm of uncertain behavior of meninges	Diagnosis	ICD-10-CM
D42.0	Neoplasm of uncertain behavior of cerebral meninges	Diagnosis	ICD-10-CM
D42.1	Neoplasm of uncertain behavior of spinal meninges	Diagnosis	ICD-10-CM
D42.9	Neoplasm of uncertain behavior of meninges, unspecified	Diagnosis	ICD-10-CM
D43	Neoplasm of uncertain behavior of brain and central nervous system	Diagnosis	ICD-10-CM
D43.0	Neoplasm of uncertain behavior of brain, supratentorial	Diagnosis	ICD-10-CM
D43.1	Neoplasm of uncertain behavior of brain, infratentorial	Diagnosis	ICD-10-CM
D43.2	Neoplasm of uncertain behavior of brain, unspecified	Diagnosis	ICD-10-CM
D43.3	Neoplasm of uncertain behavior of cranial nerves	Diagnosis	ICD-10-CM
D43.4	Neoplasm of uncertain behavior of spinal cord	Diagnosis	ICD-10-CM
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system	Diagnosis	ICD-10-CM
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified	Diagnosis	ICD-10-CM
D44	Neoplasm of uncertain behavior of endocrine glands	Diagnosis	ICD-10-CM
D44.0	Neoplasm of uncertain behavior of thyroid gland	Diagnosis	ICD-10-CM
D44.1	Neoplasm of uncertain behavior of adrenal gland	Diagnosis	ICD-10-CM
D44.10	Neoplasm of uncertain behavior of unspecified adrenal gland	Diagnosis	ICD-10-CM
D44.11	Neoplasm of uncertain behavior of right adrenal gland	Diagnosis	ICD-10-CM
D44.12	Neoplasm of uncertain behavior of left adrenal gland	Diagnosis	ICD-10-CM
D44.2	Neoplasm of uncertain behavior of parathyroid gland	Diagnosis	ICD-10-CM
D44.3	Neoplasm of uncertain behavior of pituitary gland	Diagnosis	ICD-10-CM
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
D44.5	Neoplasm of uncertain behavior of pineal gland	Diagnosis	ICD-10-CM
D44.6	Neoplasm of uncertain behavior of carotid body	Diagnosis	ICD-10-CM
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia	Diagnosis	ICD-10-CM
D44.9	Neoplasm of uncertain behavior of unspecified endocrine gland	Diagnosis	ICD-10-CM
D45	Polycythemia vera	Diagnosis	ICD-10-CM
D46	Myelodysplastic syndromes	Diagnosis	ICD-10-CM
D46.0	Refractory anemia without ring sideroblasts, so stated	Diagnosis	ICD-10-CM
D46.1	Refractory anemia with ring sideroblasts	Diagnosis	ICD-10-CM
D46.2	Refractory anemia with excess of blasts [RAEB]	Diagnosis	ICD-10-CM
D46.20	Refractory anemia with excess of blasts, unspecified	Diagnosis	ICD-10-CM
D46.21	Refractory anemia with excess of blasts 1	Diagnosis	ICD-10-CM
D46.22	Refractory anemia with excess of blasts 2	Diagnosis	ICD-10-CM
D46.4	Refractory anemia, unspecified	Diagnosis	ICD-10-CM
D46.9	Myelodysplastic syndrome, unspecified	Diagnosis	ICD-10-CM
D46.A	Refractory cytopenia with multilineage dysplasia	Diagnosis	ICD-10-CM
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts	Diagnosis	ICD-10-CM
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality	Diagnosis	ICD-10-CM
D46.Z	Other myelodysplastic syndromes	Diagnosis	ICD-10-CM
D47	Other neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D47.0	Mast cell neoplasms of uncertain behavior	Diagnosis	ICD-10-CM
D47.01	Cutaneous mastocytosis	Diagnosis	ICD-10-CM
D47.02	Systemic mastocytosis	Diagnosis	ICD-10-CM
D47.09	Other mast cell neoplasms of uncertain behavior	Diagnosis	ICD-10-CM
D47.1	Chronic myeloproliferative disease	Diagnosis	ICD-10-CM
D47.2	Monoclonal gammopathy	Diagnosis	ICD-10-CM
D47.3	Essential (hemorrhagic) thrombocythemia	Diagnosis	ICD-10-CM
D47.4	Osteomyelofibrosis	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
D47.Z	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)	Diagnosis	ICD-10-CM
D47.Z2	Castleman disease	Diagnosis	ICD-10-CM
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D48	Neoplasm of uncertain behavior of other and unspecified sites	Diagnosis	ICD-10-CM
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage	Diagnosis	ICD-10-CM
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue	Diagnosis	ICD-10-CM
D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
D48.3	Neoplasm of uncertain behavior of retroperitoneum	Diagnosis	ICD-10-CM
D48.4	Neoplasm of uncertain behavior of peritoneum	Diagnosis	ICD-10-CM
D48.5	Neoplasm of uncertain behavior of skin	Diagnosis	ICD-10-CM
D48.6	Neoplasm of uncertain behavior of breast	Diagnosis	ICD-10-CM
D48.60	Neoplasm of uncertain behavior of unspecified breast	Diagnosis	ICD-10-CM
D48.61	Neoplasm of uncertain behavior of right breast	Diagnosis	ICD-10-CM
D48.62	Neoplasm of uncertain behavior of left breast	Diagnosis	ICD-10-CM
D48.7	Neoplasm of uncertain behavior of other specified sites	Diagnosis	ICD-10-CM
D48.9	Neoplasm of uncertain behavior, unspecified	Diagnosis	ICD-10-CM
D49	Neoplasms of unspecified behavior	Diagnosis	ICD-10-CM
D49.0	Neoplasm of unspecified behavior of digestive system	Diagnosis	ICD-10-CM
D49.1	Neoplasm of unspecified behavior of respiratory system	Diagnosis	ICD-10-CM
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin	Diagnosis	ICD-10-CM
D49.3	Neoplasm of unspecified behavior of breast	Diagnosis	ICD-10-CM
D49.4	Neoplasm of unspecified behavior of bladder	Diagnosis	ICD-10-CM
D49.5	Neoplasm of unspecified behavior of other genitourinary organs	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
D49.51	Neoplasm of unspecified behavior of kidney	Diagnosis	ICD-10-CM
D49.511	Neoplasm of unspecified behavior of right kidney	Diagnosis	ICD-10-CM
D49.512	Neoplasm of unspecified behavior of left kidney	Diagnosis	ICD-10-CM
D49.519	Neoplasm of unspecified behavior of unspecified kidney	Diagnosis	ICD-10-CM
D49.59	Neoplasm of unspecified behavior of other genitourinary organ	Diagnosis	ICD-10-CM
D49.6	Neoplasm of unspecified behavior of brain	Diagnosis	ICD-10-CM
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system	Diagnosis	ICD-10-CM
D49.8	Neoplasm of unspecified behavior of other specified sites	Diagnosis	ICD-10-CM
D49.81	Neoplasm of unspecified behavior of retina and choroid	Diagnosis	ICD-10-CM
D49.89	Neoplasm of unspecified behavior of other specified sites	Diagnosis	ICD-10-CM
D49.9	Neoplasm of unspecified behavior of unspecified site	Diagnosis	ICD-10-CM
E88.3	Tumor lysis syndrome	Diagnosis	ICD-10-CM
O9A	Maternal malignant neoplasms, traumatic injuries and abuse classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	Diagnosis	ICD-10-CM
O9A.1	Malignant neoplasm complicating pregnancy, childbirth and the puerperium	Diagnosis	ICD-10-CM
O9A.13	Malignant neoplasm complicating the puerperium	Diagnosis	ICD-10-CM
Z15.0	Genetic susceptibility to malignant neoplasm	Diagnosis	ICD-10-CM
Z15.01	Genetic susceptibility to malignant neoplasm of breast	Diagnosis	ICD-10-CM
Z15.02	Genetic susceptibility to malignant neoplasm of ovary	Diagnosis	ICD-10-CM
Z15.04	Genetic susceptibility to malignant neoplasm of endometrium	Diagnosis	ICD-10-CM
Z15.09	Genetic susceptibility to other malignant neoplasm	Diagnosis	ICD-10-CM
Z40.0	Encounter for prophylactic surgery for risk factors related to malignant neoplasms	Diagnosis	ICD-10-CM
Z48.3	Aftercare following surgery for neoplasm	Diagnosis	ICD-10-CM
Z85	Personal history of malignant neoplasm	Diagnosis	ICD-10-CM
Z85.0	Personal history of malignant neoplasm of digestive organs	Diagnosis	ICD-10-CM
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
Z85.01	Personal history of malignant neoplasm of esophagus	Diagnosis	ICD-10-CM
Z85.02	Personal history of malignant neoplasm of stomach	Diagnosis	ICD-10-CM
Z85.020	Personal history of malignant carcinoid tumor of stomach	Diagnosis	ICD-10-CM
Z85.028	Personal history of other malignant neoplasm of stomach	Diagnosis	ICD-10-CM
Z85.03	Personal history of malignant neoplasm of large intestine	Diagnosis	ICD-10-CM
Z85.030	Personal history of malignant carcinoid tumor of large intestine	Diagnosis	ICD-10-CM
Z85.038	Personal history of other malignant neoplasm of large intestine	Diagnosis	ICD-10-CM
Z85.04	Personal history of malignant neoplasm of rectum, rectosigmoid junction, and anus	Diagnosis	ICD-10-CM
Z85.040	Personal history of malignant carcinoid tumor of rectum	Diagnosis	ICD-10-CM
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus	Diagnosis	ICD-10-CM
Z85.05	Personal history of malignant neoplasm of liver	Diagnosis	ICD-10-CM
Z85.06	Personal history of malignant neoplasm of small intestine	Diagnosis	ICD-10-CM
Z85.060	Personal history of malignant carcinoid tumor of small intestine	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
Z85.1	Personal history of malignant neoplasm of trachea, bronchus and lung	Diagnosis	ICD-10-CM
Z85.11	Personal history of malignant neoplasm of bronchus and lung	Diagnosis	ICD-10-CM
Z85.110	Personal history of malignant carcinoid tumor of bronchus and lung	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
Z85.2	Personal history of malignant neoplasm of other respiratory and intrathoracic organs	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 sinuses	Diagnosis	ICD-10-CM
Z85.23	Personal history of malignant neoplasm of thymus	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
Z85.230	Personal history of malignant carcinoid tumor of thymus	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
Z85.4	Personal history of malignant neoplasm of genital organs	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
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
Z85.5	Personal history of malignant neoplasm of urinary tract	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
Z85.52	Personal history of malignant neoplasm of kidney	Diagnosis	ICD-10-CM
Z85.520	Personal history of malignant carcinoid tumor of kidney	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
Z85.6	Personal history of leukemia	Diagnosis	ICD-10-CM
Z85.7	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues	Diagnosis	ICD-10-CM
Z85.71	Personal history of Hodgkin lymphoma	Diagnosis	ICD-10-CM
Z85.72	Personal history of non-Hodgkin lymphomas	Diagnosis	ICD-10-CM
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues	Diagnosis	ICD-10-CM
Z85.8	Personal history of malignant neoplasms of other organs and systems	Diagnosis	ICD-10-CM
Z85.81	Personal history of malignant neoplasm of lip, oral cavity, and pharynx	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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 pharynx	Diagnosis	ICD-10-CM
Z85.82	Personal history of malignant neoplasm of skin	Diagnosis	ICD-10-CM
Z85.820	Personal history of malignant melanoma of skin	Diagnosis	ICD-10-CM
Z85.821	Personal history of Merkel cell carcinoma	Diagnosis	ICD-10-CM
Z85.828	Personal history of other malignant neoplasm of skin	Diagnosis	ICD-10-CM
Z85.83	Personal history of malignant neoplasm of bone and soft tissue	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
Z85.84	Personal history of malignant neoplasm of eye and nervous 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
Z85.85	Personal history of malignant neoplasm of endocrine glands	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
Z86.03	Personal history of neoplasm of uncertain behavior	Diagnosis	ICD-10-CM
Cerebrovascular Disease			
430	Subarachnoid hemorrhage	Diagnosis	ICD-9-CM
431	Intracerebral hemorrhage	Diagnosis	ICD-9-CM
432	Other and unspecified intracranial hemorrhage	Diagnosis	ICD-9-CM
432.0	Nontraumatic extradural hemorrhage	Diagnosis	ICD-9-CM
432.1	Subdural hemorrhage	Diagnosis	ICD-9-CM
432.9	Unspecified intracranial hemorrhage	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
433	Occlusion and stenosis of precerebral arteries	Diagnosis	ICD-9-CM
433.0	Occlusion and stenosis of basilar artery	Diagnosis	ICD-9-CM
433.00	Occlusion and stenosis of basilar artery without mention of cerebral infarction	Diagnosis	ICD-9-CM
433.01	Occlusion and stenosis of basilar artery with cerebral infarction	Diagnosis	ICD-9-CM
433.1	Occlusion and stenosis of carotid artery	Diagnosis	ICD-9-CM
433.10	Occlusion and stenosis of carotid artery without mention of cerebral infarction	Diagnosis	ICD-9-CM
433.11	Occlusion and stenosis of carotid artery with cerebral infarction	Diagnosis	ICD-9-CM
433.2	Occlusion and stenosis of vertebral artery	Diagnosis	ICD-9-CM
433.20	Occlusion and stenosis of vertebral artery without mention of cerebral infarction	Diagnosis	ICD-9-CM
433.21	Occlusion and stenosis of vertebral artery with cerebral infarction	Diagnosis	ICD-9-CM
433.3	Occlusion and stenosis of multiple and bilateral precerebral arteries	Diagnosis	ICD-9-CM
433.30	Occlusion and stenosis of multiple and bilateral precerebral arteries without mention of cerebral infarction	Diagnosis	ICD-9-CM
433.31	Occlusion and stenosis of multiple and bilateral precerebral arteries with cerebral infarction	Diagnosis	ICD-9-CM
433.8	Occlusion and stenosis of other specified precerebral artery	Diagnosis	ICD-9-CM
433.80	Occlusion and stenosis of other specified precerebral artery without mention of cerebral infarction	Diagnosis	ICD-9-CM
433.81	Occlusion and stenosis of other specified precerebral artery with cerebral infarction	Diagnosis	ICD-9-CM
433.9	Occlusion and stenosis of unspecified precerebral artery	Diagnosis	ICD-9-CM
433.90	Occlusion and stenosis of unspecified precerebral artery without mention of cerebral infarction	Diagnosis	ICD-9-CM
433.91	Occlusion and stenosis of unspecified precerebral artery with cerebral infarction	Diagnosis	ICD-9-CM
434	Occlusion of cerebral arteries	Diagnosis	ICD-9-CM
434.0	Cerebral thrombosis	Diagnosis	ICD-9-CM
434.00	Cerebral thrombosis without mention of cerebral infarction	Diagnosis	ICD-9-CM
434.01	Cerebral thrombosis with cerebral infarction	Diagnosis	ICD-9-CM
434.1	Cerebral embolism	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
434.10	Cerebral embolism without mention of cerebral infarction	Diagnosis	ICD-9-CM
434.11	Cerebral embolism with cerebral infarction	Diagnosis	ICD-9-CM
434.9	Unspecified cerebral artery occlusion	Diagnosis	ICD-9-CM
434.90	Unspecified cerebral artery occlusion without mention of cerebral infarction	Diagnosis	ICD-9-CM
434.91	Unspecified cerebral artery occlusion with cerebral infarction	Diagnosis	ICD-9-CM
435	Transient cerebral ischemia	Diagnosis	ICD-9-CM
435.0	Basilar artery syndrome	Diagnosis	ICD-9-CM
435.1	Vertebral artery syndrome	Diagnosis	ICD-9-CM
435.2	Subclavian steal syndrome	Diagnosis	ICD-9-CM
435.3	Vertebrobasilar artery syndrome	Diagnosis	ICD-9-CM
435.8	Other specified transient cerebral ischemias	Diagnosis	ICD-9-CM
435.9	Unspecified transient cerebral ischemia	Diagnosis	ICD-9-CM
436	Acute, but ill-defined, cerebrovascular disease	Diagnosis	ICD-9-CM
437	Other and ill-defined cerebrovascular disease	Diagnosis	ICD-9-CM
437.0	Cerebral atherosclerosis	Diagnosis	ICD-9-CM
437.1	Other generalized ischemic cerebrovascular disease	Diagnosis	ICD-9-CM
437.2	Hypertensive encephalopathy	Diagnosis	ICD-9-CM
437.3	Cerebral aneurysm, nonruptured	Diagnosis	ICD-9-CM
437.4	Cerebral arteritis	Diagnosis	ICD-9-CM
437.5	Moyamoya disease	Diagnosis	ICD-9-CM
437.6	Nonpyogenic thrombosis of intracranial venous sinus	Diagnosis	ICD-9-CM
437.7	Transient global amnesia	Diagnosis	ICD-9-CM
437.8	Other ill-defined cerebrovascular disease	Diagnosis	ICD-9-CM
437.9	Unspecified cerebrovascular disease	Diagnosis	ICD-9-CM
438	Late effects of cerebrovascular disease	Diagnosis	ICD-9-CM
438.0	Cognitive deficits due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.1	Speech and language deficits due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.10	Unspecified speech and language deficit due to cerebrovascular disease	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
438.11	Aphasia due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.12	Dysphasia due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.13	Late effects of cerebrovascular disease, speech and language deficits, dysarthria	Diagnosis	ICD-9-CM
438.14	Late effects of cerebrovascular disease, speech and language deficits, fluency disorder	Diagnosis	ICD-9-CM
438.19	Other speech and language deficits due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.2	Hemiplegia/hemiparesis due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.20	Hemiplegia affecting unspecified side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.21	Hemiplegia affecting dominant side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.22	Hemiplegia affecting nondominant side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.3	Monoplegia of upper limb due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.30	Monoplegia of upper limb affecting unspecified side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.31	Monoplegia of upper limb affecting dominant side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.32	Monoplegia of upper limb affecting nondominant side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.4	Monoplegia of lower limb due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.40	Monoplegia of lower limb affecting unspecified side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.41	Monoplegia of lower limb affecting dominant side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.42	Monoplegia of lower limb affecting nondominant side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.5	Other paralytic syndrome due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.50	Other paralytic syndrome affecting unspecified side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.51	Other paralytic syndrome affecting dominant side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.52	Other paralytic syndrome affecting nondominant side due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.53	Other paralytic syndrome, bilateral	Diagnosis	ICD-9-CM
438.6	Alteration of sensations as late effect of cerebrovascular disease	Diagnosis	ICD-9-CM
438.7	Disturbance of vision as late effect of cerebrovascular disease	Diagnosis	ICD-9-CM
438.8	Other late effects of cerebrovascular disease due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.81	Apraxia due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.82	Dysphagia due to cerebrovascular disease	Diagnosis	ICD-9-CM
438.83	Facial weakness as late effect of cerebrovascular disease	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
438.84	Ataxia as late effect of cerebrovascular disease	Diagnosis	ICD-9-CM
438.85	Vertigo as late effect of cerebrovascular disease	Diagnosis	ICD-9-CM
438.89	Other late effects of cerebrovascular disease	Diagnosis	ICD-9-CM
438.9	Unspecified late effects of cerebrovascular disease due to cerebrovascular disease	Diagnosis	ICD-9-CM
G45	Transient cerebral ischemic attacks and related syndromes	Diagnosis	ICD-10-CM
G45.0	Vertebro-basilar artery syndrome	Diagnosis	ICD-10-CM
G45.1	Carotid artery syndrome (hemispheric)	Diagnosis	ICD-10-CM
G45.2	Multiple and bilateral precerebral artery syndromes	Diagnosis	ICD-10-CM
G45.3	Amaurosis fugax	Diagnosis	ICD-10-CM
G45.4	Transient global amnesia	Diagnosis	ICD-10-CM
G45.8	Other transient cerebral ischemic attacks and related syndromes	Diagnosis	ICD-10-CM
G45.9	Transient cerebral ischemic attack, unspecified	Diagnosis	ICD-10-CM
G46	Vascular syndromes of brain in cerebrovascular diseases	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
I60	Nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I60.0	Nontraumatic subarachnoid hemorrhage from carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I60.1	Nontraumatic subarachnoid hemorrhage from middle cerebral artery	Diagnosis	ICD-10-CM
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	Diagnosis	ICD-10-CM
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	Diagnosis	ICD-10-CM
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery	Diagnosis	ICD-10-CM
I60.3	Nontraumatic subarachnoid hemorrhage from posterior communicating artery	Diagnosis	ICD-10-CM
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery	Diagnosis	ICD-10-CM
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	Diagnosis	ICD-10-CM
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	Diagnosis	ICD-10-CM
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery	Diagnosis	ICD-10-CM
I60.5	Nontraumatic subarachnoid hemorrhage from vertebral 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	Nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	Diagnosis	ICD-10-CM
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	Diagnosis	ICD-10-CM
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	Diagnosis	ICD-10-CM
I61.3	Nontraumatic intracerebral hemorrhage in brain stem	Diagnosis	ICD-10-CM
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum	Diagnosis	ICD-10-CM
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular	Diagnosis	ICD-10-CM
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized	Diagnosis	ICD-10-CM
I61.8	Other nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I61.9	Nontraumatic intracerebral hemorrhage, unspecified	Diagnosis	ICD-10-CM
I62	Other and unspecified nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I62.0	Nontraumatic subdural hemorrhage	Diagnosis	ICD-10-CM
I62.00	Nontraumatic subdural hemorrhage, unspecified	Diagnosis	ICD-10-CM
I62.01	Nontraumatic acute subdural hemorrhage	Diagnosis	ICD-10-CM
I62.02	Nontraumatic subacute subdural hemorrhage	Diagnosis	ICD-10-CM
I62.03	Nontraumatic chronic subdural hemorrhage	Diagnosis	ICD-10-CM
I62.1	Nontraumatic extradural hemorrhage	Diagnosis	ICD-10-CM
I62.9	Nontraumatic intracranial hemorrhage, unspecified	Diagnosis	ICD-10-CM
I63	Cerebral infarction	Diagnosis	ICD-10-CM
I63.0	Cerebral infarction due to thrombosis of precerebral arteries	Diagnosis	ICD-10-CM
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.01	Cerebral infarction due to thrombosis of vertebral 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
I63.03	Cerebral infarction due to thrombosis of carotid artery	Diagnosis	ICD-10-CM
I63.031	Cerebral infarction due to thrombosis of right carotid artery	Diagnosis	ICD-10-CM
I63.032	Cerebral infarction due to thrombosis of left carotid artery	Diagnosis	ICD-10-CM
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.09	Cerebral infarction due to thrombosis of other precerebral artery	Diagnosis	ICD-10-CM
I63.1	Cerebral infarction due to embolism of precerebral arteries	Diagnosis	ICD-10-CM
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.11	Cerebral infarction due to embolism of vertebral artery	Diagnosis	ICD-10-CM
I63.111	Cerebral infarction due to embolism of right vertebral artery	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I63.112	Cerebral infarction due to embolism of left vertebral artery	Diagnosis	ICD-10-CM
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.12	Cerebral infarction due to embolism of basilar artery	Diagnosis	ICD-10-CM
I63.13	Cerebral infarction due to embolism of carotid artery	Diagnosis	ICD-10-CM
I63.131	Cerebral infarction due to embolism of right carotid artery	Diagnosis	ICD-10-CM
I63.132	Cerebral infarction due to embolism of left carotid artery	Diagnosis	ICD-10-CM
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.139	Cerebral infarction due to embolism of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.19	Cerebral infarction due to embolism of other precerebral artery	Diagnosis	ICD-10-CM
I63.2	Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries	Diagnosis	ICD-10-CM
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries	Diagnosis	ICD-10-CM
I63.21	Cerebral infarction due to unspecified occlusion or stenosis of vertebral arteries	Diagnosis	ICD-10-CM
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery	Diagnosis	ICD-10-CM
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery	Diagnosis	ICD-10-CM
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery	Diagnosis	ICD-10-CM
I63.23	Cerebral infarction due to unspecified occlusion or stenosis of carotid arteries	Diagnosis	ICD-10-CM
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries	Diagnosis	ICD-10-CM
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries	Diagnosis	ICD-10-CM
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
I63.3	Cerebral infarction due to thrombosis of cerebral arteries	Diagnosis	ICD-10-CM
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.31	Cerebral infarction due to thrombosis of middle 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
I63.32	Cerebral infarction due to thrombosis of anterior 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
I63.33	Cerebral infarction due to thrombosis of posterior cerebral artery	Diagnosis	ICD-10-CM
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.34	Cerebral infarction due to thrombosis of cerebellar 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
I63.4	Cerebral infarction due to embolism of cerebral arteries	Diagnosis	ICD-10-CM
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.41	Cerebral infarction due to embolism of middle cerebral artery	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
I63.42	Cerebral infarction due to embolism of anterior 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
I63.43	Cerebral infarction due to embolism of posterior 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
I63.44	Cerebral infarction due to embolism of cerebellar 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
I63.5	Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries	Diagnosis	ICD-10-CM
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.51	Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral artery	Diagnosis	ICD-10-CM
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I63.52	Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery	Diagnosis	ICD-10-CM
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.53	Cerebral infarction due to unspecified occlusion or stenosis of posterior cerebral artery	Diagnosis	ICD-10-CM
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.54	Cerebral infarction due to unspecified occlusion or stenosis of cerebellar artery	Diagnosis	ICD-10-CM
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	Diagnosis	ICD-10-CM
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	Diagnosis	ICD-10-CM
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	Diagnosis	ICD-10-CM
I63.8	Other cerebral infarction	Diagnosis	ICD-10-CM
I63.81	Other cerebral infarction due to occlusion or stenosis of small artery	Diagnosis	ICD-10-CM
I63.89	Other cerebral infarction	Diagnosis	ICD-10-CM
I63.9	Cerebral infarction, unspecified	Diagnosis	ICD-10-CM
I65	Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction	Diagnosis	ICD-10-CM
I65.0	Occlusion and stenosis of vertebral artery	Diagnosis	ICD-10-CM
I65.01	Occlusion and stenosis of right vertebral artery	Diagnosis	ICD-10-CM
I65.02	Occlusion and stenosis of left vertebral artery	Diagnosis	ICD-10-CM
I65.03	Occlusion and stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I65.09	Occlusion and stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I65.1	Occlusion and stenosis of basilar artery	Diagnosis	ICD-10-CM
I65.2	Occlusion and stenosis of carotid artery	Diagnosis	ICD-10-CM
I65.21	Occlusion and stenosis of right carotid artery	Diagnosis	ICD-10-CM
I65.22	Occlusion and stenosis of left carotid artery	Diagnosis	ICD-10-CM
I65.23	Occlusion and stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I65.29	Occlusion and stenosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I65.8	Occlusion and stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
I65.9	Occlusion and stenosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I66	Occlusion and stenosis of cerebral arteries, not resulting in cerebral infarction	Diagnosis	ICD-10-CM
I66.0	Occlusion and stenosis of middle cerebral artery	Diagnosis	ICD-10-CM
I66.01	Occlusion and stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I66.02	Occlusion and stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
I66.1	Occlusion and stenosis of anterior 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
I66.2	Occlusion and stenosis of posterior 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	Other cerebrovascular diseases	Diagnosis	ICD-10-CM
I67.0	Dissection of cerebral arteries, nonruptured	Diagnosis	ICD-10-CM
I67.1	Cerebral aneurysm, nonruptured	Diagnosis	ICD-10-CM
I67.2	Cerebral atherosclerosis	Diagnosis	ICD-10-CM
I67.3	Progressive vascular leukoencephalopathy	Diagnosis	ICD-10-CM
I67.4	Hypertensive encephalopathy	Diagnosis	ICD-10-CM
I67.5	Moyamoya disease	Diagnosis	ICD-10-CM
I67.6	Nonpyogenic thrombosis of intracranial venous system	Diagnosis	ICD-10-CM
I67.7	Cerebral arteritis, not elsewhere classified	Diagnosis	ICD-10-CM
I67.8	Other specified cerebrovascular diseases	Diagnosis	ICD-10-CM
I67.81	Acute cerebrovascular insufficiency	Diagnosis	ICD-10-CM
I67.82	Cerebral ischemia	Diagnosis	ICD-10-CM
I67.83	Posterior reversible encephalopathy syndrome	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I67.84	Cerebral vasospasm and vasoconstriction	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
I67.85	Hereditary cerebrovascular diseases	Diagnosis	ICD-10-CM
I67.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy	Diagnosis	ICD-10-CM
I67.858	Other hereditary cerebrovascular disease	Diagnosis	ICD-10-CM
I67.89	Other cerebrovascular disease	Diagnosis	ICD-10-CM
I67.9	Cerebrovascular disease, unspecified	Diagnosis	ICD-10-CM
I68	Cerebrovascular disorders in diseases classified elsewhere	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	Sequelae of cerebrovascular disease	Diagnosis	ICD-10-CM
I69.0	Sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.00	Unspecified sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.01	Cognitive deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.010	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.011	Memory deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.014	Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.015	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
I69.02	Speech and language deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.020	Aphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.021	Dysphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.022	Dysarthria following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.023	Fluency disorder following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.03	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.04	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria 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
I69.05	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage	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
I69.06	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I69.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.09	Other sequelae of nontraumatic subarachnoid hemorrhage	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
I69.1	Sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.10	Unspecified sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.11	Cognitive deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.111	Memory deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.113	Psychomotor deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.114	Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.115	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.118	Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.119	Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.12	Speech and language deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.120	Aphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.121	Dysphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.122	Dysarthria following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.123	Fluency disorder following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I69.128	Other speech and language deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.13	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage	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
I69.14	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.15	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
I69.16	Other paralytic syndrome following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.19	Other sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.190	Apraxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.192	Facial weakness following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.193	Ataxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.198	Other sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.2	Sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.20	Unspecified sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.21	Cognitive deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I69.210	Attention and concentration deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.211	Memory deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.213	Psychomotor deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.214	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.215	Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.218	Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.219	Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.22	Speech and language deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.220	Aphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.221	Dysphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.222	Dysarthria following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.223	Fluency disorder following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.228	Other speech and language deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.23	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
I69.24	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.25	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.26	Other paralytic syndrome following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I69.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.29	Other sequelae of other nontraumatic intracranial hemorrhage	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
I69.3	Sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.30	Unspecified sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.31	Cognitive deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.310	Attention and concentration deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.311	Memory deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.312	Visuospatial deficit and spatial neglect following cerebral infarction	Diagnosis	ICD-10-CM
I69.313	Psychomotor deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.314	Frontal lobe and executive function deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.315	Cognitive social or emotional deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.318	Other symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I69.319	Unspecified symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM
I69.32	Speech and language deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.320	Aphasia following cerebral infarction	Diagnosis	ICD-10-CM
I69.321	Dysphasia following cerebral infarction	Diagnosis	ICD-10-CM
I69.322	Dysarthria following cerebral infarction	Diagnosis	ICD-10-CM
I69.323	Fluency disorder following cerebral infarction	Diagnosis	ICD-10-CM
I69.328	Other speech and language deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.33	Monoplegia of upper limb following cerebral infarction	Diagnosis	ICD-10-CM
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.34	Monoplegia of lower limb following cerebral infarction	Diagnosis	ICD-10-CM
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.35	Hemiplegia and hemiparesis following cerebral infarction	Diagnosis	ICD-10-CM
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.36	Other paralytic syndrome following cerebral infarction	Diagnosis	ICD-10-CM
I69.361	Other paralytic syndrome following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.362	Other paralytic syndrome following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.365	Other paralytic syndrome following cerebral infarction, bilateral	Diagnosis	ICD-10-CM
I69.369	Other paralytic syndrome following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.39	Other sequelae of cerebral infarction	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
I69.8	Sequelae of other cerebrovascular diseases	Diagnosis	ICD-10-CM
I69.80	Unspecified sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.81	Cognitive deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.810	Attention and concentration deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.811	Memory deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.812	Visuospatial deficit and spatial neglect following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.813	Psychomotor deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
I69.82	Speech and language deficits 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
I69.83	Monoplegia of upper limb following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.84	Monoplegia of lower limb following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria 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 unspecified side	Diagnosis	ICD-10-CM
I69.85	Hemiplegia and hemiparesis following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.86	Other paralytic syndrome following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.865	Other paralytic syndrome following other cerebrovascular disease, bilateral	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I69.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.89	Other sequelae of other cerebrovascular disease	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
I69.9	Sequelae of unspecified cerebrovascular diseases	Diagnosis	ICD-10-CM
I69.90	Unspecified sequelae of unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.91	Cognitive deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.910	Attention and concentration deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.911	Memory deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.913	Psychomotor deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.914	Frontal lobe and executive function deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.918	Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.919	Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.92	Speech and language deficits 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 I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I69.93	Monoplegia of upper limb following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
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
I69.94	Monoplegia of lower limb following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.95	Hemiplegia and hemiparesis following unspecified cerebrovascular disease	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
I69.96	Other paralytic syndrome following unspecified cerebrovascular disease	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
I69.99	Other sequelae of unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.990	Apraxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.991	Dysphagia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.992	Facial weakness following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.993	Ataxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.998	Other sequelae following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I97.82	Postprocedural cerebrovascular infarction	Diagnosis	ICD-10-CM
I97.820	Postprocedural cerebrovascular infarction following cardiac surgery	Diagnosis	ICD-10-CM
I97.821	Postprocedural cerebrovascular infarction following other surgery	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
Human Immunodeficiency Virus (HIV)			
042	Human immunodeficiency virus [HIV]	Diagnosis	ICD-9-CM
079.53	Human immunodeficiency virus, type 2 (HIV 2), in conditions classified elsewhere and of unspecified site	Diagnosis	ICD-9-CM
795.71	Nonspecific serologic evidence of human immunodeficiency virus (HIV)	Diagnosis	ICD-9-CM
B20	Human immunodeficiency virus [HIV] disease	Diagnosis	ICD-10-CM
B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere	Diagnosis	ICD-10-CM
O98.7	Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the puerperium	Diagnosis	ICD-10-CM
O98.71	Human immunodeficiency virus [HIV] disease complicating pregnancy	Diagnosis	ICD-10-CM
O98.711	Human immunodeficiency virus [HIV] disease complicating pregnancy, first trimester	Diagnosis	ICD-10-CM
O98.712	Human immunodeficiency virus [HIV] disease complicating pregnancy, second trimester	Diagnosis	ICD-10-CM
O98.713	Human immunodeficiency virus [HIV] disease complicating pregnancy, third trimester	Diagnosis	ICD-10-CM
O98.719	Human immunodeficiency virus [HIV] disease complicating pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O98.72	Human immunodeficiency virus [HIV] disease complicating childbirth	Diagnosis	ICD-10-CM
O98.73	Human immunodeficiency virus [HIV] disease complicating the puerperium	Diagnosis	ICD-10-CM
V08	Asymptomatic human immunodeficiency virus (HIV) infection status	Diagnosis	ICD-9-CM
V65.44	Human immunodeficiency virus (HIV) counseling	Diagnosis	ICD-9-CM
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status	Diagnosis	ICD-10-CM
Chemotherapy			
0083U	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations	Procedure	HCPCS
3E00X05	Introduction of Other Antineoplastic into Skin and Mucous Membranes, External Approach	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
3E01305	Introduction of Other Antineoplastic into Subcutaneous Tissue, Percutaneous Approach	Procedure	ICD-10-PCS
3E02305	Introduction of Other Antineoplastic into Muscle, Percutaneous Approach	Procedure	ICD-10-PCS
3E03005	Introduction of Other Antineoplastic into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E03305	Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E04005	Introduction of Other Antineoplastic into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E04305	Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E05005	Introduction of Other Antineoplastic into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
3E05305	Introduction of Other Antineoplastic into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E06005	Introduction of Other Antineoplastic into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E06305	Introduction of Other Antineoplastic into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E09305	Introduction of Other Antineoplastic into Nose, Percutaneous Approach	Procedure	ICD-10-PCS
3E09705	Introduction of Other Antineoplastic into Nose, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E09X05	Introduction of Other Antineoplastic into Nose, External Approach	Procedure	ICD-10-PCS
3E0A305	Introduction of Other Antineoplastic into Bone Marrow, Percutaneous Approach	Procedure	ICD-10-PCS
3E0B305	Introduction of Other Antineoplastic into Ear, Percutaneous Approach	Procedure	ICD-10-PCS
3E0B705	Introduction of Other Antineoplastic into Ear, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0BX05	Introduction of Other Antineoplastic into Ear, External Approach	Procedure	ICD-10-PCS
3E0C305	Introduction of Other Antineoplastic into Eye, Percutaneous Approach	Procedure	ICD-10-PCS
3E0C705	Introduction of Other Antineoplastic into Eye, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0CX05	Introduction of Other Antineoplastic into Eye, External Approach	Procedure	ICD-10-PCS
3E0D305	Introduction of Other Antineoplastic into Mouth and Pharynx, Percutaneous Approach	Procedure	ICD-10-PCS
3E0D705	Introduction of Other Antineoplastic into Mouth and Pharynx, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0DX05	Introduction of Other Antineoplastic into Mouth and Pharynx, External Approach	Procedure	ICD-10-PCS
3E0E305	Introduction of Other Antineoplastic into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
3E0E705	Introduction of Other Antineoplastic into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0E805	Introduction of Other Antineoplastic into Products of Conception, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0F305	Introduction of Other Antineoplastic into Respiratory Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0F705	Introduction of Other Antineoplastic into Respiratory Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0F805	Introduction of Other Antineoplastic into Respiratory Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0G305	Introduction of Other Antineoplastic into Upper GI, Percutaneous Approach	Procedure	ICD-10-PCS
3E0G705	Introduction of Other Antineoplastic into Upper GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0G805	Introduction of Other Antineoplastic into Upper GI, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0H305	Introduction of Other Antineoplastic into Lower GI, Percutaneous Approach	Procedure	ICD-10-PCS
3E0H705	Introduction of Other Antineoplastic into Lower GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0H805	Introduction of Other Antineoplastic into Lower GI, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0J305	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0J705	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0J805	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0K305	Introduction of Other Antineoplastic into Genitourinary Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0K705	Introduction of Other Antineoplastic into Genitourinary Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0K805	Introduction of Other Antineoplastic into Genitourinary Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
3E0L305	Introduction of Other Antineoplastic into Pleural Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0L705	Introduction of Other Antineoplastic into Pleural Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0M305	Introduction of Other Antineoplastic into Peritoneal Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0M30Y	Introduction of Hyperthermic Antineoplastic into Peritoneal Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0M705	Introduction of Other Antineoplastic into Peritoneal Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0P305	Introduction of Other Antineoplastic into Female Reproductive, Percutaneous Approach	Procedure	ICD-10-PCS
3E0P705	Introduction of Other Antineoplastic into Female Reproductive, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0P805	Introduction of Other Antineoplastic into Female Reproductive, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0Q005	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Open Approach	Procedure	ICD-10-PCS
3E0Q305	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Q705	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0R305	Introduction of Other Antineoplastic into Spinal Canal, Percutaneous Approach	Procedure	ICD-10-PCS
3E0S305	Introduction of Other Antineoplastic into Epidural Space, Percutaneous Approach	Procedure	ICD-10-PCS
3E0U305	Introduction of Other Antineoplastic into Joints, Percutaneous Approach	Procedure	ICD-10-PCS
3E0V305	Introduction of Other Antineoplastic into Bones, Percutaneous Approach	Procedure	ICD-10-PCS
3E0W305	Introduction of Other Antineoplastic into Lymphatics, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Y305	Introduction of Other Antineoplastic into Pericardial Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Y705	Introduction of Other Antineoplastic into Pericardial Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
80169	Everolimus	Procedure	CPT-4

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	Procedure	CPT-4
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	Procedure	CPT-4
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	Procedure	CPT-4
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	Procedure	CPT-4
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96420	Chemotherapy administration, intra-arterial; push technique	Procedure	CPT-4
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	Procedure	CPT-4
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	Procedure	CPT-4
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	Procedure	CPT-4
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	Procedure	CPT-4

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	Procedure	CPT-4
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	Procedure	CPT-4
96549	Unlisted chemotherapy procedure	Procedure	CPT-4
99.25	Injection or infusion of cancer chemotherapeutic substance	Procedure	ICD-9-CM
999.81	Extravasation of vesicant chemotherapy	Diagnosis	ICD-9-CM
A9545	Iodine I-131 tositumomab, therapeutic, per treatment dose	Procedure	HCPCS
C1084	Denileukin diftitox, 300 mcg, ontak iv	Procedure	HCPCS
C1086	Temozolomide, 5 mg, temodar	Procedure	HCPCS
C1166	Injection, cytarabine liposome, per 10 mg	Procedure	HCPCS
C1167	Injection, epirubicin HCl, 2 mg	Procedure	HCPCS
C1178	Injection, busulfan, per 6 mg	Procedure	HCPCS
C9004	Injection, gemtuzumab ozogamicin, per 5 mg	Procedure	HCPCS
C9012	Injection, arsenic trioxide, per 1 mg/kg	Procedure	HCPCS
C9017	Lomustine, 10 mg	Procedure	HCPCS
C9021	Injection, obinutuzumab, 10 mg	Procedure	HCPCS
C9024	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Procedure	HCPCS
C9027	Injection, pembrolizumab, 1 mg	Procedure	HCPCS
C9044	Injection, cemiplimab-rwlc, 1 mg	Procedure	HCPCS
C9110	Injection, alemtuzumab, per 10 mg/ ml	Procedure	HCPCS
C9127	Injection, paclitaxel protein-bound particles, per 1 mg	Procedure	HCPCS
C9129	Injection, clofarabine, per 1 mg	Procedure	HCPCS
C9205	Injection, oxaliplatin, per 5 mg	Procedure	HCPCS
C9207	Injection, bortezomib, per 3.5 mg	Procedure	HCPCS
C9213	Injection, pemetrexed, per 10 mg	Procedure	HCPCS
C9214	Injection, bevacizumab, per 10 mg	Procedure	HCPCS
C9215	Injection, cetuximab, per 10 mg	Procedure	HCPCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C9218	Injection, azacitidine, per 1 mg	Procedure	HCPCS
C9231	Injection, decitabine, per 1 mg	Procedure	HCPCS
C9235	Injection, panitumumab, 10 mg	Procedure	HCPCS
C9239	Injection, temsirolimus, 1 mg	Procedure	HCPCS
C9240	Injection, ixabepilone, 1 mg	Procedure	HCPCS
C9243	Injection, bendamustine hcl, 1 mg	Procedure	HCPCS
C9253	Injection, temozolomide, 1mg	Procedure	HCPCS
C9259	Injection, pralatrexate, 1 mg	Procedure	HCPCS
C9260	Injection, ofatumumab, 10 mg	Procedure	HCPCS
C9262	Fludarabine phosphate, oral, 1 mg	Procedure	HCPCS
C9265	Injection, romidepsin, 1 mg	Procedure	HCPCS
C9273	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Procedure	HCPCS
C9276	Injection, cabazitaxel, 1 mg	Procedure	HCPCS
C9280	Injection, eribulin mesylate, 1 mg	Procedure	HCPCS
C9284	Injection, ipilimumab, 1 mg	Procedure	HCPCS
C9287	Injection, brentuximab vedotin, 1 mg	Procedure	HCPCS
C9289	Injection, asparaginase Erwinia chrysanthemi, 1,000 IU	Procedure	HCPCS
C9292	Injection, pertuzumab, 10 mg	Procedure	HCPCS
C9295	Injection, carfilzomib, 1 mg	Procedure	HCPCS
C9297	Injection, omacetaxine mepesuccinate, 0.01 mg	Procedure	HCPCS
C9414	Etoposide; oral, 50 mg, brand name	Procedure	HCPCS
C9415	Doxorubicin HCl, 10 mg, brand name	Procedure	HCPCS
C9417	Bleomycin sulfate, 15 units, brand name	Procedure	HCPCS
C9418	Cisplatin, powder or solution, per 10 mg, brand name	Procedure	HCPCS
C9419	Injection, cladribine, per 1 mg, brand name	Procedure	HCPCS
C9420	Cyclophosphamide, 100 mg, brand name	Procedure	HCPCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C9421	Cyclophosphamide, lyophilized, 100 mg, brand name	Procedure	HCPCS
C9422	Cytarabine, 100 mg, brand name	Procedure	HCPCS
C9423	Dacarbazine, 100 mg, brand name	Procedure	HCPCS
C9424	Daunorubicin, 10 mg	Procedure	HCPCS
C9425	Etoposide, 10 mg, brand name	Procedure	HCPCS
C9426	Floxuridine, 500 mg, brand name	Procedure	HCPCS
C9427	Ifosfamide, 1 gm, brand name	Procedure	HCPCS
C9429	Idarubicin HCl, 5 mg, brand name	Procedure	HCPCS
C9431	Paclitaxel, 30 mg, brand name	Procedure	HCPCS
C9432	Mitomycin, 5 mg, brand name	Procedure	HCPCS
C9433	Thiotepa, 15 mg, brand name	Procedure	HCPCS
C9437	Carmustine, brand name, 100 mg	Procedure	HCPCS
C9440	Vinorelbine tartrate, brand name, per 10 mg	Procedure	HCPCS
C9453	Injection, nivolumab, 1 mg	Procedure	HCPCS
C9474	Injection, irinotecan liposome, 1 mg	Procedure	HCPCS
C9483	Injection, atezolizumab, 10 mg	Procedure	HCPCS
C9491	Injection, avelumab, 10 mg	Procedure	HCPCS
C9492	Injection, durvalumab, 10 mg	Procedure	HCPCS
D61.810	Antineoplastic chemotherapy induced pancytopenia	Diagnosis	ICD-10-CM
D64.81	Anemia due to antineoplastic chemotherapy	Diagnosis	ICD-10-CM
D70.1	Agranulocytosis secondary to cancer chemotherapy	Diagnosis	ICD-10-CM
G0498	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assi	Procedure	HCPCS
G3001	Administration and supply of tositumomab, 450 mg	Procedure	HCPCS
G9835	Trastuzumab administered within 12 months of diagnosis	Procedure	HCPCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
G9837	Trastuzumab not administered within 12 months of diagnosis	Procedure	HCPCS
J0202	Injection, alemtuzumab, 1 mg	Procedure	HCPCS
J0207	Injection, amifostine, 500 mg	Procedure	HCPCS
J0594	Injection, busulfan, 1 mg	Procedure	HCPCS
J0894	Injection, decitabine, 1 mg	Procedure	HCPCS
J7527	Everolimus, oral, 0.25 mg	Procedure	HCPCS
J8510	Busulfan, oral, 2 mg	Procedure	HCPCS
J8515	Cabergoline, oral, 0.25 mg	Procedure	HCPCS
J8520	Capecitabine, oral, 150 mg	Procedure	HCPCS
J8521	Capecitabine, oral, 500 mg	Procedure	HCPCS
J8530	Cyclophosphamide, oral, 25 mg	Procedure	HCPCS
J8540	Dexamethasone, oral, 0.25 mg	Procedure	HCPCS
J8560	Etoposide, oral, 50 mg	Procedure	HCPCS
J8561	Everolimus, oral, 0.25 mg	Procedure	HCPCS
J8562	Fludarabine phosphate, oral, 10 mg	Procedure	HCPCS
J8565	Gefitinib, oral, 250 mg	Procedure	HCPCS
J8600	Melphalan, oral, 2 mg	Procedure	HCPCS
J8610	Methotrexate, oral, 2.5 mg	Procedure	HCPCS
J8700	Temozolomide, oral, 5 mg	Procedure	HCPCS
J8705	Topotecan, oral, 0.25 mg	Procedure	HCPCS
J8999	Prescription drug, oral, chemotherapeutic, NOS	Procedure	HCPCS
J9000	Injection, doxorubicin HCl, 10 mg	Procedure	HCPCS
J9001	Injection, doxorubicin HCl, all lipid formulations, 10 mg	Procedure	HCPCS
J9002	Injection, doxorubicin hydrochloride, liposomal, Doxil, 10 mg	Procedure	HCPCS
J9010	Injection, alemtuzumab, 10 mg	Procedure	HCPCS
J9015	Injection, aldesleukin, per single use vial	Procedure	HCPCS
J9017	Injection, arsenic trioxide, 1 mg	Procedure	HCPCS
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	Procedure	HCPCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	Procedure	HCPCS
J9022	Injection, atezolizumab, 10 mg	Procedure	HCPCS
J9023	Injection, avelumab, 10 mg	Procedure	HCPCS
J9025	Injection, azacitidine, 1 mg	Procedure	HCPCS
J9027	Injection, clofarabine, 1 mg	Procedure	HCPCS
J9031	BCG (intravesical) per instillation	Procedure	HCPCS
J9032	Injection, belinostat, 10 mg	Procedure	HCPCS
J9033	Injection, bendamustine HCl (Treanda), 1 mg	Procedure	HCPCS
J9034	Injection, bendamustine HCl (Bendeka), 1 mg	Procedure	HCPCS
J9035	Injection, bevacizumab, 10 mg	Procedure	HCPCS
J9039	Injection, blinatumomab, 1 microgram	Procedure	HCPCS
J9040	Injection, bleomycin sulfate, 15 units	Procedure	HCPCS
J9041	Injection, bortezomib, 0.1 mg	Procedure	HCPCS
J9042	Injection, brentuximab vedotin, 1 mg	Procedure	HCPCS
J9043	Injection, cabazitaxel, 1 mg	Procedure	HCPCS
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg	Procedure	HCPCS
J9045	Injection, carboplatin, 50 mg	Procedure	HCPCS
J9047	Injection, carfilzomib, 1 mg	Procedure	HCPCS
J9050	Injection, carmustine, 100 mg	Procedure	HCPCS
J9055	Injection, cetuximab, 10 mg	Procedure	HCPCS
J9057	Injection, copanlisib, 1 mg	Procedure	HCPCS
J9060	Injection, cisplatin, powder or solution, 10 mg	Procedure	HCPCS
J9062	Cisplatin, 50 mg	Procedure	HCPCS
J9065	Injection, cladribine, per 1 mg	Procedure	HCPCS
J9070	Cyclophosphamide, 100 mg	Procedure	HCPCS
J9080	Cyclophosphamide, 200 mg	Procedure	HCPCS
J9090	Cyclophosphamide, 500 mg	Procedure	HCPCS
J9091	Cyclophosphamide, 1 g	Procedure	HCPCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
J9092	Cyclophosphamide, 2 g	Procedure	HCPCS
J9093	Cyclophosphamide, lyophilized, 100 mg	Procedure	HCPCS
J9094	Cyclophosphamide, lyophilized, 200 mg	Procedure	HCPCS
J9095	Cyclophosphamide, lyophilized, 500 mg	Procedure	HCPCS
J9096	Cyclophosphamide, lyophilized, 1 g	Procedure	HCPCS
J9097	Cyclophosphamide, lyophilized, 2 g	Procedure	HCPCS
J9098	Injection, cytarabine liposome, 10 mg	Procedure	HCPCS
J9100	Injection, cytarabine, 100 mg	Procedure	HCPCS
J9110	Injection, cytarabine, 500 mg	Procedure	HCPCS
J9119	Injection, cemiplimab-rwlc, 1 mg	Procedure	HCPCS
J9120	Injection, dactinomycin, 0.5 mg	Procedure	HCPCS
J9130	Dacarbazine, 100 mg	Procedure	HCPCS
J9140	Dacarbazine, 200 mg	Procedure	HCPCS
J9145	Injection, daratumumab, 10 mg	Procedure	HCPCS
J9150	Injection, daunorubicin, 10 mg	Procedure	HCPCS
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	Procedure	HCPCS
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Procedure	HCPCS
J9155	Injection, degarelix, 1 mg	Procedure	HCPCS
J9160	Injection, denileukin diftitox, 300 mcg	Procedure	HCPCS
J9165	Injection, diethylstilbestrol diphosphate, 250 mg	Procedure	HCPCS
J9170	Injection, docetaxel, 20 mg	Procedure	HCPCS
J9171	Injection, docetaxel, 1 mg	Procedure	HCPCS
J9173	Injection, durvalumab, 10 mg	Procedure	HCPCS
J9175	Injection, eliotts' b solution, 1 ml	Procedure	HCPCS
J9176	Injection, elotuzumab, 1 mg	Procedure	HCPCS
J9178	Injection, epirubicin HCl, 2 mg	Procedure	HCPCS
J9179	Injection, eribulin mesylate, 0.1 mg	Procedure	HCPCS
J9180	Epirubicin HCl, 50 mg	Procedure	HCPCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
J9181	Injection, etoposide, 10 mg	Procedure	HCPCS
J9182	Etoposide, 100 mg	Procedure	HCPCS
J9185	Injection, fludarabine phosphate, 50 mg	Procedure	HCPCS
J9190	Injection, fluorouracil, 500 mg	Procedure	HCPCS
J9200	Injection, floxuridine, 500 mg	Procedure	HCPCS
J9201	Injection, gemcitabine HCl, 200 mg	Procedure	HCPCS
J9202	Goserelin acetate implant, per 3.6 mg	Procedure	HCPCS
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Procedure	HCPCS
J9205	Injection, irinotecan liposome, 1 mg	Procedure	HCPCS
J9206	Injection, irinotecan, 20 mg	Procedure	HCPCS
J9207	Injection, ixabepilone, 1 mg	Procedure	HCPCS
J9208	Injection, ifosfamide, 1 g	Procedure	HCPCS
J9209	Injection, mesna, 200 mg	Procedure	HCPCS
J9211	Injection, idarubicin HCl, 5 mg	Procedure	HCPCS
J9212	Injection, interferon alfacon-1, recombinant, 1 microgram	Procedure	HCPCS
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	Procedure	HCPCS
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	Procedure	HCPCS
J9216	Injection, interferon, gamma 1-b, 3 million units	Procedure	HCPCS
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Procedure	HCPCS
J9218	Leuprolide acetate, per 1 mg	Procedure	HCPCS
J9219	Leuprolide acetate implant, 65 mg	Procedure	HCPCS
J9225	Histrelin implant (vantas), 50 mg	Procedure	HCPCS
J9226	Histrelin implant (supprelin la), 50 mg	Procedure	HCPCS
J9228	Injection, ipilimumab, 1 mg	Procedure	HCPCS
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Procedure	HCPCS
J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	Procedure	HCPCS
J9245	Injection, melphalan HCl, 50 mg	Procedure	HCPCS
J9250	Methotrexate sodium, 5 mg	Procedure	HCPCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
J9260	Methotrexate sodium, 50 mg	Procedure	HCPCS
J9261	Injection, nelarabine, 50 mg	Procedure	HCPCS
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Procedure	HCPCS
J9263	Injection, oxaliplatin, 0.5 mg	Procedure	HCPCS
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Procedure	HCPCS
J9265	Injection, paclitaxel, 30 mg	Procedure	HCPCS
J9266	Injection, pegaspargase, per single dose vial	Procedure	HCPCS
J9267	Injection, paclitaxel, 1 mg	Procedure	HCPCS
J9268	Injection, pentostatin, 10 mg	Procedure	HCPCS
J9270	Injection, plicamycin, 2.5 mg	Procedure	HCPCS
J9271	Injection, pembrolizumab, 1 mg	Procedure	HCPCS
J9280	Injection, mitomycin, 5 mg	Procedure	HCPCS
J9285	Injection, olaratumab, 10 mg	Procedure	HCPCS
J9290	Mitomycin, 20 mg	Procedure	HCPCS
J9291	Mitomycin, 40 mg	Procedure	HCPCS
J9293	Injection, mitoxantrone HCl, per 5 mg	Procedure	HCPCS
J9295	Injection, necitumumab, 1 mg	Procedure	HCPCS
J9299	Injection, nivolumab, 1 mg	Procedure	HCPCS
J9300	Injection, gemtuzumab ozogamicin, 5 mg	Procedure	HCPCS
J9301	Injection, obinutuzumab, 10 mg	Procedure	HCPCS
J9302	Injection, ofatumumab, 10 mg	Procedure	HCPCS
J9303	Injection, panitumumab, 10 mg	Procedure	HCPCS
J9305	Injection, pemetrexed, 10 mg	Procedure	HCPCS
J9306	Injection, pertuzumab, 1 mg	Procedure	HCPCS
J9307	Injection, pralatrexate, 1 mg	Procedure	HCPCS
J9308	Injection, ramucirumab, 5 mg	Procedure	HCPCS
J9310	Injection, rituximab, 100 mg	Procedure	HCPCS
J9311	Injection, rituximab 10 mg and hyaluronidase	Procedure	HCPCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
J9312	Injection, rituximab, 10 mg	Procedure	HCPCS
J9315	Injection, romidepsin, 1 mg	Procedure	HCPCS
J9320	Injection, streptozocin, 1 g	Procedure	HCPCS
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Procedure	HCPCS
J9328	Injection, temozolomide, 1 mg	Procedure	HCPCS
J9330	Injection, temsirolimus, 1 mg	Procedure	HCPCS
J9340	Injection, thiotepa, 15 mg	Procedure	HCPCS
J9350	Injection, topotecan, 4 mg	Procedure	HCPCS
J9351	Injection, topotecan, 0.1 mg	Procedure	HCPCS
J9352	Injection, trabectedin, 0.1 mg	Procedure	HCPCS
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Procedure	HCPCS
J9355	Injection, trastuzumab, 10 mg	Procedure	HCPCS
J9357	Injection, valrubicin, intravesical, 200 mg	Procedure	HCPCS
J9360	Injection, vinblastine sulfate, 1 mg	Procedure	HCPCS
J9370	Vincristine sulfate, 1 mg	Procedure	HCPCS
J9371	Injection, vincristine sulfate liposome, 1 mg	Procedure	HCPCS
J9375	Vincristine sulfate, 2 mg	Procedure	HCPCS
J9380	Vincristine sulfate, 5 mg	Procedure	HCPCS
J9390	Injection, vinorelbine tartrate, 10 mg	Procedure	HCPCS
J9395	Injection, fulvestrant, 25 mg	Procedure	HCPCS
J9400	Injection, ziv-aflibercept, 1 mg	Procedure	HCPCS
J9600	Injection, porfimer sodium, 75 mg	Procedure	HCPCS
J9999	Not otherwise classified, antineoplastic drugs	Procedure	HCPCS
P04.11	Newborn affected by maternal antineoplastic chemotherapy	Diagnosis	ICD-10-CM
Q2025	Fludarabine phosphate, oral, 1 mg	Procedure	HCPCS
Q2040	Tisagenlecleucel, up to 250 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion	Procedure	HCPCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
Q2043	Sipuleucel-T, minimum of 50 million autologous cd54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Procedure	HCPCS
Q2048	Injection, doxorubicin hydrochloride, liposomal, DOXIL, 10 mg	Procedure	HCPCS
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	Procedure	HCPCS
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Procedure	HCPCS
Q9979	Injection, Alemtuzumab, 1 mg	Procedure	HCPCS
S0087	Injection, alemtuzumab, 30 mg	Procedure	HCPCS
S0088	Imatinib, 100 mg	Procedure	HCPCS
S0108	Mercaptopurine, oral, 50 mg	Procedure	HCPCS
S0115	Bortezomib, 3.5 mg	Procedure	HCPCS
S0116	Bevacizumab, 100 mg	Procedure	HCPCS
S0168	Injection, azacitidine, 100 mg	Procedure	HCPCS
S0172	Chlorambucil, oral, 2 mg	Procedure	HCPCS
S0178	Lomustine, oral, 10 mg	Procedure	HCPCS
S0182	Procarbazine HCl, oral, 50 mg	Procedure	HCPCS
T80.810	Extravasation of vesicant antineoplastic chemotherapy	Diagnosis	ICD-10-CM
T80.810A	Extravasation of vesicant antineoplastic chemotherapy, initial encounter	Diagnosis	ICD-10-CM
T80.810D	Extravasation of vesicant antineoplastic chemotherapy, subsequent encounter	Diagnosis	ICD-10-CM
T80.810S	Extravasation of vesicant antineoplastic chemotherapy, sequela	Diagnosis	ICD-10-CM
V58.0	Radiotherapy	Diagnosis	ICD-9-CM
V58.1	Encounter for antineoplastic chemotherapy and immunotherapy	Diagnosis	ICD-9-CM
V58.12	Encounter for antineoplastic immunotherapy	Diagnosis	ICD-9-CM
V67.2	Chemotherapy follow-up examination	Diagnosis	ICD-9-CM
XW03351	Introduction of Blinatumomab Antineoplastic Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
XW033B3	Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW033C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW033Q5	Introduction of Tagraxofusp-erzs Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW033S5	Introduction of Iobenguane I-131 Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW04351	Introduction of Blinatumomab Antineoplastic Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS
XW043B3	Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW043C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW043Q5	Introduction of Tagraxofusp-erzs Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW043S5	Introduction of Iobenguane I-131 Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW0DXJ5	Introduction of Apalutamide Antineoplastic into Mouth and Pharynx, External Approach, New Technology Group 5	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
XW0DXL5	Introduction of Erdafitinib Antineoplastic into Mouth and Pharynx, External Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW0DXR5	Introduction of Venetoclax Antineoplastic into Mouth and Pharynx, External Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW0DXV5	Introduction of Gilteritinib Antineoplastic into Mouth and Pharynx, External Approach, New Technology Group 5	Procedure	ICD-10-PCS
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm	Diagnosis	ICD-10-CM
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm	Diagnosis	ICD-10-CM
Z51.0	Encounter for antineoplastic radiation therapy	Diagnosis	ICD-10-CM
Z51.1	Encounter for antineoplastic chemotherapy and immunotherapy	Diagnosis	ICD-10-CM
Z51.11	Encounter for antineoplastic chemotherapy	Diagnosis	ICD-10-CM
Z51.12	Encounter for antineoplastic immunotherapy	Diagnosis	ICD-10-CM
Z92.21	Personal history of antineoplastic chemotherapy	Diagnosis	ICD-10-CM
Organ Transplant			
02Y	Heart and Great Vessels, Transplantation	Procedure	ICD-10-PCS
02YA	Transplantation / Heart	Procedure	ICD-10-PCS
02YA0Z0	Transplantation of Heart, Allogeneic, Open Approach	Procedure	ICD-10-PCS
02YA0Z1	Transplantation of Heart, Syngeneic, Open Approach	Procedure	ICD-10-PCS
02YA0Z2	Transplantation of Heart, Zooplasmic, Open Approach	Procedure	ICD-10-PCS
07Y	Lymphatic and Hemic Systems, Transplantation	Procedure	ICD-10-PCS
07YM	Transplantation / Thymus	Procedure	ICD-10-PCS
07YM0Z0	Transplantation of Thymus, Allogeneic, Open Approach	Procedure	ICD-10-PCS
07YM0Z1	Transplantation of Thymus, Syngeneic, Open Approach	Procedure	ICD-10-PCS
07YM0Z2	Transplantation of Thymus, Zooplasmic, Open Approach	Procedure	ICD-10-PCS
07YP	Transplantation / Spleen	Procedure	ICD-10-PCS
07YP0Z0	Transplantation of Spleen, Allogeneic, Open Approach	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
07YPOZ1	Transplantation of Spleen, Syngeneic, Open Approach	Procedure	ICD-10-PCS
07YPOZ2	Transplantation of Spleen, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BY	Respiratory System, Transplantation	Procedure	ICD-10-PCS
0BYC	Transplantation / Upper Lung Lobe, Right	Procedure	ICD-10-PCS
0BYCOZ0	Transplantation of Right Upper Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYCOZ1	Transplantation of Right Upper Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYCOZ2	Transplantation of Right Upper Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYD	Transplantation / Middle Lung Lobe, Right	Procedure	ICD-10-PCS
0BYDOZ0	Transplantation of Right Middle Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYDOZ1	Transplantation of Right Middle Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYDOZ2	Transplantation of Right Middle Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYF	Transplantation / Lower Lung Lobe, Right	Procedure	ICD-10-PCS
0BYFOZ0	Transplantation of Right Lower Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYFOZ1	Transplantation of Right Lower Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYFOZ2	Transplantation of Right Lower Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYG	Transplantation / Upper Lung Lobe, Left	Procedure	ICD-10-PCS
0BYGOZ0	Transplantation of Left Upper Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYGOZ1	Transplantation of Left Upper Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYGOZ2	Transplantation of Left Upper Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYH	Transplantation / Lung Lingula	Procedure	ICD-10-PCS
0BYHOZ0	Transplantation of Lung Lingula, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYHOZ1	Transplantation of Lung Lingula, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYHOZ2	Transplantation of Lung Lingula, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYJ	Transplantation / Lower Lung Lobe, Left	Procedure	ICD-10-PCS
0BYJOZ0	Transplantation of Left Lower Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYJOZ1	Transplantation of Left Lower Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYJOZ2	Transplantation of Left Lower Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYK	Transplantation / Lung, Right	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
OBYK0Z0	Transplantation of Right Lung, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYK0Z1	Transplantation of Right Lung, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYK0Z2	Transplantation of Right Lung, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYL	Transplantation / Lung, Left	Procedure	ICD-10-PCS
OBYLOZ0	Transplantation of Left Lung, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYLOZ1	Transplantation of Left Lung, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYLOZ2	Transplantation of Left Lung, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYM	Transplantation / Lungs, Bilateral	Procedure	ICD-10-PCS
OBYM0Z0	Transplantation of Bilateral Lungs, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYM0Z1	Transplantation of Bilateral Lungs, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYM0Z2	Transplantation of Bilateral Lungs, Zooplastic, Open Approach	Procedure	ICD-10-PCS
ODY	Gastrointestinal System, Transplantation	Procedure	ICD-10-PCS
ODY5	Transplantation / Esophagus	Procedure	ICD-10-PCS
ODY50Z0	Transplantation of Esophagus, Allogeneic, Open Approach	Procedure	ICD-10-PCS
ODY50Z1	Transplantation of Esophagus, Syngeneic, Open Approach	Procedure	ICD-10-PCS
ODY50Z2	Transplantation of Esophagus, Zooplastic, Open Approach	Procedure	ICD-10-PCS
ODY6	Transplantation / Stomach	Procedure	ICD-10-PCS
ODY60Z0	Transplantation of Stomach, Allogeneic, Open Approach	Procedure	ICD-10-PCS
ODY60Z1	Transplantation of Stomach, Syngeneic, Open Approach	Procedure	ICD-10-PCS
ODY60Z2	Transplantation of Stomach, Zooplastic, Open Approach	Procedure	ICD-10-PCS
ODY8	Transplantation / Small Intestine	Procedure	ICD-10-PCS
ODY80Z0	Transplantation of Small Intestine, Allogeneic, Open Approach	Procedure	ICD-10-PCS
ODY80Z1	Transplantation of Small Intestine, Syngeneic, Open Approach	Procedure	ICD-10-PCS
ODY80Z2	Transplantation of Small Intestine, Zooplastic, Open Approach	Procedure	ICD-10-PCS
ODYE	Transplantation / Large Intestine	Procedure	ICD-10-PCS
ODYE0Z0	Transplantation of Large Intestine, Allogeneic, Open Approach	Procedure	ICD-10-PCS
ODYE0Z1	Transplantation of Large Intestine, Syngeneic, Open Approach	Procedure	ICD-10-PCS
ODYE0Z2	Transplantation of Large Intestine, Zooplastic, Open Approach	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
0FSG0ZZ	Reposition Pancreas, Open Approach	Procedure	ICD-10-PCS
0FSG4ZZ	Reposition Pancreas, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0FY	Hepatobiliary System and Pancreas, Transplantation	Procedure	ICD-10-PCS
0FY0	Transplantation / Liver	Procedure	ICD-10-PCS
0FY00Z0	Transplantation of Liver, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0FY00Z1	Transplantation of Liver, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0FY00Z2	Transplantation of Liver, Zooplasic, Open Approach	Procedure	ICD-10-PCS
0FYG	Transplantation / Pancreas	Procedure	ICD-10-PCS
0FYG0Z0	Transplantation of Pancreas, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0FYG0Z1	Transplantation of Pancreas, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0FYG0Z2	Transplantation of Pancreas, Zooplasic, Open Approach	Procedure	ICD-10-PCS
OTS00ZZ	Reposition Right Kidney, Open Approach	Procedure	ICD-10-PCS
OTS10ZZ	Reposition Left Kidney, Open Approach	Procedure	ICD-10-PCS
OTY	Urinary System, Transplantation	Procedure	ICD-10-PCS
OTY0	Transplantation / Kidney, Right	Procedure	ICD-10-PCS
OTY00Z0	Transplantation of Right Kidney, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OTY00Z1	Transplantation of Right Kidney, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OTY00Z2	Transplantation of Right Kidney, Zooplasic, Open Approach	Procedure	ICD-10-PCS
OTY1	Transplantation / Kidney, Left	Procedure	ICD-10-PCS
OTY10Z0	Transplantation of Left Kidney, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OTY10Z1	Transplantation of Left Kidney, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OTY10Z2	Transplantation of Left Kidney, Zooplasic, Open Approach	Procedure	ICD-10-PCS
OUY	Female Reproductive System, Transplantation	Procedure	ICD-10-PCS
OUY0	Transplantation / Ovary, Right	Procedure	ICD-10-PCS
OUY00Z0	Transplantation of Right Ovary, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OUY00Z1	Transplantation of Right Ovary, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OUY00Z2	Transplantation of Right Ovary, Zooplasic, Open Approach	Procedure	ICD-10-PCS
OUY1	Transplantation / Ovary, Left	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
0UY10Z0	Transplantation of Left Ovary, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0UY10Z1	Transplantation of Left Ovary, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0UY10Z2	Transplantation of Left Ovary, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0UY9	Transplantation / Uterus	Procedure	ICD-10-PCS
0UY90Z0	Transplantation of Uterus, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0UY90Z1	Transplantation of Uterus, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0UY90Z2	Transplantation of Uterus, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0WY	Anatomical Regions, General, Transplantation	Procedure	ICD-10-PCS
0WY2	Transplantation / Face	Procedure	ICD-10-PCS
0WY20Z0	Transplantation of Face, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0WY20Z1	Transplantation of Face, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0XY	Anatomical Regions, Upper Extremities, Transplantation	Procedure	ICD-10-PCS
0XYJ	Transplantation / Hand, Right	Procedure	ICD-10-PCS
0XYJ0Z0	Transplantation of Right Hand, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0XYJ0Z1	Transplantation of Right Hand, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0XYK	Transplantation / Hand, Left	Procedure	ICD-10-PCS
0XYK0Z0	Transplantation of Left Hand, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0XYK0Z1	Transplantation of Left Hand, Syngeneic, Open Approach	Procedure	ICD-10-PCS
10Y	Obstetrics, Pregnancy, Transplantation	Procedure	ICD-10-PCS
10Y0	Transplantation / Products of Conception	Procedure	ICD-10-PCS
10Y03ZE	Transplantation of Nervous System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZF	Transplantation of Cardiovascular System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZG	Transplantation of Lymphatics and Hemic into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZH	Transplantation of Eye into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
10Y03ZJ	Transplantation of Ear, Nose and Sinus into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZK	Transplantation of Respiratory System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZL	Transplantation of Mouth and Throat into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZM	Transplantation of Gastrointestinal System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZN	Transplantation of Hepatobiliary and Pancreas into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZP	Transplantation of Endocrine System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZQ	Transplantation of Skin into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZR	Transplantation of Musculoskeletal System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZS	Transplantation of Urinary System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZT	Transplantation of Female Reproductive System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y03ZY	Transplantation of Other Body System into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
10Y04ZE	Transplantation of Nervous System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZF	Transplantation of Cardiovascular System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZG	Transplantation of Lymphatics and Hemic into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
10Y04ZH	Transplantation of Eye into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZJ	Transplantation of Ear, Nose and Sinus into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZK	Transplantation of Respiratory System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZL	Transplantation of Mouth and Throat into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZM	Transplantation of Gastrointestinal System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZN	Transplantation of Hepatobiliary and Pancreas into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZP	Transplantation of Endocrine System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZQ	Transplantation of Skin into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZR	Transplantation of Musculoskeletal System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZS	Transplantation of Urinary System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZT	Transplantation of Female Reproductive System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y04ZY	Transplantation of Other Body System into Products of Conception, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
10Y07ZE	Transplantation of Nervous System into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZF	Transplantation of Cardiovascular System into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
10Y07ZG	Transplantation of Lymphatics and Hemic into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZH	Transplantation of Eye into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZJ	Transplantation of Ear, Nose and Sinus into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZK	Transplantation of Respiratory System into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZL	Transplantation of Mouth and Throat into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZM	Transplantation of Gastrointestinal System into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZN	Transplantation of Hepatobiliary and Pancreas into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZP	Transplantation of Endocrine System into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZQ	Transplantation of Skin into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZR	Transplantation of Musculoskeletal System into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZS	Transplantation of Urinary System into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZT	Transplantation of Female Reproductive System into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
10Y07ZY	Transplantation of Other Body System into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
30230AZ	Transfusion of Embryonic Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230GO	Transfusion of Autologous Bone Marrow into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
30230G2	Transfusion of Allogeneic Related Bone Marrow into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230G3	Transfusion of Allogeneic Unrelated Bone Marrow into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230G4	Transfusion of Allogeneic Unspecified Bone Marrow into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230X0	Transfusion of Autologous Cord Blood Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230X2	Transfusion of Allogeneic Related Cord Blood Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230X3	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230X4	Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230Y0	Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230Y4	Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30233AZ	Transfusion of Embryonic Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233G0	Transfusion of Autologous Bone Marrow into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233G2	Transfusion of Allogeneic Related Bone Marrow into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233G3	Transfusion of Allogeneic Unrelated Bone Marrow into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
30233G4	Transfusion of Allogeneic Unspecified Bone Marrow into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233X0	Transfusion of Autologous Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233X2	Transfusion of Allogeneic Related Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233X3	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233X4	Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233Y0	Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233Y4	Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30240AZ	Transfusion of Embryonic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240G0	Transfusion of Autologous Bone Marrow into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240G2	Transfusion of Allogeneic Related Bone Marrow into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240G3	Transfusion of Allogeneic Unrelated Bone Marrow into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240G4	Transfusion of Allogeneic Unspecified Bone Marrow into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240X0	Transfusion of Autologous Cord Blood Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240X2	Transfusion of Allogeneic Related Cord Blood Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240X3	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
30240X4	Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240Y4	Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30243AZ	Transfusion of Embryonic Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243G0	Transfusion of Autologous Bone Marrow into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243G2	Transfusion of Allogeneic Related Bone Marrow into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243G3	Transfusion of Allogeneic Unrelated Bone Marrow into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243G4	Transfusion of Allogeneic Unspecified Bone Marrow into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243X0	Transfusion of Autologous Cord Blood Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243X2	Transfusion of Allogeneic Related Cord Blood Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243X3	Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243X4	Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
30243Y2	Transfusion of Allogeneic Related Hematopoietic Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243Y3	Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243Y4	Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30250G0	Transfusion of Autologous Bone Marrow into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30250G1	Transfusion of Nonautologous Bone Marrow into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30250X0	Transfusion of Autologous Cord Blood Stem Cells into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30250X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30250Y0	Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30250Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30253G0	Transfusion of Autologous Bone Marrow into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30253G1	Transfusion of Nonautologous Bone Marrow into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30253X0	Transfusion of Autologous Cord Blood Stem Cells into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30253X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30253Y0	Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30253Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
30260G0	Transfusion of Autologous Bone Marrow into Central Artery, Open Approach	Procedure	ICD-10-PCS
30260G1	Transfusion of Nonautologous Bone Marrow into Central Artery, Open Approach	Procedure	ICD-10-PCS
30260X0	Transfusion of Autologous Cord Blood Stem Cells into Central Artery, Open Approach	Procedure	ICD-10-PCS
30260X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Artery, Open Approach	Procedure	ICD-10-PCS
30260Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Artery, Open Approach	Procedure	ICD-10-PCS
30260Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Artery, Open Approach	Procedure	ICD-10-PCS
30263G0	Transfusion of Autologous Bone Marrow into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30263G1	Transfusion of Nonautologous Bone Marrow into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30263X0	Transfusion of Autologous Cord Blood Stem Cells into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30263X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30263Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30263Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
32851	Lung transplant, single; without cardiopulmonary bypass	Procedure	CPT-4
32852	Lung transplant, single; with cardiopulmonary bypass	Procedure	CPT-4
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	Procedure	CPT-4
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	Procedure	CPT-4
33.5	Lung transplant	Procedure	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
33.6	Combined heart-lung transplantation	Procedure	ICD-9-CM
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	Procedure	CPT-4
33945	Heart transplant, with or without recipient cardiectomy	Procedure	CPT-4
37.51	Heart transplantation	Procedure	ICD-9-CM
3E03005	Introduction of Other Antineoplastic into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E030U0	Introduction of Autologous Pancreatic Islet Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E030U1	Introduction of Nonautologous Pancreatic Islet Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E03305	Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E033U0	Introduction of Autologous Pancreatic Islet Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E033U1	Introduction of Nonautologous Pancreatic Islet Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E04005	Introduction of Other Antineoplastic into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E04305	Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E05005	Introduction of Other Antineoplastic into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
3E05305	Introduction of Other Antineoplastic into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E06005	Introduction of Other Antineoplastic into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E06305	Introduction of Other Antineoplastic into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E0J3U0	Introduction of Autologous Pancreatic Islet Cells into Biliary and Pancreatic Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0J3U1	Introduction of Nonautologous Pancreatic Islet Cells into Biliary and Pancreatic Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0J7U0	Introduction of Autologous Pancreatic Islet Cells into Biliary and Pancreatic Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0J7U1	Introduction of Nonautologous Pancreatic Islet Cells into Biliary and Pancreatic Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
3E0J8U0	Introduction of Autologous Pancreatic Islet Cells into Biliary and Pancreatic Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0J8U1	Introduction of Nonautologous Pancreatic Islet Cells into Biliary and Pancreatic Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
41.00	Bone marrow transplant, not otherwise specified	Procedure	ICD-9-CM
41.01	Autologous bone marrow transplant without purging	Procedure	ICD-9-CM
41.02	Allogeneic bone marrow transplant with purging	Procedure	ICD-9-CM
41.03	Allogeneic bone marrow transplant without purging	Procedure	ICD-9-CM
41.04	Autologous hematopoietic stem cell transplant without purging	Procedure	ICD-9-CM
41.05	Allogeneic hematopoietic stem cell transplant without purging	Procedure	ICD-9-CM
41.06	Cord blood stem cell transplant	Procedure	ICD-9-CM
41.07	Autologous hematopoietic stem cell transplant with purging	Procedure	ICD-9-CM
41.08	Allogeneic hematopoietic stem cell transplant with purging	Procedure	ICD-9-CM
41.09	Autologous bone marrow transplant with purging	Procedure	ICD-9-CM
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	Procedure	CPT-4
44135	Intestinal allotransplantation; from cadaver donor	Procedure	CPT-4
44136	Intestinal allotransplantation; from living donor	Procedure	CPT-4
44137	Removal of transplanted intestinal allograft, complete	Procedure	CPT-4
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	Procedure	CPT-4
48554	Transplantation of pancreatic allograft	Procedure	CPT-4
50.5	Liver transplant	Procedure	ICD-9-CM
50.51	Auxiliary liver transplant	Procedure	ICD-9-CM
50.59	Other transplant of liver	Procedure	ICD-9-CM
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	Procedure	CPT-4
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Procedure	CPT-4

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
50380	Renal autotransplantation, reimplantation of kidney	Procedure	CPT-4
52.8	Transplant of pancreas	Procedure	ICD-9-CM
52.80	Pancreatic transplant, not otherwise specified	Procedure	ICD-9-CM
52.81	Reimplantation of pancreatic tissue	Procedure	ICD-9-CM
52.82	Homotransplant of pancreas	Procedure	ICD-9-CM
52.83	Heterotransplant of pancreas	Procedure	ICD-9-CM
52.84	Autotransplantation of cells of islets of Langerhans	Procedure	ICD-9-CM
52.85	Allotransplantation of cells of islets of Langerhans	Procedure	ICD-9-CM
52.86	Transplantation of cells of islets of Langerhans, not otherwise specified	Procedure	ICD-9-CM
55.6	Transplant of kidney	Procedure	ICD-9-CM
55.61	Renal autotransplantation	Procedure	ICD-9-CM
55.69	Other kidney transplantation	Procedure	ICD-9-CM
996.80	Complications of transplanted organ, unspecified site	Diagnosis	ICD-9-CM
996.81	Complications of transplanted kidney	Diagnosis	ICD-9-CM
996.82	Complications of transplanted liver	Diagnosis	ICD-9-CM
996.83	Complications of transplanted heart	Diagnosis	ICD-9-CM
996.84	Complications of transplanted lung	Diagnosis	ICD-9-CM
996.85	Complications of bone marrow transplant	Diagnosis	ICD-9-CM
996.86	Complications of transplanted pancreas	Diagnosis	ICD-9-CM
996.87	Complications of transplanted organ, intestine	Diagnosis	ICD-9-CM
996.89	Complications of other transplanted organ	Diagnosis	ICD-9-CM
B40M	Plain Radiography / Renal Artery Transplant	Procedure	ICD-10-PCS
B40M0ZZ	Plain Radiography of Renal Artery Transplant using High Osmolar Contrast	Procedure	ICD-10-PCS
B40M1ZZ	Plain Radiography of Renal Artery Transplant using Low Osmolar Contrast	Procedure	ICD-10-PCS
B40MYZZ	Plain Radiography of Renal Artery Transplant using Other Contrast	Procedure	ICD-10-PCS
B42M	Computerized Tomography (CT Scan) / Renal Artery Transplant	Procedure	ICD-10-PCS
B42M0ZZ	Computerized Tomography (CT Scan) of Renal Artery Transplant using High Osmolar Contrast	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
B42M1ZZ	Computerized Tomography (CT Scan) of Renal Artery Transplant using Low Osmolar Contrast	Procedure	ICD-10-PCS
B42MYZZ	Computerized Tomography (CT Scan) of Renal Artery Transplant using Other Contrast	Procedure	ICD-10-PCS
B42MZZZ	Computerized Tomography (CT Scan) of Renal Artery Transplant using Intravascular Optical Coherence	Procedure	ICD-10-PCS
B42MZZZ	Computerized Tomography (CT Scan) of Renal Artery Transplant	Procedure	ICD-10-PCS
BT29	Computerized Tomography (CT Scan) / Kidney Transplant	Procedure	ICD-10-PCS
BT2900Z	Computerized Tomography (CT Scan) of Kidney Transplant using High Osmolar Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT290ZZ	Computerized Tomography (CT Scan) of Kidney Transplant using High Osmolar Contrast	Procedure	ICD-10-PCS
BT2910Z	Computerized Tomography (CT Scan) of Kidney Transplant using Low Osmolar Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT291ZZ	Computerized Tomography (CT Scan) of Kidney Transplant using Low Osmolar Contrast	Procedure	ICD-10-PCS
BT29Y0Z	Computerized Tomography (CT Scan) of Kidney Transplant using Other Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT29YZZ	Computerized Tomography (CT Scan) of Kidney Transplant using Other Contrast	Procedure	ICD-10-PCS
BT29ZZZ	Computerized Tomography (CT Scan) of Kidney Transplant	Procedure	ICD-10-PCS
BT39	Magnetic Resonance Imaging (MRI) / Kidney Transplant	Procedure	ICD-10-PCS
BT39Y0Z	Magnetic Resonance Imaging (MRI) of Kidney Transplant using Other Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT39YZZ	Magnetic Resonance Imaging (MRI) of Kidney Transplant using Other Contrast	Procedure	ICD-10-PCS
BT39ZZZ	Magnetic Resonance Imaging (MRI) of Kidney Transplant	Procedure	ICD-10-PCS
BT49	Ultrasonography / Kidney Transplant	Procedure	ICD-10-PCS
BT49ZZZ	Ultrasonography of Kidney Transplant	Procedure	ICD-10-PCS

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
C80.2	Malignant neoplasm associated with transplanted organ	Diagnosis	ICD-10-CM
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)	Diagnosis	ICD-10-CM
I25.7	Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris	Diagnosis	ICD-10-CM
I25.75	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris	Diagnosis	ICD-10-CM
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.76	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris	Diagnosis	ICD-10-CM
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris	Diagnosis	ICD-10-CM
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris	Diagnosis	ICD-10-CM
T86	Complications of transplanted organs and tissue	Diagnosis	ICD-10-CM
T86.0	Complications of bone marrow transplant	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
T86.00	Unspecified complication of bone marrow transplant	Diagnosis	ICD-10-CM
T86.01	Bone marrow transplant rejection	Diagnosis	ICD-10-CM
T86.02	Bone marrow transplant failure	Diagnosis	ICD-10-CM
T86.03	Bone marrow transplant infection	Diagnosis	ICD-10-CM
T86.09	Other complications of bone marrow transplant	Diagnosis	ICD-10-CM
T86.1	Complications of kidney transplant	Diagnosis	ICD-10-CM
T86.10	Unspecified complication of kidney transplant	Diagnosis	ICD-10-CM
T86.11	Kidney transplant rejection	Diagnosis	ICD-10-CM
T86.12	Kidney transplant failure	Diagnosis	ICD-10-CM
T86.13	Kidney transplant infection	Diagnosis	ICD-10-CM
T86.19	Other complication of kidney transplant	Diagnosis	ICD-10-CM
T86.2	Complications of heart transplant	Diagnosis	ICD-10-CM
T86.20	Unspecified complication of heart transplant	Diagnosis	ICD-10-CM
T86.21	Heart transplant rejection	Diagnosis	ICD-10-CM
T86.22	Heart transplant failure	Diagnosis	ICD-10-CM
T86.23	Heart transplant infection	Diagnosis	ICD-10-CM
T86.29	Other complications of heart transplant	Diagnosis	ICD-10-CM
T86.298	Other complications of heart transplant	Diagnosis	ICD-10-CM
T86.3	Complications of heart-lung transplant	Diagnosis	ICD-10-CM
T86.30	Unspecified complication of heart-lung transplant	Diagnosis	ICD-10-CM
T86.31	Heart-lung transplant rejection	Diagnosis	ICD-10-CM
T86.32	Heart-lung transplant failure	Diagnosis	ICD-10-CM
T86.33	Heart-lung transplant infection	Diagnosis	ICD-10-CM
T86.39	Other complications of heart-lung transplant	Diagnosis	ICD-10-CM
T86.4	Complications of liver transplant	Diagnosis	ICD-10-CM
T86.40	Unspecified complication of liver transplant	Diagnosis	ICD-10-CM
T86.41	Liver transplant rejection	Diagnosis	ICD-10-CM
T86.42	Liver transplant failure	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
T86.43	Liver transplant infection	Diagnosis	ICD-10-CM
T86.49	Other complications of liver transplant	Diagnosis	ICD-10-CM
T86.5	Complications of stem cell transplant	Diagnosis	ICD-10-CM
T86.8	Complications of other transplanted organs and tissues	Diagnosis	ICD-10-CM
T86.81	Complications of lung transplant	Diagnosis	ICD-10-CM
T86.810	Lung transplant rejection	Diagnosis	ICD-10-CM
T86.811	Lung transplant failure	Diagnosis	ICD-10-CM
T86.812	Lung transplant infection	Diagnosis	ICD-10-CM
T86.818	Other complications of lung transplant	Diagnosis	ICD-10-CM
T86.819	Unspecified complication of lung transplant	Diagnosis	ICD-10-CM
T86.85	Complication of intestine transplant	Diagnosis	ICD-10-CM
T86.850	Intestine transplant rejection	Diagnosis	ICD-10-CM
T86.851	Intestine transplant failure	Diagnosis	ICD-10-CM
T86.852	Intestine transplant infection	Diagnosis	ICD-10-CM
T86.858	Other complications of intestine transplant	Diagnosis	ICD-10-CM
T86.859	Unspecified complication of intestine transplant	Diagnosis	ICD-10-CM
T86.89	Complications of other transplanted tissue	Diagnosis	ICD-10-CM
T86.890	Other transplanted tissue rejection	Diagnosis	ICD-10-CM
T86.891	Other transplanted tissue failure	Diagnosis	ICD-10-CM
T86.892	Other transplanted tissue infection	Diagnosis	ICD-10-CM
T86.898	Other complications of other transplanted tissue	Diagnosis	ICD-10-CM
T86.899	Unspecified complication of other transplanted tissue	Diagnosis	ICD-10-CM
T86.9	Complication of unspecified transplanted organ and tissue	Diagnosis	ICD-10-CM
T86.90	Unspecified complication of unspecified transplanted organ and tissue	Diagnosis	ICD-10-CM
T86.91	Unspecified transplanted organ and tissue rejection	Diagnosis	ICD-10-CM
T86.92	Unspecified transplanted organ and tissue failure	Diagnosis	ICD-10-CM
T86.93	Unspecified transplanted organ and tissue infection	Diagnosis	ICD-10-CM
T86.99	Other complications of unspecified transplanted organ and tissue	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
V42.0	Kidney replaced by transplant	Diagnosis	ICD-9-CM
V42.1	Heart replaced by transplant	Diagnosis	ICD-9-CM
V42.3	Skin replaced by transplant	Diagnosis	ICD-9-CM
V42.4	Bone replaced by transplant	Diagnosis	ICD-9-CM
V42.6	Lung replaced by transplant	Diagnosis	ICD-9-CM
V42.7	Liver replaced by transplant	Diagnosis	ICD-9-CM
V42.8	Other specified organ or tissue replaced by transplant	Diagnosis	ICD-9-CM
V42.81	Bone marrow replaced by transplant	Diagnosis	ICD-9-CM
V42.82	Peripheral stem cells replaced by transplant	Diagnosis	ICD-9-CM
V42.83	Pancreas replaced by transplant	Diagnosis	ICD-9-CM
V42.84	Organ or tissue replaced by transplant, intestines	Diagnosis	ICD-9-CM
V42.89	Other organ or tissue replaced by transplant	Diagnosis	ICD-9-CM
V42.9	Unspecified organ or tissue replaced by transplant	Diagnosis	ICD-9-CM
Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure	Diagnosis	ICD-10-CM
Z48.2	Encounter for aftercare following organ transplant	Diagnosis	ICD-10-CM
Z48.21	Encounter for aftercare following heart transplant	Diagnosis	ICD-10-CM
Z48.22	Encounter for aftercare following kidney transplant	Diagnosis	ICD-10-CM
Z48.23	Encounter for aftercare following liver transplant	Diagnosis	ICD-10-CM
Z48.24	Encounter for aftercare following lung transplant	Diagnosis	ICD-10-CM
Z48.28	Encounter for aftercare following multiple organ transplant	Diagnosis	ICD-10-CM
Z48.280	Encounter for aftercare following heart-lung transplant	Diagnosis	ICD-10-CM
Z48.288	Encounter for aftercare following multiple organ transplant	Diagnosis	ICD-10-CM
Z48.29	Encounter for aftercare following other organ transplant	Diagnosis	ICD-10-CM
Z48.290	Encounter for aftercare following bone marrow transplant	Diagnosis	ICD-10-CM
Z48.298	Encounter for aftercare following other organ transplant	Diagnosis	ICD-10-CM
Z76.82	Awaiting organ transplant status	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
Z94	Transplanted organ and tissue status	Diagnosis	ICD-10-CM
Z94.0	Kidney transplant status	Diagnosis	ICD-10-CM
Z94.1	Heart transplant status	Diagnosis	ICD-10-CM
Z94.2	Lung transplant status	Diagnosis	ICD-10-CM
Z94.3	Heart and lungs transplant status	Diagnosis	ICD-10-CM
Z94.4	Liver transplant status	Diagnosis	ICD-10-CM
Z94.5	Skin transplant status	Diagnosis	ICD-10-CM
Z94.6	Bone transplant status	Diagnosis	ICD-10-CM
Z94.8	Other transplanted organ and tissue status	Diagnosis	ICD-10-CM
Z94.81	Bone marrow transplant status	Diagnosis	ICD-10-CM
Z94.82	Intestine transplant status	Diagnosis	ICD-10-CM
Z94.83	Pancreas transplant status	Diagnosis	ICD-10-CM
Z94.84	Stem cells transplant status	Diagnosis	ICD-10-CM
Z94.89	Other transplanted organ and tissue status	Diagnosis	ICD-10-CM
Z94.9	Transplanted organ and tissue status, unspecified	Diagnosis	ICD-10-CM
Z98.85	Transplanted organ removal status	Diagnosis	ICD-10-CM
Liver Failure			
070	Viral hepatitis	Diagnosis	ICD-9-CM
070.0	Viral hepatitis A with hepatic coma	Diagnosis	ICD-9-CM
070.1	Viral hepatitis A without mention of hepatic coma	Diagnosis	ICD-9-CM
070.2	Viral hepatitis B with hepatic coma	Diagnosis	ICD-9-CM
070.20	Viral hepatitis B with hepatic coma, acute or unspecified, without mention of hepatitis delta	Diagnosis	ICD-9-CM
070.21	Viral hepatitis B with hepatic coma, acute or unspecified, with hepatitis delta	Diagnosis	ICD-9-CM
070.22	Viral hepatitis B with hepatic coma, chronic, without mention of hepatitis delta	Diagnosis	ICD-9-CM
070.23	Viral hepatitis B with hepatic coma, chronic, with hepatitis delta	Diagnosis	ICD-9-CM
070.3	Viral hepatitis B without mention of hepatic coma	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
070.30	Viral hepatitis B without mention of hepatic coma, acute or unspecified, without mention of hepatitis delta	Diagnosis	ICD-9-CM
070.31	Viral hepatitis B without mention of hepatic coma, acute or unspecified, with hepatitis delta	Diagnosis	ICD-9-CM
070.32	Viral hepatitis B without mention of hepatic coma, chronic, without mention of hepatitis delta	Diagnosis	ICD-9-CM
070.33	Viral hepatitis B without mention of hepatic coma, chronic, with hepatitis delta	Diagnosis	ICD-9-CM
070.4	Other specified viral hepatitis with hepatic coma	Diagnosis	ICD-9-CM
070.41	Acute hepatitis C with hepatic coma	Diagnosis	ICD-9-CM
070.42	Hepatitis delta without mention of active hepatitis B disease with hepatic coma	Diagnosis	ICD-9-CM
070.43	Hepatitis E with hepatic coma	Diagnosis	ICD-9-CM
070.44	Chronic hepatitis C with hepatic coma	Diagnosis	ICD-9-CM
070.49	Other specified viral hepatitis with hepatic coma	Diagnosis	ICD-9-CM
070.5	Other specified viral hepatitis without mention of hepatic coma	Diagnosis	ICD-9-CM
070.51	Acute hepatitis C without mention of hepatic coma	Diagnosis	ICD-9-CM
070.52	Hepatitis delta without mention of active hepatitis B disease or hepatic coma	Diagnosis	ICD-9-CM
070.53	Hepatitis E without mention of hepatic coma	Diagnosis	ICD-9-CM
070.54	Chronic hepatitis C without mention of hepatic coma	Diagnosis	ICD-9-CM
070.59	Other specified viral hepatitis without mention of hepatic coma	Diagnosis	ICD-9-CM
070.6	Unspecified viral hepatitis with hepatic coma	Diagnosis	ICD-9-CM
070.7	Unspecified viral hepatitis C	Diagnosis	ICD-9-CM
070.70	Unspecified viral hepatitis C without hepatic coma	Diagnosis	ICD-9-CM
070.71	Unspecified viral hepatitis C with hepatic coma	Diagnosis	ICD-9-CM
070.9	Unspecified viral hepatitis without mention of hepatic coma	Diagnosis	ICD-9-CM
072.71	Mumps hepatitis	Diagnosis	ICD-9-CM
091.62	Early syphilis, secondary syphilitic hepatitis	Diagnosis	ICD-9-CM
130.5	Hepatitis due to toxoplasmosis	Diagnosis	ICD-9-CM
153.0	Malignant neoplasm of hepatic flexure	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
155	Malignant neoplasm of liver and intrahepatic bile ducts	Diagnosis	ICD-9-CM
155.1	Malignant neoplasm of intrahepatic bile ducts	Diagnosis	ICD-9-CM
156	Malignant neoplasm of gallbladder and extrahepatic bile ducts	Diagnosis	ICD-9-CM
156.1	Malignant neoplasm of extrahepatic bile ducts	Diagnosis	ICD-9-CM
156.8	Malignant neoplasm of other specified sites of gallbladder and extrahepatic bile ducts	Diagnosis	ICD-9-CM
570	Acute and subacute necrosis of liver	Diagnosis	ICD-9-CM
571	Chronic liver disease and cirrhosis	Diagnosis	ICD-9-CM
571.0	Alcoholic fatty liver	Diagnosis	ICD-9-CM
571.1	Acute alcoholic hepatitis	Diagnosis	ICD-9-CM
571.2	Alcoholic cirrhosis of liver	Diagnosis	ICD-9-CM
571.3	Unspecified alcoholic liver damage	Diagnosis	ICD-9-CM
571.4	Chronic hepatitis	Diagnosis	ICD-9-CM
571.40	Unspecified chronic hepatitis	Diagnosis	ICD-9-CM
571.41	Chronic persistent hepatitis	Diagnosis	ICD-9-CM
571.42	Autoimmune hepatitis	Diagnosis	ICD-9-CM
571.49	Other chronic hepatitis	Diagnosis	ICD-9-CM
571.5	Cirrhosis of liver without mention of alcohol	Diagnosis	ICD-9-CM
571.6	Biliary cirrhosis	Diagnosis	ICD-9-CM
571.8	Other chronic nonalcoholic liver disease	Diagnosis	ICD-9-CM
571.9	Unspecified chronic liver disease without mention of alcohol	Diagnosis	ICD-9-CM
572	Liver abscess and sequelae of chronic liver disease	Diagnosis	ICD-9-CM
572.0	Abscess of liver	Diagnosis	ICD-9-CM
572.1	Portal pyemia	Diagnosis	ICD-9-CM
572.2	Hepatic encephalopathy	Diagnosis	ICD-9-CM
572.3	Portal hypertension	Diagnosis	ICD-9-CM
572.4	Hepatorenal syndrome	Diagnosis	ICD-9-CM
572.8	Other sequelae of chronic liver disease	Diagnosis	ICD-9-CM
573	Other disorders of liver	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
573.0	Chronic passive congestion of liver	Diagnosis	ICD-9-CM
573.1	Hepatitis in viral diseases classified elsewhere	Diagnosis	ICD-9-CM
573.2	Hepatitis in other infectious diseases classified elsewhere	Diagnosis	ICD-9-CM
573.3	Unspecified hepatitis	Diagnosis	ICD-9-CM
573.4	Hepatic infarction	Diagnosis	ICD-9-CM
573.5	Hepatopulmonary syndrome	Diagnosis	ICD-9-CM
573.8	Other specified disorders of liver	Diagnosis	ICD-9-CM
573.9	Unspecified disorder of liver	Diagnosis	ICD-9-CM
751.62	Congenital cystic disease of liver	Diagnosis	ICD-9-CM
774.4	Perinatal jaundice due to hepatocellular damage	Diagnosis	ICD-9-CM
789.1	Hepatomegaly	Diagnosis	ICD-9-CM
902.11	Hepatic vein injury	Diagnosis	ICD-9-CM
902.22	Hepatic artery injury	Diagnosis	ICD-9-CM
A51.45	Secondary syphilitic hepatitis	Diagnosis	ICD-10-CM
B15.0	Hepatitis A with hepatic coma	Diagnosis	ICD-10-CM
B15.9	Hepatitis A without hepatic coma	Diagnosis	ICD-10-CM
B16.0	Acute hepatitis B with delta-agent with hepatic coma	Diagnosis	ICD-10-CM
B16.1	Acute hepatitis B with delta-agent without hepatic coma	Diagnosis	ICD-10-CM
B16.2	Acute hepatitis B without delta-agent with hepatic coma	Diagnosis	ICD-10-CM
B16.9	Acute hepatitis B without delta-agent and without hepatic coma	Diagnosis	ICD-10-CM
B17.0	Acute delta-(super) infection of hepatitis B carrier	Diagnosis	ICD-10-CM
B17.10	Acute hepatitis C without hepatic coma	Diagnosis	ICD-10-CM
B17.11	Acute hepatitis C with hepatic coma	Diagnosis	ICD-10-CM
B17.2	Acute hepatitis E	Diagnosis	ICD-10-CM
B17.8	Other specified acute viral hepatitis	Diagnosis	ICD-10-CM
B17.9	Acute viral hepatitis, unspecified	Diagnosis	ICD-10-CM
B18.0	Chronic viral hepatitis B with delta-agent	Diagnosis	ICD-10-CM
B18.1	Chronic viral hepatitis B without delta-agent	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
B18.2	Chronic viral hepatitis C	Diagnosis	ICD-10-CM
B18.8	Other chronic viral hepatitis	Diagnosis	ICD-10-CM
B18.9	Chronic viral hepatitis, unspecified	Diagnosis	ICD-10-CM
B19.0	Unspecified viral hepatitis with hepatic coma	Diagnosis	ICD-10-CM
B19.10	Unspecified viral hepatitis B without hepatic coma	Diagnosis	ICD-10-CM
B19.11	Unspecified viral hepatitis B with hepatic coma	Diagnosis	ICD-10-CM
B19.20	Unspecified viral hepatitis C without hepatic coma	Diagnosis	ICD-10-CM
B19.21	Unspecified viral hepatitis C with hepatic coma	Diagnosis	ICD-10-CM
B19.9	Unspecified viral hepatitis without hepatic coma	Diagnosis	ICD-10-CM
B25.1	Cytomegaloviral hepatitis	Diagnosis	ICD-10-CM
B26.81	Mumps hepatitis	Diagnosis	ICD-10-CM
B58.1	Toxoplasma hepatitis	Diagnosis	ICD-10-CM
C18.3	Malignant neoplasm of hepatic flexure	Diagnosis	ICD-10-CM
C22.1	Intrahepatic bile duct carcinoma	Diagnosis	ICD-10-CM
C24.0	Malignant neoplasm of extrahepatic bile duct	Diagnosis	ICD-10-CM
C24.8	Malignant neoplasm of overlapping sites of biliary tract	Diagnosis	ICD-10-CM
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
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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
K74.1	Hepatic sclerosis	Diagnosis	ICD-10-CM
K74.2	Hepatic fibrosis with hepatic sclerosis	Diagnosis	ICD-10-CM
K74.3	Primary biliary cirrhosis	Diagnosis	ICD-10-CM
K74.4	Secondary biliary cirrhosis	Diagnosis	ICD-10-CM
K74.5	Biliary cirrhosis, unspecified	Diagnosis	ICD-10-CM
K74.6	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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
P59.1	Inspissated bile syndrome	Diagnosis	ICD-10-CM
P59.20	Neonatal jaundice from unspecified hepatocellular damage	Diagnosis	ICD-10-CM
P59.29	Neonatal jaundice from other hepatocellular damage	Diagnosis	ICD-10-CM
Q44.6	Cystic disease of liver	Diagnosis	ICD-10-CM
R16.0	Hepatomegaly, not elsewhere classified	Diagnosis	ICD-10-CM
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified	Diagnosis	ICD-10-CM
V02.6	Carrier or suspected carrier of viral hepatitis	Diagnosis	ICD-9-CM
V02.60	Unspecified viral hepatitis carrier	Diagnosis	ICD-9-CM
V02.61	Hepatitis B carrier	Diagnosis	ICD-9-CM
V02.62	Hepatitis C carrier	Diagnosis	ICD-9-CM
V02.69	Other viral hepatitis carrier	Diagnosis	ICD-9-CM
V05.3	Need for prophylactic vaccination and inoculation against viral hepatitis	Diagnosis	ICD-9-CM
Cardiovascular Disease			
098.85	Other gonococcal heart disease	Diagnosis	ICD-9-CM
250	Diabetes mellitus	Diagnosis	ICD-9-CM
250.0	Diabetes mellitus without mention of complication	Diagnosis	ICD-9-CM
250.00	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
250.01	Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.02	Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.03	Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.1	Diabetes with ketoacidosis	Diagnosis	ICD-9-CM
250.10	Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.11	Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.12	Diabetes with ketoacidosis, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.13	Diabetes with ketoacidosis, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.2	Diabetes with hyperosmolarity	Diagnosis	ICD-9-CM
250.20	Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.21	Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.22	Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.23	Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.3	Diabetes with other coma	Diagnosis	ICD-9-CM
250.30	Diabetes with other coma, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.31	Diabetes with other coma, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.32	Diabetes with other coma, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.33	Diabetes with other coma, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.4	Diabetes with renal manifestations	Diagnosis	ICD-9-CM
250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.41	Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.42	Diabetes with renal manifestations, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
250.43	Diabetes with renal manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.5	Diabetes with ophthalmic manifestations	Diagnosis	ICD-9-CM
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.52	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.6	Diabetes with neurological manifestations	Diagnosis	ICD-9-CM
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.61	Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.62	Diabetes with neurological manifestations, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.63	Diabetes with neurological manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.7	Diabetes with peripheral circulatory disorders	Diagnosis	ICD-9-CM
250.70	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.8	Diabetes with other specified manifestations	Diagnosis	ICD-9-CM
250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
250.82	Diabetes with other specified manifestations, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.83	Diabetes with other specified manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.9	Diabetes with unspecified complication	Diagnosis	ICD-9-CM
250.90	Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.91	Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.92	Diabetes with unspecified complication, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.93	Diabetes with unspecified complication, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
272.0	Pure hypercholesterolemia	Diagnosis	ICD-9-CM
272.1	Pure hyperglyceridemia	Diagnosis	ICD-9-CM
272.2	Mixed hyperlipidemia	Diagnosis	ICD-9-CM
272.3	Hyperchylomicronemia	Diagnosis	ICD-9-CM
272.4	Other and unspecified hyperlipidemia	Diagnosis	ICD-9-CM
277.7	Dysmetabolic Syndrome X	Diagnosis	ICD-9-CM
357.2	Polyneuropathy in diabetes	Diagnosis	ICD-9-CM
362.0	Diabetic retinopathy	Diagnosis	ICD-9-CM
362.01	Background diabetic retinopathy	Diagnosis	ICD-9-CM
362.02	Proliferative diabetic retinopathy	Diagnosis	ICD-9-CM
362.03	Nonproliferative diabetic retinopathy NOS	Diagnosis	ICD-9-CM
362.04	Mild nonproliferative diabetic retinopathy	Diagnosis	ICD-9-CM
362.05	Moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-9-CM
362.06	Severe nonproliferative diabetic retinopathy	Diagnosis	ICD-9-CM
362.07	Diabetic macular edema	Diagnosis	ICD-9-CM
391	Rheumatic fever with heart involvement	Diagnosis	ICD-9-CM
391.0	Acute rheumatic pericarditis	Diagnosis	ICD-9-CM
391.1	Acute rheumatic endocarditis	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
391.2	Acute rheumatic myocarditis	Diagnosis	ICD-9-CM
391.8	Other acute rheumatic heart disease	Diagnosis	ICD-9-CM
391.9	Unspecified acute rheumatic heart disease	Diagnosis	ICD-9-CM
392.0	Rheumatic chorea with heart involvement	Diagnosis	ICD-9-CM
393	Chronic rheumatic pericarditis	Diagnosis	ICD-9-CM
394	Diseases of mitral valve	Diagnosis	ICD-9-CM
394.0	Mitral stenosis	Diagnosis	ICD-9-CM
394.1	Rheumatic mitral insufficiency	Diagnosis	ICD-9-CM
394.2	Mitral stenosis with insufficiency	Diagnosis	ICD-9-CM
394.9	Other and unspecified mitral valve diseases	Diagnosis	ICD-9-CM
395	Diseases of aortic valve	Diagnosis	ICD-9-CM
395.0	Rheumatic aortic stenosis	Diagnosis	ICD-9-CM
395.1	Rheumatic aortic insufficiency	Diagnosis	ICD-9-CM
395.2	Rheumatic aortic stenosis with insufficiency	Diagnosis	ICD-9-CM
395.9	Other and unspecified rheumatic aortic diseases	Diagnosis	ICD-9-CM
396	Diseases of mitral and aortic valves	Diagnosis	ICD-9-CM
396.0	Mitral valve stenosis and aortic valve stenosis	Diagnosis	ICD-9-CM
396.1	Mitral valve stenosis and aortic valve insufficiency	Diagnosis	ICD-9-CM
396.2	Mitral valve insufficiency and aortic valve stenosis	Diagnosis	ICD-9-CM
396.3	Mitral valve insufficiency and aortic valve insufficiency	Diagnosis	ICD-9-CM
396.8	Multiple involvement of mitral and aortic valves	Diagnosis	ICD-9-CM
396.9	Unspecified mitral and aortic valve diseases	Diagnosis	ICD-9-CM
397	Diseases of other endocardial structures	Diagnosis	ICD-9-CM
397.0	Diseases of tricuspid valve	Diagnosis	ICD-9-CM
397.1	Rheumatic diseases of pulmonary valve	Diagnosis	ICD-9-CM
397.9	Rheumatic diseases of endocardium, valve unspecified	Diagnosis	ICD-9-CM
398	Other rheumatic heart disease	Diagnosis	ICD-9-CM
398.0	Rheumatic myocarditis	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
398.9	Other and unspecified rheumatic heart diseases	Diagnosis	ICD-9-CM
398.90	Unspecified rheumatic heart disease	Diagnosis	ICD-9-CM
398.91	Rheumatic heart failure (congestive)	Diagnosis	ICD-9-CM
398.99	Other and unspecified rheumatic heart diseases	Diagnosis	ICD-9-CM
401	Essential hypertension	Diagnosis	ICD-9-CM
401.0	Essential hypertension, malignant	Diagnosis	ICD-9-CM
401.1	Essential hypertension, benign	Diagnosis	ICD-9-CM
401.9	Unspecified essential hypertension	Diagnosis	ICD-9-CM
402	Hypertensive heart disease	Diagnosis	ICD-9-CM
402.0	Malignant hypertensive heart disease	Diagnosis	ICD-9-CM
402.00	Malignant hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
402.1	Benign hypertensive heart disease	Diagnosis	ICD-9-CM
402.10	Benign hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
402.9	Unspecified hypertensive heart disease	Diagnosis	ICD-9-CM
402.90	Unspecified hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
404	Hypertensive heart and chronic kidney disease	Diagnosis	ICD-9-CM
404.0	Hypertensive heart and chronic kidney disease, malignant	Diagnosis	ICD-9-CM
404.00	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.01	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.02	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
404.03	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.1	Hypertensive heart and chronic kidney disease, benign	Diagnosis	ICD-9-CM
404.10	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.11	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.12	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.9	Hypertensive heart and chronic kidney disease, unspecified	Diagnosis	ICD-9-CM
404.90	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.91	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.92	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
405	Secondary hypertension	Diagnosis	ICD-9-CM
405.0	Secondary hypertension, malignant	Diagnosis	ICD-9-CM
405.01	Secondary renovascular hypertension, malignant	Diagnosis	ICD-9-CM
405.09	Other secondary hypertension, malignant	Diagnosis	ICD-9-CM
405.1	Secondary hypertension, benign	Diagnosis	ICD-9-CM
405.11	Secondary renovascular hypertension, benign	Diagnosis	ICD-9-CM
405.19	Other secondary hypertension, benign	Diagnosis	ICD-9-CM
405.9	Unspecified secondary hypertension, unspecified	Diagnosis	ICD-9-CM
405.91	Secondary renovascular hypertension, unspecified	Diagnosis	ICD-9-CM
405.99	Other secondary hypertension, unspecified	Diagnosis	ICD-9-CM
410	Acute myocardial infarction	Diagnosis	ICD-9-CM
410.0	Acute myocardial infarction of anterolateral wall	Diagnosis	ICD-9-CM
410.00	Acute myocardial infarction of anterolateral wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.01	Acute myocardial infarction of anterolateral wall, initial episode of care	Diagnosis	ICD-9-CM
410.02	Acute myocardial infarction of anterolateral wall, subsequent episode of care	Diagnosis	ICD-9-CM
410.1	Acute myocardial infarction of other anterior wall	Diagnosis	ICD-9-CM
410.10	Acute myocardial infarction of other anterior wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.11	Acute myocardial infarction of other anterior wall, initial episode of care	Diagnosis	ICD-9-CM
410.12	Acute myocardial infarction of other anterior wall, subsequent episode of care	Diagnosis	ICD-9-CM
410.2	Acute myocardial infarction of inferolateral wall	Diagnosis	ICD-9-CM
410.20	Acute myocardial infarction of inferolateral wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.21	Acute myocardial infarction of inferolateral wall, initial episode of care	Diagnosis	ICD-9-CM
410.22	Acute myocardial infarction of inferolateral wall, subsequent episode of care	Diagnosis	ICD-9-CM
410.3	Acute myocardial infarction of inferoposterior wall	Diagnosis	ICD-9-CM
410.30	Acute myocardial infarction of inferoposterior wall, episode of care unspecified	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
411	Other acute and subacute forms of ischemic heart disease	Diagnosis	ICD-9-CM
411.0	Postmyocardial infarction syndrome	Diagnosis	ICD-9-CM
411.1	Intermediate coronary syndrome	Diagnosis	ICD-9-CM
411.8	Other acute and subacute forms of ischemic heart disease	Diagnosis	ICD-9-CM
411.81	Acute coronary occlusion without myocardial infarction	Diagnosis	ICD-9-CM
411.89	Other acute and subacute form of ischemic heart disease	Diagnosis	ICD-9-CM
412	Old myocardial infarction	Diagnosis	ICD-9-CM
413	Angina pectoris	Diagnosis	ICD-9-CM
413.0	Angina decubitus	Diagnosis	ICD-9-CM
413.1	Prinzmetal angina	Diagnosis	ICD-9-CM
413.9	Other and unspecified angina pectoris	Diagnosis	ICD-9-CM
414	Other forms of chronic ischemic heart disease	Diagnosis	ICD-9-CM
414.0	Coronary atherosclerosis	Diagnosis	ICD-9-CM
414.00	Coronary atherosclerosis of unspecified type of vessel, native or graft	Diagnosis	ICD-9-CM
414.01	Coronary atherosclerosis of native coronary artery	Diagnosis	ICD-9-CM
414.02	Coronary atherosclerosis of autologous vein bypass graft	Diagnosis	ICD-9-CM
414.03	Coronary atherosclerosis of nonautologous biological bypass graft	Diagnosis	ICD-9-CM
414.04	Coronary atherosclerosis of artery bypass graft	Diagnosis	ICD-9-CM
414.05	Coronary atherosclerosis of unspecified type of bypass graft	Diagnosis	ICD-9-CM
414.06	Coronary atherosclerosis, of native coronary artery of transplanted heart	Diagnosis	ICD-9-CM
414.07	Coronary atherosclerosis, of bypass graft (artery) (vein) of transplanted heart	Diagnosis	ICD-9-CM
414.1	Aneurysm and dissection of heart	Diagnosis	ICD-9-CM
414.10	Aneurysm of heart	Diagnosis	ICD-9-CM
414.11	Aneurysm of coronary vessels	Diagnosis	ICD-9-CM
414.12	Dissection of coronary artery	Diagnosis	ICD-9-CM
414.19	Other aneurysm of heart	Diagnosis	ICD-9-CM
414.2	Chronic total occlusion of coronary artery	Diagnosis	ICD-9-CM
414.3	Coronary atherosclerosis due to lipid rich plaque	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
414.4	Coronary atherosclerosis due to calcified coronary lesion	Diagnosis	ICD-9-CM
414.8	Other specified forms of chronic ischemic heart disease	Diagnosis	ICD-9-CM
414.9	Unspecified chronic ischemic heart disease	Diagnosis	ICD-9-CM
415	Acute pulmonary heart disease	Diagnosis	ICD-9-CM
415.0	Acute cor pulmonale	Diagnosis	ICD-9-CM
415.1	Pulmonary embolism and infarction	Diagnosis	ICD-9-CM
415.11	Iatrogenic pulmonary embolism and infarction	Diagnosis	ICD-9-CM
415.12	Septic pulmonary embolism	Diagnosis	ICD-9-CM
415.13	Saddle embolus of pulmonary artery	Diagnosis	ICD-9-CM
415.19	Other pulmonary embolism and infarction	Diagnosis	ICD-9-CM
416	Chronic pulmonary heart disease	Diagnosis	ICD-9-CM
416.0	Primary pulmonary hypertension	Diagnosis	ICD-9-CM
416.1	Kyphoscoliotic heart disease	Diagnosis	ICD-9-CM
416.2	Chronic pulmonary embolism	Diagnosis	ICD-9-CM
416.8	Other chronic pulmonary heart diseases	Diagnosis	ICD-9-CM
416.9	Unspecified chronic pulmonary heart disease	Diagnosis	ICD-9-CM
420	Acute pericarditis	Diagnosis	ICD-9-CM
420.0	Acute pericarditis in diseases classified elsewhere	Diagnosis	ICD-9-CM
420.9	Other and unspecified acute pericarditis	Diagnosis	ICD-9-CM
420.90	Unspecified acute pericarditis	Diagnosis	ICD-9-CM
420.91	Acute idiopathic pericarditis	Diagnosis	ICD-9-CM
420.99	Other acute pericarditis	Diagnosis	ICD-9-CM
421	Acute and subacute endocarditis	Diagnosis	ICD-9-CM
421.0	Acute and subacute bacterial endocarditis	Diagnosis	ICD-9-CM
421.1	Acute and subacute infective endocarditis in diseases classified elsewhere	Diagnosis	ICD-9-CM
421.9	Unspecified acute endocarditis	Diagnosis	ICD-9-CM
422	Acute myocarditis	Diagnosis	ICD-9-CM
422.0	Acute myocarditis in diseases classified elsewhere	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
422.9	Other and unspecified acute myocarditis	Diagnosis	ICD-9-CM
422.90	Unspecified acute myocarditis	Diagnosis	ICD-9-CM
422.91	Idiopathic myocarditis	Diagnosis	ICD-9-CM
422.92	Septic myocarditis	Diagnosis	ICD-9-CM
422.93	Toxic myocarditis	Diagnosis	ICD-9-CM
422.99	Other acute myocarditis	Diagnosis	ICD-9-CM
423	Other diseases of pericardium	Diagnosis	ICD-9-CM
423.0	Hemopericardium	Diagnosis	ICD-9-CM
423.1	Adhesive pericarditis	Diagnosis	ICD-9-CM
423.2	Constrictive pericarditis	Diagnosis	ICD-9-CM
423.3	Cardiac tamponade	Diagnosis	ICD-9-CM
423.8	Other specified diseases of pericardium	Diagnosis	ICD-9-CM
423.9	Unspecified disease of pericardium	Diagnosis	ICD-9-CM
424	Other diseases of endocardium	Diagnosis	ICD-9-CM
424.0	Mitral valve disorders	Diagnosis	ICD-9-CM
424.1	Aortic valve disorders	Diagnosis	ICD-9-CM
424.2	Tricuspid valve disorders, specified as nonrheumatic	Diagnosis	ICD-9-CM
424.3	Pulmonary valve disorders	Diagnosis	ICD-9-CM
424.9	Endocarditis, valve unspecified	Diagnosis	ICD-9-CM
424.90	Endocarditis, valve unspecified, unspecified cause	Diagnosis	ICD-9-CM
424.91	Endocarditis in diseases classified elsewhere	Diagnosis	ICD-9-CM
424.99	Other endocarditis, valve unspecified	Diagnosis	ICD-9-CM
425	Cardiomyopathy	Diagnosis	ICD-9-CM
425.0	Endomyocardial fibrosis	Diagnosis	ICD-9-CM
425.1	Hypertrophic cardiomyopathy	Diagnosis	ICD-9-CM
425.11	Hypertrophic obstructive cardiomyopathy	Diagnosis	ICD-9-CM
425.18	Other hypertrophic cardiomyopathy	Diagnosis	ICD-9-CM
425.2	Obscure cardiomyopathy of Africa	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
425.3	Endocardial fibroelastosis	Diagnosis	ICD-9-CM
425.4	Other primary cardiomyopathies	Diagnosis	ICD-9-CM
425.5	Alcoholic cardiomyopathy	Diagnosis	ICD-9-CM
425.7	Nutritional and metabolic cardiomyopathy	Diagnosis	ICD-9-CM
425.8	Cardiomyopathy in other diseases classified elsewhere	Diagnosis	ICD-9-CM
425.9	Unspecified secondary cardiomyopathy	Diagnosis	ICD-9-CM
426	Conduction disorders	Diagnosis	ICD-9-CM
426.0	Atrioventricular block, complete	Diagnosis	ICD-9-CM
426.1	Atrioventricular block, other and unspecified	Diagnosis	ICD-9-CM
426.10	Unspecified atrioventricular block	Diagnosis	ICD-9-CM
426.11	First degree atrioventricular block	Diagnosis	ICD-9-CM
426.12	Mobitz (type) II atrioventricular block	Diagnosis	ICD-9-CM
426.13	Other second degree atrioventricular block	Diagnosis	ICD-9-CM
426.2	Left bundle branch hemiblock	Diagnosis	ICD-9-CM
426.3	Other left bundle branch block	Diagnosis	ICD-9-CM
426.4	Right bundle branch block	Diagnosis	ICD-9-CM
426.5	Bundle branch block, other and unspecified	Diagnosis	ICD-9-CM
426.50	Unspecified bundle branch block	Diagnosis	ICD-9-CM
426.51	Right bundle branch block and left posterior fascicular block	Diagnosis	ICD-9-CM
426.52	Right bundle branch block and left anterior fascicular block	Diagnosis	ICD-9-CM
426.53	Other bilateral bundle branch block	Diagnosis	ICD-9-CM
426.54	Trifascicular block	Diagnosis	ICD-9-CM
426.6	Other heart block	Diagnosis	ICD-9-CM
426.7	Anomalous atrioventricular excitation	Diagnosis	ICD-9-CM
426.8	Other specified conduction disorders	Diagnosis	ICD-9-CM
426.81	Lown-Ganong-Levine syndrome	Diagnosis	ICD-9-CM
426.82	Long QT syndrome	Diagnosis	ICD-9-CM
426.89	Other specified conduction disorder	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
426.9	Unspecified conduction disorder	Diagnosis	ICD-9-CM
427	Cardiac dysrhythmias	Diagnosis	ICD-9-CM
427.0	Paroxysmal supraventricular tachycardia	Diagnosis	ICD-9-CM
427.1	Paroxysmal ventricular tachycardia	Diagnosis	ICD-9-CM
427.2	Unspecified paroxysmal tachycardia	Diagnosis	ICD-9-CM
427.3	Atrial fibrillation and flutter	Diagnosis	ICD-9-CM
427.31	Atrial fibrillation	Diagnosis	ICD-9-CM
427.32	Atrial flutter	Diagnosis	ICD-9-CM
427.4	Ventricular fibrillation and flutter	Diagnosis	ICD-9-CM
427.41	Ventricular fibrillation	Diagnosis	ICD-9-CM
427.42	Ventricular flutter	Diagnosis	ICD-9-CM
427.5	Cardiac arrest	Diagnosis	ICD-9-CM
427.6	Premature beats	Diagnosis	ICD-9-CM
427.60	Unspecified premature beats	Diagnosis	ICD-9-CM
427.61	Supraventricular premature beats	Diagnosis	ICD-9-CM
427.69	Other premature beats	Diagnosis	ICD-9-CM
427.8	Other specified cardiac dysrhythmias	Diagnosis	ICD-9-CM
427.81	Sinoatrial node dysfunction	Diagnosis	ICD-9-CM
427.89	Other specified cardiac dysrhythmias	Diagnosis	ICD-9-CM
427.9	Unspecified cardiac dysrhythmia	Diagnosis	ICD-9-CM
429	Ill-defined descriptions and complications of heart disease	Diagnosis	ICD-9-CM
429.0	Unspecified myocarditis	Diagnosis	ICD-9-CM
429.1	Myocardial degeneration	Diagnosis	ICD-9-CM
429.2	Unspecified cardiovascular disease	Diagnosis	ICD-9-CM
429.3	Cardiomegaly	Diagnosis	ICD-9-CM
429.4	Functional disturbances following cardiac surgery	Diagnosis	ICD-9-CM
429.5	Rupture of chordae tendineae	Diagnosis	ICD-9-CM
429.6	Rupture of papillary muscle	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
429.7	Certain sequelae of myocardial infarction, not elsewhere classified	Diagnosis	ICD-9-CM
429.71	Acquired cardiac septal defect	Diagnosis	ICD-9-CM
429.79	Other certain sequelae of myocardial infarction, not elsewhere classified	Diagnosis	ICD-9-CM
429.8	Other ill-defined heart diseases	Diagnosis	ICD-9-CM
429.81	Other disorders of papillary muscle	Diagnosis	ICD-9-CM
429.82	Hyperkinetic heart disease	Diagnosis	ICD-9-CM
429.83	Takotsubo syndrome	Diagnosis	ICD-9-CM
429.89	Other ill-defined heart disease	Diagnosis	ICD-9-CM
429.9	Unspecified heart disease	Diagnosis	ICD-9-CM
440	Atherosclerosis	Diagnosis	ICD-9-CM
440.0	Atherosclerosis of aorta	Diagnosis	ICD-9-CM
440.1	Atherosclerosis of renal artery	Diagnosis	ICD-9-CM
440.2	Atherosclerosis of native arteries of the extremities	Diagnosis	ICD-9-CM
440.20	Atherosclerosis of native arteries of the extremities, unspecified	Diagnosis	ICD-9-CM
440.21	Atherosclerosis of native arteries of the extremities with intermittent claudication	Diagnosis	ICD-9-CM
440.22	Atherosclerosis of native arteries of the extremities with rest pain	Diagnosis	ICD-9-CM
440.23	Atherosclerosis of native arteries of the extremities with ulceration	Diagnosis	ICD-9-CM
440.24	Atherosclerosis of native arteries of the extremities with gangrene	Diagnosis	ICD-9-CM
440.29	Other atherosclerosis of native arteries of the extremities	Diagnosis	ICD-9-CM
440.3	Atherosclerosis of bypass graft of extremities	Diagnosis	ICD-9-CM
440.30	Atherosclerosis of unspecified bypass graft of extremities	Diagnosis	ICD-9-CM
440.31	Atherosclerosis of autologous vein bypass graft of extremities	Diagnosis	ICD-9-CM
440.32	Atherosclerosis of nonautologous biological bypass graft of extremities	Diagnosis	ICD-9-CM
440.4	Chronic total occlusion of artery of the extremities	Diagnosis	ICD-9-CM
440.8	Atherosclerosis of other specified arteries	Diagnosis	ICD-9-CM
440.9	Generalized and unspecified atherosclerosis	Diagnosis	ICD-9-CM
441	Aortic aneurysm and dissection	Diagnosis	ICD-9-CM
441.0	Dissection of aorta	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
441.00	Dissecting aortic aneurysm (any part), unspecified site	Diagnosis	ICD-9-CM
441.01	Dissecting aortic aneurysm (any part), thoracic	Diagnosis	ICD-9-CM
441.02	Dissecting aortic aneurysm (any part), abdominal	Diagnosis	ICD-9-CM
441.03	Dissecting aortic aneurysm (any part), thoracoabdominal	Diagnosis	ICD-9-CM
441.1	Thoracic aneurysm, ruptured	Diagnosis	ICD-9-CM
441.2	Thoracic aneurysm without mention of rupture	Diagnosis	ICD-9-CM
441.3	Abdominal aneurysm, ruptured	Diagnosis	ICD-9-CM
441.4	Abdominal aneurysm without mention of rupture	Diagnosis	ICD-9-CM
441.5	Aortic aneurysm of unspecified site, ruptured	Diagnosis	ICD-9-CM
441.6	Thoracoabdominal aneurysm, ruptured	Diagnosis	ICD-9-CM
441.7	Thoracoabdominal aneurysm without mention of rupture	Diagnosis	ICD-9-CM
441.9	Aortic aneurysm of unspecified site without mention of rupture	Diagnosis	ICD-9-CM
997.91	Hypertension	Diagnosis	ICD-9-CM
A18.84	Tuberculosis of heart	Diagnosis	ICD-10-CM
A54.83	Gonococcal heart infection	Diagnosis	ICD-10-CM
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
E08.3591	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
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.36	Type 1 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E10.59	Type 1 diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E10.620	Type 1 diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E10.621	Type 1 diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E10.622	Type 1 diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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 edema	Diagnosis	ICD-10-CM
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhexmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.36	Type 2 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.36	Other specified diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E13.44	Other specified diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E13.49	Other specified diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
E78.00	Pure hypercholesterolemia, unspecified	Diagnosis	ICD-10-CM
E78.01	Familial hypercholesterolemia	Diagnosis	ICD-10-CM
E78.1	Pure hyperglyceridemia	Diagnosis	ICD-10-CM
E78.2	Mixed hyperlipidemia	Diagnosis	ICD-10-CM
E78.3	Hyperchylomicronemia	Diagnosis	ICD-10-CM
E78.4	Other hyperlipidemia	Diagnosis	ICD-10-CM
E78.5	Hyperlipidemia, unspecified	Diagnosis	ICD-10-CM
E88.81	Metabolic syndrome	Diagnosis	ICD-10-CM
I01	Rheumatic fever with heart involvement	Diagnosis	ICD-10-CM
I01.0	Acute rheumatic pericarditis	Diagnosis	ICD-10-CM
I01.1	Acute rheumatic endocarditis	Diagnosis	ICD-10-CM
I01.2	Acute rheumatic myocarditis	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I01.8	Other acute rheumatic heart disease	Diagnosis	ICD-10-CM
I01.9	Acute rheumatic heart disease, unspecified	Diagnosis	ICD-10-CM
I02.0	Rheumatic chorea with heart involvement	Diagnosis	ICD-10-CM
I05	Rheumatic mitral valve diseases	Diagnosis	ICD-10-CM
I05.0	Rheumatic mitral stenosis	Diagnosis	ICD-10-CM
I05.1	Rheumatic mitral insufficiency	Diagnosis	ICD-10-CM
I05.2	Rheumatic mitral stenosis with insufficiency	Diagnosis	ICD-10-CM
I05.8	Other rheumatic mitral valve diseases	Diagnosis	ICD-10-CM
I05.9	Rheumatic mitral valve disease, unspecified	Diagnosis	ICD-10-CM
I06	Rheumatic aortic valve diseases	Diagnosis	ICD-10-CM
I06.0	Rheumatic aortic stenosis	Diagnosis	ICD-10-CM
I06.1	Rheumatic aortic insufficiency	Diagnosis	ICD-10-CM
I06.2	Rheumatic aortic stenosis with insufficiency	Diagnosis	ICD-10-CM
I06.8	Other rheumatic aortic valve diseases	Diagnosis	ICD-10-CM
I06.9	Rheumatic aortic valve disease, unspecified	Diagnosis	ICD-10-CM
I07	Rheumatic tricuspid valve diseases	Diagnosis	ICD-10-CM
I07.0	Rheumatic tricuspid stenosis	Diagnosis	ICD-10-CM
I07.1	Rheumatic tricuspid insufficiency	Diagnosis	ICD-10-CM
I07.2	Rheumatic tricuspid stenosis and insufficiency	Diagnosis	ICD-10-CM
I07.8	Other rheumatic tricuspid valve diseases	Diagnosis	ICD-10-CM
I07.9	Rheumatic tricuspid valve disease, unspecified	Diagnosis	ICD-10-CM
I08	Multiple valve diseases	Diagnosis	ICD-10-CM
I08.0	Rheumatic disorders of both mitral and aortic valves	Diagnosis	ICD-10-CM
I08.1	Rheumatic disorders of both mitral and tricuspid valves	Diagnosis	ICD-10-CM
I08.2	Rheumatic disorders of both aortic and tricuspid valves	Diagnosis	ICD-10-CM
I08.3	Combined rheumatic disorders of mitral, aortic and tricuspid valves	Diagnosis	ICD-10-CM
I08.8	Other rheumatic multiple valve diseases	Diagnosis	ICD-10-CM
I08.9	Rheumatic multiple valve disease, unspecified	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I09	Other rheumatic heart diseases	Diagnosis	ICD-10-CM
I09.0	Rheumatic myocarditis	Diagnosis	ICD-10-CM
I09.1	Rheumatic diseases of endocardium, valve unspecified	Diagnosis	ICD-10-CM
I09.2	Chronic rheumatic pericarditis	Diagnosis	ICD-10-CM
I09.8	Other specified rheumatic heart diseases	Diagnosis	ICD-10-CM
I09.81	Rheumatic heart failure	Diagnosis	ICD-10-CM
I09.89	Other specified rheumatic heart diseases	Diagnosis	ICD-10-CM
I09.9	Rheumatic heart disease, unspecified	Diagnosis	ICD-10-CM
I10	Essential (primary) hypertension	Diagnosis	ICD-10-CM
I11	Hypertensive heart disease	Diagnosis	ICD-10-CM
I11.0	Hypertensive heart disease with heart failure	Diagnosis	ICD-10-CM
I11.9	Hypertensive heart disease without heart failure	Diagnosis	ICD-10-CM
I12	Hypertensive chronic kidney disease	Diagnosis	ICD-10-CM
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage 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	Hypertensive heart and chronic kidney disease	Diagnosis	ICD-10-CM
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I13.1	Hypertensive heart and chronic kidney disease without heart failure	Diagnosis	ICD-10-CM
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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	Secondary hypertension	Diagnosis	ICD-10-CM
I15.0	Renovascular hypertension	Diagnosis	ICD-10-CM
I15.1	Hypertension secondary to other renal disorders	Diagnosis	ICD-10-CM
I15.2	Hypertension secondary to endocrine disorders	Diagnosis	ICD-10-CM
I15.8	Other secondary hypertension	Diagnosis	ICD-10-CM
I15.9	Secondary hypertension, unspecified	Diagnosis	ICD-10-CM
I16	Hypertensive crisis	Diagnosis	ICD-10-CM
I16.0	Hypertensive urgency	Diagnosis	ICD-10-CM
I16.1	Hypertensive emergency	Diagnosis	ICD-10-CM
I16.9	Hypertensive crisis, unspecified	Diagnosis	ICD-10-CM
I20	Angina pectoris	Diagnosis	ICD-10-CM
I20.0	Unstable angina	Diagnosis	ICD-10-CM
I20.1	Angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I20.8	Other forms of angina pectoris	Diagnosis	ICD-10-CM
I20.9	Angina pectoris, unspecified	Diagnosis	ICD-10-CM
I21	Acute myocardial infarction	Diagnosis	ICD-10-CM
I21.0	ST elevation (STEMI) myocardial infarction of anterior wall	Diagnosis	ICD-10-CM
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery	Diagnosis	ICD-10-CM
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery	Diagnosis	ICD-10-CM
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I21.1	ST elevation (STEMI) myocardial infarction of inferior wall	Diagnosis	ICD-10-CM
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery	Diagnosis	ICD-10-CM
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall	Diagnosis	ICD-10-CM
I21.2	ST elevation (STEMI) myocardial infarction of other sites	Diagnosis	ICD-10-CM
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery	Diagnosis	ICD-10-CM
I21.29	ST elevation (STEMI) myocardial infarction involving other sites	Diagnosis	ICD-10-CM
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I21.9	Acute myocardial infarction, unspecified	Diagnosis	ICD-10-CM
I21.A	Other type of myocardial infarction	Diagnosis	ICD-10-CM
I21.A1	Myocardial infarction type 2	Diagnosis	ICD-10-CM
I21.A9	Other myocardial infarction type	Diagnosis	ICD-10-CM
I22	Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall	Diagnosis	ICD-10-CM
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall	Diagnosis	ICD-10-CM
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites	Diagnosis	ICD-10-CM
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
I23	Certain current complications following ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction (within the 28 day period)	Diagnosis	ICD-10-CM
I23.0	Hemopericardium as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.1	Atrial septal defect as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.2	Ventricular septal defect as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I23.3	Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.4	Rupture of chordae tendineae as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.5	Rupture of papillary muscle as current complication following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.6	Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction	Diagnosis	ICD-10-CM
I23.7	Postinfarction angina	Diagnosis	ICD-10-CM
I23.8	Other current complications following acute myocardial infarction	Diagnosis	ICD-10-CM
I24	Other acute ischemic heart diseases	Diagnosis	ICD-10-CM
I24.0	Acute coronary thrombosis not resulting in myocardial infarction	Diagnosis	ICD-10-CM
I24.1	Dressler's syndrome	Diagnosis	ICD-10-CM
I24.8	Other forms of acute ischemic heart disease	Diagnosis	ICD-10-CM
I24.9	Acute ischemic heart disease, unspecified	Diagnosis	ICD-10-CM
I25	Chronic ischemic heart disease	Diagnosis	ICD-10-CM
I25.1	Atherosclerotic heart disease of native coronary artery	Diagnosis	ICD-10-CM
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	Diagnosis	ICD-10-CM
I25.11	Atherosclerotic heart disease of native coronary artery with angina pectoris	Diagnosis	ICD-10-CM
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I25.2	Old myocardial infarction	Diagnosis	ICD-10-CM
I25.3	Aneurysm of heart	Diagnosis	ICD-10-CM
I25.4	Coronary artery aneurysm and dissection	Diagnosis	ICD-10-CM
I25.41	Coronary artery aneurysm	Diagnosis	ICD-10-CM
I25.42	Coronary artery dissection	Diagnosis	ICD-10-CM
I25.5	Ischemic cardiomyopathy	Diagnosis	ICD-10-CM
I25.6	Silent myocardial ischemia	Diagnosis	ICD-10-CM
I25.7	Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris	Diagnosis	ICD-10-CM
I25.70	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris	Diagnosis	ICD-10-CM
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.71	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris	Diagnosis	ICD-10-CM
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I25.72	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris	Diagnosis	ICD-10-CM
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.73	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris	Diagnosis	ICD-10-CM
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.75	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris	Diagnosis	ICD-10-CM
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.76	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris	Diagnosis	ICD-10-CM
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.79	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris	Diagnosis	ICD-10-CM
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris	Diagnosis	ICD-10-CM
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25.8	Other forms of chronic ischemic heart disease	Diagnosis	ICD-10-CM
I25.81	Atherosclerosis of other coronary vessels without angina pectoris	Diagnosis	ICD-10-CM
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris	Diagnosis	ICD-10-CM
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris	Diagnosis	ICD-10-CM
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris	Diagnosis	ICD-10-CM
I25.82	Chronic total occlusion of coronary artery	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I25.83	Coronary atherosclerosis due to lipid rich plaque	Diagnosis	ICD-10-CM
I25.84	Coronary atherosclerosis due to calcified coronary lesion	Diagnosis	ICD-10-CM
I25.89	Other forms of chronic ischemic heart disease	Diagnosis	ICD-10-CM
I25.9	Chronic ischemic heart disease, unspecified	Diagnosis	ICD-10-CM
I26	Pulmonary embolism	Diagnosis	ICD-10-CM
I26.0	Pulmonary embolism with acute cor pulmonale	Diagnosis	ICD-10-CM
I26.01	Septic pulmonary embolism with acute cor pulmonale	Diagnosis	ICD-10-CM
I26.02	Saddle embolus of pulmonary artery with acute cor pulmonale	Diagnosis	ICD-10-CM
I26.09	Other pulmonary embolism with acute cor pulmonale	Diagnosis	ICD-10-CM
I26.9	Pulmonary embolism without acute cor pulmonale	Diagnosis	ICD-10-CM
I26.90	Septic pulmonary embolism without acute cor pulmonale	Diagnosis	ICD-10-CM
I26.92	Saddle embolus of pulmonary artery without acute cor pulmonale	Diagnosis	ICD-10-CM
I26.99	Other pulmonary embolism without acute cor pulmonale	Diagnosis	ICD-10-CM
I27	Other pulmonary heart diseases	Diagnosis	ICD-10-CM
I27.0	Primary pulmonary hypertension	Diagnosis	ICD-10-CM
I27.1	Kyphoscoliotic heart disease	Diagnosis	ICD-10-CM
I27.2	Other secondary pulmonary hypertension	Diagnosis	ICD-10-CM
I27.20	Pulmonary hypertension, unspecified	Diagnosis	ICD-10-CM
I27.21	Secondary pulmonary arterial hypertension	Diagnosis	ICD-10-CM
I27.22	Pulmonary hypertension due to left heart disease	Diagnosis	ICD-10-CM
I27.23	Pulmonary hypertension due to lung diseases and hypoxia	Diagnosis	ICD-10-CM
I27.24	Chronic thromboembolic pulmonary hypertension	Diagnosis	ICD-10-CM
I27.29	Other secondary pulmonary hypertension	Diagnosis	ICD-10-CM
I27.8	Other specified pulmonary heart diseases	Diagnosis	ICD-10-CM
I27.81	Cor pulmonale (chronic)	Diagnosis	ICD-10-CM
I27.82	Chronic pulmonary embolism	Diagnosis	ICD-10-CM
I27.83	Eisenmenger's syndrome	Diagnosis	ICD-10-CM
I27.89	Other specified pulmonary heart diseases	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I27.9	Pulmonary heart disease, unspecified	Diagnosis	ICD-10-CM
I28	Other diseases of pulmonary vessels	Diagnosis	ICD-10-CM
I28.0	Arteriovenous fistula of pulmonary vessels	Diagnosis	ICD-10-CM
I28.1	Aneurysm of pulmonary artery	Diagnosis	ICD-10-CM
I28.8	Other diseases of pulmonary vessels	Diagnosis	ICD-10-CM
I28.9	Disease of pulmonary vessels, unspecified	Diagnosis	ICD-10-CM
I30	Acute pericarditis	Diagnosis	ICD-10-CM
I30.0	Acute nonspecific idiopathic pericarditis	Diagnosis	ICD-10-CM
I30.1	Infective pericarditis	Diagnosis	ICD-10-CM
I30.8	Other forms of acute pericarditis	Diagnosis	ICD-10-CM
I30.9	Acute pericarditis, unspecified	Diagnosis	ICD-10-CM
I31	Other diseases of pericardium	Diagnosis	ICD-10-CM
I31.0	Chronic adhesive pericarditis	Diagnosis	ICD-10-CM
I31.1	Chronic constrictive pericarditis	Diagnosis	ICD-10-CM
I31.2	Hemopericardium, not elsewhere classified	Diagnosis	ICD-10-CM
I31.3	Pericardial effusion (noninflammatory)	Diagnosis	ICD-10-CM
I31.4	Cardiac tamponade	Diagnosis	ICD-10-CM
I31.8	Other specified diseases of pericardium	Diagnosis	ICD-10-CM
I31.9	Disease of pericardium, unspecified	Diagnosis	ICD-10-CM
I32	Pericarditis in diseases classified elsewhere	Diagnosis	ICD-10-CM
I33	Acute and subacute endocarditis	Diagnosis	ICD-10-CM
I33.0	Acute and subacute infective endocarditis	Diagnosis	ICD-10-CM
I33.9	Acute and subacute endocarditis, unspecified	Diagnosis	ICD-10-CM
I34	Nonrheumatic mitral valve disorders	Diagnosis	ICD-10-CM
I34.0	Nonrheumatic mitral (valve) insufficiency	Diagnosis	ICD-10-CM
I34.1	Nonrheumatic mitral (valve) prolapse	Diagnosis	ICD-10-CM
I34.2	Nonrheumatic mitral (valve) stenosis	Diagnosis	ICD-10-CM
I34.8	Other nonrheumatic mitral valve disorders	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I34.9	Nonrheumatic mitral valve disorder, unspecified	Diagnosis	ICD-10-CM
I35	Nonrheumatic aortic valve disorders	Diagnosis	ICD-10-CM
I35.0	Nonrheumatic aortic (valve) stenosis	Diagnosis	ICD-10-CM
I35.1	Nonrheumatic aortic (valve) insufficiency	Diagnosis	ICD-10-CM
I35.2	Nonrheumatic aortic (valve) stenosis with insufficiency	Diagnosis	ICD-10-CM
I35.8	Other nonrheumatic aortic valve disorders	Diagnosis	ICD-10-CM
I35.9	Nonrheumatic aortic valve disorder, unspecified	Diagnosis	ICD-10-CM
I36	Nonrheumatic tricuspid valve disorders	Diagnosis	ICD-10-CM
I36.0	Nonrheumatic tricuspid (valve) stenosis	Diagnosis	ICD-10-CM
I36.1	Nonrheumatic tricuspid (valve) insufficiency	Diagnosis	ICD-10-CM
I36.2	Nonrheumatic tricuspid (valve) stenosis with insufficiency	Diagnosis	ICD-10-CM
I36.8	Other nonrheumatic tricuspid valve disorders	Diagnosis	ICD-10-CM
I36.9	Nonrheumatic tricuspid valve disorder, unspecified	Diagnosis	ICD-10-CM
I37	Nonrheumatic pulmonary valve disorders	Diagnosis	ICD-10-CM
I37.0	Nonrheumatic pulmonary valve stenosis	Diagnosis	ICD-10-CM
I37.1	Nonrheumatic pulmonary valve insufficiency	Diagnosis	ICD-10-CM
I37.2	Nonrheumatic pulmonary valve stenosis with insufficiency	Diagnosis	ICD-10-CM
I37.8	Other nonrheumatic pulmonary valve disorders	Diagnosis	ICD-10-CM
I37.9	Nonrheumatic pulmonary valve disorder, unspecified	Diagnosis	ICD-10-CM
I38	Endocarditis, valve unspecified	Diagnosis	ICD-10-CM
I39	Endocarditis and heart valve disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
I40	Acute myocarditis	Diagnosis	ICD-10-CM
I40.0	Infective myocarditis	Diagnosis	ICD-10-CM
I40.1	Isolated myocarditis	Diagnosis	ICD-10-CM
I40.8	Other acute myocarditis	Diagnosis	ICD-10-CM
I40.9	Acute myocarditis, unspecified	Diagnosis	ICD-10-CM
I41	Myocarditis in diseases classified elsewhere	Diagnosis	ICD-10-CM
I42	Cardiomyopathy	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I42.0	Dilated cardiomyopathy	Diagnosis	ICD-10-CM
I42.1	Obstructive hypertrophic cardiomyopathy	Diagnosis	ICD-10-CM
I42.2	Other hypertrophic cardiomyopathy	Diagnosis	ICD-10-CM
I42.3	Endomyocardial (eosinophilic) disease	Diagnosis	ICD-10-CM
I42.4	Endocardial fibroelastosis	Diagnosis	ICD-10-CM
I42.5	Other restrictive cardiomyopathy	Diagnosis	ICD-10-CM
I42.6	Alcoholic cardiomyopathy	Diagnosis	ICD-10-CM
I42.7	Cardiomyopathy due to drug and external agent	Diagnosis	ICD-10-CM
I42.8	Other cardiomyopathies	Diagnosis	ICD-10-CM
I42.9	Cardiomyopathy, unspecified	Diagnosis	ICD-10-CM
I43	Cardiomyopathy in diseases classified elsewhere	Diagnosis	ICD-10-CM
I44	Atrioventricular and left bundle-branch block	Diagnosis	ICD-10-CM
I44.0	Atrioventricular block, first degree	Diagnosis	ICD-10-CM
I44.1	Atrioventricular block, second degree	Diagnosis	ICD-10-CM
I44.2	Atrioventricular block, complete	Diagnosis	ICD-10-CM
I44.3	Other and unspecified atrioventricular block	Diagnosis	ICD-10-CM
I44.30	Unspecified atrioventricular block	Diagnosis	ICD-10-CM
I44.39	Other atrioventricular block	Diagnosis	ICD-10-CM
I44.4	Left anterior fascicular block	Diagnosis	ICD-10-CM
I44.5	Left posterior fascicular block	Diagnosis	ICD-10-CM
I44.6	Other and unspecified fascicular block	Diagnosis	ICD-10-CM
I44.60	Unspecified fascicular block	Diagnosis	ICD-10-CM
I44.69	Other fascicular block	Diagnosis	ICD-10-CM
I44.7	Left bundle-branch block, unspecified	Diagnosis	ICD-10-CM
I45	Other conduction disorders	Diagnosis	ICD-10-CM
I45.0	Right fascicular block	Diagnosis	ICD-10-CM
I45.1	Other and unspecified right bundle-branch block	Diagnosis	ICD-10-CM
I45.10	Unspecified right bundle-branch block	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I45.19	Other right bundle-branch block	Diagnosis	ICD-10-CM
I45.2	Bifascicular block	Diagnosis	ICD-10-CM
I45.3	Trifascicular block	Diagnosis	ICD-10-CM
I45.4	Nonspecific intraventricular block	Diagnosis	ICD-10-CM
I45.5	Other specified heart block	Diagnosis	ICD-10-CM
I45.6	Pre-excitation syndrome	Diagnosis	ICD-10-CM
I45.8	Other specified conduction disorders	Diagnosis	ICD-10-CM
I45.81	Long QT syndrome	Diagnosis	ICD-10-CM
I45.89	Other specified conduction disorders	Diagnosis	ICD-10-CM
I45.9	Conduction disorder, unspecified	Diagnosis	ICD-10-CM
I46	Cardiac arrest	Diagnosis	ICD-10-CM
I46.2	Cardiac arrest due to underlying cardiac condition	Diagnosis	ICD-10-CM
I46.8	Cardiac arrest due to other underlying condition	Diagnosis	ICD-10-CM
I46.9	Cardiac arrest, cause unspecified	Diagnosis	ICD-10-CM
I47	Paroxysmal tachycardia	Diagnosis	ICD-10-CM
I47.0	Re-entry ventricular arrhythmia	Diagnosis	ICD-10-CM
I47.1	Supraventricular tachycardia	Diagnosis	ICD-10-CM
I47.2	Ventricular tachycardia	Diagnosis	ICD-10-CM
I47.9	Paroxysmal tachycardia, unspecified	Diagnosis	ICD-10-CM
I48	Atrial fibrillation and flutter	Diagnosis	ICD-10-CM
I48.0	Paroxysmal atrial fibrillation	Diagnosis	ICD-10-CM
I48.1	Persistent atrial fibrillation	Diagnosis	ICD-10-CM
I48.2	Chronic atrial fibrillation	Diagnosis	ICD-10-CM
I48.3	Typical atrial flutter	Diagnosis	ICD-10-CM
I48.4	Atypical atrial flutter	Diagnosis	ICD-10-CM
I48.9	Unspecified atrial fibrillation and atrial flutter	Diagnosis	ICD-10-CM
I48.91	Unspecified atrial fibrillation	Diagnosis	ICD-10-CM
I48.92	Unspecified atrial flutter	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I49	Other cardiac arrhythmias	Diagnosis	ICD-10-CM
I49.0	Ventricular fibrillation and flutter	Diagnosis	ICD-10-CM
I49.01	Ventricular fibrillation	Diagnosis	ICD-10-CM
I49.02	Ventricular flutter	Diagnosis	ICD-10-CM
I49.1	Atrial premature depolarization	Diagnosis	ICD-10-CM
I49.2	Junctional premature depolarization	Diagnosis	ICD-10-CM
I49.3	Ventricular premature depolarization	Diagnosis	ICD-10-CM
I49.4	Other and unspecified premature depolarization	Diagnosis	ICD-10-CM
I49.40	Unspecified premature depolarization	Diagnosis	ICD-10-CM
I49.49	Other premature depolarization	Diagnosis	ICD-10-CM
I49.5	Sick sinus syndrome	Diagnosis	ICD-10-CM
I49.8	Other specified cardiac arrhythmias	Diagnosis	ICD-10-CM
I49.9	Cardiac arrhythmia, unspecified	Diagnosis	ICD-10-CM
I50	Heart failure	Diagnosis	ICD-10-CM
I50.1	Left ventricular failure, unspecified	Diagnosis	ICD-10-CM
I50.2	Systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.20	Unspecified systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.21	Acute systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.22	Chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.23	Acute on chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.3	Diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.30	Unspecified diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.31	Acute diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.32	Chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.33	Acute on chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.4	Combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.8	Other heart failure	Diagnosis	ICD-10-CM
I50.81	Right heart failure	Diagnosis	ICD-10-CM
I50.810	Right heart failure, unspecified	Diagnosis	ICD-10-CM
I50.811	Acute right heart failure	Diagnosis	ICD-10-CM
I50.812	Chronic right heart failure	Diagnosis	ICD-10-CM
I50.813	Acute on chronic right heart failure	Diagnosis	ICD-10-CM
I50.814	Right heart failure due to left heart failure	Diagnosis	ICD-10-CM
I50.82	Biventricular heart failure	Diagnosis	ICD-10-CM
I50.83	High output heart failure	Diagnosis	ICD-10-CM
I50.84	End stage heart failure	Diagnosis	ICD-10-CM
I50.89	Other heart failure	Diagnosis	ICD-10-CM
I50.9	Heart failure, unspecified	Diagnosis	ICD-10-CM
I51	Complications and ill-defined descriptions of heart disease	Diagnosis	ICD-10-CM
I51.0	Cardiac septal defect, acquired	Diagnosis	ICD-10-CM
I51.1	Rupture of chordae tendineae, not elsewhere classified	Diagnosis	ICD-10-CM
I51.2	Rupture of papillary muscle, not elsewhere classified	Diagnosis	ICD-10-CM
I51.3	Intracardiac thrombosis, not elsewhere classified	Diagnosis	ICD-10-CM
I51.4	Myocarditis, unspecified	Diagnosis	ICD-10-CM
I51.5	Myocardial degeneration	Diagnosis	ICD-10-CM
I51.7	Cardiomegaly	Diagnosis	ICD-10-CM
I51.8	Other ill-defined heart diseases	Diagnosis	ICD-10-CM
I51.81	Takotsubo syndrome	Diagnosis	ICD-10-CM
I51.89	Other ill-defined heart diseases	Diagnosis	ICD-10-CM
I51.9	Heart disease, unspecified	Diagnosis	ICD-10-CM
I52	Other heart disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70	Atherosclerosis	Diagnosis	ICD-10-CM
I70.0	Atherosclerosis of aorta	Diagnosis	ICD-10-CM
I70.1	Atherosclerosis of renal artery	Diagnosis	ICD-10-CM
I70.2	Atherosclerosis of native arteries of the extremities	Diagnosis	ICD-10-CM
I70.20	Unspecified atherosclerosis of native arteries of extremities	Diagnosis	ICD-10-CM
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg	Diagnosis	ICD-10-CM
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg	Diagnosis	ICD-10-CM
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity	Diagnosis	ICD-10-CM
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.21	Atherosclerosis of native arteries of extremities with intermittent claudication	Diagnosis	ICD-10-CM
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.22	Atherosclerosis of native arteries of extremities with rest pain	Diagnosis	ICD-10-CM
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity	Diagnosis	ICD-10-CM
I70.23	Atherosclerosis of native arteries of right leg with ulceration	Diagnosis	ICD-10-CM
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.24	Atherosclerosis of native arteries of left leg with ulceration	Diagnosis	ICD-10-CM
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.25	Atherosclerosis of native arteries of other extremities with ulceration	Diagnosis	ICD-10-CM
I70.26	Atherosclerosis of native arteries of extremities with gangrene	Diagnosis	ICD-10-CM
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.29	Other atherosclerosis of native arteries of extremities	Diagnosis	ICD-10-CM
I70.291	Other atherosclerosis of native arteries of extremities, right leg	Diagnosis	ICD-10-CM
I70.292	Other atherosclerosis of native arteries of extremities, left leg	Diagnosis	ICD-10-CM
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.298	Other atherosclerosis of native arteries of extremities, other extremity	Diagnosis	ICD-10-CM
I70.299	Other atherosclerosis of native arteries of extremities, unspecified extremity	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.3	Atherosclerosis of unspecified type of bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.30	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.31	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication	Diagnosis	ICD-10-CM
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.32	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity	Diagnosis	ICD-10-CM
I70.33	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.34	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.36	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.39	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.4	Atherosclerosis of autologous vein bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.40	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.41	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication	Diagnosis	ICD-10-CM
I70.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM
I70.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.42	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain	Diagnosis	ICD-10-CM
I70.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity	Diagnosis	ICD-10-CM
I70.43	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.44	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.46	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.49	Other atherosclerosis of autologous vein bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.5	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.50	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.51	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities intermittent claudication	Diagnosis	ICD-10-CM
I70.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM
I70.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.52	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain	Diagnosis	ICD-10-CM
I70.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity	Diagnosis	ICD-10-CM
I70.53	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.54	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.56	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.59	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.6	Atherosclerosis of nonbiological bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.60	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.61	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication	Diagnosis	ICD-10-CM
I70.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM
I70.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM
I70.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.62	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain	Diagnosis	ICD-10-CM
I70.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg	Diagnosis	ICD-10-CM
I70.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity	Diagnosis	ICD-10-CM
I70.63	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.64	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.66	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.69	Other atherosclerosis of nonbiological bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.7	Atherosclerosis of other type of bypass graft(s) of the extremities	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.70	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.71	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication	Diagnosis	ICD-10-CM
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg	Diagnosis	ICD-10-CM
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg	Diagnosis	ICD-10-CM
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs	Diagnosis	ICD-10-CM
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity	Diagnosis	ICD-10-CM
I70.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	Diagnosis	ICD-10-CM
I70.72	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain	Diagnosis	ICD-10-CM
I70.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg	Diagnosis	ICD-10-CM
I70.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs	Diagnosis	ICD-10-CM
I70.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity	Diagnosis	ICD-10-CM
I70.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity	Diagnosis	ICD-10-CM
I70.73	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.74	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.76	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.79	Other atherosclerosis of other type of bypass graft(s) of the extremities	Diagnosis	ICD-10-CM
I70.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg	Diagnosis	ICD-10-CM
I70.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg	Diagnosis	ICD-10-CM
I70.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	Diagnosis	ICD-10-CM
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	Diagnosis	ICD-10-CM
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	Diagnosis	ICD-10-CM
I70.8	Atherosclerosis of other arteries	Diagnosis	ICD-10-CM
I70.9	Other and unspecified atherosclerosis	Diagnosis	ICD-10-CM
I70.90	Unspecified atherosclerosis	Diagnosis	ICD-10-CM
I70.91	Generalized atherosclerosis	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I70.92	Chronic total occlusion of artery of the extremities	Diagnosis	ICD-10-CM
I71	Aortic aneurysm and dissection	Diagnosis	ICD-10-CM
I71.0	Dissection of aorta	Diagnosis	ICD-10-CM
I71.00	Dissection of unspecified site of aorta	Diagnosis	ICD-10-CM
I71.01	Dissection of thoracic aorta	Diagnosis	ICD-10-CM
I71.02	Dissection of abdominal aorta	Diagnosis	ICD-10-CM
I71.03	Dissection of thoracoabdominal aorta	Diagnosis	ICD-10-CM
I71.1	Thoracic aortic aneurysm, ruptured	Diagnosis	ICD-10-CM
I71.2	Thoracic aortic aneurysm, without rupture	Diagnosis	ICD-10-CM
I71.3	Abdominal aortic aneurysm, ruptured	Diagnosis	ICD-10-CM
I71.4	Abdominal aortic aneurysm, without rupture	Diagnosis	ICD-10-CM
I71.5	Thoracoabdominal aortic aneurysm, ruptured	Diagnosis	ICD-10-CM
I71.6	Thoracoabdominal aortic aneurysm, without rupture	Diagnosis	ICD-10-CM
I71.8	Aortic aneurysm of unspecified site, ruptured	Diagnosis	ICD-10-CM
I71.9	Aortic aneurysm of unspecified site, without rupture	Diagnosis	ICD-10-CM
I72	Other aneurysm	Diagnosis	ICD-10-CM
I72.0	Aneurysm of carotid artery	Diagnosis	ICD-10-CM
I72.1	Aneurysm of artery of upper extremity	Diagnosis	ICD-10-CM
I72.2	Aneurysm of renal artery	Diagnosis	ICD-10-CM
I72.3	Aneurysm of iliac artery	Diagnosis	ICD-10-CM
I72.4	Aneurysm of artery of lower extremity	Diagnosis	ICD-10-CM
I72.5	Aneurysm of other precerebral arteries	Diagnosis	ICD-10-CM
I72.6	Aneurysm of vertebral artery	Diagnosis	ICD-10-CM
I72.8	Aneurysm of other specified arteries	Diagnosis	ICD-10-CM
I72.9	Aneurysm of unspecified site	Diagnosis	ICD-10-CM
I73	Other peripheral vascular diseases	Diagnosis	ICD-10-CM
I73.0	Raynaud's syndrome	Diagnosis	ICD-10-CM
I73.00	Raynaud's syndrome without gangrene	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I73.01	Raynaud's syndrome with gangrene	Diagnosis	ICD-10-CM
I73.1	Thromboangiitis obliterans [Buerger's disease]	Diagnosis	ICD-10-CM
I73.8	Other specified peripheral vascular diseases	Diagnosis	ICD-10-CM
I73.81	Erythromelalgia	Diagnosis	ICD-10-CM
I73.89	Other specified peripheral vascular diseases	Diagnosis	ICD-10-CM
I73.9	Peripheral vascular disease, unspecified	Diagnosis	ICD-10-CM
I74	Arterial embolism and thrombosis	Diagnosis	ICD-10-CM
I74.0	Embolism and thrombosis of abdominal aorta	Diagnosis	ICD-10-CM
I74.01	Saddle embolus of abdominal aorta	Diagnosis	ICD-10-CM
I74.09	Other arterial embolism and thrombosis of abdominal aorta	Diagnosis	ICD-10-CM
I74.1	Embolism and thrombosis of other and unspecified parts of aorta	Diagnosis	ICD-10-CM
I74.10	Embolism and thrombosis of unspecified parts of aorta	Diagnosis	ICD-10-CM
I74.11	Embolism and thrombosis of thoracic aorta	Diagnosis	ICD-10-CM
I74.19	Embolism and thrombosis of other parts of aorta	Diagnosis	ICD-10-CM
I74.2	Embolism and thrombosis of arteries of the upper extremities	Diagnosis	ICD-10-CM
I74.3	Embolism and thrombosis of arteries of the lower extremities	Diagnosis	ICD-10-CM
I74.4	Embolism and thrombosis of arteries of extremities, unspecified	Diagnosis	ICD-10-CM
I74.5	Embolism and thrombosis of iliac artery	Diagnosis	ICD-10-CM
I74.8	Embolism and thrombosis of other arteries	Diagnosis	ICD-10-CM
I74.9	Embolism and thrombosis of unspecified artery	Diagnosis	ICD-10-CM
I75	Atheroembolism	Diagnosis	ICD-10-CM
I75.0	Atheroembolism of extremities	Diagnosis	ICD-10-CM
I75.01	Atheroembolism of upper extremity	Diagnosis	ICD-10-CM
I75.011	Atheroembolism of right upper extremity	Diagnosis	ICD-10-CM
I75.012	Atheroembolism of left upper extremity	Diagnosis	ICD-10-CM
I75.013	Atheroembolism of bilateral upper extremities	Diagnosis	ICD-10-CM
I75.019	Atheroembolism of unspecified upper extremity	Diagnosis	ICD-10-CM
I75.02	Atheroembolism of lower extremity	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I75.021	Atheroembolism of right lower extremity	Diagnosis	ICD-10-CM
I75.022	Atheroembolism of left lower extremity	Diagnosis	ICD-10-CM
I75.023	Atheroembolism of bilateral lower extremities	Diagnosis	ICD-10-CM
I75.029	Atheroembolism of unspecified lower extremity	Diagnosis	ICD-10-CM
I75.8	Atheroembolism of other sites	Diagnosis	ICD-10-CM
I75.81	Atheroembolism of kidney	Diagnosis	ICD-10-CM
I75.89	Atheroembolism of other site	Diagnosis	ICD-10-CM
I76	Septic arterial embolism	Diagnosis	ICD-10-CM
I77	Other disorders of arteries and arterioles	Diagnosis	ICD-10-CM
I77.0	Arteriovenous fistula, acquired	Diagnosis	ICD-10-CM
I77.1	Stricture of artery	Diagnosis	ICD-10-CM
I77.2	Rupture of artery	Diagnosis	ICD-10-CM
I77.3	Arterial fibromuscular dysplasia	Diagnosis	ICD-10-CM
I77.4	Celiac artery compression syndrome	Diagnosis	ICD-10-CM
I77.5	Necrosis of artery	Diagnosis	ICD-10-CM
I77.6	Arteritis, unspecified	Diagnosis	ICD-10-CM
I77.7	Other arterial dissection	Diagnosis	ICD-10-CM
I77.70	Dissection of unspecified artery	Diagnosis	ICD-10-CM
I77.71	Dissection of carotid artery	Diagnosis	ICD-10-CM
I77.72	Dissection of iliac artery	Diagnosis	ICD-10-CM
I77.73	Dissection of renal artery	Diagnosis	ICD-10-CM
I77.74	Dissection of vertebral artery	Diagnosis	ICD-10-CM
I77.75	Dissection of other precerebral arteries	Diagnosis	ICD-10-CM
I77.76	Dissection of artery of upper extremity	Diagnosis	ICD-10-CM
I77.77	Dissection of artery of lower extremity	Diagnosis	ICD-10-CM
I77.79	Dissection of other specified artery	Diagnosis	ICD-10-CM
I77.8	Other specified disorders of arteries and arterioles	Diagnosis	ICD-10-CM
I77.81	Aortic ectasia	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I77.810	Thoracic aortic ectasia	Diagnosis	ICD-10-CM
I77.811	Abdominal aortic ectasia	Diagnosis	ICD-10-CM
I77.812	Thoracoabdominal aortic ectasia	Diagnosis	ICD-10-CM
I77.819	Aortic ectasia, unspecified site	Diagnosis	ICD-10-CM
I77.89	Other specified disorders of arteries and arterioles	Diagnosis	ICD-10-CM
I77.9	Disorder of arteries and arterioles, unspecified	Diagnosis	ICD-10-CM
I78	Diseases of capillaries	Diagnosis	ICD-10-CM
I78.0	Hereditary hemorrhagic telangiectasia	Diagnosis	ICD-10-CM
I78.1	Nevus, non-neoplastic	Diagnosis	ICD-10-CM
I78.8	Other diseases of capillaries	Diagnosis	ICD-10-CM
I78.9	Disease of capillaries, unspecified	Diagnosis	ICD-10-CM
I79	Disorders of arteries, arterioles and capillaries in diseases classified elsewhere	Diagnosis	ICD-10-CM
I79.0	Aneurysm of aorta in diseases classified elsewhere	Diagnosis	ICD-10-CM
I79.1	Aortitis in diseases classified elsewhere	Diagnosis	ICD-10-CM
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere	Diagnosis	ICD-10-CM
I95	Hypotension	Diagnosis	ICD-10-CM
I95.0	Idiopathic hypotension	Diagnosis	ICD-10-CM
I95.1	Orthostatic hypotension	Diagnosis	ICD-10-CM
I95.2	Hypotension due to drugs	Diagnosis	ICD-10-CM
I95.3	Hypotension of hemodialysis	Diagnosis	ICD-10-CM
I95.8	Other hypotension	Diagnosis	ICD-10-CM
I95.81	Postprocedural hypotension	Diagnosis	ICD-10-CM
I95.89	Other hypotension	Diagnosis	ICD-10-CM
I95.9	Hypotension, unspecified	Diagnosis	ICD-10-CM
I97	Intraoperative and postprocedural complications and disorders of circulatory system, not elsewhere classified	Diagnosis	ICD-10-CM
I97.0	Postcardiotomy syndrome	Diagnosis	ICD-10-CM
I97.1	Other postprocedural cardiac functional disturbances	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I97.11	Postprocedural cardiac insufficiency	Diagnosis	ICD-10-CM
I97.110	Postprocedural cardiac insufficiency following cardiac surgery	Diagnosis	ICD-10-CM
I97.111	Postprocedural cardiac insufficiency following other surgery	Diagnosis	ICD-10-CM
I97.12	Postprocedural cardiac arrest	Diagnosis	ICD-10-CM
I97.120	Postprocedural cardiac arrest following cardiac surgery	Diagnosis	ICD-10-CM
I97.121	Postprocedural cardiac arrest following other surgery	Diagnosis	ICD-10-CM
I97.13	Postprocedural heart failure	Diagnosis	ICD-10-CM
I97.130	Postprocedural heart failure following cardiac surgery	Diagnosis	ICD-10-CM
I97.131	Postprocedural heart failure following other surgery	Diagnosis	ICD-10-CM
I97.19	Other postprocedural cardiac functional disturbances	Diagnosis	ICD-10-CM
I97.190	Other postprocedural cardiac functional disturbances following cardiac surgery	Diagnosis	ICD-10-CM
I97.191	Other postprocedural cardiac functional disturbances following other surgery	Diagnosis	ICD-10-CM
I97.2	Postmastectomy lymphedema syndrome	Diagnosis	ICD-10-CM
I97.3	Postprocedural hypertension	Diagnosis	ICD-10-CM
I97.4	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating a procedure	Diagnosis	ICD-10-CM
I97.41	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating a circulatory system procedure	Diagnosis	ICD-10-CM
I97.410	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating a cardiac catheterization	Diagnosis	ICD-10-CM
I97.411	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating a cardiac bypass	Diagnosis	ICD-10-CM
I97.418	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating other circulatory system procedure	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I97.42	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating other procedure	Diagnosis	ICD-10-CM
I97.5	Accidental puncture and laceration of a circulatory system organ or structure during a procedure	Diagnosis	ICD-10-CM
I97.51	Accidental puncture and laceration of a circulatory system organ or structure during a circulatory system procedure	Diagnosis	ICD-10-CM
I97.52	Accidental puncture and laceration of a circulatory system organ or structure during other procedure	Diagnosis	ICD-10-CM
I97.6	Postprocedural hemorrhage, hematoma and seroma of a circulatory system organ or structure following a procedure	Diagnosis	ICD-10-CM
I97.61	Postprocedural hemorrhage of a circulatory system organ or structure following a circulatory system procedure	Diagnosis	ICD-10-CM
I97.610	Postprocedural hemorrhage of a circulatory system organ or structure following a cardiac catheterization	Diagnosis	ICD-10-CM
I97.611	Postprocedural hemorrhage of a circulatory system organ or structure following cardiac bypass	Diagnosis	ICD-10-CM
I97.618	Postprocedural hemorrhage of a circulatory system organ or structure following other circulatory system procedure	Diagnosis	ICD-10-CM
I97.62	Postprocedural hemorrhage, hematoma and seroma of a circulatory system organ or structure following other procedure	Diagnosis	ICD-10-CM
I97.620	Postprocedural hemorrhage of a circulatory system organ or structure following other procedure	Diagnosis	ICD-10-CM
I97.621	Postprocedural hematoma of a circulatory system organ or structure following other procedure	Diagnosis	ICD-10-CM
I97.622	Postprocedural seroma of a circulatory system organ or structure following other procedure	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I97.63	Postprocedural hematoma of a circulatory system organ or structure following a circulatory system procedure	Diagnosis	ICD-10-CM
I97.630	Postprocedural hematoma of a circulatory system organ or structure following a cardiac catheterization	Diagnosis	ICD-10-CM
I97.631	Postprocedural hematoma of a circulatory system organ or structure following cardiac bypass	Diagnosis	ICD-10-CM
I97.638	Postprocedural hematoma of a circulatory system organ or structure following other circulatory system procedure	Diagnosis	ICD-10-CM
I97.64	Postprocedural seroma of a circulatory system organ or structure following a circulatory system procedure	Diagnosis	ICD-10-CM
I97.640	Postprocedural seroma of a circulatory system organ or structure following a cardiac catheterization	Diagnosis	ICD-10-CM
I97.641	Postprocedural seroma of a circulatory system organ or structure following cardiac bypass	Diagnosis	ICD-10-CM
I97.648	Postprocedural seroma of a circulatory system organ or structure following other circulatory system procedure	Diagnosis	ICD-10-CM
I97.7	Intraoperative cardiac functional disturbances	Diagnosis	ICD-10-CM
I97.71	Intraoperative cardiac arrest	Diagnosis	ICD-10-CM
I97.710	Intraoperative cardiac arrest during cardiac surgery	Diagnosis	ICD-10-CM
I97.711	Intraoperative cardiac arrest during other surgery	Diagnosis	ICD-10-CM
I97.79	Other intraoperative cardiac functional disturbances	Diagnosis	ICD-10-CM
I97.790	Other intraoperative cardiac functional disturbances during cardiac surgery	Diagnosis	ICD-10-CM
I97.791	Other intraoperative cardiac functional disturbances during other surgery	Diagnosis	ICD-10-CM
I97.8	Other intraoperative and postprocedural complications and disorders of the circulatory system, not elsewhere classified	Diagnosis	ICD-10-CM
I97.88	Other intraoperative complications of the circulatory system, not elsewhere classified	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I97.89	Other postprocedural complications and disorders of the circulatory system, not elsewhere classified	Diagnosis	ICD-10-CM
M32.11	Endocarditis in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.12	Pericarditis in systemic lupus erythematosus	Diagnosis	ICD-10-CM
R00.1	Bradycardia, unspecified	Diagnosis	ICD-10-CM
T80.0XXA	Air embolism following infusion, transfusion and therapeutic injection, initial encounter	Diagnosis	ICD-10-CM
T81.718A	Complication of other artery following a procedure, not elsewhere classified, initial encounter	Diagnosis	ICD-10-CM
T81.72XA	Complication of vein following a procedure, not elsewhere classified, initial encounter	Diagnosis	ICD-10-CM
T82.817A	Embolism due to cardiac prosthetic devices, implants and grafts, initial encounter	Diagnosis	ICD-10-CM
T82.818A	Embolism due to vascular prosthetic devices, implants and grafts, initial encounter	Diagnosis	ICD-10-CM
Heart Failure			
402.01	Malignant hypertensive heart disease with heart failure	Diagnosis	ICD-9-CM
402.11	Benign hypertensive heart disease with heart failure	Diagnosis	ICD-9-CM
402.91	Hypertensive heart disease, unspecified, with heart failure	Diagnosis	ICD-9-CM
404.01	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.03	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.11	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.91	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
428	Heart failure	Diagnosis	ICD-9-CM
428.0	Congestive heart failure, unspecified	Diagnosis	ICD-9-CM
428.1	Left heart failure	Diagnosis	ICD-9-CM
428.2	Systolic heart failure	Diagnosis	ICD-9-CM
428.20	Unspecified systolic heart failure	Diagnosis	ICD-9-CM
428.21	Acute systolic heart failure	Diagnosis	ICD-9-CM
428.22	Chronic systolic heart failure	Diagnosis	ICD-9-CM
428.23	Acute on chronic systolic heart failure	Diagnosis	ICD-9-CM
428.3	Diastolic heart failure	Diagnosis	ICD-9-CM
428.30	Unspecified diastolic heart failure	Diagnosis	ICD-9-CM
428.31	Acute diastolic heart failure	Diagnosis	ICD-9-CM
428.32	Chronic diastolic heart failure	Diagnosis	ICD-9-CM
428.33	Acute on chronic diastolic heart failure	Diagnosis	ICD-9-CM
428.4	Combined systolic and diastolic heart failure	Diagnosis	ICD-9-CM
428.40	Unspecified combined systolic and diastolic heart failure	Diagnosis	ICD-9-CM
428.41	Acute combined systolic and diastolic heart failure	Diagnosis	ICD-9-CM
428.42	Chronic combined systolic and diastolic heart failure	Diagnosis	ICD-9-CM
428.43	Acute on chronic combined systolic and diastolic heart failure	Diagnosis	ICD-9-CM
428.9	Unspecified heart failure	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I11.0	Hypertensive heart disease with heart failure	Diagnosis	ICD-10-CM
I11.9	Hypertensive heart disease without heart failure	Diagnosis	ICD-10-CM
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I13.1	Hypertensive heart and chronic kidney disease without heart failure	Diagnosis	ICD-10-CM
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 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
I50	Heart failure	Diagnosis	ICD-10-CM
I50.1	Left ventricular failure, unspecified	Diagnosis	ICD-10-CM
I50.2	Systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.20	Unspecified systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.21	Acute systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.22	Chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.23	Acute on chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.3	Diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.30	Unspecified diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.31	Acute diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.32	Chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.33	Acute on chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.4	Combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I50.8	Other heart failure	Diagnosis	ICD-10-CM
I50.81	Right heart failure	Diagnosis	ICD-10-CM
I50.810	Right heart failure, unspecified	Diagnosis	ICD-10-CM
I50.811	Acute right heart failure	Diagnosis	ICD-10-CM
I50.812	Chronic right heart failure	Diagnosis	ICD-10-CM
I50.813	Acute on chronic right heart failure	Diagnosis	ICD-10-CM
I50.814	Right heart failure due to left heart failure	Diagnosis	ICD-10-CM
I50.82	Biventricular heart failure	Diagnosis	ICD-10-CM
I50.83	High output heart failure	Diagnosis	ICD-10-CM
I50.84	End stage heart failure	Diagnosis	ICD-10-CM
I50.89	Other heart failure	Diagnosis	ICD-10-CM
I50.9	Heart failure, unspecified	Diagnosis	ICD-10-CM
I97.13	Postprocedural heart failure	Diagnosis	ICD-10-CM
I97.130	Postprocedural heart failure following cardiac surgery	Diagnosis	ICD-10-CM
I97.131	Postprocedural heart failure following other surgery	Diagnosis	ICD-10-CM
Renal Failure			
403	Hypertensive chronic kidney disease	Diagnosis	ICD-9-CM
403.0	Hypertensive chronic kidney disease, malignant	Diagnosis	ICD-9-CM
403.00	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
403.01	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
403.1	Hypertensive chronic kidney disease, benign	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
404.11	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.12	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.9	Hypertensive heart and chronic kidney disease, unspecified	Diagnosis	ICD-9-CM
404.90	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.91	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.92	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
581	Nephrotic syndrome	Diagnosis	ICD-9-CM
581.0	Nephrotic syndrome with lesion of proliferative glomerulonephritis	Diagnosis	ICD-9-CM
581.1	Nephrotic syndrome with lesion of membranous glomerulonephritis	Diagnosis	ICD-9-CM
581.2	Nephrotic syndrome with lesion of membranoproliferative glomerulonephritis	Diagnosis	ICD-9-CM
581.3	Nephrotic syndrome with lesion of minimal change glomerulonephritis	Diagnosis	ICD-9-CM
581.8	Nephrotic syndrome with other specified pathological lesion in kidney	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
581.81	Nephrotic syndrome with other specified pathological lesion in kidney in diseases classified elsewhere	Diagnosis	ICD-9-CM
581.89	Other nephrotic syndrome with specified pathological lesion in kidney	Diagnosis	ICD-9-CM
581.9	Nephrotic syndrome with unspecified pathological lesion in kidney	Diagnosis	ICD-9-CM
584	Acute kidney failure	Diagnosis	ICD-9-CM
584.5	Acute kidney failure with lesion of tubular necrosis	Diagnosis	ICD-9-CM
584.6	Acute kidney failure with lesion of renal cortical necrosis	Diagnosis	ICD-9-CM
584.7	Acute kidney failure with lesion of medullary [papillary] necrosis	Diagnosis	ICD-9-CM
584.8	Acute kidney failure with other specified pathological lesion in kidney	Diagnosis	ICD-9-CM
584.9	Acute kidney failure, unspecified	Diagnosis	ICD-9-CM
585	Chronic kidney disease (CKD)	Diagnosis	ICD-9-CM
585.1	Chronic kidney disease, Stage I	Diagnosis	ICD-9-CM
585.2	Chronic kidney disease, Stage II (mild)	Diagnosis	ICD-9-CM
585.3	Chronic kidney disease, Stage III (moderate)	Diagnosis	ICD-9-CM
585.4	Chronic kidney disease, Stage IV (severe)	Diagnosis	ICD-9-CM
585.5	Chronic kidney disease, Stage V	Diagnosis	ICD-9-CM
585.6	End stage renal disease	Diagnosis	ICD-9-CM
585.9	Chronic kidney disease, unspecified	Diagnosis	ICD-9-CM
586	Unspecified renal failure	Diagnosis	ICD-9-CM
587	Unspecified renal sclerosis	Diagnosis	ICD-9-CM
792.5	Cloudy (hemodialysis) (peritoneal) dialysis effluent	Diagnosis	ICD-9-CM
90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	Procedure	CPT-4
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	Procedure	CPT-4
90939	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator dilution method, hook-up; transcutaneous measurement and disconnection	Procedure	CPT-4

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method	Procedure	CPT-4
90941	Hemodialysis, For Acute Renal Failure And Or Intoxication,	Procedure	CPT-4
90942	Hemodialysis, For Acute Renal Failure And Or Intoxication,	Procedure	CPT-4
90943	Hemodialysis, For Acute Renal Failure And Or Intoxication,	Procedure	CPT-4
90944	Hemodialysis, For Acute Renal Failure And Or Intoxication,	Procedure	CPT-4
90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	Procedure	CPT-4
90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substanti	Procedure	CPT-4
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits	Procedure	CPT-4
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a	Procedure	CPT-4

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a phy	Procedure	CPT-4
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a phys	Procedure	CPT-4
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician	Procedure	CPT-4
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or	Procedure	CPT-4
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a phy	Procedure	CPT-4

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician	Procedure	CPT-4
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or	Procedure	CPT-4
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	Procedure	CPT-4
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	Procedure	CPT-4
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	Procedure	CPT-4
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Procedure	CPT-4

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Procedure	CPT-4
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Procedure	CPT-4
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	Procedure	CPT-4
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	Procedure	CPT-4
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	Procedure	CPT-4
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	Procedure	CPT-4
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	Procedure	CPT-4
90976	Peritoneal Dialysis For End-stage Renal Disease (esrd),	Procedure	CPT-4
90977	Peritoneal Dialysis For End-stage Renal Disease (esrd),	Procedure	CPT-4
90978	Peritoneal Dialysis For End-stage Renal Disease (esrd),	Procedure	CPT-4
90979	Peritoneal Dialysis For End-stage Renal Disease (esrd),	Procedure	CPT-4
90982	Peritoneal Dialysis For End-stage Renal Disease (esrd),	Procedure	CPT-4

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
90983	Peritoneal Dialysis For End-stage Renal Disease (esrd),	Procedure	CPT-4
90984	Peritoneal Dialysis For End-stage Renal Disease (esrd),	Procedure	CPT-4
90985	Peritoneal Dialysis For End-stage Renal Disease (esrd),	Procedure	CPT-4
90988	Supervision Of Hemodialysis In Hospital Or Other Facility (excluding Home Dialysis), On Monthly Basis	Procedure	CPT-4
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	Procedure	CPT-4
90990	Hemodialysis Training And/or Counseling	Procedure	CPT-4
90991	Home Hemodialysis Care, Outpatient, For Those Services Either Provided By The Physician Primarily Responsible	Procedure	CPT-4
90992	Peritoneal Dialysis Training And/or Counseling	Procedure	CPT-4
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	Procedure	CPT-4
90994	Supervision Of Chronic Ambulatory Peritoneal Dialysis (capd), Home Or Out-patient (monthly)	Procedure	CPT-4
90995	End Stage Renal Disease (esrd) Related Services, Per Full Month	Procedure	CPT-4
90996	Continuous Arteriovenous Hemofiltration (cavh) (per Day)	Procedure	CPT-4
90997	Hemoperfusion (eg, with activated charcoal or resin)	Procedure	CPT-4
90998	End Stage Renal Disease (esrd) Related Services (less Than Full Month), Per Day	Procedure	CPT-4
90999	Unlisted dialysis procedure, inpatient or outpatient	Procedure	CPT-4
B52.0	Plasmodium malariae malaria with nephropathy	Diagnosis	ICD-10-CM
E08.2	Diabetes mellitus due to underlying condition with kidney complications	Diagnosis	ICD-10-CM
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy	Diagnosis	ICD-10-CM
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication	Diagnosis	ICD-10-CM
E09.2	Drug or chemical induced diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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
E10.2	Type 1 diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E11.2	Type 2 diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E13.2	Other specified diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
E13.21	Other specified diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
I12	Hypertensive chronic kidney disease	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	Hypertensive heart and chronic kidney disease	Diagnosis	ICD-10-CM
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I13.1	Hypertensive heart and chronic kidney disease without heart failure	Diagnosis	ICD-10-CM
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

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

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
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	Hereditary nephropathy, not elsewhere classified	Diagnosis	ICD-10-CM
N07.0	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality	Diagnosis	ICD-10-CM
N07.1	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N07.2	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N07.3	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N07.4	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N07.5	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N07.6	Hereditary nephropathy, not elsewhere classified with dense deposit disease	Diagnosis	ICD-10-CM
N07.7	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N07.8	Hereditary nephropathy, not elsewhere classified with other morphologic lesions	Diagnosis	ICD-10-CM
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions	Diagnosis	ICD-10-CM
N08	Glomerular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
N17	Acute kidney failure	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	Chronic kidney disease (CKD)	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
N26.1	Atrophy of kidney (terminal)	Diagnosis	ICD-10-CM
N26.9	Renal sclerosis, unspecified	Diagnosis	ICD-10-CM
R88.0	Cloudy (hemodialysis) (peritoneal) dialysis effluent	Diagnosis	ICD-10-CM
V45.1	Renal dialysis status	Diagnosis	ICD-9-CM
V45.11	Renal dialysis status	Diagnosis	ICD-9-CM
V45.12	Noncompliance with renal dialysis	Diagnosis	ICD-9-CM
V56	Encounter for dialysis and dialysis catheter care	Diagnosis	ICD-9-CM
V56.0	Encounter for extracorporeal dialysis	Diagnosis	ICD-9-CM
V56.1	Fitting and adjustment of extracorporeal dialysis catheter	Diagnosis	ICD-9-CM
V56.2	Fitting and adjustment of peritoneal dialysis catheter	Diagnosis	ICD-9-CM
V56.3	Encounter for adequacy testing for dialysis	Diagnosis	ICD-9-CM
V56.31	Encounter for adequacy testing for hemodialysis	Diagnosis	ICD-9-CM
V56.32	Encounter for adequacy testing for peritoneal dialysis	Diagnosis	ICD-9-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
V56.8	Encounter other dialysis	Diagnosis	ICD-9-CM
Z49	Encounter for care involving renal dialysis	Diagnosis	ICD-10-CM
Z49.0	Preparatory care for renal dialysis	Diagnosis	ICD-10-CM
Z49.01	Encounter for fitting and adjustment of extracorporeal dialysis catheter	Diagnosis	ICD-10-CM
Z49.02	Encounter for fitting and adjustment of peritoneal dialysis catheter	Diagnosis	ICD-10-CM
Z49.3	Encounter for adequacy testing for dialysis	Diagnosis	ICD-10-CM
Z49.31	Encounter for adequacy testing for hemodialysis	Diagnosis	ICD-10-CM
Z49.32	Encounter for adequacy testing for peritoneal dialysis	Diagnosis	ICD-10-CM
Z91.15	Patient's noncompliance with renal dialysis	Diagnosis	ICD-10-CM
Z99.2	Dependence on renal dialysis	Diagnosis	ICD-10-CM
Respiratory Failure			
518.81	Acute respiratory failure	Diagnosis	ICD-9-CM
518.83	Chronic respiratory failure	Diagnosis	ICD-9-CM
518.84	Acute and chronic respiratory failure	Diagnosis	ICD-9-CM
J95.82	Postprocedural respiratory failure	Diagnosis	ICD-10-CM
J95.821	Acute postprocedural respiratory failure	Diagnosis	ICD-10-CM
J95.822	Acute and chronic postprocedural respiratory failure	Diagnosis	ICD-10-CM
J96	Respiratory failure, not elsewhere classified	Diagnosis	ICD-10-CM
J96.0	Acute respiratory failure	Diagnosis	ICD-10-CM
J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
J96.01	Acute respiratory failure with hypoxia	Diagnosis	ICD-10-CM
J96.02	Acute respiratory failure with hypercapnia	Diagnosis	ICD-10-CM
J96.1	Chronic respiratory failure	Diagnosis	ICD-10-CM
J96.10	Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
J96.11	Chronic respiratory failure with hypoxia	Diagnosis	ICD-10-CM
J96.12	Chronic respiratory failure with hypercapnia	Diagnosis	ICD-10-CM
J96.2	Acute and chronic respiratory failure	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
J96.20	Acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
J96.21	Acute and chronic respiratory failure with hypoxia	Diagnosis	ICD-10-CM
J96.22	Acute and chronic respiratory failure with hypercapnia	Diagnosis	ICD-10-CM
J96.9	Respiratory failure, unspecified	Diagnosis	ICD-10-CM
J96.90	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
J96.91	Respiratory failure, unspecified with hypoxia	Diagnosis	ICD-10-CM
J96.92	Respiratory failure, unspecified with hypercapnia	Diagnosis	ICD-10-CM
P28.5	Respiratory failure of newborn	Diagnosis	ICD-10-CM
Sickle Cell Disease			
82.41	Sickle-cell thalassemia without crisis	Diagnosis	ICD-9-CM
82.42	Sickle-cell thalassemia with crisis	Diagnosis	ICD-9-CM
82.6	Sickle-cell disease	Diagnosis	ICD-9-CM
82.60	Sickle-cell disease, unspecified	Diagnosis	ICD-9-CM
82.63	Sickle-cell/Hb-C disease without crisis	Diagnosis	ICD-9-CM
82.64	Sickle-cell/Hb-C disease with crisis	Diagnosis	ICD-9-CM
82.68	Other sickle-cell disease without crisis	Diagnosis	ICD-9-CM
82.69	Other sickle-cell disease with crisis	Diagnosis	ICD-9-CM
82.61	Hb-SS disease without crisis	Diagnosis	ICD-9-CM
82.62	Hb-SS disease with crisis	Diagnosis	ICD-9-CM
57	Sickle-cell disorders	Diagnosis	ICD-10-CM
57.1	Sickle-cell disease without crisis	Diagnosis	ICD-10-CM
57.2	Sickle-cell/Hb-C disease	Diagnosis	ICD-10-CM
57.20	Sickle-cell/Hb-C disease without crisis	Diagnosis	ICD-10-CM
57.21	Sickle-cell/Hb-C disease with crisis	Diagnosis	ICD-10-CM
57.211	Sickle-cell/Hb-C disease with acute chest syndrome	Diagnosis	ICD-10-CM
57.212	Sickle-cell/Hb-C disease with splenic sequestration	Diagnosis	ICD-10-CM
57.219	Sickle-cell/Hb-C disease with crisis, unspecified	Diagnosis	ICD-10-CM

Appendix I. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Level II Procedure Codes Used to Define Exclusion Criteria in this Request

Code	Description	Code Category	Code Type
57.3	Sickle-cell trait	Diagnosis	ICD-10-CM
57.4	Sickle-cell thalassemia	Diagnosis	ICD-10-CM
57.40	Sickle-cell thalassemia without crisis	Diagnosis	ICD-10-CM
57.41	Sickle-cell thalassemia with crisis	Diagnosis	ICD-10-CM
57.411	Sickle-cell thalassemia with acute chest syndrome	Diagnosis	ICD-10-CM
57.412	Sickle-cell thalassemia with splenic sequestration	Diagnosis	ICD-10-CM
57.419	Sickle-cell thalassemia with crisis, unspecified	Diagnosis	ICD-10-CM
57.8	Other sickle-cell disorders	Diagnosis	ICD-10-CM
57.80	Other sickle-cell disorders without crisis	Diagnosis	ICD-10-CM
57.81	Other sickle-cell disorders with crisis	Diagnosis	ICD-10-CM
57.811	Other sickle-cell disorders with acute chest syndrome	Diagnosis	ICD-10-CM
57.812	Other sickle-cell disorders with splenic sequestration	Diagnosis	ICD-10-CM
57.819	Other sickle-cell disorders with crisis, unspecified	Diagnosis	ICD-10-CM
57.00	Hb-SS disease with crisis, unspecified	Diagnosis	ICD-10-CM
57.01	Hb-SS disease with acute chest syndrome	Diagnosis	ICD-10-CM
57.02	Hb-SS disease with splenic sequestration	Diagnosis	ICD-10-CM
57.1	Sickle-cell disease without crisis	Diagnosis	ICD-10-CM

Appendix J. Generic and Brand Names of Medical Products Used to Define Exclusion Criteria and Covariates in this Request

Generic Name	Brand Name
Chemotherapy	
BCG live	Tice BCG
BCG live	Theracys
aldesleukin	Proleukin
abemaciclib	Verzenio
abiraterone acetate	abiraterone
abiraterone acetate	Zytiga
abiraterone acetate, submicronized	Yonsa
acalabrutinib	Calquence
ado-trastuzumab emtansine	Kadcyla
afatinib dimaleate	Gilotrif
alectinib HCl	Alecensa
alemtuzumab	Campath
alitretinoin	Panretin
alpelisib	Piqray
altretamine	Hexalen
aminolevulinic acid HCl	Ameluz
aminolevulinic acid HCl	aminolevulinic acid HCl (bulk)
aminolevulinic acid HCl	Levulan
anastrozole	anastrozole (bulk)
anastrozole	anastrozole
anastrozole	Arimidex
apalutamide	Erleada
arsenic trioxide	arsenic trioxide
arsenic trioxide	Trisenox
asparaginase	Elspar
asparaginase (<i>Erwinia chrysanthemi</i>)	Erwinaze
atezolizumab	Tecentriq
avelumab	Bavencio
axicabtagene ciloleucel	Yescarta
axitinib	Inlyta
azacitidine	azacitidine
azacitidine	Vidaza
belinostat	Beleodaq
bendamustine HCl	Treanda
bendamustine HCl	bendamustine
bendamustine HCl	Belrapzo
bendamustine HCl	Bendeka
bevacizumab	Avastin
bevacizumab-awwb	Mvasi
bexarotene	Targretin
bexarotene	bexarotene
bicalutamide	bicalutamide
bicalutamide	Casodex
binimetinib	Mektovi

Appendix J. Generic and Brand Names of Medical Products Used to Define Exclusion Criteria and Covariates in this Request

Generic Name	Brand Name
bleomycin sulfate	bleomycin
bleomycin sulfate	Bleo 15K
blinatumomab	Blincyto
bortezomib	Velcade
bortezomib	bortezomib
bosutinib	Bosulif
brentuximab vedotin	Adcetris
brigatinib	Alunbrig
busulfan	busulfan
busulfan	Busulfex
busulfan	Myleran
cabazitaxel	Jevtana
cabozantinib s-malate	Cometriq
cabozantinib s-malate	Cabometyx
capecitabine	Xeloda
capecitabine	capecitabine
carboplatin	carboplatin
carfilzomib	Kyprolis
carmustine	BiCNU
carmustine	carmustine
carmustine in polifeprosan 20	Gliadel Wafer
cemiplimab-rwlc	Libtayo
ceritinib	Zykadia
cetuximab	Erbitux
chlorambucil	Leukeran
cisplatin	cisplatin
cladribine	cladribine
clofarabine	Clolar
clofarabine	clofarabine
cobimetinib fumarate	Cotellic
copanlisib di-HCl	Aliqopa
crizotinib	Xalkori
cromolyn sodium	Gastrocrom
cromolyn sodium	cromolyn
cyclophosphamide	cyclophosphamide
cyclophosphamide	cyclophosphamide (bulk)
cytarabine	cytarabine
cytarabine liposome/PF	DepoCyt (PF)
cytarabine/PF	cytarabine (PF)
dabrafenib mesylate	Tafinlar
dacarbazine	dacarbazine
dacomitinib	Vizimpro
dactinomycin	Cosmegen
dactinomycin	dactinomycin
daratumumab	Darzalex

Appendix J. Generic and Brand Names of Medical Products Used to Define Exclusion Criteria and Covariates in this Request

Generic Name	Brand Name
darolutamide	Nubeqa
dasatinib	Sprycel
daunorubicin citrate liposomal	DaunoXome
daunorubicin HCl	daunorubicin
daunorubicin/cytarabine liposomal	Vyxeos
decitabine	decitabine
decitabine	Dacogen
degarelix acetate	Firmagon kit w diluent syringe
degarelix acetate	Firmagon
dexrazoxane HCl	dexrazoxane HCl
diclofenac sodium	diclofenac sodium
diclofenac sodium	Solaraze
dinutuximab	Unituxin
docetaxel	Docetaxel
docetaxel	docetaxel
docetaxel	Taxotere
doxorubicin HCl	Adriamycin
doxorubicin HCl	doxorubicin
doxorubicin HCl pegylated liposomal	doxorubicin, peg-liposomal
doxorubicin HCl pegylated liposomal	Lipodox
doxorubicin HCl pegylated liposomal	Lipodox 50
doxorubicin HCl pegylated liposomal	Doxil
durvalumab	Imfinzi
duvelisib	Copiktra
elotuzumab	Empliciti
enasidenib mesylate	Idhifa
encorafenib	Braftovi
enzalutamide	Xtandi
epirubicin HCl	epirubicin
epirubicin HCl	Ellence
erdafitinib	Balversa
eribulin mesylate	Halaven
erlotinib HCl	erlotinib
erlotinib HCl	Tarceva
estramustine phosphate sodium	Emcyt
etoposide	etoposide
etoposide	etoposide (bulk)
etoposide	Toposar
etoposide phosphate	Etopophos
everolimus	Afinitor
everolimus	Afinitor Disperz
exemestane	Aromasin
exemestane	exemestane
floxuridine	floxuridine (bulk)
floxuridine	floxuridine

Appendix J. Generic and Brand Names of Medical Products Used to Define Exclusion Criteria and Covariates in this Request

Generic Name	Brand Name
fludarabine phosphate	fludarabine
fluorouracil	Carac
fluorouracil	fluorouracil
fluorouracil	Fluoroplex
fluorouracil	Tolak
fluorouracil	Efudex
fluorouracil	fluorouracil (bulk)
fluorouracil	Adrucil
flutamide	flutamide
fulvestrant	Faslodex
fulvestrant	fulvestrant
gefitinib	Iressa
gemcitabine HCl	Gemzar
gemcitabine HCl	gemcitabine
gemcitabine HCl in 0.9 % sodium chloride	Infugem
gemtuzumab ozogamicin	Mylotarg
gilteritinib fumarate	Xospata
glasdegib maleate	Daurismo
goserelin acetate	Zoladex
histrelin acetate	Vantas
hydroxyurea	Hydrea
hydroxyurea	hydroxyurea
hydroxyurea	hydroxyurea (bulk)
ibrutinib	Imbruvica
idarubicin HCl	Idamycin PFS
idarubicin HCl	idarubicin
idelalisib	Zydelig
ifosfamide	Ifex
ifosfamide	ifosfamide
ifosfamide/mesna	ifosfamide-mesna
imatinib mesylate	imatinib
imatinib mesylate	Gleevec
ingenol mebutate	Picato
inotuzumab ozogamicin	Besponsa
iobenguane iodine-131	Azedra Dosimetric
iobenguane iodine-131	Azedra Therapeutic
ipilimumab	Yervoy
irinotecan HCl	Camptosar
irinotecan HCl	irinotecan
irinotecan liposomal	Onivyde
ivosidenib	Tibsovo
ixabepilone	Ixempra
ixazomib citrate	Ninlaro
kit for prep yttrium-90/ibritumomab tiuxetan/albumin human	Zevalin (Y-90)
lapatinib ditosylate	Tykerb

Appendix J. Generic and Brand Names of Medical Products Used to Define Exclusion Criteria and Covariates in this Request

Generic Name	Brand Name
larotrectinib sulfate	Vitrakvi
lenvatinib mesylate	Lenvima
letrozole	letrozole (bulk)
letrozole	letrozole
letrozole	Femara
leuprolide acetate	leuprolide
leuprolide acetate	leuprolide (bulk)
leuprolide acetate	Eligard (3 month)
leuprolide acetate	Eligard (4 month)
leuprolide acetate	Eligard (6 month)
leuprolide acetate	Eligard
leuprolide acetate	Lupron Depot (3 month)
leuprolide acetate	Lupron Depot (4 month)
leuprolide acetate	Lupron Depot (6 Month)
leuprolide acetate	Lupron Depot
lomustine	lomustine
lomustine	Gleostine
lorlatinib	Lorbrena
lutetium Lu 177 dotatate	Lutathera
mechlorethamine HCl	Valchlor
mechlorethamine HCl	mechlorethamine (bulk)
mechlorethamine HCl	Mustargen
medroxyprogesterone acetate	Depo-Provera
megestrol acetate	megestrol
megestrol acetate,micronized	megestrol acetate,micro (bulk)
melphalan	melphalan
melphalan	Alkeran
melphalan HCl	melphalan HCl
melphalan HCl	Alkeran (as HCl)
melphalan HCl/betadex sulfobutyl ether sodium	Evomela
mercaptopurine	mercaptopurine (bulk)
mercaptopurine	Purixan
mercaptopurine	mercaptopurine
mercaptopurine	Purinethol
mesna	mesna
methotrexate	methotrexate (bulk)
methotrexate	Xatmep
methotrexate sodium	methotrexate sodium
methotrexate sodium	Trexall
methotrexate sodium/PF	methotrexate sodium (PF)
methoxsalen	methoxsalen (bulk)
methoxsalen	Uvadex
methyl aminolevulinate HCl	methyl aminolevulinate (bulk)
midostaurin	Rydapt
mitomycin	mitomycin (bulk)

Appendix J. Generic and Brand Names of Medical Products Used to Define Exclusion Criteria and Covariates in this Request

Generic Name	Brand Name
mitomycin	mitomycin
mitomycin	Mutamycin
mitotane	mitotane (bulk)
mitotane	Lysodren
mitoxantrone HCl	mitoxantrone
mogamulizumab-kpkc	Poteligeo
moxetumomab pasudotox-tdfk	Lumoxiti
necitumumab	Portrazza
nelarabine	Arranon
neratinib maleate	Nerlynx
nilotinib HCl	Tasigna
nilutamide	Nilandron
nilutamide	nilutamide
nintedanib esylate	Ofev
niraparib tosylate	Zejula
nivolumab	Opdivo
obinutuzumab	Gazyva
ofatumumab	Arzerra
olaparib	Lynparza
olaratumab	Lartruvo
omacetaxine mepesuccinate	Synribo
osimertinib mesylate	Tagrisso
oxaliplatin	oxaliplatin
oxaliplatin	Eloxatin
paclitaxel	paclitaxel
paclitaxel protein-bound	Abraxane
palbociclib	Ibrance
panitumumab	Vectibix
panobinostat lactate	Farydak
pazopanib HCl	Votrient
pegaspargase	Oncaspar
pembrolizumab	Keytruda
pemetrexed disodium	Alimta
pentostatin	Nipent
pertuzumab	Perjeta
polatuzumab vedotin-piiq	Polivy
ponatinib HCl	Iclusig
porfimer sodium	Photofrin
pralatrexate	Folotyn
procarbazine HCl	Matulane
procarbazine HCl	procarbazine HCl (bulk)
radium-223 dichloride	Xofigo
ramucirumab	Cyramza
regorafenib	Stivarga
ribociclib succinate	Kisqali

Appendix J. Generic and Brand Names of Medical Products Used to Define Exclusion Criteria and Covariates in this Request

Generic Name	Brand Name
ribociclib succinate/letrozole	Kisqali Femara Co-Pack
rituximab	Rituxan
rituximab/hyaluronidase, human recombinant	Rituxan Hycela
romidepsin	romidepsin
romidepsin	Istodax
rucaparib camsylate	Rubraca
ruxolitinib phosphate	Jakafi
samarium Sm 153 leixidronam	Quadramet
selinexor	Xpovio
siltuximab	Sylvant
sipuleucel-T/lactated ringers solution	Provenge
sodium iodide-131	Hicon
sonidegib phosphate	Odomzo
sorafenib tosylate	Nexavar
streptozocin	Zanosar
strontium-89 chloride	Metastron
strontium-89 chloride	strontium-89 chloride
sunitinib malate	Sutent
tagraxofusp-erzs	Elzonris
talazoparib tosylate	Talzenna
talimogene laherparepvec	Imlygic
tamoxifen citrate	Soltamox
tamoxifen citrate	tamoxifen
temozolomide	temozolomide
temozolomide	Temodar
temsirolimus	Torisel
temsirolimus	temsirolimus
teniposide	teniposide
thioguanine	thioguanine (bulk)
thioguanine	Tabloid
thiotepa	thiotepa (bulk)
thiotepa	Tepadina
thiotepa	thiotepa
tisagenlecleucel	Kymriah
topotecan HCl	Hycamtin
topotecan HCl	topotecan
toremifene citrate	Fareston
toremifene citrate	toremifene
trabectedin	Yondelis
trametinib dimethyl sulfoxide	Mekinist
trastuzumab	Herceptin
trastuzumab-anns	Kanjinti
trastuzumab-hyaluronidase-oysk	Herceptin Hylecta
tretinoin	tretinoin (chemotherapy)
trifluridine/tipiracil HCl	Lonsurf

Appendix J. Generic and Brand Names of Medical Products Used to Define Exclusion Criteria and Covariates in this Request

Generic Name	Brand Name
triptorelin pamoate	Trelstar
valrubicin	valrubicin
valrubicin	Valstar
vandetanib	Caprelsa
vemurafenib	Zelboraf
venetoclax	Venclexta
venetoclax	Venclexta Starting Pack
vinblastine sulfate	vinblastine
vincristine sulfate	Vincasar PFS
vincristine sulfate	vincristine
vincristine sulfate liposomal	Marqibo
vinorelbine tartrate	vinorelbine
vinorelbine tartrate	Navelbine
vismodegib	Erivedge
vorinostat	Zolinza
ziv-aflibercept	Zaltrap
Other Combined Hormonal Contraceptives (Ethinyl Estradiol less than or equal to 20 mcg)	
desogestrel-ethinyl estradiol/ethinyl estradiol	Azurette (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Bekyree (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Kariva (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Kimidess (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Mircette (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Pimtrea (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Simliya (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	Viorele (28)
desogestrel-ethinyl estradiol/ethinyl estradiol	desog-e.estradiol/e.estradiol
drospirenone/ethinyl estradiol/levomefolate calcium	Beyaz
drospirenone/ethinyl estradiol/levomefolate calcium	Rajani
drospirenone/ethinyl estradiol/levomefolate calcium	drospirenone-e.estradiol-lm .FA
ethinyl estradiol/drospirenone	Gianvi (28)
ethinyl estradiol/drospirenone	Jasmiel (28)
ethinyl estradiol/drospirenone	Loryna (28)
ethinyl estradiol/drospirenone	Nikki (28)
ethinyl estradiol/drospirenone	Vestura (28)
ethinyl estradiol/drospirenone	YAZ (28)
ethinyl estradiol/drospirenone	drospirenone-ethinyl estradiol
levonorgestrel-ethinyl estradiol	Amethyst (28)
levonorgestrel-ethinyl estradiol	Aubra
levonorgestrel-ethinyl estradiol	Aubra EQ
levonorgestrel-ethinyl estradiol	Aviane
levonorgestrel-ethinyl estradiol	Delyla (28)
levonorgestrel-ethinyl estradiol	Falmina (28)

Appendix J. Generic and Brand Names of Medical Products Used to Define Exclusion Criteria and Covariates in this Request

Generic Name	Brand Name
levonorgestrel-ethinyl estradiol	Larissia
levonorgestrel-ethinyl estradiol	Lessina
levonorgestrel-ethinyl estradiol	Lutera (28)
levonorgestrel-ethinyl estradiol	Orsythia
levonorgestrel-ethinyl estradiol	Sronyx
levonorgestrel-ethinyl estradiol	Vienna
levonorgestrel-ethinyl estradiol	levonorgestrel-ethinyl estrad
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Amethia Lo
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Camrese Lo
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Fayosim
levonorgestrel/ethinyl estradiol and ethinyl estradiol	L norgest/e.estradiol-e.estrad
levonorgestrel/ethinyl estradiol and ethinyl estradiol	LoSeasonique
levonorgestrel/ethinyl estradiol/ferrous bisglycinate	Balcoltra
norethindrone acetate-ethinyl estradiol	Aurovela 1/20 (21)
norethindrone acetate-ethinyl estradiol	Gildess 1/20 (21)
norethindrone acetate-ethinyl estradiol	Junel 1/20 (21)
norethindrone acetate-ethinyl estradiol	Larin 1/20 (21)
norethindrone acetate-ethinyl estradiol	Loestrin 1/20 (21)
norethindrone acetate-ethinyl estradiol	Microgestin 1/20 (21)
norethindrone acetate-ethinyl estradiol	norethindrone ac-eth estradiol
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Aurovela 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Aurovela Fe 1-20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Blisovi 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Blisovi Fe 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Gildess 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Gildess FE 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Hailey 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Junel FE 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Junel Fe 24
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Larin 24 Fe

Appendix J. Generic and Brand Names of Medical Products Used to Define Exclusion Criteria and Covariates in this Request

Generic Name	Brand Name
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Larin Fe 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Lo Loestrin Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Lo Minastrin Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Loestrin 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Loestrin Fe 1/20 (28-Day)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Lomedia 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Melodetta 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Mibelas 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Microgestin 24 FE
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Microgestin FE 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Minastrin 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Tarina 24 Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Tarina Fe 1-20 EQ (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Tarina Fe 1/20 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Taytulla
norethindrone acetate-ethinyl estradiol/ferrous fumarate	norethindrone-e.estradiol-iron
NuvaRing	
etonogestrel/ethinyl estradiol	NuvaRing
Other Combined Hormonal Contraceptives (Ethinyl Estradiol Greater Than 20 mcg), Oral	
desogestrel-ethinyl estradiol	Cyclessa (28)
desogestrel-ethinyl estradiol	Velivet Triphasic Regimen (28)
desogestrel-ethinyl estradiol	Caziant (28)
desogestrel-ethinyl estradiol	Desogen
desogestrel-ethinyl estradiol	Reclipsen (28)
desogestrel-ethinyl estradiol	Emoquette
desogestrel-ethinyl estradiol	desogestrel-ethinyl estradiol
desogestrel-ethinyl estradiol	Apri
desogestrel-ethinyl estradiol	Isibloom
desogestrel-ethinyl estradiol	Juleber

Appendix J. Generic and Brand Names of Medical Products Used to Define Exclusion Criteria and Covariates in this Request

Generic Name	Brand Name
desogestrel-ethinyl estradiol	Cyred
desogestrel-ethinyl estradiol	Cyred EQ
desogestrel-ethinyl estradiol	Ortho-Cept (28)
desogestrel-ethinyl estradiol	Enskyce
drospirenone/ethinyl estradiol/levomefolate calcium	drospirenone-e.estradiol-lm.FA
drospirenone/ethinyl estradiol/levomefolate calcium	Safyral
drospirenone/ethinyl estradiol/levomefolate calcium	Tydemy
ethinyl estradiol/drospirenone	drospirenone-ethinyl estradiol
ethinyl estradiol/drospirenone	Ocella
ethinyl estradiol/drospirenone	Syeda
ethinyl estradiol/drospirenone	Yasmin (28)
ethinyl estradiol/drospirenone	Zarah
ethynodiol diacetate-ethinyl estradiol	ethynodiol diac-eth estradiol
ethynodiol diacetate-ethinyl estradiol	Kelnor 1/35 (28)
ethynodiol diacetate-ethinyl estradiol	Zovia 1/35E (28)
ethynodiol diacetate-ethinyl estradiol	Kelnor 1-50
ethynodiol diacetate-ethinyl estradiol	Zovia 1/50E (28)
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Rivelsa
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Quartette
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Camrese
levonorgestrel/ethinyl estradiol and ethinyl estradiol	L norgest/e.estradiol-e.estradiol
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Seasonique
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Amethia
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Ashlyna
levonorgestrel/ethinyl estradiol and ethinyl estradiol	Daysee
levonorgestrel-ethinyl estradiol	levonorgestrel-ethinyl estradiol
levonorgestrel-ethinyl estradiol	Portia 28
levonorgestrel-ethinyl estradiol	Altavera (28)
levonorgestrel-ethinyl estradiol	Levora-28
levonorgestrel-ethinyl estradiol	Marlissa (28)
levonorgestrel-ethinyl estradiol	Chateal (28)
levonorgestrel-ethinyl estradiol	Chateal EQ (28)
levonorgestrel-ethinyl estradiol	Nordette (28)
levonorgestrel-ethinyl estradiol	Levora 0.15/30 (28)
levonorgestrel-ethinyl estradiol	Kurvelo (28)
levonorgestrel-ethinyl estradiol	Lillow (28)
levonorgestrel-ethinyl estradiol	Enpresse
levonorgestrel-ethinyl estradiol	Myzilra
levonorgestrel-ethinyl estradiol	Levonest (28)
levonorgestrel-ethinyl estradiol	Trivora (28)
levonorgestrel-ethinyl estradiol	levonorg-eth estradiol triphasic
levonorgestrel-ethinyl estradiol	Jolessa
levonorgestrel-ethinyl estradiol	Introvale
levonorgestrel-ethinyl estradiol	Setlakin
levonorgestrel-ethinyl estradiol	Quasense

Appendix J. Generic and Brand Names of Medical Products Used to Define Exclusion Criteria and Covariates in this Request

Generic Name	Brand Name
norethindrone acetate-ethinyl estradiol	Junel 1.5/30 (21)
norethindrone acetate-ethinyl estradiol	Gildess 1.5/30 (21)
norethindrone acetate-ethinyl estradiol	Larin 1.5/30 (21)
norethindrone acetate-ethinyl estradiol	Loestrin 1.5/30 (21)
norethindrone acetate-ethinyl estradiol	Microgestin 1.5/30 (21)
norethindrone acetate-ethinyl estradiol	Aurovela 1.5/30 (21)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Junel FE 1.5/30 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Gildess FE 1.5/30 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Larin Fe 1.5/30 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Loestrin Fe 1.5/30 (28-Day)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Microgestin Fe 1.5/30 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Blisovi Fe 1.5/30 (28)
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Estrostep Fe-28
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Tri-Legest Fe
norethindrone acetate-ethinyl estradiol/ferrous fumarate	Tilia Fe
norethindrone-ethinyl estradiol	Zenchant (28)
norethindrone-ethinyl estradiol	Ovcon-35 (28)
norethindrone-ethinyl estradiol	Balziva (28)
norethindrone-ethinyl estradiol	Gildagia
norethindrone-ethinyl estradiol	Philith
norethindrone-ethinyl estradiol	Vyfemla (28)
norethindrone-ethinyl estradiol	Briellyn
norethindrone-ethinyl estradiol	Nortrel 7/7/7 (28)
norethindrone-ethinyl estradiol	Cyclafem 7/7/7 (28)
norethindrone-ethinyl estradiol	Dasetta 7/7/7 (28)
norethindrone-ethinyl estradiol	Ortho-Novum 7/7/7 (28)
norethindrone-ethinyl estradiol	Necon 7/7/7 (28)
norethindrone-ethinyl estradiol	Pirmella
norethindrone-ethinyl estradiol	Alyacen 7/7/7 (28)
norethindrone-ethinyl estradiol	Aranelle (28)
norethindrone-ethinyl estradiol	Tri-Norinyl (28)
norethindrone-ethinyl estradiol	Leena 28
norethindrone-ethinyl estradiol	Nortrel 0.5/35 (28)
norethindrone-ethinyl estradiol	Wera (28)
norethindrone-ethinyl estradiol	Necon 0.5/35 (28)
norethindrone-ethinyl estradiol	Modicon (28)
norethindrone-ethinyl estradiol	Brevicon (28)
norethindrone-ethinyl estradiol	Necon 10/11 (28)
norethindrone-ethinyl estradiol	Nortrel 1/35 (21)
norethindrone-ethinyl estradiol	Nortrel 1/35 (28)
norethindrone-ethinyl estradiol	Cyclafem 1/35 (28)
norethindrone-ethinyl estradiol	Dasetta 1/35 (28)
norethindrone-ethinyl estradiol	Necon 1/35 (28)
norethindrone-ethinyl estradiol	Alyacen 1/35 (28)
norethindrone-ethinyl estradiol	Ortho-Novum 1/35 (28)

Appendix J. Generic and Brand Names of Medical Products Used to Define Exclusion Criteria and Covariates in this Request

Generic Name	Brand Name
norethindrone-ethinyl estradiol	Norinyl 1/35 (28)
norethindrone-ethinyl estradiol/ferrous fumarate	Zeosa
norethindrone-ethinyl estradiol/ferrous fumarate	noreth-ethinyl estradiol-iron
norethindrone-ethinyl estradiol/ferrous fumarate	Femcon Fe
norethindrone-ethinyl estradiol/ferrous fumarate	Zenchant Fe
norethindrone-ethinyl estradiol/ferrous fumarate	Wymzya Fe
norethindrone-ethinyl estradiol/ferrous fumarate	Generess Fe
norethindrone-ethinyl estradiol/ferrous fumarate	Layolis Fe
norethindrone-ethinyl estradiol/ferrous fumarate	Kaitlib Fe
norethindrone-mestranol	Necon 1/50 (28)
norethindrone-mestranol	Norinyl 1+50 (28)
norgestimate-ethinyl estradiol	Tri-Lo-Sprintec
norgestimate-ethinyl estradiol	Tri-Previfem (28)
norgestimate-ethinyl estradiol	norgestimate-ethinyl estradiol
norgestimate-ethinyl estradiol	Tri-Sprintec (28)
norgestimate-ethinyl estradiol	Tri-Estarylla
norgestimate-ethinyl estradiol	Tri-Lo-Estarylla
norgestimate-ethinyl estradiol	Tri-Linyah
norgestimate-ethinyl estradiol	TriNessa (28)
norgestimate-ethinyl estradiol	Ortho Tri-Cyclen (28)
norgestimate-ethinyl estradiol	Ortho Tri-Cyclen LO (28)
norgestimate-ethinyl estradiol	Tri-VyLibra Lo
norgestimate-ethinyl estradiol	Tri-VyLibra
norgestimate-ethinyl estradiol	TriNessa Lo
norgestimate-ethinyl estradiol	Tri-Lo-Marzia
norgestimate-ethinyl estradiol	Tri-Mili
norgestimate-ethinyl estradiol	Tri Femynor
norgestimate-ethinyl estradiol	Previfem
norgestimate-ethinyl estradiol	Sprintec (28)
norgestimate-ethinyl estradiol	Estarylla
norgestimate-ethinyl estradiol	Mono-Linyah
norgestimate-ethinyl estradiol	VyLibra
norgestimate-ethinyl estradiol	Ortho-Cyclen (28)
norgestimate-ethinyl estradiol	Mononessa (28)
norgestimate-ethinyl estradiol	Mili
norgestimate-ethinyl estradiol	Femynor
norgestrel-ethinyl estradiol	Cryselle (28)
norgestrel-ethinyl estradiol	Elinest
norgestrel-ethinyl estradiol	Low-Ogestrel (28)
norgestrel-ethinyl estradiol	Ogestrel (28)
norgestrel-ethinyl estradiol	norgestrel-ethinyl estradiol
Other Combined Hormonal Contraceptives (Ethinyl Estradiol Greater Than 20 mcg), Patch	
norelgestromin/ethinyl estradiol	Xulane
norelgestromin/ethinyl estradiol	Ortho Evra

Appendix J. Generic and Brand Names of Medical Products Used to Define Exclusion Criteria and Covariates in this Request

Generic Name	Brand Name
Progestin, Implants	
etonogestrel	Implanon
etonogestrel	Nexplanon
Progestin, Injection	
medroxyprogesterone acetate	Depo-Provera
medroxyprogesterone acetate	medroxyprogesterone
medroxyprogesterone acetate	Depo-SubQ provera 104
Progestin, Intrauterine Device (IUD)	
levonorgestrel	Skyla
levonorgestrel	Kyleena
levonorgestrel	Liletta
levonorgestrel	Mirena
Progestin, Oral	
norethindrone	norethindrone (contraceptive)
norethindrone	Errin
norethindrone	Camila
norethindrone	Deblitane
norethindrone	Sharobel
norethindrone	Lyza
norethindrone	Tulana
norethindrone	Ortho Micronor
norethindrone	Norlyroc
norethindrone	Errin
norethindrone	Camila
norethindrone	Errin
norethindrone	Nor-Q-D
norethindrone	Nora-BE
norethindrone	Jolivette
norethindrone	Camila
norethindrone	Incassia
norethindrone	Jencycla
norethindrone	Heather
norethindrone	Norlyda

Appendix K. Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdp_v01

This request utilized the Cohort Identification and Descriptive Analysis (CIDA) tool, version 9.6.0, to estimate incidence and incidence rates of venous thromboembolism (VTE) and arterial thromboembolism (ATE) in new users of NuvaRing or other combined hormonal contraceptives (oCHC) in the Sentinel Distributed Database (SDD).

Query period: January 1, 2014 - December 31, 2019
Coverage requirement: Medical & Drug Coverage
Pre-index enrollment requirement: 365 days
Enrollment gap: 45 days
Age groups: 18-24, 25-34, 35-45, 46+ years
Stratifications: Age group
Restrictions: Females only
Censor output categorization: Yes (Overall, stratification by age group, censor days by 00-30, 31-60, 61-90, 91-183, 184+)

Exposure

Scenario	Index Exposure	Cohort definition	Incident exposure washout period	Incident with respect to:	Exposure episode gap	Exposure episode extension	Minimum exposure episode duration	Minimum days supplied	Censor treatment episode at evidence of:
1	NuvaRing	First valid exposure episodes (01)	365	NuvaRing other combined hormonal contraceptives (oCHCs) EE≤20µg oCHCs EE >20µg Progestin-only contraceptives Removal codes (implant only) (assess by days supplied)	30 days	30 days	1 day	1 day	Death; Data Partner end date; Query end date; Disenrollment; End of episode; Initiation of oCHC EE≤20µg; Initiation of oCHC EE>20µg; Initiation of Progestin-only contraceptives;
2	NuvaRing	First valid exposure episodes (01)	365	NuvaRing oCHCs EE≤20µg oCHCs EE >20µg Progestin-only contraceptives Removal codes (implant only) (assess by days supplied)	30 days	30 days	1 day	1 day	Death; Data Partner end date; Query end date; Disenrollment; End of episode; Initiation of oCHC EE≤20µg; Initiation of oCHC EE>20µg; Initiation of Progestin-only contraceptives;

Appendix K. Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdv_v01

Exposure									
Scenario	Index Exposure	Cohort definition	Incident exposure washout period	Incident with respect to:	Exposure episode gap	Exposure episode extension	Minimum exposure episode duration	Minimum days supplied	Censor treatment episode at evidence of:
3	NuvaRing	First valid exposure episodes (01)	365	NuvaRing oCHCs EE≤20µg oCHCs EE >20µg Progestin-only contraceptives Removal codes (implant only) (assess by days supplied)	30 days	30 days	1 day	1 day	Death; Data Partner end date; Query end date; Disenrollment; End of episode; Initiation of oCHC EE≤20µg; Initiation of oCHC EE>20µg; Initiation of Progestin-only contraceptives;
4	NuvaRing	First valid exposure episodes (01)	365	NuvaRing (assess by days supplied)	30 days	30 days	1 day	1 day	Death; Data Partner end date; Query end date; Disenrollment; End of episode; Initiation of oCHC EE≤20µg; Initiation of oCHC EE>20µg; Initiation of Progestin-only contraceptives;
5	NuvaRing	First valid exposure episodes (01)	365	NuvaRing (assess by days supplied)	30 days	30 days	1 day	1 day	Death; Data Partner end date; Query end date; Disenrollment; End of episode; Initiation of oCHC EE≤20µg; Initiation of oCHC EE>20µg; Initiation of Progestin-only contraceptives;

Appendix K. Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdv_v01

Exposure									
Scenario	Index Exposure	Cohort definition	Incident exposure washout period	Incident with respect to:	Exposure episode gap	Exposure episode extension	Minimum exposure episode duration	Minimum days supplied	Censor treatment episode at evidence of:
6	NuvaRing	First valid exposure episodes (01)	365	NuvaRing (assess by days supplied)	30 days	30 days	1 day	1 day	Death; Data Partner end date; Query end date; Disenrollment; End of episode; Initiation of oCHC EE≤20µg; Initiation of oCHC EE>20µg; Initiation of Progestin-only contraceptives;
7	oCHCs (ethinyl estradiol (EE) ≤ 20µg)	First valid exposure episodes (01)	365	NuvaRing oCHCs EE≤20µg oCHCs EE >20µg Progestin-only contraceptives Removal codes (implant only) (assess by days supplied)	30 days	30 days	1 day	1 day	Death; Data Partner end date; Query end date; Disenrollment; End of episode; Initiation of NuvaRing; Initiation of oCHC EE>20µg; Initiation of Progestin-only contraceptives;
8	oCHCs (EE ≤ 20µg)	First valid exposure episodes (01)	365	NuvaRing oCHCs EE≤20µg oCHCs EE >20µg Progestin-only contraceptives Removal codes (implant only) (assess by days supplied)	30 days	30 days	1 day	1 day	Death; Data Partner end date; Query end date; Disenrollment; End of episode; Initiation of NuvaRing; Initiation of oCHC EE>20µg; Initiation of Progestin-only contraceptives;

Appendix K. Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdv_v01

Exposure									
Scenario	Index Exposure	Cohort definition	Incident exposure washout period	Incident with respect to:	Exposure episode gap	Exposure episode extension	Minimum exposure episode duration	Minimum days supplied	Censor treatment episode at evidence of:
9	oCHCs (EE ≤ 20µg)	First valid exposure episodes (01)	365	NuvaRing oCHCs EE ≤ 20µg oCHCs EE > 20µg Progestin-only contraceptives Removal codes (implant only) (assess by days supplied)	30 days	30 days	1 day	1 day	Death; Data Partner end date; Query end date; Disenrollment; End of episode; Initiation of NuvaRing; Initiation of oCHC EE > 20µg; Initiation of Progestin-only contraceptives;
10	oCHCs (EE ≤ 20µg)	First valid exposure episodes (01)	365	oCHCs EE ≤ 20µg (assess by days supplied)	30 days	30 days	1 day	1 day	Death; Data Partner end date; Query end date; Disenrollment; End of episode; Initiation of NuvaRing; Initiation of oCHC EE > 20µg; Initiation of Progestin-only contraceptives;
11	oCHCs (EE ≤ 20µg)	First valid exposure episodes (01)	365	oCHCs EE ≤ 20µg (assess by days supplied)	30 days	30 days	1 day	1 day	Death; Data Partner end date; Query end date; Disenrollment; End of episode; Initiation of NuvaRing; Initiation of oCHC EE > 20µg; Initiation of Progestin-only contraceptives;

Appendix K. Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdv_v01

Exposure									
Scenario	Index Exposure	Cohort definition	Incident exposure washout period	Incident with respect to:	Exposure episode gap	Exposure episode extension	Minimum exposure episode duration	Minimum days supplied	Censor treatment episode at evidence of:
12	oCHCs (EE ≤ 20µg)	First valid exposure episodes (01)	365	oCHCs EE≤20µg (assess by days supplied)	30 days	30 days	1 day	1 day	Death; Data Partner end date; Query end date; Disenrollment; End of episode; Initiation of NuvaRing; Initiation of oCHC EE>20µg; Initiation of Progestin-only contraceptives;
13	NuvaRing	First valid exposure episodes (01)	365	NuvaRing oCHCs EE≤20µg oCHCs EE >20µg Progestin-only contraceptives Removal codes (implant only) (assess by days supplied)	30 days	30 days	1 day	1 day	Death; Data Partner end date; Query end date; Disenrollment; End of episode; Initiation of oCHC EE≤20µg; Initiation of oCHC EE>20µg; Initiation of Progestin-only contraceptives;
14	NuvaRing	First valid exposure episodes (01)	365	NuvaRing oCHCs EE≤20µg oCHCs EE >20µg Progestin-only contraceptives Removal codes (implant only) (assess by days supplied)	30 days	30 days	1 day	1 day	Death; Data Partner end date; Query end date; Disenrollment; End of episode; Initiation of oCHC EE≤20µg; Initiation of oCHC EE>20µg; Initiation of Progestin-only contraceptives;

Appendix K. Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdv_v01

Exposure									
Scenario	Index Exposure	Cohort definition	exposure washout period	Incident with respect to:	Exposure episode gap	episode extension	exposure episode	days supplied	Censor treatment episode at evidence of:
15	oCHCs (EE ≤ 20µg)	First valid exposure episodes (01)	365	NuvaRing oCHCs EE ≤ 20µg oCHCs EE > 20µg Progestin-only contraceptives Removal codes (implant only) (assess by days supplied)	30 days	30 days	1 day	1 day	Death; Data Partner end date; Query end date; Disenrollment; End of episode; Initiation of NuvaRing; Initiation of oCHC EE > 20µg; Initiation of Progestin-only contraceptives;
16	oCHCs (EE ≤ 20µg)	First valid exposure episodes (01)	365	NuvaRing oCHCs EE ≤ 20µg oCHCs EE > 20µg Progestin-only contraceptives Removal codes (implant only) (assess by days supplied)	30 days	30 days	1 day	1 day	Death; Data Partner end date; Query end date; Disenrollment; End of episode; Initiation of NuvaRing; Initiation of oCHC EE > 20µg; Initiation of Progestin-only contraceptives;

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Common Procedural Terminology codes are provided by Optum360.

NDC codes are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."

Appendix K. Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdv_v01

Scenario	Stockpiling		Inclusion/Exclusion Criteria				Number of instances the criteria should be found in evaluation period
	Stockpiling rules	Exclusion group	Criteria	Care setting	Evaluation period start	Evaluation period end	
1	Stockpile by route within the exposure groups (i.e., Nuvaring, oCHCs ≤ 20µg, oCHCs > 20µg, progestin)	oCHCs EE≤20µg oCHCs EE>20µg Progestin-only contraceptives Removal codes (implant only) (assess on dispensing day only)	Exclusion	Any care setting	0	0	1 instance
2	Stockpile by route within the exposure groups (i.e., Nuvaring, oCHCs ≤ 20µg, oCHCs > 20µg, progestin)	oCHCs EE≤20µg oCHCs EE>20µg Progestin-only contraceptives Removal codes (implant only) (assess on dispensing day only)	Exclusion	Any care setting	0	0	1 instance
3	Stockpile by route within the exposure groups (i.e., Nuvaring, oCHCs ≤ 20µg, oCHCs > 20µg, progestin)	oCHCs EE≤20µg oCHCs EE>20µg Progestin-only contraceptives Removal codes (implant only) (assess on dispensing day only)	Exclusion	Any care setting	0	0	1 instance

Appendix K. Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdv_v01

Scenario	Stockpiling		Inclusion/Exclusion Criteria				Number of instances the criteria should be found in evaluation period
	Stockpiling rules	Exclusion group	Criteria	Care setting	Evaluation period start	Evaluation period end	
4	Stockpile by route within the exposure groups (i.e., Nuvaring, oCHCs ≤ 20µg, oCHCs > 20µg, progestin)	oCHCs EE≤20µg oCHCs EE>20µg Progestin-only contraceptives Removal codes (implant only) (assess on dispensing day only)	Exclusion	Any care setting	0	0	1 instance
5	Stockpile by route within the exposure groups (i.e., Nuvaring, oCHCs ≤ 20µg, oCHCs > 20µg, progestin)	oCHCs EE≤20µg oCHCs EE>20µg Progestin-only contraceptives Removal codes (implant only) (assess on dispensing day only)	Exclusion	Any care setting	0	0	1 instance
6	Stockpile by route within the exposure groups (i.e., Nuvaring, oCHCs ≤ 20µg, oCHCs > 20µg, progestin)	oCHCs EE≤20µg oCHCs EE>20µg Progestin-only contraceptives Removal codes (implant only) (assess on dispensing day only)	Exclusion	Any care setting	0	0	1 instance

Appendix K. Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdv_v01

Scenario	Stockpiling		Inclusion/Exclusion Criteria				Number of instances the criteria should be found in evaluation period
	Stockpiling rules	Exclusion group	Criteria	Care setting	Evaluation period start	Evaluation period end	
7	Stockpile by route within the exposure groups (i.e., Nuvaring, oCHCs ≤ 20µg, oCHCs > 20µg, progestin)	Nuvaring oCHCs EE>20µg Progestin-only contraceptives Removal codes (implant only) (assess on dispensing day only)	Exclusion	Any care setting	0	0	1 instance
8	Stockpile by route within the exposure groups (i.e., Nuvaring, oCHCs ≤ 20µg, oCHCs > 20µg, progestin)	Nuvaring oCHCs EE>20µg Progestin-only contraceptives Removal codes (implant only) (assess on dispensing day only)	Exclusion	Any care setting	0	0	1 instance
9	Stockpile by route within the exposure groups (i.e., Nuvaring, oCHCs ≤ 20µg, oCHCs > 20µg, progestin)	Nuvaring oCHCs EE>20µg Progestin-only contraceptives Removal codes (implant only) (assess on dispensing day only)	Exclusion	Any care setting	0	0	1 instance

Appendix K. Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdv_v01

Scenario	Stockpiling		Inclusion/Exclusion Criteria				Number of instances the criteria should be found in evaluation period
	Stockpiling rules	Exclusion group	Criteria	Care setting	Evaluation period start	Evaluation period end	
10	Stockpile by route within the exposure groups (i.e., Nuvaring, oCHCs ≤ 20µg, oCHCs > 20µg, progestin)	Nuvaring oCHCs EE>20µg Progestin-only contraceptives Removal codes (implant only) (assess on dispensing day only)	Exclusion	Any care setting	0	0	1 instance
11	Stockpile by route within the exposure groups (i.e., Nuvaring, oCHCs ≤ 20µg, oCHCs > 20µg, progestin)	Nuvaring oCHCs EE>20µg Progestin-only contraceptives Removal codes (implant only) (assess on dispensing day only)	Exclusion	Any care setting	0	0	1 instance
12	Stockpile by route within the exposure groups (i.e., Nuvaring, oCHCs ≤ 20µg, oCHCs > 20µg, progestin)	Nuvaring oCHCs EE>20µg Progestin-only contraceptives Removal codes (implant only) (assess on dispensing day only)	Exclusion	Any care setting	0	0	1 instance

Appendix K. Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdv_v01

Scenario	Stockpiling rules	Inclusion/Exclusion Criteria						Number of instances the criteria should be found in evaluation period
		Exclusion group	Criteria	Care setting	Evaluation period start	Evaluation period end		
13	Stockpile by route within the exposure groups (i.e., Nuvaring, oCHCs ≤ 20µg, oCHCs > 20µg, progestin)	Cancers OR Cardiovascular disease OR Chemotherapy OR Cerebrovascular disease OR Sickle Cell disease OR Any other life threatening condition (eg. HIV, organ transplantation, renal failure, liver failure, respiratory failure, heart failure)	Exclusion	Any care setting	-365	0	1 instance	
		AND						
		oCHCs EE≤20µg oCHCs EE>20µg Progestin-only contraceptives Removal codes (implant only) (assess on dispensing day only)	Exclusion	Any care setting	0	0	1 instance	
14	Stockpile by route within the exposure groups (i.e., Nuvaring, oCHCs ≤ 20µg, oCHCs > 20µg, progestin)	Cancers OR Cardiovascular disease OR Chemotherapy OR Cerebrovascular disease OR Sickle Cell disease OR Any other life threatening condition (eg. HIV, organ transplantation, renal failure, liver failure, respiratory failure, heart failure)	Exclusion	Any care setting	-365	0	1 instance	
		AND						
		oCHCs EE≤20µg oCHCs EE>20µg Progestin-only contraceptives Removal codes (implant only) (assess on dispensing day only)	Exclusion	Any care setting	0	0	1 instance	

Appendix K. Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdp_v01

Scenario	Stockpiling		Inclusion/Exclusion Criteria				Number of instances the criteria should be found in evaluation period
	Stockpiling rules	Exclusion group	Criteria	Care setting	Evaluation period start	Evaluation period end	
15	Stockpile by route within the exposure groups (i.e., Nuvaring, oCHCs ≤ 20µg, oCHCs > 20µg, progestin)	Cancers OR Cardiovascular disease OR Chemotherapy OR Cerebrovascular disease OR Sickle Cell disease OR Any other life threatening condition (eg. HIV, organ transplantation, renal failure, liver failure, respiratory failure, heart failure)	Exclusion	Any care setting	-365	0	1 instance
		AND					
		oCHCs EE≤20µg oCHCs EE>20µg Progestin-only contraceptives Removal codes (implant only) (assess on dispensing day only)	Exclusion	Any care setting	0	0	1 instance
16	Stockpile by route within the exposure groups (i.e., Nuvaring, oCHCs ≤ 20µg, oCHCs > 20µg, progestin)	Cancers OR Cardiovascular disease OR Chemotherapy OR Cerebrovascular disease OR Sickle Cell disease OR Any other life threatening condition (eg. HIV, organ transplantation, renal failure, liver failure, respiratory failure, heart failure)	Exclusion	Any care setting	-365	0	1 instance
		AND					
		oCHCs EE≤20µg oCHCs EE>20µg Progestin-only contraceptives Removal codes (implant only) (assess on dispensing day only)	Exclusion	Any care setting	0	0	1 instance

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

Appendix K. Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdv_v01

Event Outcome							Covariates/Utilization/Comorbidity Score (See Appendix L for more details)		
Scenario	Event	Event Care setting	Event washout period (days)	Event washout criteria	Event Washout Care setting	Blackout period (days)	Covariates	Health Services Utilization Care Settings	Comorbidity Score
1	Venous Thromboembolism (VTE)	Inpatient Stay (IP*)	365	VTE / VTE history	IP*	1	Demographics Exposure contraceptives Pregnancy Comorbidity (See Appendix L)	Yes	Yes
				OR					
				VTE / VTE history AND Novel oral anticoagulants (NOAC)/Warfarin within 4 weeks after VTE diagnosis	Ambulatory Visit (AV*), Other Ambulatory Visit (OA*)				
2	VTE	IP*	365	VTE / VTE history	IP*	1	Demographics Exposure contraceptives Pregnancy Comorbidity (See Appendix L)	Yes	Yes
				OR					
				VTE / VTE history AND NOAC/Warfarin within 4 weeks after VTE diagnosis	AV*, OA*				
3	Arterial Thromboembolism (ATE)	IPP	365	ATE	Inpatient Stay Primary Diagnosis (IPP)	1	Demographics Exposure contraceptives Pregnancy Comorbidity (See Appendix L)	Yes	Yes

Appendix K. Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdp_v01

Event Outcome							Covariates/Utilization/Comorbidity Score (See Appendix L for more details)		
Scenario	Event	Event Care setting	Event washout period (days)	Event washout criteria	Event Washout Care setting	Blackout period (days)	Covariates	Health Services Utilization Care Settings	Comorbidity Score
4	VTE	IP*	365	VTE / VTE history <hr/> OR <hr/> VTE / VTE history AND NOAC/Warfarin within 4 weeks after VTE diagnosis	IP* AV*, OA*	1	Demographics Exposure contraceptives Pregnancy Comorbidity (See Appendix L)	Yes	Yes
5	VTE <hr/> OR <hr/> VTE AND NOAC/Warfarin within 4 weeks after VTE diagnosis	IP* AV*, OA*	365	VTE / VTE history <hr/> OR <hr/> VTE / VTE history AND NOAC/Warfarin within 4 weeks after VTE diagnosis	IP* AV*, OA*	1	Demographics Exposure contraceptives Pregnancy Comorbidity (See Appendix L)	Yes	Yes
6	ATE	IPP	365	ATE	IPP	1	Demographics Exposure contraceptives Pregnancy Comorbidity (See Appendix L)	Yes	Yes
7	VTE	IP*	365	VTE / VTE history <hr/> OR <hr/> VTE / VTE history AND NOAC/Warfarin within 4 weeks after VTE diagnosis	IP* AV*, OA*	1	Demographics Exposure contraceptives Pregnancy Comorbidity (See Appendix L)	Yes	Yes

Appendix K. Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdv_v01

Event Outcome							Covariates/Utilization/Comorbidity Score (See Appendix L for more details)		
Scenario	Event	Event Care setting	Event washout period (days)	Event washout criteria	Event Washout Care setting	Blackout period (days)	Covariates	Health Services Utilization Care Settings	Comorbidity Score
8	VTE	IP*	365	VTE / VTE history	IP*	1	Demographics Exposure contraceptives Pregnancy Comorbidity (See Appendix L)	Yes	Yes
	OR			OR					
	VTE AND NOAC/Warfarin within 4 weeks after VTE diagnosis	AV*, OA*		VTE / VTE history AND NOAC/Warfarin within 4 weeks after VTE diagnosis	AV*, OA*				
9	ATE	IPP	365	ATE	IPP	1	Demographics Exposure contraceptives Pregnancy Comorbidity (See Appendix L)	Yes	Yes
10	VTE	IP*	365	VTE / VTE history	IP*	1	Demographics Exposure contraceptives Pregnancy Comorbidity (See Appendix L)	Yes	Yes
				OR					
				VTE / VTE history AND NOAC/Warfarin within 4 weeks after VTE diagnosis	AV*, OA*				

Appendix K. Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdv_v01

Scenario	Event Outcome						Covariates/Utilization/Comorbidity Score (See Appendix L for more details)		
	Event	Event Care setting	Event washout period (days)	Event washout criteria	Event Washout Care setting	Blackout period (days)	Covariates	Health Services Utilization Care Settings	Comorbidity Score
11	VTE <hr/> OR VTE AND NOAC/Warfarin within 4 weeks after VTE diagnosis	IP* AV*, OA*	365	VTE / VTE history <hr/> OR VTE / VTE history AND NOAC/Warfarin within 4 weeks after VTE diagnosis	IP* AV*, OA*	1	Demographics Exposure contraceptives Pregnancy Comorbidity (See Appendix L)	Yes	Yes
12	ATE	IPP	365	ATE	IPP	1	Demographics Exposure contraceptives Pregnancy Comorbidity (See Appendix L)	Yes	Yes
13	VTE	IP*	365	VTE / VTE history <hr/> OR VTE / VTE history AND NOAC/Warfarin within 4 weeks after VTE diagnosis	IP* AV*, OA*	1	Demographics Exposure contraceptives Pregnancy	Yes	Yes
14	ATE	IPP	365	ATE	IPP	1	Demographics Exposure contraceptives Pregnancy	Yes	Yes

Appendix K. Specifications Defining Parameters in this Request: cder_mpl1r_wp146_nsdp_v01

Event Outcome							Covariates/Utilization/Comorbidity Score (See Appendix L for more details)		
Scenario	Event	Event Care setting	Event washout period (days)	Event washout criteria	Event Washout Care setting	Blackout period (days)	Covariates	Health Services Utilization Care Settings	Comorbidity Score
15	VTE	IP*	365	VTE / VTE history	IP*	1	Demographics Exposure contraceptives Pregnancy	Yes	Yes
				OR					
				VTE / VTE history AND NOAC/Warfarin within 4 weeks after VTE diagnosis	AV*, OA*				
16	ATE	IPP	365	ATE	IPP	1	Demographics Exposure contraceptives Pregnancy	Yes	Yes

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes, ICD-9-CM, International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Current Procedural Terminology, Fourth Edition (CPT-4), and Healthcare Common Procedure Coding System (HCPCS), Common Procedural Terminology codes are provided by Optum360.

NDC codes are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."

Appendix L. Specifications Defining Covariates, Comorbidity Score, and Utilization in this Request

Covariates									
Group	Number	Covariate	Care setting	Diagnosis position	Evaluation period start	Evaluation period end	Number of instances the covariate should be found in evaluation period	Days supplied or dispensing date only?	Forced Days Supply to Attach to Dispensing
Comorbidity	1	Cancer	Any care setting	Any	-365	0	1 instance	N/A	N/A
Comorbidity	2	Cardiovascular Disease	Any care setting	Any	-365	0	1 instance	N/A	N/A
Comorbidity	3	Cerebrovascular Disease	Any care setting	Any	-365	0	1 instance	N/A	N/A
Comorbidity	4	Chemotherapy	Any care setting	Any	-365	0	1 instance	N/A	N/A
Comorbidity	5	Sicke Cell Disease	Any care setting	Any	-365	0	1 instance	N/A	N/A
Comorbidity	6	HIV	Any care setting	Any	-365	0	1 instance	N/A	N/A
Comorbidity	7	Organ Transplantation	Any care setting	Any	-365	0	1 instance	N/A	N/A
Comorbidity	8	Renal Failure	Any care setting	Any	-365	0	1 instance	N/A	N/A
Comorbidity	9	Liver Failure	Any care setting	Any	-365	0	1 instance	N/A	N/A
Comorbidity	10	Respiratory Failure	Any care setting	Any	-365	0	1 instance	N/A	N/A
Comorbidity	11	Heart Failure	Any care setting	Any	-365	0	1 instance	N/A	N/A
Contraceptives	12	NuvaRing	Any care setting	Any	-365	-1	1 instance	Days supplied	N/A
Contraceptives	13	oCHCs ≤ 20µg	Any care setting	Any	-365	-1	1 instance	Days supplied	N/A
Contraceptives	14	oCHCs > 20µg	Any care setting	Any	-365	-1	1 instance	Days supplied	N/A
Contraceptives	15	Progestin-only contraceptives	Any care setting	Any	-365	-1	1 instance	Days supplied	N/A
Pregnancy	16	Live birth delivery	Any care setting	Any	-365	0	1 instance	N/A	42
Pregnancy	17	Pregnancy	Any care setting	Any	-365	0	1 instance	N/A	42

Appendix L. Specifications Defining Covariates, Comorbidity Score, and Utilization in this Request

Covariates									
Group	Number	Covariate	Care setting	Diagnosis position	Evaluation period start	Evaluation period end	Number of instances the covariate should be found in evaluation period	Days supplied or dispensing date only?	Forced Days Supply to Attach to Dispensing
Pregnancy	18	Intrauterine insemination (IUI) or in vitro fertilization (IVF)	Any care setting	Any	-351	13	1 instance	N/A	N/A
Pregnancy	19	Prenatal Nuchal translucency measurement	Any care setting	Any	-277	87	1 instance	N/A	N/A
Pregnancy	20	Live birth delivery	Any care setting	Any	0	30	1 instance	N/A	N/A
Pregnancy	21	Pregnancy	Any care setting	Any	0	30	1 instance	N/A	N/A
Pregnancy	22	Intrauterine insemination (IUI) or in vitro fertilization (IVF)	Any care setting	Any	0	30	1 instance	N/A	N/A
Pregnancy	23	Prenatal Nuchal translucency measurement	Any care setting	Any	0	30	1 instance	N/A	N/A
Pregnancy	24	Live birth delivery	Any care setting	Any	31	60	1 instance	N/A	N/A
Pregnancy	25	Pregnancy	Any care setting	Any	31	60	1 instance	N/A	N/A
Pregnancy	26	Intrauterine insemination (IUI) or in vitro fertilization (IVF)	Any care setting	Any	31	60	1 instance	N/A	N/A
Pregnancy	27	Prenatal Nuchal translucency measurement	Any care setting	Any	31	60	1 instance	N/A	N/A
Pregnancy	28	Live birth delivery	Any care setting	Any	61	90	1 instance	N/A	N/A
Pregnancy	29	Pregnancy	Any care setting	Any	61	90	1 instance	N/A	N/A
Pregnancy	30	Intrauterine insemination (IUI) or in vitro fertilization (IVF)	Any care setting	Any	61	90	1 instance	N/A	N/A
Pregnancy	31	Prenatal Nuchal translucency measurement	Any care setting	Any	61	90	1 instance	N/A	N/A
Pregnancy	32	Live birth delivery	Any care setting	Any	91	183	1 instance	N/A	N/A
Pregnancy	33	Pregnancy	Any care setting	Any	91	183	1 instance	N/A	N/A
Pregnancy	34	Intrauterine insemination (IUI) or in vitro fertilization (IVF)	Any care setting	Any	91	183	1 instance	N/A	N/A

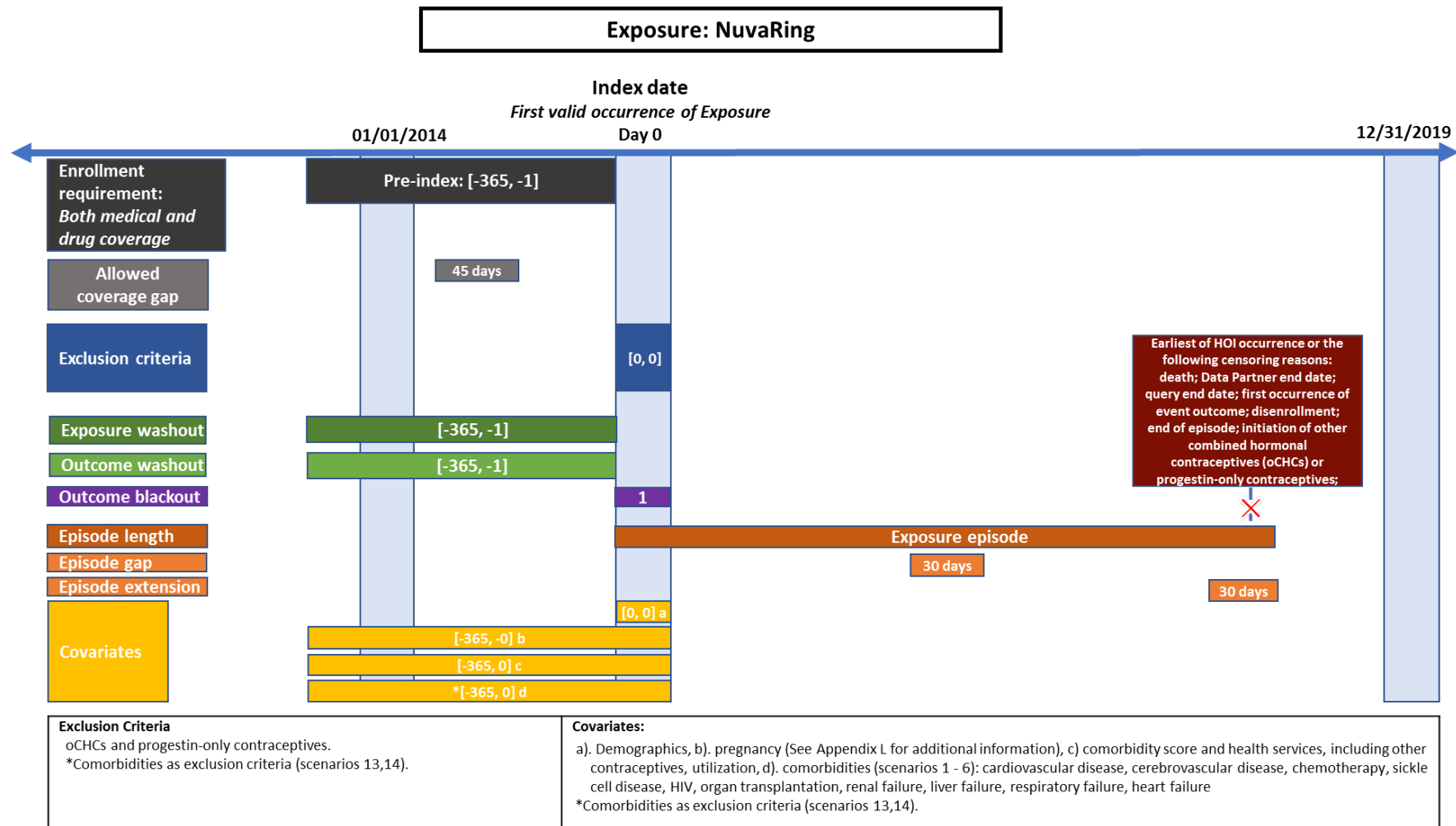
Appendix L. Specifications Defining Covariates, Comorbidity Score, and Utilization in this Request

Covariates									
Group	Number	Covariate	Care setting	Diagnosis position	Evaluation period start	Evaluation period end	Number of instances the covariate should be found in evaluation period	Days supplied or dispensing date only?	Forced Days Supply to Attach to Dispensing
Pregnancy	35	Prenatal Nuchal translucency measurement	Any care setting	Any	91	183	1 instance	N/A	N/A
Pregnancy	36	Live birth delivery or pregnancy (Live birth delivery OR Pregnancy codes) (16 OR 17)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pregnancy	37	Intrauterine insemination (IUI) or in vitro fertilization (IVF) OR Nuchal translucency measurement (18 OR 19)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pregnancy	38	Live birth delivery or pregnancy OR Intrauterine insemination (IUI) or in vitro fertilization (IVF) OR Nuchal translucency measurement (16 OR 17 OR 18 OR 19)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pregnancy	39	Live birth delivery or pregnancy (Live birth delivery OR Pregnancy codes) (20 OR 21)	N/A	N/A	0	30	N/A	N/A	N/A
Pregnancy	40	Intrauterine insemination (IUI) or in vitro fertilization (IVF) OR Nuchal translucency measurement (22 OR 23)	N/A	N/A	0	30	N/A	N/A	N/A
Pregnancy	41	Live birth delivery or pregnancy OR Intrauterine insemination (IUI) or in vitro fertilization (IVF) OR Nuchal translucency measurement (20 OR 21 OR 22 OR 23)	N/A	N/A	0	30	N/A	N/A	N/A
Pregnancy	42	Live birth delivery or pregnancy (Live birth delivery OR Pregnancy codes) (24 OR 25)	N/A	N/A	31	60	N/A	N/A	N/A
Pregnancy	43	Intrauterine insemination (IUI) or in vitro fertilization (IVF) OR Nuchal translucency measurement (26 OR 27)	N/A	N/A	31	60	N/A	N/A	N/A
Pregnancy	44	Live birth delivery or pregnancy OR Intrauterine insemination (IUI) or in vitro fertilization (IVF) OR Nuchal translucency measurement (24 OR 25 OR 26 OR 27)	N/A	N/A	31	60	N/A	N/A	N/A

Appendix L. Specifications Defining Covariates, Comorbidity Score, and Utilization in this Request

Covariates									
Group	Number	Covariate	Care setting	Diagnosis position	Evaluation period start	Evaluation period end	Number of instances the covariate should be found in evaluation period	Days supplied or dispensing date only?	Forced Days Supply to Attach to Dispensing
Pregnancy	45	Live birth delivery or pregnancy (Live birth delivery OR Pregnancy codes) (28 OR 29)	N/A	N/A	61	90	N/A	N/A	N/A
Pregnancy	46	Intrauterine insemination (IUI) or in vitro fertilization (IVF) OR Nuchal translucency measurement (30 OR 31)	N/A	N/A	61	90	N/A	N/A	N/A
Pregnancy	47	Live birth delivery or pregnancy OR Intrauterine insemination (IUI) or in vitro fertilization (IVF) OR Nuchal translucency measurement (28 OR 29 OR 30 OR 31)	N/A	N/A	61	90	N/A	N/A	N/A
Pregnancy	48	Live birth delivery or pregnancy (Live birth delivery OR Pregnancy codes) (32 OR 33)	N/A	N/A	91	183	N/A	N/A	N/A
Pregnancy	49	Intrauterine insemination (IUI) or in vitro fertilization (IVF) OR Nuchal translucency measurement (34 OR 35)	N/A	N/A	91	183	N/A	N/A	N/A
Pregnancy	50	Live birth delivery or pregnancy OR Intrauterine insemination (IUI) or in vitro fertilization (IVF) OR Nuchal translucency measurement (32 OR 33 OR 34 OR 35)	N/A	N/A	91	183	N/A	N/A	N/A
Demographics	N/A	Age group (18-24 25-34 35-45 46+)	N/A	N/A	0	0	N/A	N/A	N/A
Demographics	N/A	Calendar year	N/A	N/A	0	0	N/A	N/A	N/A
Comorbidity Score	N/A	Comorbidity score	N/A	N/A	-365	0	N/A	N/A	N/A
Utilization	N/A	Number of inpatient hospital (IP) encounters	IP*	N/A	-365	0	N/A	N/A	N/A
Utilization	N/A	Number of ambulatory (AV) encounters	AV*	N/A	-365	0	N/A	N/A	N/A
Utilization	N/A	Number of non-acute institutional (IS) encounters	IS*	N/A	-365	0	N/A	N/A	N/A
Utilization	N/A	Number of emergency department (ED) encounters	ED*	N/A	-365	0	N/A	N/A	N/A
Utilization	N/A	Number of other ambulatory (OA) encounters	OA*	N/A	-365	0	N/A	N/A	N/A
Utilization	N/A	Number of generics dispensed	N/A	N/A	-365	0	N/A	N/A	N/A
Utilization	N/A	Number of unique drug classes dispensed	N/A	N/A	-365	0	N/A	N/A	N/A
Utilization	N/A	Number of filled prescriptions dispensed	N/A	N/A	-365	0	N/A	N/A	N/A

Appendix M. Design Diagram of Cohort Entry Requirements, Index Exposure, and Event Outcome Assessment



Appendix M. Design Diagram of Cohort Entry Requirements, Index Exposure, and Event Outcome Assessment

